

BOOKLET

EUREGHA REGIONAL FACTSHEETS

A SHOWCASE OF KEY
DATA, INNOVATIVE
PROJECTS, AND
COLLABORATIVE
PRACTICES FROM
REGIONAL AND LOCAL
HEALTH AUTHORITIES
ACROSS EUROPE



INDEX

Introduction	3
• Association of Kosovo Municipalities (AKM)	4
• Basque Country	11
• Emilia Romagna	17
• Flanders	21
• Lower Austria	26
• Ostbelgien	32
• Östergötland	36
• South Limburg	41
• Toscana	47
• Veneto	54
• Wales	58

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ABOUT THE EUREGHA REGIONAL FACTSHEETS

EUREGHA is proud to present a collection of **Regional and Local Authorities Factsheets**, offering key insights into the unique profiles of its members. These factsheets provide a concise yet comprehensive overview of each region or local authority, featuring essential information such as demographic, health, and economic indicators, as well as details about health system organization, competencies, and healthcare workforce data.

In addition to these foundational elements, the factsheets highlight **regional and local practices, projects, and initiatives** led by or involving EUREGHA members. They also outline **regional priorities, areas for collaboration, and core challenges** faced by these regions—making them a valuable resource for fostering connections and partnerships.

Why These Factsheets Matter - The EUREGHA factsheets are more than an information resource—they are a **gateway to collaboration**. Whether you are exploring potential partnerships, seeking proven practices in a specific field, or navigating challenges similar to those faced by other regions, these factsheets can help you identify opportunities and forge connections with regional and local health authorities within the EUREGHA network.

Do you have a project idea that aligns with one of the listed collaboration areas? Are you looking to learn from existing good practices? Or perhaps you're seeking to connect with like-minded stakeholders? The factsheets are here to guide you in building meaningful partnerships.

A Dynamic Resource - This collection will be complemented by a series of **summary one-pagers** and will be regularly updated to reflect new data, projects, and areas for collaboration. New members and regions will be added over time to ensure the factsheets remain a dynamic and evolving resource.

If you would like to connect with one or more of the members featured in the factsheets, please reach out to the **EUREGHA Secretariat** at secretariat@euregha.net. We look forward to supporting your efforts to strengthen collaboration across regions and local authorities.

Disclaimer - The data and information presented in this document are based on inputs directly provided by EUREGHA members and were collected up to November 2024 (for the current version). For any additional information or suggested amendments, please contact the EUREGHA Secretariat



Association of Kosovo Municipalities (AKM)



Asociacioni i Komunave të Kosovës
Association of Kosovo Municipalities
Asocijacija Kosovskih Opština

GENERAL INFORMATION

The Association of Kosovo Municipalities (AKM) was established in 2001 after the first democratic local elections were held in Kosovo since the end of war. The establishment of the Association of Kosovo Municipalities relies on Section 10 of the European Charter for Local Autonomy of Council of Europe (the right to association).

The **AKM is non-profit organization** which represents the general interests of its members-local authorities. AKM is committed to implementing the rules from the European Charter for Local Self-Government in Kosovo. In this structure, all municipalities are represented, with the exception of four Serb-dominated municipalities in the northern part of Kosovo. Currently, AKM has **34 members**, (the total number of **municipalities** is **38**), including the vast majority of Serb-dominated municipalities in the central and eastern part of Kosovo.

Further details are available on [Asociacioni i Komunave të Kosovës – Asociacioni i Komunave të Kosovës \(komunat-ks.net\)](http://Asociacioni i Komunave të Kosovës – Asociacioni i Komunave të Kosovës (komunat-ks.net))

Kosovo is a parliamentary republic. It declared independence on February 17, 2008, and is recognized as an independent country by more than 100 United Nations members. Kosovo, a potential candidate for European Union (EU) membership, signed a Stabilization Association Agreement with the EU that has been in force since April 2016. The last parliamentary elections were held on February 14, 2021, and the current government was elected on March 22, 2021.

Kosovo has experienced steady economic progress since declaring independence, with a nearly 50% increase in per-capita income and a 35% reduction in the poverty rate. The country has successfully transitioned away from a growth model based on high dependence on foreign aid inflows, outperforming peer countries of similar per-capita income thanks to a steady expansion in consumption and investment, with a strong impetus from diaspora inflows, public investment in infrastructure, and financial deepening, amid a stable fiscal stance and an environment of low inflation.

Although largely inclusive, Kosovo's growth has not been sufficient to provide enough formal jobs, particularly for women and youth. To continue to grow, Kosovo needs to unleash productivity gains and create more quality jobs. This will require addressing infrastructure bottlenecks, prioritizing human capital investment, and creating an environment more conducive to private sector



development. Further actions are also needed to promote environmental sustainability, including the fulfillment of the EU's environmental acquis.

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

Covering an area of approximately **10,887 square kilometers** (4,203 square miles), Kosovo is home to a diverse population, estimated at around **1.8 to 2 million people**. The capital and largest city, Pristina, serves as the political, economic, and cultural center of the territory.

Kosovo has a predominantly ethnic Albanian population, with significant minorities such as Serbs, Bosnians, and Roma. Albanian is the main language, and Islam is the dominant religion, though Orthodox Christianity and Catholicism are also practiced. The country's landscape is diverse, featuring mountains, valleys, and plains, with a continental climate. Urbanization is growing, especially around Pristina.

Kosovo faces **demographic challenges**, particularly **youth emigration** for better economic opportunities, but remains culturally rich despite political tensions due to its ethnic diversity.

Kosovo's **GDP for 2023** is estimated at **3.96% of the GDP of the region**. This figure reflects the territory's ongoing efforts to improve its economy, despite facing challenges such as limited international recognition and a reliance on remittances from the diaspora.

Population	1.8 million
Average population age	With an average age of about 30.2 years , Kosovo's population is the youngest in Europe.
Births and Deaths per year and Ratio	Births: 31,420 for 2022 Deaths: 8,296 for 2021
GDP and ration with health spending	3.96% GDP 2023 / TM4 2021: 231.5 mld/mIn euros 3.2% of GDP
Average spending per capita	226 US\$ Spending in Health per capita in 2019, Source: World Bank Document
Share of uninsured (if any)	In 2014 Kosovo adopted the Law on Health Insurance, which gave all citizens of Kosovo the right and obligation to have mandatory "basic package" health insurance covering emergency, pregnancy and childbirth, and other essential healthcare services. To date, the health insurance system has not been implemented.



Life expectancy

2022: Number of private insurance policies: 292 430

2011 census: Men: 74.1 | Women: 79.4

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The **healthcare system** in Kosovo is primarily overseen **by the Ministry of Health** (Ministria e Shëndetësisë) and is implemented at the local level through the **Municipal Health and Social Welfare Directorates**. These local health authorities play a crucial role in addressing community health needs and ensuring access to essential health services.

Key responsibilities of municipal health directorates include **assessing local health needs, drafting budgets** based on legal requirements, and **prioritizing primary healthcare services**. They focus on preventive measures, particularly family medicine, and adhere to infrastructure and human resource standards set by the Ministry of Health. These directorates are also responsible for collecting co-payments within the framework defined by relevant ministries and determining local health priorities in alignment with national strategies.

Municipal health directorates are tasked with overseeing the epidemiological situation at the local level, gathering health-related data, and coordinating emergency medical services. They organize public health campaigns and cooperate with governmental and non-governmental organizations. They also ensure the continuous professional development of health workers through specialized training programs.

Additionally, municipal authorities implement primary healthcare services, with a focus on prevention, early detection, treatment, rehabilitation, and minor surgical interventions. They also manage immunization programs, promote oral health, reproductive health, and mental health, and take preventive measures against common diseases and public health threats. These efforts are aimed at improving overall community health and ensuring access to quality care for all residents, particularly vulnerable groups such as children and the elderly.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

As of 2022, Kosovo's **healthcare workforce** comprised a total of **40,463 professionals**, as reported by the respective professional chambers. This workforce includes a range of specialists and support staff, reflecting the diversity and structure of the healthcare system in the country.



Among the healthcare professionals, there were **5,287 doctors**, providing essential medical care across various specialties. In addition, there were **30,386 nurses** and other technical staff who played a critical role in patient care and healthcare delivery. **The dental sector** employed **2,187 dentists**, while **1,471 pharmacists** and **1,471 physiotherapists** contributed to the healthcare services in Kosovo.

Kosovo's public **healthcare infrastructure** includes several key institutions. **The University Clinical Center of Kosovo** serves as the primary medical facility, offering a wide range of services and specialized treatments. The **Kosovo Stomatology Center** focuses on dental care, and the **Kosovo Telemedicine Center** provides advanced telehealth services to improve access to care, particularly in remote areas. There are also specialized centers such as the National Center for Occupational Medicine and the National Center for Sports Medicine, catering to specific health needs.

The **Integrating and Rehabilitating Center for Psychiatric Patients** plays a vital role in mental health services, ensuring comprehensive care and rehabilitation for individuals with psychiatric conditions. Additionally, Kosovo is served by **seven regional hospitals** that provide healthcare to various communities across the country. The National Institute of Public Health and its regional institutes are responsible for monitoring public health, conducting research, and implementing health policies.

In the **private sector**, there were **29** licensed private **hospitals** in Kosovo as of 2022, offering additional healthcare options and contributing to the overall capacity of the healthcare system.

Total number of healthcare professionals

According to respective professional chambers, in 2022 there were 40 463 healthcare professionals:

- **Doctors:** 5 287
- **Nurses** and other technical staff: 30 386
- **Dentists:** 2187
- **Pharmacists:** 1471
- **Physiotherapists:** 147

Number of Hospitals and Health Care

Public sector: University Clinical Center of Kosova, Kosovo Stomatology Center, Kosovo Telemedicine Center, National Center for Occupational Medicine, National Center for Sports Medicine, Integrating and Rehabilitating Center for Psychiatric Patients.

National Institute of Public Health, and its regional institutes

Private sector: 29 licensed private hospitals (2022 data)



Number of Centres of Excellence or any other key health-related facilities or organisations

Kosovo University Health clinical center
 National Institute of Public Health
 Kosovo Stomatology Center
 Kosovo Telemedicine Center
 National Center for Occupational Medicine
 National Center for Sports Medicine
 Integrating and Rehabilitating Center for Psychiatric Patients .

Kosovo health system organization

Primary Health Care

- Family Medicine Centers
- Ambulatory Care Units

Secondary Health Care

- 7 Regional Hospitals

Tertiary Health Care

- University Clinical Center of Kosovo;
- University Dentistry Clinical Center of Kosovo;
- National Institute of Public Health, Kosovo.

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Promote healthy development, healthy lifestyle behaviors and well-being across all life stages.
- 2 Digitalization and data systems.
- 3 Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.

Main health-related risk factors

- 1 Smoking.
- 2 Physical inactivity, use of technology.



- 3 Low fruit and vegetable consumption, obesity etc.

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Public health awareness (cancer awareness, especially breast cancer “Race for the Cure Prishtina”).
- 2 Continuous strengthening of primary health care by the municipalities through infrastructure and health service investments.
- 3 Home services.

Key health-related identified challenges or areas for improvement

- 1 Promotion of healthy development, healthy behaviors, and well-being across all life stages.
- 2 Digitalization and data systems.
- 3 Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.

Core topics of interest for the exchange of best practices with other regions

- 1 Digitalization.
- 2 Cancer Prevention.
- 3 Exchange of experiences.

EUROPEAN PROJECTS AND COLLABORATIONS

Kosovo actively participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:

- 1 The cooperation between the Association of Municipalities of Kosovo (AMK) and the Network of Associations of Local Authorities of South-East Europe (NALAS) is built upon a foundation of mutual support, exchange of knowledge, and collaborative efforts aimed at enhancing local governance and sustainable development in Kosovo and the broader South-East European region.
AMK, representing the local governments of Kosovo, and NALAS, a network that brings together local government associations from 12 countries in South-East Europe, share common objectives of promoting democratic governance, advocating for the interests of local authorities, and fostering regional cooperation



- 2 The cooperation between the Association of Municipalities of Kosovo (AKM) and the Congress of Local and Regional Authorities of the Council of Europe in Strasbourg signifies a significant milestone in representing Kosovo's local government on the global stage. As an observer member of the Council of Europe's Congress, AKM gains valuable opportunities to engage in discussions and contribute to decision-making processes concerning local and regional governance matters at the European level. This cooperation brings an increase in the importance of the role of the local government of Kosovo in the international community and contributes to the strengthening of local and regional democracy in Kosovo.
- 3 Swiss Agency for Development and Cooperation (SDC), is a key partner in the development and advancement of the AKM, provides substantial contribution to the financial support of the AKM and plays a key role in its activities and budget. The SDC-funded program provides more room for action to cover AKM activities, depending on the time and need for lobbying, unlike projects of other organizations. The SDC Finance Support Program is comprehensive in AKM activities and integrated with the core budget.
- In essence, the cooperation between AMK and SDC represents more than just a partnership; it is a testament to the transformative power of collaboration in driving positive change at the local level.
- 4 The ongoing cooperation between the Association of Municipalities of Kosovo (AMK) and the Swedish International Development Cooperation Agency (SIDA) underscores a commitment to strengthening Kosovo's local governance and institutional capacity. Through the implementation of the second phase of the project, spanning 2.5 years, SIDA's support aims to enhance AMK's strategic objective of capacity development. At the heart of this collaboration lies the Training Center, a cornerstone of AMK's capacity-building efforts. The objectives of the second phase of the project are to further bolster AMK's capacity development program and ensure its sustainability over the long term. This entails refining training methodologies, expanding the scope of training activities, and leveraging technology to reach a wider audience of municipal stakeholders.

ADDITIONAL HEALTH DATA/WEBSITES

- <https://askapi.rks-gov.net/Custom/d96bb22b-6b14-420c-a4e0-097928f283f0.pdf>
- [AFP2007 \(rks-gov.net\)](http://AFP2007.rks-gov.net)
- <https://documents1.worldbank.org/curated/en/099071723122023431/pdf/P178218048f6a30d90b0510c549a2ce48b7.pdf>
- [SHSKUK \(rks-gov.net\)](http://SHSKUK.rks-gov.net)
- [Ballina - Qendra Kryesore e Mjekësisë Familjare - Prishtinë \(qkmf-pr.org\)](http://Ballina-QendraKryesoreeMjekesisëFamiljare-Prishtinë.qkmf-pr.org)
- [Ministria e Shëndetësisë \(rks-gov.net\)](http://MinistriaeShëndetësisë.rks-gov.net)
- [01-Raport-Accessible-Quality-Healthcare-Project-Eng-04.pdf \(aqhproject.org\)](http://01-Raport-Accessible-Quality-Healthcare-Project-Eng-04.pdf)
- [The Project – AQH \(aqhproject.org\)](http://TheProject-AQH)



BASQUE COUNTRY

Spain



GENERAL INFORMATION

The Basque Country/Euskadi is one of the 17 Autonomous Communities of Spain. It is located in the North of the Iberian Peninsula, bordering the Atlantic Ocean to the North and France to the North-East. It has an extension of 7.234,8 km². Administratively, it is divided into three provinces: Álava, Biscay, and Gipuzkoa. The autonomous government is based on the Statute of Autonomy of the Basque Country (1979).

Euskadi has an ageing population, with more than 23% of its 2.19 million inhabitants aged 65 years or more. Its fertility rate is below the EU average, standing at an average 1.21 births per women in 2022. At 1st January 2023, a 12.7% of residents in the Autonomous Community of Euskadi was born abroad.

More details are available on the [Basque Government's website](#).

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

The Basque Country has a **population of 2.19 million people**, with an average age of 45.6 years (47.1 for women and 44 for men). The population distribution includes 18.2% aged 0-19, 58.3% aged 20-64, and 23.5% aged 65 and over, highlighting an ageing demographic. *Source: Eustat (2023)*. The region records 13,636 births per year and 24,194 deaths per year, with a birth rate of 6.2 per 1,000 inhabitants and a mortality rate of 11.1 per 1,000 inhabitants.

Population	2.19 million people (source: Eustat 2023)
Average population age	Average population age: 45.6 years old (women: 47.1; men: 44). Age groups' distribution: 18.2% of population between 0-19 years old; 58.3% between 20-64 years old; 23,5% of population ≥ 65 years old. Source: Eustat (2023)
Births and Deaths per year and Ratio	Births per year: 13,636 Deaths per year: 24,194 Birth rate: 6.2 births per 1,000 inhabitants

	Mortality rate: 11.1 per 1,000 inhabitants (data for year 2022; source: Eustat)
GDP and ration with health spending	GDP: 86,266.45 million euro (current prices, 2022) Total expenditure on health as % of GDP: 10.2 (year 2021) (Source: Eustat)
Average spending per capita	Average health expenditure per capita: 3,650 euro per inhabitant (year 2021, current prices; source: Eustat) Calculated according to the OECD's System of Health Accounts-SHA 2011.
Share of uninsured (if any)	0.5% according to the Health Survey of the Basque Country 2023 (source: Department of Health of the Basque Government).
Life expectancy	Men: 80.5 Women: 86.1 (year 2021/2022, source: Eustat)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

Healthcare competences are transferred to the Autonomous Community of the Basque Country. The **healthcare system in the Basque Country follows a Beveridge model**, funded by taxes, with universal population coverage and free access at the point of care.

Within the Basque health system, the Department of Health of the Basque Government oversees policy-planning, financing and contracting of healthcare services. It also governs and provides funding to the public healthcare provider, the Basque Health Service, called "Osakidetza - Servicio Vasco de Salud".

Osakidetza, the Basque Health Service, is responsible for public healthcare provision. Healthcare by Osakidetza is provided through 13 Integrated Care Organisations (ICOs), which are responsible for the provision of primary and hospital care within a certain geographical area, and 3 integrated Mental Health Networks (one per province). Each citizen is assigned a primary care doctor of reference near his/her place of residence, belonging to one of the 13 existing ICOs.

While healthcare provision is a regional competence, the responsibility for social care provision is shared between local, provincial, and regional authorities.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

Osakidetza, the Basque Health Service, counts **20 hospitals** (11 are general acute care hospitals, 4 medium- and long-stay hospitals, 4 psychiatric hospitals and 1 day hospital), 136 primary



healthcare centres, 180 primary care offices, 11 mental health day hospitals and 42 mental health centres. To these add private hospitals and healthcare centres. In 2021 there were 23 private hospitals in Euskadi (source: Eustat).

Total number of healthcare professionals	<i>In 2022, the Basque Health Service, had a total of 30,167 employees as permanent staff. Among them, 7,416 were physicians, around 9,845 were nurses or other graduated personnel, and 94 managers. Other professional groups amounted to 12,812 people. (source: Osakidetza)</i>
Number of physicians per capita	In Euskadi there were 687 licensed physicians per 100,000 inhabitants in 2021 (source: Eustat).
Average number of yearly new physicians and/or other HCPs	13.2 medical graduates per 100,000 inhabitants in 2021 (source: Eustat)
Average distance between hospitals and care centres	Average distance between a primary care centre/office and its general hospital of reference has been estimated at 13.87 km ¹ .
Number of Emergency Rooms (E.Rs)	In Osakidetza, the Basque Health Service, there are Emergency Rooms in 12 hospitals. In addition, there are urgent care points (not hospital care) in 41 healthcare organisations of Osakidetza across the region.
Number of Centres of Excellence or any other key health-related facilities or organisations	<p>Five tertiary hospitals of Osakidetza, the Basque Health Service, are University hospitals (Donostia, Cruces, Araba, Basurto and Galdakao University Hospitals).</p> <p>Three tertiary hospitals of Osakidetza are reference centres for a total of 9 conditions/procedures for the whole Spanish health system: Cruces University Hospital, reference centre for 7 conditions/procedures, Donostia University Hospital for 1, and Basurto University Hospital for 1.</p> <p>In addition, research groups from the public Basque Health System belong to 8 of the 13 thematic research networks of the CIBER centre. The CIBER networks are set up at national level to foster excellence research in biomedicine and health sciences.</p>

¹ Cano-Fernández, J. & Esteban-Galarza, M. (2021). Equity in the geographical accessibility to hospitals. The case of the Basque Country. Revista de Estudios Andaluces, 41, 144-172. <https://dx.doi.org/10.12795/rea.2021.i41.08>



Additional information

There are four health research institutes which coordinate research by organisations of the Basque Health Service (Osakidetza). Three of these health research institutes are organised following a territorial logic, coordinating health research by Osakidetza in their province. These are: “IIS Bioaraba” (Alava province), “IIS Biobizkaia” (previously named “IIS Biocruces Bizkaia”), and “IIS Biogipuzkoa” (previously named “IIS Biodonostia”). The fourth institute, which is specialised in health systems research, is called Biosistemak (previously named Kronikgune).

BIOEF, the Basque Foundation for Health Innovation and Research, oversees and coordinates the whole system of health research by Osakidetza, the Basque Health Service, carried out through its four health research institutes.

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 To ensure that boys, girls and adolescents are born, grow and develop to their full health potential.
- 2 To improve health and reduce avoidable morbimortality.
- 3 To achieve a full-life-approach oriented ageing.

Main health-related risk factors

- 1 Tobacco smoking. Prevalence rate: 17.2% in men and 13.5% in women (source: Health Survey of the Basque Country 2023).
- 2 Alcohol consumption in the last year: 77.9% of population aged 15 or over (source: INE; European Health Survey 2020)
- 3 Physical activity: 28.4% of population aged 15 or over with a sedentary lifestyle (source: INE; European Health Survey 2020).

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Healthcare strategy on ageing and chronicity, including integrated care
- 2 e-health Strategy of Osakidetza
- 3 Population-based risk-stratification



Key health-related identified challenges or areas for improvement

- 1 Ageing and chronicity.
- 2 Achieving sustainability and excellence - in terms of quality, humanisation, and safety – of the healthcare and socio-health care system.
- 3 Achieving that individuals were leading and active agents for their own health and wellbeing.

Core topics of interest for the exchange of best practices with other regions

- 1 Integrated and digital care
- 2 Personalised medicine and cancer
- 3 Neurological diseases and mental health

EUROPEAN PROJECTS AND COLLABORATIONS

The Basque Country actively participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:

1 JADECARE, Joint Action on implementation of digitally enabled integrated person-centred care

JADECARE intended to reinforce the capacity of health authorities to successfully address important aspects of health system transformation, namely the transition to digitally enabled, integrated, person-centred care. Sixteen EU countries participated in JADECARE. Four “Early Adopters” of original Good Practices supported “Next Adopters”. It started in 2020 and ended in September 2023.

JADECARE was coordinated by the Basque Institute for Health Systems Research, Biosistemak (previously named Kronikgune).

Website: <https://www.jadecare.eu/>

2 THCS, European Partnership on Transforming Health and Care Systems

The European Partnership THCS is a Cofund action under the Horizon Europe Programme designed to support coordinated national and regional research and innovation programmes along with capacity building, networking, dissemination and other key activities to support health and care systems transformation. It started in January 2023 with a duration of 7 years. THCS core activity is the fund of research and innovation projects through joint transnational calls on common priorities and topics.

The Basque Country participates, both as Research and innovation Funding Organisation (through the Department of Health and BIOEF) and as Research Performing Organisation (through the research institute Biosistemak).

Website: <https://www.thcspartnership.eu/>



3 LUCIA project, Lung Cancer-related risk factors and their Impact Assessment

LUCIA is a project funded by the European Union Horizon Europe Programme (Cancer Mission). It started in January 2023. The key aim of LUCIA is to constitute a toolbox for discovering and understanding new risk factors that contribute to Lung Cancer development. The impact of the risk factors and the associated biological responses will be validated in three clinical use cases: general population risk assessment and screening, precision screening of high-risk populations, and digital diagnostics.

The Basque health research institute Biobizkaia as well as the Basque technological centre Vicomtech are project partners.

Website: <https://luciaeuproject.technion.ac.il/>

4 SUNRISE project, Sustainable Interventions and Healthy Behaviours for Adolescent Primary Prevention of Cancer with Digital Tools

Project financed under the Horizon Europe programme, Cancer Mission. It started in January 2024. The SUNRISE project is focused on the prevention of harmful behaviors during adolescence, which lead to cancer. It aims at designing digital solutions to prevent all forms of carcinogenic consequences. The project will implement and evaluate an innovative digitally enhanced life skills program for the primary prevention of cancer through sustainable health behavior change in adolescents in 154 schools of 8 European countries.

A team of researchers from Osakidetza (the Basque Health Service) and the Basque health research institute Biobizkaia are part of the project consortium.

Website: *not yet available*.

5 Circular Vision project, Circular DNA in diagnosis and disease models.

Circular Vision project's goal is to explore the new opportunities circular DNA creates in early diagnosis and monitoring of disease. It is an EU Horizon 2020 funded project (FET-Open). Circular Vision has the ambition to fill the existing gap regarding the technology for detecting circular DNA and for creating disease model, specifically for the diagnosis, screening and monitoring of cancer and inflammatory bowel disease (IBD).

The Basque health research institute Biogipuzkoa (previously named Biodonostia) is one of the consortium partners.

Website: <https://www.circularvision.org/>

ADDITIONAL HEALTH DATA/WEBSITES

- Department of Health of the Basque Government: <https://www.euskadi.eus/gobierno-vasco/departamento-salud/inicio/>
- Osakidetza, the Basque Health Service: <https://www.osakidetza.euskadi.eus/portada/>
- BIOEF, the Basque Foundation for Health Innovation and Research: <https://www.bioef.eus/es/>
- EUSTAT: Basque Institute for Statistics: <https://en.eustat.eus/>



EMILIA-ROMAGNA



Italy

GENERAL INFORMATION

Emilia-Romagna is one of Italy's **20 regions**, located in the northeastern part of the country. Covering an area of **22,451 km²**, it accounts for 7.4% of Italy's national territory. The region is strategically positioned with an efficient infrastructure network, making it a significant business hub that connects major Italian and European cities. Emilia-Romagna is divided into eight provinces—Ferrara, Forlì-Cesena, Modena, Parma, Piacenza, Ravenna, Reggio Emilia, and Rimini—and the metropolitan city of Bologna, which also serves as its capital.

More details are available on the [Emilia-Romagna website](#).

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

As of 2020, Emilia-Romagna reports a population of **4,474,292 residents**, exhibiting demographic stability over the preceding decade. Minors (individuals under 18 years of age) constitute 15.4% of the population, whereas the region's old-age index, calculated as the ratio of individuals aged 65 and older to those under 15, stands at 187%. This metric underscores the progressive demographic aging characteristic of the region. Furthermore, the foreign-born population accounts for 12% of the total residents, a proportion that has remained consistent since 2014, reflecting steady patterns of immigration and integration.

Life expectancy in Emilia-Romagna, adversely affected by the COVID-19 pandemic, has been recorded at **80.2 years** for males and **84.7 years** for females. Despite the recent decline, these figures remain indicative of the region's advanced healthcare infrastructure and overall quality of life, which continue to support high longevity outcomes compared to national and European averages.

Population	4.47 million residents (regional survey on the resident population on January 1, 2020)
Average spending per capita	In 2020, the gross domestic product per capita was €32 044.
Regional demographic and	The demographic size has essentially remained constant (from 2010 to 2021).

geographic situation

The percentage of minors, increasing until 2013, has suffered a decline and stands at 15.4% at the beginning of 2021. The old age index grew constantly from 2013 to 2018 (187% vs 169%), albeit slightly less than in Italy (184% vs 147%).

The share of the foreign population is confirmed at similar levels to those of 2014, after having grown rapidly at the beginning of the 2000s: 12.0% in Emilia-Romagna compared to 8.5% in Italy.

In 2020, the **Covid-19** epidemic had an **impact** on all components of the demographic turnover: the birth rate decreased slightly, mortality significantly increased, and net migration decreased.

The Covid-19 epidemic has led to a sharp drop in life expectancy compared to 2019 (in Italy from 81.1 to 79.7 for males and from 85.4 to 84.4 for females, in Emilia -Romagna from 81.7 to 80.2 for males and from 85.7 to 84.7 for females), leading to an elimination of the gains that had been recorded in the previous 10 years in the Northern regions. A similar decline was also recorded for life expectancy at 65 years of age.

The Emilia-Romagna Region in north-eastern Italy is the sixth largest in the country. Its efficient network of infrastructure, strategic geographical position, and excellent connections to the rest of Italy and the main European cities make the region a key business hub.

The Emilia-Romagna Region in north-eastern Italy is the sixth largest in the country

Covering an area of **22 451 km²** (7.4% of the national territory), the Region is divided into eight provinces (Ferrara, Forlì-Cesena, Modena, Parma, Piacenza, Ravenna, Reggio Emilia and Rimini) and one metropolitan city, Bologna, the capital of the Region.

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

Healthcare responsibilities in Italy are shared across national, regional, and local levels, with the Emilia-Romagna Region holding significant autonomy within this framework. The **Italian National Health Service (Servizio Sanitario Nazionale - SSN)** operates under a Beveridge model, ensuring universal population coverage funded primarily through taxation. The national government defines the essential levels of care (Livelli Essenziali di Assistenza - LEA), ensuring uniform standards across the country, while regions are tasked with organizing and delivering these services.

In **Emilia-Romagna**, the regional health system emphasizes robust public, territorial, and community welfare. The system is organized into **8 Local Health Units (LHUs)**, which coordinate primary, secondary, and community care within their respective territories. In addition, the region



is home to **4 university hospitals, 1 hospital trust, 4 research hospitals, and 38 health districts**, forming a comprehensive network of healthcare provision.

Regional responsibilities include the planning and regulation of health and social services, budget allocation, and oversight of healthcare delivery. Emilia-Romagna also has a strong focus on key public health areas such as promoting healthy lifestyles, managing chronic and infectious diseases, ensuring workplace and school health, and addressing environmental health challenges.

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Strengthen the governance of our public health system, to guarantee the right to health for all regardless of economic and social conditions.
- 2 Investing in digital technologies, telemedicine, home care and socio-health integration, especially in the inland and mountain areas of the region and for the most fragile population.
- 3 Implement and qualify hospital and intermediate care facilities, and strengthen the proactivity of local health facilities, e.g. community health centres, according to an integrated and multidisciplinary approach.

Main health-related risk factors

- 1 Sedentary lifestyle, particularly in people with a low socio-economic level and among young population.
- 2 Alcohol consumption in the last year: 77.9% of population aged 15 or over (source: INE; European Health Survey 2020).

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Universal public health and inclusive and participatory community welfare.
- 2 Policies and tools to promote full social inclusion and tackle health, social, territorial and gender inequalities.
- 3 Comprehensive primary-care services (including community-health centres, community hospitals and hospices).

Key health-related identified challenges or areas for improvement



- 1 Recruitment and development of healthcare and socio-health personnel at all levels, facilitating their placement in internal and mountain areas.
- 2 Design social welfare services that respond adequately to social and demographic evolution, aimed in particular at elderly and at people with disabilities, and their caregivers .
- 3 Invest in telemedicine and home care, especially in the internal and mountain areas of the Region.

ADDITIONAL HEALTH DATA/WEBSITES

- **Agenda 2030 for sustainable development - Emilia-Romagna Region Strategy:** <https://partecipazioni.emr.it/uploads/decidim/attachment/file/396/strategiaAgenda2030RER.pdf>
- **Il documento del Patto per il Lavoro e per il Clima:** https://www.regione.emilia-romagna.it/pattolavoroeclima/il-patto-per-il-lavoro-e-per-il-clima/patto_lavoroclima_2023



FLANDERS



Belgium

GENERAL INFORMATION

Flanders, located in **northern Belgium**, is a region characterized by its diverse geography, which includes sandy beaches along the North Sea, fertile polders, and hilly terrains. Covering an area of **13,522 km²**, Flanders is home to approximately **6.7 million residents** as of 2022. This population growth is primarily driven by internal and international migration, although the natural population balance remains negative, with 67,528 deaths compared to 63,284 births recorded in 2022.

The region has a notably ageing population, with the largest age group comprising individuals aged 55 to 59, totalling 478,738 residents. Those aged 85 or older account for 3.3% of the population, including 1,517 centenarians, of whom 248 are men. In contrast, young children under five years old make up 332,928 of the population. Life expectancy in Flanders stands at 80.7 years for men and 84.6 years for women, reflecting the region's advanced healthcare services and high standard of living.

More details are available on the [Flanders Website](#).

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

The population of the Flemish Region **is 6.7 million**. In **2022**, the region experienced **strong population growth of 1.13%**, adding 75,931 people. However, the natural balance was negative, with 63,284 births and 67,528 deaths. International migration was positive, with 118,704 immigrants and 54,115 emigrants, including 33,565 Ukrainian nationals. Internal migration also contributed to growth, with a positive balance of +15,781 people moving into the region.

Geographically, the Flemish Region covers **13,522 km²** and features diverse landscapes, including the North Sea coastline, fertile polders, sandy hills in the west, and pine forests and fields in the east. The region also includes areas like the Groentestreek and Voerstreek, known for their agricultural richness.

Economically, Flanders contributes 11% to Belgium's GDP, which was €541.95 billion in 2022. Health spending accounts for a significant share of this GDP, underlining the importance of the healthcare sector in the region.



Population	6.7 million
Average population age	<p>Figures from 2022 – Flanders Statistics</p> <p>Largest group is the group between 55 and 59 years (478.738).</p> <p>3.3% of the population is over 85. We count 1517 persons older than 100 (248 are male).</p> <p>332.928 inhabitants are younger than 5 years old</p>
Births and Deaths per year and Ratio	Births: 63284 (2022) Deaths: 67528 (2022) Ratio: -4244
GDP and ration with health spending	<p>BELSTAT 2022:</p> <p>541.945.140.000 euro (BE) – 11 % of GDP (BE)</p>
Average spending per capita	<p>Average health expenditure per capita: 3,650 euro per inhabitant (year 2021, current prices; source: Eustat)</p> <p>Calculated according to the OECD's System of Health Accounts-SHA 2011.</p>
Share of uninsured (if any)	Compulsory health insurance in BE; additional compulsory insurance for everybody who lives in Flanders and is older than 25 – for non-medical expenses (Flemish Social Protection)
Life expectancy	Men: 80,7 Women: 84,6 (in 2022)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The healthcare system in Flanders operates under a well-structured organization, with responsibilities divided among various government bodies and institutions. The overarching policy area responsible for health is the Welfare, Public Health, and Family Department (Welzijn, Volksgezondheid en Gezin – WVG). Within this framework, several specialized agencies manage specific aspects of the health system.

The **Department of Care (Departement Zorg – DZORG)** oversees critical healthcare functions, including infrastructure, heavy medical equipment, and hospital quality control. It plays a pivotal role in ensuring the efficient delivery of healthcare services across the region. The **Agency Growing Up (Agentschap Opgroeien)** focuses on the health and well-being of children and families, providing services and support aimed at fostering healthy development from birth through adolescence. Meanwhile, the **Flemish Agency for Persons with Disabilities (Vlaams Agentschap Personen met een handicap – VAPH)** addresses the needs of individuals with disabilities, offering resources and services to promote inclusion and independence.



Flanders holds significant regional competences in healthcare management. It is tasked with financing **health infrastructure**, ensuring the provision and maintenance of heavy medical equipment, and establishing hospital quality standards. The region is also responsible for promoting health and disease prevention initiatives, reflecting a proactive approach to public health. In addition to these responsibilities, Flanders defines recognition norms for hospitals, ensuring consistent standards of care, and plays a central role in planning the healthcare workforce to meet evolving demands.

Key areas of focus within the healthcare system include **mental health care, rehabilitation services**, and **maternity and child healthcare**. Moreover, Flanders coordinates primary and long-term care services, fostering a seamless integration of care across various levels of the health system. This comprehensive framework enables Flanders to address both immediate healthcare needs and long-term challenges effectively, ensuring a high standard of care for its residents.



HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

The healthcare system in Flanders features **52 general hospitals, 31 psychiatric hospitals, and 8 rehabilitation hospitals**. Emergency services are comprehensive, with **62 emergency rooms**. The region also hosts **4 university hospitals** in Leuven, Antwerp, Ghent, and Brussels, serving as centers of excellence in healthcare research and innovation.

Total number of healthcare professionals	224.162
Number of Emergency Rooms (E.Rs)	62 (one general hospital can have several campuses with its own emergency service).



Number of Centres of Excellence or any other key health-related facilities or organisations

4 University hospitals: Leuven, Antwerp, Ghent, Brussels.

Average number of yearly new physicians and/or other HCPs

The Flemish Planning Commission recommended the maximum number of candidates that can be admitted to the course for the year 2025:

- 50 for physician-specialist in anaesthesia-resuscitation;
- 20 for physician-specialist in surgery;
- 4 for physician-specialist in neurosurgery;
- 19 for physician-specialist in gynaecology-obstetrics;
- 122 for general dentist;
- 11 for dental specialist in orthodontics;
- 5 for dentist-specialist in periodontology.

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Integration of Care – person-centred and goal-oriented care.
- 2 Data-driven policies.
- 3 Mental health and wellbeing promotion – comprehensive approach.

Main health-related risk factors

- 1 Cancer (lung and breast).
- 2 Cardiovascular diseases.
- 3 Suicide.

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Health and Wellbeing action plan in Flanders Climate change Strategy.
- 2 Reform of Primary Care (health and social care).
- 3 Caring Neighbourhoods.



Key health-related identified challenges or areas for improvement

- 1 Change management.
- 2 Uptake of digital tools and solutions.
- 3 Preventative health and wellbeing initiatives in primary care.

Core topics of interest for the exchange of best practices with other regions

- 1 Health and Wellbeing action plan in Flanders Climate change Strategy.
- 2 Reform of Primary Care (health and social care).
- 3 Caring Neighbourhoods

ADDITIONAL HEALTH DATA/WEBSITES

- [Zorg | Vlaanderen.be](http://Zorg.Vlaanderen.be)



LOWER AUSTRIA

Austria



GENERAL INFORMATION

Lower Austria, the largest federal state in Austria by area, is situated in the northeastern part of the country. It borders the Czech Republic to the north, Slovakia to the east, and encompasses Vienna, Austria's capital. Covering an area of **19,178 km²**, Lower Austria is known for its comprehensive healthcare system, managed by the **Health Agency of Lower Austria**, which ensures accessible healthcare services and elderly care across the region. Its strategic location and strong cross-border collaborations with neighbouring countries enhance the integration and accessibility of healthcare services.

More details are available [at Health Across Initiative](#).

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

As of 2023, Lower Austria has a population of **1,718,373**, making it the second most populous state in the country. The **average age** of the population is **43.8** years, with **men averaging 42.6** years and **women 44.9** years. The region faces demographic challenges, with an ageing population—14.3% of residents are 65 years or older, while only 14.6% are under the age of 15. In 2022, there were 14,503 births and 19,486 deaths, leading to a natural population decline of 4,983 people. This decline highlights the region's focus on addressing healthcare needs, particularly in terms of ageing demographics and elderly care.

The **GDP** of Lower Austria was **€71.757 billion in 2022**, contributing significantly to Austria's national GDP of €447.218 billion. **National health** spending accounts for **11.1% of GDP**. The life expectancy in Lower Austria stands at 79.3 years for men and 84.2 years for women (2023), reflecting a high standard of living but also emphasizing the importance of addressing health disparities. The region records approximately 9,810 cross-border treatments annually, including outpatient and inpatient care.

Population 1.72 million people (2023)

Average population age In 2023, the average age of the population in Lower Austria is 43.8 years. Men have an average age of 42.6 years, while women have an average age

of 44.9 years. The population distribution by age group shows a predominance of individuals aged 45 to 64 years, totaling 518,722 people. This is followed by those in the 30 to 44 age range, with 328,054 people, and those between 15 and 29 years old, numbering 261,747. The 0-14 age group accounts for 250,272 children.

The 65-79 age group comprises 249,157 people, while the 80+ group includes 110,421 individuals. These figures highlight the aging trend in the region, with a significant proportion of the population in the older age brackets.

Births and Deaths per year and Ratio

Births: 14 503 | Deaths: 19 486 | Ratio: -4 983 (2022)

GDP and ration with health spending

71.757 billion euros | not available (2022, Lower Austria)

447.218 billion euros | 11,1 % of GDP (2022, total Austria)

Share of uninsured (if any)

0,01% (all over Austria)

Life expectancy

Men: 79,3 | Women: 84,2 (2023)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The healthcare governance structure in Austria is based on a **federalist system**, with significant competences delegated to the **nine provinces**, including **Lower Austria**. At the national level, the Federal Ministry of Social Affairs, Health Care and Consumer Protection leads the system, responsible for creating and enforcing health legislation. However, much of the implementation and regulation of healthcare is handled at the regional level, with social-insurance institutions and individual federal states playing a critical role in planning and managing healthcare services.

In Lower Austria, the regional healthcare system is particularly distinctive. All **27 hospitals** in the region are managed under the “**Health Agency of Lower Austria**,” which centralizes hospital services and ensures coordinated care. The Health Agency also oversees **49 public nursing and care centers**, emphasizing its commitment to providing lifelong health and care services as needed. This integrated approach reflects the strong regional competencies in healthcare, particularly in the areas of hospital care and elderly care, which are vital given the region's ageing population.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA



In Lower Austria, the healthcare system is highly integrated, with the Health Agency managing **27 hospitals** and **49 public nursing and care centers**.

The Health Agency of Lower Austria employs approximately 17,800 healthcare professionals within its hospitals and nursing/care centers. This includes around 3,600 doctors, 12,100 nurses, and 2,100 other medical staff. Overall, Lower Austria has 8,200 physicians, reinforcing the strong regional competencies in healthcare planning, regulation, and service delivery.

Total number of healthcare professionals	In Lower Austria, the healthcare system employs a substantial workforce to support its comprehensive services. Within the Health Agency of Lower Austria , which oversees the region's hospitals and nursing and care centers, there are approximately 17,800 healthcare professionals . This includes around 3,600 doctors, 12,100 nurses, and 2,100 other medical staff . In total, the region has about 8,200 physicians , reflecting a strong medical presence to meet the healthcare needs of the population.
Average distance between hospitals and care centres	The average travelling time of a resident of Lower Austria to the closest hospital is approx. 20 minutes . The average travelling time of a Lower Austrian resident to the nearest nursing and care center is approx. 15 minutes .
Number of Centres of Excellence or any other key health-related facilities or organisations	3 university hospitals
Additional information	Every hospital in Lower Austria is covered under the roof of the “Health Agency of Lower Austria”; there is no other opportunity to receive hospital treatment than to go to a public one owned by the Agency – it is quite a unique situation in Europe!

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Training and Continuing Education



- 2 Electronic Health Records
- 3 Telemedicine and Remote Monitoring

Main health-related risk factors

- 1 Tobacco / alcohol
- 2 Lack of physical exercise / unhealthy lifestyle
- 3 Nutrition

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Hospital / elderly care provision
- 2 Cross-border collaborations in the field of health
- 3 Digital nursing documentation

Key health-related identified challenges or areas for improvement

- 1 Hospital / elderly care provision
- 2 Cross-border collaborations in the field of health
- 3 Digital nursing documentation

Core topics of interest for the exchange of best practices with other regions

- 1 Areas in the field of digitalisation
- 2 Strategies for tackling the problem of staff shortages
- 3 Best practices to reduce cross-border administrative barriers in the field of health

EUROPEAN PROJECTS AND COLLABORATIONS

Lower Austria actively participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:



1 DigiCare4CE (2023 – 2026)

Society is ageing fast and taking care of the elderly is becoming a challenge. Digital solutions offer support to nursing staff but the potential of digitisation is still underused. The DigiCare4CE project promotes innovative solutions that improve care quality and develops a transnational strategy for the digital transformation of care facilities. The partnership tests the deployment of new technologies in pilot actions and elaborates action plans for their broader implementation.

The DigiCare4CE project is an international initiative focusing on the digital transformation of long-term care facilities for the elderly. It is part of the Interreg Central Europe programme and is funded by the European Regional Development Fund. The main objectives of the project are to improve the digital capabilities of these care facilities, reduce the workload of caregivers and improve the quality of care for the elderly.

Key components of the DigiCare4CE project include:

- Developing a comprehensive digital transformation strategy
- Practical testing of innovative technologies
- Training and education programmes

The project consortium comprises ten partners from Slovakia, Germany, Austria, Italy, the Czech Republic, Slovenia and Poland. It is coordinated by the Deggendorf Institute of Technology in Germany. Lower Austria participates in all transnational project activities and implements a pilot action at the regional level, as well as the related transfer, dissemination and capacity building. Moreover, Lower Austria is responsible for coordinating the collective activities of the pilot action "The Datafication of elderly care on the basis of environmental wearable and IoT solutions". This role aims to facilitate the integration of the learning outcomes of all project partners, and to provide a forum for the exchange of knowledge and experience.

Website: <https://healthcross.noe-lga.at/projekte/digicare4ce>

2 DIGI-PAT (2024 – 2025)

This project is dedicated to digitalization in the field of (digital) pathology and is intended to give Lower Austria the decisive impetus to be able to work here in the future using state-of-the-art technology. The project is being implemented in close cooperation with Maastricht University Hospital and the Directorate-General for Structural Reform Support (DG REFORM).

Roughly speaking, Maastricht University Medical Center supports and advises us in adapting our processes, workflows, working methods and daily routines so that the region is subsequently able to implement and use digital infrastructure in the field of pathology without any problems.

Apart from analyzing all internal and external processes, they also develop a roadmap for Lower Austria how to best implement a Lower Austrian wide digital pathology system and, also support us with their know-how in the field of tendering.

Website: <https://healthcross.noe-lga.at/en/projects/digi-pat>

3 Healthacross for Future (2017 – 2021)

In the region around Gmünd and České Velenice, the cooperation across the border is evident in how it facilitates people's daily lives. The Gmünd Regional Hospital is located directly on the Austrian-Czech border. The nearest ambulance on the Czech side is over 30 km away, and the nearest hospital is even 60 km away.

Through our previous projects, a cooperation between healthcare partners in Austria and the Czech Republic has already been developed. As part of "Healthacross for future", cross-border patient care with South Bohemia has been continued at the Gmünd Regional Hospital and expanded to include treatment options for the inpatient sector.



Furthermore, the first European cross-border healthcare center was planned and prepared as part of the project. Funding for its establishment was obtained from the European Agricultural Fund for Rural Development (EAFRD). The construction of the center was undertaken by the municipality of Gmünd. Groundbreaking took place in May 2019, and the construction is being financed through the Austrian Rural Development Program - LE14-20. On October 16, 2021, the first cross-border healthcare center in the Gmünd/Ceské Velenice region was opened. It offers a wide range of services, including health prevention, treatment by general practitioners, specialists, nursing experts, therapists, as well as providing facilities for training and events.

Website: <https://healthacross.noelga.at/en/projects/healthacross-for-future>

4 **Bridges for Birth (B4B; 2018 - 2022)**

The INTERREG V-A SK-AT 2014-2020 project "Bridges for Birth" had the aim to establish a partnership between the Hospital of Hainburg and the Children's University Hospital Bratislava in order to further strengthen the care of newborns in the border region. The National Institute of Children's Diseases Bratislava is located about 16 km away from the Hospital of Hainburg. Approximately 700 children are born in Hainburg every year, with the proportion of Slovakian mothers showing an upward trend.

In rare cases, the newborn must continue to be cared for after birth or certain values must be additionally clarified. Since the Hospital of Hainburg does not have a paediatric department and is therefore not equipped for neonatal emergencies, these are either transferred to the Hospital of Mistelbach 74 km away or to another Austrian hospital. In the "Bridges for Birth" project, an additional alternative, namely the transfer from the Hospital of Hainburg to the nearby National Institute of Children's Diseases in Bratislava, was examined and clarified. On the basis of such a neonatal transfer, the cooperation between the emergency services will also be further strengthened.

Website: <https://healthacross.noelga.at/en/projects/bridges-for-birth>



OSTBELGIEN (German-speaking Community of Belgium)



Belgium

GENERAL INFORMATION

The German-speaking Community of Belgium, or Ostbelgien, has a population of **79,383** (2023) and is located in the eastern part of the country, covering an area of **854 square kilometres**. It borders Germany, Luxembourg, and the Netherlands. The community is divided into two regions: the "**Eupener Land**" in the north, near the border triangle of Belgium, Germany, and the Netherlands, and the "**Belgian Eifel**" in the south, around St. Vith, extending towards the border triangle with Germany and Luxembourg.

More details are available on the [Ostbelgien website](#).

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

As of **2023**, the population of Ostbelgien stands at **79,383**, with a balanced gender ratio of roughly **50% men** (39,406) **and 50% women** (39,977). The **average age is 43 years**. Around 18% of the population comes from other EU countries, while 4% are from non-EU countries. The population has been steadily growing, largely due to international migration.

Population **79.4 thousand (2023)**

Average population age

The average age of the population in the German-speaking Community of Belgium is **43 years**. The demographic breakdown shows that 13,119 individuals are aged between 0 and 14 years, representing a small proportion of the total population. The largest group, 50,144 people, falls within the working age range of 15 to 64 years. Meanwhile, the senior population, aged 65 and older, consists of 16,120 individuals. This age distribution highlights a relatively balanced age structure, with a notable proportion of the population in both the working-age and senior brackets.

Births and Deaths per year and Ratio

Births: 836 (2022) | Deaths: 837 (2022) | Ratio: 1

Share of uninsured (if any)	0
Life expectancy	Men: 78,99 Women: 84,13 (2022)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The healthcare system in the German-speaking Community of Belgium is overseen by the **Ministry of the German-speaking Community**, specifically the **Department of Health and Senior Citizens**. The region is responsible for long-term care services, including rehabilitation, rest homes for those with disabilities, mental illness, and elderly care.

It focuses heavily on **prevention** and **health promotion**, with programs on vaccination, reducing alcohol and drug consumption, and cancer detection. The region also manages infectious disease control and is developing e-health initiatives to enhance care delivery.

While the region has limited responsibilities in acute care infrastructure, it plays a role in **integrated care projects** and provides support for primary care, including financing for doctors working together and offering administrative assistance.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

The German-speaking Community of Belgium is served by a total of **2,943 healthcare professionals**, including **317 physicians**, of which 77 are general practitioners. The community also has **1,034 nurses**, **64 dentists**, and **244 physiotherapists**. These numbers include all healthcare professionals living and/or working in the region, though it's currently not possible to differentiate between the two groups.

The region has a ratio of **399 physicians per 100,000 inhabitants**, which reflects the total number of physicians in the area, whether living or working there.

In terms of healthcare infrastructure, the region has **2 acute care hospitals**, **8 elderly homes**, and **3 homes dedicated to long-term care** for individuals with mental illness. Additionally, there are 2 emergency rooms, located within the two hospitals.

Total number of healthcare professionals

The German-speaking Community of Belgium is supported by a total of **2,943** healthcare professionals. This includes **317 physicians**, of which **77** are general practitioners. The community also employs **1,034 nurses**, **64 dentists**, and **244 physiotherapists**. These figures reflect both healthcare

	professionals who live and/or work in the region, though it's currently not possible to clearly distinguish between the two groups.
Number of physicians per capita	399 physicians per 100.000 inhabitants NB: The number here above contains all physicians working and/or living in the German-speaking Community. Today it is not possible for the region to differentiate clearly between the two.
Average number of yearly new physicians and/or other HCPs	Total: 2943 healthcare professionals Physicians: 317, of which 77 general practitioners Nurses: 1034 Dentists: 64 Physiotherapists: 244 NB: The number here above contains all physicians working and/or living in the German-speaking Community. Today it is not possible for the region to differentiate clearly between the two.
Average distance between hospitals and care centres	Hospitals: 50km
Number of Emergency Rooms (E.Rs)	2 emergency rooms, situated in the 2 hospitals

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Developing Integrated care.
- 2 Alternatives to elderly home, support home care and developing other care measures.
- 3 Digitalization.

Main health-related risk factors

- 1 Nutrition.
- 2 Lack of physical activity (also protection for mental health).



- 3 Distress in life with following drug abuse (alcohol, benzos, other drugs).

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Professional support and way of living in homes for the elderly.
- 2 Prevention and health promotion for children and youngsters from 0-18 years.
- 3 Case management for elderly with help needs.

Key health-related identified challenges or areas for improvement

- 1 Lack of health care workers.
- 2 Little region and structures: difficult for cost-effectiveness.
- 3 Engagement through the different structures for co-working (interdisciplinarity).

Core topics of interest for the exchange of best practices with other regions

- 1 Resident assessment instrument.
- 2 Organization of primary care.



Östergötland



Sweden

GENERAL INFORMATION

Region Östergötland, located slightly **south of Stockholm, Sweden**, serves as the main healthcare provider for Östergötland County. With approximately **14,000 employees**, including 12,500 in healthcare, the region operates a politically governed healthcare system funded through local taxes. The region offers three hospitals, 47 public and private local healthcare centers, and 40 public dental clinics. The University Hospital in Linköping also serves the Southeastern part of Sweden, covering **1.2 million inhabitants**.

Additional details can be found at [Region Östergötland](#).

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

Region Östergötland, with a **population** of around **475,000**, has an **average age of 41.8 years**. The demographic structure is balanced, with **4,294 births** and **4,315 deaths** recorded in 2022. Approximately 11% of the population is 75 years or older, and 8% are under six years old. The region is diverse, with 23% of its residents having a background outside of Sweden, and has experienced steady population growth due to inward migration.

Economically, the region has a **GDP per capita of SEK 464,000** and health spending averaging SEK 30,229 per person, excluding dental and home care costs. Region Östergötland ensures universal health coverage, guaranteeing **no uninsured residents**. Life expectancy in the region is 84.36 years for women and 81.29 years for men. The healthcare sector is substantial, with approximately 39,800 healthcare professionals employed across the region, including 12,500 under the administration of Region Östergötland, although specific physician-per-capita data is not readily available.

Population 475 thousand

Average population age

Average population age: 41,8 years old.

Births and Deaths per year and Ratio

Births: 4294 | Deaths: 4315 | Ratio: -21.



GDP and ration with health spending	464 000 SEK per inhabitant N/A.
Average spending per capita	30 229 SEK per capita. This excludes dental costs and care at home connected to primary care.
Life expectancy	Men: 84,36 Women: 81,29

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

In Sweden, regional governments are primarily responsible for the provision of healthcare, including both primary and secondary care as well as dental services. Municipalities are tasked with managing elderly care and providing healthcare services in schools, such as school nurses.

The national government sets the overall framework and policy direction for healthcare. Additionally, national agencies, such as the **National Board of Health and Welfare**, the **Public Health Agency**, and the **Swedish Dental and Pharmaceutical Benefits Agency**, have specific responsibilities within the healthcare sector, overseeing various areas like public health, dental care, and pharmaceutical benefits.

The regions are politically governed in Sweden and fund their activities by taking up taxes from their inhabitants. The regions are responsible for undertaking the largest part of the delivery of healthcare by working with disease prevention, health promotion, and diagnosis and treat diseases and injuries. **The 21 Swedish regions** are divided into **six healthcare regions** where **Östergötland** together with Jönköping and Kalmar make up **the Southeastern healthcare Region**. These three regions cooperate to a large extent with Östergötland being the only one of the three with a university hospital. Region Östergötland thus offers highly specialised care in the Southeastern healthcare region and for all inhabitants in Sweden in certain areas where the region has national excellence.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

In **Östergötland**, the healthcare sector employs around **39,800 people**, with approximately 12,500 of them working under Region Östergötland. The region is home to **three hospitals** and a total of **46 public and private local healthcare centers**.



Total number of healthcare professionals	About 39,800 citizens in Östergötland are employed in the healthcare sector. Out of these, about 12,500 are employed by Region Östergötland.
Average distance between hospitals and care centres	About 40 kilometres.
Number of Emergency Rooms (E.Rs)	3.
Number of Centres of Excellence or any other key health-related facilities or organisations	One university hospital offering highly specialised care in the following areas: Advanced surgery for birth injuries, neuromuscular diseases, congenital osteoporosis, severe burns, vulvar cancer and gender dysphoria (only certain aspects). Starting in July 2024, Region Östergötland will also offer highly specialised care for severe skin symptoms and, from January 2025, high isolation care for highly contagious diseases. An application to offer highly specialised care for peripheral facial paralysis has been submitted to the National Board of Health and Welfare .

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Accessible healthcare close to the citizen.
- 2 Digital transformation .
- 3 An economy in balance.

Main health-related risk factors

- 1 Lack of physical exercise and sedentary.
- 2 Poor nutrition.
- 3 Tobacco use (mostly nicotine pouches).

Main health-related domains in which the region is successful/has particularly strong practices



- 1 Visualisation.
- 2 Cardiology.
- 3 Cancer.

Key health-related identified challenges or areas for improvement

- 1 Socioeconomic differences and growing mental health issues.
- 2 Demographic change.
- 3 Increasing obesity.

Core topics of interest for the exchange of best practices with other regions

- 1 Primary care.
- 2 Centre for teaching and research in disaster medicine and traumatology.
- 3 Digital solutions/triage.

EUROPEAN PROJECTS AND COLLABORATIONS

Östergötland actively participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:

1 **Big Picture (IMI-project)**

To boost the development of artificial intelligence in pathology, the Bigpicture project will first create the infrastructure needed to store, share and process millions of image files.

Secondly, it will address legal and ethical issues to ensure patient privacy and data confidentiality issues are fully respected.

The project is divided into four main aspects that concern the large-scale collection of data:

An infrastructure (hardware and software) to store, share and process millions of annotated pathology images that can be gigabytes each.

Legal and ethical requirements to ensure adequate usage of data while fully respecting patients' privacy and data confidentiality.

An initial set of 3 million digital pathology slides collected and stored into the repository to provide data for the development of AI tools.

Functionalities to aid the use of the repository as well as the processing of images for diagnostic and research purposes.

Website: <https://bigpicture.eu/>



2 Stratif-AI (H2020-project)

A scalable platform for continuous stratification using AI and digital twins

State-of-the-art stratification today is based on machine-learning (ML) algorithms, trained on large cohort data. This has two main limitations: a) such ML-models cannot use all the variety of different data that is generated about a patient, b) stratification is thus only done intermittently, implying out-dated and sub-optimal care decisions. To remedy this, we herein present a new concept and technology - continuous stratification, using our new STRATIF-AI platform.

World-unique digital twins

In continuous stratification, all data generated about a patient is cumulatively stored in a Personal Data Vault, controlled by the patient. These personal data continuously updates our world-unique digital twins. The unique potential with our twins comes from the hybrid architecture, combining mechanistic, multi-scale, and multi-organ models with ML and bioinformatics. This allows us to simulate patient-specific responses to changes in diet, exercise, and certain medications, and see changes on both an intracellular, organ, and whole-body level, ranging from seconds to years. We also combine semantic harmonization with federated learning to securely re-train the various sub-models, when new data become available in one of the cohort databases.

An interconnected and patient-centric healthcare system

In this project, we will for the first time use this cutting-edge technology to connect a series of apps that together covers an entire patient journey. Using 6 new clinical studies, involving 8 new partner hospitals, we will both refine and validate the models, and demonstrate how the same digital twin can follow a patient across different apps, covering all phases of stroke: from prevention, to acute treatment, and rehabilitation. Our scalable platform for continuous stratification forms the foundation for a new interconnected and patient-centric healthcare system.

Website: <https://stratif-ai.eu/en>

3 VINCE (Interreg Central Baltic funding)

The flow of new migrants and refugees reaching Europe is likely to continue in the coming years. The EC recognises that education plays a crucial role in helping migrants and refugees settle in new countries and environments.

VINCE identified barriers and mitigating factors for the inclusion of refugees and migrants, visualised in the diagram above. From language learning to the recognition of qualifications, education is part of the integration process. The newcomers face many challenges and among them are obstacles to access the labour market or continue their studies, frequently because their competences are not easily recognised in the host society. Their skills and knowledge may not fit into predefined bureaucratic policies and procedures, documentation is lacking, or the curriculum they followed does not match certification structures in the host country.

Website: <https://vince.eucen.eu/about-vince/>

4 Engage (H2020-project)

The actual global scenario is increasingly exposing the human society to higher hazards, requiring that all individuals specifically and the civil society at large, acquire the ability to rapidly respond to natural disaster and to man-made risks. Risk awareness is indeed a strong priority for modern societies and social resilience is necessary to enhance successful responses to unexpected emergencies. In the actual strategies there is a gap between the formal effort of public authorities to protect citizens from harm and the voluntary support provided by citizens during emergencies.

Starting from this awareness ENGAGE addresses the whole society and tries to bridge the different ways of intervention to make communities more skilled in responding to disasters jointly and therefore more resilient.

Website: <https://www.project-engage.eu/>



SOUTH LIMBURG

The Netherlands



GENERAL INFORMATION

South Limburg is the most southern region of the **Netherlands** and is known for its sloping hills, scenic villages, vibrant cities and rich culture. It is a region with its own identity. The region consists of **16 municipalities** and has a population of **597,652 (2023)**. Maastricht is the largest city with over 122,000 inhabitants and Vaals is the smallest municipality with around 10,000 inhabitants. South Limburg has a special geographical location due to its long [border with Germany and Belgium](#) and a narrow border with the Netherlands. In terms of health, there is a lot of focus on prevention, care and welfare. A lot of work is being done to reduce the health inequalities in the region. **The population** has been declining for several years and **will decline to 2040 by 9%**. There is a strong ageing population and increasing further in the future. The absolute number of over 65 years and older continues to slowly increase. The ratio between the working of the population and the non-working part of the population is becoming more skewed.

Further details are available on South Limburg Website: [GGD Zuid Limburg](#).

Population **597.7 thousand residents**

Average population age

In 2023, the average age in the region was **46.1 years**, reflecting a mature demographic profile. The population distribution highlights significant variations across age groups: 3.1% of residents were aged 3 years or younger, while 6.5% were between 4 and 11 years old.

Adolescents aged 12 to 17 accounted for 5.2% of the population, and young adults aged 18 to 24 made up 9.2%.

The most substantial segments of the population were adults aged 25 to 39, comprising 17.0%, and those aged 40 to 54, representing 17.5%. Individuals in the 55 to 64 age bracket constituted 15.9%, while 13.7% were aged 65 to 74. The older age groups included 8.9% of residents aged 75 to 84, and 3.0% were 85 years or older, underscoring the region's ageing demographic trend.

Births and Deaths per year and Ratio

Births: 4,689 (2021) | Deaths: 8,054 (2021).



GDP and ration with health spending	National level: 985.549 mln euros (total Netherlands in 2022).
Average spending per capita	54,671 (total Netherlands in 2022).
Share of uninsured (if any)	In total there were 25,024 uninsured people in the Netherlands in 2022.
Life expectancy	Men: 78,8 Women: 82,3

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

Healthcare in the region is organised through a collaborative framework involving the **Ministry of Health, Welfare and Sports, municipalities, regional public health services, and health insurance schemes**. The Ministry of Health, Welfare and Sports oversees national healthcare policy, ensuring the provision of services and setting the overarching strategic direction. Municipalities play a vital role in delivering local health initiatives and community-based care, particularly in areas like public health promotion and social support.

Regional public health services are tasked with implementing preventive measures and managing public health emergencies, while health insurance schemes provide the financial backbone for accessing care. Despite these well-structured institutions, the region faces persistent challenges, including health inequalities, elevated care costs, and a lower life expectancy compared to national averages, underscoring the need for targeted interventions and enhanced coordination across all levels of the system.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

South Limburg hosts **three hospitals**, including the academic **Maastricht University Medical Centre (MUMC+)** and **Zuyderland Hospital**, which operates across **two locations**. The region is supported by **25,787 healthcare professionals**, with a physician density of 7.8 per 10,000 residents. The average distance to a hospital is 4.6 km, ensuring accessible healthcare for the population.



Total number of healthcare professionals	<p>In 2023, the Netherlands registered a total of 375,865 healthcare professionals nationwide. Among them, there are 5,988 pharmacists, 79,003 physicians, and 35,471 physiotherapists. Other notable categories include 1,278 registered dental hygienists, 19,253 GZ-psychologists, and 519 clinical technologists. The country also employs 2,489 general remedial educationalists, 2,282 physician assistants, and 5,247 psychotherapists. Additionally, there are 11,811 dentists, 4,912 midwives, and 207,612 nurses, making nursing the largest group within the sector.</p> <p>In the Province of Limburg, which includes South Limburg, the total number of healthcare professionals is 25,787, reflecting a robust local healthcare workforce to serve the region's needs.</p>
Number of physicians per capita	7,8 per 10.000 citizens (2022).
Average distance between hospitals and care centres	Average distance to a hospital: 4,6 km.
Number of Emergency Rooms (E.Rs)	3.
Number of Centres of Excellence or any other key health-related facilities or organisations	1 academic / university hospital.

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Substantial health inequalities compared to the Netherlands.
- 2 Large differences in health and care between neighbourhoods and municipalities due to low level of education, poverty, loneliness, and reduced self-direction.
- 3 Gap between care demand and care supply.

Main health-related risk factors



- 1 Low socio-economic status.
- 2 Chronic conditions .
- 3 Mental health.

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Health insurers.
- 2 Health providers.
- 3 Municipalities; social domain.

Key health-related identified challenges or areas for improvement

- 1 Unhealthy lifestyle.
- 2 Higher risk of educational disadvantage / lower employment rate.
- 3 Higher use of (youth)care.

Core topics of interest for the exchange of best practices with other regions

- 1 Data visualization.
- 2 Healthy youth, healthy generation.
- 3 Healthy living environment.

EUROPEAN PROJECTS AND COLLABORATIONS

South Limburg actively participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:

1 euPrevent PROFILE

This project is a collaboration between various partners from the Euregion Meuse-Rhine (EMR). The project focuses on preventing and combating loneliness in older people living in the EMR and increasing awareness of the effects of loneliness.



The objective of this project is to foster knowledge and exchange of best-practices between and within communities. euPrevent PROFILE will stimulate cross-border cooperation with the aim to prevent and combat loneliness in older people, to promote knowledge exchange, best practices and implementations, to increase awareness of the effects of loneliness and to connect people, experts and organizations who have already been active in this field.

Website: <https://euprevent.eu/profile/>

2 euPrevent Social Norms Approach

The euPrevent Social Norms Approach project is a collaboration between 11 project partners from the Euregio Meuse-Rhine and the West-Eifel region (DE).

The aim of the project was to strengthen the existing prevention initiatives in collaboration with Euroregion Meuse-Rhin and West-Eifel region (DE) professionals, through the SNA.

The euPrevent Social Norms Approach project focused on the following behaviours in the Euroregion Meuse-Rhine region and the West-Eifel region (DE):

- The consumption of alcohol, cannabis and gaming among young people aged 12–26.
- The consumption of alcohol and medicines among people aged 55+.

Based on survey results, we developed an awareness campaign at euregional scale aimed at people in the two target groups, to provide them with up-to-date information about alcohol, cannabis and medicine consumption and the use of video games. This is all in an aim to inspire them and encourage them to make healthier lifestyle choices.

Website: <https://euprevent.eu/project-social-norms-approach/>

3 euPrevent Senior Friendly Communities

The project focuses on active ageing in senior-friendly communities. This project focuses on mental health, with special attention to dementia and age-related depression. In this project Euroregional partners work together with 31 municipalities in the Euregio Meuse-Rhine. The aim is to realise senior-friendly municipalities: municipalities that are care-friendly, carer-friendly and inclusion-friendly, so that senior citizens can continue to participate in a normal social life.

In this project the partners and municipalities focused specifically on these three target groups: people who currently work as caregivers; potential caregivers; people who need care: elderly persons with late-life depression and/or senile dementia.

Website: <https://euprevent.eu/sfc/>

4 Youth euregional scan 2023

Improving public health in Euregions requires a comprehensive understanding of the regional and euregional health landscape. With this goal in mind, several public health institutions have been conducting euregional youth scans since 2001, providing valuable, comparable data on young people aged 13–16 within the Euregio Meuse-Rhine (EMR). These scans, conducted in 2001, 2006/2007, 2013, 2019 and 2023, have been led by the GGD Zuid Limburg.

The Youth Euregional Scan 2023 is aimed at gathering data on the health and risk behaviors of adolescents in the (eu-)region. The goal is to identify areas of need and develop targeted regional and supraregional prevention programs for adolescents.

By conducting this survey, we gain valuable insights into the current health status of young people in the (eu-)region. The results will be used to prepare a comprehensive youth health report by the respective health



department, which will serve as a valuable resource for policymakers, healthcare providers, and other stakeholders.

In addition, the data will be included in the Euregional Health Atlas (EHA, www.euregionalhealthatlas.eu), which will provide an overview of the health status of adolescents across the (eu-)region. This will help identify any regional patterns or trends in health behavior and inform future prevention efforts.

Website: <https://euprevent.eu/yes/>

5 DATA IN THE EMR - data management and analytics within the Euregio Meuse-Rhine (EMR)

With the project Data in the EMR, the cooperation partners want to realize cross-border data collection, data comparison and data visualization.

If governments, civil society organizations and the business organizations want to improve the health situation for citizens in the Euregio Meuse-Rhine (EMR), they need knowledge about the health and well-being of these citizens.

The project connects organizations and institutions in the EMR that deal with data collection and data comparison in the field of health care:

data institutes in all parts of the EMR (such as CBS (NL) and IT NRW (DE))

Public Health organizations that collect data on the health of the population (such as GGD (NL) and Gesundheitsamt (DE)).

policy-making organizations that benefit from data from the EMR (such as governments, EMR, GGDs).

Results are presented at an online dashboard: www.euregionalhealthatlas.eu

Website: <https://euprevent.eu/data-in-the-emr/>



TOSCANA



Regione Toscana

Italy

GENERAL INFORMATION

Toscana, located in central **Italy**, represents about 6% of the country's population with a density of **163 inhabitants per km²**, which is below the national average. Approximately 11.1% of its population are foreigners. The region covers an area of **22,997 km²**, making it the fifth largest region in Italy, and has a coastline of 633 km along the Ligurian and Tyrrhenian Seas. The landscape is predominantly hilly (about two-thirds), with mountains and some flat areas, particularly along the coast. Toscana's agricultural heritage, especially its vineyards and olive groves, contributes to high-quality products recognized globally.

Toscana is home to **287 municipalities**, with most of the population residing in cities and medium-sized towns. **Florence** is the largest city, with 27% of the regional population, followed by other provincial towns such as Arezzo, Livorno, Lucca, Pisa, and Siena. The region is known for its high quality of life, with good average family incomes, excellent surroundings, and high-quality social services and healthcare.

However, since 2016, Toscana's population has been declining and aging. The birth rate is low, and the balance between working-age individuals, young people, and retirees is negative. Toscana has one of the oldest populations in Italy, and families are becoming smaller. The decline in population has been exacerbated by the COVID-19 pandemic, which has further widened the gap between deaths and births.

Further details are available on Regione Toscana [website](#).

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

Toscana, with a **resident population** of **3.65 million** as of 01/01/2023, has an **average population age of 47.33 years**, reflecting an ageing demographic. About 26% of residents are aged 65 or older, while 11.6% are under 15 years old. In 2022, Toscana recorded 21,610 births (5.9 per 1,000 inhabitants) and 48,855 deaths (13.4 per 1,000 inhabitants), resulting in a negative population growth rate of -8 per 1,000 inhabitants. Life expectancy in the region stands at 81.3 years for men and 85.3 years for women.



Economically, Toscana's **GDP in 2023 was €128.46 billion**, contributing approximately 6.8% to Italy's total GDP. The region dedicates around 6.5% of its GDP to healthcare, which makes up about 70% of the regional budget. This equates to €2,233 per capita spent on healthcare in 2022. Toscana provides universal healthcare to all legal residents, including foreigners, covering a range of services such as clinical visits, diagnostic tests, and laboratory analyses.

Population	3.65 million 2023
Average population age	The average age of the population in Toscana is 47.33 years (as of 2022), reflecting an aging demographic. About 26% of the population is aged 65 or older, while the majority, 62.4%, falls within the working-age group of 15 to 64 years. Additionally, 11.6% of the population is under the age of 15, indicating a relatively small proportion of young people compared to older age groups.
Births and Deaths per year and Ratio	<p>Births 2022: 21.610 (5,9 per 1.000 inhab.)</p> <p>Deaths 2022: 48.855 (13,4 per 1.000 inhab.)</p> <p>Ratio: Births/Deaths: –8 per 1.000 inhab.</p>
GDP and ration with health spending	<p>GDP 2023 128.465 mln euros (approx. 6,80% of Italy)</p> <p>Health spending is appr. 6,5 % of GDP (8.248 mln euros in 2021 – 8.120 mln euros in 2022) and 70% of total regional budget. In 2022 each inhabitant received:</p> <ul style="list-style-type: none"> • 1,5 clinical services • 1,1 diagnostic tests • 11,3 laboratory tests
Average spending per capita	<p>Average spending pro capita € 2.233,00.</p> <p>(Based mainly on MACRO database on Chronic diseases (diabetes, stroke, heart failure, hypertension, BPCO, epilepsy, Multiple Sclerosis, Dementia, Parkinson, atrial fibrillation, kidney failure, inflammatory bowel diseases, rheumatic diseases, ischemic heart disease) that gives evidence of pro capite expenditure both for hospital and territorial care.</p> <p>Source: ARS Toscana</p>
Share of uninsured (if any)	All legal residents, both Italians and foreigners, have the right to public healthcare.
Life expectancy	Men: 81,3 Women: 85,3 TOT. 83,3 (2022)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES



The healthcare system in Toscana is organized regionally, with **the national government** setting treatment standards, funding, and overall direction. The regional government is responsible for healthcare policies, laws, objectives, budgets, and oversight. Toscana is divided into **three Local Health Authorities (LHAs)** that manage healthcare services, including direct provision and outsourcing to public and private providers. Each LHA is governed by a triad of leaders: a **General Director**, a **Clinical Director**, and an **Administrative Director**.

Toscana's healthcare system is based on a tax-funded universal model, with regional responsibility for planning, regulation, and resource distribution to ensure national standards are met. The healthcare system includes **52 public hospitals, 25 private hospitals, 158 emergency medical service hubs, 389 public clinics, and 213 private clinics**. Healthcare services are provided on a capitation basis, with inpatient care free of charge and outpatient services requiring a small fee.

A key feature of Toscana's healthcare model is its focus on "**taking charge**," which shifts from a doctor-centered care model to one that places the patient and their overall needs at the center of care. This model promotes efficiency through the organization of care flows, while ensuring attention to relational aspects of patient care. The regional system encourages integrated care pathways and hybrid organizations that combine primary care with specialized services.

Toscana's healthcare system has evolved through several laws, with a primary focus on balancing user rights with cost containment. Since 2016, the region has been divided into three sub-regions (North-West, Centre, and South-East) and 26 districts, which collaborate on programming activities and strengthen synergies between LHAs and University Hospitals. This regional division supports more localized planning and integrates services at the district level.

Due to Toscana's aging population and low birth rate, the region faces higher mortality rates, particularly among the elderly. As a result, Toscana places a strong emphasis on promoting healthy lifestyles to reduce chronic diseases and preventable health issues, addressing the impact of non-communicable diseases on morbidity, mortality, and disability.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

As of December 31, 2022, Toscana's regional healthcare workforce consisted of approximately **54,800 professionals**. This includes **10,400 managers**, of whom **8,800** are **medical doctors (MDs)**. The workforce also comprises **21,450 nurses, 1,100 obstetricians, and 7,300 socio-sanitary operators (OSS)**. Additionally, there are **2,623 general practitioners (GPs)** and **445 pediatricians (PLS)**, who serve specific populations, with 9 pediatricians per 10,000 children aged 0–14 and 32 MDs per 10,000 inhabitants aged 15 and above.



Toscana's healthcare infrastructure includes a total of **72 hospitals**, 52 of which are public and 20 private (accredited by public authorities). The region also has a total of 10,629 ordinary hospital beds, equating to **2.91 beds per 1,000 inhabitants**, and 1,519 day hospital beds, representing 0.42 beds per 1,000 inhabitants. These healthcare facilities are crucial for providing a broad range of medical services to the region's population.

Total number of healthcare professionals	<p>On 31/12/2022 the regional healthcare workforce consisted in 54.800 regional health system operators</p> <ul style="list-style-type: none"> • 10.400 managers (of whom 8.800 MD) • 21.450 Nurses • 1.100 Obstetricians • 7.300 Socio-sanitary operators (OSS): • 2.623 GPs • 445 PLS
Number of physicians per capita	<p>9 Pediatricians (PLS) per 10.000 inhab. of age 0-14) 32 MD per 10.000 inhab. of age 15+</p>
Number of Emergency Rooms (E.Rs)	<p>29 Emergency rooms.</p>
Number of Centres of Excellence or any other key health-related facilities or organisations	<p>3 University Hospitals (Florence, Siena, Pisa) 1 Children's University Hospital (Meyer) - Pediatrics (Florence) ISPRO – Institute for the Study and Prevention of Cancer Gabriele Monasterio Foundation – cardiopulmonary (Pisa) Don Gnocchi Foundation – rehabilitation (Florence) Stella Maris Foundation – psychiatry (Pisa) The Management and Healthcare Laboratory (MeS Laboratory), established in December 2004, as part of Sant'Anna School of Advanced Studies. (Pisa)</p>



REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

Policy areas

- 1 Health in all policies approach (e.g. lifestyle, prevention, ecological transition and local policies).
- 2 Clinical and pharmaceutical prescriptive appropriateness and demand-side governance.
- 3 Strengthening social and social-health integration.

Health and care areas

- 1 Heart attack (7.373 hospitalizations in 2022 with 6,7% mortality in the following 30 days).
- 2 Percutaneous transluminal coronary angioplasty PTCA (7.311 hospitalizations in 2022).
- 3 Ischemic stroke (5.276 hospitalizations with 8,7% mortality in the following 30 days).

Main health-related risk factors

- 1 Tobacco.
- 2 Dietary risks.
- 3 Alcohol.

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Organizational model-specialty networks, also with reference to quality of care.
- 2 Social and health integration models.
- 3 Performance monitoring both for the regional level and for all subjects collaborating with the Region.

Key health-related identified challenges or areas for improvement

- 1 Access to care (reduction in the ability to cover the need for outpatient care leading to an increase in out of pocket).
- 2 Difficulties in recruiting some professionals.



- 3 Economic sustainability.

Core topics of interest for the exchange of best practices with other regions

- 1 Health research.
- 2 Mission on cancer.
- 3 Rare diseases.

EUROPEAN PROJECTS AND COLLABORATIONS

Toscana actively participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:

1 THCS – European partnership on Transforming Health and Care Systems

Partner and funding agency for joint transnational research.

The European Partnership THCS is a Cofund action under the Horizon Europe Programme designed to support coordinated national and regional research and innovation programmes along with capacity building, networking, dissemination and other key activities to support health and care systems transformation. It started in January 2023 with a duration of 7 years.

Website: <https://www.thcspartnership.eu/>

2 EJPRD – European Joint Programme on Rare Diseases

Partner and funding agency for joint transnational research.

The European Joint Programme on Rare Diseases (EJP RD) was a programme aiming to create an effective rare diseases research ecosystem for progress, innovation and for the benefit of everyone with a rare disease. It supported rare diseases stakeholders by funding research, bringing together data resources & tools, providing dedicated training courses, and translating high quality research into effective treatments.

Website: <https://www.ejprarediseases.org/>

3 EP PerMed – European Partnership on Personalised Medicine

Partner and funding agency for joint transnational research

Collaborator in WP on Implementation of personalised medicine in health systems and International Collaborations

Website: <http://www.eppermed.eu/>



4 **TRANSCAN-3 – Joint Programme for translational cancer research**

Partner and funding agency for joint transnational research, leader of WP5 on Communication, exploitation, and dissemination of the results.

Website: <https://transcan.eu/>

5 **EUCanScreen – Joint Action for cancer prevention, EU4Health Programme**

Tuscany participating with ISPRO – Institute for Study and Prevention of Cancer

Competent authority for Italy, WP leader for Personalised screening

Website under construction: <https://www.osservatorionazionale screening.it/en/content/eucanscreen-la-ja-europea-sugli-screening-oncologici>

6 **ERDERA – European Rare Diseases Research Alliance**

Partner and funding agency, participation in task and activities on participation of patients in rare diseases research

Website: <http://www.ejprarediseases.org/erdera/>



VENETO

Italy



REGIONE DEL VENETO

GENERAL INFORMATION

The **Veneto region**, is located in northeastern Italy and covers an area of **18,399 km²** and has a **population of 4,849,553 (Istat 2023)**. Known for its rich history, diverse landscapes, and dynamic economy, Veneto is a leading region in health innovation and care delivery. It operates under a decentralized healthcare model with strong regional governance, emphasizing quality, accessibility, and sustainability in healthcare services.

More details are available on the Veneto Region [website](#).

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

Veneto, with **seven provinces** (Venice, Padua, Rovigo, Verona, Vicenza, Treviso, and Belluno), is characterized by diverse geography influencing its population distribution. Peripheral areas like Belluno and Rovigo and the tourist hub of Venice show an **aging population**, with an **old-age index exceeding 200 and 195 elderly per 100 children**. The region's population has a barrel-shaped age structure, dominated by those aged **45–64**, with women and elderly making up a significant share. Foreign residents, 10.2% of the population, are concentrated in Verona.

The **average age** is **46.6 years** (Istat 2023), with **31,755 births** and **55,575 deaths** in 2022, reflecting a declining birth-to-death ratio of 0.571. Veneto's **GDP is €180.6 billion**, with an average **health expenditure of €2,448 per capita**, covering collective prevention, district, and hospital assistance within the Essential Levels of Care.

Population	4.85 million (Istat 2023)
Average population age	46,6 (Istat 2023)
Births and Deaths per year and Ratio	Births: 31.755 (2022) Deaths: 55.575 (2022) Ratio: 0,571
GDP and ration with health spending	EUR 180.6 billion

Average spending per capita	€ 2.448 Expenditure includes the costs of guaranteeing citizens the provision of services defined by the Essential Levels of Care established centrally. In particular, services are provided in three different macro-areas: collective prevention and public health, district assistance and hospital assistance.
Life expectancy	Men: 81.2 Women: 85.5 (Year 2022)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The Veneto Region's Health and Social Affairs Area oversees the regional healthcare system, which is founded on **four core principles: universality**, ensuring access for the entire population; **equity**, guaranteeing equal opportunities and uniform health services across the region; **humanization**, prioritizing socio-health needs; and **socio-health integration**, fostering collaboration between health and social care.

The system is structured across **three management levels**. At the **regional level**, the **Health and Social Care Area** provides guidance, planning, programming, coordination, and control of the entire system. The **intermediate level** is managed by **Azienda Zero**, which supports regional planning with technical and organizational functions. Finally, **Health Authorities** deliver essential levels of assistance, addressing citizens' health needs directly.

The Veneto Regional Health System emphasizes integrating health and social care through coordinated prevention, treatment, and rehabilitation efforts. It focuses on ensuring continuity of care between hospitals and communities, residential and home care, and general and specialist medicine. Key aspects include valuing local health investments, fostering relationships between public and private entities, and promoting solidarity within local communities. Integration of resources and responsibilities enhances the system's effectiveness, ensuring seamless care transitions across all levels of service.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

The Veneto region has a well-developed healthcare system supported by a comprehensive workforce and infrastructure. As of 2023, it includes **24,993 nurses, 10,312 hospital doctors, 10,031 health and social workers, 5,735 technical and administrative staff, 2,939 health technicians, 1,056 midwives, 1,053 physiotherapists**, and **2,840 general practitioners**, with an employed



doctor-to-population **ratio** of 0.00166. Annually, the region gains **845 new doctors** and **3,070 other health workers**.

The healthcare infrastructure comprises **69 hospitals** and care **centers**, **48 emergency rooms**, **two** integrated **university hospitals**, the *Veneto Oncology Institute*, and **three IRCSS** (Italian Research and Care Institutes), ensuring high-quality, specialized care and research capabilities.

Total number of healthcare professionals	Data in FTE (30/9/2023) Nurses: 24,993 Doctors: 10,312 (hospital) Health and social workers: 10,031 Technical/administrative: support staff 5,735 Health Technician: 2,939 Midwife/Or: 1,056 Physiotherapist: 1,053 General practitioners: 2,840
Number of physicians per capita	Doctors/population 0.001658378 (ratio of employed doctors)
Number of Emergency Rooms (E.Rs)	48.
Number of Centres of Excellence or any other key health-related facilities or organisations	2 Integrated University Hospitals!! 1 Veneto Oncology Institute 3 IRCSS



REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Social-health integration
- 2 Proximity services
- 3 Network model

Main health-related risk factors

- 1 Alcohol
- 2 Excess weight
- 3 Sedentary lifestyle

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Cutting-edge hospital and diagnostic technologies and interventional techniques (e.g. transplants, robotic surgery)
- 2 Intermediate health care facilities
- 3 Communication in the field of Prevention and adhesion to campaigns

Key health-related identified challenges or areas for improvement

- 1 Shortage of nurses
- 2 Integrated development of telemedicine
- 3 Continuous growth in demand for health services (sometimes inappropriate)

Core topics of interest for the exchange of best practices with other regions

- 1 Territorial healthcare activity delivery models
- 2 Digitalization of processes related to patient care and management of healthcare activities
- 3 Development methods of preventive medicine



WALES

United Kingdom



GENERAL INFORMATION

Wales is one of the **four nations** which comprise the **United Kingdom** and is a country with a rich and distinctive history, identity and culture. It comprises a diverse mix of urban and rural areas, and **has two official languages** (Welsh and English).

Since 1999 the UK has operated within a devolved constitutional model, with some areas of public policy remaining the responsibility of the UK Government, with others devolved to the individual countries. Over the past 25 years, Wales has developed its own Welsh Government and Parliament, with extensive responsibilities across significant areas of public policy, including health, education and the economy.

Further details are available at: <https://www.gov.wales/>

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

As of the 2021 Census, Wales has a **population of 3.1 million**. The country, known for its rich cultural heritage, includes both urban and rural areas with a strong industrial history. One of its distinct features is the Welsh language, which is spoken by 29.2% of people aged three and over, equating to around 891,800 individuals.

Wales faces common **demographic challenges**, including an **ageing population**, increasing rates of **long-term chronic conditions**, and **health inequalities**. Health and social care policies in the country focus on meeting the needs of the population in the 21st century and creating conditions conducive to good health and well-being.

The public sector in Wales operates under the guidance of **seven national well-being goals**, established by the **Well-being of Future Generations Act**: promoting prosperity, resilience, health, equality, cohesive communities, vibrant culture, and global responsibility.

In terms of healthcare funding, Wales' **budget for 2023–2024** included **£10.1 billion** in revenue funding and £375 million in capital funding, accounting for over half of the total Welsh budget. NHS spending per capita in 2021–2022 was £2,834, with a strong focus on primary, community, and hospital care. This substantial investment in healthcare highlights the priority placed on ensuring accessible and comprehensive health services for the population.



Population	3.1 million (2021)
Average population age	42 years (based on 2021 Census data) Source: GOV.WALES
Births and Deaths per year and Ratio	Births: approximately 28,300 in 2022 Deaths: 35,694 in 2022
GDP and ration with health spending	Just over half of the Welsh budget is spent on health and social services, and the majority of this goes directly to fund the Welsh NHS. For 2023-2024, the health and social services budget was: <ul style="list-style-type: none"> • Total revenue funding - £10.1 billion • Total capital funding - £375 million Source: Wales Budget 2023-2024
Average spending per capita	£2,834 per head of the population in 2021-22 (based on NHS expenditure across all programme budget categories, which includes primary and secondary care services). Total expenditure rose by 5.5% from 2020-21. NHS expenditure programme budgets: April 2021 to March 2022 GOV.WALES The above only relates to NHS spending and therefore does not include social care spending.
Share of uninsured (if any)	The NHS is free at the point of delivery and is mainly funded from general taxation, with a small proportion raised through national insurance contributions. It is therefore distinct from other health service funding models including social or private insurance models.
Life expectancy	Men: 77.9 years Women: 81.8 years – (for period 2020-2022). National life tables – life expectancy in the UK - Office for National Statistics (ons.gov.uk)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The **Welsh National Health Service (NHS)** is the overall responsibility of the Welsh Government. The Welsh Government funds, directs and monitors the performance of the Welsh NHS, and the



service is formally accountable to the Minister for Health and Social Services, through the Chief Executive of NHS Wales.

Within NHS Wales, healthcare services are planned and delivered through **seven local health boards** – further detail about these and their responsibilities is provided later in this factsheet. There are also **three NHS Trusts** with an all-Wales focus (Public Health Wales, the Welsh Ambulance Services Trust, and Velindre NHS Trust which offers specialist services in cancer care). In addition, there are **two special health authorities** with a national remit (Digital Health and Care Wales, and Health Education and Improvement Wales), as well as NHS Wales Shared Services Partnership which provides a range of support functions and services to NHS Wales.

Alongside the NHS, the Welsh Government is also responsible for social care in Wales. Each of the 22 local authorities in Wales have a statutory responsibility for planning and commissioning social care in their geographical areas. The integration of health and social care is a key policy priority in Wales (see later sections on priorities and challenges).

In Wales, seven **local health boards are responsible for planning and delivering NHS services**, including dental, optical, pharmacy, and mental health care. They manage a range of services from primary care to hospitals and oversee GP contracts. Their core tasks include improving health outcomes, promoting well-being, reducing health inequalities, and commissioning services to meet local needs.

These health boards cover different regions with varying demographics and needs. Betsi Cadwaladr serves North Wales, Powys covers a largely rural area, Cardiff and Vale includes the capital city and surrounding rural areas, and Aneurin Bevan covers five local authority areas in southeast Wales. Cwm Taf Morgannwg serves areas in the South Wales Valleys, Swansea Bay covers the second-largest city and surrounding areas, while Hywel Dda spans southwest and west Wales, offering both urban and rural services.

The health boards collaborate with national health bodies, local authorities, and third-sector organizations, forming part of regional partnerships aimed at improving health services and well-being across Wales.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

The NHS Wales estate consists of **449 healthcare facilities**, including **15 general acute hospitals**, **13 specialist hospitals**, **237 treatment centers**, and **90 support facilities**. Additionally, the Welsh Ambulance Services Trust operates from 113 buildings across the country.



Between September 2022 and September 2023, NHS Wales directly **employed over 95,000 full-time equivalent (FTE) staff**. This workforce includes **8,103 medical and dental professionals, 24,161** registered **nurses**, and **1,356 midwives**.

As of September 2023, Wales had **378 active GP** practices staffed by **1,592 fully qualified GPs** and **428 GP registrars (trainee GPs)**.

Total number of healthcare professionals	Between September 2022 and September 2023, NHS Wales employed over 95,000 full-time equivalent (FTE) staff . This workforce included 8,103 medical and dental professionals, 24,161 registered nurses , and 1,356 registered midwives . These healthcare professionals played a vital role in delivering medical care across the region.
Number of Hospitals and Health Care	There are 449 buildings across the NHS Wales estate (Local Health Boards and Velindre NHS Trust). This includes 15 General Acute Hospitals, 13 specialist hospitals, 237 treatment centres and 90 support facilities. In addition, the Welsh Ambulance Services Trust operates from 113 buildings across Wales.
Average distance between hospitals and care centres	The geography of Wales means this is difficult to assess – this will differ significantly depending on the local health board.
Number of Emergency Rooms (E.Rs)	Wales provides a variety of urgent and emergency care services. In delivering these types of services a significant focus is on a 24/7 urgent care model and working with the public to ensure that the right care is provided in the right place, first time. There are 12 major Emergency Departments across the NHS in Wales which provide consultant-led services with appropriate resuscitation facilities which can be accessed 24/7 with or without an appointment.
Number of Centres of Excellence or any other key health-related facilities or organisations	All of the local health boards in Wales provide a complete range of services, although Powys does this in conjunction with others across England and Wales. There are three Medical Schools in Wales, based in the Universities in Cardiff, Swansea and Bangor. A further example of a specialist facility is the Wales Genomic Health Centre, which brings together the All Wales Medical Genomics Service, Pathogen Genomics Unit and Wales Gene Park to create a centre of excellence for genomic services across Wales.



REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

- 1 Integration of health and social care.
- 2 Improving access across primary and community care.
- 3 Reducing planned care waiting times, for example relating to cancer.

Main health-related risk factors

- 1 Poverty / 'non health system' socio-economic determinants of health.
- 2 Unhealthy diet / lack of physical exercise.
- 3 Tobacco.

Main health-related domains in which the region is successful/has particularly strong practices

- 1 Developing Value in Health approaches (Value Based Health Care).
- 2 Progressive public health policies and regulation.
- 3 Integration of health and care.

Key health-related identified challenges or areas for improvement

- 1 Rising demand for services placing acute pressures on particular services, for example emergency care.
- 2 Backlogs/waiting lists for certain types of planned treatment, exacerbated by the Covid-19 pandemic.
- 3 High levels of people living with long term chronic conditions, often linked to lifestyle-related or other socio-economic factors.

Core topics of interest for the exchange of best practices with other regions

- 1 Integration of health and social care.
- 2 Digital/data and innovation.
- 3 Progressive public health policy/approaches.



EUROPEAN PROJECTS AND COLLABORATIONS

Wales actively participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:

- 1 Wales' participation in specific projects and initiatives reflects the UK's status outside the EU. Whilst this context frames the extent to which some developments apply to Wales, we remain committed to maintaining effective relationships with European partners and internationally, in line with the aims of the Welsh Government's International Strategy. Examples include participation in relevant networks as well as developing bilateral relationships with countries and regions with similar policy interests and challenges (for example a specific relationship with Flanders region). In addition, Welsh organisations participate in a number of Horizon Europe projects in line with the UK's association to that programme.
- 2 Wales is a participant in the OECD PaRIS (Patient-reported Indicator Surveys) project, which is an international outcome based benchmarking exercise of patients aged over 45 with chronic conditions managed by GPs. Wales' involvement is overseen by the Welsh Value in Health Centre. The data which will be produced from the project will enable access to a vast patient level data set on primary care outcomes and experiences, with measures spanning across eight key indicators.
Website: [Patient-Reported Indicator Surveys \(PaRIS\) - OECD](#)
- 3 Wales has developed a strong relationship with WHO Europe Region, for example demonstrated through Wales' participation in WHO Europe's Regions for Health Network and the Policy and International Health Directorate within Public Health Wales being designated as a WHO Collaborating Centre on Investment for Health and Well-being. The Collaborating Centre develops, collects and shared information and tools on how best to invest in better health, reduce inequalities, and build stronger and more resilient communities.
- 4 Wales has RSCN reference site status (4-star) in the area of Active and Healthy Ageing, providing networking, learning exchange and collaborative opportunities with other reference site regions across Europe.
Website: [AHA Reference Sites - RSCN](#)

ADDITIONAL HEALTH DATA/WEBSITES

- Public Health Wales provides extensive data and evidence on a range of health topics, accessible at [Public Health Wales Data](#).





