



BOOKLET

EUREGHA REGIONAL FACTSHEETS

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



AARHUS KOMMUNE



AARHUS
KOMMUNE

AARHUS MUNICIPALITY, LOCATED IN CENTRAL DENMARK, IS DENMARK'S SECOND-LARGEST CITY WITH A POPULATION OF 367,633 INHABITANTS.

HEALTH WORKFORCE DATA

- ASSISTED LIVING TECHNOLOGY'S TOTAL EMPLOYEES: 4,950
- USERS RECEIVING PERSONAL CARE: 10,200
- UNITS FOR OLDER PEOPLE AND PEOPLE WITH CHRONIC DISABILITIES: 4,000
- SENIOR CITIZENS: 60,000
- AVERAGE AGE OF POPULATION: 37.7 YEARS



HEALTH SYSTEM ORGANISATION

AARHUS MUNICIPALITY PROVIDES PRIMARY CARE SERVICES, WHILE SECONDARY CARE AND GENERAL PRACTITIONERS (GPs) ARE MANAGED AT THE REGIONAL LEVEL. THE MUNICIPALITY HAS A STRONG FOCUS ON INNOVATION, PARTICULARLY IN DIGITAL HEALTH, AI, VR, MACHINE LEARNING, AND ASSISTED LIVING TECHNOLOGIES.

COMPETENCES

AARHUS MUNICIPALITY SPECIALISES IN DEVELOPING, TESTING, AND IMPLEMENTING ASSISTED LIVING TECHNOLOGIES TO SUPPORT INDEPENDENT LIVING AND IMPROVE CARE SERVICES. IT ALSO EVALUATES THE HEALTH, SOCIAL, AND ECONOMIC IMPACT OF THESE SOLUTIONS AND WORKS CLOSELY WITH PRIVATE COMPANIES AND RESEARCH PARTNERS TO DRIVE INNOVATION.

HEALTH INFRASTRUCTURE

NURSING HOME PLACES: 2,252

HOSPITALS:

- AARHUS UNIVERSITY HOSPITAL
- REGIONAL HOSPITAL GØDSTRUP.
- REGIONAL HOSPITAL HORSSENS
- REGIONAL HOSPITAL RANDERS
- HOSPITAL ENTITIES MIDT: REGIONAL HOSPITAL SILKEBORG, VIBORG, SKIVE AND HAMMEL NEUROCENTER.
- PREHOSPITAL



Risk Factors

- Tobacco and nicotine use
- Alcohol consumption
- Physical inactivity and unhealthy lifestyles

Best Practices

- Assisted living technologies
- Digital health innovation
- AI and machine learning
- Independent living support for older adults
- Large-scale technology implementation

Strong areas

- Digital health
- Assisted living technology
- Innovation in elderly care
- Public-private collaboration
- Technology evaluation and implementation

Priorities

- Community-based care
- Independent living for older adults
- Digital health and welfare technology

Challenges

- Growing aged population / demand for home-based care
- Workforce shortages
- Ensuring equal access to healthcare by vulnerable groups

COLLABORATION AREAS

- DIGITAL HEALTH
- ASSISTED LIVING TECHNOLOGIES
- AI IN HEALTHCARE
- INDEPENDENT LIVING AND ACTIVE AGEING

EU PROJECTS / COLLABORATION



JARED
EUROPEAN PROJECT FOR THE PREVENTION AND MANAGEMENT OF RESPIRATORY DISEASES



JADE HEALTH
EUROPEAN DEMENTIA STAKEHOLDERS COLLABORATING TO IMPROVE CARE, PILOTS, AND DISSEMINATION.



THCS
EUROPEAN PARTNERSHIP TRANSFORMING HEALTH AND CARE SYSTEMS THROUGH INNOVATION.



EU_SHAFE (DOKKx)
INTERACTIVE WELFARE TECHNOLOGY EXHIBITION SHOWCASING INNOVATIVE SOLUTIONS FOR INDEPENDENT LIVING.

ASL ASTI



ASL ASTI COVERS THE PROVINCE OF ASTI IN THE PIEDMONT REGION OF ITALY, SERVING A POPULATION OF APPROXIMATELY 196,000 RESIDENTS.

HEALTH WORKFORCE DATA

TOTAL EMPLOYEES: 2,332

- **318** PHYSICIANS
- **1,003** NURSES
- **138** GENERAL PRACTITIONERS
- **2.3** DOCTORS PER **1,000** INHABITANTS



HEALTH SYSTEM ORGANISATION

ASL ASTI OPERATES WITHIN THE ITALIAN **SERVIZIO SANITARIO NAZIONALE (SSN)**, A REGIONALISED PUBLIC SYSTEM PROVIDING UNIVERSAL COVERAGE. SERVICES ARE ORGANISED AND DELIVERED THROUGH THE **LOCAL HEALTH AUTHORITY**, COORDINATING HOSPITAL, PRIMARY, AND COMMUNITY CARE.

COMPETENCES

MANAGED BY THE **PIEDMONT REGION**, ASL ASTI IS RESPONSIBLE FOR PLANNING, FUNDING, AND PROVIDING HEALTHCARE SERVICES LOCALLY, IMPLEMENTING NATIONAL REFORMS, AND ADDRESSING REGIONAL FINANCIAL AND WORKFORCE CONSTRAINTS.

HEALTH INFRASTRUCTURE

- 1 ACUTE HOSPITAL WITH 503 BEDS
- 34 COMMUNITY CARE CENTRES
- 1 EMERGENCY DEPARTMENT AT CARDINAL MASSAIA HOSPITAL IN ASTI
- 1 LOW-COMPLEXITY EMERGENCY ROOM AT SANTO SPIRITO HOSPITAL IN NIZZA MONFERRATO

OVER 60% OF RESIDENTS LIVE **MORE THAN 15 MINUTES FROM THE NEAREST HOSPITAL.**



Risk Factors

- Smoking
- Alcohol
- Lack of physical exercise/ wrong food habits

Best Practices

- Community building
- Longevity
- Digital health

Strong areas

- Immunization
- Screening
- Active ageing

Priorities

- Community care
- Digital health
- Workforce innovation

Challenges

- Mental health
- Antimicrobial resistance
- Infections

COLLABORATION AREAS

- COMMUNITY BUILDING
- LONGEVITY
- DIGITAL HEALTH

EU PROJECTS / COLLABORATION



SALUS

REGION PIEDMONT PROJECT FUNDED BY FAMI FUNDS AIMED AT IMPLEMENTING ACCESS TO HEALTH SERVICES AND NETWORKING AMONG OPERATORS INVOLVED IN THE CARE OF MIGRANTS WITH PHYSICAL AND PSYCHOLOGICAL VULNERABILITIES AND/OR ADDICTIONS

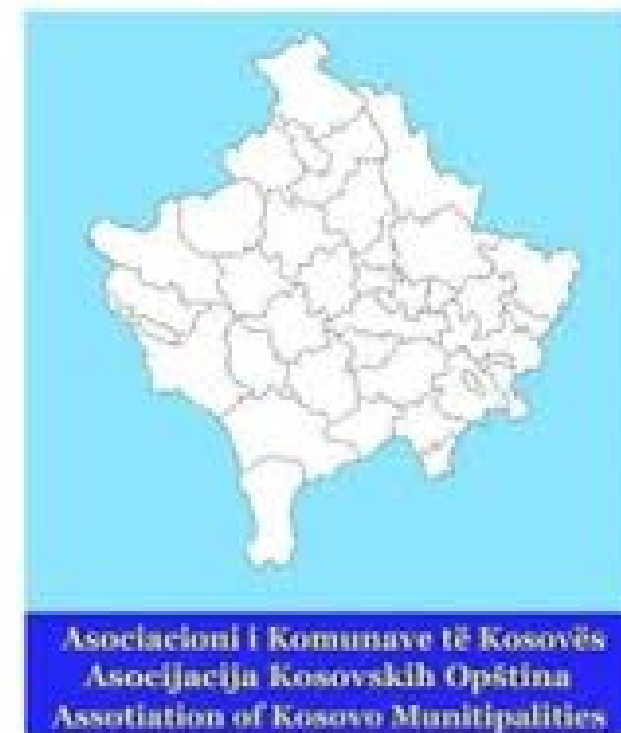


ACTAge

ACTIVE AGEING CENTRES: ENHANCING SOCIAL, PHYSICAL, AND MENTAL HEALTH FOR ELDERLY WELL-BEING

KOSOVO

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 AKM IS NON-PROFIT ORGANIZATION WHICH REPRESENTS THE GENERAL INTERESTS OF ITS MEMBERS-LOCAL AUTHORITIES.



HEALTH WORKFORCE DATA

TOTAL EMPLOYEES: 26636

- 5,287 DOCTORS
- 16,134 NURSES AND OTHER TECHNICAL STAFF
- 2,448 DENTISTS
- 1,546 PHARMACISTS
- 1,221 PHYSIOTHERAPISTS



HEALTHSYSTEM ORGANISATION

IT IS OVERSEEN BY THE MINISTRY OF HEALTH (**MINISTRIA E SHËNDETËSISË**) AND IS IMPLEMENTED AT THE LOCAL LEVEL THROUGH THE MUNICIPAL HEALTH AND SOCIAL WELFARE DIRECTORATES.

COLLABORATION AREAS

- NON-COMMUNICABLE DISEASES
- CANCER PREVENTION
- EXCHANGE OF EXPERIENCE

HEALTH INFRASTRUCTURE

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



Risk Factors

- Smoking
- Physical inactivity
- Unhealthy lifestyles

Best Practices

- Non-communicable diseases
- Cancer prevention
- Exchange of experiences

Strong domains

- Public health awareness
- Continuous strengthening of primary health
- Home services.

Key priorities

- Healthy lifestyles
- Digital transformation
- Supportive environments

Main Challenges

- Healthy development promotion
- Digitalization and data systems
- Supportive health environments

CURRENT PROJECTS



COOPERATION BETWEEN THE ASSOCIATION OF MUNICIPALITIES OF KOSOVO (AKM) AND THE **NETWORK OF ASSOCIATIONS OF LOCAL AUTHORITIES OF SOUTH-EAST EUROPE (NALAS)**: AIMED AT ENHANCING LOCAL GOVERNANCE AND SUSTAINABLE DEVELOPMENT IN KOSOVO AND THE BROADER SOUTH-EAST EUROPEAN REGION.



COOPERATION BETWEEN THE ASSOCIATION OF MUNICIPALITIES OF KOSOVO (AKM) AND THE **CONGRESS OF LOCAL AND REGIONAL AUTHORITIES OF THE COUNCIL OF EUROPE IN STRASBOURG**: BRINGS AN INCREASE IN THE IMPORTANCE OF THE ROLE OF THE LOCAL GOVERNMENT OF KOSOVO IN THE INTERNATIONAL COMMUNITY.



COOPERATION BETWEEN THE ASSOCIATION OF MUNICIPALITIES OF KOSOVO (AKM) AND **SWISS AGENCY FOR DEVELOPMENT AND COOPERATION (SDC)**: PROVIDES SUBSTANTIAL CONTRIBUTION TO THE FINANCIAL SUPPORT OF THE AKM AND PLAYS A KEY ROLE IN ITS ACTIVITIES AND BUDGET.

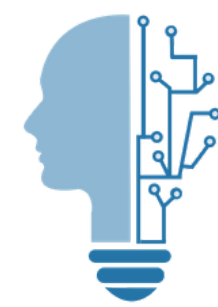


COOPERATION BETWEEN ASSOCIATION OF MUNICIPALITIES OF KOSOVO (AKM) AND THE **SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY (SIDA)**: IDA'S SUPPORT AIMS TO ENHANCE AKM'S STRATEGIC OBJECTIVE OF CAPACITY DEVELOPMENT.

TRENTO



PROVINCIA
AUTONOMA
DI TRENTO

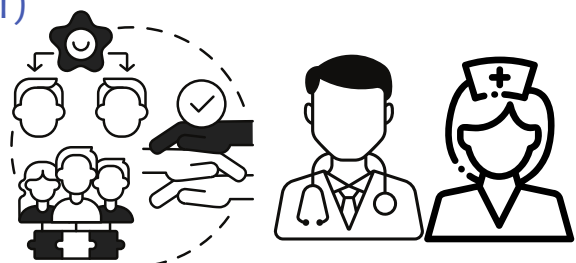


TRENTINO**SALUTE**
— 4.0 —

THE AUTONOMOUS PROVINCE OF TRENTO (ALSO CALLED TRENTINO) IS A MOUNTAINOUS REGION LOCATED IN THE NORTHERN PART OF ITALY. ADMINISTRATIVELY, THE PROVINCE ENJOYS A LARGE DEGREE OF AUTONOMY IN THE SECTORS OF HEALTH, EDUCATION, WELFARE AND TRANSPORT INFRASTRUCTURE.

HEALTH WORKFORCE DATA

- EFFICIENTLY STRUCTURED ITALIAN HEALTHCARE PROVIDERS (8,800 STAFF)
- LOCAL HEALTHCARE TRUST (APSS): 8,812 EMPLOYEES TOTAL INCLUDING 1,495 MEDICAL DOCTORS AND OVER 2,850 NURSES;
- OVER 600 CONTRACTED DOCTORS (GPs, PLS, CONTINUITY OF CARE, OUTPATIENT SPECIALISTS)
- 20 PRIVATE AFFILIATED OUTPATIENT SPECIALIST FACILITIES
- 339 DOCTORS FOR 100.000 INHABITANTS (2022 ISPAT)
- 8.3 NURSES FOR 1.000 INHABITANTS (2022 ISPAT)



HEALTH GOVERNANCE

THE LOCAL GOVERNMENT RESPONSIBLE FOR HEALTH IS **THE DEPARTMENT OF HEALTH AND SOCIAL POLICIES**

TRENTINO HEALTH ECOSYSTEM

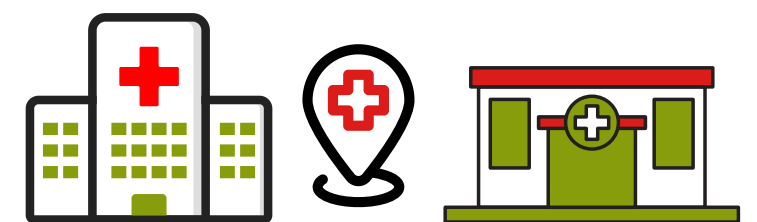
ONE OF THE MAIN PRIORITIES OF THE **PROVINCIAL LAW ON HEALTH (N. 16/2010)** IS TO PRIORITIZE HEALTH AS A FUNDAMENTAL RIGHT, PROMOTES RESEARCH AND INNOVATION, SUPPORTS DIGITAL HEALTH DEVELOPMENT, AND EMPHASIZES TRAINING FOR HEALTHCARE PROFESSIONALS

HEALTHSYSTEM INFRASTRUCTURE

- 7 PUBLIC HOSPITALS
- 6 ACCREDITED PRIVATE HOSPITALS
- 58 RSAs (HEALTHCARE RESIDENCE FOR THE ELDERLY) WITH APPROXIMATELY 5000 BEDS
- 7 ERs IN TRENTINO

CENTERS OF EXCELLENCE

- AZIENDA SANITARIA UNIVERSITARIA INTEGRATA DEL TRENTINO (ASUIT) – HEALTHCARE TRUST UNIVERSITY HOSPITAL (START IN 2025)
- PUBLIC CENTER OF PROTONTHERAPY



Risk Factors

- Alcohol consumption
- Tobacco consumption
- Overweight control

Best Practices

- E health (telemedicine, EHR, patient empowerment)
- Health Prevention
- Mental Health
- Trentino salute 4.0 (Competence Center for Digital Health)

Strong domains

- Digital Health
- Public-Driven Digital Health Initiatives
- European Immunization towards Agenda 2030

Key priorities

- Moving towards UHC (Universal Health Coverage)
- Promoting Health and Well Being
- The Provincial Prevention Plan 2021-25

Main Challenges

- Triple disease burden
- Aging and chronic care
- Urban–rural access gap
- Community-based care
- Health system digitization

COLLABORATION AREAS



C.O.P.E. (2022–2024),
HEALTH AND SOCIAL INCLUSION OF NEETS, YOUNG PEOPLE EXCLUDED FROM TRAINING, STUDY, AND EMPLOYMENT.



EUVECA (2026)
SUPPORTING FUTURE-ORIENTED SKILLS IN HEALTH AND CARE THROUGH 7 REGIONAL VOCATIONAL EXCELLENCE HUBS.



HACK-IT-NET,
CREATING A SUSTAINABLE INNOVATION TRANSFER FRAMEWORK FOR HEALTH AND CARE IN THE ALPINE REGION.



JACARDI,
JOINT ACTION TO REDUCE THE BURDEN OF CARDIOVASCULAR DISEASES AND DIABETES ACROSS EUROPE

BASQUE COUNTRY



OSASUN SAILA
DEPARTAMENTO DE SALUD

THE BASQUE COUNTRY, SPANNING 7,234.8 KM² IN NORTHERN SPAIN, HAS A POPULATION OF 2.19 MILLION

HEALTH WORKFORCE DATA

TOTAL EMPLOYEES: 30,167

- **7,416** PHYSICIANS
- **9,845** NURSES/GRADUATED PERSONNEL
- **94** GRADUATED PERSONNEL

OTHER PROFESSIONAL GROUPS: 12,812

- **687** LICENSED PHYSICIANS PER 100,000 INHABITANTS



HEALTH SYSTEM ORGANISATION

DEPARTMENT OF HEALTH OF THE BASQUE GOVERNMENT, OSAKIDETZA, COVERS 96% OF THE PROVISION.

THE SYSTEM FOLLOWS AN INTEGRATED CARE MODEL ORGANISED IN INTEGRATED CARE ORGANISATIONS (ICO)

COMPETENCES

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.

HEALTH INFRASTRUCTURE

- **13** INTEGRATED HEALTHCARE ORGANISATIONS FOR PRIMARY AND HOSPITAL CARE:
 - **140** PRIMARY CARE CENTERS
 - **12** ACUTE CARE HOSPITALS
 - **3** MEDIUM- AND LONG-STAY HOSPITALS
- **3** MENTAL HEALTHCARE NETWORKS
- **4** HEALTH RESEARCH INSTITUTES
- EACH CITIZEN A PRIMARY CARE DOCTOR (GATEKEEPER) NEAR THEIR RESIDENCE."



Risk Factors

- Tobacco smoking
- Alcohol consumption
- Obesity

Best Practices

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

Strong areas

- Healthcare strategy ageing, chronicity and integrated care
- e-health Strategy
- Health Technology Assessment

Priorities

- Healthy childhood development
- Health & morbidity ↓
- Lifelong & age-oriented care

Challenges

- Ageing and chronic diseases
- sustainable high-quality healthcare
- empowering individuals for health and wellbeing

COLLABORATION AREAS

- DIGITALIZATION.
- CANCER PREVENTION.
- EXCHANGE OF EXPERIENCES.

EU PROJECTS / COLLABORATION



JADECARE PROJECT,
JOINT ACTION ON IMPLEMENTATION OF DIGITALLY ENABLED INTEGRATED PERSON-CENTRED CARE.



THCS PROJECT,
THCS, EUROPEAN PARTNERSHIP ON TRANSFORMING HEALTH AND CARE SYSTEMS



LUCIA PROJECT,
LUNG CANCER-RELATED RISK FACTORS AND THEIR IMPACT ASSESSMENT



SUNRISE PROJECT,
SUSTAINABLE INTERVENTIONS AND HEALTHY BEHAVIOURS FOR ADOLESCENT PRIMARY PREVENTION OF CANCER WITH DIGITAL TOOLS



CAREMATRIX PROJECT,
EUROPEAN H2020 PRE-COMMERCIAL PROCUREMENT (PCP) FOR INTEGRATED CARE

CENTRAL DENMARK



CENTRAL DENMARK REGION SPANS 13,000 KM² IN WESTERN AND CENTRAL JUTLAND, DENMARK, COVERING 19 MUNICIPALITIES, WITH A POPULATION OF 1.37 MILLION.

HEALTH WORKFORCE DATA

TOTAL EMPLOYEES: 26,000

- **2,55 PHYSICIANS PER** 100,000 INHABITANTS
- **~8,000 NURSES/FULL TIME** WORK
- **1,5 GPs PER 100,000** INHABITANTS



HEALTH SYSTEM ORGANISATION

DENMARK'S HEALTHCARE SYSTEM IS STRUCTURED ACROSS **3 LEVELS**:

- **STATE:** REGULATORY AND SUPERVISORY ROLE
- **REGIONS:** RESPONSIBLE FOR HOSPITALS, PSYCHIATRY, GPs, PREVENTION, AND REHAB.
- **MUNICIPALITIES:** MANAGE LONG-TERM CARE, NURSING HOMES, HEALTH PROMOTION, AND PART OF REHABILITATION.

COMPETENCES

THE REGION IS RESPONSIBLE FOR HOSPITALS, PSYCHIATRY, GPs, SPECIALISED SOCIAL CARE, AND PREVENTION/REHABILITATION, ENSURING UNIVERSAL COVERAGE AND FREE ACCESS, FOLLOWING THE DANISH MODEL FUNDED BY TAXES.

HEALTH INFRASTRUCTURE

- **6 HOSPITAL UNITS:**
 - AARHUS UNIVERSITY HOSPITAL
 - REGIONAL HOSPITAL RANDERS
 - REGIONAL HOSPITAL GØDSTRUP
 - REGIONAL HOSPITAL HORSSENS
 - REGIONAL HOSPITAL VIBORG
 - HOSPITALENHEDEN MIDT: REGIONSHOSPITALET
- **13 EMERGENCY UNITS**
- **PRE-HOSPITAL EMERGENCY**
- **UNIVERSITY CLINICS & CENTRES**
 - NEUROREHABILITATION (HAMMEL NEUROCENTER)
 - CANCER SCREENING PROGRAMMES (RANDERS)
 - OCCUPATIONAL MEDICINE (GØDSTRUP)
 - CARDIOLOGY, ENT, FERTILITY, KIDNEY DISEASES, ORTHOPAEDICS, AND OTHER SPECIALTIES (GØDSTRUP AND VIBORG)



Risk Factors

- Tobacco smoking
- Alcohol consumption
- Physical Inactivity

Best Practices

- Health data management
- Health Workforce
- High-quality healthcare services

Strong areas

- Health data
- Healthcare workforce
- High-quality service provision

Priorities

- Proximity to citizens, reducing social inequalities in health
- Patient-centred care
- Workforce sustainability

Challenges

- Social health inequality
- Healthcare workforce shortage
- Improving psychiatric care

COLLABORATION AREAS

- HEALTH EQUITY
- INTEGRATED AND PERSON-CENTRED CARE
- COMORBIDITY MANAGEMENT

EU PROJECTS / COLLABORATION



KORALE PROJECT,

IMPROVING PUBLIC POLICIES TO PREVENT AND TACKLE LONELINESS AMONG ELDERLY AND YOUTH THROUGH EXPERIENCE EXCHANGE AND GOOD PRACTICES.



IDERHA PROJECT,

PUBLIC-PRIVATE PARTNERSHIP INTEGRATING DIVERSE HEALTH DATA TO ENHANCE PATIENT CARE AND SUPPORT REGULATORY AND HTA ACCEPTANCE.



EUNETHTA PROJECT,

CREATING A SUSTAINABLE MODEL FOR SCIENTIFIC AND TECHNICAL COOPERATION ON HEALTH TECHNOLOGY ASSESSMENT IN EUROPE, PROVIDING RELIABLE AND TIMELY HTA INFORMATION.



HEART PROJECT,

USING BLUE-GREEN-SOLUTIONS TO IMPROVE URBAN HEALTH AND REDUCE DISPARITIES BY INTEGRATING WELLBEING INTO URBAN PLANNING.

CESCI

CENTRAL EUROPEAN SERVICE FOR CROSS-BORDER INITIATIVES (CESCI) IS AN ASSOCIATION BASED ON HUNGARIAN PRIVATE LAW DESIGNED TO FACILITATE CROSS-BORDER COOPERATION AND INTEGRATION IN CENTRAL AND SOUTHEAST EUROPE. THE MEMBERS ARE LOCAL AND REGIONAL MUNICIPALITIES, PROFESSIONAL ORGANISATIONS AND NATURAL PERSONS FROM 6 COUNTRIES.



ADVANCING CROSS-BORDER HEALTH

SINCE 2016, CESCI HAS CHAMPIONED CROSS-BORDER HEALTH COOPERATION, FOCUSING ON LEGAL FRAMEWORKS AND INTEGRATED SERVICES.

FROM SUPPORTING EMERGENCY SERVICE TREATIES TO LAUNCHING A NATIONAL WORKING GROUP ON CROSS-BORDER HEALTH, CESCI PLAYS A KEY ROLE IN SHAPING ACCESSIBLE, CONNECTED HEALTHCARE ACROSS EUROPEAN BORDERS.

AS PART OF MAJOR EU NETWORKS, CESCI HELPS TURN COLLABORATION INTO BETTER CARE FOR ALL.



ORGANISATION GOVERNANCE

CESCI'S REALISES THEIR ACTIVITIES THROUGH THE MINISTERIAL WORKING GROUP ON CROSS-BORDER HEALTH SERVICES, WHICH INCLUDES REPRESENTATIVES OF THE MINISTRY OF INTERIOR, THE GENERAL DIRECTORATE OF HOSPITALS, THE NATIONAL AMBULANCE SERVICE, THE NATIONAL HEALTH INSURANCE FUND MANAGEMENT, AND CESCI.



COLLABORATION AREAS

- CROSS-BORDER HEALTH INITIATIVES
- INTEGRATION OF HEALTH AND SOCIAL CARE
- POLICY DEVELOPMENT AND ADVOCACY



PROJECTS



LEGAL PROJECTS (2016–2021)

LED BY CESCI WITH SUPPORT FROM THE HUNGARIAN MINISTRY OF JUSTICE, THESE PROJECTS FOCUSED ON IDENTIFYING AND ELIMINATING LEGAL AND ADMINISTRATIVE BARRIERS, INCLUDING THOSE IN HEALTHCARE. KEY OUTCOMES INCLUDED IN-DEPTH STUDIES ON CROSS-BORDER HEALTH SERVICES, NEW COOPERATION BETWEEN EMERGENCY SERVICES IN HUNGARY AND NEIGHBORING COUNTRIES, AND STUDY TOURS TO EU BEST-PRACTICE REGIONS.



#ACCESS PROJECT (2023-2029)

A STRATEGIC OPERATION UNDER THE INTERREG VI-A HUNGARY–SLOVAKIA PROGRAMME, TACKLING LEGAL AND ADMINISTRATIVE OBSTACLES TO CROSS-BORDER PUBLIC SERVICES, INCLUDING HEALTHCARE. JOINTLY IMPLEMENTED BY CESCI (HUNGARY) AND CESCI CARPATHIA (SLOVAKIA).



HEALNow PROJECT

SUPPORTED BY THE AUSTRIA–HUNGARY INTERREG V-A PROGRAMME, THIS PROJECT ESTABLISHED THE 'COOPERATION AGENDA 2030' FOR CROSS-BORDER HEALTH COLLABORATION AND CONTRIBUTED TO DRAFTING A BILATERAL TREATY ON EMERGENCY SERVICES. CESCI PARTICIPATED AS AN EXPERT PARTNER.

Risk Factors

- Weight control
- Alcohol consumption
- Tobacco consumption

Best Practices

- Cross-border health services
- Cross-border health data management
- EU health project implementation

Strong domains

- Cross-border healthcare integration
- Development of health policies and agreements
- Research on cross-border healthcare models

Key priorities

- Cross-border rescue services around Hungary
- Pilot cross-border out and inpatient services
- Cooperation between healthcare providers across Hungarian borders

Main Challenges

- Illness prevention awareness
- Building trust for cross-border health services
- Adapting European best practices for health improvement

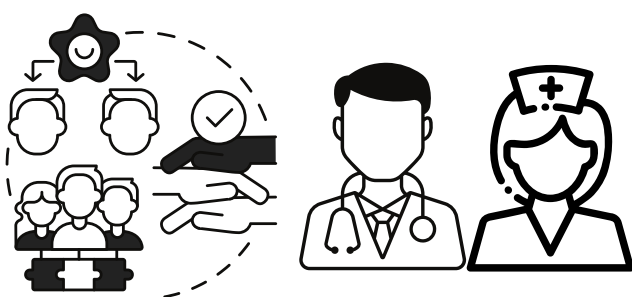
CBI CROSS-BORDER INSTITUT

THE EMS-DOLLART REGION (EDR) IS A 2.8-MILLION-INHABITANT CROSS-BORDER AREA BETWEEN THE NORTHERN NETHERLANDS AND GERMANY, WHERE EVERYDAY MOBILITY IS COMMON BUT HEALTHCARE COOPERATION FACES ADMINISTRATIVE, LEGAL AND LANGUAGE BARRIERS.



HEALTH WORKFORCE DATA

- **GERMANY (WESER-EMS REGION): ~9.9 TO 21.3** PHYSICIANS PER 10,000
- **THE NETHERLANDS: ~45** PHYSICIANS PER 10,000 INHABITANTS



HEALTH SYSTEM ORGANISATION

THE EMS-DOLLART REGION HAS A DIVERSE, MULTI-LAYERED HEALTHCARE INFRASTRUCTURE AND WORKFORCE SHAPED BY BOTH **DUTCH AND GERMAN SYSTEMS** ACROSS URBAN AND RURAL AREAS.

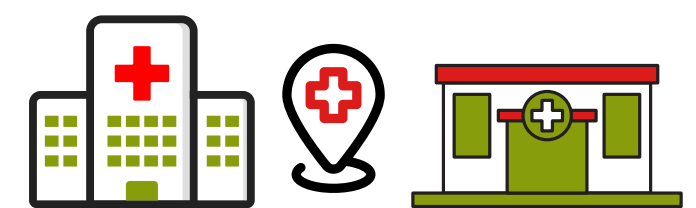
COMPETENCES

THE REGION OPERATES UNDER PARALLEL GERMAN AND DUTCH HEALTHCARE STRUCTURES, WITH EXTENSIVE HOSPITAL AND PRIMARY CARE NETWORKS, COORDINATED AMBULATORY AND EMERGENCY SERVICES, AND WORKFORCE PROVISION COVERED BY EACH COUNTRY'S REGULATORY FRAMEWORK

HEALTH INFRASTRUCTURE

- **GERMANY:** 70 HOSPITALS (WESER-EMS-REGION)
- **THE NETHERLANDS:** 14 HOSPITALS (PROVINCES GRONINGEN, FRIESLAND, DRENTHE)

THE REGION HOSTS MAJOR CENTRES OF EXCELLENCE, INCLUDING THE UNIVERSITY MEDICAL CENTER GRONINGEN AND RESEARCH INITIATIVES IN OLDENBURG, SUPPORTED BY STRONG CROSS-BORDER MEDICAL EDUCATION AND RESEARCH COOPERATION.



Risk Factors

- Obesity and overweight
- Healthcare access gaps
- Alcohol consumption

Best Practices

- Cross-border access
- Emergency collaboration
- International care card

Strong areas

- Cross-border health research
- Digitalisation and robotics
- Cross-border education of healthcare professionals

Priorities

- Ageing population
- Cross-border cooperation
- Sustainable healthcare

Challenges

- Cross-border barriers
- Ageing population needs
- Chronic disease burden

COLLABORATION AREAS

- CROSS-BORDER CARE, ACCESS, AND EMERGENCY COLLABORATION
- CROSS-BORDER RESEARCH, DIGITALISATION, AND ROBOTICS
- CROSS-BORDER EDUCATION AND HEALTHCARE WORKFORCE DEVELOPMENT

EU PROJECTS / COLLABORATION

CHARE-GD



COMPARISON OF HEALTHCARE STRUCTURES, PROCESSES AND OUTCOMES



HEALTH4DE-NL INTERREG

PROJECT

THE PROJECT AIMS TO IMPROVE CROSS-BORDER HEALTHCARE COLLABORATION BETWEEN NORTHERN NETHERLANDS AND GERMANY.



EDR

THE EDR PROMOTES CROSS-BORDER COOPERATION BETWEEN GERMANY AND THE NETHERLANDS IN BUSINESS, CULTURE, AND SOCIETY.

EGTC GO

THE EGTC GO CROSS-BORDER REGION COVERS THREE MUNICIPALITIES IN ITALY AND SLOVENIA, WITH A POPULATION OF APPROXIMATELY 72,000 INHABITANTS.

THE AREA HAS DEVELOPED ONE OF EUROPE'S MOST ADVANCED CROSS-BORDER HEALTHCARE COLLABORATIONS THROUGH INTERREG AND EGTC GO INITIATIVES, SUPPORTING INTEGRATED HEALTH SERVICES, EMERGENCY COOPERATION, AND SHARED CARE PATHWAYS.



HEALTH WORKFORCE DATA

• ITALY (GORIZIA / ASUGI)

- ~870 PHYSICIANS
- ~2,369 NURSES
- 307 GENERAL PRACTITIONERS
- 35 PAEDIATRICIANS

• SLOVENIA (NOVA GORICA – ŠEMPETER)

- 153 PHYSICIANS
- 395 NURSES
- 166 PHARMACISTS & ALLIED HEALTHCARE PROFESSIONALS
- ~365 STAFF IN NOVA GORICA HEALTH CENTRE



HEALTH SYSTEM ORGANISATION

HEALTHCARE IS PROVIDED THROUGH TWO COMPLEMENTARY SYSTEMS: ITALY'S REGIONAL, TAX-FUNDED NHS MANAGED LOCALLY BY ASUGI, AND SLOVENIA'S NATIONAL INSURANCE SYSTEM MANAGED BY ZZZS. THROUGH EGTC GO, BOTH SYSTEMS COLLABORATE ON CROSS-BORDER EMERGENCY CARE, MATERNAL AND MENTAL HEALTH SERVICES, AUTISM CARE, SHARED BOOKING SYSTEMS, AND IMPROVED PATIENT ACCESS ACROSS THE BORDER.

COMPETENCES

THE REGION COMBINES ITALY'S REGIONAL AND SLOVENIA'S NATIONAL HEALTHCARE GOVERNANCE MODELS. THROUGH CROSS-BORDER COOPERATION, PARTNERS COORDINATE HEALTHCARE PLANNING, EMERGENCY RESPONSE, SHARED MEDICAL PROTOCOLS, BILINGUAL SERVICES, JOINT BOOKING SYSTEMS, AND INTERREG-FUNDED HEALTH PROJECTS.

HEALTH INFRASTRUCTURE

• 2 HOSPITALS

- GORIZIA HOSPITAL
- DR. FRANC DERGANČ HOSPITAL (ŠEMPETER)

• 1 COMMUNITY HEALTH CENTRE

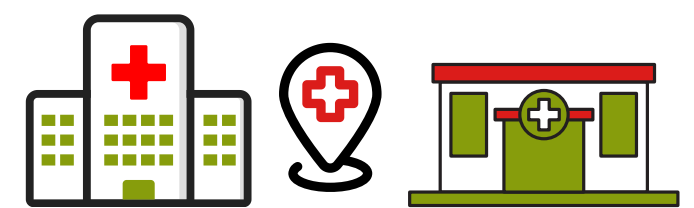
- NOVA GORICA

• 2 EMERGENCY DEPARTMENTS

• AVERAGE DISTANCE BETWEEN HOSPITALS: 4.2 KM

• NEARBY CENTRES OF EXCELLENCE:

- BURLO GAROFOLO CHILDREN'S HOSPITAL
- CRO AVIANO CANCER INSTITUTE



Risk Factors

- High-risk alcohol consumption
- Overweight and obesity
- Tobacco use

Best Practices

- Community mental health
- Autism care pathways
- Cross-border emergency response

Strong areas

- Integrated home & preventive care
- Specialized clinical networks
- Community mental health

Priorities

- Strengthen primary & territorial healthcare
- Expand long-term care and clinical networks
- Improve workforce capacity and reduce waiting times

Challenges

- Workforce shortages
- Long waiting lists
- Long-term care sustainability

COLLABORATION AREAS

- CROSS-BORDER EMERGENCY MANAGEMENT
- COMMUNITY MENTAL HEALTH
- AUTISM DIAGNOSIS AND TREATMENT

EU PROJECTS / COLLABORATION



SALUTE-SDTRASTVO

ITI PROJECT 2017-2022

IT BUILT A CROSS-BORDER HEALTHCARE NETWORK WITH JOINT MEDICAL TEAMS IN ITALY AND SLOVENIA AND UPGRADED HEALTHCARE FACILITIES AND TESTED A SHARED PATIENT BOOKING SYSTEM.



SANITAS (2024-2027)

IT STRENGTHENS CROSS-BORDER HEALTHCARE WITH SHARED EMERGENCY RESPONSE PROTOCOLS AND IMPROVES COORDINATION DURING CROSS-BORDER CRISES AND DISASTERS.



CROSS-BORDER SOCIAL INCLUSION NETWORK (SALUTE-ZDRAVSTVO PILOT)

THE PROJECT EXPANDED CROSS-BORDER SOCIAL SERVICES THROUGH THREE SHARED INFO POINTS AND IMPROVED ACCESS TO WELFARE AND SUPPORT SERVICES FOR VULNERABLE RESIDENTS.



BE-EGTC

CROSS BORDER FOCAL POINT

IT REMOVES LEGAL AND ADMINISTRATIVE BARRIERS TO CROSS-BORDER HEALTHCARE AND CREATES A FOCAL POINT TO IMPROVE ACCESS TO HEALTHCARE SERVICES ACROSS THE BORDER.

EMILIA ROMAGNA

EMILIA-ROMAGNA, IN NORTHEASTERN ITALY,
COVERS 22,451 KM² AND REPORTS A POPULATION OF
4,474,292 RESIDENTS.



HEALTH SYSTEM ORGANISATION

THE ITALIAN NATIONAL HEALTH SERVICE (SERVIZIO SANITARIO NAZIONALE - SSN) + THE NATIONAL GOVERNMENT SETS UNIFORM CARE STANDARDS (LEA).

WHILE REGIONS ORGANIZE AND DELIVER THESE SERVICES. 8 LOCAL HEALTH UNITS (LHUs) THAT COORDINATE PRIMARY, SECONDARY, AND COMMUNITY CARE WITHIN THEIR RESPECTIVE TERRITORIES



REGIONAL HEALTH SYSTEM ORGANISATION

WHILE REGIONS ORGANIZE AND DELIVER THESE SERVICES. 8 LOCAL HEALTH UNITS (LHUs) THAT COORDINATE PRIMARY, SECONDARY, AND COMMUNITY CARE WITHIN THEIR RESPECTIVE TERRITORIES

COMPETENCES

SERVIZIO SANITARIO NAZIONALE - SSN ENSURING UNIVERSAL POPULATION COVERAGE FUNDED PRIMARILY THROUGH TAXATION.

HEALTH INFRASTRUCTURE

- 8 LOCAL HEALTH UNITS (LHUs)
 - 4 UNIVERSITY HOSPITALS
 - 1 HOSPITAL TRUST
 - 4 RESEARCH HOSPITALS
 - 38 HEALTH DISTRICTS
- FORMING A COMPREHENSIVE NETWORK OF HEALTHCARE PROVISION



Risk Factors

- Sedentary lifestyle among disadvantaged and young people
- high alcohol consumption in 15+ population.

Best Practices

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

Strong domains

- Universality
- Comprehensive ness
- Incusiveness

Key priorities

- Equitable health governance
- digital health investment
- integrated care facility enhancement

Main challenges

- Healthcare workforce development
- tailored social welfare for the elderly and disabled
- investment in telemedicine and home care

DEMOGRAPHIC INDICATORS

- PERCENTAGE OF MINORS (UNDER 18): 15.4%
- OLD-AGE INDEX: 187% (HIGHER THAN ITALY'S AVERAGE OF 184%)
- FOREIGN-BORN POPULATION: 12% (COMPARED TO ITALY'S NATIONAL AVERAGE OF 8.5%)
- STABLE DEMOGRAPHIC SIZE SINCE 2010, WITH A SLIGHT DECLINE IN THE SHARE OF MINORS SINCE 2013
- IMPACT OF COVID-19: DECREASE IN BIRTH RATE, INCREASED MORTALITY, AND REDUCED NET MIGRATION

HEALTH AND ECONOMIC INDICATORS

- LIFE EXPECTANCY: 80.2 YEARS FOR MALES, 84.7 YEARS FOR FEMALES (DECLINE DUE TO COVID-19)
- GDP PER CAPITA: €32,044 (2020)
- LIFE EXPECTANCY AT 65: DECLINE RECORDED DURING THE PANDEMIC
- EMILIA-ROMAGNA'S STRATEGIC INFRASTRUCTURE AND POSITION MAKE IT A KEY BUSINESS HUB IN ITALY
- COVERING 7.4% OF ITALY'S NATIONAL TERRITORY, DIVIDED INTO 8 PROVINCES AND ONE METROPOLITAN CITY (BOLOGNA)

FLANDERS



Flanders
State of the Art

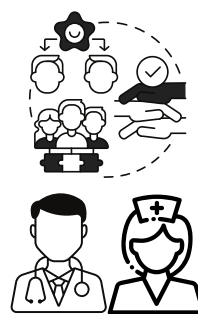
FLANDERS, IN NORTHERN BELGIUM, SPANS 13,522
KM² WITH 6.7 MILLION RESIDENTS

HEALTH WORKFORCE DATA

TOTAL PHYSICIANS: 224.162

**NUMBER OF SPECIALISTS THAT NEED TO
ENTER PROFESSION EACH YEAR:**

- **50** SPECIALIST IN ANAESTHESIA/RESUSCITATION
- **20** SPECIALIST IN SURGERY
- **4** SPECIALIST IN NEUROSURGERY
- **19** SPECIALIST IN GYNAECOLOGY-OBSTETRICS
- **122** GENERAL DENTIST
- **11** DENTAL SPECIALIST ORTHODONTICS
- **5** DENTIST-SPECIALIST PERIODONTOLOGY.



COMPETENCES

FLANDERS MANAGES (AMONG OTHERS):

- HEALTH FINANCING
- HOSPITAL QUALITY
- HEALTH PROMOTION
- WORKFORCE PLANNING
- COORDINATION OF PRIMARY & LONG-TERM CARE.
- INFRASTRUCTURE

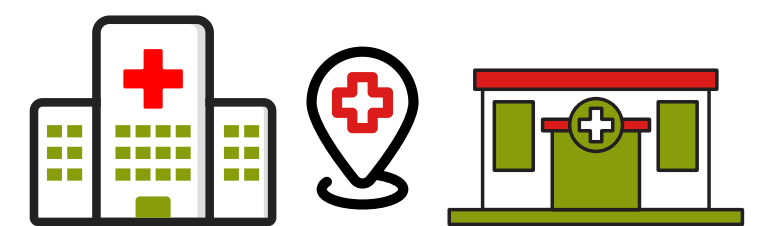
COLLABORATION AREAS

- HEALTH AND WELLBEING ACTION PLAN IN FLANDERS CLIMATE CHANGE STRATEGY.
- REFORM OF PRIMARY CARE (HEALTH AND SOCIAL CARE).
- CARING NEIGHBOURHOODS

HEALTH INFRASTRUCTURE

- **52** GENERAL HOSPITALS
- **31** PSYCHIATRIC HOSPITALS
- **8** REHABILITATION HOSPITALS
- **62** EMERGENCY ROOMS
- **4** UNIVERSITY HOSPITALS
 - LEUVEN
 - ANTWERP
 - GHENT
 - BRUSSELS

SERVING AS CENTERS OF
EXCELLENCE IN HEALTHCARE
RESEARCH AND INNOVATION



Risk Factors

- **Cancer (lung and breast)**
- **Cardiovascular diseases**
- **Suicide**

Best Practices

- Health and Wellbeing action plan
- Reform of Primary Care health & social care
- Caring Neighbourhoods

Strong areas

- **Collaboration and training**
- **Inclusive care**
- **Digital healthcare**

Priorities

- **Integrated Care**
- **data-driven policies**
- **mental health and wellbeing promotion**

Challenges

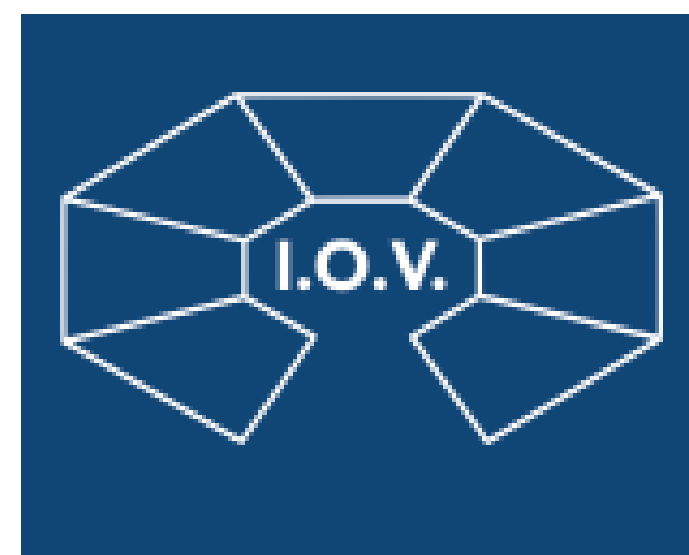
- **Change management**
- **Uptake of digital tools and solutions**
- **Preventative health and wellbeing initiatives in primary care**

HEALTH SYSTEM ORGANISATION

- POLICY AREA WELLBEING , PUBLIC HEALTH AND FAMILY (*WELZIJN, VOLKSGEZONDHEID EN GEZIN ,WVG*)
- DEPARTMENT OF CARE (*DEPARTEMENT ZORG, DZORG*)
- AGENCY GROWING UP (*AGENTSCHAP OPGROEIEN*)
- FLEMISH AGENCY FOR PERSONS WITH A DISABILITY (*VLAAMS AGENTSCHAP PERSONEN MET EEN HANDICAP, VAPH*).

VENETO ONCOLOGY INSTITUTE

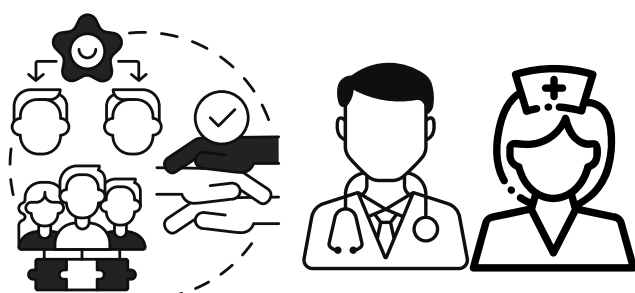
THE ISTITUTO ONCOLOGICO VENETO (IOV) IS A LEADING ITALIAN IRCCS AND COMPREHENSIVE CANCER CENTRE, FOUNDED IN 2005, PROVIDING SPECIALISED ONCOLOGY CARE AND ADVANCING CLINICAL AND TRANSLATIONAL RESEARCH IN THE VENETO REGION AND ACROSS EUROPE.



HEALTH WORKFORCE DATA

TOTAL EMPLOYEES: 1,200–1,300

- **230** MEDICAL DOCTORS
- **550** NURSING STAFF
- **150** OTHER HEALTHCARE PROFESSIONALS
- **150–200** RESEARCH STAFF
- **150** ADMINISTRATIVE AND TECHNICAL STAFF



ORGANISATION GOVERNANCE

- VENETO REGION
 - HEALTHCARE PLANNING, ORGANISATION, AND FUNDING
- ITALIAN MINISTRY OF HEALTH
 - SCIENTIFIC SUPERVISION
 - RESEARCH FUNDING AND IRCCS ACCREDITATION

COMPETENCES

1. SPECIALISED ONCOLOGY CARE
2. CLINICAL AND TRANSLATIONAL RESEARCH (IRCCS)
3. PRECISION MEDICINE AND MOLECULAR DIAGNOSTICS
4. EU PROJECTS AND INTERNATIONAL COLLABORATION
5. DIGITAL HEALTH, AI AND DATA IN ONCOLOGY

MAIN OPERATIONAL CENTRES

- PADOVA (IOV HEADQUARTERS – BUSONERA)
- PADOVA (SCIENTIFIC AND ADMINISTRATIVE HQ – SALVEMINI)
- RADIOTHERAPY UNIT (PADOVA)
- TORRE DELLA RICERCA
- CASTELFRANCO VENETO (SAN GIACOMO HOSPITAL)
- MONSELICE (PADOVA SUD)
- VENICE (SS GIOVANNI E PAOLO HOSPITAL)



Risk Factors

- **Smoking**
- **Alcohol consumption**
- **Sedentary lifestyle & obesity**

Best Practices

- **Precision oncology & translational research**
- **Screening and early detection**
- **Integrated cancer care models**
- **EU project implementation**

Strong areas

- Clinical and translational research
- Healthcare integration
- Innovation in oncology
- European collaboration networks

Priorities

- **Strengthening oncology networks**
- **Digital transformation & AI**
- **Cross-border collaboration**
- **Integration of research and care**

Challenges

- **Sustainability of innovative therapies**
- **Workforce shortages**
- **Digital and AI integration**
- **Scaling precision medicine**

COLLABORATION AREAS

- **DIGITALIZATION.**
- **CANCER PREVENTION.**
- **EXCHANGE OF EXPERIENCES.**

EU PROJECTS / COLLABORATION



JANE-2

STRENGTHENING EU CANCER NETWORKS AND REDUCING INEQUALITIES



EUNETCCC

BUILDING A EUROPEAN NETWORK OF COMPREHENSIVE CANCER CENTRES



SONORA

IMPROVING SAFETY AND OPTIMISATION IN RADIOLOGY AND RADIOTHERAPY



DEFINITIVE

PERSONALISED TREATMENT FOR HER2+ BREAST CANCER

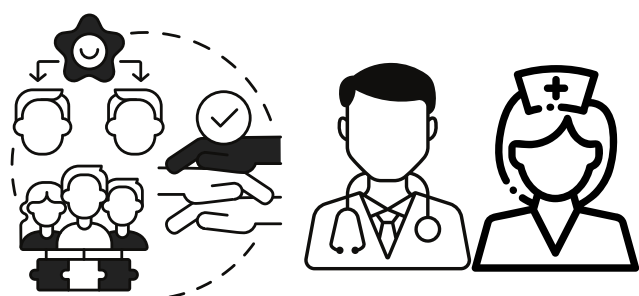
LOWER AUSTRIA

AUSTRIA'S LARGEST STATE (19,178 KM²), WITH A
POPULATION OF 1.72 MILLION.



HEALTH WORKFORCE DATA

- **TOTAL EMPLOYEES BY THE HEALTH AGENCY OF LOWER AUSTRIA: 17,800** HEALTHCARE PROFESSIONALS
- **12,100** NURSES
- **8,200** PHYSICIANS
- **3,600** DOCTORS
- **2,100** OTHER MEDICAL STAFF



HEALTH SYSTEM ORGANISATION

THE FEDERAL MINISTRY OVERSEES AUSTRIAN HEALTH GOVERNANCE, **DELEGATING MANY RESPONSIBILITIES TO PROVINCES** LIKE LOWER AUSTRIA AND SOCIAL INSURANCE INSTITUTIONS.

COLLABORATION AREAS

- FIELD OF DIGITALISATION
- STRATEGIES FOR TACKLING STAFF SHORTAGES
- BEST PRACTICES TO REDUCE CROSS-BORDER ADMINISTRATIVE BARRIERS IN THE FIELD OF HEALTH

HEALTH INFRASTRUCTURE

- 27 HOSPITALS
- 49 PUBLIC NURSING AND CARE CENTERS



COMPETENCES

COMMITMENT TO PROVIDING LIFELONG HEALTH AND CARE SERVICES AS NEEDED.

LOWER AUSTRIA'S HEALTHCARE SYSTEM IS CENTRALIZED UNDER THE HEALTH AGENCY OF LOWER AUSTRIA, MANAGING ALL 27 HOSPITALS AND 49 PUBLIC CARE CENTERS, REFLECTING A STRONG REGIONAL FOCUS ON HOSPITAL AND ELDERLY CARE WITHIN AUSTRIA'S FEDERALIST FRAMEWORK.

Risk Factors

- **Tabacco & alcohol**
- **Lack of physical exercise & unhealthy lifestyle**
- **Nutrition**

Best Practices

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

Strong domains

- **Collaboration and training**
- **Inclusive care**
- **Digital healthcare**

Key priorities

- **Training and Continuing Education**
- **Electronic Health Records**
- **Telemedicine and Remote Monitoring**

Key Challenges

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

EU PROJECTS

DIGICARE4CE (2023 – 2026)

PROMOTES THE DIGITAL TRANSFORMATION OF LONG-TERM CARE FACILITIES FOR THE ELDERLY

DIGI-PAT (2024 – 2025)

FOCUSES ON THE DIGITALIZATION OF PATHOLOGY IN LOWER AUSTRIA, CREATING A ROADMAP FOR IMPLEMENTING A DIGITAL PATHOLOGY SYSTEM WITH SUPPORT FROM MAASTRICHT UNIVERSITY HOSPITAL.

HEALTHACROSS FOR FUTURE

CROSS-BORDER HEALTHCARE COOPERATION BETWEEN AUSTRIA AND THE CZECH REPUBLIC, CULMINATING IN THE ESTABLISHMENT OF THE FIRST EUROPEAN CROSS-BORDER HEALTHCARE CENTER IN GMÜND.

BRIDGES FOR BIRTH

STRENGTHENS NEONATAL CARE ACROSS THE AUSTRIA-SLOVAKIA BORDER BY FACILITATING NEWBORN TRANSFERS BETWEEN THE HOSPITAL OF HAINBURG AND THE NATIONAL INSTITUTE OF CHILDREN'S DISEASES IN BRATISLAVA.



JOGG

DUTCH NATIONAL PREVENTION NETWORK PROMOTING HEALTHIER LIVING ENVIRONMENTS FOR CHILDREN AND YOUNG PEOPLE THROUGH INTEGRATED COMMUNITY-BASED APPROACHES, HEALTHY LIFESTYLES AND CROSS-SECTOR COLLABORATION ACROSS THE NETHERLANDS.



HEALTH SYSTEM ORGANIZATION

NATIONAL PREVENTION NETWORK:

- MUNICIPALITIES AND LOCAL GOVERNMENTS
- SCHOOLS AND EDUCATIONAL INSTITUTIONS
- PUBLIC HEALTH PROFESSIONALS
- SPORTS ORGANISATIONS AND COMMUNITY ACTORS

TARGET GROUP:

- CHILDREN AND YOUNG PEOPLE (0–23 YEARS)
- FAMILIES AND LOCAL COMMUNITIES



JOGG INFRASTRUCTURE

- ACTIVE IN NEARLY 250 DUTCH MUNICIPALITIES
- COMMUNITY-BASED PREVENTION NETWORKS
- COOPERATION WITH SCHOOLS AND SPORTS CLUBS
- PUBLIC-PRIVATE PARTNERSHIPS
- INTEGRATION OF PREVENTION INTO LOCAL GOVERNANCE

COMPETENCES

- CHILDHOOD OBESITY PREVENTION
- HEALTHY URBAN ENVIRONMENTS
- COMMUNITY ENGAGEMENT
- INTEGRATED PREVENTION STRATEGIES
- HEALTH PROMOTION AND AWARENESS
- CROSS-SECTOR COOPERATION
- HEALTHY LIFESTYLE POLICIES

ORGANISATION GOVERNANCE

- NATIONAL PREVENTION NETWORK COORDINATED BY JOGG NETHERLANDS
- COMMUNITY-BASED AND CROSS-SECTOR GOVERNANCE MODEL
- COOPERATION BETWEEN MUNICIPALITIES, SCHOOLS, HEALTHCARE AND COMMUNITY STAKEHOLDERS
- “HEALTH IN ALL POLICIES” APPROACH
- LOCAL IMPLEMENTATION THROUGH MUNICIPAL JOGG COORDINATORS
- LONG-TERM PREVENTION AND HEALTHY LIVING STRATEGIES FOR YOUTH



Risk Factors

- Childhood obesity
- Sedentary lifestyle
- Unhealthy nutrition

Best Practices

- Community-based prevention models
- Healthy school environments
- Youth-centred health promotion

Strong areas

- Integrated prevention governance
- Municipal cooperation networks
- Community engagement

Priorities

- Reducing childhood obesity
- Supporting youth wellbeing
- Promoting healthy lifestyles

Challenges

- Policy implementation
- Sharing ownership
- Feeling of urgency on the topic

COLLABORATION AREAS

- HEALTH PROMOTION
- OBESITY PREVENTION
- INTEGRATED CARE

EU PROJECTS / COLLABORATION

CITY AS HEALTHY PLAYGROUND

INTEGRATED INITIATIVE PROMOTING HEALTHIER URBAN ENVIRONMENTS FOR CHILDREN AND YOUNG PEOPLE THROUGH ACTIVE LIFESTYLES AND HEALTHIER LIVING.

NCDconnect CONNECT - NCD

EUROPEAN COLLABORATION FOCUSED ON PREVENTING NON-COMMUNICABLE DISEASES THROUGH INTEGRATED PREVENTION POLICIES AND HEALTHIER LIFESTYLES.

FUTUREWELL (ENDING CHILDHOOD OBESITY ZONES)

INTERNATIONAL INITIATIVE AIMED AT REDUCING CHILDHOOD OBESITY THROUGH COMMUNITY-BASED INTERVENTIONS AND HEALTHIER ENVIRONMENTS.

OSTBELGIEN



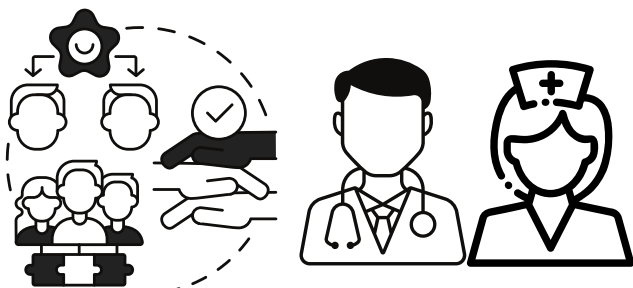
Mit Unterstützung
der Deutschsprachigen
Gemeinschaft Belgiens

OSTBELGIEN, LOCATED IN THE EASTERN PART OF THE
COUNTRY, HAS A POPULATION OF 79,383 AND IS
COVERING AN AREA OF 854 SQUARE KILOMETERS

HEALTH WORKFORCE DATA

TOTAL EMPLOYEES: 4,679

- **2,943** HEALTHCARE PROFESSIONALS
- **317** PHYSICIANS:
- **77** ARE GENERAL PRACTITIONERS
- **1,034** NURSES
- **64** DENTISTS
- **244** PHYSIOTHERAPISTS



COMPETENCES

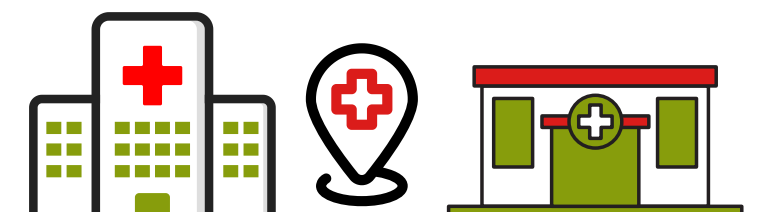
PREVENTION AND HEALTH PROMOTION
PROGRAMS ON VACCINATION,
REDUCING ALCOHOL AND DRUG
CONSUMPTION, CANCER DETECTION,
INFECTIOUS DISEASE CONTROL AND
E-HEALTH INITIATIVES

HEALTHSYSTEM ORGANISATION

THE HEALTHCARE SYSTEM IS
OVERSEEN BY THE MINISTRY OF THE
GERMAN-SPEAKING COMMUNITY,
SPECIFICALLY THE DEPARTMENT OF
HEALTH AND SENIOR CITIZENS.

HEALTH INFRASTRUCTURE

- **2** ACUTE CARE HOSPITALS
- **8** ELDERLY HOMES,
- **3** HOMES DEDICATED TO
LONG-TERM CARE FOR
INDIVIDUALS WITH MENTAL
ILLNESS.
- **2** EMERGENCY ROOMS,
LOCATED WITHIN THE TWO
HOSPITALS.



Risk Factors

- **Nutrition**
- **Lack of physical activity and mental health**
- **Distress in life and drugs abuse**

Best Practices

- **Elderly care**
- **Child prevention**
- **Elderly management**

Strong domains

- **Senior living and support**
- **Youth health promotion (0–18)**
- **Coordinated elderly care**

Key priorities

- **Integrated care**
- **Home-care**
- **Digitalization**

Main Challenges

- **Worker shortage**
- **Cost challenges**
- **Structural collaboration**

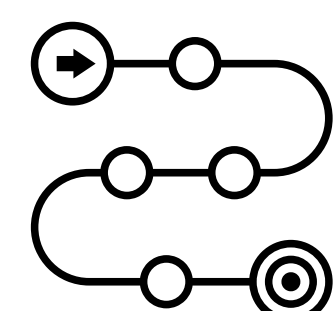
COLLABORATION AREAS

- **RESIDENT ASSESSMENT INSTRUMENT.**
- **ORGANIZATION OF PRIMARY CARE.**

OTHER INITIATIVES

THE REGION ALSO MANAGES
INFECTIOUS DISEASE CONTROL AND IS
DEVELOPING E-HEALTH INITIATIVES TO
ENHANCE CARE DELIVERY.

THE REGION PLAYS A ROLE IN
INTEGRATED CARE PROJECTS AND
PROVIDES SUPPORT FOR PRIMARY CARE,
INCLUDING FINANCING FOR DOCTORS
WORKING TOGETHER AND OFFERING
ADMINISTRATIVE ASSISTANCE.



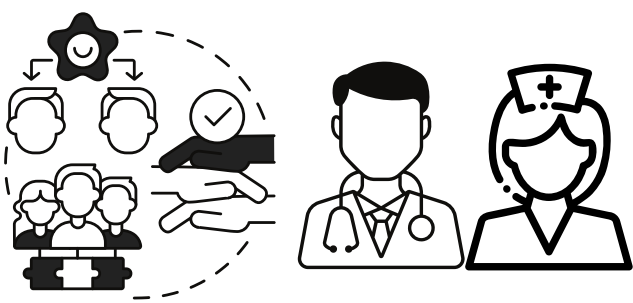
ÖSTERGÖTLAND

ÖSTERGÖTLAND, LOCATED IN THE SOUTHEASTERN PART OF SWEDEN, SPANS 10,605 KM² AND IS HOME TO 475 000 INHABITANTS.



HEALTH WORKFORCE DATA

TOTAL EMPLOYEES: 39.800



HEALTH INFRASTRUCTURE

3 HOSPITALS (INCLUDING A UNIVERSITY HOSPITAL) AND A TOTAL OF 46 PUBLIC AND PRIVATE LOCAL HEALTHCARE CENTERS.



HEALTHSYSTEM ORGANISATION

IN SWEDEN **THE REGIONAL LEVEL** IS RESPONSIBLE FOR THE MOST PART OF THE DELIVERY OF HEALTHCARE, FUNDED BY TAX MONEY COLLECTED REGIONALLY. THE LOCAL LEVEL IS ALSO HIGHLY INVOLVED IN THE DELIVERY OF HEALTHCARE AND ESPECIALLY FOR ELDERLY CARE.

WHEREAS **THE NATIONAL LEVEL** MOSTLY SET GUIDELINES AND RUN AGENCIES.

DEMOGRAFIC INDICATORS

- POPULATION: 475,000
- AVERAGE AGE: 41.8 YEARS
- GDP PER CAPITA: SEK 464,000
- HEALTH SPENDING PER CAPITA: SEK 30,229
- LIFE EXPECTANCY: 81.29 YEARS (MEN), 84.36 YEARS (WOMEN)

COMPETENCES

SWEDISH REGIONS FUND ACTIVITIES **THROUGH TAXES** AND MANAGE MOST HEALTHCARE SERVICES, INCLUDING PREVENTION, DIAGNOSIS, AND TREATMENT. ÖSTERGÖTLAND, TOGETHER WITH JÖNKÖPING AND KALMAR, FORM THE SOUTHEASTERN HEALTHCARE REGION.

Risk Factors

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

Best Practices

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

Strong domains

- Advanced Data Visualisation
- Cardiology Services
- Cancer Research and Care

Key priorities

- Accessible healthcare close citizens
- Digital transformation
- A balanced economy

Main Challenges

- Socioeconomic differences and growing mental health issues
- Demographic change
- Increasing obesity

COLLABORATION AREAS

- PRIMARY CARE.
- CENTRE FOR TEACHING AND RESEARCH IN DISASTER MEDICINE AND TRAUMATOLOGY.
- DIGITAL SOLUTIONS/TRIAGE.

EU PROJECTS / COLABORATION



BIG PICTURE IMI-PROJECT,
DEVELOPS INFRASTRUCTURE TO STORE AND SHARE MILLIONS OF PATHOLOGY IMAGES, WHILE ENSURING LEGAL AND ETHICAL COMPLIANCE TO SUPPORT AI TOOL DEVELOPMENT IN PATHOLOGY.



STRATIF-AI H2020-PROJECT,
INTRODUCES A SCALABLE PLATFORM FOR CONTINUOUS PATIENT STRATIFICATION USING AI AND DIGITAL TWINS, ENABLING REAL-TIME, PERSONALIZED HEALTHCARE.



VINCE INTERREG CENTRAL BALTIC FUND.
FOCUSES ON OVERCOMING BARRIERS FOR THE INTEGRATION OF REFUGEES AND MIGRANTS THROUGH EDUCATION AND RECOGNITION OF QUALIFICATIONS.



ENGAGE (H2020-PROJECT)
AIMS TO ENHANCE COMMUNITY RESILIENCE AND RESPONSE CAPABILITIES TO NATURAL AND MAN-MADE DISASTERS THROUGH PUBLIC AND VOLUNTARY SECTOR COLLABORATION.

SOUTH-LIMBURG

SOUTH LIMBURG, THE NETHERLANDS' SOUTHERNMOST REGION, IS KNOWN FOR ITS HILLS, CULTURE, AND UNIQUE IDENTITY. IT COMPRISES 16 MUNICIPALITIES WITH A POPULATION OF 597,652 (2023).



HEALTH WORKFORCE DATA

TOTAL EMPLOYEES: 375,865

- **5,988** PHARMACISTS
- **79,003** PHYSICIANS
- **35,471** PHYSIOTHERAPISTS
- **1,278** DENTAL HYGIENISTS
- **19,253** GZ-PSYCHOLOGISTS
- **519** CLINICAL TECHNOLOGISTS
- **2,489** GENERAL REMEDIAL EDUCATIONALISTS
- **2,282** PHYSICIAN ASSISTANTS
- **5,247** PSYCHOTHERAPISTS
- **11,811** DENTISTS
- **4,912** MIDWIVES
- **207,612** NURSES



COLLABORATION AREAS

- DATA VISUALIZATION.
- HEALTHY YOUTH, HEALTHY GENERATION.
- HEALTHY LIVING ENVIRONMENT.

EU PROJECTS / COLABORATION



COMPETENCES

IMPLEMENTING PREVENTIVE MEASURES AND MANAGING PUBLIC HEALTH EMERGENCIES, WHILE HEALTH INSURANCE SCHEMES PROVIDE THE FINANCIAL BACKBONE FOR ACCESSING CARE

HEALTH SYSTEM

ORGANISATION

NATIONAL GOVERNMENT (MINISTRY OF HEALTH, WELFARE AND SPORTS)- MUNICIPALITIES-HEALTH INSURANCE - REGIONAL PUBLIC HEALTH SERVICES

HEALTH INFRASTRUCTURE

3 HOSPITALS:

- ACADEMIC MAASTRICHT
- UNIVERSITY MEDICAL CENTRE (MUMC+)
- ZUYDERLAND HOSPITAL, WHICH OPERATES ACROSS TWO LOCATIONS.



Risk Factors

- **Low socio-economic status**
- **Chronic conditions**
- **Mental health**

Best Practices

- Health insurers
- Health providers
- Municipalities; social domain

Strong domains

- Health insurers
- Health providers
- Municipalities; social domain

Key priorities

- Health inequalities,
- Regional disparities between municipalities
- Care gap on demand-supply

Main Challenges

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

TUSCANY

TUSCANY, LOCATED IN CENTRAL ITALY, COVERS 22,997 KM² AND REPRESENTS ABOUT 6% OF ITALY'S POPULATION, WITH A DENSITY OF 163 INHABITANTS PER KM².



Regione Toscana

HEALTH WORKFORCE DATA

- **54.800** REGIONAL HEALTH SYSTEM OPERATORS
- **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



COMPETENCES

TUSCANY'S HEALTHCARE MODEL PRIORITIZES PATIENT-CENTERED CARE, INTEGRATED PATHWAYS, AND COLLABORATION BETWEEN LHAs AND UNIVERSITY HOSPITALS. DIVIDED INTO **THREE SUB-REGIONS AND 26 DISTRICTS**, IT FOCUSES ON **LOCALIZED PLANNING** AND HEALTHY LIFESTYLE PROMOTION

HEALTH SYSTEM ORGANISATION

NATIONAL GOVERNMENT SETS STANDARDS AND FUNDING, WHILE REGIONAL GOVERNMENT HANDLES POLICIES, BUDGETS, AND OVERSIGHT.

HEALTH INFRASTRUCTURE

- **72 HOSPITALS:**
 - **52** OF WHICH ARE PUBLIC
 - **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.



Risk Factors

- Tobacco use
- Dietary risks
- Alcohol consumption

Best Practices

- Health research
- Mission on cancer
- Rare diseases

Strong domains

- Specialty networks
- Integration models
- Performance monitoring

Key priorities

- Health policies
- Prescriptive appropriateness
- Social-health integration
- Heart attack
- PTCA
- Ischemic stroke
- Community Health Care Reform (RRF)

Main Challenges

- Care access
- Workforce challenges
- Economic sustainability

COLLABORATION AREAS

- HEALTH SYSTEM TRANSFORMATION
- RARE DISEASES AND PERSONALISED MEDICINE
- CANCER RESEARCH AND PREVENTION

EU PROJECTS / COLABORATION



EP PERMED

EUROPEAN PARTNERSHIP ON PERSONALISED MEDICINE
PARTNER AND FUNDING AGENCY FOR JOINT TRANSNATIONAL RESEARCH



THCS PROJECT

THCS, EUROPEAN PARTNERSHIP ON TRANSFORMING HEALTH AND CARE SYSTEMS



TRANSCAN-3

JOINT PROGRAMME FOR TRANSLATIONAL CANCER RESEARCH



EUCANSCREEN

JOINT ACTION FOR CANCER PREVENTION, EU4HEALTH PROGRAMME



ERDERA

EUROPEAN RARE DISEASES RESEARCH ALLIANCE
PARTNER AND FUNDING AGENCY

VENETO

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)



REGIONE DEL VENETO

HEALTH WORKFORCE DATA

- **24,993** NURSES
- **10,312** HOSPITAL DOCTORS
- **10,031** HEALTH & SOCIAL WORKERS
- **5,735** TECHNICAL & ADMINISTRATIVE STAFF
- **2,939** HEALTH TECHNICIANS
- **1,056** MIDWIVES
- **1,053** PHYSIOTHERAPISTS
- **2,840** GENERAL PRACTITIONERS.
- **845** NEW DOCTORS
- **3,070** OTHER HEALTH WORKERS.



COMPETENCES

INTEGRATION OF 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.

HEALTH SYSTEM ORGANISATION

THE **HEALTH AND SOCIAL CARE AREA** PROVIDES GUIDANCE, PLANNING, AND CONTROL OF THE ENTIRE SYSTEM. WITH THE SUPPORT OF **AZIENDA ZERO**.

LHAs DELIVER ESSENTIAL LEVELS OF ASSISTANCE, ADDRESSING CITIZENS' HEALTH NEEDS DIRECTLY.

COLLABORATION AREAS

- TERRITORIAL HEALTHCARE ACTIVITY DELIVERY MODELS
- DIGITALIZATION OF PROCESSES RELATED TO PATIENT CARE AND MANAGEMENT OF HEALTHCARE ACTIVITIES
- DEVELOPMENT METHODS OF PREVENTIVE MEDICINE

Risk Factors

- Alcohol
- Excess weight
- Sedentary lifestyle

Best Practices

- Territorial care models
- Digitalized patient management
- Preventive medicine development

Strong domains

- Digitalization
- Prevention
- Integration of health systems

Key priorities

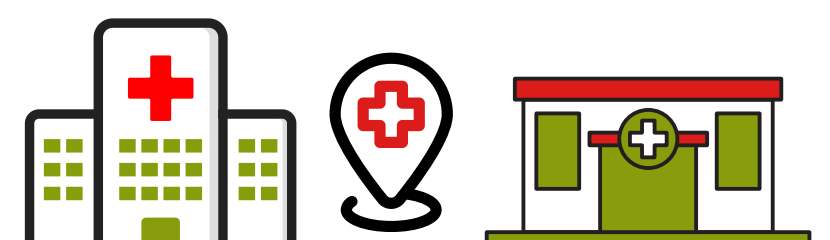
- Social Health Integration
- Proximity services
- Networking model

Main Challenges

- Shortage of nurses
- Integrated development of telemedicine
- Growth in demand for health services

HEALTH INFRASTRUCTURE

- **69** HOSPITALS AND CARE CENTERS
- **48** EMERGENCY ROOMS
- **2** INTEGRATED UNIVERSITY HOSPITALS
- THE VENETO ONCOLOGY INSTITUTE
- **3** IRCSS (ITALIAN RESEARCH AND CARE INSTITUTES)



WALES



Llywodraeth Cymru
Welsh Government

WALES, ONE OF THE FOUR NATIONS OF THE UNITED KINGDOM, HAS A POPULATION OF 3.1 MILLION AND IS KNOWN FOR ITS RICH HISTORY AND DISTINCTIVE IDENTITY.

HEALTH WORKFORCE DATA

- **TOTAL EMPLOYEES:**
 - **95,000** FULL-TIME EQUIVALENT (FTE) STAFF
 - **8,103** MEDICAL AND DENTAL PROFESSIONALS
 - **24,161** REGISTERED NURSES
 - **1,356** REGISTERED MIDWIVES



HEALTHSYSTEM ORGANISATION

THE WELSH NATIONAL HEALTH SERVICE (**NHS**) IS THE OVERALL RESPONSIBILITY OF THE WELSH GOVERNMENT. 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.

HEALTH INFRASTRUCTURE

- **449** HEALTHCARE FACILITIES:
 - **15** GENERAL ACUTE HOSPITALS
 - **13** SPECIALIST HOSPITALS
 - **237** TREATMENT CENTERS
 - **90** SUPPORT FACILITIES



COLLABORATION AREAS

- INTEGRATION OF HEALTH AND SOCIAL CARE.
- DIGITAL/DATA AND INNOVATION.
- PROGRESSIVE PUBLIC HEALTH POLICY/APPROACHES.

Risk Factors

- **Socio-economic determinants**
- **Unhealthy lifestyle**
- **Tobacco use**

Best Practices

- **Value Based Health Care**
- **Public Health policy,**
- **Integration of health and care**

Strong domains

- **Integration of health and social care**
- **Digital/data and innovation**
- **Progressive public health policy/approaches**

Key priorities

- **Health-social integration**
- **Access improvement**
- **Waiting time reduction**

Main Challenges

- **Health-social integration**
- **Access improvement**
- **Waiting time reduction**

PROJECTS

WALES' PARTICIPATION IN SPECIFIC PROJECTS AND INITIATIVES REFLECTS THE UK'S STATUS OUTSIDE THE EU.



OECD PARIS PATIENT-REPORTED INDICATOR SURVEYS):

INTERNATIONAL OUTCOME BASED BENCHMARKING EXERCISE OF PATIENTS AGED OVER 45 WITH CHRONIC CONDITIONS MANAGED BY GPs.



COOPERATION WITH WHO EUROPE'S REGIONS FOR HEALTH NETWORK FOR COLLECTS AND SHARED INFORMATION AND TOOLS ON HOW BEST TO INVEST IN BETTER HEALTH, REDUCE INEQUALITIES, AND BUILD STRONGER AND MORE RESILIENT COMMUNITIES.



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