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European Regional and Local Health Authorities

BOOKLET

EUREGHA REGIONAL FACTSHEETS

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

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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*

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AARHUS MUNICIPALITY

Central Denmark

GENERAL INFORMATION

The **Municipality of Aarhus**, situated in Region Central Denmark, is the second largest city in Denmark with a growing population of more than **367,000 people**. Since 2007 Aarhus has dedicated a great focus and effort to assisted living technologies. This investment has made Aarhus Municipality the leading public body in Denmark, and amongst the leading public bodies in Europe, within the field of assisted living technology. Aarhus Municipality is awarded as a 4-star Reference Site from the European Commission and member of several international networks, that promote independent living for older people.

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

There is an **increasing number of older people** above 67 years from 43,337 in 2018 to 56,327 in 2040. There is a need for more employees and citizens have an increasing demand for living as long as possible in their own home. The department of Assisted Living Technology has a budget of 345 mio. Euros, 10,200 users for personal care, 4,000 units for older people and people with chronic disabilities, and 60,000 senior citizens.

Population	***367.633 (2024)***
Average population age	37,7
GDP and ration with health spending	GDP per capita: 55.612 € | XX % of GDP
Average spending per capita	In total 345 mio Euros for primary care
Life expectancy	Men: 79,3 | Women: 83,3

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The Municipality of Aarhus has been participating in **R&D activities** as an **end-user organization/public authority** for many years, constantly seeking the best solutions in **digital health and care using AI, VR, machine learning, and data collection**. The primary task is, in cooperation with other departments within Health and Care and relevant external partners, to seek, test, develop, and implement assisted living technological solutions that give citizens increased independent living, quality of life and wellbeing, improved working conditions, and better economy for the municipality. The four primary fields of experience are:

1. development of assisted living solutions in cooperation with private companies;
2. testing of technologies in real environments;
3. implementing assisted living technology at scale;
4. evaluation of the effects of specific technologies on quality of life and work environment.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

The department of Assisted Living Technology has about 4,950 full-time employees, 10,200 users for personal care, and 4,000 units for older people and people with chronic disabilities.

Total number of healthcare professionals	**Assisted Living Technology employees: 4,950** Users receiving personal care: 10,200 Units for older people and people with disabilities: 4,000 Senior Citizens: 60,000
Number of Hospitals and Care Centres	Nursing home spots: 2,252 Hospitals: - Aarhus University hospital - Regional hospital Gødstrup. - Regional hospital Horsens - Regional hospital Randers - Hospital entities **Midt**: Regional hospital Silkeborg, Viborg, Skive and Hammel Neurocenter. - Prehospital

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

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

Main health-related risk factors

1	Tobacco and nicotine use
2	Alcohol consumption
3	Physical inactivity and unhealthy lifestyles

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

1	Innovation in elderly care
2	Digital health innovation
3	Public-private collaboration

Key health-related identified challenges or areas for improvement

1	Growing aged population and demand for home-based care
2	Workforce shortages
3	Ensuring equal access to healthcare by vulnerable groups

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

1	Digital health and AI in healthcare
2	Assisted living technology
3	Independent living and active ageing promotion

EUROPEAN PROJECTS AND COLLABORATIONS

1 **JARED (Joint action on Respiratory Diseases)**

The JARED project aims at addressing critical gaps in prevention and management of chronic respiratory diseases (CRDs) across Europe, synthesizing the diverse needs identified in several member countries and addressing them by widescale implementation of good practices already assessed by some member states.

Website: https://europeanlung.org/jared/

2 **JADE HEALTH (Joint Action addressing Dementia and HEALTH)**

European dementia stakeholders collaborating to improve care, pilots, and dissemination. Transforming Health and Care Systems (THCS) is a European partnership bringing together 66 organisations from 27 countries, including ministries, research and innovation funding bodies, health authorities, regional authorities, and public health institutions. By combining expertise from across the health, care, research, and innovation sectors, the partnership aims to support the transformation of health and care systems through collaborative research, knowledge exchange, and the implementation of innovative solutions at national and regional levels.

Website: https://jadementia.eu/

3 **THCS (Transforming Health and Care Systems)**

European partnership transforming health and care systems through innovation. Through its diverse expertise, collaborative governance, and strong stakeholder engagement, the THCS consortium supports research and innovation in health and care systems while ensuring that results can be effectively translated into national and regional contexts.

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

4 **EU-SHAFE (DOKKs) – 2014-2020**

Interactive welfare technology exhibition showcasing innovative solutions for independent living.

Website: https://www.interregeurope.eu/eushafe

ASL ASTI

Italy

GENERAL INFORMATION

ASL Asti (Azienda Sanitaria Locale di Asti) is the **local health authority** responsible for the Province of Asti in the Piedmont Region of Italy, serving a population of approximately **196,000 residents**. Italy's healthcare system, the **Servizio Sanitario Nazionale** (SSN), provides universal coverage and is organised on a regionalised basis, with national authorities defining guidelines and essential benefits, while regions and local health units manage service delivery. ASL Asti oversees the provision of healthcare through one acute hospital, 34 community care centres, and a network of general practitioners, doctors and nurses, employing a total of 2,332 staff. The authority is responsible for coordinating hospital and primary care, emergency services, and community-based health programs, while implementing regional healthcare policies and national reforms. ASL Asti also manages local healthcare resources and infrastructure to ensure accessibility and continuity of care across both urban and rural areas of the province.

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

Piedmont's demographic landscape reflects broader societal shifts seen across much of Europe, marked by aging populations, low birth rates, and evolving migration patterns. With a population of around **4.25 million**, the region has long been a cornerstone of Italian industry and culture, yet its demographic dynamics reveal both resilience and challenges. One of the most defining features of Piedmont's population is its age structure. The average age hovers around 47 years, making it one of the oldest regions in Italy. This aging trend is the result of several converging factors: a consistently low birth rate, increased life expectancy, and the migration of younger people to other regions or countries in search of education and employment opportunities. As a result, many towns, especially in rural and mountainous areas, are experiencing depopulation and a growing proportion of elderly residents.

This demographic shift has profound implications. **Healthcare systems** must adapt to serve an older population, while pension schemes and social services face increasing pressure. At the same time, the shrinking youth demographic poses challenges for the labor market, innovation, and long-term economic vitality. Yet Piedmont is not static. The region has seen a steady influx of foreign residents, who now make up over 10% of the population. These newcomers bring cultural diversity and help balance the demographic equation, often filling roles in agriculture, manufacturing, and care services. Migration—both international and internal—has become a key

factor in shaping Piedmont's demographic future. Cities like Turin continue to attract younger populations and professionals, while smaller towns work to reinvent themselves through tourism, local craftsmanship, and sustainable development.

Household structures are also evolving. Families are smaller, and single-person households are increasingly common, especially among the elderly. Gender distribution remains fairly balanced, though women tend to live longer, contributing to a higher female population in older age brackets.

Population	***195.744 (2024)***
Average population age	47.77 As for the elder people is concerned: - 65 years old-74 years old: 13% - 75 years old - 84 years old: 9,2% - 85 years old and over: 4,6%
Births and Deaths per year	Births: 1,170 (2023) | Deaths: 2,804 (2023) | birth rate: 5,7 mortality rate: 13,6
GDP and ration with health spending	In Italy in 2023, healthcare expenditure stands at 6.2% of GDP
Average spending per capita	€2,141 per capita
Life expectancy	Men: 81,7 | Women: 85,7
Average number of yearly new physicians and/or other HCPs	2024: Biologist 2 Physicians 44 Physicist 1 Veterinarians 5 Social worker 2 Professional Educator 2 Physiotherapist 7 Nurse 59 Pediatric nurse 1 Speech therapist 3 Health and social care worker 30 Technical Support Operator 3 Obstetrician 3

Environmental Protection Technician for Workplaces 11

Biomedical Laboratory Technician 8

Children neuropsychomotor therapist 3

Number of cross-border patients/cross-border activities

	Passive healthcare mobility	Active healthcare mobility
IN- REGION	8.471	2.706
OUT-REGION	1.576	500
TOTAL	**10.047**	**3.206**

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

ASL Asti operates as the **Local Health Authority** for the Province of Asti within Italy's regionalised public healthcare system, the **Servizio Sanitario Nazionale** (SSN), which provides universal public coverage. The central government defines the national guidelines and the essential benefits package, while the regional government of Piedmont is responsible for organising, funding and providing services through its Local Health Units (Aziende Sanitarie Locali).

Within this system, regions manage the daily organisation and supply of healthcare, including the delivery of services through the ASL. They are also responsible for implementing national reforms and ensuring their effectiveness, which depends on the managerial and institutional capabilities of each region to adapt organisational structures and respond to financial pressures and workforce shortages. Regional governments enjoy autonomy in shaping the design and functioning of their healthcare services, although performance and the ability to meet national targets influence access to resources. Variations in financing and organisational capacity therefore play a key role in determining how regions, including ASL Asti, deliver services and maintain standards within the SSN framework.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

ASL Asti serves a population of approximately **196,000 residents** with a workforce of **2,332 employees**, including 318 doctors, 1,003 nurses and 138 general practitioners. The local health authority reports a ratio of **2.3 doctors per 1,000 inhabitants**, compared with 3.6 per 1,000 in the wider Piedmont Region. Healthcare infrastructure centres on a single acute hospital with 503 beds, complemented by 34 community care centres distributed across the territory. Accessibility remains a notable challenge, with over **60% of residents living more than 15 minutes from the nearest hospital**, the highest share in Piedmont. Emergency healthcare is provided through one **Emergency Department** located at Cardinal Massaia Hospital in Asti, along with a low-complexity emergency room at Santo Spirito Hospital in Nizza Monferrato.

Total number of healthcare professionals	**ASL AT employees:** 2.332 **Nurses:** 1.003 **Doctors:** 318 **General Practitioners:** 138
Number of physicians per capita	2.3 doctors per 100,000 inhabitants (3.6 In Piedmont Region)
Number of Hospitals and Care Centres	503 beds in 1 Acute Hospital 34 Community Care Centers
Average distance between hospitals and care centres	Over 60% of residents live more than 15 minutes from the nearest hospital (The highest rate in Piedmont Region)
Number of Emergency Rooms (E.Rs)	Asl At has one Emergency Department in Cardinal Massaia Hospital located in Asti and a low complexity Emergency Room in Santo Spirito Hospital located in Nizza Monferrato.
Number of Centres of Excellence or any other relevant/important health-related	In the Cardinal Massaia Hospital there are the Interventional Arhythmology Centre, the Breast Unit, the Medical Procreation Center and the Vascular Surgery Division. ASL AT and ASL CN2 (ASL CN2 is a local health Authority that is competent for a part of the province of Cuneo in Piedmont Region)

facility/organisation in your region (e.g., university hospital with a regional/national competence on specialised care)	established an Inter-Authority Department on Longevity. Moreover, ASL AT has in the pipeline the deployment of the first regional virtual hospital (the third in Italy) named ASCOTT.

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

1	Strengthening community-based care through integrated services and proximity models like “health houses”, “community clinics” and “community hospitals”.
2	Digital transformation, particularly in telemedicine, remote monitoring, and data-driven decision-making.
3	Workforce innovation, by investing in new roles like the Family and Community Nurse and promoting interdisciplinary collaboration along care pathways digitally enabled and shared between our hospital and community facilities.

Main health-related risk factors

1	Smoking
2	Alcohol
3	Lack of physical exercise/ wrong food habits

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

1	Immunization campaigns and activities
2	Screening and prevention (especially mammal and cervical tumor screening)
3	Active ageing

Key health-related identified challenges or areas for improvement

1	Mental health
2	Anti-microbial resistance
3	Hospital-acquired infections

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

1	Community building
2	Longevity
3	Digital health

EUROPEAN PROJECTS AND COLLABORATIONS

1 **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**

The 12 local health authorities in Piedmont, including the ASTI Local Health Authority, have joined the project. Each local health authority must implement the project activities and objectives within its own area of competence. The results will be compiled into documents and best practices that will be implemented at the regional level.

Website: https://piemonteimmigrazione.it/lp/salus

ASL AT E-mail address for the project: salus@asl.at.it

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

ACTAge addresses the challenge of fragmented elderly care systems across Europe. Policies often concentrate on medical needs, overlooking the social, emotional, and community aspects of ageing. The project promotes active and healthy ageing by shifting from a needs-based to a rights-based approach, ensuring that seniors enjoy equal opportunities, independence, and dignity.

ASL AT is a member of the stakeholder committee, the local health authority participates by contributing to the project through the experience of Communit-Action, the integrated community programme for active ageing.

Website: https://www.interregeurope.eu/actage

ASSOCIATION OF KOSOVO MUNICIPALITIES (AKM)

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

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 **38 members,** 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)

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	1.6 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/mln 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.

	2022: Number of private insurance policies: 292 430
Life expectancy	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 also coordinate and supervise the work of the Emergency Medicine Center, the Main Family Medicine Center, the Family Medicine centers, and the health ambulances. 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 2023 there were 26 636 healthcare professionals: • **Doctors**: 5 287 • **Nurses** and other technical staff: 16 134 • **Dentists**: 2448 • **Pharmacists**: 1546 • **Physiotherapists**: 1221
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** • Main Family Medicine Centers • 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	Non-communicable diseases.
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 The Swiss Agency for Development and Cooperation (SDC) in Kosovo coordinates its programs through the Embassy of Switzerland / Swiss Cooperation Office in Kosovo. Starting with humanitarian assistance in 1998, Switzerland's cooperation with Kosovo has increasingly been shifted to supporting reform processes. The Swiss program portfolio is organized in four main domains:

1. Democratic Governance and Human Security,
2. Economy and Employment,
3. Water and Climate Change Resilience and
4. Health.

The AQH project is part of the Health domain. The Primary Health care in Kosovo municipalities, as well as directly the Collegium of Health and Social Welfare of the Association of Kosovo Municipalities was supported by the Accessible and Quality Healthcare project.

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)
- https://documents1.worldbank.org/curated/en/099071723122023431/pdf/P178218048f6a30d90b0510c549a2ce48b7.pdf
- SHSKUK (rks-gov.net)
- Ballina - Qendra Kryesore e Mjekësisë Familjare - Prishtinë (qkmf-pr.org)
- Ministria e Shëndetësisë (rks-gov.net)
- 01-Raport-Accessible-Quality-Healthcare-Project-Eng-04.pdf (aqhproject.org)
- The Project – AQH (aqhproject.org)

AUTONOMOUS PROVINCE OF TRENTO

Italy

GENERAL INFORMATION

The **Autonomous Province of Trento** (also called Trentino) is located in northern Italy, spanning an area of **6,200 km²** with a population of 545,169 (ISPAT 2023). Trentino is a mountainous region with a high degree of autonomy in health, education, welfare, and transport. Health services are managed by the Healthcare Trust of the Autonomous Province of Trento (APSS), one of the largest and best-performing providers in Italy, with around 8,800 staff. Regional policies promote integrated health and social care, emphasizing the development of smart ICT solutions and strong collaboration between the healthcare sector, academia, research organizations, and companies. Trentino is nationally recognized for its innovation in electronic health record systems and patient-centered e-health applications.

More details are available on Autonomous Province of Trento website.

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

Trentino, with its **two main cities** (Trento and Rovereto) and **164 municipalities**, presents a predominantly mountainous geography. The population is relatively aging, with a barrel-shaped age structure dominated by the middle-aged and elderly population groups. The average age is **45.7 years** (ISPAT 2024), with **4,007 births** and **5,442 deaths** in 2023, reflecting a declining birth-to-death ratio. Trentino's GDP is **€25 billion**, with 5.6% allocated to health spending.

Population	***545,169 (ISPAT 2023)***
Average population age	45.7 (ISPAT 2024)
Births and Deaths per year and Ratio	Births: 4,007 (2023) | Deaths: 5,442 (2023) | Ratio: 0,736
GDP and ration with health spending	EUR 25 billion | 5.6% of GDP

Average spending per capita	N/A
Life expectancy	Men: 82.3 | Women: 86.4 (Year 2022)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The **Department of Health and Social Policies** oversees the regional healthcare system, ensuring strategic planning and coordination aligned with the **Provincial Health Plan 2015–2025**. The **Provincial Health Care Trust** (APSS) is responsible for delivering national health plans and autonomous local policies.

The Trentino health ecosystem is framed by Provincial Law No. 16/2010, emphasizing the **protection of health as a fundamental right**, innovation and experimentation in healthcare management, the **advancement of digital health**, and continuous professional training.

Key pillars include integrated and inclusive care models, digital transformation, and innovation partnerships involving public institutions, citizens, research centers, and companies.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

The Autonomous Province of Trento has a structured and efficient healthcare system supported by a strong workforce and diversified infrastructure. As of 2023, the Local Healthcare Trust (APSS) employs **8,812 staff**, including **1,495 medical doctors** and over **2,850 nurses**, alongside more than **600 contracted physicians** (covering general practitioners, pediatricians, emergency doctors, and outpatient specialists). The region maintains a ratio of **339 doctors per 100,000** inhabitants and **8.3 nurses per 1,000** inhabitants (ISPAT 2022).

The healthcare infrastructure consists of **7 public hospitals**, **6 accredited private hospitals**, and **27 accredited private outpatient specialist centers**, ensuring widespread coverage across its predominantly mountainous territory. Elderly care is supported by **58 RSAs** (healthcare residences for elderly people) offering approximately 5,000 beds. Emergency services are provided through **7 emergency rooms** distributed across the region.

In terms of specialized healthcare facilities, Trentino is home to the **Public Center of Protontherapy** and will soon inaugurate **the Azienda sanitaria universitaria integrata del Trentino** (ASUIT) starting in 2025, further strengthening its capacity for high-quality, specialized healthcare services and research.

Total number of healthcare professionals	**APSS employees:** 8,812 **Nurses:** 2,850 **Doctors:** 1,495 **Contracted doctors:** 600 (GPs, pediatricians, emergency care doctors, outpatient specialists)
Number of physicians per capita	339 doctors per 100,000 inhabitants (ISPAT 2022) 8.3 nurses per 1,000 inhabitants (ISPAT 2022)
Number of Hospitals and Care Centres	7 public hospital 6 accredited private hospital 20 private affiliated facilities 58 RSAs (Healthcare residence for the elderly) with approximately 5000 beds
Number of Centres of Excellence or any other key health-related facilities or organisations	**1** Azienda sanitaria universitaria integrata del Trentino (ASUIT) (operational starting 2025) **2** Public Center of Protontherapy in Trento

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)	
1	Moving towards UHC (Universal Health Coverage): ensuring essential healthcare services and additional regional services beyond the national standards.
2	Promoting Health and Well-being: enhancing proximity services, telemedicine, and fostering people-centered care through a Hub-and-Spoke hospital model.
3	The Provincial Prevention Plan 2021–2025: reducing premature mortality and addressing social inequalities through integrated prevention strategies.

Main health-related risk factors

1	Alcohol
2	Tobacco
3	Overweight and obesity

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

1	The TreC digital health platform: A citizen-oriented ecosystem supporting daily health and care management through smart applications and connected devices.
2	TrentinoSalute4.0: A governance platform for digital health co-managed by the Autonomous Province of Trento, APSS, and the Bruno Kessler Foundation, applying a quadruple helix model involving citizens, professionals, researchers, and businesses.
3	Vaccination strategies: Advanced planning and monitoring aligned with the European Immunization Agenda 2030, supported by the Provincial Commission for Vaccination Strategies and annual coverage tracking.

Key health-related identified challenges or areas for improvement

1	Managing the triple burden of diseases (communicable, emerging, and non-communicable).
2	Addressing the aging population and the rising demand for chronic disease management and integrated care.
3	Reducing gaps between urban and rural areas in access to services and advancing the digital transformation of the healthcare system.

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

1	E-health solutions (telemedicine, EHR, citizen empowerment).
2	Health prevention strategies.
3	Mental health care innovations.

EUROPEAN PROJECTS AND COLLABORATIONS

The Autonomous Province of Trento actively participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:

1 **C.O.P.E. (2022 – 2024)**

C.O.P.E. is a project funded by the European Commission under the EaSI programme (European Programme for Employment and Social Innovation), aimed at improving the health and social inclusion of NEETs—young people not in employment, education, or training. Running from January 2022 to June 2024, the project involved seven partners from four European countries. Although the EU-funded phase concluded in June 2024, discussions are underway to secure local funding and extend the initiative for an additional three years (2025–2027).

Role: Project Coordinator

Website: https://copeproject.eu/

2 **EUVECA (2026)**

EUVECA is an Erasmus+ project aimed at fostering the development of future-oriented skills in the health and care sector. Central to the initiative is the establishment of seven European Regional Vocational Excellence (RVE) Hubs, which collaborate through a shared European Platform for Vocational Excellence. The project supports innovation, training, and regional capacity-building in healthcare education.

Role: Project Partner

Website: https://euveca.eu/

3 **HACK-IT-NET (2027)**

HACK-IT-NET is an Interreg Alpine Space project focused on building a sustainable innovation transfer framework by leveraging existing innovations across the Alpine region. Through transnational cooperation and attention to local needs, the project aims to enhance health and care delivery, advance green and digital solutions, and contribute to the achievement of sustainable development goals.

Role: Project Partner

Website: https://www.alpine-space.eu/project/hack-it-net/

4 **JACARDI (2027)**

JACARDI is a Joint Action of the European Union aimed at supporting Member States in reducing the burden of cardiovascular diseases and diabetes, both at the individual level and within healthcare systems. The initiative promotes prevention, early detection, and integrated care approaches across Europe.

Role: Affiliated Entity to Istituto Superiore di Sanità

Website: https://jacardi.eu/

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 covers 96% of provisions. The system follows an integrated care model organised in Integrated Care Organisations (ICO).

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 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, and 4 health research institutes. In 2021 there were 23 private hospitals in Euskadi (source: Eustat).

Total number of healthcare professionals	*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)*
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	**Five tertiary hospitals of Osakidetza**, the Basque Health Service, are University hospitals (Donostia, Cruces, Araba, Basurto and Galdakao University Hospitals). **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. 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.

[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	Health Technology Assessment

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 CareMatrix project, Integrated Care Innovations through Pre-Commercial Procurement

Project financed under the Horizon Europe PCP framework. It started in January 2025. CareMatrix is a European Pre-Commercial Procurement (PCP) project designed to challenge the health-tech market to develop innovative, integrated care solutions for People with Multimorbidity (PMM)—aging populations who live with two or more chronic health conditions such as diabetes, heart disease, and depression. The project aims to design and procure open, scalable prototypes that bridge coordination gaps between primary, secondary, and social care sectors, with the goal of enhancing patient safety, continuity of care, and user experience across the care pathway.

Osakidetza (the Basque Health Service) and the Basque Foundation for Health Innovation and Research (BIOEF) are part of the project consortium.

Website: https://carematrix.eu

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/

CENTRAL DENMARK REGION

Denmark

GENERAL INFORMATION

Central Denmark Region (Region Midtjylland) is one of the five regions of Denmark, covering an area of 13,000 km² with a population of 1,365,688 (Statistics Denmark 2024). Denmark's governance system is structured across three levels: national, regional, and municipal. The region is governed by an elected Regional Council and holds primary responsibilities in healthcare and public development areas including transport, education, culture, and environmental protection. Health services are managed by the Central Denmark Region authority, which oversees five hospital units, pre-hospital emergency services, general practitioners, and practising specialist doctors, employing approximately 30,000 staff. The region also collaborates with municipalities on preventive care and operates specialised social care institutions. Regional policies support integrated healthcare services, including mental health care, and regional development in public transport, education, and environmental sustainability.

More details are available on Central Denmark Region's website.

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

Central Denmark Region, encompassing **19 municipalities** and including the urban centre of Aarhus, features a mixed geography of urban and rural areas. The population has a balanced age structure, with an **average age of 42 years**. In 2023, the region registered **13,645 births** and **12,412 deaths**, reflecting a positive birth-to-death ratio of approximately 1.10. Health expenditure in Denmark is relatively high compared to the EU average, amounting to 10.8% of GDP, with per capita spending reaching USD 7,140 in 2021.

Population	***1.365.688***
Average population age	42
Births and Deaths per year and Ratio	Births: 13,645 (2023) | Deaths: 12,412 (2023) | Ratio: 1.0999 ≈ 1.10
GDP and ration with health spending	10.8% of GDP

Average spending per capita	USD 7,140 (2021)
Life expectancy	Men: 80.1 | Women: 84.0

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The healthcare system in **Central Denmark Region operates** within **Denmark's three-tier governance structure**. The national level is responsible for overall regulation and supervision, while the five Danish regions – including Central Denmark – are tasked with managing hospitals, psychiatric care, general practitioners, and parts of prevention and rehabilitation services. Municipalities cover long-term care, including home care and nursing homes, as well as health promotion and local preventive efforts.

At the regional level, Central Denmark Region oversees hospital and psychiatric services, employs general practitioners, and is responsible for specialised social care and special education in health-related areas. The region develops and implements **strategies for prevention and rehabilitation services**, working closely with the 19 municipalities in its territory.

The healthcare strategy balances the needs of its geographically diverse landscape, combining urban centers like Aarhus, which attracts a younger population, with rural areas facing demographic ageing. This diversity creates specific challenges for workforce planning and service delivery across urban, rural, and coastal territories.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

Central Denmark Region has a structured and comprehensive healthcare system supported by a strong workforce and diversified infrastructure. The region employs approximately **26,500 full-time healthcare professionals**, including around **8,000 nurses**, alongside specialised medical staff. The region maintains a ratio of 2.55 specialised physicians and 1.5 general practitioners per 1,000 inhabitants, **ensuring broad access to medical care across its urban and rural areas.**

The healthcare infrastructure consists of **five main hospital units**: Aarhus University Hospital, Regional Hospital Randers, Regional Hospital Gødstrup, Regional Hospital Horsens, and Hospitalenheden Midt, which includes the Regional Hospitals of Viborg, Skive, Silkeborg, and the Hammel Neurorehabilitation and Research Centre. In addition, the region manages pre-hospital

emergency services and specialised psychiatric care. Emergency services are provided through 13 emergency units distributed across the territory.

In terms of specialised healthcare facilities, Central Denmark Region hosts several centres of excellence beyond Aarhus University Hospital. These include the **Department of Occupational Medicine, Neurorehabilitation at Hammel Neurocenter**, and specialised units in kidney diseases, innovative patient pathways, hand, hip and knee surgery, cancer screening, ENT surgery, ischaemic heart disease, orthopaedic surgery, HPV-related gynaecological diseases, and fertility services, located across Regional Hospitals in Gødstrup, Viborg, Randers, and Horsens. These facilities further strengthen the region's capacity for high-quality specialised healthcare services and clinical research.

Total number of healthcare professionals	26.500 full time HCPs, of which 8,000 are nurses
Number of physicians per capita	2.55 specialised physicians per 1000 inhabitants 1.5 GP per 1000 inhabitants.
Average number of yearly new physicians and/or other HCPs	13.2 medical graduates per 100,000 inhabitants in 2021 (source: Eustat)
Number of Hospitals and Care Centres	6 public hospital sites Pre-hospital emergency services and psychiatric care facilities
Number of Emergency Rooms (E.Rs)	The region has 13 Emergency units.
Number of Centres of Excellence or any other key health-related facilities or organisations	University clinics in regional hospitals outside Aarhus University Hospital: • Department of Occupational Medicine, Regional Hospital Gødstrup • Neurorehabilitation, Hammel Neurocenter, Regional Hospital Vibog etc. • Kidney Diseases and Hypertension, Regional Hospital Gødstrup • Innovative Patient Pathways, Regional Hospital Viborg etc.

- Hand, Hip and Knee Surgery, Regional Hospital Gødstrup
- Cancer Screening Programmes, Regional Hospital Randers
- Ear, Nose and Throat (ENT) Surgery, Regional Hospital Gødstrup
- Ischaemic Heart Disease, Regional Hospital Gødstrup
- Interdisciplinary Orthopaedic Surgery Pathways, Regional Hospital Viborg etc.
- Gynaecological HPV-Related Diseases, Regional Hospital Gødstrup
- Fertility, Central Denmark Regional Hospital Unit and Regional Hospital Horsens

Additional information

N/A

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

1	Proximity to citizens within the health system and reduction in social inequality in health
2	Patient centered health
3	Ensuring sufficient health workforce

Main health-related risk factors

1	Smoking
2	Physical inactivity
3	Alcohol

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

1	Health Data
2	Health workforce
3	High quality health care service

Key health-related identified challenges or areas for improvement

1	Social inequality in health
2	Health workforce shortage
3	Improving psychiatric care

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

1	Health equity
2	Integrated d person-centered care
3	Quality and efficiency in management/workflow of combordity

EUROPEAN PROJECTS AND COLLABORATIONS

The Central Denmark Region participates in several innovative European projects aimed at transforming healthcare systems and addressing critical health challenges:

1 **KORALE - Knowledge On pReventing and tAckling Loneliness from public policiEs**

KORALE aims to improve public policies by incorporating and/or mainstreaming the prevention and tackling of loneliness among the elderly and youth, through an exchange of experiences between European regions with different levels of awareness and incidence of the phenomenon, and a diversity of approaches. After 3 years of activities - six learning events, study visits and peer review workshops - a collection of 24 good practices and the KORALE Policy Guide will be published.

Role: Project Partner

Website: https://www.interregeurope.eu/korale

2 **IDERHA: Integration of heterogeneous Data and Evidence towards Regulatory and HTA Acceptance**

IDERHA (Integration of Heterogeneous Data and Evidence towards Regulatory and HTA Acceptance) is a European public-private partnership launched in April 2023. This pioneering project addresses the obstacles in accessing, integrating and analysing health data to maximize their value for patient care and medical research.

Role: Project Partner

Website: https://www.iderha.org/

3 **EUnetTHA**

The aim of the project was to define and implement a sustainable model for the scientific and technical cooperation on Health Technology Assessment (HTA) in Europe based on voluntary cooperation within and

between national and regional HTA Bodies. The model focusses on supporting Member States in receiving HTA-relevant information that is objective, reliable, timely and comparable. The project was funded as a Joint Action under the Third EU Health Programme.

4 **HEART project**

HEART's integrated approach aims to systematically improve urban health and reduce health disparities through an innovative Blue-Green-Solutions-based implementation mechanisms of urban planning that embraces and promotes the health and the wellbeing as a key-planning criterion. HEART aims to use medical evidence in clinical and non-clinical setting.

Role: Project Partner

Website: https://www.heart-project.eu/about/

Additional Health Data/ Website	https://www.rm.dk/om-os/English/english/

CENTRAL EUROPEAN SERVICE FOR CROSS-BORDER INITIATIVES (CESCI)

Hungary (International Scope)

GENERAL INFORMATION

The Central European Service for Cross-Border Initiatives (CESCI) is an association under Hungarian private law, created to support cross-border cooperation and regional integration in Central and Southeast Europe. Its members include municipalities, professional organizations, and individuals from six countries. CESCI plays a central role in research, strategic planning, and policy-making related to cross-border issues, with a strong focus on health governance. The organization is actively engaged in the drafting and evaluation of Interreg programmes and in the development of cross-border projects, methodologies, and governance frameworks. It also contributes to European and national-level policy processes and conducts wide-reaching dissemination and networking activities.

Website: https://budapest.cesci-net.eu

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

As an organization rather than a territorial entity, CESCI does not represent a defined population or geographic region with demographic indicators. However, it operates across Central and Southeast Europe with a focus on Hungary and its neighboring countries. Its mission includes addressing the territorial challenges related to healthcare access, service integration, and legal-administrative coordination across borders. CESCI works closely with national, regional, and local authorities to address healthcare disparities and improve service accessibility for border populations.

DESCRIPTION OF THE ORGANIZATION

CESCI is not a healthcare provider but contributes to healthcare governance through policy facilitation, research, and strategic mediation in cross-border health issues. Since 2016, the

association has actively worked to support the development of integrated cross-border health services, focusing in particular on the legal frameworks that enable or hinder cooperation.

In 2017 and 2018, CESCI organized meetings involving Hungary's national rescue services and their EU counterparts. This included close collaboration with Lower Austria's emergency services, helping mediate an Austrian-Hungarian interstate treaty on cross-border rescue, signed in 2024. CESCI is currently facilitating similar negotiations between Hungary and Slovakia.

In 2024, CESCI's initiative led to the establishment of a permanent working group on cross-border health within the Hungarian government. This group meets quarterly and includes representatives from the Ministry of Health, national health authorities, and CESCI, working together to explore cross-border healthcare developments.

In addition to its facilitation efforts, CESCI has published several studies on outpatient and inpatient cross-border care and organized a study visit in 2018 to the French-Belgian ZOAST zones to share best practices.

CESCI also serves on the steering committee of the European Cross-Border Platform, and is forging strategic alliances with the Association of European Border Regions (AEBR) and Mission Opérationnelle Transfrontalière (MOT), while seeking further cooperation with professional bodies across Europe.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

As CESCI is not a healthcare provider nor a regional authority, it does not employ medical professionals or operate healthcare infrastructure. However, its projects and partnerships regularly involve healthcare providers and public authorities across national borders. CESCI's work focuses on creating the enabling conditions—legal, administrative, and strategic—for effective cross-border healthcare delivery. The organization plays a key role in facilitating collaboration between healthcare actors in border regions and developing solutions for smoother cross-border patient flows and emergency responses.

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)	
1	Facilitating the establishment and operation of cross-border rescue services around Hungary.

2	Piloting and testing cross-border outpatient and inpatient healthcare services.
3	Enabling sustained cooperation between healthcare service providers across Hungary's borders.

Main health-related risk factors

1	Nutrition and obesity
2	Tobacco use
3	Alcolohism

Key health-related identified challenges or areas for improvement

1	Increasing citizens' awareness of illness prevention and health literacy.
2	Reducing mistrust between Central European nations to encourage cross-border healthcare use.
3	Adapting successful northern and western European models to improve local population health outcomes.

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

1	Cross-border health services in various formats (rescue, outpatient, inpatient, telemedicine).
2	Management of health data across state borders.
3	Implementation of EU-funded health-related projects.

EUROPEAN PROJECTS AND COLLABORATIONS

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

1	**Legal Accessibility Projects (2016–2021)** A series of initiatives funded by the Hungarian Ministry of Justice, focused on identifying and removing legal and administrative barriers to cross-border services, including health. The projects enabled studies on cross-border healthcare access, launched cooperation between Hungarian emergency services and their counterparts in neighboring countries, and supported study visits to EU best-practice regions.

Role: Project Manager

Website: https://budapest.cesci-net.eu/en/legalaccess/

2 **#ACCESS (2023 – 2029)**

Strategic operation of the Interreg VI-A Hungary–Slovakia programme, tackling legal and administrative barriers to public service provision, including healthcare, between the two countries. The project runs from 2023 to 2029 and is jointly implemented by CESCI (Hungary) and CESCI Carpathia (Slovakia).

Role: Lead Partner

Website: https://hu-sk.eu/en/

3 **HealNow Project**

A cross-border healthcare project under the Interreg V-A Austria–Hungary programme. It led to the creation of the "Cooperation Agenda 2030" and supported the drafting of the Austrian–Hungarian treaty on cross-border emergency services. CESCI participated as an expert partner.

Role: Expert Partner

Website: HealNow project – OKFŐ

CROSS-BORDER INSTITUTE OF HEALTHCARE SYSTEMS AND PREVENTION (CBI)

Ems-Dollart Region

(northern Dutch-German border region: provinces of Groningen, Friesland, Drenthe, Overijssel on the Dutch side; Weser-Ems region / parts of Lower Saxony on the German side)

GENERAL INFORMATION

The **Ems-Dollart Region** (EDR) is a cross-border area along the northern Netherlands–Germany border shaped by the Ems river and the Dollart bay. The CBI's acting territory comprises the Dutch provinces of Groningen, Friesland, Drenthe and Overijssel and the German Weser-Ems area (including Wilhelmshaven, Wittmund, Aurich, Emden, Leer, Friesland, Wesermarsch, Ammerland, Oldenburg (city), Oldenburg (district), Delmenhorst, Cloppenburg, Emsland, Vechta, Osnabrück (city and district), and Grafschaft Bentheim). Although everyday cross-border movement for work, shopping and leisure is common, cross-border healthcare remains challenged by different reimbursement, legal and administrative systems, language differences and planning boundaries.

More details are available on the Cross-Border Institute of Healthcare Systems and Prevention's website.

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

The region shows notable demographic **variations between its Dutch and German sub-regions**, with population ageing progressing at different rates: average ages range from **42.5 years** in Groningen to nearly **48 years** in Overijssel, while the German Weser-Ems area records an average age of **43.8 years**. Birth and death statistics also show differing demographic dynamics on either side of the border. In 2023, the Weser-Ems region registered **22,633 births** and **31,393 deaths**, while in 2024 the Dutch northern provinces logged ratios ranging from **0.67** in Drenthe to **0.95** in Overijssel. At national level, Germany (EDR) allocates 12.8% of its GDP to health expenditure, compared with 10.1% in the Netherlands, resulting in per-capita healthcare spending of **€6,013** in Germany (EDR) and **€5,871** in the Netherlands. Life expectancy is slightly higher in the Netherlands,

where men can expect to live **80.5 years** and women **83.3 years**, compared with **78.2** and **83.0** years respectively in Germany (EDR).

Population	***2.800.000***
Average population age	Germany (EDR) – 43.8 Netherlands – 42.5 Drenthe - 43.4 Fryslân - 43.5 Overijssel - 47.9
Births and Deaths per year and Ratio	Germany - Region Weser-Ems: Births: 22,633 (2023) | Deaths: 31,393 (2023) | Ratio: 0.72 (2023) Netherlands - Province Groningen: Births: 4,816 (2024) | Deaths: 6,294 (2024) | Ratio: 0.77 (2024) Province Drenthe: Births: 4,037 (2024) | Deaths: 6,045 (2024) | Ratio: 0.67 (2024) Province Fryslan: Births: 5,684 (2024) | Deaths: 7,146 (2024) | Ratio: 0.80 (2024) Province Overijssel: Births: 11,158 (2024) | Deaths: 11,781 (2024) | Ratio: 0.95 (2024)
GDP and ration with health spending	Germany (EDR): 12.8% of GDP | Netherlands: 10.1% of GDP
Average spending per capita	Germany (EDR): €6,013 | Netherlands: €5,871 (2023)
Life expectancy	Germany (EDR): Men 78.2, Women 83.0 | Netherlands: Men 80.5, Women 83.3

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The health system organisation in the Ems-Dollart Region reflects the **distinct governance structures** of Germany (EDR) and the Netherlands, each with its own distribution of responsibilities and regulatory actors.

In **Germany**, healthcare operates as a **decentralised and self-governing system** in which the Federal Ministry of Health (BMG) develops national health policy, while the federal states hold legislative powers, implement federal laws and are responsible for hospital planning. Municipal health authorities carry out public health service tasks, and the Federal Joint Committee, composed of representatives of physicians, dentists, psychotherapists, insurers, hospitals and patients, serves as the highest decision-making body defining the statutory insurance benefits package. Statutory health insurers must cover eligible residents and are represented federally by the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband), while private insurance is available to high-income earners, civil servants and the self-employed, covering around 10% of the population. Key federal institutions such as the Robert Koch Institute (RKI) and the Paul-Ehrlich-Institut (PEI) play central roles in public health, infectious disease surveillance, and the regulation of vaccines and biomedicines.

In **the Netherlands**, the health system is structured around **four core acts**—the Health Insurance Act, Long-Term Care Act, Social Support Act and Youth Act—which together form the foundation of national healthcare organisation. The Health Insurance Act and Long-Term Care Act account for most public expenditure, with the former implemented through private health insurers operating under a regime of regulated competition. The Social Support Act and Youth Act are enforced by roughly 400 municipalities, which also oversee local public health services through the GGD structures. National oversight and policy development are carried out by the Ministry of Health, Welfare and Sport (VWS), the Dutch Healthcare Authority (NZa), the National Institute for Public Health and the Environment (RIVM), the Health and Youth Care Inspectorate (IGJ) and the National Healthcare Institute (Zorginstituut Nederland).

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

The Ems-Dollart Region benefits from a broad and multi-layered healthcare infrastructure shaped by both the German and Dutch systems, supported by a diversified workforce distributed across urban centres such as Groningen, Emden, Lingen and Emmen, as well as more rural municipalities.

On the German side, the Weser-Ems area comprises a dense network of hospitals, including major facilities in Oldenburg, Emden, Leer, Lingen, and Aurich, complemented by psychiatric clinics, rehabilitation centres and a wide array of ambulatory providers coordinated through the regional Associations of Statutory Health Insurance Physicians.

In the northern Netherlands, healthcare infrastructure is organised around core hospitals such as the University Medical Center Groningen (UMCG), the Martini Hospital in Groningen, the Saxenburgh Medical Centre in Hardenberg, and the facilities in Emmen, Hoogeveen and Stadskanaal, alongside GGD public health services and long-term care institutions. Workforce availability mirrors the cross-border diversity of providers, with general practitioners, medical specialists, nurses and allied professionals operating within the respective German and Dutch regulatory frameworks. The region is characterised by strong primary care networks, extensive outpatient services and well-developed emergency care structures on both sides of the border, ensuring continuity of care and providing capacity for specialist treatment, prevention and public health functions across the shared territory.

Total number of healthcare professionals	N/A
Number of physicians per capita	Germany - Weser-Ems: ranges from ~9.9 physicians per 10,000 inhabitants (Cloppenburg) to ~21.3 per 10,000 (Osnabrück) depending on district. Netherlands at national level: ~40 physicians per 10,000 inhabitants
Average number of yearly new physicians and/or other HCPs	N/A
Number of Hospitals and Care Centres	Germany - Weser-Ems-Region: 70 hospitals Netherlands - Provinces Groningen, Friesland, Drenthe: 14 hospitals
Number of Emergency Rooms (E.Rs)	N/A
Number of Centres of Excellence or any other key health-related facilities or organisations	• University Medical Center Groningen (UMCG): the principal university hospital and regional centre of specialised care in the northern Netherlands. • Research clusters and university excellence initiatives in the wider region (University of Oldenburg: Hearing4all, NaviSense, Ocean Floor; prospective excellence consortium with Bremen/Oldenburg under development).

Additional information	Double Medical PhD via the European Medical School (Groningen – Oldenburg, there is a tradition of cross-border health cooperation in the education area and since 2019 also in research via the CBI)

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

1	Addressing the healthcare needs of a growing ageing population)
2	Enhancing cross-border health cooperation and innovation
3	Development of sustainable and resilient health care systems and strengthening prevention

Main health-related risk factors

1	Obesity and overweight
2	Healthcare access gaps
3	Alcohol consumption

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

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

Key health-related identified challenges or areas for improvement

1	Cross-border access limitations (language, legal and reimbursement barriers; different planning approaches leading to lower access rates in certain border-adjacent coastal areas)
2	Addressing needs of a growing and ageing population
3	High prevalence of chronic diseases and increasing care demands

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

1	Extending the health care radius beyond the border and overcome legal and administrative barriers
2	Collaboration of emergency rooms and emergency services
3	Schemes like the CZ-AOK eGCI / international care card (eGCI/Internationale Zorgpas) as models for simplified cross-border care access and direct billing between partner insurers

EUROPEAN PROJECTS AND COLLABORATIONS

1	**CHARE-GD: Comparison of healthcare structures, processes and outcomes** Regional Interreg-style research activity with pilot studies funded by the Lower Saxony Ministry for Science and Culture; CBI researchers contributed. Website: https://uol.de/en/cbi/research/projects
2	**Health4DE—NL Interreg project** Project aiming to to address cross-border healthcare challenges and improve collaboration between the northern regions of the Netherlands and Germany along the border. The goal is to build a more coordinated and sustainable foundation for the two countries to work together across borders in healthcare. Website: https://www.rug.nl/aletta/internationalisering/health4de-nl/
3	**EDR** The EDR, a special-purpose association under public law, strives with several projects to be a bridge between the two countries and actively promotes cross-border cooperation in business, culture and society Website: https://edr.eu/die-edr/ .

Additional Health Data/ Website	N/A

EGTC GO

Italy, Slovenia

GENERAL INFORMATION

EGTC GO is a cross-border area comprising the Municipality of **Gorizia (Italy), the Municipality of Nova Gorica (Slovenia), and the Municipality of Šempeter-Vrtojba (Slovenia)**. Spanning two states and three municipalities, the area extends over **46 km²** and is home to a combined population of almost **72,000 people**. In 2025 the area held the joint title of European Capital of Culture, a recognition that also highlighted the long-standing need to cooperate across the border in all sectors, including healthcare.

With the support of the three municipalities, the EGTC GO, the Slovenian Ministry of Health, and the Autonomous Region of Friuli-Venezia Giulia jointly created, in 2017, the Interreg-funded project "Construction of a network of cross-border health services," which established **three cross-border medical teams, a shared bilingual booking system, and social inclusion initiatives for disadvantaged groups**. This cooperation continues today through follow-up projects that guarantee cross-border medical access for residents on both sides of the border.

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

The area is characterised by an ageing demographic profile in line with trends in both Italy and Slovenia. The **average population age is 47.9 years**, with Gorizia recording the highest average at 49.1 years. The birth-to-death ratio is low, at 0.48, meaning the number of annual births is roughly half that of annual deaths, a trend that points to an ever-increasing demand for long-term care alongside a declining number of healthcare professionals.

Population	*Gorizia: 33,620 Nova Gorica: 31,806 Šempeter-Vrtojba: 6,440* ***TOTAL: 71,866 (2025)***
Average population age	Gorizia: 49,1 Nova Gorica: 46,6 Šempeter-Vrtojba: 47,8 TOTAL: 47,9

Births and Deaths per year and Ratio	Gorizia: Births: 174 | Deaths: 470 | Ratio: 0,370213 Nova Gorica: Births: 223 | Deaths: 368 | Ratio: 0,605978 Šempeter-Vrtojba: Births: 46 | Deaths: 90 | Ratio: 0,511111 TOTAL: Births: 443 | Deaths: 928 | Ratio: 0,477371 (Data 2025)
GDP and ration with health spending	Friuli Venezia Giulia (IT): 46,572 mln euros | 6,1% (as of 2024) Slovenia: 64,050 mln euros | 9,29% (as of 2023) Total: 110,622 mln euros | 7.95 % of GDP
Average spending per capita	The average spending per capita for the Friuli Venezia Giulia Region is about 2,300 euros dedicated to welfare, health, and social protection. It does not include long-term disability allowances, handled at the national level. In Slovenia, the average expenditure is approximately 2,800 euros per capita. It includes healthcare services, medical goods and pharmaceuticals, long term care (medical and nursing care for chronically ill individuals), governance and prevention (funding for public health campaigns).
Share of uninsured (if any)	Friuli Venezia Giulia: 0%, universal coverage is guaranteed to all residents through the tax-funded National Health Service (SSN). Slovenia: 0%, universal coverage is legally mandated and managed via the National Health insurance Association (ZZZS) with state subsidies covering vulnerable or unemployed individuals.
Life expectancy	Former Province of Gorizia: Men: 82,1 | Women: 86,0 (as of 2024) Goriška: Men: 80.15 | Women: 84.76 (as of 2025) Total: Men: 81.19 | Women: 85.43 (as of 2024)
Average number of yearly new physicians and/or other HCPs	*DATA NOT AVAILABLE

Number of cross-border patients/cross-border activities (if any)

Project ITI Salute-Zdravstvo realizsed concrete actions (including infrastructural interventions in the cross-border area between the two citieis) in 5 different sectors:

- Cross-border booking system
- Pregnancy and maternity care
- Autism
- Mental Health
- Social inclusion and cross border info points

About 1,200 citizens used this cross-border services in 2024-2025.

Project Interreg Ita-Slo Sanitas aims at strengthening coordination between first responders and first-aid/healthcare providers in the cross-border region. The general idea is to adopt a cross-border protocol defining the prioritires and the procedures in case of cross border emergencies and crisis situations (i.e. floods, climate change related emergencies, wildfires, pandemic etc.)

HEALTH SYSTEM ORGANIZATION AND COMPETENCES

The EGTC GO territory is covered by **two distinct healthcare systems, each managed at regional or national level. In Gorizia, healthcare competence is decentralised and organised at the regional level:** in Friuli-Venezia Giulia there are three main health authorities, and the one responsible for Gorizia is ASUGI (Azienda Sanitaria Universitaria Giuliano Isontina), which plans, organises, and delivers healthcare services including hospital care, basic and specialist medical care, discounted medication, laboratory tests, and ambulance services. Locally, there is one hospital in Gorizia.

In Nova Gorica and Šempeter-Vrtojba, the Slovenian healthcare system is centralised but operated through local networks. ZZZS (Zavod za zdravstveno zavarovanje Slovenije) is the central public insurer and manages the compulsory health insurance system, financing services across the primary, secondary, and tertiary levels. The primary level comprises health centres and pharmacies, the secondary level comprises specialist ambulatory outpatient and hospital inpatient care, and the tertiary level comprises activities in clinics, clinical institutes, and other authorised institutions. Locally, primary care is handled by Zdravstveni Dom Nova Gorica, which provides general practice and emergency services, while specialised care is provided by Splošna bolnišnica “Dr. Franca Derganc” Šempeter-Vrtojba, which also serves as the regional hospital for the entire Goriška region.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

Health services across the cross-border area rely on a **combined workforce of several thousand professionals split between the Italian and Slovenian health authorities**, supported by two hospitals, a community health centre, and a community centre under development.

Government bodies or institutions responsible for health	*Gorizia: ASUGI Azienda Sanitaria Universitaria Giuliano Isontina* *Nova Gorica - Šempeter-Vrtojba (Slovenia): Zavod za zdravstveno zavarovanje Slovenije*
Total number of healthcare professionals (if possible split per HCPs category e.g., nurses, GPs, etc)	Gorizia: ASUGI (as of 2023) • ~ 2369 nurses • ~ 870 doctors • 307 general practitioners (as of 2021) • 35 paediatricians (as of 2021) Nova Gorica/ Šempeter-Vrtojba: Zdravsteni Dom Nova Gorica: • ~ 365 people employed (as of 2025). No breakdown by professional category. Splošna Bolnišnica "Dr. Franca Derganca" (as of 2025): • ~ 153 Doctors • ~ 395 Nurses • ~ 166 Pharmacists, healthcare professionals and associates
Number of Hospitals and care centres	Gorizia: 1 hospital, ongoing development of a community centre Nova Gorica: 1 community health centre Šempeter-Vrtojba: 1 hospital
Average distance between hospitals and care centres	4,2 km
Number of Emergency Rooms (E.Rs)	2

Number of Centres of Excellence or any other relevant/important health-related facility/organisation in your region (e.g., university hospital with a regional/national competence on specialised care)	None, only nearby (Burlo Garofalo Children hospital in Trieste and CRO for oncologic patients in Aviano) but not directly in the area

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)

1	Strengthening territorial care: on the Italian side (Friuli Venezia Giulia), rollout of PNRR-funded Community Houses and Community Hospitals to manage low-urgency cases closer to patients' homes; on the Slovenian side, stabilising primary care accessibility in rural Goriška municipalities (Tolmin, Bovec, Idrija, Cerkno) through restructured health centres and incentives to attract young doctors.
2	Integration of long-term care and clinical networks: implementation of the Regional Oncological Network Plan in Friuli Venezia Giulia, alongside efforts in Goriška to build a cohesive network between retirement homes, primary healthcare centres, and community nursing services to shift care away from centralised hospitals.
3	Cross-border healthcare cooperation and emergency room decongestion: expanding territorial alternatives to emergency care in Friuli Venezia Giulia (e.g. the 116117 non-emergency number) while, on the Slovenian side, deepening cross-border healthcare cooperation through EGTC GO, including streamlined emergency medical transport and joint access to cross-border clinical services.

Main health-related risk factors

1	Alcohol consumption: Friuli Venezia Giulia ranks among the Italian regions with the highest prevalence of at-risk drinking; Goriška similarly records high alcohol consumption and binge drinking, linked in part to the region's viticulture tradition.
2	Excess body weight and physical inactivity: a large share of the adult population in Friuli Venezia Giulia is overweight or obese, driven by insufficient fruit and vegetable intake; in Goriška's more peripheral and mountainous municipalities, geographic isolation and an ageing population contribute to high rates of physical inactivity
3	Tobacco use and demographic ageing: Friuli Venezia Giulia has comparatively low smoking rates but tobacco remains a leading contributor to oncological and respiratory disease; in

Goriška, an ageing population combined with mountainous geography increases isolation-related risks such as loneliness, depression, and delayed access to preventive care.

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

1	Integrated home care and ageing-in-place: Friuli Venezia Giulia has built resilient home care networks (assistenza domiciliare integrata) that support independent living for older adults; in Goriška, primary health centres run dedicated Health Education Centres offering community-based preventive workshops.
2	High-specialisation clinical networks and screening programmes: cardiac care networks in Friuli Venezia Giulia's university hospital hubs rank among Italy's best for clinical outcomes; Goriška records some of Slovenia's highest participation rates in national cancer screening programmes (ZORA, DORA, SVIT).
3	Community mental health services and intersectoral governance: Friuli Venezia Giulia is internationally recognised for the Trieste-Gorizia model of community-based, deinstitutionalised psychiatric care; in Goriška, the Intersectoral Regional Council for Public Health coordinates municipal and health authorities under a “Health in All Policies” approach.

Key health-related identified challenges or areas for improvement

1	Workforce shortages: both sides of the border face a shortage of family doctors, emergency physicians, and nurses, leading to reliance on costly temporary contracts in Friuli Venezia Giulia and a “brain drain” of health professionals from Slovenia's public sector.
2	Long waiting lists: citizens on both sides face extensive waits for elective procedures and specialist visits, an issue that has driven political and union disputes in Slovenia and strained diagnostic capacity in Friuli Venezia Giulia.
3	Financial and structural strain of long-term care: an ageing population is pressuring emergency departments in Friuli Venezia Giulia due to discharge delays, while Slovenia is midway through implementing a new Long-Term Care Act to formalise a system historically reliant on informal family care.

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

1	Community-based mental health and deinstitutionalisation, building on the Trieste/Gorizia model and tools such as Individual Health Budgets.

2 Standardising early autism diagnostics and interventions, drawing on the joint Italian-Slovenian cross-border protocol using the M-CHAT screening tool and the ESDM treatment model.

3 Joint emergency management and primary care resilience during climate events, including cross-border coordination of disaster medical response and civil protection exercises.

EUROPEAN PROJECTS AND COLLABORATIONS

1 **SALUTE-SDTRASTVO – ITI PROJECT 2017-2022**

This highly successful Integrated Territorial Investment (ITI) project laid the groundwork for a unified healthcare network between Gorizia, Nova Gorica, and Šempeter-Vrtojba. It established joint cross-border medical teams specializing in mental health, early autism screening, and physiological pregnancy care. It also modernized infrastructure—renovating spaces in Gorizia's Basaglia Park and the Nova Gorica Community Center—and piloted a single reservation portal linking Italian and Slovenian booking systems.

- **Website:** https://euro-go.eu/en/programmi-e-progetti/altri-progetti/progetti-iti-salute-zdravstvo/

2 **SANITAS 2024-2027**

Funded under the Interreg VI-A Italy-Slovenia framework, SANITAS serves as the structural successor to early cross-border health initiatives. It shifts the focus toward regional resilience and crisis management. The project is building a synchronized cross-border primary healthcare protocol to coordinate emergency response and rescue services during catastrophic events, such as extreme heatwaves or cross-border flooding.

- **Website:** SANITAS Project Details

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

Implemented as an expansion of the ITI healthcare strategy, this project tackled social assistance. EGTC GO established three localized "Info Points" across the three border municipalities. These hubs form a coordinated social network allowing Italian and Slovenian residents to seamlessly learn about, access, and utilize local welfare and integration services tailored for vulnerable demographic groups.

- Website: Salute-Zdravstvo Infrastructure News

4 **BE-EGTC (CROSS BORDER FOCAL POINT)**

> Awarded in 2026 under the *BridgeforEU* call for proposals, this project addresses systemic healthcare bottlenecks. It establishes a dedicated legal and administrative "Focal Point" to actively collect, analyze, and dismantle the complex bureaucratic obstacles that historically prevent patients and emergency personnel from freely crossing the state line for clinical services.

ADDITIONAL HEALTH DATA/WEBSITES

Friuli-Venezia Giulia:

- https://sesamo.sanita.fvg.it/
- https://arcs.sanita.fvg.it/
- https://asugi.sanita.fvg.it/

Slovenia:

- https://www.gov.si/en/state-authorities/ministries/ministry-of-health/
- https://www.nijz.si/en/
- https://www.google.com/search?q=https://nijz.si/sl/obmocne-enote/oe-nova-gorica/ (only Nova Gorica area)
- https://www.bolnisnica-go.si/ (hospital Nova Gorica)
  https://www.zd-go.si/

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 Emila-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

Flanders
State of the Art

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	Figures from 2022 – Flanders Statistics Largest group is the group between 55 and 59 years (478.738). 3.3% of the population is over 85. We count 1517 persons older than 100 (248 are male). 332.928 inhabitants are younger than 5 years old
Births and Deaths per year and Ratio	Births: 63284 (2022) | Deaths: 67528 (2022) | Ratio: -4244
GDP and ration with health spending	BELSTAT 2022: 541.945.140.000 euro (BE) - 11 % of GDP (BE)
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)	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)

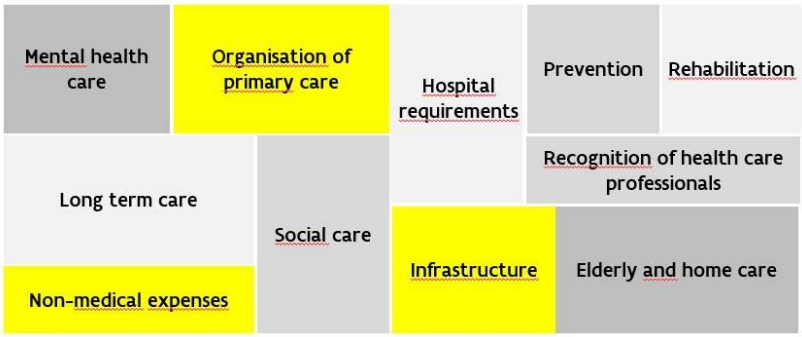
HEALTH SYSTEM ORGANIZATION AND COMPETENCES

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

ISTITUTO ONCOLOGICO VENETO

GENERAL INFORMATION

The Veneto Oncology Institute (IOV), founded in 2005, operates within the Veneto Region and is one of Italy's **leading IRCCS** (Scientific Institutes for Research, Hospitalization and Healthcare). It functions as an integrated comprehensive cancer center providing specialized oncology care and conducting advanced clinical and translational research.

IOV serves the Veneto Region (population approx. 4.85 million) and contributes to both regional and national healthcare systems. The institute plays a key role in strengthening oncology networks, promoting innovation, and improving patient outcomes through precision medicine and multidisciplinary approaches.

The organization is actively involved in research, healthcare delivery, and policy support, with a strong focus on cancer prevention, early detection, and personalized treatment.

Further details are available on https://www.ioveneto.it/

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

As a healthcare organization rather than a territorial authority, IOV does not represent a specific population with full demographic indicators. However, it operates within the Veneto Region, characterized by:

- Population: approx. **4.85 million**
- Average age: **46.5 years**
- Age distribution:
  - **65–74 years: 12.1%**
  - **75–84 years: 8.5%**
  - **85+ years: 3.9%**

IOV contributes to addressing regional healthcare challenges, particularly in oncology, by improving access to care, fostering service integration, and supporting innovation in treatment and research.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

IOV is not only a healthcare provider but also a research-intensive institution contributing to healthcare governance through scientific research, innovation, and strategic coordination.
It operates under a dual governance framework:

- **Veneto Region**: responsible for healthcare planning, financing, and service delivery
- **Italian Ministry of Health**: responsible for scientific supervision and research funding within the IRCCS system

Since its establishment, IOV has supported the development of integrated oncology services, focusing on precision medicine and translational research.
The institute employs over **1,200–1,300 professionals**, including:

- 230 physicians
- 550 nursing staff
- 150 other healthcare professionals
- 150–200 research staff
- 150 administrative and technical staff

IOV operates across multiple sites in the Veneto Region, including **Padova** (main hub), **Castelfranco Veneto**, **Monselice**, and **Venice**, ensuring widespread access to specialised cancer care.

REGIONAL PRIORITIES AND AREAS FOR COLLABORATION

Key priorities (policy areas/health and care areas)	
1	Strengthening regional and European oncology networks.
2	Integration of precision medicine and translational research.
3	Digital health transformation and AI-driven care.

Main health-related risk factors	
1	Smoking.
2	Alcohol consumption.
3	Sedentary lifestyle and obesity.

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

1	Clinical and Translational Research (Precision Oncology).
2	Screening and Erly Detection.
3	Comprehensive Cancer Care and Network Governance.

Key health-related identified challenges or areas for improvement

1	Sustainability of High-Cost Innovative Therapies.
2	Healthcare Workforce Shortage and Evolving Skills.
3	AI-Driven Oncology and Digital Health Innovation.

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

1	Implementation of Molecular Tumor Boards (MTB) and Precision Medicine.
2	Cancer Survivorship and Long-term Follow-up Care.
3	Digitalization of processes related to patient care and management of healthcare activities.

EUROPEAN PROJECTS AND COLLABORATIONS

IOV actively participates in several European projects aimed at improving cancer care and reducing inequalities:

1	Joint Action on Networks of Expertise on Cancer (JANE-2) Supports the development of European Networks of Expertise in oncology to reduce disparities across EU Member States. **Role:** Affiliated Entity **Website:** https://jane-2.eu/
2	European Comprehensive Cancer Centre Network (EUnetCCC) Aims to establish a network of Comprehensive Cancer Centres across Europe, ensuring at least one in every Member State by 2028. **Role:** Affiliated Entity **Website:** https://eunetccc2025.eu/
3	Towards Safe, Optimized and personalized radiology and Radiotherapy procedure for pregnant patients (SONORA) Focuses on improving radiology and radiotherapy procedures for pregnant patients through better dose estimation and risk communication. **Role:** Affiliated Entity **Website:** https://pianoforte-partnership.eu/sonora/

4 Diagnostic HER2DX-guided treatment for patients with early-stage HER2-positive breast cancer (DEFINITIVE)
Validates the HER2DX gene test to personalise treatment for HER2-positive early breast cancer patients.
Role: Affiliated Entity
Website: https://cordis.europa.eu/project/id/101136953

JOGG

The Netherlands

GENERAL INFORMATION

JOGG – Healthy Youth, Healthy Future is a Dutch public health organisation working to create healthier living environments for children and adolescents. **Since 2010**, JOGG has collaborated with municipalities, schools, healthcare providers, sports organisations, businesses, and community stakeholders to ensure that healthy choices become the easiest choices for young people.

The organisation operates through the "**JOGG approach**", **a holistic and community-based methodology inspired by the principle of "Health in All Policies"**. This approach is implemented at policy, professional, and neighbourhood levels and focuses on creating sustainable environmental change rather than solely targeting individual behaviour. JOGG currently works with nearly 250 Dutch municipalities and increasingly engages in international cooperation on lifestyle prevention and health promotion.

JOGG's mission is to ensure that every child can grow up in a healthy environment with access to healthy nutrition, physical activity, relaxation, and wellbeing, contributing to a healthier future generation.

Further details are available on https://jogg.nl/about-jogg

DEMOGRAPHIC, HEALTH AND ECONOMIC INDICATORS

JOGG operates nationally across the Netherlands through local implementation networks coordinated with municipalities and regional stakeholders. The organisation addresses growing public health concerns linked to **childhood overweight and obesity**, **unhealthy food environments**, **sedentary lifestyles**, and **socio-economic health inequalities**.

The organisation focuses on **children and adolescents aged 0–23 years** and recognises that environmental and socio-economic conditions strongly influence health outcomes. According to JOGG, today's youth grow up in an "obesogenic environment" that encourages unhealthy eating habits and discourages physical activity.

JOGG contributes to the Dutch National Prevention Agreement, **which aims to reduce overweight and obesity levels to those recorded in 1995 by 2040**. The organisation supports municipalities in

addressing structural health inequalities through integrated prevention strategies and local community engagement.

HEALTHCARE INFRASTRUCTURE AND WORKFORCE DATA

JOGG does not function as a healthcare provider and therefore does not operate hospitals or employ clinical healthcare personnel directly. Instead, the organisation works through extensive partnerships with municipalities, schools, public health agencies, healthcare professionals, sports organisations, and community actors throughout the Netherlands.

Its operational model is based on local implementation networks coordinated through regional and municipal cooperation structures. JOGG supports professionals working in prevention, youth health, education, nutrition, sports, and community wellbeing by providing expertise, strategic guidance, communication tools, and evidence-based methodologies.

The organisation contributes to strengthening preventive healthcare infrastructure by improving coordination between sectors and promoting integrated local approaches to health promotion.

DESCRIPTION OF THE ORGANIZATION

JOGG is a prevention-oriented network organisation that facilitates collaboration between local governments, schools, healthcare professionals, sports clubs, businesses, and residents to create healthier environments for children and adolescents. Rather than providing healthcare services directly, JOGG functions as a strategic facilitator, coordinator, and knowledge-sharing platform.

The JOGG approach is based on integrated and long-term cooperation across sectors and settings, including schools, neighbourhoods, sports environments, homes, leisure spaces, and media environments. The organisation promotes structural change through political commitment, public-private partnerships, monitoring and evaluation, communication, and the integration of prevention and healthcare services.

JOGG focuses on themes such as healthy nutrition, physical activity, water consumption, sleep, relaxation, media literacy, and mental wellbeing. The organisation also supports local authorities in designing evidence-based prevention strategies and scaling successful local initiatives nationally and internationally.

Research conducted on the JOGG methodology has shown that broad local cooperation and sustained environmental change contribute significantly to healthier living conditions and improved youth health outcomes.

REGIONAL PRIORITIES AND AREA OF COLLABORATIONS

Key priorities (policy areas/health and care areas)

1	Health in and for all policies.
2	Healthy living environment (food environment, physical activities, mental wellbeing).
3	Digital resilience.

Main health-related risk factors

1	Lack of physical exercise.
2	Too much screentime.
3	Unhealthy food environment.

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

1	Urban planning.
2	Building working networks.
3	Education.

Key health-related identified challenges or areas for improvement

1	Interaction policy and implementation.
2	Shared ownership among the partners.
3	Feeling of urgency on the topic.

EUROPEAN PROJECTS AND COLLABORATIONS

JOGG actively participates in several projects aimed at improving a healthy environment:

1	City as Healthy Playground Promotes healthier urban environments for children and young people by integrating physical activity, healthy nutrition, and wellbeing into city planning and community life. The initiative supports municipalities in creating environments where healthy choices become easier and more accessible. **Role:** Knowledge Partner/Prevention Network Coordinator
2	Connect-NCD

European collaboration initiative focused on preventing non-communicable diseases (NCDs) through integrated prevention policies, healthier lifestyles and cross-sector cooperation. The project supports knowledge exchange and innovation in health promotion strategies across Europe.
Role: Project Partner

3 FutureWell (Ending Childhood Obesity Zones)
International initiative aimed at reducing childhood obesity through community-based interventions and healthier living environments. The project promotes collaboration between schools, municipalities, healthcare providers, and local communities to improve children's wellbeing and reduce inequalities.
Role: Prevention and Community Health Partner

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://healthacross.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://healthacross.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.noe-lga.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.noe-lga.at/en/projects/bridges-for-birth

OSTBELGIEN (German-speaking Community of Belgium)

Ostbelgien
Mit Unterstützung der Deutschsprachigen Gemeinschaft Belgiens

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.

REGION ÖSTERGÖTLAND

Sweden

GENERAL INFORMATION

Region Östergötland, located in the **southern eastern part of 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 a**verage 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** (one of which is a university hospital) 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	Accesssible heathcare 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	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. 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.
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 Euregion 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	**Births** 2022: 21.610 (5,9 per 1.000 inhab.) **Deaths** 2022: 48.855 (13,4 per 1.000 inhab.) **Ratio**: Births/Deaths: –8 per 1.000 inhab.
GDP and ration with health spending	**GDP** 2023 128.465 mln euros (approx. 6,80% of Italy) 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: • 1,5 clinical services • 1,1 diagnostic tests • 11,3 laboratory tests
Average spending per capita	**Average spending pro capita € 2.233,00.** (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. Source: ARS Toscana
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	On 31/12/2022 the regional healthcare workforce consisted in 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
Number of physicians per capita	9 Pediatricians (PLS) per 10.000 inhab. of age 0-14) 32 MD per 10.000 inhab. of age 15+
Number of Emergency Rooms (E.Rs)	**29** Emergency rooms.
Number of Centres of Excellence or any other key health-related facilities or organisations	**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)

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 Tramsforming 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: //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.osservatorionazionalescreening.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://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: • 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.