



2024 Annual Conference

Hosted by



**European Committee
of the Regions**

FIRST SESSION: Thursday 28th of November – 14:15 to 15:45

Understanding transformation of health and care systems: how to translate theory into practice

Introduction: What is THCS's understanding of health and care transformation, and how it is supporting it

THCS Coordinating Team

The academic perspective

Dimitra Panteli – Programme Manager at the European Observatory on Health Systems and Policies

The institutional perspective

Loukianos Gatzoulis – DG SANTE, C2 State of Health, European Semester, Health Technology Assessment

The patient perspective

Anca Toma – General Director at the European Patients Forum (EPF)

The practitioners perspective

Alexis Strader, Director of Policy and Research – European Health Management Association (EHMA)

Moderator:

Gerardo Fortuna, Euronews



TRANSFORMING HEALTH
AND CARE SYSTEMS

EU Partnership Transforming Health and Care Systems (THCS)

THCS Annual Conference

November, 28th, 2024

Funded by the European Union under the Horizon Europe Framework Programme - Grant Agreement N°: 101095654. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.



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the
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Towards a EU Partnership supporting health systems transformation: Background



Overview of 49 European Partnerships

HORIZON EUROPE PILLAR II - Global challenges & European industrial competitiveness

CLUSTER 1: Health	CLUSTER 4: Digital, Industry & Space	CLUSTER 5: Climate, Energy & Mobility	CLUSTER 6: Food, Bioeconomy, Agriculture, ...
Innovative Health Initiative	Key Digital Technologies	Clean Hydrogen	Circular Bio-based Europe
Global Health Partnership	Smart Networks & Services	Clean Aviation	Rescuing Biodiversity to Safeguard Life on Earth
Transformation of health systems	High Performance Computing	Single European Sky ATM Research 3	Climate Neutral, Sustainable & Productive Blue Economy
Chemicals risk assessment	European Metrology (Art. 185)	Europe's Rail	Water4All
ERA for Health	AI-Data-Robotics	Connected and Automated Mobility (CCAM)	Animal Health & Welfare*
Rare diseases*	Photonics	Batteries	Accelerating Farming Systems Transitions*
One-Health Anti Microbial Resistance*	Made in Europe	Zero-emission waterborne transport	Agriculture of Data*
Personalised Medicine*	Clean steel – low-carbon steelmaking	Zero-emission road transport	Safe & Sustainable Food System*
Pandemic Preparedness* <i>Co-funded or co-programmed</i>	Processes4Planet	Built4People	
	Global competitive space systems**	Clean Energy Transition	
		Driving Urban Transitions	

	Institutionalised Partnerships (Art 185/7)
	Institutionalised Partnerships / EIT KICs
	Co-Programmed
	Co-Funded

PILLAR III - Innovative Europe

EIT (KNOWLEDGE & INNOVATION COMMUNITIES)	SUPPORT TO INNOVATION ECOSYSTEMS
InnoEnergy	Innovative SMEs
Climate	
Digital	
Food	
Health	
Raw Materials	
Manufacturing	
Urban Mobility	
Cultural and Creative Industries	

CROSS-PILLARS II & III

European Open Science Cloud

PILLAR 1:
Excellent Science

PILLAR 2:
Global Challenges & European Industrial Competitiveness

PILLAR 3:
Innovative Europe



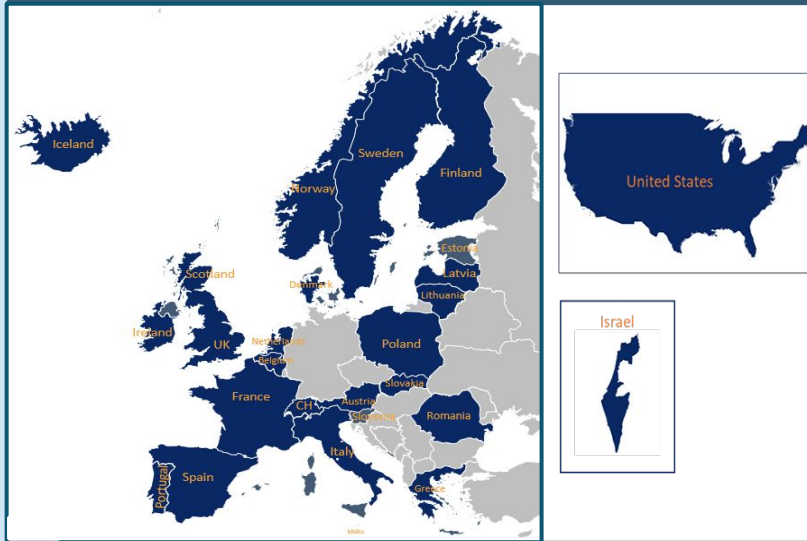
* Calls with opening dates in 2023-24
** Calls with opening dates not before 2022

THCS Partnership



Start: January 2023

Duration: 7 years



- **64 partners**
- **23 Member States and HE Associated Countries**
- **9 regions**



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Budget and Commitment



Contribution in-cash (funding of JTCs):
263.625.000 €

Contribution in kind: 41.623.586 €

Total budget: 305.248.586,63 €

Total EC Contribution: 91.574.575,99 €
(30% of the total)



Overview of entities considered as eligible to receive funding



THCS Strategic Research and Innovation Agenda

Strategic Research and Innovation Agenda

SRIA Overview

[Strategic Research and Innovation Agenda](#)

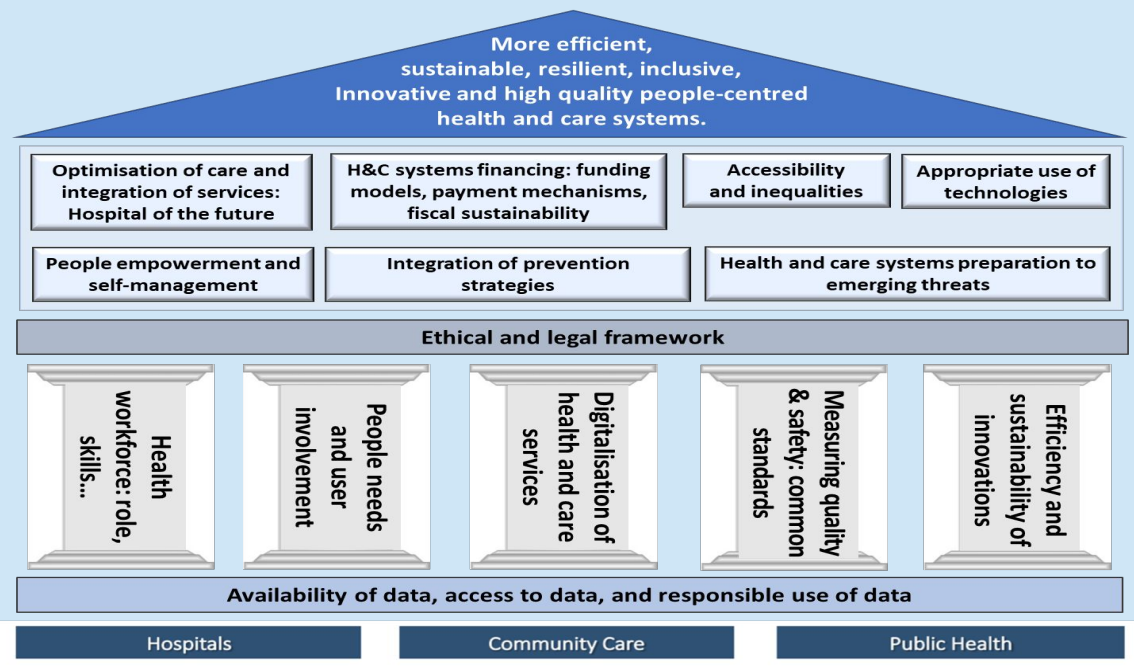
From Priorities to actions

Explore

- ▢ [SRIA Overview](#)
- ▢ [Partners](#)

Documentation

- 📄 [Strategic Research and Innovation Agenda](#)



THEMATIC AREAS

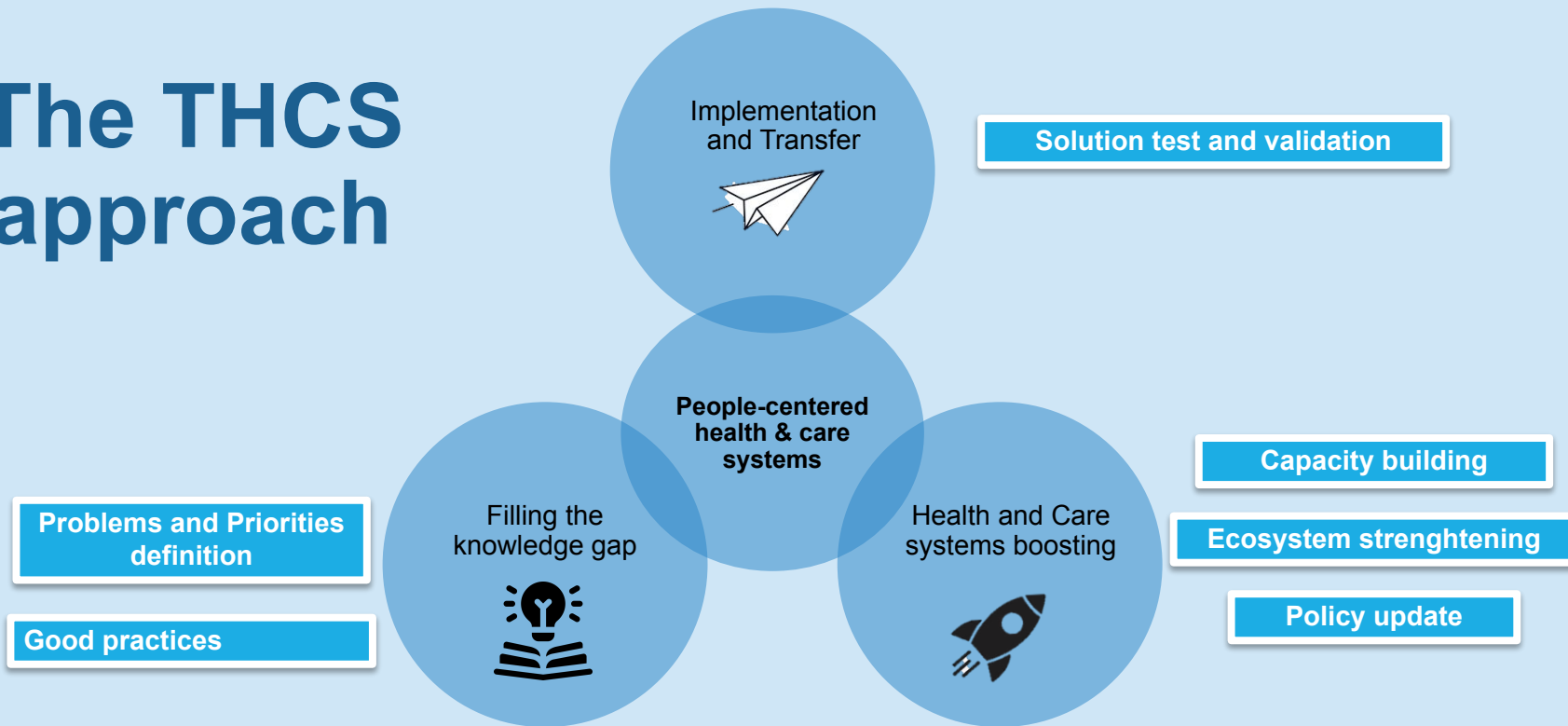
BUILDING BLOCKS



Co-funded by the European Union

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The THCS approach



THCS Expected outcomes

Stronger local and regional ecosystems

Researchers engaged in collaborative research at international level

H&C authorities and policy makers use research results in decision making

Better cooperation among Countries in this R&I field

H&C authorities, policymakers plan and carry out efficient investments

H&C providers and professionals implement innovative solution



Pillars and Work Packages

PILLAR 1

Science & Innovation into
Policy and Practice

WP4 – Methodological and Assessment
Framework

WP5 – Bridging evidence to policy

PILLAR 2

Research and Innovation
funding

WP6 – Calls texts definition of R&I topics

WP7 – Joint Transnational Calls Secretariat

WP8 – Project Monitoring and Assessment of
Projects' results and impacts

PILLAR 3

Support transferability &
strengthening ecosystems

WP9 -Strengthening ecosystems

WP10 –Knowledge hub to support the
transferability of good practices

PILLAR 0

Programme management

WP1 – Governance and Annual Work Plan

WP2 – Coordination and Management

WP3 – Strategic relationship and Impact
maximisation



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“Healthcare of the Future”



1. To provide the necessary knowledge to build the health and care of the future.
2. To support the implementation of innovative solutions on a larger scale.



36 funders



> 30 millions €



“Innovate to Prevent: Personalised Prevention in Health and Care Services”



To support the implementation of innovative person-centred health and care models addressing prevention strategies, with the key help of existing IT and digital technologies and services, as well as existing and emerging data.



31 funders



> 34 millions €



JTC 2025 - “Better care closer to home: Enhancing primary and community care”



1. Strengthening the primary and community care system by reducing dependence on institutional care in favour of primary and community care pathways, through organisational innovations, operational improvements and innovative service delivery models
2. Modernisation of the primary and community care sector: policy development and strategic planning for the modernisation of the primary and community care sector, leveraging multidisciplinary and transnational perspectives.



31 funders



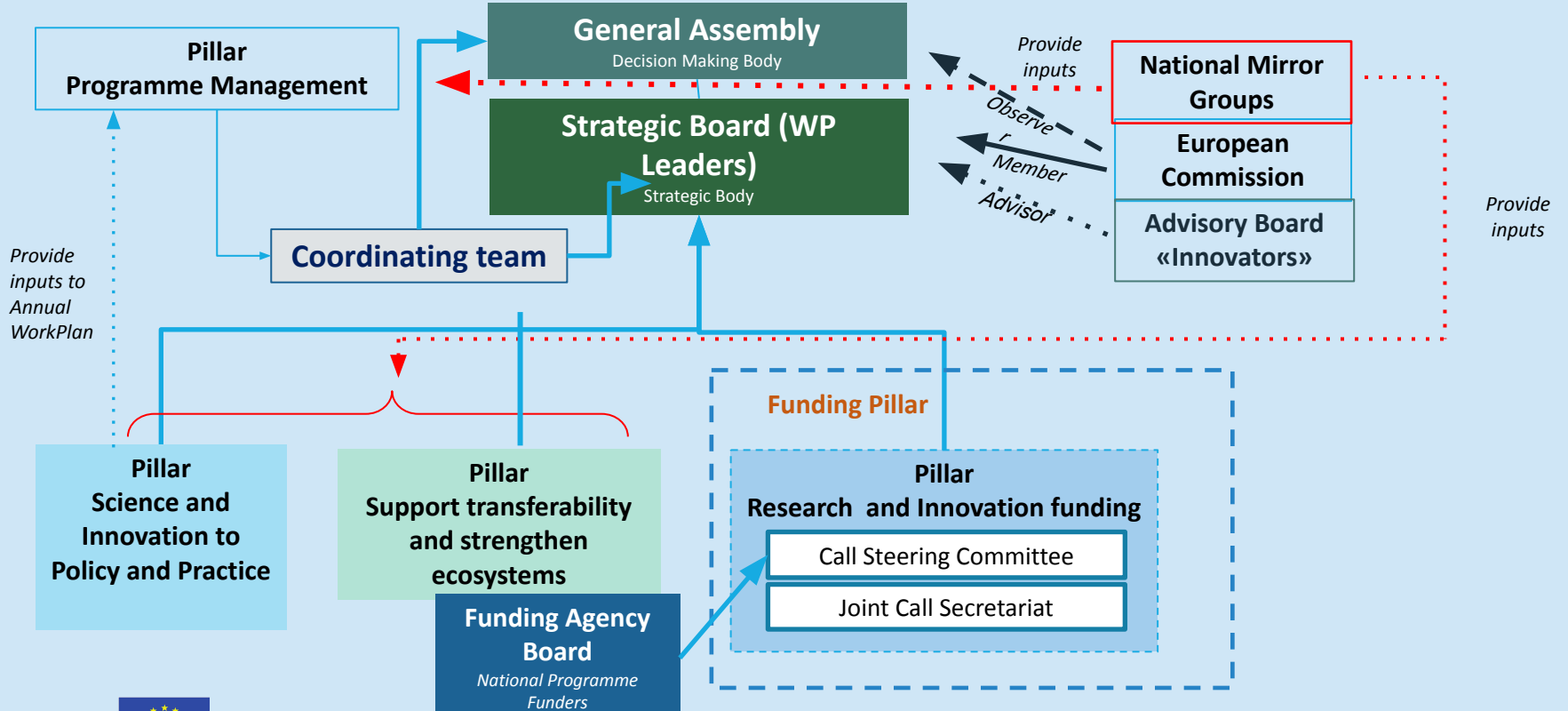
> 30 millions €



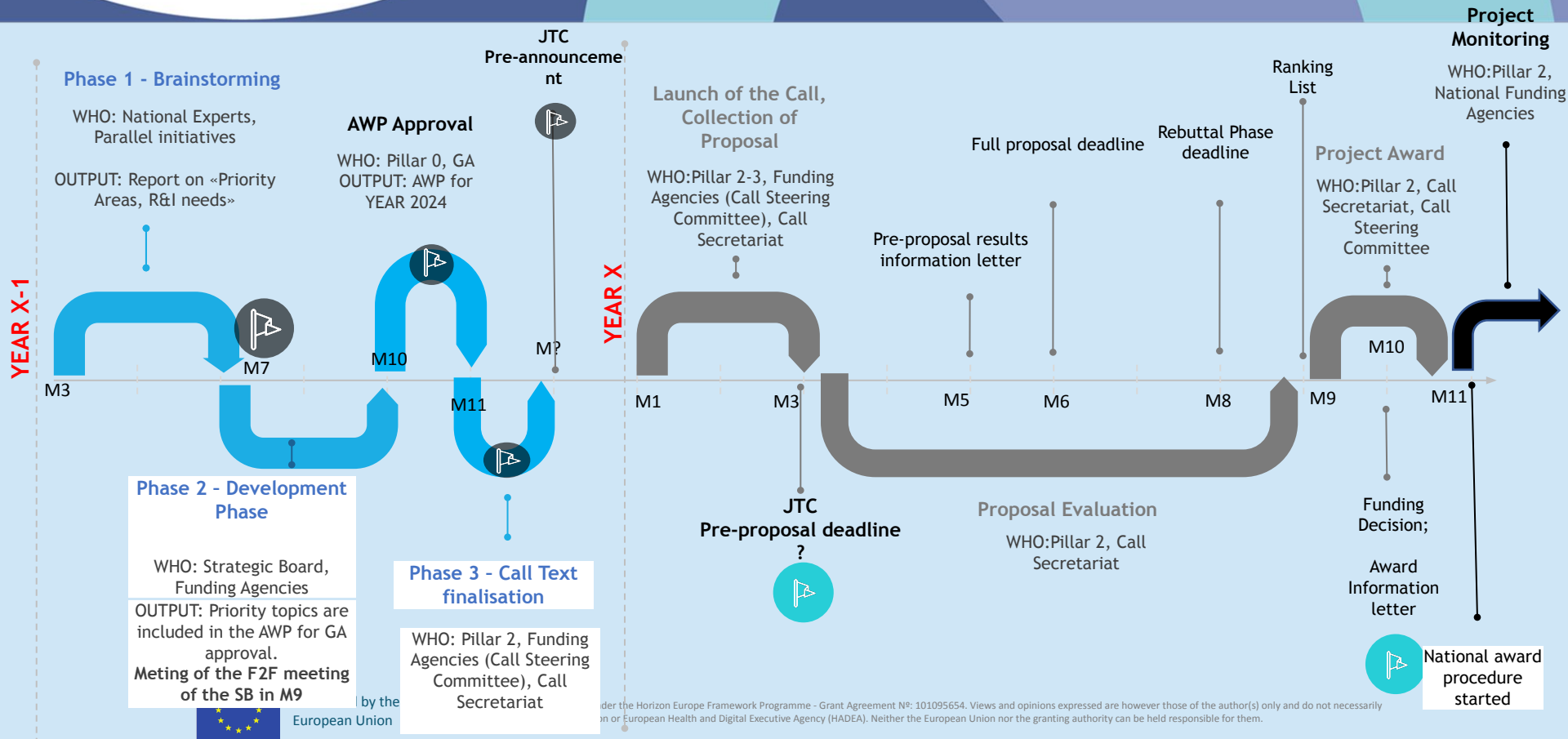
Development of the Annual Work Plan



Governance



Joint Transnational Call flow



Transformation: our ambitions

Capitalise on Europe's so-called "natural experiments".

Co-create new solutions for quality and sustainability.

Common language and greater alignment of research and innovation funding in this field.

Promote a context-based approach, identifying the enablers and barriers to the implementation and transferability of innovation.

Innovation ecosystems, interconnectivity between different research and innovation fields and communities.

Promote the use of strategic transformation process tools.

Align with the goals of other EU funding programmes to have a tangible impact on the populations of the EU and all participating countries.

Build an outcome based and holistic approach in line with WHO, Sustainable Development Goals (SDGs) and 2030 Agenda recommendations.



Main results in the first 2 years

Pillar 0 - Governance and Management:

- Set up of Governance: Advisory Board, National Mirror Group, Ambassador Network
- Communication and Dissemination (video, events, AC 2023, AC2024)
- Roadmap update (ongoing)

Pillar 1 : Science into policy

- Survey WP4-WP5 health priorities, tools for translating evidence into policy
- Development of framework for best practice assessment and transferability

Pillar 2: R&I Funding

- JTC2023 «Healthcare of the Future»
- JTC2024 «Innovate to Prevent: Personalised Prevention in Health and Care Services»
- JTC2025 «Better care closer to home: Enhancing primary and community care »

Pillar 3: Boosting health and care system

- Definition and strategy on «ecosystem wide approach», events (WP9) – NMG constitution
- Knowledge Hub set up
- Workshop on “TSI Programme to support Digital Skills to increase quality and resilience in health systems”

The THCS approach to Synergies

- To overcome common challenges
- To avoid duplication and deliver joint results
- To leverage the results of THCS and of other initiatives
- To leverage the results of the projects funded by THCS



Exploring and managing synergies at EU and international level

THE AMBASSADOR NETWORK

- provide advice on and contribute to the SRIA and the AWP's development upon invitation;
- contribute to disseminate THCS initiatives using dissemination and communication channels developed in the framework of the Dissemination, Communication and Exploitation plans;
- share any initiative that can be of any interest of THCS, that will contribute to inform stakeholders;
- contribute to disseminate and exploit the results of innovative solutions, implementing actions and projects funded by THCS when relevant for their specific field of activity;
- will be open and proactively propose to organise joint initiatives when goals and scope of potential actions meet the objectives and expectations of both initiatives.



Exploring and managing synergies at EU and international level

European Partnership and High level initiatives

- IHI
 - ERA4HEALTH
 - EPPERMED
 - ERDERA
 - EIT Health
- Still to be assessed
[EDCTP 3, PARC, EPOH
AMR, BE READY, EIT
Digital-KIC
...]

EU4Health Joint Actions

- JACARDI
- JANE
- EU-JAMRAI 2
- JAPrevNCD
- EHDS2 PILOT, THEDAS
- Xt-EHR
- JA GHI
- JA OriON
- ECAN
- Health4EUKids
- PERCH
- JA CRANE
- JAMS 2.0
- GAPP-PRO
- CIRCE-JA
- CHESSMEN
- HEROES
- CARE4DIABETES
- UNITED4Surveillance
- JA EUCanScreen
- JA MENTOR

Other Programmes relevant Initiatives

- INTERREG EUROPE - Policy Learning Platform
- GDI
- EUCAIM
- OPPLA
- BE WELL partnership
- JA MENTOR
- AAL

Horizon Europe/H2020 relevant CSA

- ECHoS
- CCI4EU
- Procure4Health
- UNCAN.eu
- XpanDH
- PROPHET
- HNN 3.0
- IDEAHL
- Label2Enable
- DESIGN OH AMR
- SHIFT-HUB
- GloPID-R Sec III
- GACD3
- HealthInnoFacilitator
- EOSC

Other initiatives to be assessed

- INNAXE
- INTEGER
- i4KIDS-EUROPE
- Consolid8
- InnoFacilitator
- CHESS
- ACCELERO
- POSITIVE
- BOOST
- HealthEConnect
- PROCEDIN
- ADR Partnership
- EP BUILT4PEOPLE
- EP DUT
- EP PAHW
- SFS Partnership
- CBE Europe
- InnovativeSMEs





<http://www.thcspartnership.eu>



<http://www.linkedin.com/in/thcs>



coordination@thcspartnership.eu



Transforming health care systems

Bringing evidence to policy

Dimitra Panteli, MD, MScPH, DrPH

European Observatory on Health Systems and Policies

Transforming Health and Care Systems Partnership Annual Conference

Thursday, 28 November 2024

European
Observatory 
on Health Systems and Policies
a partnership hosted by WHO

Outline

1. **The work of the Observatory and our insight into the role of academia**
2. **How can academia contribute to transformation?**



European Observatory on Health Systems and Policies: A Partnership

The Observatory is a WHO-hosted partnership that **generates and communicates evidence for policy.**

Its works for **policy and decision-makers** and as a public good because it leverages the benefits of both **observatory** and **partnership** models to maximize impact.

The Observatory element entails

- A secondary research approach that analyses (largely) existing evidence
- Extensive, carefully curated expert networks
- Active management and development of academic inputs (rather than passive commissioning)

The Partnership dimension enables

- A bridge between research and policy
- WHO, MS, EU and country decision-makers and academics to set and own policy relevant priorities
- Flexibility in responding
- Entry points to policy in practice



Partners of the Observatory



Bundesministerium
Arbeit, Soziales, Gesundheit
und Konsumentenschutz



LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



- WHO EURO
- The European Commission
- Governments of
 - Austria
 - Belgium
 - Finland
 - Ireland
 - The Netherlands
 - Norway
 - Slovenia
 - Spain
 - Sweden
 - Switzerland
 - UK
 - Veneto Region, AGENAS
- UNCAM, France
- Health Foundation
- LSE
- LSHTM





Our Mission:

strengthening health systems – promoting evidence-informed policy making -
bridging the gap between health research and policy making

Our Role:

informing policy makers - sharing international rigorous evidence and experience –
building knowledge brokering partnerships and networks

Our Functions:

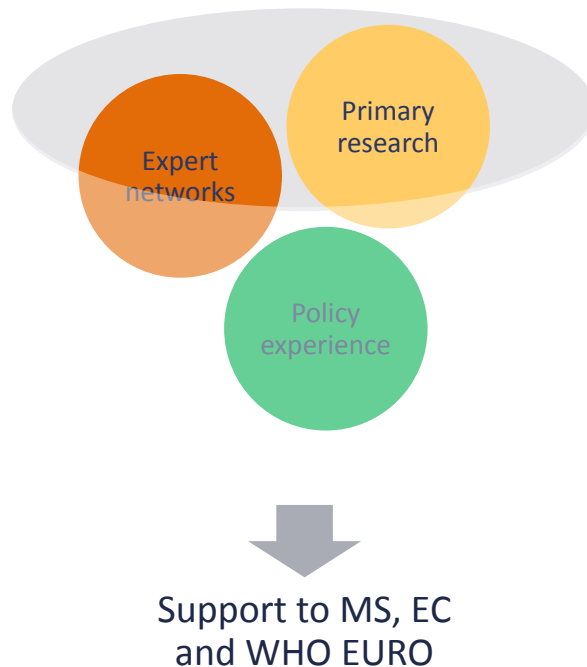
monitoring country health systems – analysing trends and health policy developments
– assessing health systems performance – engaging with policy makers

The OBS model of supporting decision-makers

OBS works with

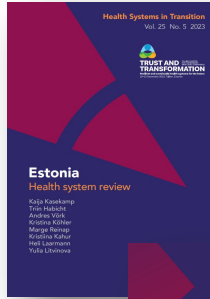
- (i) a small staff and contributor team, as well as additional contracted experts and
- **(ii) a network of 600+ academics and practitioners who support its work.**

OBS uses its staff to steer external experts and to maintain enough flexibility to put together teams to meet different MS needs at different times (as opposed to trying to cover all technical areas itself).





The Country Monitoring portfolio



1. “HiTs” or Health system reviews
(the full reports, up > 200 pages)



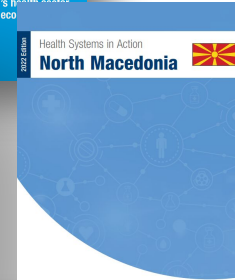
2. Health System Summaries
(much shorter, mainly EU countries)



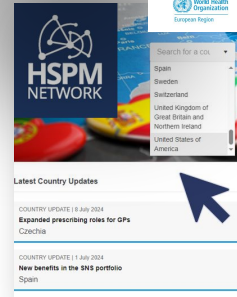
3. SoHEU Country Health Profiles
(EU/EEA countries)



4. Health and the Economy Snapshots



5. Health Systems in Action (HSiA) Insights
(WHO Europe non-EU countries)



6. HSPM Country updates
and Policy Analyses
(EU, USA, Canada)



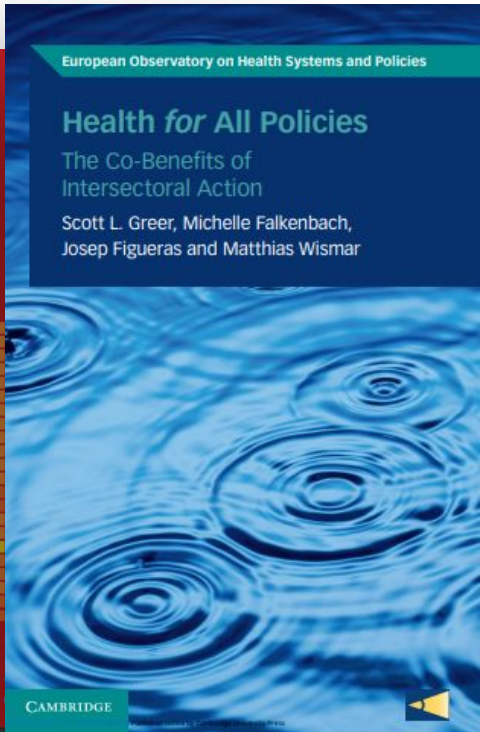
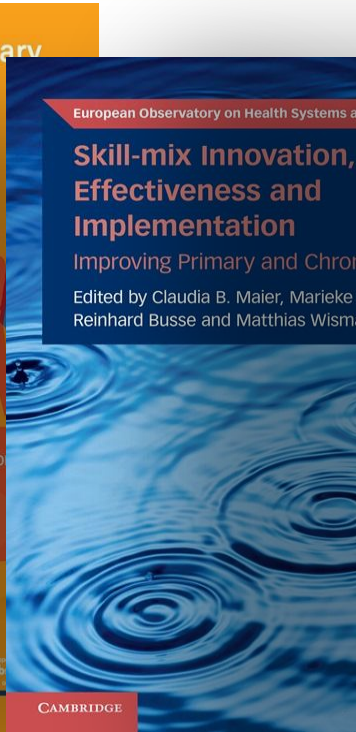
The foundation of our country expertise



- Has developed over the last 10 years as a network and a core Observatory resource
- Provides the backbone for country monitoring in EU Member States (and beyond)
- Helps cement the Observatory's reputation as a leader in health system evidence
- Activities include HiTs, updating HSPM website/ news and HSRM articles, reviewing SoHEU profiles, webinars, rapid responses, articles for Eurohealth and Health Policy



Our analytical work leverages the expertise of our academic network



...not least for our policy brief series



POLICY BRIEF 42
Use of digital health in Europe
Before, during and after the COVID-19 pandemic
Nick Fahy
Gemma A Williams
COVID-19 Health System Response Monitor Network

POLICY BRIEF 47
Addressing backlog and managing wait lists during and beyond the COVID-19 pandemic
Ewout van Ginneken
Sarah Reed
Luigi Siciliani
Astrid Eriksen
Laura Schlepper
Florian Tille
Tomas Zapata

POLICY BRIEF 56
Engaging the private sector in delivering health care
Governance lessons from the COVID-19 pandemic
Anna Maresso
Ruth Waitzberg
Florian Tille
Yulia Litvinova
Gabriele Pastorino
Naomi Nathan
David Clarke

POLICY BRIEF 54
What steps can improve and promote investment in the health and care workforce?
Enhancing efficiency of spending and rethinking domestic and international financing
Barbara McPake
Prarthna Dayal
Julia Zimmermann
Gemma A Williams

POLICY BRIEF 58
Trust
The foundation of health systems
Martin McKee
Rachel Greenley
Govin Permanand

POLICY BRIEF 61
Financing for health system transformation
Spending more or spending better (or both)?
Rebecca Forman
Govin Permanand
Jonathan Cylus

TRUST AND TRANSFORMATION
SUSZY LESSOF, NATASHA AZZOPARDI MUSCAT, GOVIN PERMANAND AND JOSEP FIGUERAS (EDS.)

CONFERENCE COPY

nuffield trust
European Region

World Health Organization
European Region

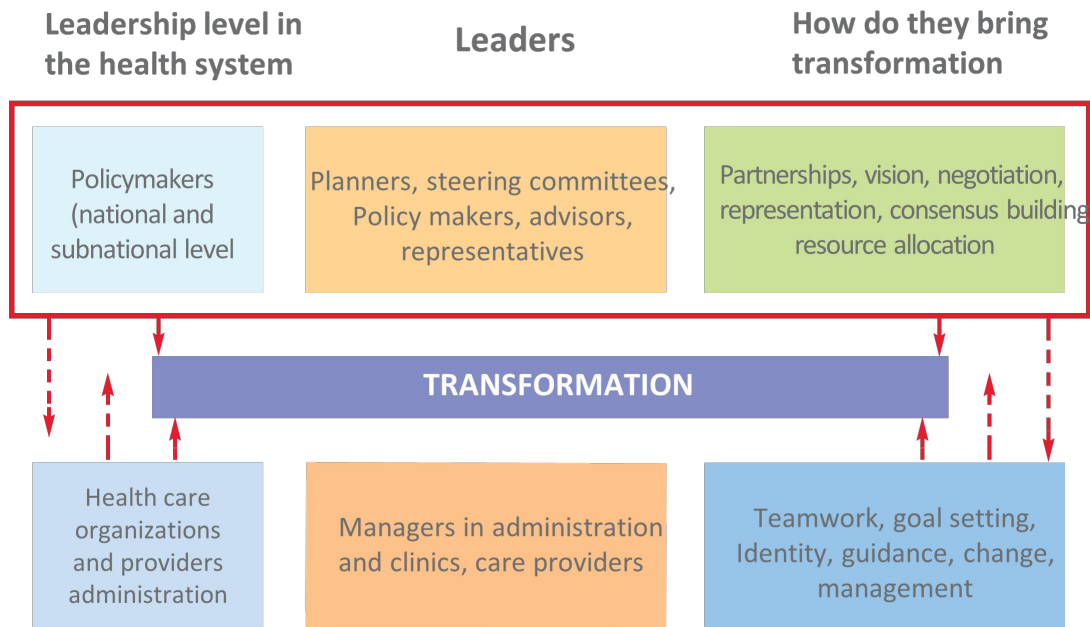
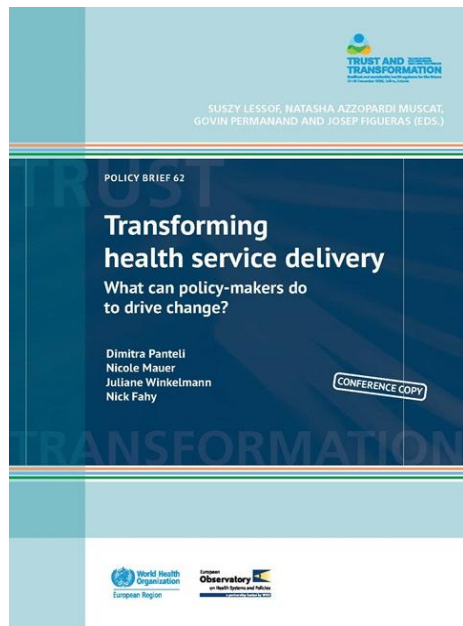
World Health Organization
European Region

World Health Organization
European Region

Observatory
of Health Systems and Services
EUROPEAN COMMISSION

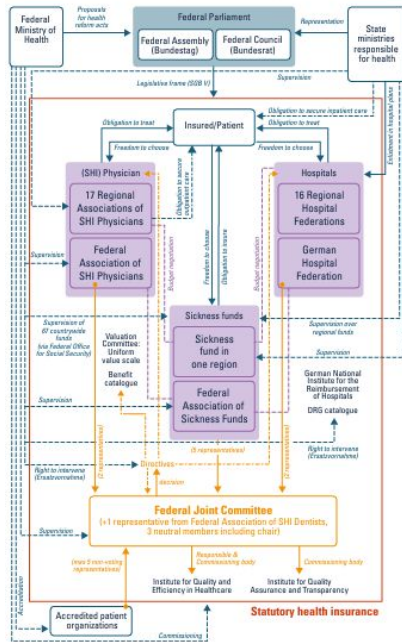


Policy brief on the transformation of health service delivery

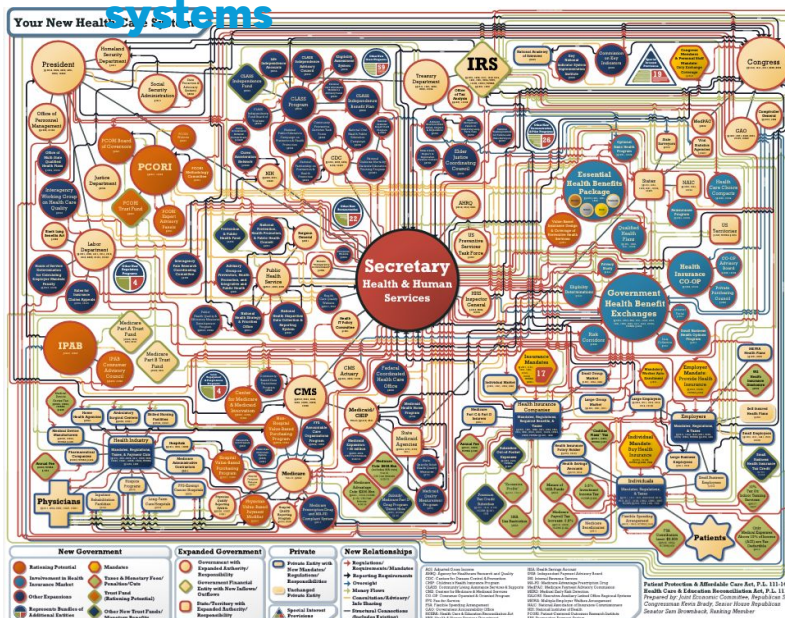


Health systems are complex systems

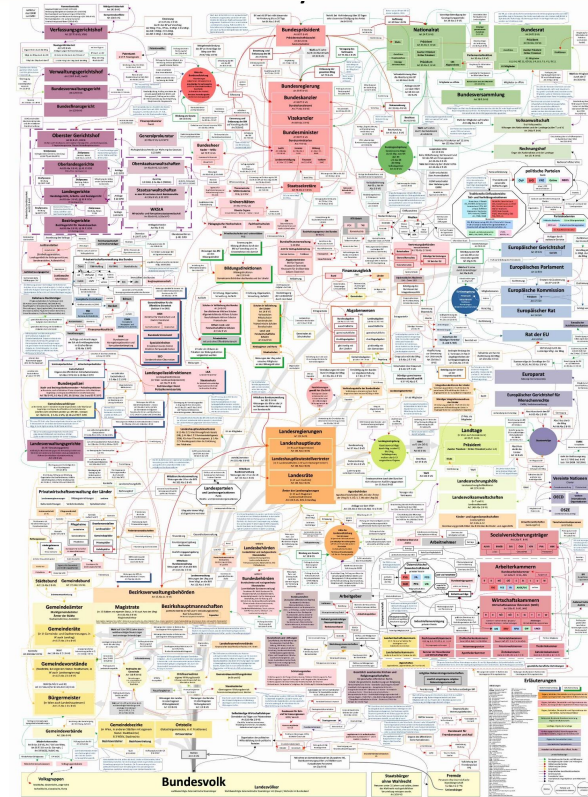
...and they are embedded in even more complex systems



Germany's social health insurance system
Blümel et al. 2022



The US health system under the Affordable Care Act
Congressional Joint Economic Committee 2010



Austria's political system
Moritz Moser on Twitter, 2021



Complex systems are resistant to rigid, top-down changes

To transform the delivery of health services, policy must therefore provide the right **conditions** in which transformation will flourish, i.e. foster the system's **willingness and ability** to change

...i.e. policy must provide

- **leadership** with clear vision and strategy for change
 - Building shared commitment
 - Identifying targets for transformation
 - Identifying potential solutions
 - Adapting and aligning governance mechanisms
- **sufficient resources** for implementing change at the local level
 - Money
 - People
 - Technology
 - Information



A simplified process map for transformation



Academia has a key role to play by

a) providing key evidence to multiple steps of the process →

b) actively promoting an environment where innovations can be developed and implemented



Thank you!

To sign up for e-alerts, visit:

www.tinyurl.com/OBSupdates

Or scan the code:



@OBSHealth

eurohealthobservatory.who.int

European
Observatory

on Health Systems and Policies

25 years a partnership hosted by WHO

Examples of academic contribution towards evidence to policy

Santé publique
Sécurité de la Chaîne alimentaire
Environnement

Volksgezondheid
Veiligheid van de Voedselketen
Leefmilieu

sciensano

INAMI-RIZIV

KCE
Federaal Kenniscentrum voor de Gezondheidszorg
Centre Fédéral d'Expertise des Soins de Santé
Belgian Health Care Knowledge Centre

KCE REPORT 376C

PERFORMANCE OF THE BELGIAN HEALTH SYSTEM: REPORT 2024



2024

www.kce.fgov.be

be

HEALTH SYSTEMS AND POLICY ANALYSIS

POLICY BRIEF

How to scale up and implement integrated care?


A framework with 12 overall strategies to transform care delivery

Ewout van Ginneken
Nathan Shuftan
Giada Scarpatti
Verona Struckmann
Selfie Authors

European
Observatory
on Health Systems and Policies



SELFIE 2020



ICARE4EU





*THCS Annual Conference
28 November 2024*

EU support to health systems transformation

Unit 'State of Health, European Semester, Health Technology Assessment'
Directorate-General for Health and Food Safety,
European Commission

Post-COVID-19 challenges for health systems

BUDGET

Insufficient financing for health investments

Additional strain on health system's revenues

WORKFORCE

Shortages of health workers

Skills mismatch

CARE ORGANISATION

Limited coordination and integration of care

Potential for more e-health and telemedicine

Weak primary and ambulatory care

CRISIS PREPAREDNESS & RESPONSE

Supply chains for critical equipment and medicines

Lack of infrastructure

ACCESS

Obstacles in access to healthcare due to emergency

Obstacles for vulnerable groups

Essential conditions to implement integrated care at large scale

1. **Raise the know-how & capacity** of health and care authorities to **design & implement** integrated care
 - The vision, reform design, ‘what to do’
 - Develop an implementation strategy, ‘how to do’, actions, projects
 2. **Mobilise investments** for implementation & deployment at scale
- ✓ The European Commission provides **support on both fronts!**

Tools and Guidance

Laying the ground for implementation

- Report on integrated care from the Expert Group on HSPA:
 - ✓ Building blocks, design principles and system levers for integrated care
- SCIROCCO-Exchange project (3rd Health Programme) **Maturity Model** (<https://www.sciroccoexchange.com/>)
 - ✓ Care authorities: self-assess their readiness to implement integrated care
 - ✓ Good practices: assess maturity req

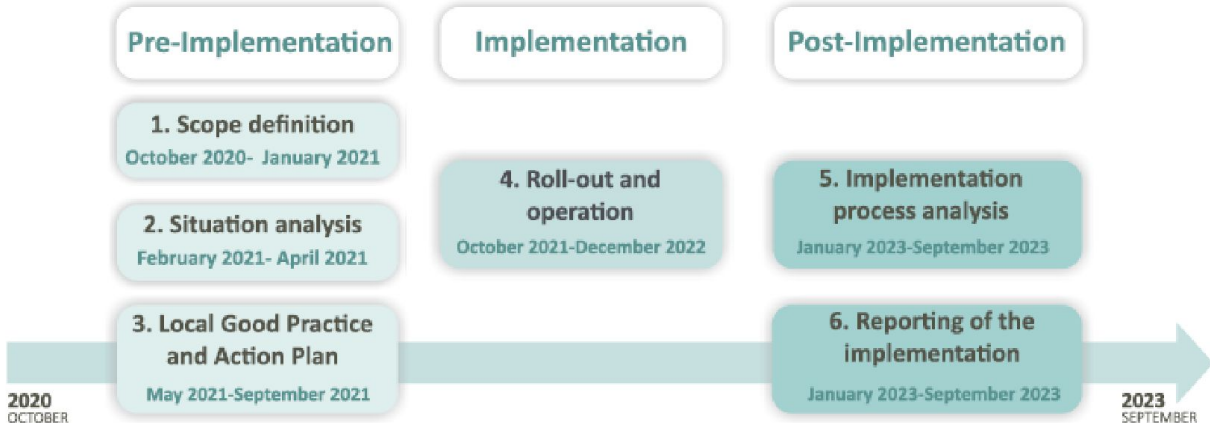


Transferring good practices

Joint Action JADECARE (3rd Health Programme) (<https://www.jadecare.eu/>)

- Oct. 2020 – Sep. 2023, EC grant: **4 million**, 14 Member States + Bosnia & Herzegovina + Serbia + UK
- 4 practices: 1 from DE (area of Kinzigtal, Optimedis model), 1 from DK (Southern Denmark Region), 2 from ES (regions of Basque Country, Catalonia)
- Addressing the implementation of integrated care models
 - applied to prevention and management of NCDs (CVD, diabetes, respiratory, mental) & multi-morbidities

-  adopting them



Technical support (SRSP programme)

Supporting Integrated Service Provision reform in Estonia

- Supported the Ministry of Social Affairs to develop and implement an integrated system of care for targeted patient groups
 - Developing a Strategy Towards Integrated Care Provision
 - Develop Models of Care
 - Examining Financing and Incentive Models for Integrated Care
- Support measures:
 - articulate a high-level strategy for integrated care provision
 - improvement in the interoperability of registries and administrative datasets
 - examine the prototype models of care
 - assess options for the introduction of performance-based financing and payment elements



Technical Support Instrument (TSI) flagship:

Towards person-centred integrated care

TECHNICAL MEASURES

**MAP EXISTING INFORMATION
SYSTEMS, DELIVERY MODELS AND
DATABASES ON THE PROVISION OF
HEALTH, SOCIAL AND LONG-TERM
CARE SERVICES**

**EXCHANGE OF GOOD PRACTICES
WITH OTHER MEMBER STATES
AND STAKEHOLDER
CONSULTATIONS**

SUPPORT

- Assessing care services, gaps and barriers to an effective delivery of care
- Evaluation of primary care, hospital care, long-term care and mental care services from various perspectives: legislation, governance, resources, funding, capacity or e-tools
- Identification of barriers to the effective organisation and delivery of care, including barriers to the provision of integrated care
- Build and deploy digital solution in a way to ensure that the digitalisation of health, social and long-term care relies on digital solutions in an interoperable manner

**SUPPORT THE
DIGITALISATION OF CARE**

**DEVELOP A STRATEGY AND A
ROADMAP FOR ACHIEVING
INTEGRATED CARE**



Technical Support Instrument (TSI) flagship:

Towards person-centred integrated care

- **Ireland:** design, implement and evaluate a new workforce model for integrated care
 - improved coordination between acute and community-based care
- **Italy:** integrate health and social services
 - multidisciplinary teams of healthcare professionals and social workers coordinating their work around the patient
 - focus on non-self-sufficient people who receive treatments at home
- **Basque Country in Spain:** support municipalities to create networks that encompass health and social services and citizens
 - methodologies and knowledge to design, develop and evaluate the impact of community participatory processes

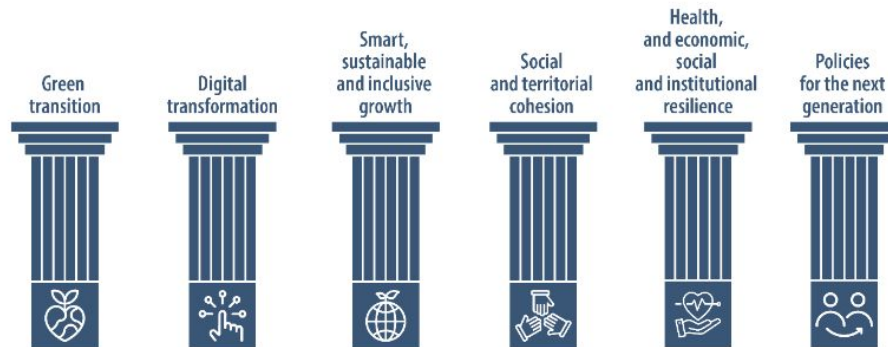
Recovery and Resilience Facility (2021-2026)

- Recovery and Resilience Facility (RRF), the centerpiece of [NextGenerationEU](#)
- Up to EUR 723.8 billion, 2021- 2026
- National *Recovery and Resilience Plans* (RRPs) drawn up **by Member States**
- **Health systems resilience, part of the six pillars of the RRF**
- All 27 RRFs are approved
- Healthcare investments amount to more than **EUR 42 billion**



At least 37 % expenditure on climate
At least 20 % expenditure on digital transition

The six pillars of the RRF





Integrated care in national Recovery and Resilience Plans

REFORMS

- **EE:** Improve the integration of health and social services
- **ES:** Primary care reform (certain priorities of this concern improving the integration of care)
- **IT:** Proximity networks, facilities and telemedicine for territorial healthcare assistance (concerns: enhancing the role of the patient, integrating care services in a "one health" holistic approach, focusing on strengthening local healthcare services)
- **LV:** Sustainability and resilience of a human-centred, comprehensive, integrated healthcare system

Integrated care in national Recovery and Resilience Plans

INVESTMENTS

- **BE:** Digital tools for integrated care teams
- **FR:** Investment in medico-social (elderly care) establishments (concerns modernising elderly care establishments and improving integrated care // focus on long-term care)
- **IT:** Community Health House to improve territorial health assistance (concerns primary care hubs that promote proximity of care, coordinate and integrate all care services for chronic patients)
- **PT (mainland):** Expanding the National Network of Integrated Continued Care and National Network of Palliative Care (focus on long-term care)
- **PT (Madeira):** Increasing the number of places in integrated continued care services in Madeira's Regional Health Service (focus on long-term care)
- **SI:** Strengthening the competence of health personnel to ensure quality of care (related to integration of geriatric care of the elderly, including geriatric mobile teams)
- **RO:** Development of pre-hospital medical infrastructure - Integrated community centres

Thank you

Transforming Urban Health: Bridging Innovation, Equity, and Practice with the HEART Project

Alexis Strader
Director of Policy and
Research
28 November 2024

Green Spaces

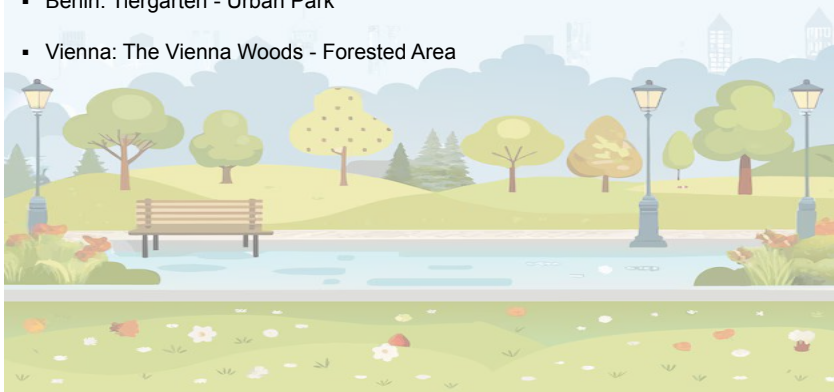
Areas, within urban and peri-urban settings, that are **covered by vegetation** (grass, shrubs, trees, or other forms).

They can **range** in size and complexity, from small neighbourhood parks to large peri-urban forests, and may either be fully natural or landscaped with human intervention.

Common types consist of public parks, community gardens, woodlands, urban forests, lawns, street trees, green roofs and corridors, and other vegetated areas.

Examples from European Capitals:

- London: Hyde Park - Urban Park
- Paris: Bois de Boulogne - Urban Forest
- Berlin: Tiergarten - Urban Park
- Vienna: The Vienna Woods - Forested Area



Blue Spaces

Aquatic environments, natural or human-engineered, composed of either fresh or saltwater.

Common types consist of rivers and lakes, canals, wetlands, ponds, ponds and harbours and coastal areas.

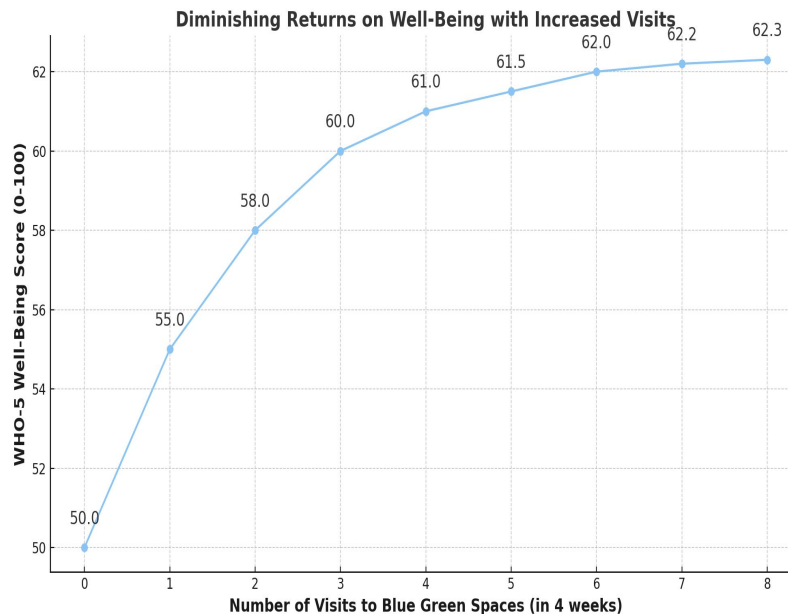
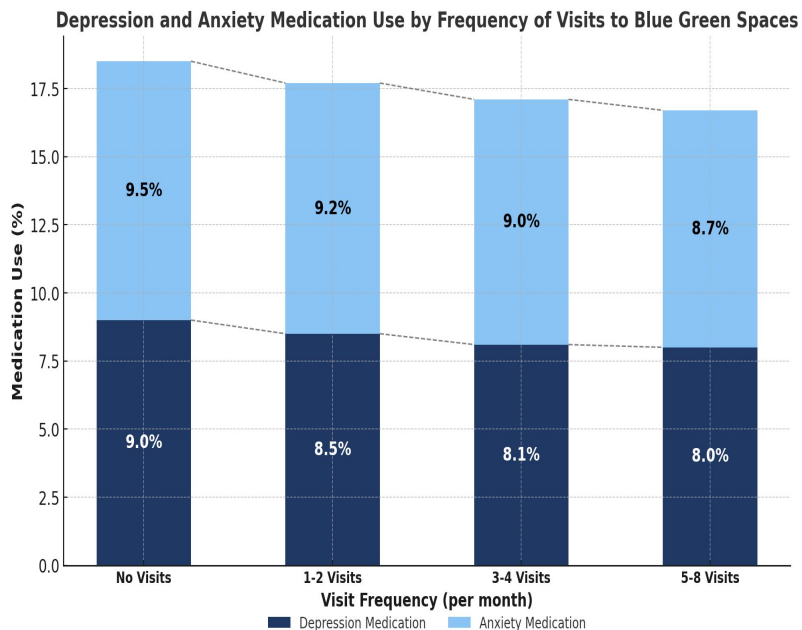
Practical applications encompass regulating hydrological cycles, controlling floods, and serving commercial purposes.

Examples from European Capitals:

- Amsterdam: Amsterdam Canals - Canals
- Copenhagen: Copenhagen Harbor - Coastal Area
- Paris: Seine River - River
- Stockholm: Lake Mälaren - Lake

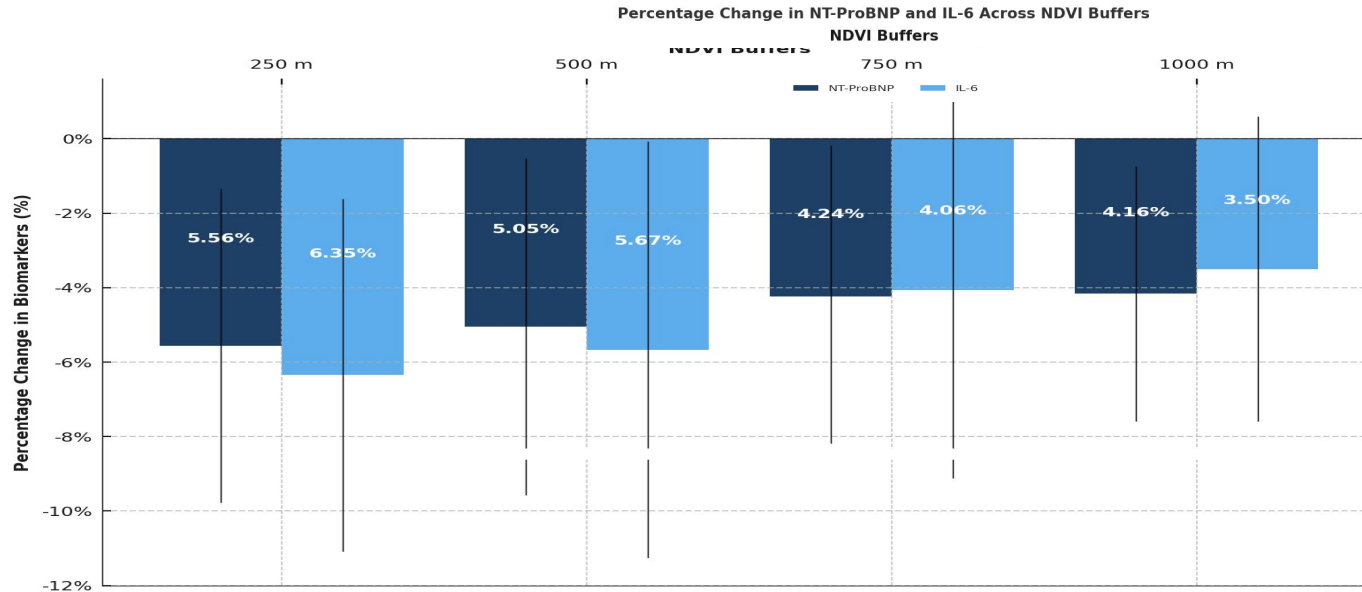


Higher Frequency of Blue-Green Space Visits Leads to Decreased Medication Use and Enhanced Mental Well-Being



Impact of Four Different Visit Patterns to BG Spaces on Medication Use and Self-reported Well-Being

Higher Exposure to Green Spaces is Associated with Reduced Cardiovascular Risk



Impact of Green Space Density (NDVI) in Buffer Areas on Cardiovascular Biomarkers in Older Adults



HEART Project Snapshot

Project name:	HEART – Healthier Cities through Blue-Green Regenerative Technologies
Duration of project:	March 2021– March 2025 (4 years) *3–6 months expected extension
No. of consortium partners:	18 Partners
Country coverage:	Greece – Serbia – Denmark
Consortium leaders:	Ethniko & Kapodistriako Panepistimio Athinon, Medical Department, Attiko Panepistimiako Nosokomeio



Project Objectives



Create a Community of Practices (CoP) group, that will “nourish” a health-driven urban planning methodology



Motivate citizens towards changing their own behaviour –daily habits–, and ultimately improve their Wellbeing



Improve Health and Wellbeing in urban environments by implement the Blue Green (BG) urban planning methodology

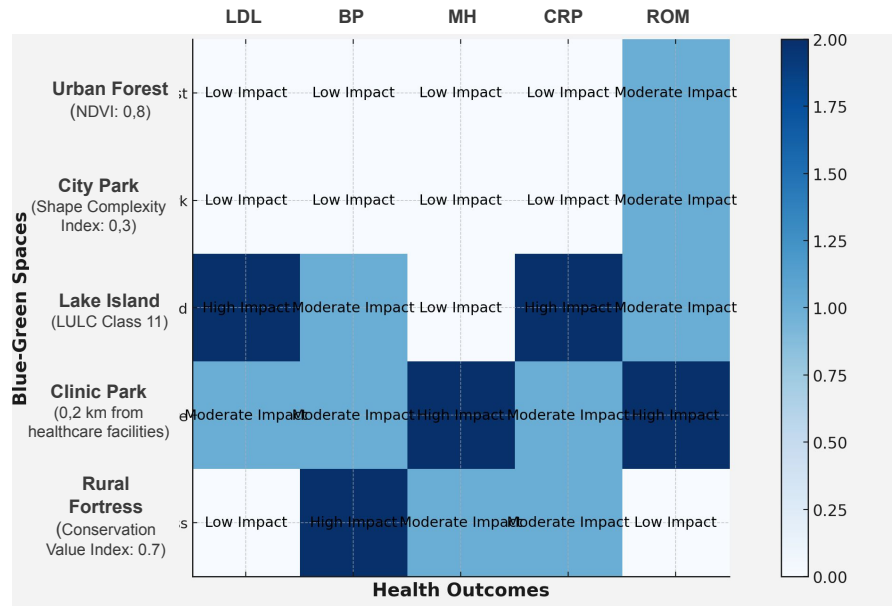


Establish set of quantifiable indicators that shed light to the relationship between BGS with Health and Wellbeing



Propose customised urban planning solutions addressing socio-economic, environmental and technical challenges in the relevant authorities

Policy Recommendations are Derived from the HCPM, which Maps Associations Between B-G Spaces and Health Outcomes



For demonstration purposes only



HEART Project: Health-Centred Planning (HCMP) Matrix Example

Driving Real-World Impact

Key Takeaways:

1. **Interdisciplinary Collaboration**
2. **Scalable Solutions for Urban Health**
3. **Evidence-Based Decision-Making**
4. **Community-Centred Approaches**

THANK YOU

WWW.EHMA.ORG



Patient involvement in Healthcare systems transformation

Anca Toma

Executive Director, European Patients' Forum

Brussels, 28 November 2024



A STRONG
PATIENTS'
VOICE
TO DRIVE
BETTER
HEALTH
IN EUROPE

European Patients' Forum



Our Vision

“A Europe where patient organisations are valued partners in creating equitable, person-centred, accessible, and sustainable healthcare systems, based on patients’ unique expertise.”

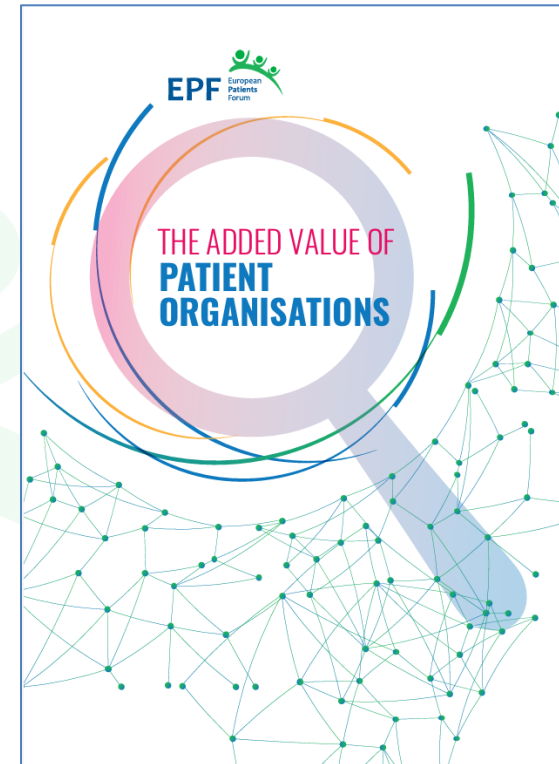


Our Mission

“To advance the interests of patients and patients’ communities by strengthening their collective impact across Europe through effective advocacy, education, empowerment, and partnership.”

Why Patient Involvement?

- Healthcare decisions ultimately affect patients' lives
- Patients are not only users of healthcare services: they have direct experience in navigating the system, can identify issues and challenges, are expert in their conditions
- Patient organisations represent and voice the situation of a specific population that would otherwise not be represented
- They play a key role in shaping initiatives and policies that support patient-centred healthcare
 - They also contribute to capacity building and health literacy, peer support, research and development of medical products and healthcare delivery



Our call for involvement of patient organisations



THE PATIENT ORGANISATIONS' MANIFESTO towards a truly participatory, democratic, and impactful involvement of patient organisations

The European Patients' Forum, on behalf of its member organisations,

As European citizens,



<https://www.eu-patient.eu/globalassets/manifesto-eng.pdf>



The infographic features a grid of 10 messages. The top row has a grey background with the EPF logo, the number '10' in large green font, the title 'Key Messages', and the text 'The Patient Organisations' Manifesto Road to the European Elections 2024 #Vote4Patients'. The messages are arranged in two rows of five. Each message includes an icon and a brief description.

Message 1	Message 2	Message 3	Message 4	Message 5
 <p>Strengthen patient organisations' involvement in national and regional healthcare policies.</p>	 <p>Ensure participation of patient organisations based on solidarity, equity, mutual trust, sustainability, empowerment & responsibility.</p>	 <p>For a meaningful and viable participation of patient organisations, identify with patients the most effective channels & mechanisms.</p>	 <p>Involve patients organisations in other policy areas related to public health and quality of life.</p>	 <p>Enable patient organisations to participate in all stages of policy development.</p>
Message 6	Message 7	Message 8	Message 9	Message 10
 <p>Institutionalise participatory processes and diversify opportunities for patient organisations.</p>	 <p>Seek patient organisations inclusion in health technology assessment and related processes.</p>	 <p>Formalise patients' participation in any decision-making body on health and related policies.</p>	 <p>Ensure that patients organisations have access to solid, long-term, and unrestricted operating funding.</p>	 <p>Recognise patient organisations as key partners in improving patient education and building capacities and skills.</p>

Where are we now and challenges ahead

- Increased influence:
 - Patients have transitioned from requesting a seat at the table to increasingly having one
 - Social media facilitates community mobilisation towards common and shared causes
- Challenges and areas to improve:
 - Insufficient funding and/ or inequalities in accessing funding among POs can lead to disparities in terms of capacity to carry out work
 - Build capacity for POs to effectively engage with different policy topics in order to ensure they can contribute effectively when invited to participate in discussions.
- Opportunities and levers for greater impact
 - The WHO Resolution on Social Participation (2024)

Specific objectives :

- Map the level of patient involvement in health policies
- Identify good practice in patient involvement in health policy
- Examine the barriers to effective participation in health policy-making;
- Provide a comparison tool and recommendations patient organisations' involvement

- Indicators:
 - Institutional Framework
 - Mechanisms for participation in decision-making
 - Level of inclusion in decision-making
 - Inclusion in health technology assessment (HTA) processes
 - Resources to support meaningful participation
 - Financial support
 - Role in education and health literacy
 - Involvement in other relevant policy areas
 - Evaluation and feedback mechanisms
 - Ability to influence policy outcomes

Next steps

Barometer timeline

Phase 1 : data collection September 2024 -April 2025

Phase 2: information analysis April-September 2025

Phase 3: review and finalisation October-November 2025

**Recommendations...
Learnings...** 2026 and onwards

**Repeat regularly ...
Specific focus areas...**

THANK YOU FOR YOUR ATTENTION



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