



Regione Lombardia
IL CONSIGLIO

WORKING GROUP
COORDINATED BY THE REGIONAL COUNCIL OF LOMBARDY

HEALTH INEQUALITIES IN EUROPEAN SOCIAL HEALTH SYSTEMS

COLLECTION OF GOOD HEALTH AND SOCIAL-HEALTH PRACTICES
DURING THE PANDEMIC PERIOD



The "Health Inequalities in European Social Health Systems" CALRE Working Group was established in 2019 with the aim of developing a comparison among the public health policies of the European Regions, in accordance with the Sustainable Development Goals set by the 2030 Agenda of the UN. In 2020, the Group produced a report containing a collection of good practices aimed at fighting social health inequalities. Such document is the result of research work that made use of the development and administration of a questionnaire to all the 72 regions of the CALRE.

During 2021, due to the pandemic emergency, the Working Group had to reshape its activity. In fact, if on the one hand the collection of best practices continued, on the other hand attention was focused above all on the impact of Covid-19 on European public health systems. With this in mind, the new questionnaire was used as a tool for collecting the most efficient and effective contrast and prevention actions implemented by the European Regions to tackle the worsening of inequalities resulting from the pandemic.

In addition to being a supplement that enriches the previous publications, the new documentation acquired also represents the desire to follow up on the results of the working group meeting on that same topic, held in Palermo on 9 July 2021.

This report collects further useful information on measures and policies implemented by the Regions to manage the recovery of healthcare services postponed due to Covid-19, the provision of health and social-health services at home for people subject to restrictions, and to overcome the vaccination gap.

The Regional Assemblies, even in the most acute phase of the pandemic, have been strongly committed to responding to the health needs of citizens, an effort recognized and shared with the European Institutions which have - within the limits of their competences in the field of healthcare - promoted actions of coordination, such as the purchase of vaccines, which immediately proved essential for the success of the fight against the pandemic, and the consolidation of the European Health Union as part of the European Social Pillar.

Therefore, this publication has the ambition to offer a contribution for reflection in the inter-institutional dialogue that is characterizing the process of European integration, and which has found a fundamental milestone in the Conference on the Future of Europe, whose results we await.

We are increasingly convinced that the strengthening of the Union is the strengthening of our countries and our regions, also on the subject of prevention and health. It is not a matter of giving up shares of sovereignty, it's about acting as a system in order to obtain faster and more effective results that would otherwise be impossible.

CALRE is prepared to take on this challenge!

The Working Group Coordinator
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Milan, May 2022

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Part I

Presentation

The Working Group

The "Health Inequalities in European Social Health Systems" CALRE Working Group was established in 2019 with the aim of developing a comparison among the public health policies of the European Regions through an assessment of efficient and effective actions that can respond to the evolution of needs and inequalities in welfare, in accordance with the sustainable development goals set by the 2030 Agenda of the UN.

17 Regions from 5 European states have joined the working group.

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Part II

Best Practices

**COORDINATION FOR SITUATION ASSESSMENT AND CAPACITY PLANNING OF HOSPITALS
FINANCED BY THE UPPER AUSTRIAN HEALTH FUND IN THE PANDEMIC AND COORDINATION OF
INTENSIVE CARE BEDS**

Region: Upper Austria (Austria)

Inequality factors: Age

Areas of intervention: Prevention services, access to services

Actors involved: Crisis Management Group of the State of Upper Austria. Cooperation between hospitals financed by the Upper Austrian Health Fund and the Crisis Management Group of the State of Upper Austria/coordination of intensive care beds.

Aims and objectives: This is a new policy that provides for the coordination of operational and strategic measures for an even approach across Upper Austria as far as the distribution of patients who need intensive care due to Covid-19 is concerned, too. In order to ensure a comprehensive overview and generate optimal communication channels, a hospital representation was established throughout Upper Austria at the start of the pandemic. Hospitals financed by the health fund have been identified. Weekly coordination meetings were held between the crisis management group and representatives of the relevant bodies to assess the situation and plan the capacity of the hospitals financed by the Upper Austrian Health Fund during the pandemic. As part of this cooperation, current issues, legislative provisions, measures and objectives are coordinated in order to ensure an even approach throughout Upper Austria. This committee also determines the escalation level applicable to the relevant plan. The rolling plan was developed during the pandemic for the best possible control of bed capacity in Upper Austria. This approach enabled the best possible utilization and corresponding workload balancing of the 14 hospitals financed by the Upper Austrian health fund during the pandemic, but also ensured the necessary capacity for the treatment of Covid-19 patients. Especially in the second wave of Covid-19 in Upper Austria (late autumn 2021), patients in Upper Austrian hospitals were often affected by a severe form of the disease, especially older patients had to be treated as patients on a hospitalization at that time. Consequently, the focus was particularly on the occupancy of the intensive care beds. To closely examine daily bed occupancy and to coordinate transfers between hospitals, a coordination of intensive care beds in Upper Austria was set up.

Recipients: Employees of hospitals financed by the health fund/patients of Upper Austria.

Duration: April 2020 - ongoing

Control and evaluation measures: A database for monitoring hospital key figures was created, which includes daily data from all of Upper Austria. It also includes hospitals financed by the health fund (including emergency rooms). This data is used to define and optimize measurements.

Funding: Not specified

References: Not specified

BEST PRACTICES IN THE FIELD OF DIAGNOSTICS AND PLANNING OF RESPONSE TO THE PANDEMIC

Region: Cortes de Aragón (Spagna)

Inequality factors: Age

Areas of intervention: Access to services, anti Covid-19 vaccination

Actors involved: Special study commission of Las Cortes de Aragón

Aims and objectives: The new policy provides for the reorganization of the network of care centers for the elderly in Aragon, together with measures and legislative changes, and feasibility study of the latter. The specific objectives include: progressing in the implementation of a care model centered on the individual, capable of structuring and uniting the territory; increasing the participation of the elderly; increasing the quality of services by focusing on the rights of the elderly; improving salary and working conditions of professionals; increasing coordination between healthcare and social service systems; advancing the rights of the elderly, continuity of care and public services; updating and adapting sectoral legislation; encouraging research and technological and social innovation; guaranteeing the financing of the addiction recovery system.

Recipients: Elderly people who live in the Aragonese territory

Duration: April 14, 2021 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: [https://www.cortesaragon.es/bases/boca2.nsf/\(BOCAID\)/BDD65D8DCADEB694C12586CD00388BEC?OpenDocument](https://www.cortesaragon.es/bases/boca2.nsf/(BOCAID)/BDD65D8DCADEB694C12586CD00388BEC?OpenDocument)

ARAGONESE STRATEGY FOR SOCIAL AND ECONOMIC RECOVERY

Region: Cortes de Aragón (Spain)

Factors of inequality: Income

Areas of intervention: Economic and social area

Actors involved: Government of Aragón, the social partners, the Aragonese Federation of Municipalities, Regions and Provinces (FAMCP)

Aims and objectives: Working together to find the best solutions to the healthcare and socio-economic crisis caused by Covid-19. Finding measures that lead Aragon towards the recovery of public investments, of productive economy and of employment.

Recipients: Aragonese citizens

Duration: June 2020 - ongoing

Control and evaluation measures: Not specified

Loans: Bank balances of the Aragonese local administrations, amounting to 700 million, of accumulated inventories with positive results of budget liquidation, to which the residuals of 2019 must be added.

References: Decree-law 4 of June 24, 2020, of the government of Aragon, with which urgent and extraordinary measures are adopted to promote the Aragonese Strategy for Social and Economic Recovery, <https://www.aragon.es/documents/20127/6649155/Estrategia-aragonesa-recuperacion-social-economica.pdf>

EXTRAORDINARY AND TEMPORARY SUPPORT MEASURES IN FAVOR OF THE OLDER AGE GROUPS

Region: Azores (Portugal)

Inequality factors: Age, income

Areas of intervention: Prevention services, access to services

Actors involved: Regional Legislative Assembly of Azores Islands

Aims and objectives: This is a new policy that aims to provide assistance to older and low-income citizens for the purchase of personal protection systems to prevent Covid-19. Among them: protective masks, disposable gloves, alcohol-based disinfectant solutions for external use.

Target audience: Older people with low income

Duration: March 12, 2020 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: <https://dre.pt/dre/detalhe/decreto-legislativo-regional/13-2020-136365115>

ACCESS TO HEALTH SERVICES FOR CITIZENS NOT AFFECTED BY COVID-19 IN THE AUTONOMOUS REGION OF THE AZORES

Region: Azores (Portugal)

Inequality factors: Neglected diseases

Areas of intervention: Access to healthcare services limited due to the pandemic emergency

Actors involved: Regional Legislative Assembly of Azores Islands

Aims and objectives: This is a new policy that aims to provide patients not affected by Covid-19 with the regular and necessary healthcare, regardless of the number of Covid cases. For this purpose, it is necessary: to organize a list of all priority activities and patients who had scheduled interventions, medical appointments and examinations which were then postponed due to the pandemic emergency; submit a healthcare recovery plan that includes clinical monitoring of patients during pandemics.

Target audience: non-Covid patients

Duration: May 6, 2020 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: <https://dre.pt/dre/detalhe/resolucao-assembleia-legislativa-regiao-autonoma-azores/12-2020-134991813>

REGIONAL PLAN FOR MENTAL HEALTH

Region: Azores (Portugal)

Inequality factors: Age

Areas of intervention: Mental healthcare

Actors involved: Regional Legislative Assembly of Azores Islands

Aims and objectives: This is a new policy that intends to promote access to psychological healthcare, especially in favor of the youngest, and which is able to adapt to the different districts, so as to guarantee a wide and integrated network of action and intervention that ensures a response from the population, given the negative effects of the pandemic currently underway. This implies:

- Encourage psychological assistance in schools by hiring professionals in the field who have experience in clinical psychology and education
- Support initiatives that make it possible to promptly identify psychological issues in children and adolescents in order to intervene in advance on them and work with them over time
- Promote initiatives that allow teachers to acquire skills in identifying children and adolescents in need of support and assistance
- Ensure information, awareness and preventive interventions regarding mental health support within schools
- Allowing children and young people to take advantage of psychological support online, remotely, by telephone or any other electronic device. And ensuring that this method can be used after the pandemic as well.

Target audience: Children and adolescents

Duration: January 17, 2022 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: <https://dre.pt/dre/detalhe/resolucao-assembleia-legislativa-regiao-autonoma-azores/1-2022-177634372>

RECOMMENDATION TO THE REGIONAL GOVERNMENT OF THE AZORES, FOLLOWING THE OUTBREAK OF THE COVID-19 PANDEMIC AND TAKING INTO ACCOUNT THE NECESSARY REORGANIZATION OF THE REGIONAL HEALTHCARE SERVICE, FOR THE CONDUCT OF PROCEDURES TO CONSOLIDATE MEDICAL TRAINING FOR EMERGENCIES AND ADVANCED LIFE SUPPORT ACTIVITIES WITHIN THE REGIONAL HEALTHCARE SERVICE

Region: Azores (Portugal)

Factors of inequality: Working conditions and educational attainment

Areas of intervention: Welfare services, rehabilitation and long-term healthcare

Actors involved: Regional Legislative Assembly of Azores Islands

Aims and objectives: This is a new policy that aims to support the necessary procedures to ensure the strengthening of preparedness for healthcare emergencies and advanced life support activities within the regional healthcare service.

Recipients: Regional healthcare workers

Duration: June 12, 2021 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: <https://dre.pt/dre/detalhe/resolucao-assembleia-legislativa-regiao-autonoma-azores/26-2020-136168885>

HOME VACCINATION FOR THE MOST VULNERABLE CITIZENS

Region: Balearic Islands (Spain)

Inequality factors: Age

Areas of intervention: Prevention services - access to services

Actors involved: Ministry of Health of the Balearic Islands

Aims and objectives: The objective of this measure is to facilitate access to the Covid-19 vaccine for the most vulnerable part of the population, making it possible to administer the vaccine at home. The home vaccination program was designed with the aim of ensuring access to the vaccine for the most vulnerable citizens and their assistants/caregivers. The process requires an assessment, via telephone interview, of the personal situation of each candidate and the arrangement of a home visit by a team of nurses for the administration of the vaccine.

Target audience: Most vulnerable citizens

Duration: February 10, 2021 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: Not specified

COMMUNITY INTERVENTION FOR THE PREVENTION OF COVID-19 CASES IN HIGHLY VULNERABLE NEIGHBORHOODS

Region: Balearic Islands (Spain), in particular: Son Gotleu (Palma, Mallorca), Pere Garau (Palma, Mallorca), Ibiza Town, Ibiza

Inequality factors: Income, economic status, place of residence, citizenship/origins

Areas of intervention: Prevention services - access to services

Actors involved: Ministry of Health of the Balearic Islands

Aims and objectives: The objective of this measure is to prevent the transmission of the Covid-19 virus in the most vulnerable areas. Providing to citizens of these areas with information on preventive measures to avoid the transmission of the Covid-19 virus; improving compliance with such measures through isolation protocols for positive cases and close contacts, providing information and tools through home consultations; providing information to local companies on good practices to prevent the transmission of the Covid-19 virus through visits by public health officials; generating alliances among popular organizations and coordination tools for the fight against the pandemic.

Recipients: Citizens residing in the selected areas

Duration: August 1st, 2020 - ongoing

Control and evaluation measures: Periodic checks on the intensity of virus transmission in the areas of interventions (number of positive cases); telephone interviews.

Funding: Not specified

References: Not specified

DISTRIBUTION OF FREE MASKS TO THE MOST VULNERABLE CITIZENS

Region: Balearic Islands (Spain)

Factors of inequality: Income

Areas of intervention: Prevention services - access to services

Actors involved: Delegation of the Balearic Islands of the Spanish Government; local administrations; Autonomous Government of the Balearic Islands.

Aims and objectives: The objective of this measure is to provide free masks to low-income citizens. Protecting the most fragile citizens from Covid-19 through the free distribution of FFP2 masks to organizations active in the area.

Target Audience: Low-income population

Duration: July 2020 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: Not specified

QUARANTINE HOTELS FOR THE MOST VULNERABLE CITIZENS

Region: Balearic Islands (Spain)

Inequality factors: Place of residence; income

Areas of intervention: Welfare services

Actors involved: Ministry of Health of the Balearic Islands

Aims and objectives: The aim is to provide healthcare and accommodation to citizens who have to undergo isolation measures, due to the positivity to the Covid-19 test detected, or quarantine measures, due to close contact with positive individuals, and do not have adequate facilities to cope with such measures. Facilitating compliance with isolation and quarantine protocols; avoiding further transmission of the virus to fragile individuals; providing ongoing medical care to the most vulnerable citizens.

Recipients: Citizens who do not have access to adequate isolation facilities.

Duration: March 2020 - ongoing

Control and evaluation measures: Number of dwellings occupied by citizens

Funding: Not specified

References: Not specified

ADDITIONAL INVESTMENTS RELATED TO HEALTHCARE AND SOCIAL -HEALTH SERVICES

Region: Extremadura (Spain)

Inequality factors: Neglected diseases

Areas of intervention: Prevention services, access and assistance

Actors involved: Regional Legislative Assembly of Azores (Council of Extremadura)

Aims and objectives: The Government of Extremadura has increased the health budget in 2020 in order to fight the Coronavirus (€ 98.285.766). The goal is to respect the needs and rights of the citizens of Extremadura. In order to achieve this overall goal, the government has hired more healthcare personnel. This measure meant € 45.000.000 more than the budget approved in 2019. In addition, the budget related to health equipment increased by € 48.000.000 in order to be able to buy pharmaceutical products, sterilants, special transport, space for Covid-19 patients, laboratory diagnosis, health material etc. Furthermore, the government increased healthcare investments by € 3.285.766.

Recipients: Citizens of Extremadura (1.063.987 residents)

Duration: 2020 - ongoing

Control and evaluation measures: Not specified

Funding: Health budget approved in 2019 for 2020: € 1.867.000. The increase due to the fight against Covid-19 in 2020 amounts to € 96.285.766.

References: <https://www.asambleax.es/gdocparlamentario-MTB8Q0RMLTU=-GP>

PROGRAM TO PROTECT THE MOST VULNERABLE MINORS AND FAMILIES

Region: Extremadura (Spain)

Inequality factors: Age, income

Areas of intervention: Access to services - welfare services

Actors involved: Junta of Extremadura (Government of Extremadura), Atenea Foundation and Red Cross

Aims and objectives: The general objective is to guarantee the rights of minors in vulnerable conditions to receive food and essential care. Such minors, who normally have access to school canteens thanks to a project of the Government of Extremadura, have suffered the closure of schools and isolation measures. In order to achieve this overall goal, the government worked with the Athenian Foundation and the Red Cross. These institutions donated kits containing healthy and essential foods to minors and their families. Volunteers from both institutions delivered the kits to their homes.

Recipients: 4266 minors and 2585 families

Duration: 2020 - 2021

Control and evaluation measures: Not specified

Loans: € 1.842.887,06 euros

References: <https://www.asambleaex.es/gdocparlamentario-MTB8Q0RMLTU=-GP>

VACCINATION STRATEGY

Region: Extremadura (Spain)

Inequality factors: Neglected diseases

Areas of intervention: Prevention services

Actors involved: Junta of Extremadura (Government of Extremadura)

Aims and objectives: The general objective is to immunize the population of Extremadura through the collaboration between the Government of Extremadura, the Spanish Government and the European Union. The vaccination strategy involves different steps based on the age of the population. The first categories that have to achieve immunity are healthcare personnel and people with disabilities, and, secondly, the rest of the elderly population. More than 70% of the Spanish population achieved immunity with two doses of the Covid-19 vaccine and began administering the third dose to immunosuppressed individuals, such as individuals who have undergone organ transplants.

Recipients: Citizens of Extremadura (1.063.987 residents)

Duration: 2020 - 2021

Control and evaluation measures: Not specified

Funding: Spanish Government and the European Union

References: <https://www.vacunacovid.gob.es/>

SYNERGY AMONG THE REGIONAL HEALTH SYSTEM, THE THIRD SECTOR ORGANIZATIONS AND THE CIVIL PROTECTION OF THE FVG FOR THE CREATION OF A STRATEGIC MODEL OF INTEGRATION WITHIN ALL ENTITIES WHICH OPERATE ACROSS THE TERRITORY

Region: Friuli-Venezia Giulia (Italy)

Inequality factors: Age, income, place of residence

Areas of intervention: Prevention services - access to services

Actors involved: Central Directorate for health, social policies and disabilities of the Friuli-Venezia Giulia Region, Civil Protection, Social Services and voluntary work organizations.

Aims and objectives: This is a policy that implements an existing model (*scaling up*), expanding the synergies among the actors involved and which is part of the more general rethinking of services on the territory in order to guarantee maximum assistance to people, giving a response to their welfare and healthcare needs in a situation of exceptional healthcare emergency that has put a strain on the Regional National Healthcare System. There are five key points on which the Region and the healthcare system have invested and are investing:

- The revision and reorganization of the territorial and hospital public healthcare system in implementation of regional law 22/2019;
- The regional support plan for the elderly and vulnerable population (2021-2023);
- Assist Health Technology (Mission 6);
- The role of the third sector in the co-planning and co-management of services (Legislative Decree 117/2017);
- The structured support of Civil Protection for the provision of services in response to the primary needs of citizens in critical situations in the long term.

The specific objectives of the policy are: to guarantee the governance of the system in an emergency situation; to guarantee the safety of health workers and volunteers who work in hospitals and in the local area; to guarantee the care of patients (Covid-19 and not) in hospital, residential facilities and at home; to strengthen relations with local administrations in order to guarantee services in response to primary needs in situations of isolation and quarantine resulting from Covid-19 and territorial isolation (mountain areas); to promote integration actions among the institutions and resources of the various communities.

Recipients: Residents and domiciled within the regional territory

Duration: March 2020 - ongoing

Control and evaluation measures: During the pandemic period, daily data were processed and approximately 9000 Civil Protection volunteers were activated for a total of approximately 80000 equivalent days.

Funding: Financing of state and regional funds

References: Prime Ministerial Decrees, Ordinances (national and regional), decrees

WIDESPREAD VACCINATION HUBS

Region: Lombardy (Italy)

Inequality factors: Territory of residence

Areas of intervention: Access to services, anti-Covid-19 vaccination

Actors involved: Health Protection Agency (ATS) and Territorial Social and Health Companies (ASST); Civil Protection

Aims and objectives: in order to counter the spread of the SARS-CoV-2 virus, a massive vaccination campaign was launched through the opening of numerous vaccination hubs, in line with the guidelines of the Ministry of Health and the priorities of the national vaccination plan and of Lombardy. In order to vaccinate the largest number of people in the shortest possible time, following a survey of the dispensing points carried out by the ATS in agreement with the Local Authorities, in addition to the use of the existing vaccination centres, drive-through hubs have been created and set up. Vaccination hubs have been set up in malls, cinemas and museums. Furthermore, mobile units have been located in structures set up as small vaccination centers, in order to administer vaccinations in small residential areas far from massive vaccination centers. To make vaccination even more widespread, general practitioners, nurses, resident doctors and voluntary retired medical staff were also involved in the administration of vaccines. Following the end of the state of emergency established on March 31, 2022, of the approximately 208 activated vaccination centers, currently the active ones are 44.

Recipients: Lombard population

Duration: February 2021 - ongoing

Control and evaluation measures: the SIAVR IT platform is used to ensure proper monitoring of the progress of the vaccination campaign.

Funding: € 33.000.000 as indicated in the Decision of the Regional Council 4384 of March 3, 2021

Riferimenti: Decision of the Regional Council 4353 of February 24, 2021 *“Approval of the regional vaccine plan for the prevention of SARS-CoV-2 infections”*, Decision of the Regional Council 4384 of March 3, 2021 *“Identification of vaccination points in implementation of the Decision of the Regional Council. N. XI / 4353 of February 24, 2021: Approval of the regional vaccine plan for the prevention of SARS-CoV-2 infections”*

- <http://www.salute.gov.it/portale/nuovocoronavirus>
- <https://prenotazionevaccinicoVID.regione.lombardia.it>
- <https://www.regione.lombardia.it>

ACTIONS OF THE PUBLIC HEALTH SERVICE OF THE MARCHE REGION TO SUPPORT THE PSYCHO-PHYSICAL HEALTH OF FORCED MIGRANTS (SEEKING PROTECTION, REFUGEES/SUBSIDIARY PROTECTION AND REJECTED) AND UNACCOMPANIED MINORS (PROJECT FAMI 2219)

Region: Marche (Italy)

Factors of inequality: Citizenship/origin

Areas of intervention: Prevention services - access to services

Actors involved: Marche Regional Healthcare Service and public and private accommodation professionals in the regional territory

Aims and objectives: This is a new policy that aims to achieve an integrated taking charge of applicants for international protection/refugees/rejected persons with psycho-physical vulnerability, including unaccompanied foreign minors.

The specific objectives of the policy are:

- Acquire information on the socio-demographic characteristics of the applicants/refugees/rejected persons present in the regional territory in order to identify the subjects/groups most at risk for mental disorders.
- Develop the ability of reception operators to intercept/decode the various types of distress especially the psychological one, in relation to the causes (including torture) and to carry out "customized" reception projects for applicants for international protection/refugees/rejected.
- Enable operators of the mental health services of the Marche RHS to improve their decoding skills and their ability to take charge of mental illness.
- Create a multi-professional and multidisciplinary specialized regional team able to cope with mental illness.
- Create an integrated, sustainable organization model capable of ensuring an appropriate care pathway for the management and care of refugees with mental disorders.
- Consolidate the RHS teams for the full application of the "Protocol for the identification and multidisciplinary holistic assessment of the age of unaccompanied minors".
- Implement network and community activities.

Recipients: Applicants for international protection/refugees/rejected persons with psycho-physical vulnerability, including unaccompanied foreign minors; Reception Center Operators; Regional Health Service Operators; Intercultural mediators.

Duration: September 2018 - December 2021

Control and evaluation measures: Quarterly technical and financial monitoring of activities.

Funding: Amount per year: € 1.038.822,42

References: <https://fami.dlci.interno.it/fami/> ;
<http://www.norme.marche.it/attiweb/searchDelibere.aspx>

COVID-19 VACCINATION FOR PEOPLE EXPERIENCING HOMELESSNESS

Region: Marche (Italy)

Factors of inequality: Citizenship/origin

Areas of intervention: Prevention services - access to services

Actors involved: Marche Regional Health Authority (ASUR), Caritas, Social services

Aims and objectives: This is a new policy whose general purpose is to guarantee access to the administration of the anti-SARS-CoV-2 vaccine to all people, carried out by the Public Hygiene Services of the five ASUR areas in collaboration with Caritas, with the social services and, where necessary, with the use of linguistic mediators. The specific objective is to provide an active offer of the SARS-CoV-2 vaccination to people experiencing homelessness.

Recipients: people experiencing homelessness

Duration: August 2021 - ongoing

Control and evaluation measures: Detection of vaccinated subjects out of the total number of reported subjects

Funding: Not specified

References: Circular from the extraordinary commissioner for the Covid-19 emergency.

- <https://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=20%2021&codLeg=81190&parte=1%20&serie=null>

COVID-19 HOME VACCINATION CAMPAIGN

Region: Molise (Italy)

Inequality factors: Age (over 80), place of residence

Areas of intervention: Prevention services - access to services

Actors involved: Molise Regional Health Authority - ASReM

Aims and objectives: This is a new policy which aims to implement the vaccination service at home and in Life-Care Communities in the Molise region in favor of the population characterized by a high old age index, in order to reduce mortality and morbidity from Covid-19 and the pressure on hospitals and healthcare facilities (ISTAT 2021 Report: Molise 233 compared to the Italian average of 184,1). The specific objectives are: to facilitate access to vaccination for the elderly and disabled who are not self-sufficient and unable to reach the vaccination centers independently, avoiding their transport to the vaccination hubs for families; the securing of residential communities for the elderly, burdened in the first wave of the pandemic spread by a very high rate of morbidity and mortality among residents; the acceleration of the time required to reach the standard of vaccination coverage in the resident population.

Recipients: Elderly, citizens with disabilities, vulnerable patients

Duration: December 2020 - May 2021

Control and evaluation measures: Covid-19 vaccination regional IT platform (LUNA)

Funding: Funding related to the Covid emergency

References:

- <http://www.salute.gov.it/portale/nuovocoronavirus>
- <http://www.regione.molise.it>
- <http://www.asrem.molise.it>

INTERVENTIONS FOR THE PREVENTION AND MANAGEMENT OF ASYMPTOMATIC AND PAUCISYMPTOMATIC CASES IN CONTINUING CARE RETIREMENT COMMUNITIES AND LIFE-CARE COMMUNITIES

Region: Sardinia (Italy)

Areas of intervention: Prevention services

Factors of inequality: Working conditions

Actors involved: Health Protection Agency (ATS) of the Sardinia Region

Aims and objectives: This is a new policy created to avoid the spread of the virus within continuing care retirement communities and life-care communities through the early identification of suspected cases of Covid-19 among operators and residents: screening, staff's health status self-monitoring, staff training for the correct adoption of the prescribed precautions, sensitization of guests to the adoption of the measures, designation of a Covid contact person within the structure, cleaning and disinfection of the premises, foreclosure of access from the outside.

Recipients: Patients living in continuing care retirement communities and life-care communities

Duration: April 14, 2020 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: Not specified

PREVENTION INTERVENTIONS IN DAY CARE CENTERS AND OTHER SEMI-RESIDENTIAL FACILITIES

Region: Sardinia (Italy)

Areas of intervention: Prevention services

Factors of inequality: Working conditions

Actors involved: Health Protection Agency (ATS) of the Sardinia Region

Aims and objectives: This is a new policy, whose purpose is to avoid the spread of the virus within the premises and to facilitate remote intervention for people and patients whose physical presence is not essential.

Recipients: People with mental and physical disabilities, non self-sufficient elderly people, people with psychosocial issues and staff of the facilities.

Duration: May 16, 2020 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: Not specified

INTERVENTIONS FOR THE PREVENTION AND MANAGEMENT OF PAUCISYMPTOMATIC CASES IN COMMUNITY FACILITIES AND IN CONDITIONS OF VULNERABILITY, DEGRADATION AND ENVIRONMENTAL CONSTRAINT

Region: Sardinia (Italy)

Factors of inequality: Working conditions

Areas of intervention: Prevention services and care services

Actors involved: Health Protection Agency (ATS) of the Sardinia Region

Aims and objectives: This is a new policy aimed at the management of paucisymptomatic and asymptomatic cases within community facilities, through the early identification of suspected cases of Covid-19 among operators and residents: screening, staff's health status self-monitoring, staff training for the correct adoption of the prescribed precautions.

Recipients: People assisted in therapeutic and rehabilitative structures for mental health and addictions, people with disabilities assisted in rehabilitation facilities, minors housed in social welfare facilities, guests of reception centers for migrants and related staff.

Duration: Indefinite

Control and evaluation measures: Not specified

Funding: Not specified

References: Not specified

GENERAL INDICATIONS, AD INTERIM, FOR THE GRADUAL RESUMPTION OF SPECIALIST OUTPATIENT ACTIVITIES DURING COVID EMERGENCY

Region: Sardinia (Italy)

Factors of inequality: Citizenship

Areas of intervention: Care services

Actors involved: Health Protection Agency (ATS) of the Sardinia Region

Aims and objectives: This is a new policy aimed at safely reprogramming the specialist services previously suspended, through the arrangement of a new timing for the provision of services. Such process takes into account the time necessary for the sanitation of the premises between one service and another, carrying out a telephone pre-triage during which information is requested from the patient and safety measures to be adopted are delivered. The triage is carried out before the patient accesses the premises.

Recipients: Citizens who require specialist services.

Duration: Indefinite

Control and evaluation measures: Not specified

Funding: Not specified

References: Not specified

BIRTH PATH IN PREGNANT PATIENTS WITH SUSPECTED AND/OR CONFIRMED DIAGNOSIS OF COVID-19

Region: Sardinia (Italy)

Inequality factors: Gender

Areas of intervention: Care services

Actors involved: Health Protection Agency (ATS) of the Sardinia Region

Aims and objectives: This is a new policy aimed at managing pregnant patients with suspected or confirmed diagnosis of Covid-19 through a telephone pre-triage, the provision of an isolation room with an independent bathroom, a separate path and the preparation of a dedicated labor area and delivery room.

Target audience: Pregnant patients

Duration: March 23, 2020 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: Not specified

GUIDELINES FOR THE PREVENTION AND CONTROL OF SARS-COV-2 INFECTION IN DETENTION FACILITIES

Region: Sardinia (Italy)

Inequality factors: Place of residence

Areas of intervention: Prevention services

Actors involved: Health Protection Agency (ATS) of the Sardinia Region, detention facilities in the regional territory

Aims and objectives: This is a new policy to prevent the spread of the Covid-19 virus in detention centers and which provides for the following actions: the pre-triaging of new prison entrants and providing for a 14-day quarantine, possibly in a single room for negative subjects and transfer to isolation cell for positive ones; the temporary suspension of visits to prison and the limitation of the movement of people inside and outside the facility.

Recipients: Inmates in custody and staff of the facilities

Duration: April 3, 2020 - ongoing

Control and evaluation measures: Not specified

Funding: Not specified

References: Not specified

VACCINATION BUSES

Region: Wallonia (Belgium)

Inequality factors: Place of residence

Areas of intervention: Access to services

Actors involved: Government of Wallonia

Aims and objectives: Due to the low vaccination rate among the youngest part of the population (18-34 years old) residing in Wallonia, mobile vaccination hubs are located in the surrounding area of specific schools and universities. Some buses, structured in such a way as to guarantee the administration of the vaccine, have the task of circulating through Wallonia and stopping in the cities with the lowest vaccination rate. Vaccination buses run in the cities of Mons, Verviers and Charleroi as well as in the center of the Region and in the province of Luxembourg.

Target audience: Citizens residing in areas with low vaccination rates, and students.

Duration: 20 September 2021 - 16 October 2021

Control and evaluation measures: In order to evaluate these measures, the government will use the vaccination statistics communicated by specialized government agencies (Sciensano and AVIQ). Such statistics concern regions and their respective cities.

Funding: Not specified

References: Not specified

“RE-VAX” PROGRAM

Region: Wallonia (Belgium)

Inequality factors: Age

Areas of intervention: anti Covid-19 vaccination

Actors involved: Government of Wallonia

Aims and objectives: In order to ensure the vaccination of the entire population within the region, the government of Wallonia has launched the “Re-Vax” program. This is a specific registration procedure for those over 50 who did not register during the first vaccination campaign. This operation offers them the possibility of receiving the second dose of vaccine as a priority, thus helping to bridge the vaccination gap among the most vulnerable. The “Re-Vax” program includes several steps based on age groups: April 20, 2021 over 80; from April 27, 2021 over 75; from May 4, 2021 over 65; from May 31, 2021 over 50. People over 50 can decide to register through the “Re-Vax” program by dialing the dedicated phone number, and make an appointment. Between April 20, 2021 and May 31, 2021, 39000 people used the “Re Vax” program to make an appointment.

Recipients: Citizens over 50

Duration: April 20, 2021 - October 31, 2021

Control and evaluation measures: The “Re-Vax” campaign was monitored using vaccination statistics communicated by specialized government agencies (Sciensano and AVIQ).

Funding: Not specified

References: Not specified

TEMPORARY VACCINATION HUBS IN UNIVERSITIES

Region: Wallonia (Belgium)

Inequality factors: Age

Areas of intervention: Access to services, anti Covid-19 vaccination

Actors involved: Government of Wallonia

Aims and objectives: In order to increase the vaccine rate among the youngest, temporary vaccination hubs are set up within three universities in Wallonia. This measure is part of Wallonia's new global vaccination strategy for the new academic year. The universities of Louvain (Louvain-la-Neuve), Liège and Namur will temporarily host these vaccination hubs. These centers are open from 9:30 am to 7:30 pm from the first day of the academic year, until mid-October. Vaccination is possible with or without an appointment. This flexibility and proximity to university centers intends to make vaccination as accessible as possible to young people.

Recipients: Students

Duration: September 15, 2021 - October 15, 2021

Control and evaluation measures: In order to evaluate these measures, the government will use the vaccination statistics communicated by specialized government agencies (Sciensano and AVIQ). Such statistics concern regions and their respective cities.

Funding: Not specified

References: Not specified

PLAN TO FIGHT THE PANDEMIC THROUGH FIVE RISK LEVELS DEFINED ON THE BASIS OF OCCUPIED CRITICAL CARE BEDS

Region: Veneto (Italy)

Inequality factors: Age, gender, income, employment status, educational attainment, place of residence, citizenship/origin, religious orientation.

Areas of intervention: Care services

Actors involved: Regional Committee, Regional Council, doctors and professionals in the medical health sector.

Aims and objectives: The Regional Committee, involving doctors and professionals in the medical healthcare field, has reorganized healthcare by enhancing home care through the approval of a new protocol in November 2020, guaranteeing access for patients with greater difficulties, like the elderly, and thus reducing the impact of inequality factors among the population. Also Care Continuity Simple Units (CCSU) were set up, with the task of relieving pressure on hospitals. Such activities were disseminated to the population on a daily basis, through live press conferences, starting an ongoing dialogue with journalists, and through the most widespread social media, also in order to disclose information on the progress of the pandemic, on the initiatives under study and on those in progress. The Regional Council set up a special commission of inquiry to supervise the interventions implemented within the regional territory to contrast the spread of the pandemic; it approved the Regional Law n. 35 of November 17, 2020 for the launch of a regional home care application that enabled patients in isolation to constantly communicate with doctors and possibly request immediate support; it created a Newsletter in collaboration with the Ca' Foscari University, monitoring the progress of the epidemic, the incidence of cases and the incidence of pressure deriving from hospital admissions. These newsletters are available on the CRV institutional website. These interventions are aimed at minimizing all forms of inequality and discrimination by making treatment accessible to each patient, through hospital and home care, maintaining direct contact, providing the population with complete and updated information also through regional politicians; guaranteeing access to care for each patient; guaranteeing constant and direct contact with patients even when not hospitalized; involving and informing all citizens of Veneto.

Recipients: Citizen regional political representatives

Duration: 2020 - ongoing

Control and evaluation measures: The software system used provides constant monitoring of the progress of the Covid-19 emergency.

Funding: A financial endowment of € 200.000 for the year 2020 and € 30.000 for the year 2021 and 2022 was awarded for the patient assistance software systems - for the information systems human and instrumental resources of the regional administration were used.

References: Regional Law n. 35 of November 17, 2020. DRC n. 1523 of October 11, 2020 (protocol to enhance home care) DRC. n. 1864 of December 29, 2020 (protocol on the tracing of infections and antigenic tests).

Part III

Attachments

Attachment I

Bavaria (Germany)



Bavarian State
Parliament

18° Electoral term

June 24th, 2021 Print **18/16718**

Resolution

of the Bavarian State Parliament

In today's public session, the state parliament discussed and decided:

European Union consultation procedures;

European Committee of the Regions – CALRE

Consultation of CALRE members to prepare the European Commission Work Program 2022

Part V - Towards a European Health Union Doc. 18/15235, 18/16633

The Bavarian State Parliament issues the following statement in the consultation process with reference to the five questions on topic V "Towards a European Health Union":

Question 1: Was the cooperation between the EU and your region appropriate in the first year of the COVID-19 pandemic?

There was no direct cooperation with the EU.

Question 2: What strengths and weaknesses of your regional healthcare system have been revealed during the pandemic?

Germany and Bavaria have a powerful health system and have coped comparatively well with the pandemic so far.

Inpatient care

So far, inpatient care has been guaranteed at a high level at all times during the pandemic, even if

capacities have reached their limits in single regions and in single cases, depending on the incidence of infection, and elective treatments have had to be temporarily postponed. Working together, the hospitals have achieved great results.

In this perspective, it should be noted that hospital planning and state investment cost support in the hands of the federal states have proven their worth.

The responsibility of the federal states for hospital planning with regard to the regional healthcare system has also proven its worth, also when it comes to recording the available bed capacities, especially intensive care capacities.

As part of the fight against the pandemic, an uniform, IT-supported system called IVENA was introduced across Bavaria with a general decree on March 24, 2020 to control and monitor the existing hospital and, above all, intensive care capacities. Since then, this has been used to record treatment capacities and COVID-19 patients. In the course of this, the clinics were obliged to report the current status of their bed capacities, especially in the intensive care area, as well as their occupancy rate at the Bavarian level via the IT tool IVENA, so that the occupancy of the hospital capacities can be monitored on the basis of the reports, controlled, and possible supply bottlenecks can be counteracted in good time. IVENA has established itself as a reliable medium for regional monitoring and control of hospital capacities.

In practice, the limiting resource is not the number of (intensive care) beds, but the available intensive care staff, whose financing must be guaranteed in the long term. A fundamental overhaul of the DRG system is necessary to ensure the long-term financing of the necessary personnel. The Federal Government has exclusive legislative competence for any reform of the DRG system. It has been shown that the premise "money follows performance" on which the current financing system is based does not meet the requirements of hospitals as a critical infrastructure of state services of general interest. According to the current regulations, there is no financing of the provision costs, which are of considerable importance for overcoming a pandemic and other major damage events. The numerous changes in recent years and also the recent separation of nursing staff costs in hospitals from the DRG flat rate per case have by no means solved this problem. Further adjustment is therefore essential, also taking into account the challenges of socio-economic change.

For the hospital sector, it is necessary to continue to ensure that the existing infrastructure is not jeopardized when designing the remuneration system and quality requirements and that hospitals that are necessary, especially in the area, operate in a high-quality and patient- and needs-based manner and manage to maintain it.

Contract medical structures

Especially at the beginning of the pandemic, it became apparent that not all areas of the German healthcare system were adequately prepared for a pandemic development, in particular with regard to the provision of sufficient material and human resources to cope with the situation and the availability and existence of effective and tried-and-tested structures for crisis management. Therefore, among other things, the specification or expansion of the security mandate of the Associations of Statutory Health Insurance Physicians (KVen) to prepare for and deal with critical supply situations makes sense; this applies in particular to the statutory fixing of an authorization and obligation of the health insurance companies to take measures that serve and include the

appropriate preparation of the panel doctor care structures and the maintenance of their functionality even in future critical care situations, such as pandemics and epidemic situations of national or regional scope, the creation of clear financing regulations for these preparatory measures, which also apply outside of identified crisis situations and clarify who has to bear which share of the financing. However, this does not require any measures at EU level, only adjustments by the federal legislature.

Care facilities

In the first wave up to May 2020, it was difficult to procure personal protective equipment in the required quantity, for example. The Free State of Bavaria provided support here. The interface between domesticity and facility required differentiated hygiene requirements to counteract virus entry into facilities.

Public Healthcare Service

The pandemic has presented the public healthcare service with an unprecedented challenge. The health authorities were not prepared for the identification of infected people and the associated tracing of contact persons on such a large scale, neither in terms of staff nor in terms of the degree of digitization. In the course of the pandemic, both key areas have been strengthened; the healthcare authorities have pursued strict containment and contact tracing with the utmost commitment and thus made a decisive contribution to limiting the incidence of infection.

Addiction recovery and HIV/AIDS support system

Both the addiction help system and the HIV/AIDS help system have been established nationwide in Bavaria for a long time and are active as needed. Offers are open to all those affected, their relatives and interested citizens and are tailored to different needs (e.g. information about consumption or behavioral risks, online platforms, telephone advice). In addition, there are a wide range of prevention and support services for young people and children and their families. The Bavarian state government is striving to continue to secure and expand the portfolio of both addiction and HIV/AIDS preventive offers as well as addicts and AIDS help at the high level achieved, in the digital context, for example. As systemically relevant areas, the Bavarian addiction help and HIV/AIDS help systems also provide prevention and support services during the corona pandemic. The respective aid facilities develop hygiene concepts in compliance with the applicable legal situation and implement them.

Continuous and comprehensive changes, e.g. of demographic and technological nature, however, require preventive and care approaches in the areas of addiction and HIV/AIDS to be locally adapted and further developed, for example:

- Offers for other specific target groups such as older people and people with a migration background,
- Digital offers (e.g. for addiction prevention in Bavaria) or

— Education and information services for the public.

The necessity of this continuous adjustment and further development of the offer has once again become particularly clear due to the ongoing corona pandemic. However, these are always specific local offers for those affected.

Question 3: How large were the differences in the resilience of regional health systems in your country?

The care facilities were about to reach the limit of staff capacity. A temporary staff shortage could be made up for by support staff, for example by the Bundeswehr (federal defense).

The Free State is pursuing a strict containment and contact tracing strategy, the requirements of which must be met by all healthcare authorities. A key factor for success is adequate staffing, including the availability of specialist staff; the resilience of the public healthcare system is decisively determined by this.

Question 4: Should the current division of responsibilities in healthcare among regions, states and the EU be reconsidered? Does the EU need new powers to make a comprehensive health union a reality?

As also stated directly in the framework paper on healthcare, the Member States themselves are responsible for healthcare systems. Nothing should be changed about that. Healthcare systems are funded by Member States, or through such bodies created separately for this purpose (social insurance institutions). Therefore, the decision-making powers for the design of the healthcare systems and the entitlements to benefits based therein must remain (exclusively) with the Member States. However, this does not affect the fact that cooperation among the national healthcare systems in and via the EU can be further optimized – even without decision-making powers having to be transferred directly to the EU.

The epidemiological surveillance and the monitoring of potential health risks at the European level, which are/will be based at the ECDC and the authority yet to be established, HERA, are based on the small-scale monitoring at the national or regional level. Europe-wide and national/regional monitoring complement each other and cannot replace one another. The current division of tasks in this area should therefore be retained.

In summary, the following can be stated:

The SARS-CoV-2 pandemic clearly shows the great importance of a well-functioning public health service, good coordination and access to healthcare as well as reliable care offers for everyone and a functioning cooperation at the regional up to the EU level.

The problems of the German and other European health systems did not start with the Coronavirus crisis, yet the corona pandemic has led to certain deficits being better recognized. The pandemic is therefore also an opportunity for change. This chance should now be used.

The EU should take better precautions and be prepared for future pandemics - this applies in particular to medical devices, protective masks and equipment or essential medicines and vaccines. The production of these goods is now mainly located in third countries such as China or India. The EU must also become more autonomous in medicine. To do this, all supply chains must be put to the test in order to bring production back to Europe where necessary and expand imports to other countries. In addition to security of supply, increased production of active ingredients in the EU should also lead to better quality. Quality controls in production facilities can be increasingly carried out within the EU under the coordination of the European Medicines Agency.

We are therefore in favor of expanding the EU's competences, particularly in the area of providing and distributing medical goods and providing and distributing vaccines. Clinical evaluations of medicinal products and medical devices should also be carried out in a uniform manner throughout the EU. In addition, cross-border cooperation to prevent other diseases is to be expanded. Electronic health services should also be usable throughout the EU: binding standards are needed for the applications so that the services of individual member states can communicate with each other without problems. In this way, patients could use data from the electronic patient file, laboratory findings or prescriptions across borders. And finally, we think it is important that in individual cases, binding EU-wide criteria for the reliable collection of pandemic data (infection, mortality and recovery figures) and uniform test methods can be implemented.

Question 5: If so, which areas of responsibility should be transferred to the European level?

In the narrower healthcare field none.

In addition, the following statement is made on topic VII "Employment and social policy", sub-topic "Meeting the challenges of aging and long-term care" (Doc.18/15237):

Demographic change is leading to a sharp increase in the number of people in need of care and a shortage of nursing professionals throughout the EU. As part of the action plan for the European Pillar of Social Rights of March 3, 2021, the European Commission announced an initiative on long-term care for 2022 in order to "create a framework for political reforms with the aim of sustainable long-term care". Furthermore, a consultation was initiated with the Green Paper on the subject of aging (January 2021), with regard to the challenges in long-term care, for example.

- The challenges for long-term care affect all EU Member States. However, no starting points for regulatory EU measures with regard to ensuring long-term care are seen. In particular, the EU has no power to harmonize social insurance and should not be given such power. The state parliament (cf. statement of December 2016 as part of the consultation on the introduction of the "European Pillar of Social Rights") and the state government have also represented this position up to now.

- Assistance provided in the area of long-term care is provided very differently in EU Member States (partly state/municipal/through social service/partly through health insurance); only a few, like Germany, have independent permanent care insurance. A number of measures have already been taken in Germany to improve the situation of nursing staff (e.g. Concerted Action Nursing). The responsibility lies with those involved in care, the state can only set framework conditions at the national level. At best, there can be added value in an exchange on national measures (e.g. within the framework of the EU's "economic policy coordination").

- The recognition of foreign professional qualifications in the field of nursing was newly regulated by the Nursing Professions Act in Germany so that it is in line with the EU requirements (in particular the professional recognition directive).
- Funds from the European Social Fund (ESF) can be used for the qualification measures for nursing staff for example, the EU is already providing support in this respect.

The decision of the Bavarian state parliament will be sent to the CdR and CALRE as a contribution to the consultation. The decision will also be sent to the European Commission, the European Parliament and the German Bundestag.

The President

Ilse Aigner

Attachment II

Friuli-Venezia Giulia (Italy)

FRIULI VENEZIA GIULIA FACTSHEET

“How to manage the recovery of healthcare services postponed due to Covid-19”

The emergency caused by the Covid-19 pandemic has put all the ordinary management balances of the regional healthcare system on a strain. The very strong slowdown, not to say temporary blockage, caused by the epidemic in the provision of services by healthcare agencies has generated a large amount of service activities to be recovered, but not all of equal importance for the community and for people.

The first need of the regional healthcare system, therefore, was to intervene first of all on the system to facilitate the recovery of those services linked to pathologies and needs which, if not managed and not treated promptly, lead to important and serious patients' health worsening. Primarily attention was therefore attributed to the recovery of healthcare services intended for the treatment of pathologies classifiable as "time-dependent", in particular oncological and cardiovascular pathologies.

Secondly, after the time-dependent pathologies, we moved on to consider the other healthcare services that were provided with difficulty, with waiting times for services that were reported as excessive during the monitoring activity carried out on each single healthcare body.

Finally, we then moved on to consider all those healthcare services which, when the onset of Covid-19 had not yet intervened to block the mobility of people, in part were requested by the residents of Friuli-Venezia Giulia to structures located in other regions. This request for healthcare services no longer satisfied by non-regional structures, had to find an immediate response, in the face of people's mobility problems, by an additional regional offer.

Once the priorities for action are framed, it was a question of operating on two profiles: that of additional resources to be allocated and used, as well as that constituted by the need to promptly adapt the organization of the bodies and the regional healthcare system to the new priorities for action.

On the one hand, that of the extraordinary resources to be used to add human resources to the management of the activities, on the one hand extraordinary resources (approx. € 10 million) were made available by the State for the recovery of the waiting lists and were allocated to the planned activities (decrees-law n.104 / 2020 - art.29 - and n.73 / 2021 - art.26 -), as well as additional regional resources assigned to bodies with the 2021 regional planning (approx. 6 million) for elective oncological hospitalizations and for the increase in the uptime and availability of diagnostic equipment.

On the other hand, there was the preparation and signing of a new regional reference agreement for the renewal of contractual agreements with accredited private entities, of innovative content and aimed at facilitating an increase in the activity of private entities in support of activities for the recovery of waiting times and the increase in the volume of services, that before Covid-19 were provided in a significant way by healthcare facilities in other regions.

In order to improve the volumes of activity provided by the entities, and consequently to reduce waiting times, the entities were then requested to reorganize their activities by adopting distinct operational paths for the reduction of the risk resulting from the pandemic management, and this not only inside each hospital unit, but also through adequate management of the agency network and collaboration between entities, working to increase the availability of operating rooms and diagnostic equipment. Therefore, agencies were asked to intervene on the lines of activity to overcome the block due to the Covid-19 management by adapting the organizational and management patterns.

A coordination activity carried out by the regional health coordination agency was also initiated, and was aimed at increasing collaboration, coordination and management of activities, also by means of meetings to be held periodically at close intervals, focusing on progress of the actions adopted by the entities to improve the services, their results and the corrective measures adopted throughout management.

How to manage the provision of healthcare and social-health services at home for people subject to restrictions imposed by the authorities to contain the pandemic (mobility, quarantine, curfew, etc.)

With regard to home healthcare services, in addition to the CCSUs established with the pandemic, much has been done by nursing at home already active in healthcare agencies which, once trained in the management of Covid positive patients, was able to maintain all the procedures previously carried out, but also provided home services (swabs, withdrawals, etc.) to users who would normally have been able to reach facilities. The use of telemedicine and tele-consultation (for example for viewing exams) has in fact reduced accesses to hospitals.

Also as far as social-healthcare services are concerned (but in this case by choice of the user or during the first phase of lockdown in 2020), interventions normally performed at day centers were provided at home. Home drug delivery interventions were guaranteed by the Civil Protection.

How to overcome the vaccination gap

The vaccination campaign has changed over months in order to better reach the target population:

- Healthcare workers were vaccinated in their respective employment facilities;

- For the over 80s, it was decided to open as many vaccination centers as possible (also using GPs' clinics) to avoid transport problems and home vaccination was guaranteed for all those who are transportable/bedridden;
- To improve the efficiency of the system, we then moved on to vaccination hubs, which made it possible to massively vaccinate the active population, and cooperated with the world of industry for the vaccination of employees in the workplace (factories).
- Lastly, direct access was guaranteed to particular age groups (<25 years) or scheduled days dedicated to particular categories (eg: students) or in tourist sites or disadvantaged mountain villages.

