



JACARDI

Joint action  
cardiovascular diseases  
and diabetes

**State of the art –  
Report of findings from  
the context analysis at  
the European and  
country level *and*  
reviews of the existing  
practices**

JACARDI  
Deliverable 5.2



Co-funded by  
the European Union

## Document Information

<b>Project Title</b>	JACARDI
<b>GA Number</b>	Project: 101126953
<b>Document Title</b>	State of the art – Report of findings from the review and context analysis
<b>Deliverable number</b>	5.2
<b>Work Package</b>	WP5
<b>Dissemination Level</b>	PU – Public
<b>Date</b>	01 August 2025
<b>Doc. Version</b>	V2.0

<b>List of Contributors</b>	<b>Institution</b>
<b>Graziano Onder</b>	Fondazione Policlinico Gemelli (FPG, Italy)
<b>Benedetta Armocida</b>	Istituto Superiore di Sanità (ISS, Italy)
<b>Beatrice Formenti</b>	Fondazione Policlinico Gemelli (FPG, Italy)
<b>Chiara Di Girolamo</b>	University of Torino (UNITO, Italy)
<b>Federica Turatto</b>	University of Torino (UNITO, Italy)
<b>Alessandro Froio</b>	Fondazione Policlinico Gemelli (FPG, Italy)
<b>Tommaso Bertossi</b>	Fondazione Policlinico Gemelli (FPG, Italy)
<b>Cecilia Damiano</b>	Istituto Superiore di Sanità (ISS, Italy)
<b>Enrica Finotto</b>	Istituto Superiore di Sanità (ISS, Italy)
<b>Marco Silano</b>	Istituto Superiore di Sanità (ISS, Italy)
<b>Jelka Zaletel</b>	National Institute of Public Health Slovenia (NIJZ, Slovenia)
<b>Yhasmine Hamu Azcárate</b>	Biosistemak (BS, Spain)
<b>Ane Fullaondo</b>	Biosistemak (BS, Spain)
<b>Dolores Verdoy</b>	Biosistemak (BS, Spain)
<b>Natalia Skogberg</b>	Finnish Institute for Health and Welfare (THL, Finland)
<b>Teresa Spadea</b>	Servizio Sovrazonale di Epidemiologia ASL TO3 (Italy)
<b>Mounia El Yamani</b>	Santé publique France (SpF, France)
<b>Richard Osborne</b>	Santé publique France (SpF, France)
<b>Andrea Guajardo Villar</b>	Santé publique France (SpF, France)
<b>Irati Erreguerena</b>	Biosistemak (BS, Spain)

<b>Markku Peltonen</b>	Finnish Institute for Health and Welfare (THL, Finland)
<b>Hector Bueno</b>	Spanish National Centre for Cardiovascular Research (CNIC, Spain)
<b>Sandra Fernández</b>	Spanish National Centre for Cardiovascular Research (CNIC, Spain)
<b>Fátima Sánchez-Cabo</b>	Spanish National Centre for Cardiovascular Research (CNIC, Spain)
<b>Carlos Torroja</b>	Spanish National Centre for Cardiovascular Research (CNIC, Spain)
<b>Adrián García</b>	Spanish National Centre for Cardiovascular Research (CNIC, Spain)
<b>Paula Maillo</b>	Hospital Universitario 12 de Octubre (Spain)
<b>Sheila Romero</b>	Hospital Universitario 12 de Octubre (Spain)
<b>Jorge Vélez</b>	Hospital Universitario 12 de Octubre (Spain)
<b>Miguel Hernández</b>	Hospital Universitario 12 de Octubre (Spain)
<b>Sandra Redondo</b>	Hospital Universitario 12 de Octubre (Spain)
<b>Nicolás Rosillo</b>	Hospital Universitario 12 de Octubre (Spain)
<b>José Luis Bernal</b>	Hospital Universitario 12 de Octubre (Spain)
<b>Germán Seara</b>	Hospital Universitario 12 de Octubre (Spain)
<b>Guillermo Moreno</b>	Hospital Universitario 12 de Octubre (Spain)
<b>Hanna Tolonen</b>	Finnish Institute for Health and Welfare (THL, Finland)
<b>Hanna Elonheimo</b>	Finnish Institute for Health and Welfare (THL, Finland)
<b>Luigi Palmieri</b>	Istituto Superiore di Sanità (ISS, Italy)
<b>Helena Safadi</b>	Gottsegen György Országos Kardiovaszkuláris Intézet (Gokvi, Hungary)
<b>Judit Lám</b>	Gottsegen György Országos Kardiovaszkuláris Intézet (Gokvi, Hungary)
<b>Cecília Surján</b>	Gottsegen György Országos Kardiovaszkuláris Intézet (Gokvi, Hungary)
<b>Gergely Varga</b>	Gottsegen György Országos Kardiovaszkuláris Intézet (Gokvi, Hungary)
<b>Edwin Wouters</b>	University of Antwerp (Belgium)
<b>Katrien Danhieux</b>	University of Antwerp (Belgium)
<b>Bernardino Morillo</b>	Fundación para la Formación e Investigación de los Profesionales de la Salud de Extremadura (FundeSalud, Spain)
<b>Roberta Papa</b>	Marche Region (Italy)
<b>Giulia Franceschini</b>	Marche Region (Italy)
<b>Ewelina Chawłowska</b>	Poznan University of Medical Sciences (PUMS, Poland)
<b>Julia Wolska</b>	Poznan University of Medical Sciences (PUMS, Poland)
<b>Matilde Leonardi</b>	Istituto Neurologico "Carlo Besta" (Italy)
<b>Competent Authorities of JACARDI</b>	All the Competent Authorities of the JACARDI Consortium

<b>National Focal Points for Health</b>	All the National Focal Points participating in the JA NFP4Health
---	--

### Version history

Revision	Date	Editor	Comments
<b>0.1</b>	01/04/2024	JACARDI Coordination Team	Finalisation of the first draft
<b>0.2</b>	16/04/2024	Technical WP leaders	Revision by the technical WP leaders
<b>0.3</b>	24/04/2024	JACARDI Coordination Team	Finalisation of the final version
<b>0.4</b>	01/08/2025	JACARDI Coordination Team	JACARDI Coordination team revised accordingly to the revision provided within the Periodic Report M18

## Glossary of Acronyms

Acronym	Description
CVDs	Cardiovascular Diseases
DG SANTE	European Commission's Directorate-General for Health and Food Safety
DM	Diabetes
EC	European Commission
EC Best Practice	EU Best Practice Portal
EU	European Union
GDPR	General Data Protection Regulation
HaDEA	European Health and Digital Executive Agency
ISS	Istituto Superiore di Sanità
JA	Joint Action
JACARDI	Joint Action on Cardiovascular Diseases and Diabetes
JANFP4Health	Joint Action of National Focal Points for Health
NCDs	Non-Communicable Diseases
NFP	National Focal Point
MS(s)	Member State(s)
WP	Work Package
WPs 6-11	Technical Work Packages

## Keywords

Context analysis; mapping; best practices; EU; cardiovascular diseases; diabetes

## Configuration Management: Document Location

The latest version of this Document is stored in <JACARDI Sharepoint, WP5.1 Folder>.<sup>1</sup>

<sup>1</sup> This link is only accessible to people who already have access to Teams (JACARDI partners).

## Table of Content

1. Executive Summary.....	7
1.1 Structure of the document.....	8
2. Introduction.....	8
2.1.1 Purpose and scope of the document.....	8
2.1.2 Relation to other work in the project.....	9
2.1.3 Applicable and reference documents.....	9
3. The context analysis at the European and country level.....	10
3.1 Rationale.....	10
3.2 Objective.....	11
3.3 Methodological Framework for context analysis at the European and country level.....	11
3.3.1 The country-level questionnaires.....	12
3.3.2 REDCap tool.....	13
3.3.3 Questionnaire distribution and Stakeholder involvement.....	14
3.3.4 Data analysis and reporting.....	15
3.4 Fostering synergies between JACARDI and JANFP4Health.....	16
3.5 Results.....	17
4. Review and Identification of best practices and other appropriate practices.....	168
4.1 Rationale.....	168
4.2 Objective.....	168
4.3 Methodological Framework for the review and identification of best practices and other practices.....	168
4.3.1 Timeline.....	171
4.4 Results.....	171
4.4.1 From mapping to action: alignment and relevance of pilot interventions.....	184
5. Conclusion.....	187
6. Annexes.....	188
6.1 Context analysis resources: questionnaires and glossary.....	188
6.2 JACARDI Pilots presentation and “validation” of their Scientific Rationale – Practice(s) identified checklist.....	188
6.3 Country Profile from the European mapping.....	188
6.4 Spider Graph from the WP9 questionnaire.....	188

# State of the art – Report of findings from the context analysis at the European and country level and reviews of the existing practices

## 1. Executive Summary

The prevention and management of cardiovascular diseases (CVDs) and diabetes pose significant challenges to health systems across Europe, requiring coordinated, evidence-based public health interventions. As part of the JACARDI Joint Action, this report presents the methodological framework and findings of Task 5.1, which aims to provide structured guidance to facilitate context analysis and evidence-based practice identification across technical Work Packages (WPs 6-11). These activities are integral to shaping effective pilot interventions and fostering an appropriate and coherent, equity-driven approach to tackling CVDs and diabetes at European and national levels.

The context analysis conducted offers a comprehensive assessment of CVDs and diabetes prevention and management across Europe. By examining governance, financing, service delivery, capacity, intersectoral collaboration, and equity, this analysis establishes a foundation for understanding systemic gaps and opportunities. The analysis incorporates both EU-wide trends and country-specific findings, enabling core pilot teams to align their interventions with identified needs. Furthermore, the analysis supports the iterative refinement of pilot strategies, ensuring adaptability to evolving public health landscapes. The outcomes of this activity extend beyond academic inquiry; they might serve as a useful tool for policymakers, health authorities, and stakeholders in designing and implementing responsive, sustainable health interventions.

In parallel, a specific focus is given to the identification of evidence-based best practices and other relevant approaches to inform pilot implementation. This process leverages the EU Best Practice Portal, scientific evidence, and expert consultations, ensuring that selected interventions align with key criteria of effectiveness, equity, sustainability, transferability, participation, and intersectoral collaboration. The integration of elements of best practices or other evidence-based interventions reinforces the scientific and operational foundation of pilots, enhancing their scalability and long-term impact. Dedicated WP-specific meetings provided a platform for pilot teams to critically assess and justify their choices, fostering a shared vision and coherent implementation strategies across JACARDI. Furthermore, for each technical WPs 6-11, a triangulation of results was conducted to determine how the pilots' objectives can effectively address the gaps identified in the context analysis. This harmonisation of results ensures that pilot projects are both aligned with health system needs at local and national levels but also reflect the defining criteria of best practices, increasing their potential for broader adoption and sustainability within public health systems.

## 1.1 Structure of the document

This document is structured as follows:

- Introduction: Presents the scope and purpose, outlines the document's structure, and explains its connection to other project activities.
- The context analysis at the European and country level
- The review and identification of best practices or other appropriate practices
- Conclusions

## 2. Introduction

### 2.1.1 Purpose and scope of the document

This document presents the methodological framework and results of the activities carried out under Task 5.1 of the JACARDI Joint Action. The overall objective of this task is to provide structured guidance to support and facilitate the technical WPs 6-11 in two key areas: conducting context analyses at the European level and identifying best practices and other relevant practices related to the prevention and management of cardiovascular diseases (CVDs) and diabetes. These activities are aligned with the specific objectives and focus areas of each WP.

The document is structured around two complementary subtasks:

- **Subtask 5.1.1** focuses on conducting a context analysis to assess the current state of CVDs and diabetes prevention and management across Europe. The analysis explores various dimensions—including governance, financing, service delivery capacity, intersectoral collaboration, and equity—and aligns with the thematic areas of WPs 6-11. In this document, we present the methodology and the results of the context analysis at the EU level, organised both by thematic area (corresponding to the focus of each WPs 6-11) and by disease (CVDs and diabetes). In addition, we provide country-specific information sheets for those countries that responded to the survey, offering a concise overview of national-level findings. These findings support the core pilot teams in assessing whether and how their pilots address these needs at their local and national level. Although pilots had already defined their general and specific objectives, as well as their implementation plans, the iterative approach embedded in the Methodological Framework (Deliverable 5.1) allows them to integrate the results of this analysis during intermediate reporting phases and make any necessary adjustments. Furthermore, the mapping may assist pilot teams in completing specific sections of the Final Implementation Report and the Sustainability Action Plan—two key reporting outputs at the pilot site level. These reports, to be submitted by Month 43, will contribute to the development of the Roadmap, the final deliverable of WPs 6-11, ensuring a structured and evidence-informed approach to long-term impact.
- **Subtask 5.1.2** is designed to guide WPs 6-11 in identifying elements or single element of evidence-based best practices—primarily from the EU Best Practice Portal—and/or other context-appropriate practices to inform pilot implementation. This process provides a solid evidence-based rationale for each pilot and facilitates team building, helping pilot teams clarify objectives and align activities. Through this subtask, core pilot teams explored practices implemented in other European contexts and assessed their relevance for adaptation at national or regional levels. The selected practices were then presented and discussed during dedicated WP-specific meetings involving the

Implementation Board and Coordination Team. These exchanges allowed pilot teams to justify their choices and discuss potential benefits and implementation strategies, contributing to a shared and coherent approach across the Joint Action.

### 2.1.2 Relation to other work in the project

This document is directly linked to the Methodological Framework (Deliverable 5.1), which outlines the methodology and guidelines for the activities described herein. It is also strongly connected to the implementation activities of the WPs 6-11, as it forms the foundational basis upon which the pilot teams have reflected on their objectives and implementation plans. Furthermore, this document will continue to inform and support their ongoing work, particularly through the results of the context analysis, which will guide the adaptation of their activities to address the gaps and needs identified at the country level. As such, the process of adaptation remains iterative, following the guidance and principles established in the Methodological Framework (Deliverable 5.1), ensuring continuous alignment with the local and/or national needs identified through the project.

### 2.1.3 Applicable and reference documents

The methodology presented in this report, including the *Annex IV Country-level context analysis and review and the identification of European best practices and other relevant practices*, is outlined in the Methodological Framework (Deliverable 5.1).

This methodology draws on four key references:

- **SCIROCCO Maturity Model:** For the development of the questionnaire for the European context analysis, the SCIROCCO Maturity Model was used as a foundational reference. SCIROCCO is an online participatory self-assessment tool that helps stakeholders understand the local context and conditions for delivering integrated care in health and social services. It assists in identifying (1) the strengths and weaknesses of the local system, (2) the readiness level of a country, region, or organisation to adopt and scale-up integrated care, and (3) the actions taken by more advanced regions to share knowledge, enable twinning, and provide coaching to overcome barriers and accelerate demand-driven innovation.
- **The WHO Health System Building Blocks** provide a structured framework for assessing the performance and functionality of health service systems. These six core components, service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance, enable a comprehensive evaluation of how health systems operate and respond to population needs. By examining each block, it becomes possible to identify strengths, weaknesses, and interdependencies within the system, offering critical insights into areas requiring improvement. This framework is particularly useful for guiding reforms, ensuring resource efficiency, enhancing service quality, and ultimately improving health outcomes and equity.
- **EU Best Practice Portal:** For the identification of evidence-based best practices, primarily from the EU Best Practice Portal, and/or other context-appropriate practices, we referenced the Guide for submitting Best and Promising Practices to the Public Health Best Practice Portal, as well as the Criteria to Select Best Practices in Health Promotion and Disease Prevention and Management in Europe. These documents provide the framework for selecting and evaluating practices that have demonstrated effectiveness in improving health outcomes and system efficiency.

- **JADECARE Joint Action:** Additionally, we drew upon insights from the JADECARE Joint Action, a previous European initiative in which the coordinators are now part of the JACARDI consortium. As part of this effort, JADECARE supported the transfer of four evidence-based Good Practices, selected by the Steering Group on Health Promotion and Prevention and Management of Non-Communicable Diseases of the European Commission, from their original healthcare systems to 21 other healthcare systems across Europe.

### 3. The context analysis at the European and country level

#### 3.1 Rationale

The rationale for conducting a context analysis at both the European and national levels is anchored in the need to comprehend the broader socio-political and healthcare environment in which new public health interventions will be implemented. The design and successful scaling of interventions aimed at the prevention and management of CVDs and diabetes are contingent upon a thorough understanding of the existing healthcare systems, policies, service delivery models, and institutional capacities at both the European and national levels. Establishing a comprehensive baseline of current frameworks, policies, and practices enables the identification of critical gaps and systemic challenges that may impede the achievement of optimal health outcomes in the prevention and management of these conditions.

The initial phase of this process involves conducting an assessment of the current state of art, which encompasses the strategic frameworks, policy landscapes, healthcare service delivery capacities in place for addressing CVDs and diabetes. This analysis provides a detailed overview of how each country currently approaches these health issues, offering a clear understanding of strengths, weaknesses, and areas of need.

Through the identification of key areas requiring improvement or intervention, this context analysis serves as a foundational tool for informing the design and refinement of pilot projects. It allows core pilot teams to align their strategies with the most pressing needs at local, regional, and national levels, ensuring that interventions are contextually relevant and targeted. Furthermore, the findings from this analysis contribute to the development of the sustainability action plan, providing a basis for scaling and sustaining the outcomes of the pilots beyond the project's lifespan. This ensures that the interventions remain impactful in the long term and can continue to address the evolving needs of the population.

Therefore, the context analysis serves at five major purposes:

- **For the pilot implementation teams:** It ensures that the design and execution of pilot interventions are evidence-informed and responsive to local contexts. By grounding the pilots with the gaps identified through the context analysis enhances the potential for achieving meaningful and measurable impact within diverse health systems.
- **For WPs 6-11 leadership teams:** It provides critical insights that are necessary for the development of roadmaps for scaling up pilot results and outcomes. The analysis also highlights the specific characteristics, factors, and contextual elements that must be taken into account when developing robust implementation strategies tailored to the needs of each country and region.

- **For the JACARDI sustainability action plan:** This analysis informs the development of a sustainable framework for the future impact of JACARDI, ensuring that the initiatives launched under the Joint Action have long-term benefits and are integrated into ongoing public health strategies.
- **For national and regional policymakers and stakeholders:** The context analysis equips policymakers with the evidence needed to design and implement more effective responses to the growing burden of CVDs, diabetes, and other NCDs. It provides the necessary information to incorporate the outcomes of JACARDI pilots into national health strategies, fostering better coordination and resource allocation.
- **For European policymakers and stakeholders:** On a broader scale, the analysis contributes to EU-level policy development aimed at addressing the burden of CVDs and diabetes across Europe. By understanding the diverse challenges and solutions across different countries, it helps to exchange evidence-based practices and to foster collaboration and synergies, creating a unified and effective approach to reducing the burden of these public health challenges on a European level.

In sum, the context analysis is not merely an academic exercise; it is a tool for shaping effective, evidence-based public health policies and interventions. It ensures that the work of JACARDI is grounded in real-world needs and that the pilots can be adapted to achieve meaningful, sustainable impacts at local, national, and European levels.

### 3.2 Objective

The objective of the context analysis is to establish a comprehensive understanding of the current landscape of CVDs and diabetes prevention and management across Europe, with a focus on national and regional specificities (e.g. variations in health care systems, policy landscapes, etc). This comprehensive assessment focused on six key thematic areas: i) health literacy and awareness; ii) data availability, quality, and harmonization; iii) screening of high-risk populations; iv) integrated healthcare pathways; v) patients' self-management; vi) and labour participation. These domains reflect the core intervention areas of JACARDI WPs 6-11 and represent critical components for achieving impactful and sustainable public health outcomes. By systematically mapping existing policies, healthcare delivery models, institutional capacities, and public health frameworks, the analysis aims to identify critical gaps, systemic challenges, and opportunities for improvement. This foundational assessment supports the design, implementation, and scaling of effective, contextually relevant interventions under the JACARDI Joint Action. It ensures that pilot projects are tailored to the specific needs of local health systems and populations, while also informing strategic planning for sustainability and policy integration at national and EU levels. Ultimately, the context analysis facilitates evidence-based decision-making and fosters a coordinated public health response to the growing burden of CVDs and diabetes, contributing to stronger, more resilient health systems across the European Union.

### 3.3 Methodological Framework for context analysis at the European and country level

To achieve the objective of Task 5.1.1, a structured questionnaire-based survey was designed to systematically assess the current national-level measures for the prevention and management of CVDs and diabetes across Europe. Twelve separate yet complementary questionnaires were developed for each of the six thematic areas - health literacy and awareness, data availability and quality, screening of high-risk populations, integrated care pathways, patients' self-management, and labour participation - with tailored

content specific to both CVDs and diabetes. The questionnaires were constructed to capture comprehensive and comparable data across countries, including quantitative and qualitative elements. The questionnaire was developed drawing on internationally recognised models (WHO Health System Building Blocks, SCIROCCO Maturity Model) to ensure methodological robustness, and through contributions from WPs 6–11 leadership teams, who formulated questions based on expert knowledge, evidence from scientific and grey literature, and international guidelines, ensuring alignment with international standards, thematic objectives and operational contexts.

The survey was disseminated to National Focal Points for Health in 32 European countries through a collaborative mechanism with the Joint Action of National Focal Points for Health (JANFP4Health). The participating countries included: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Moldova, Netherlands, Norway, Poland, Portugal, Republic of Serbia, Romania, Slovakia, Slovenia, Spain, Sweden, and Ukraine.

Of these, 21 countries are participating in JACARDI, and to maximise alignment and synergy between the two Joint Actions (JACARDI and JANFP4Health), the questionnaires were also distributed directly to the 21 Competent Authorities involved in JACARDI. This dual distribution strategy was designed to enhance response rates and ensure consistency in data collection.

### 3.3.1 The country-level questionnaires

To systematically assess the six thematic areas identified for the context analysis, a total of 12 structured questionnaires were developed - one for each thematic area, tailored separately for CVDs and diabetes. The thematic areas included:

- Health literacy and awareness
- Data availability, quality, accessibility, and sharing
- Screening of high-risk populations and individuals
- Integrated care pathways
- Patients' self-management
- Labour participation

Each questionnaire followed a common structure comprising two main sections:

i) Governance and Financing, and ii) Service Delivery and Capacity, enabling a comprehensive assessment of both policy-level and operational aspects.

#### I. Governance and Financing

This section, consisting of approximately 15 structured questions, aimed to assess the legal and strategic frameworks, intersectoral policies, equity-oriented approaches, and financing mechanisms in place for the prevention and management of CVDs and diabetes at the national level. The section was organised around five key domains:

- Legal framework
- Strategic framework
- Intersectoral policies and practices

- Equity-oriented approaches
- Funding mechanisms

The conceptual underpinning of this section drew from internationally recognised models, notably the WHO Health System Building Blocks and the SCIROCCO Maturity Model, ensuring methodological robustness and alignment with evidence-based standards. The Task 5.1 team initially developed a core set of questions, which were then tailored to the specific focus and objectives of WPs 6-11. A process of iterative refinement followed, conducted in close coordination with WPs 6-11 leadership teams, to ensure relevance, clarity, and consistency across thematic areas.

## II. Service Delivery and Capacity

This section was designed to assess the actual implementation and availability of health services related to CVDs and diabetes. It focused on mapping existing capacities, identifying service gaps, and understanding challenges at both national and EU levels. The WPs 6-11 leadership teams were responsible for developing the content of this section, ensuring that the questions reflected the specific objectives, target populations, and operational realities of their respective thematic areas.

To ensure coherence and alignment with international standards, WPs 6-11 teams were requested to define an “ideal state” for service delivery and capacity in their thematic area. The identification of the ideal state was guided by three primary sources of information:

- The expert knowledge and experience of WP6-11 leadership teams and partners, supported by references and bibliographic evidence.
- A review of scientific literature, grey literature, national and international guidelines, and findings from previous EU-funded Joint Actions or projects.
- Additional relevant sources, including expert consultations, specialised databases, and web-based resources deemed credible and evidence-based.

Upon submission of the draft questionnaires by each WPs 6-11 team, the Task 5.1 team conducted a thorough harmonisation and quality control process, ensuring consistency in format, terminology, and structure across all 12 questionnaires. This final step was critical to facilitate comparability of results and ensure methodological rigour.

For further information on the 12 questionnaires developed, including structure and content, please refer to Annex 6.1.

### 3.3.2 REDCap tool

For the deployment and data collection of the 12 structured questionnaires, the REDCap (Research Electronic Data Capture) online platform was selected. This choice was based on a combination of methodological, operational, and regulatory considerations:

- Data security and compliance: REDCap is a secure, web-based application designed to support data capture for research and evaluation studies. It facilitates a robust and secure data collection process through protective security measures and role-based access controls. Additionally, REDCap is

designed to support compliance with General Data Protection Regulation (GDPR) standards, ensuring the protection of personal data.

- **Functionality and user-friendliness:** REDCap offers a user-friendly interface that allows for efficient data entry and progressive saving of responses. These features support the completion of complex surveys in a flexible manner, accommodating different working rhythms across participating countries.
- **Reliability and customisation:** The platform supports the creation of customised survey links and the enforcement of mandatory fields, which ensures completeness of data and standardisation of inputs across diverse settings.

Each of the 12 questionnaires was deployed through individualised REDCap survey links, corresponding to the six thematic areas for both CVDs and diabetes. Respondents accessed the questionnaires through these unique URLs, which enabled structured and topic-specific data collection.

Key technical features of the REDCap distribution included:

- **Mandatory completion:** The system was configured to require responses to all mandatory questions prior to submission. This ensured data completeness and minimised missing data, which is critical for robust analysis and comparability across countries.
- **Multi-session completion:** Respondents had the option to save their progress and complete the questionnaire over multiple sessions, supporting higher response quality and facilitating consultation with relevant stakeholders during the response process.
- **Anonymity and data integrity:** The entire process of data entry was designed to be anonymous, with no personally identifiable information collected, although respondents were asked to indicate their country and institution. This approach ensured confidentiality and encouraged open and accurate reporting of national-level data, particularly on potentially sensitive issues related to governance, financing, and service gaps.

The use of REDCap thus provided a secure, efficient, and standardised method for gathering high-quality data across multiple countries, supporting the overarching methodological rigour of Task 5.1.1 and enabling reliable analysis of the current landscape in CVDs and diabetes prevention and management across Europe.

### 3.3.3 Questionnaire distribution and Stakeholder involvement

To ensure effective implementation of Task 5.1.1 and foster collaboration with key national stakeholders, two virtual briefing sessions were organised on 9 February and 22 March 2024 with the National Focal Points for Health participating in the Joint Action on National Focal Points for Health (JANFP4Health). These sessions served multiple purposes:

- To present the objectives and methodological framework of the context analysis;
- To illustrate the structure and content of the 12 questionnaires;
- To emphasise the importance of synergies between JACARDI and JANFP4Health in enhancing data completeness, validity, and comparability across European countries;
- To provide practical guidance on the completion timeline and the use of the REDCap platform for data collection.

These meetings also facilitated direct interaction with the Task 5.1 team, allowing NFPs to raise clarifying questions and ensure alignment with national-level processes for data gathering and expert engagement.

Following the preparatory phase, **on 2 April 2024, the 12 REDCap questionnaire links were officially distributed to the National Focal Points for Health** of 32 European countries, including all 21 countries participating in JACARDI. The distribution was carried out via email by the Coordination Team of the Joint Action on National Focal Points for Health (JANFP4Health), ensuring alignment between the two Joint Actions and facilitating a streamlined and coordinated dissemination process. To strengthen national-level collaboration and ensure comprehensive responses, Competent Authorities involved in JACARDI were also engaged and requested to provide support in two key areas:

- Selection of thematic experts for specific questionnaires, based on national expertise and institutional responsibilities;
- Completion of the questionnaires, either directly or in collaboration with the respective NFP.

Each NFP received a comprehensive package of materials [Annex 6.1], including:

- A Guide to Completion, outlining detailed instructions for accessing, navigating, and completing the online questionnaires;
- A Glossary of Terms, aimed at ensuring consistency in the interpretation of key concepts across different countries and contexts;
- The 12 questionnaires in PDF format, provided for preliminary review and consultation prior to online completion.

The initial deadline for submission was set for 17 May 2024. In response to requests from participating countries and to enhance data completeness, a deadline extension was granted until 7 June 2024, marking the conclusion of the data collection phase. An exceptional submission was subsequently accepted from one country on 12 February 2025, under extraordinary circumstances.

Formal follow-ups were conducted on 30 April, 17 May, and 31 May 2024. Additionally, further bilateral follow-ups were carried out by the JANFP4Health coordination team with the NFPs to ensure timely and complete submission of data.

This structured and multi-level approach to stakeholder engagement and data collection ensured a high level of participation, fostered cross-country comparability, and supported the generation of robust evidence for the subsequent phases of results analysis and within JACARDI.

### 3.3.4 Data analysis and reporting

Following the completion of the data collection process, the Task 5.1 team conducted a descriptive analysis between June and November 2024 to summarize the collected data and extract key insights.

The data were processed using Stata software (version 17 and 18; StataCorp, College Station, TX), a widely used statistical tool, ensuring consistency and methodological rigor in data handling.

Given the nature of the collected information, the analysis primarily involved descriptive statistics, with results presented as absolute numbers (N) and corresponding percentages (%). This approach allowed for a

clear and structured representation of the frequency of responses, facilitating the identification of trends and variations across the surveyed countries.

The analysis aimed to provide an **in-depth overview of the current status of CVDs and diabetes prevention and management at both the European and national levels**. To achieve this, the findings were summarized for each WPs 6-11 and disease (namely CVDs and diabetes), with an additional breakdown at the country level.

The results were presented through a combination of visualizations (such as figures, charts, and graphs) and textual summaries. This approach ensured that the findings were both concise and comprehensive, enabling easy interpretation of complex data.

Each WP and disease area was followed by a **key messages and implications** section, which highlighted the most critical policy and practice implications at the EU level, offering actionable insights for stakeholders and decision-makers.

Additionally, **country profiles** were developed, providing a snapshot of the governance, financing, and service delivery and capacity status in each country that participated in the survey. These profiles facilitated a comparative understanding of national contexts, serving as a valuable resource for evaluating local challenges and opportunities in the implementation of CVD and diabetes-related interventions.

To enhance the clarity and accessibility of the data, the final report was complemented by a graphical layout, designed to improve the readability and understanding of the presented results, ensuring that stakeholders at all levels could easily interpret and act upon the findings. This structured presentation of data, combining both quantitative and qualitative approaches, supports the formulation of evidence-based recommendations for future public health strategies across Europe.

### **Methodological Note**

The results presented below are derived exclusively from the responses of NFPs, JACARDI Competent Authorities, or their designated experts and may not fully capture the comprehensive national context or accurately represent the on-the-ground realities.

The results derived from the questionnaires are based on responses provided at the national level, which may not fully capture the regional or local variations within each country. This is particularly relevant in countries where there may be significant differences in healthcare policies, service delivery, and capacity between different regions or localities. As such, while the data reflects the national perspective, it may not entirely represent the nuances or specificities of local healthcare contexts. Therefore, caution should be exercised when interpreting and generalizing these findings, as they are based on national-level responses and may not fully reflect all aspects of the local context.

## **3.4 Fostering synergies between JACARDI and JANFP4Health**

A preliminary session to present the synergies between JACARDI and JANFP4Health, along with the methodological process employed for mapping, was held during the “Synergies meeting for Integrated Care Showcase event”, co-organized by the European Health and Digital Executive Agency (HaDEA) on October 28-29, 2024 at Spazio Europa, Rome. This event served as a first opportunity to highlight the collaborative efforts between the two Joint Actions, demonstrating how their complementary expertise and resources have

been leveraged to enhance the mapping process for CVDs and diabetes prevention and management. The session also emphasized the methodology used, the cross-country analysis, and evidence-based approaches to ensure the relevance and impact of the findings. A more comprehensive workshop, focused on presenting the detailed results of the context analysis, will be organized in autumn 2025, offering a deeper dive into the outcomes and further fostering the exchange of knowledge and practices between the stakeholders involved.

### 3.5 Results

The following sections present the results of the context analysis, offering a structured overview at the European level. The findings are organized by disease area, first addressing CVDs and subsequently diabetes.

Each disease-specific section is further divided into key thematic areas aligned with the focus of the technical WPs: i) Health literacy and awareness; ii) Data availability, quality, accessibility, and sharing; iii) Screening of high-risk populations and individuals; iv) Integrated care pathways; v) Patients' self-management; vi) Labour participation.

To enhance interpretability and support evidence-informed decision-making, the presentation of results will conclude with key messages and implications for each disease-specific section. These will underscore the most critical policy and practice implications at the EU level, offering actionable insights for stakeholders and policymakers.

Finally, detailed country profiles for responding countries are included as Annex 6.3. These profiles, organized alphabetically, first present information on CVDs, followed by diabetes, offering a country-level perspective that complements the broader European analysis.

# Results from the European Mapping on prevention and management of Cardiovascular Diseases and Diabetes

---

WP06



Health literacy  
and awareness

WP07



Data availability,  
quality, accessibility  
and sharing

WP08



Screening high-risk  
population  
and individuals

WP09



Integrated care  
pathways

WP10



Patients'  
Self-management

WP11



Labour participation  
of people living  
with CVD or DM

# European Mapping on **Health Literacy**

---

*Cardiovascular diseases*

A large, faint, light blue silhouette of a human head and neck is centered on the page. A thick, light blue line starts at the top of the neck, curves down the left side, and then zig-zags across the chest area, ending at the bottom right. This line represents a pulse or a stylized heart. The background is a gradient of blue and teal colors.

---

**WP06**

## Health literacy and awareness

### European mapping on Health Literacy

Health literacy is a fundamental pillar for promoting and sustaining health and well-being across all stages of life. Limited health literacy presents a significant barrier to effective health policies and practices. The pilot projects in JACARDI aim to optimize the way individuals, communities and organizations access, understand and use health information, taking into account their social, cultural and economic characteristics.

This report presents the main findings of the context analysis on health literacy on cardiovascular diseases (CVDs), which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of cardiovascular diseases.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Cardiovascular diseases

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to cardiovascular diseases was conducted across 21 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

#### The availability of governance and financing structures for health literacy on cardiovascular diseases

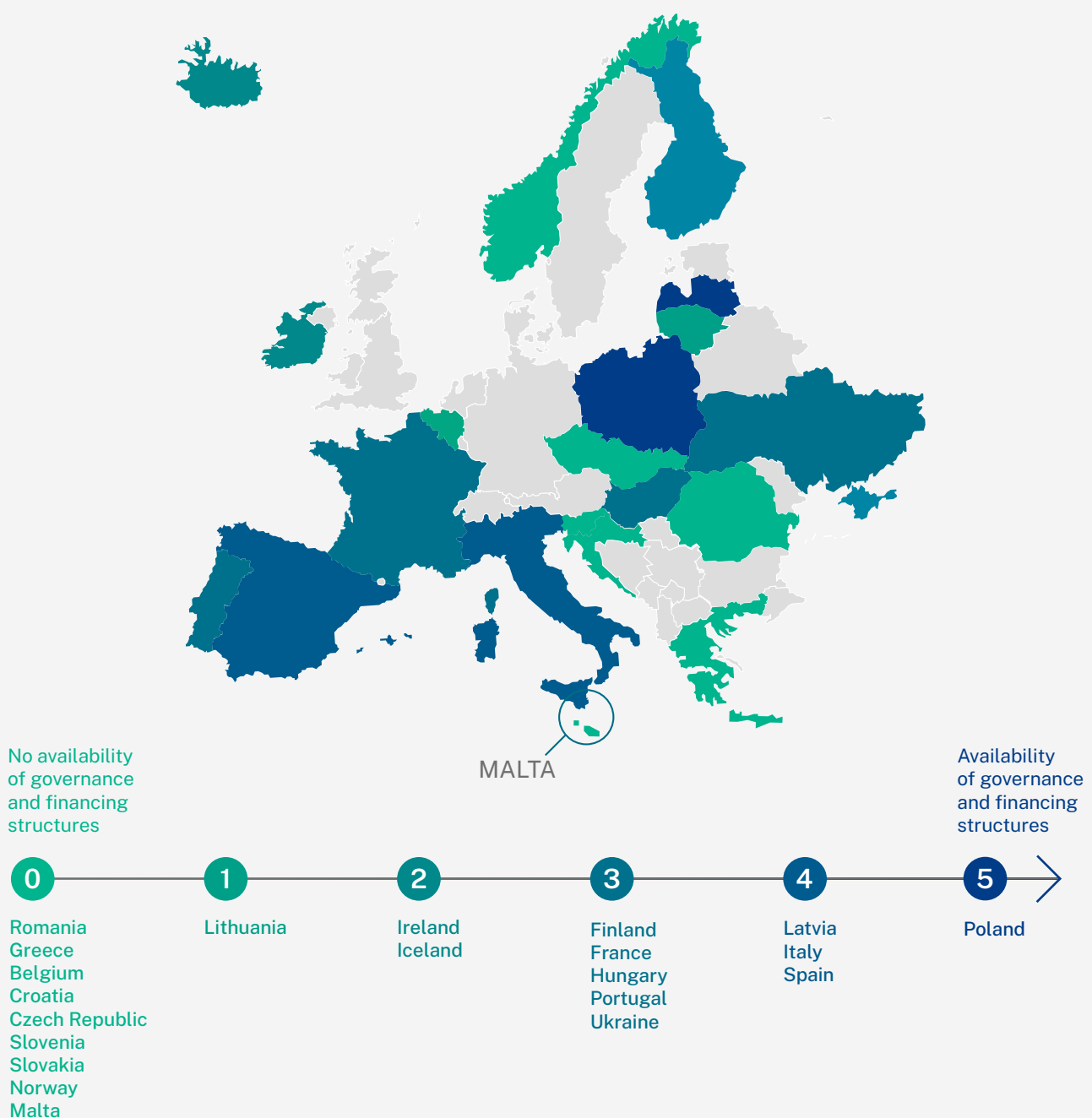


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

About 48% (N=10/21) of the responding countries report having a **national legislation** on health literacy, either specific or non-specific to cardiovascular diseases (Figure 1.1).

Among the ten countries with a national legislation, only two report a **regional and/or local** variability in the adoption of the national legislation (six report no variability and for the remaining two the information is not available).

### Percentage of countries with a national legislation on health literacy

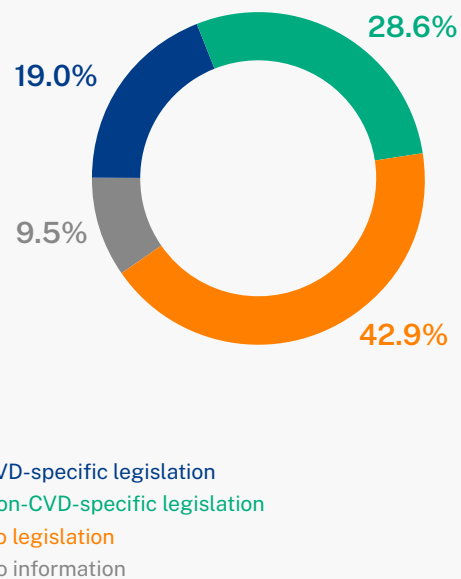


Figure 1.1

### Percentage of countries with a national strategic framework on health literacy

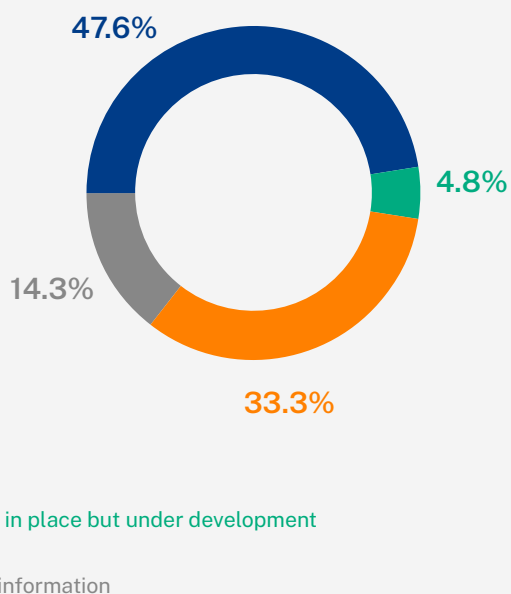


Figure 1.2.1

## 1.2 Strategic framework

Almost half (48%, N=10/21) of responding countries report having a **national strategic framework** established for promoting health literacy on cardiovascular diseases. Additionally, only one (5%, N=1/21) indicates that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, only one reports a **local and/or regional** version of the framework.

The five most frequently reported **objectives of the national strategic frameworks** are: improving population health literacy, promoting behavioural changes, addressing and reducing health inequities, promoting early detection, and enhancing the health literacy responsiveness of health services (Figure 1.2.2).

### The five most frequently reported objectives of the national strategic frameworks



Figure 1.2.2

Among the ten countries with a **national strategic framework**, three (30%, N=3/10) report having already completed and assessed their framework (with one country also reporting the update of the strategic framework). Two countries (20%, N=2/10) report having started the implementation of their framework, while the same proportion (20%, N=2/10) report having approved theirs, although implementation has not yet started (Figure 1.2.3).

Three countries (30%, N=3/10) report **regional or local** variability in the implementation stages of their national strategic frameworks.

### Percentage of countries by implementation stage of national strategic framework

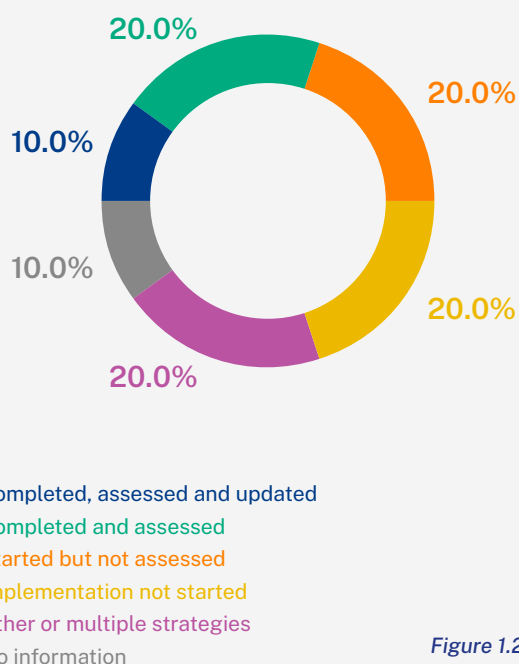


Figure 1.2.3

### 1.3 Intersectoral approach

Of the eleven countries with a strategic framework in place (either national or regional/local), all (N=11/11) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Health, Public Health Agencies on a National, Regional and/or Local level, and Regional and/or Local Health Authorities (Figure 1.3).

**The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework**

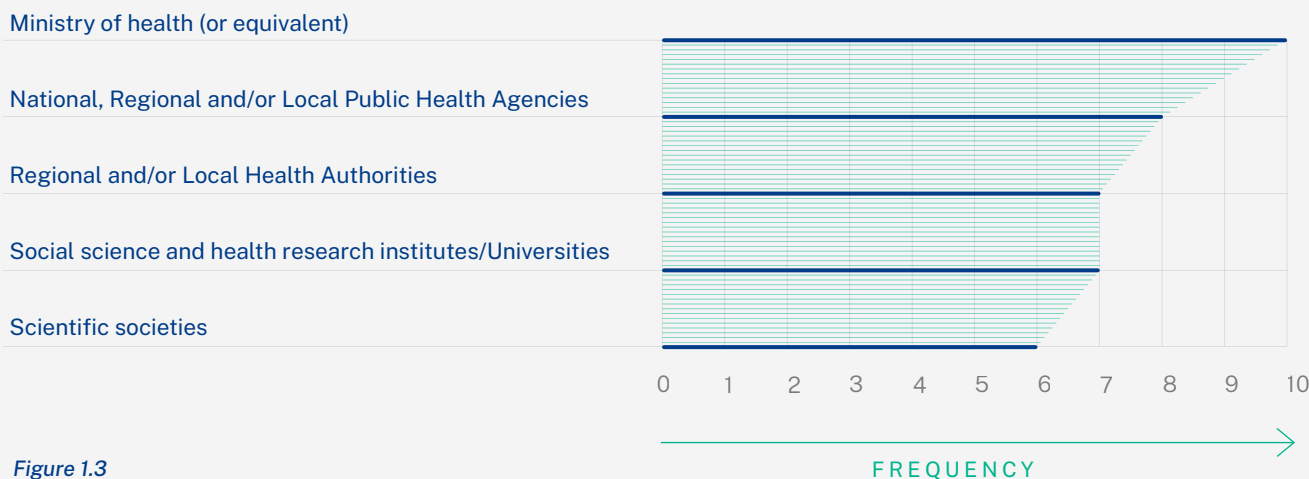


Figure 1.3

### 1.4 Equity-oriented approach

Among the eleven countries with a strategic framework in place, 73% (N=8/11) report that an **equity approach** is embedded in the framework.

The frequently reported recommendations to ensure equity through the strategic framework are: developing and implementing school-based initiatives, monitoring and evaluating social inequalities in health literacy programs among different population subgroups, and collaborating with community leaders and organizations representing populations living in vulnerable situations (Figure 1.4.1).

**The five most frequently reported recommendations to ensure equity through the strategic framework**



Figure 1.4.1

The most frequently reported populations in vulnerable situations addressed by the strategic framework are children, adolescents and older persons (Figure 1.4.2).

**The five most frequently reported populations in vulnerable situations addressed by the strategic framework**

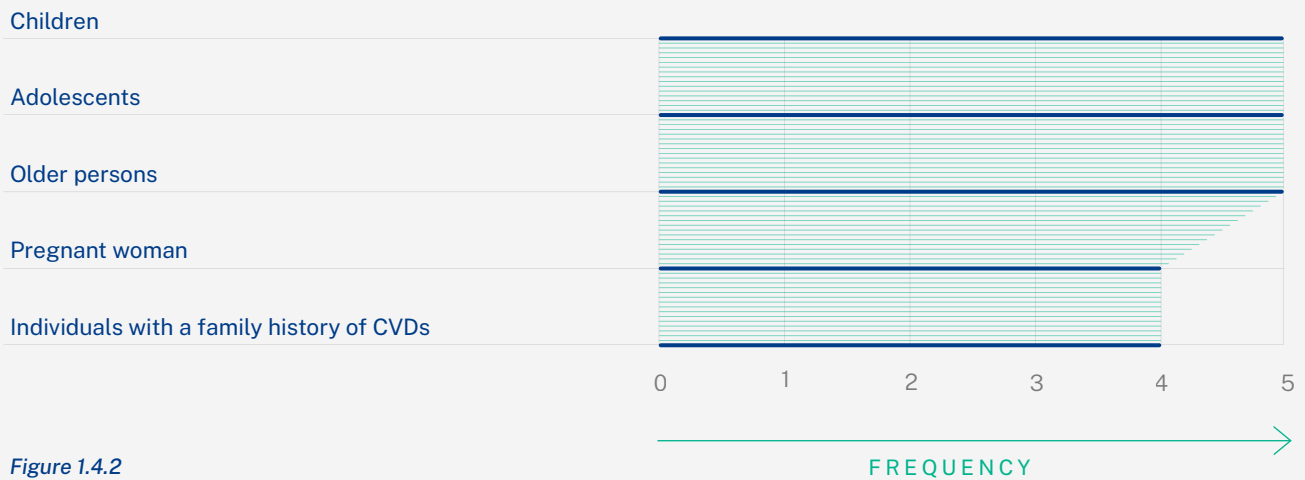


Figure 1.4.2

About 43% (N=9/21) of the responding countries report having education or awareness campaigns that aim to tackle commercial determinants of health (i.e., systems, practices, and pathways through which commercial actors affect health and equity).

The main reported awareness campaigns are on: harmful health effects of unhealthy commodities, incentives for food healthy products, and age-specific restrictions on the sale/distribution of unhealthy commodities (Figure 1.4.3).

**The five most frequently reported awareness campaigns aimed at tackling commercial determinants of health**

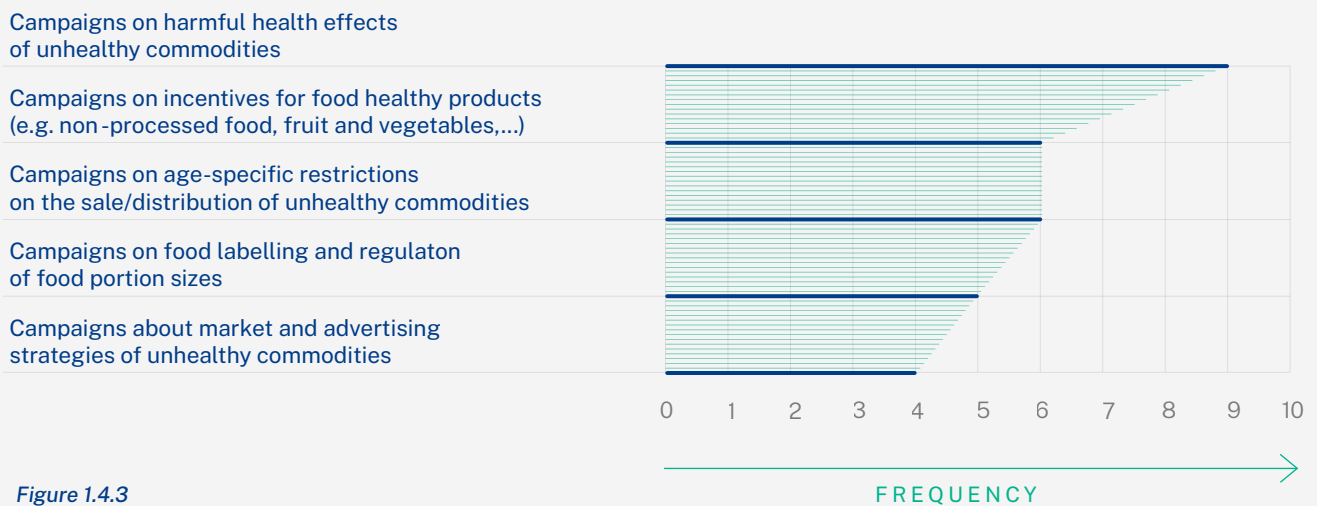


Figure 1.4.3

## 1.5 Funding

Above half of the responding countries (57%, N=12/21) report the availability of **national funding** for health literacy strategies on cardiovascular diseases. One country (5%, N=1/21) reports structural funding (Figure 1.5).

About a quarter of the responding countries (24%, N=5/21) report the availability of funding at the **regional and/or local** level.

Percentage of countries with available national funding for health literacy

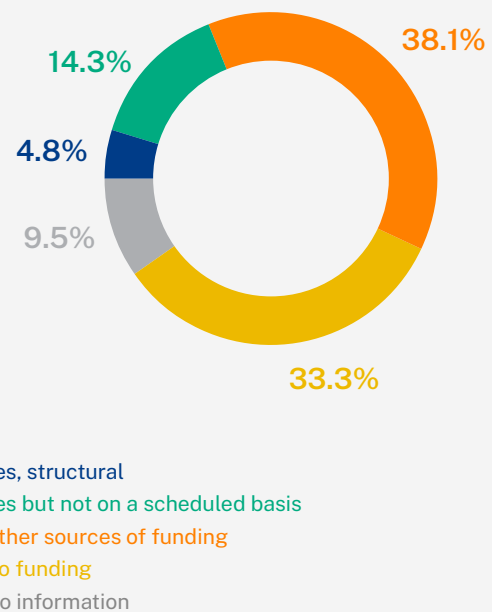


Figure 1.5

## 2. Service Delivery and Capacity

About 48% of the responding countries (N=10/21) report the implementation, either full or partial, of **surveys aiming at enabling comparison of health literacy profiles within regions and countries** to help incentivize authorities and organizations (including governments) to invest in health literacy.

An additional almost 24% of the responding countries (N=5/21) report having planned to conduct such surveys but they have not started yet (Figure 2.1).

**Percentage of countries reporting the implementation of surveys aiming at enabling comparison of health literacy on cardiovascular diseases profiles within regions and countries**

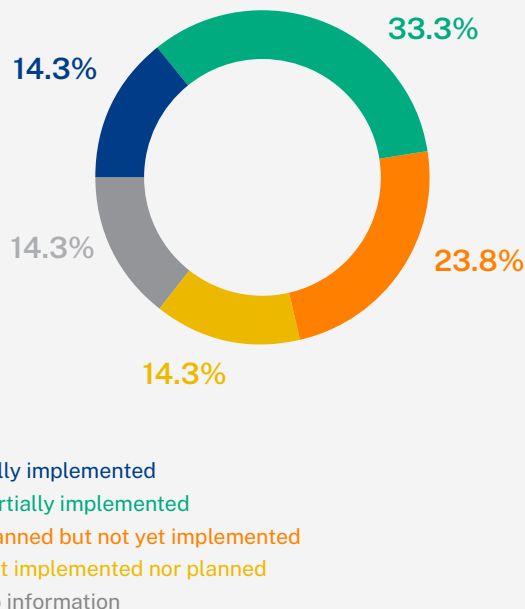


Figure 2.1

**Percentage of countries reporting the implementation of activities to promote health literacy on cardiovascular diseases among leaders and policy-makers in different sectors**

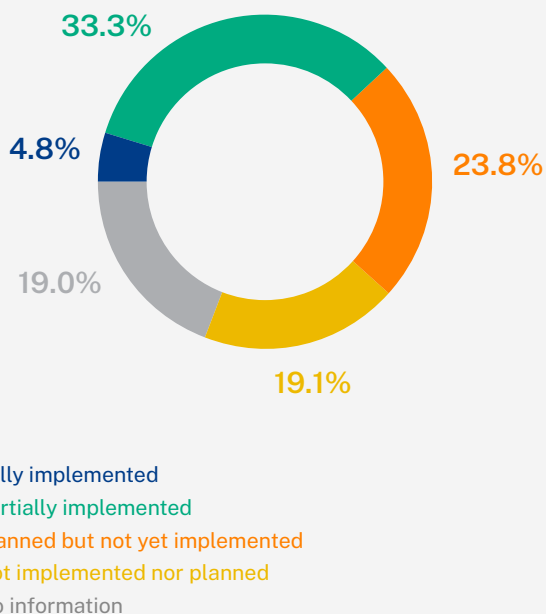


Figure 2.2

Approximately, 38% of the responding countries (N=8/21) report the implementation, either full or partial, of **activities to promote health literacy among leaders and policy-makers in different sectors** to create enabling environments and to assist leaders and policy-makers in the understanding and, therefore, in the application of health literacy issues across sectors in useful and effective ways.

Additionally, almost 24% of the responding countries (N=5/21) report having planned to promote health literacy among leaders and policy-makers but they have not started yet (Figure 2.2).

**Percentage of countries reporting the implementation of strategies concerning health literacy on cardiovascular diseases for mass communication**

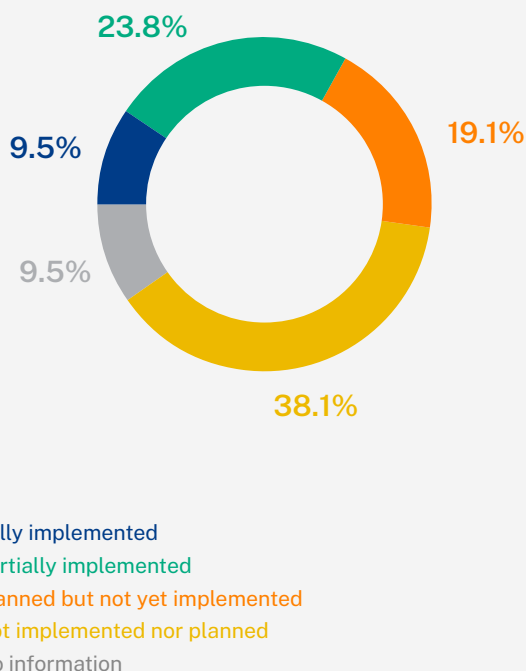


Figure 2.3

A third of the responding countries (33%, N=7/21) report the implementation, either full or partial, of **strategies concerning health literacy on cardiovascular diseases for mass communication**, including setting guidelines for content, presentation, sustainability and delivery systems for information, such as mass media, information websites and hubs, and literature for mass dissemination. Furthermore, approximately a fifth of the responding countries (19%, N=4/21) report having planned strategies for mass communication but they have not started yet (Figure 2.3).

Almost 48% of the responding countries (N=10/21) report the implementation, either full or partial, of **programs to promote child and adolescent health literacy on cardiovascular diseases** through actions aimed at developing knowledge, motivation and competencies of children, parents, school principals and teachers concerning health (e.g. nutrition, anatomy, healthy behaviours, sleep and health services) to promote, access and maintain health throughout life.

Additionally, about 24% of the responding countries (N=5/21) report having planned to implement programs to promote child and adolescent health literacy but they have not started yet (Figure 2.4).

**Percentage of countries reporting the implementation of programs to promote child and adolescent health literacy on cardiovascular diseases**

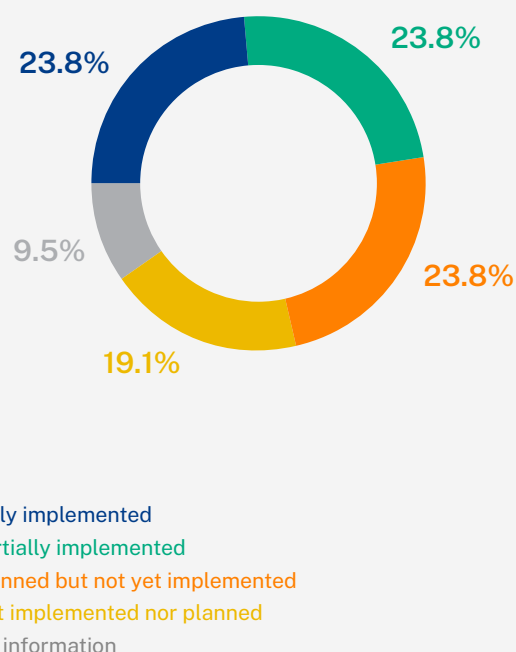
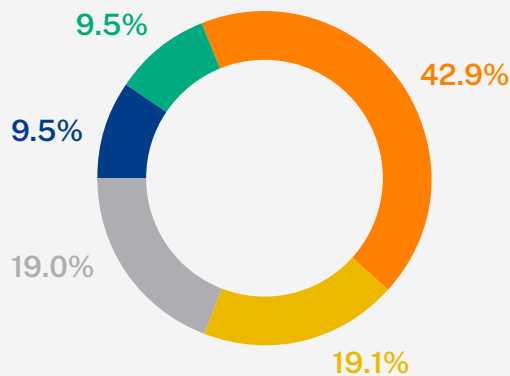


Figure 2.4

**Percentage of countries reporting the implementation of initiatives to improve digital health literacy on cardiovascular diseases**



- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No information

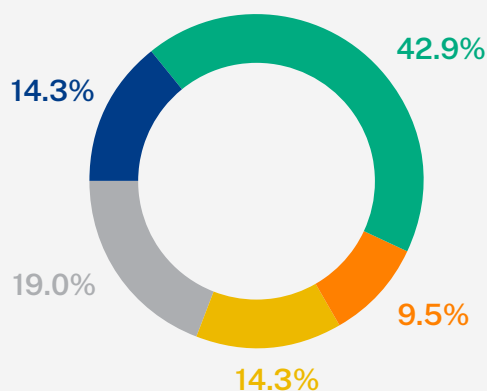
Figure 2.5

Only 19% of the responding countries (N=4/21) report the implementation, either full or partial, of **initiatives to improve digital health literacy concerning cardiovascular diseases** in order to ensure that people have the information, knowledge and skills to engage well in all forms of health services on digital platforms (e.g. use of information technology and digital health, navigation and access to services and insurance systems). Additionally, almost 43% of the responding countries (N=9/21) report having planned to implement initiatives to improve digital health literacy but they have not started yet (Figure 2.5).

Around 57% of the responding countries (N=12/21) report the implementation, either full or partial, of programs **to improve health literacy and behaviour change competencies of health-care staff concerning cardiovascular diseases**, including cultural competence and non-stigmatizing attitudes, especially when engaging with minority groups and groups that may experience marginalization.

Additionally, almost 10% of the responding countries (N=2/21) report having planned these programs but they have not started yet (Figure 2.6).

**Percentage of countries reporting the implementation of programs to improve health literacy and behaviour change competencies of health-care staff concerning cardiovascular diseases**



- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No information

Figure 2.6

### Percentage of countries reporting the implementation of health literacy-related activities for targeting “gap” groups

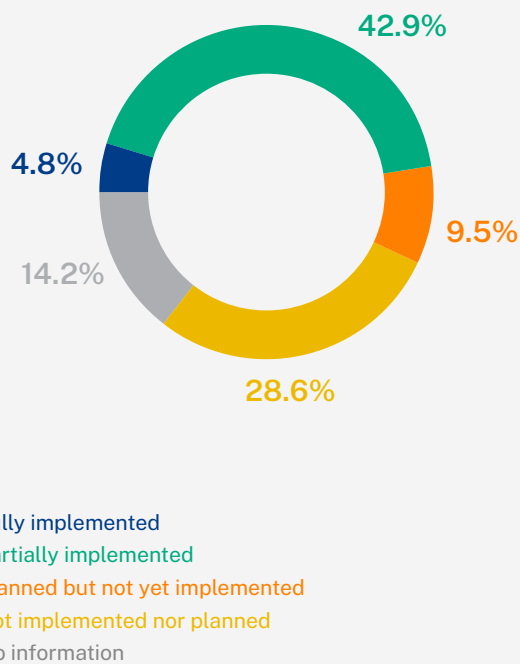


Figure 2.7

Approximately, 48% of the responding countries (N=10/21) report the implementation, either full or partial, of **health literacy-related activities for targeting “gap” groups** — individuals who are not, or are insufficiently, engaging with health services or preventive activities, as well as those not benefiting from current cardiovascular health literacy strategies.

Additionally, about 10% of the responding countries (N=2/21) report having planned these activities but they have not started yet (Figure 2.7).

Almost 29% of the responding countries (N=6/21) report the implementation, either full or partial, of **health literacy initiatives directed to enabling consumer choice and self-direction concerning cardiovascular diseases** with the aim of strengthening programs that focus on self-management and people-centred approaches. Additionally, 19% of the responding countries (N=4/21) report having planned these initiatives but they have not started yet (Figure 2.8).

### Percentage of countries reporting the implementation of health literacy initiatives directed to enabling consumer choice and self-direction concerning cardiovascular diseases

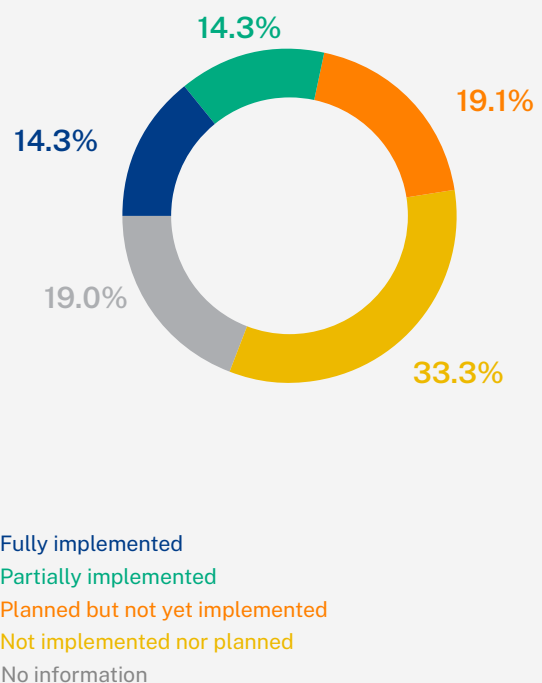


Figure 2.8

### Percentage of countries reporting the implementation of initiatives to promote community action on health-related issues concerning cardiovascular diseases

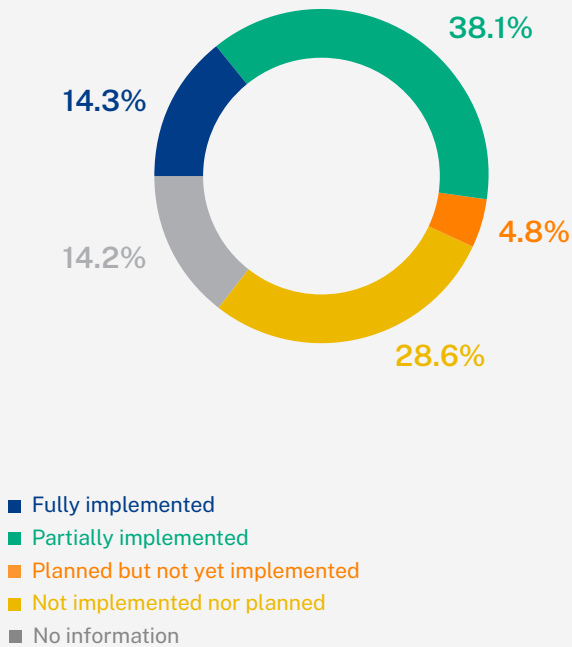


Figure 2.9

About 52% of the responding countries (N=11/21) report the implementation, either full or partial, of **initiatives to promote community action on health-related issues concerning cardiovascular diseases** stressing the extent to which people have the critical health literacy needed to actively engage in their communities and wider society through talking about their concerns, participating in public debates and decision-making processes about health, and demanding policy and programme changes necessary to improve health and equity for people around them. Additionally, one country (5%, N=1/21) reports having planned these initiatives but it has not started yet (Figure 2.9).

# European mapping on **Data availability, quality, accessibility and sharing**

---

*Cardiovascular diseases*



## Data availability, quality, accessibility and sharing

### European mapping on Data availability, quality, accessibility and sharing

---

Accurately monitoring risk factors, prevalence and progress of diseases is essential to identify a country's health challenges. The pilot projects in JACARDI aim to improve data quality and collection methods for cardiovascular diseases (CVDs). This is achieved through standardization and harmonization of the data, which allows for better comparisons between countries and helps to pinpoint opportunities for improvement in each country.

This report presents the main findings of the context analysis on data availability, quality, accessibility and sharing, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of cardiovascular diseases.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Cardiovascular diseases

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to cardiovascular diseases was conducted across 20 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

#### The availability of governance and financing structures for disease registries on cardiovascular diseases

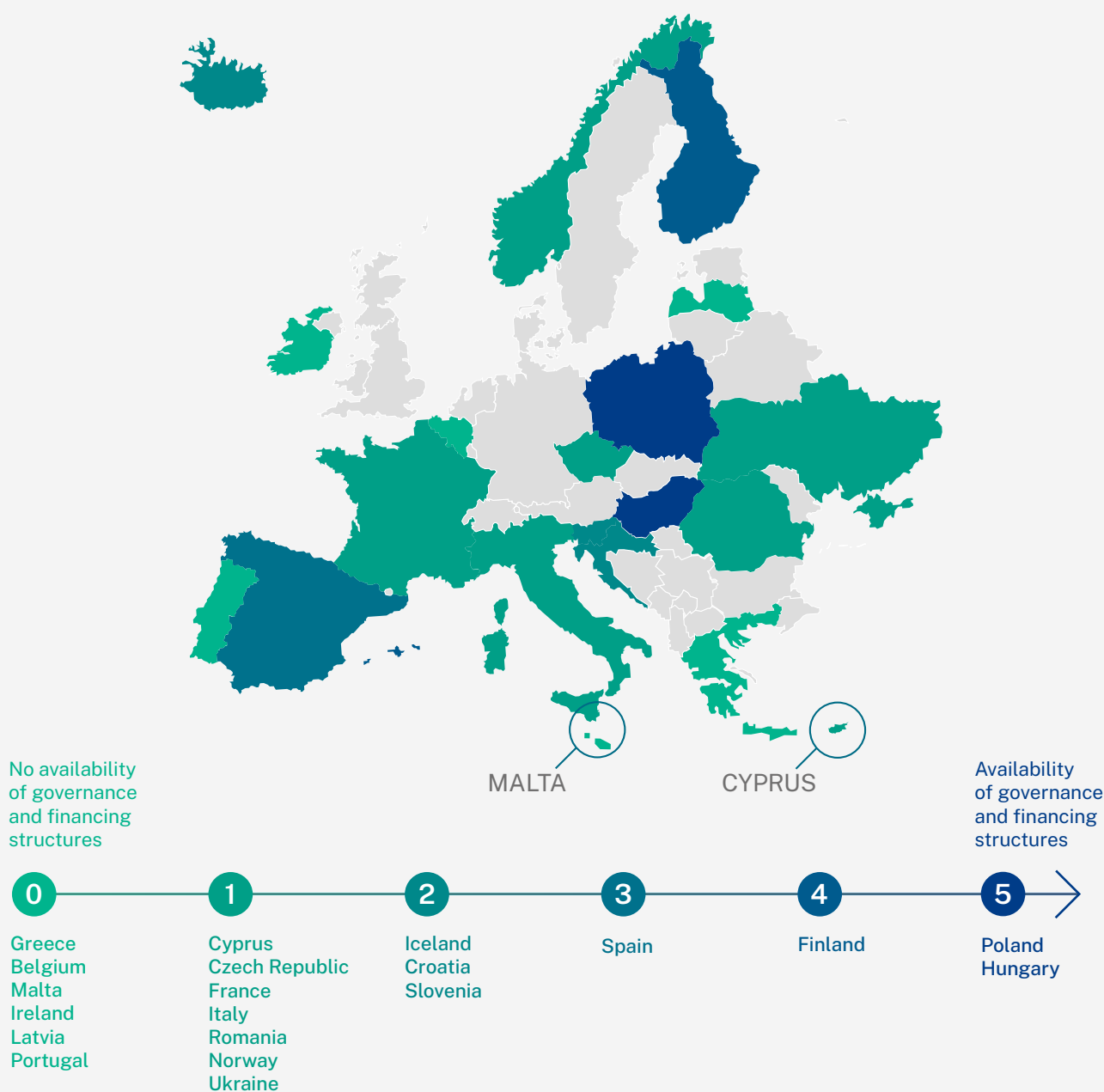


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

70% (N=14/20) of the responding countries report having a **national legislation** on disease registries, either specific or non-specific to cardiovascular diseases (Figure 1.1).

Among the 14 countries with a national legislation, only one reports a **regional and/or local** variability in the adoption of the national legislation (11 report no variability and for the remaining 2 the information is not available).

Percentage of countries with a national legislation on disease registries

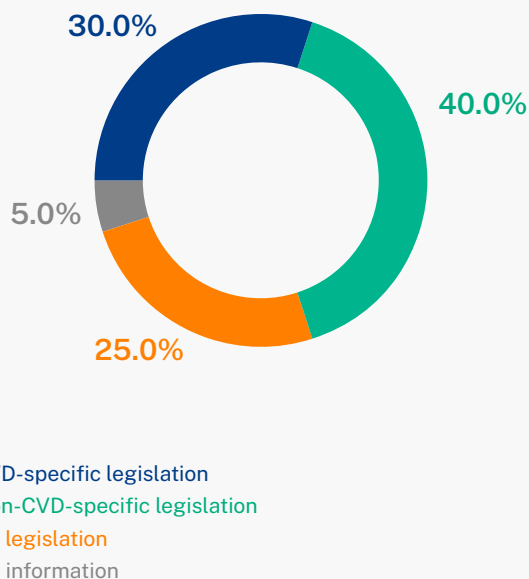


Figure 1.1

Percentage of countries with a national strategic framework on disease registries

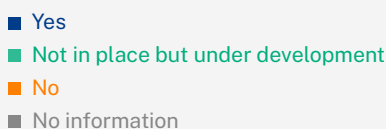
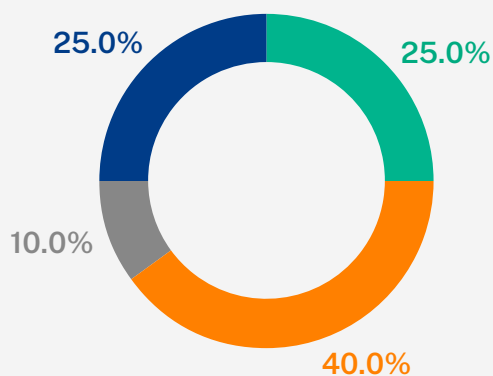


Figure 1.2.1

## 1.2 Strategic framework

A limited number of responding countries (25%, N=5/20) report having a national strategic framework established for developing and implementing cardiovascular diseases registries. Additionally, 25% (N=5/20) indicate that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, only one reports a **local and/or regional** version of the framework.

The five most frequently reported objectives of the national strategic frameworks are: contributing to public health intervention planning as well as scientific and epidemiological research, facilitating access to data, monitoring and evaluating the effectiveness of public health interventions and population health (Figure 1.2.2).

### The five most frequently reported objectives of the national strategic frameworks



Figure 1.2.2

Among the five countries with a national strategic framework, only one (20%, N=1/5) reports having already completed, assessed and updated its framework. The majority of countries (60%, N=3/5) report having started the implementation of their framework, with one country also reporting that it has made its assessment and two others reporting that their assessments are still pending. However, one country (20%, N=1/5) reports having prepared and approved the framework but has not yet started its implementation (Figure 1.2.3).

One country (20%, N=1/5) reports **regional or local** variability in the implementation stages of its national strategic framework.

### Percentage of countries by implementation stage of national strategic framework

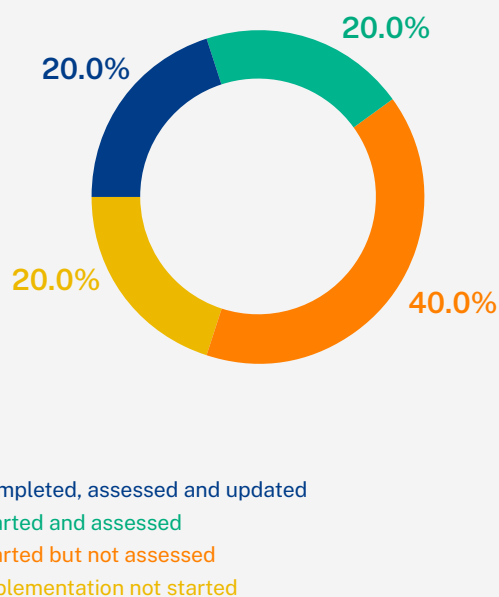


Figure 1.2.3

### 1.3 Intersectoral approach

Of the six countries with a strategic framework in place (either national or regional/local), almost all (83%, N=5/6) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Health, Social science and health research institutes/Universities, and Public Health Agencies on a National, Regional and/or Local level (Figure 1.3).

#### The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework

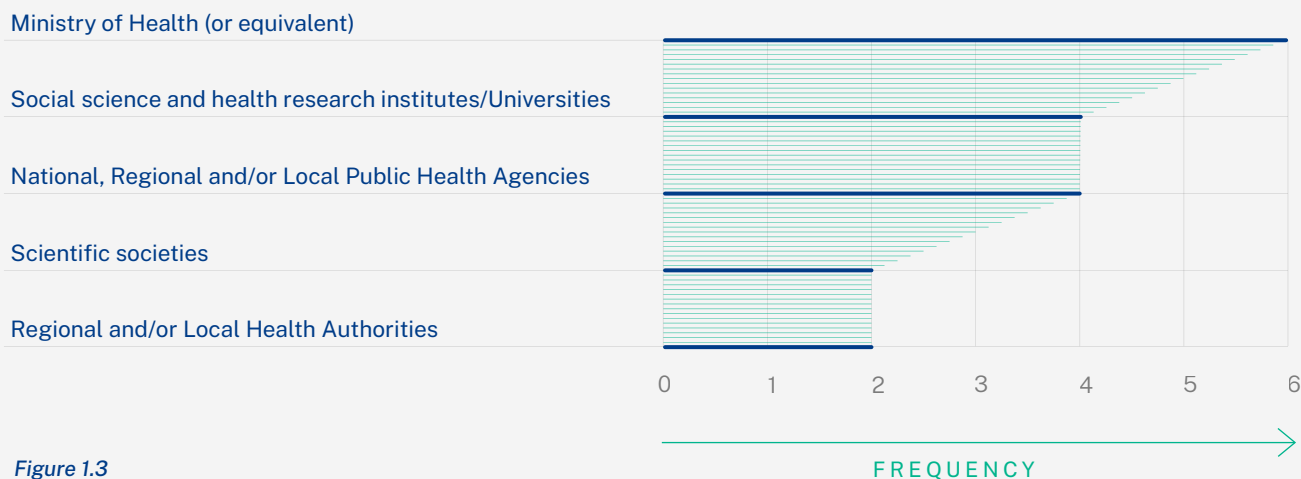


Figure 1.3

### 1.4 Equity-oriented approach

Among the six countries with a strategic framework in place, nearly all (83%, N=5/6) report that their cardiovascular diseases registries incorporate an equity focus and collect, or can be linked, to sociodemographic data. The frequently reported sociodemographic variables included are sex, age, and comorbidities (Figure 1.4).

#### The five most frequently reported sociodemographic variables included in the registries on cardiovascular diseases



Figure 1.4

## 1.5 Funding

45% (N=9/20) of the responding countries report the availability of **national funding** for the creation and maintenance of digital platforms or registries on cardiovascular diseases. Structural funding is available in 20% (N=4/20) of the responding countries (Figure 1.5).

30% of the responding countries (N=6/20) report the availability of funding at the **regional and/or local** level.

Percentage of countries with available national funding for registries on cardiovascular diseases

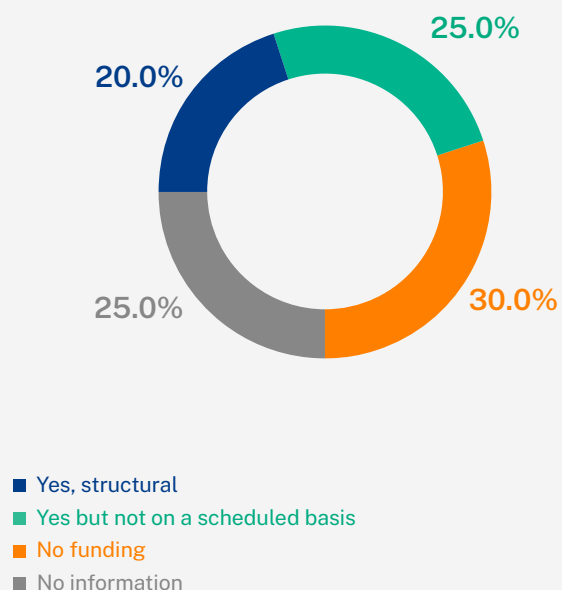
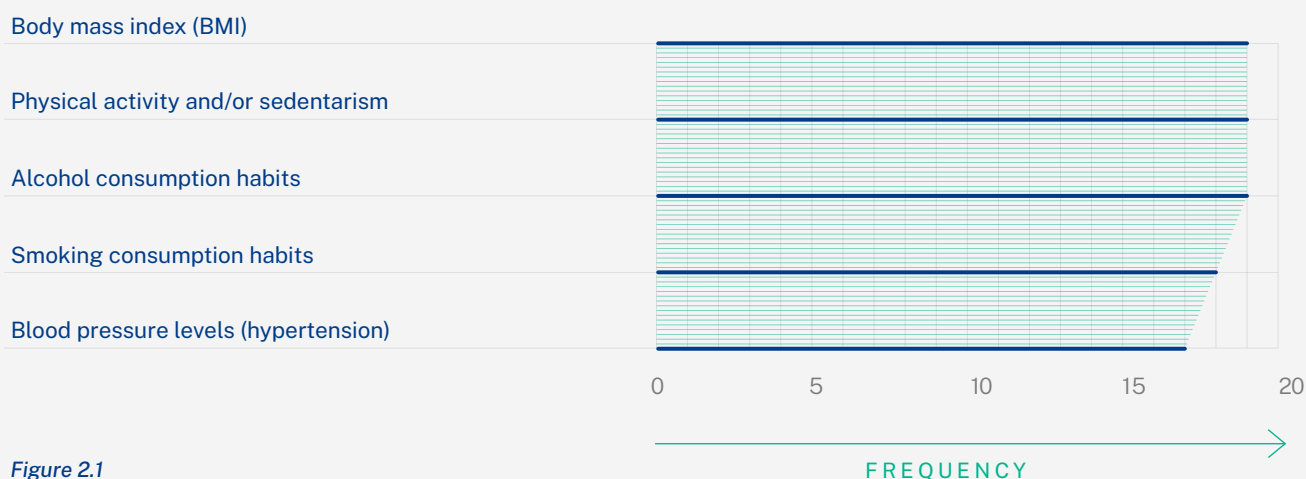


Figure 1.5

## 2. Service Delivery and Capacity

All of the responding countries (N=20/20) report conducting regular national health examination surveys, health interview surveys, or cohort studies that analyse the prevalence and/or incidence of cardiovascular diseases, health-related lifestyles, and biological risk factors. The most frequently investigated indicators are body mass index (BMI), physical activity and/or sedentarism, and alcohol consumption habits. (Figure 2.1).

### The five most frequently reported indicators investigated in national health interview or cohort studies



35% of the responding countries (N=7/20) report the presence of registries for cardiovascular diseases that include information on epidemiology, clinical care and outcomes at national level (Czech Republic, Finland, Hungary, Iceland, Norway, Poland, Ukraine).

30% of the responding countries (N=6/20) indicate that registries for cardiovascular diseases are available at the **regional/local** level (Belgium, Croatia, Finland, Hungary, Iceland, Ireland).

75% of the responding countries (N=15/20) report having a unique identifier for each individual, which facilitates access to and integration of all health-related information at the national level. Additionally, 60% (N=12/20) report having an electronic health record system that enables the integration of health-related data specifically for cardiovascular care at national level.

60% of the responding countries (N=12/20) report having recommendations for the use and implementation of standard data terminologies (e.g. International Classification of Diseases (ICD) system, Systemized Nomenclature of Medicine (SNOMED) system, Logical Observation Identifiers Names and Codes (LOINC) system, Human Phenotype Ontology (HPO) vocabulary, etc.) including all levels of the health system. Of these, 45% (N=9/20) report recommendations and implementation at both national and local/regional levels, 10% (N=2/20) only at national level and 5% (N=1/20) only at regional/local level, as shown in Figure 2.2.

**Percentage of countries reporting recommendations on the use and implementation of standard data terminologies**

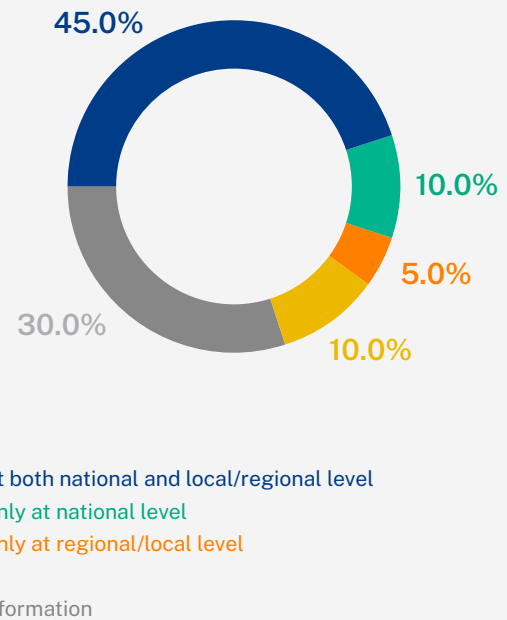


Figure 2.2

**Percentage of countries reporting the implementation of policies on data accessibility**

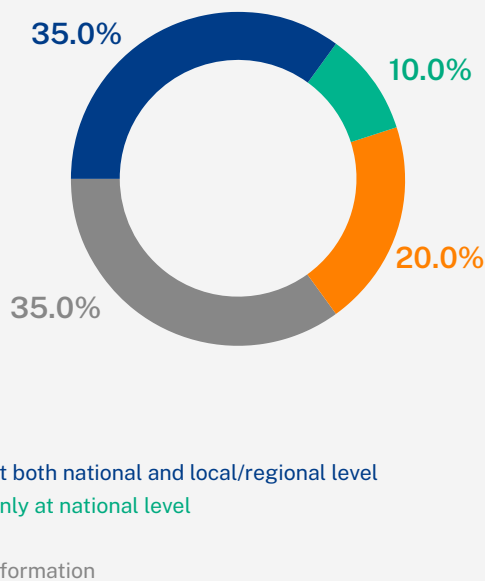


Figure 2.3

45% of the responding countries (N=9/20) report having policies in place on data accessibility, including data governance standards for accessing raw source data from electronic health records (EHR) (Figure 2.3).

45% of the responding countries (N=9/20) report having policies that ensure accountability for data accessibility and transparency (Figure 2.4).

#### Percentage of countries reporting the implementation of policies on accountability for data accessibility

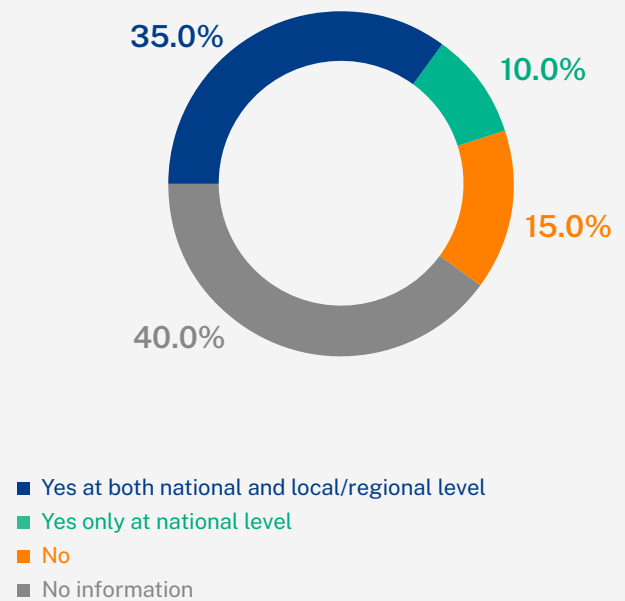


Figure 2.4

#### Percentage of countries reporting the implementation of policies on traceability of data access by managers, researchers or other data access stakeholders

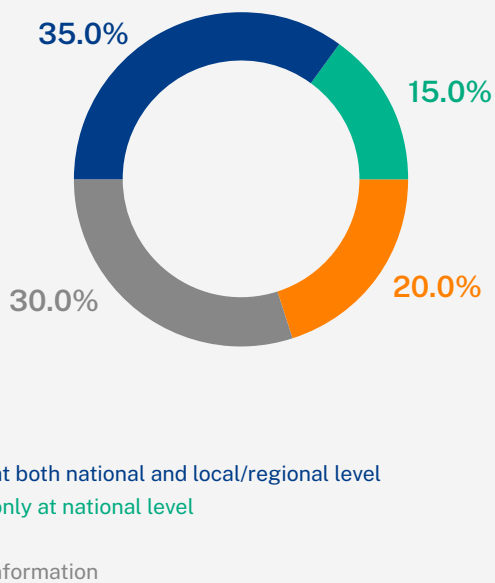


Figure 2.5

Half of the responding countries (50%, N=10/20) report having policies on traceability of data access by managers, researchers, or other data access stakeholders (Figure 2.5).

25% of the responding countries (N=5/20) report having recommendations and methodologies for calculating and evaluating the costs associated with cardiovascular diseases (Figure 2.6).

### Percentage of countries reporting recommendations and methodologies for calculating and evaluating the costs associated with cardiovascular diseases

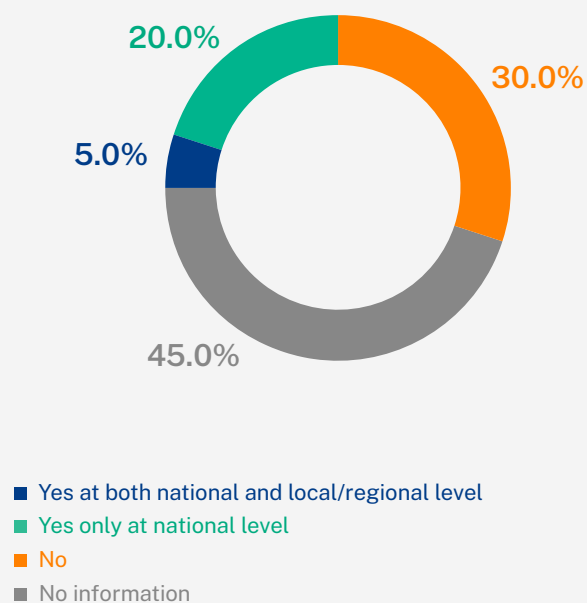
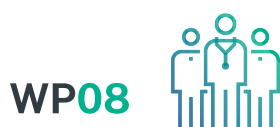


Figure 2.6

# European mapping on **Screening high-risk populations and individuals**

---

*Cardiovascular diseases*



## Screening high-risk population and individuals

### European mapping on Screening high-risk populations and individuals

---

Identifying individuals with an increased risk of developing cardiovascular diseases (CVDs) is essential, as the onset and progression of this condition can largely be prevented through lifestyle changes and adequate management of risk factors. The pilot projects in this area aim to collect standardized information on the distribution of specific risk factors and on global risk assessment for cardiovascular diseases across European countries, so that targeted measures can be taken for the population at risk.

This report presents the main findings of the context analysis on screening for high-risk populations and individuals, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of cardiovascular diseases.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Cardiovascular diseases

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to cardiovascular diseases was conducted across 18 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

**The availability of governance and financing structures for screening of cardiovascular diseases**

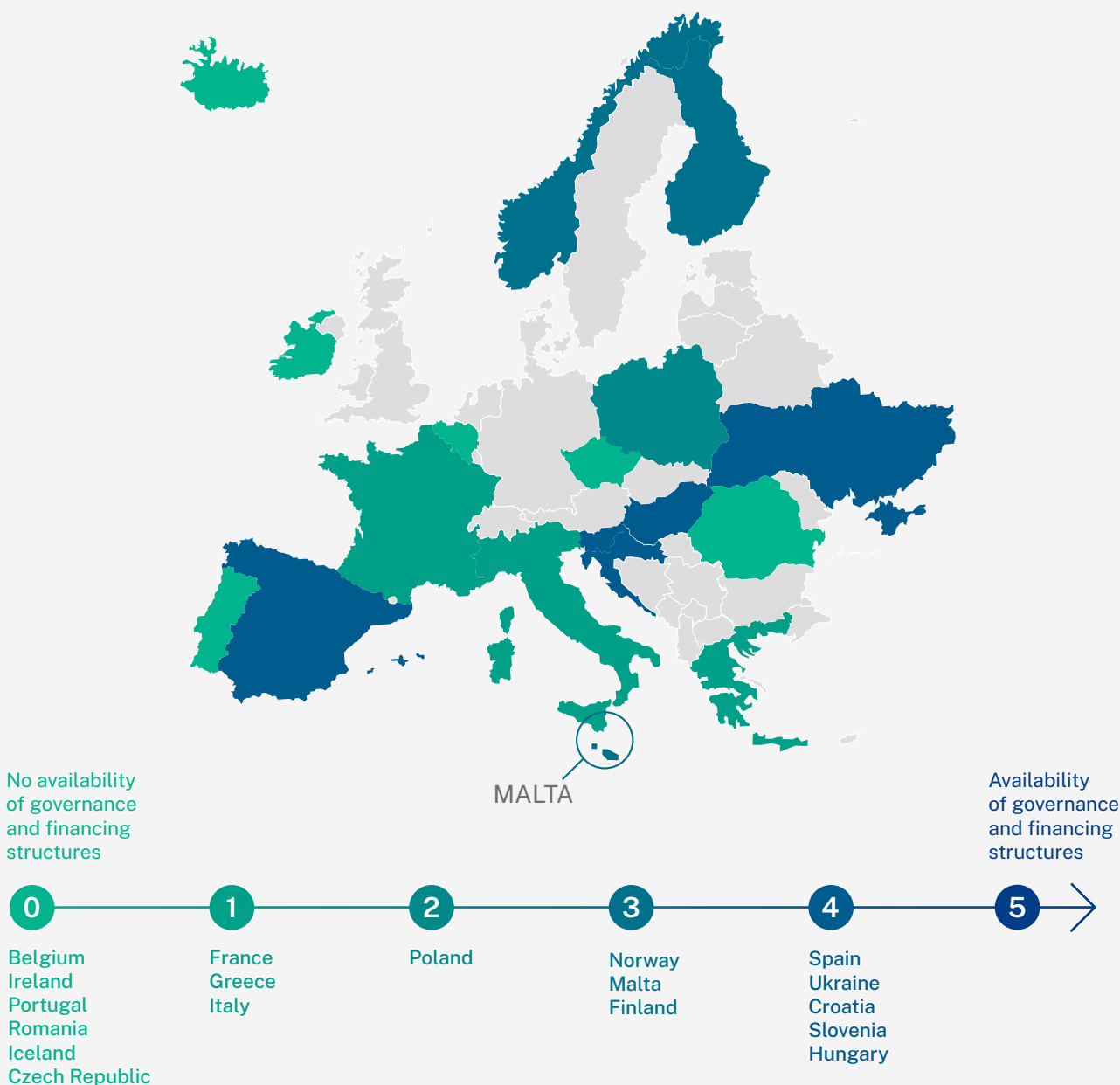


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

Half of the responding countries (50%, N=9/18) report having a **national legislation** on screening activities for persons at high risk of developing either cardiovascular diseases or non-communicable diseases (NCDs), either specific or non-specific to cardiovascular diseases (Figure 1.1).

Among the nine countries with a national legislation, only two report a **regional and/or local** variability in the adoption of the national legislation (six report no variability and for the remaining one the information is not available).

### Percentage of countries with a national legislation on screening activities

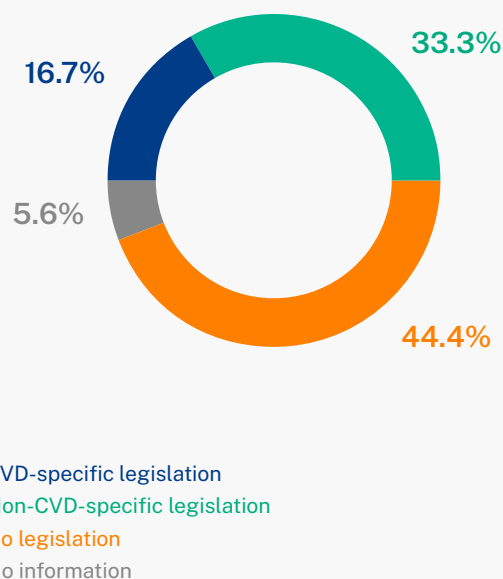


Figure 1.1

### Percentage of countries with a national strategic framework on screening activities for persons at high risk of developing cardiovascular diseases

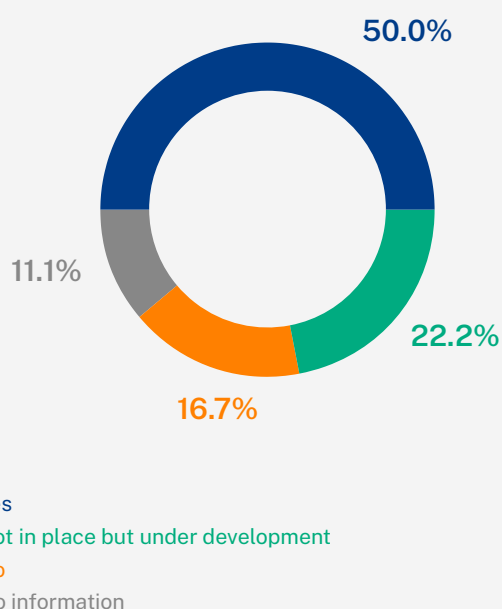


Figure 1.2.1

## 1.2 Strategic framework

Half of the responding countries (50%, N=9/18) report having a national strategic framework established to promote screening activities for persons at high risk of developing cardiovascular diseases. Additionally, about 22% (N=4/18) indicate that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, none reports a **local and/or regional** version of the framework.

Responding countries have been asked to report the main objectives of the national strategic framework on the screening of high-risk populations and individuals. Screening activities are generally framed in the prevention plans and aim at ensuring equal access to prevention programmes for all. Details on the answers are provided in the Appendix.

Among the nine countries with a national strategic framework, five (56%, N=5/9) report having already completed and assessed their framework (with three countries also reporting the update of the strategic framework). Two countries (22%, N=2/9) report having started the implementation of their framework (with one country also reporting that it has made its assessment). One country (11%, N=1/9) reports having another strategy or multiple ones at different stages and lastly, one country (11%, N=1/9) reports no information (Figure 1.2.2).

Four countries (44%, N=4/9) report **regional or local** variability in the implementation stages of their national strategic frameworks.

**Percentage of countries by implementation stage of national strategic framework**

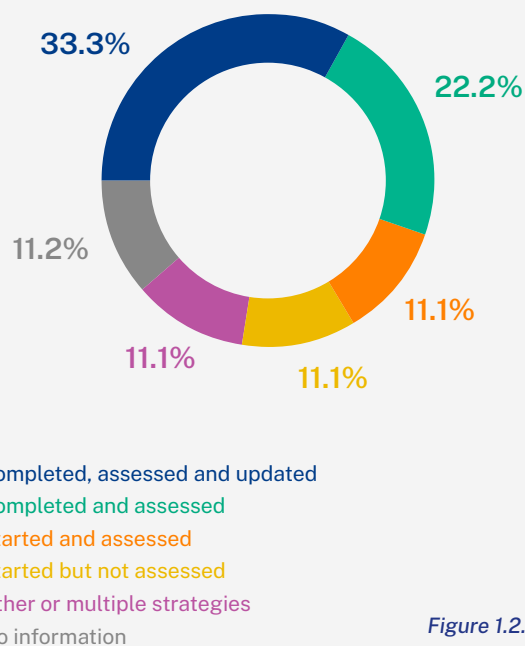


Figure 1.2.2

### 1.3 Intersectoral approach

Of the nine countries with a strategic framework in place, almost 78% (N=7/9) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Health, Public Health Agencies on a National, Regional and/or Local level, and Regional and/or Local Health Authorities (Figure 1.3).

**The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework**

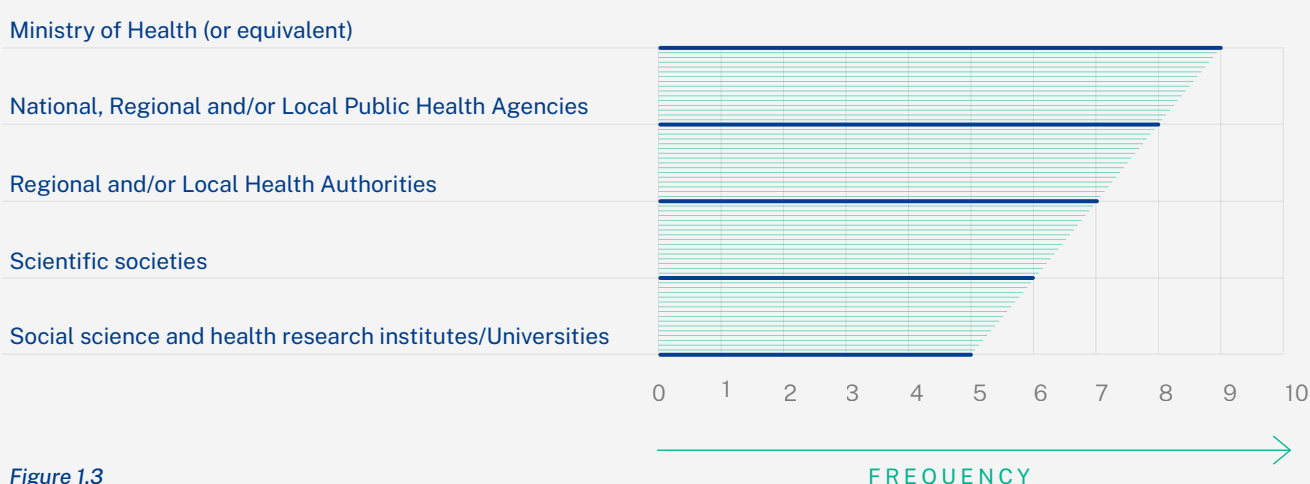


Figure 1.3

## 1.4 Equity-oriented approach

Among the nine countries with a strategic framework in place, almost 67% (N=6/9) report that an **equity approach** is embedded in the framework. All of them (N=6/6) report having recommendations to address health inequities. The frequently reported recommendations to ensure equity through the strategic framework are: providing free or low-cost screening services, promoting health literacy and raising awareness on the importance of screening among persons at a high risk for CVDs, training health services providers in working with persons from diverse cultural and ethnic backgrounds, developing screening strategies that respect and incorporate cultural beliefs and practices, and development of plain language and multilingual (health-related) communications (Figure 1.4.1).

**The five most frequently reported recommendations to ensure equity through the strategic framework**



Figure 1.4.1

Among the nine countries with a strategic framework in place, 56% (N=5/9) report that the strategic framework specifically addresses populations in vulnerable situations.

The most frequently reported populations in vulnerable situations addressed by the strategic framework are children, older persons, and individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood) (Figure 1.4.2).

**The five most frequently reported populations in vulnerable situations addressed by the strategic framework**



Figure 1.4.2

## 1.5 Funding

Almost 67% (N=12/18) of the responding countries report the availability of **national funding** for screening activities for persons at high risk of developing cardiovascular diseases. Structural funding is available in approximately 22% (N=4/18) of the responding countries (Figure 1.5).

About 39% of the responding countries (N=7/18) report the availability of funding at the **regional and/or local** level.

Percentage of countries with available national funding for screening activities for persons at high risk of developing cardiovascular diseases

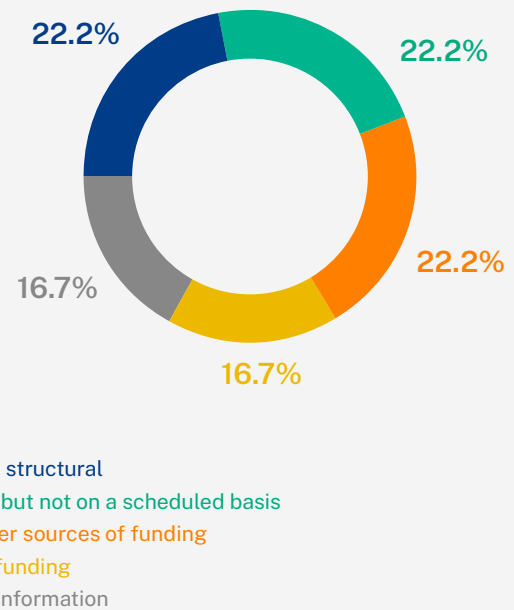


Figure 1.5

## 2. Service Delivery and Capacity

Over half of the responding countries (56%, N=10/18) report having a systematic surveillance for risk factors for cardiovascular diseases. In five countries this is conducted at the national level, in one only at the regional/local level, and in four countries it is conducted at both the national and regional/local level.

The most frequently reported instances where data is routinely collected to monitor risk factors for cardiovascular diseases are through: population based (general population) health examination surveys, targeted systemic screening in healthcare settings, and opportunistic screening (Figure 2.1).

### The five most frequently reported instances where data is routinely collected to monitor risk factors for cardiovascular diseases

Population based (general population) health examination survey

Through targeted systemic screening at the health care setting

Through opportunistic screening

Other

Population based, targeted population group such as migrants, health examination

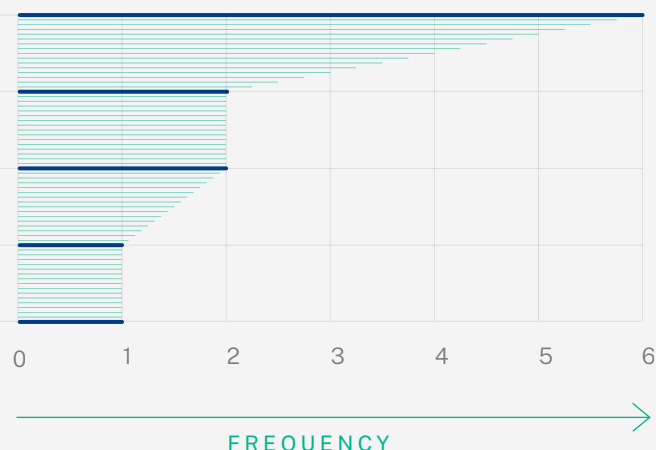


Figure 2.1

The great majority of responding countries (83%, N=15/18) report having cardiovascular diseases risk assessment tools routinely used.

The most frequently reported risk assessment tools are: the European Society of Cardiology Systematic Coronary Risk Evaluation 2 (ESC SCORE2), the European Society of Cardiology Systematic Coronary Risk Evaluation 2-Older Persons (ESC SCORE2-OP) and the European Society of Cardiology Systematic Coronary Risk Evaluation 2-Diabetes (ESC SCORE2-Diabetes) (Figure 2.2).

### The five most frequently reported cardiovascular diseases risk assessment tools

ESC SCORE2

ESC SCORE2-OP

ESC SCORE2-Diabetes

ESC SCORE national adaptation

Other

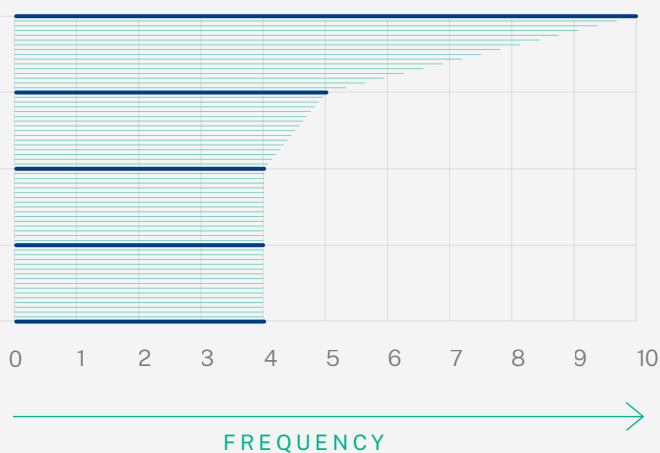


Figure 2.2

## Appendix

Country	Please describe briefly the declared objectives of the national strategic framework (including if it is population based or opportunistic)
<b>Croatia</b>	The National program of screening and early detection of family hypercholesterolaemia is a document that describes how the screening for family hypercholesterolemia among children starting elementary school is to be carried out in Croatia.
<b>Finland</b>	The Current Care guidelines are intended as a basis for clinical decision-making and can be used by healthcare professionals and citizens. The screening activities that these guidelines endorse (e.g., risk calculators and diagnostic tests) may be applied in population-based, opportunistic, and systematic screening.
<b>Hungary</b>	Above 21 years old.
<b>Italy</b>	Early identification and taken in charge persons in conditions of risk increased for non-communicable diseases and/or affected by pathology in connection with the actions of National Chronic Care Plan.
<b>Malta</b>	Objectives were targeted for the year 2020. Currently there are efforts to update the framework and strategy.
<b>Norway</b>	<p>The Norwegian Directorate of Health has issued a national guideline for the prevention of cardiovascular disease. The guideline is well implemented in both primary care and the specialist health care. The guideline promotes:</p> <ul style="list-style-type: none"> <li>- active case-finding of persons at high risk of cardiovascular diseases</li> <li>- to use a risk-based approach when deciding to whom advice lifestyle change (healthy diet, more physical activity, enough sleep, stop smoking, less alcohol etc) and who should receive primary prevention of cardiovascular diseases with drugs (anti-hypertensive treatment and/or cholesterol lowering).</li> </ul>
<b>Slovenia</b>	<p>Resolution on the National Health Care Plan 2016-2025 defines a specific goal on:</p> <ul style="list-style-type: none"> <li>• strengthening preventive approaches at primary health level aiming at upgrading curative care with prevention activities. By introducing new preventive approaches in all clinics at the primary level and pharmacies, the aim is to:</li> <li>• ensure equal access to prevention programmes for all, with a particular focus on the accessibility of programmes for populations living in vulnerable situations. Health centres must provide a comprehensive preventive-curative activity to meet the needs of the local population. Prevention programmes shall be upgraded and expanded with the aim of:</li> <li>• more effective prevention and management of chronic diseases and other conditions, especially addressing the specific needs of populations living in vulnerable situations and elderly populations who do not fully benefit from preventive services. (<a href="https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/staro/2-DRZAVNI-ORGANI-MZ/5-O-ministrstvu/SKUPAJ-ZA-DRUZBO-ZDRAVJA-Resolucija-o-nacionalnem-planu-zdravstvenega-varstva-2016-2025-v2.pdf">https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/staro/2-DRZAVNI-ORGANI-MZ/5-O-ministrstvu/SKUPAJ-ZA-DRUZBO-ZDRAVJA-Resolucija-o-nacionalnem-planu-zdravstvenega-varstva-2016-2025-v2.pdf</a>)</li> </ul> <p>Preventive health care, including screening is carried out in accordance with the Programme for Integrated Prevention of Chronic Non-Communicable Diseases in Adults which is defined in the Rules as described above. The aim is to prepare a specific strategic document for cardiovascular diseases in the next two years where the screening for cardiovascular diseases will be defined.</p>

<p><b>Spain</b></p>	<p>The national strategic framework has the following declared objectives:</p> <ul style="list-style-type: none"> <li>• Improve cardiovascular health of the Spanish population: increase lifespan with the highest possible level of health and quality of life, reduce the prevalence and incidence of cardiovascular diseases, and enhance healthcare for individuals with cardiovascular diseases.</li> <li>• Promote healthy lifestyles and supportive environments: encourage adoption of healthy lifestyle habits, prevention of cardiovascular risk factors, and creation of environments conducive to cardiovascular health.</li> <li>• Implement prevention and early detection strategies: develop actions to identify cardiovascular risk factors early, conduct screenings in high-risk populations, and promote early detection of cardiovascular diseases.</li> <li>• Train healthcare professionals and the public: provide training and education to healthcare professionals in addressing cardiovascular diseases, and empower the public to actively participate in promoting cardiovascular health and self-care.</li> <li>• Foster research and innovation: drive cardiovascular health research to advance understanding of cardiovascular diseases, develop new prevention and treatment strategies, and incorporate technological innovations into cardiovascular diseases care.</li> </ul> <p>In summary, the declared objectives of the national strategic framework in Spain aim to improve prevention, detection, treatment, and monitoring of cardiovascular diseases, as well as promote cardiovascular health in the population through comprehensive and coordinated actions.</p>
<p><b>Ukraine</b></p>	<ul style="list-style-type: none"> <li>• Increase public awareness of cardiovascular diseases and their risk factors.</li> <li>• Identify and target high-risk groups for cardiovascular diseases.</li> <li>• Promote the importance of early detection.</li> <li>• Promote behaviour change.</li> </ul>

# European mapping on **Integrated care pathways**

---

*Cardiovascular diseases*



**WP09**

## Integrated care pathways

### European mapping on Integrated care pathways

Once an individual is identified as high-risk for or diagnosed with cardiovascular diseases (CVDs), innovative care models should be implemented that adopt a proactive, person-centred, integrated care approach. The main objective is to improve the diagnosis, treatment and management of cardiovascular diseases through the implementation or improvement of integrated care pathways (ICPs) for various target populations with cardiovascular diseases. The pilot projects in this area shift away from the traditional disease-based approach of health systems. Instead, they aim to implement person-centred integrated services that consider the ‘whole person’, taking into account biological, behavioural, social, and environmental factors.

This report presents the main findings of the context analysis on integrated care pathways, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of cardiovascular diseases.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Cardiovascular diseases

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to cardiovascular diseases was conducted across 15 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

#### The availability of governance and financing structures for integrated care pathways on cardiovascular diseases

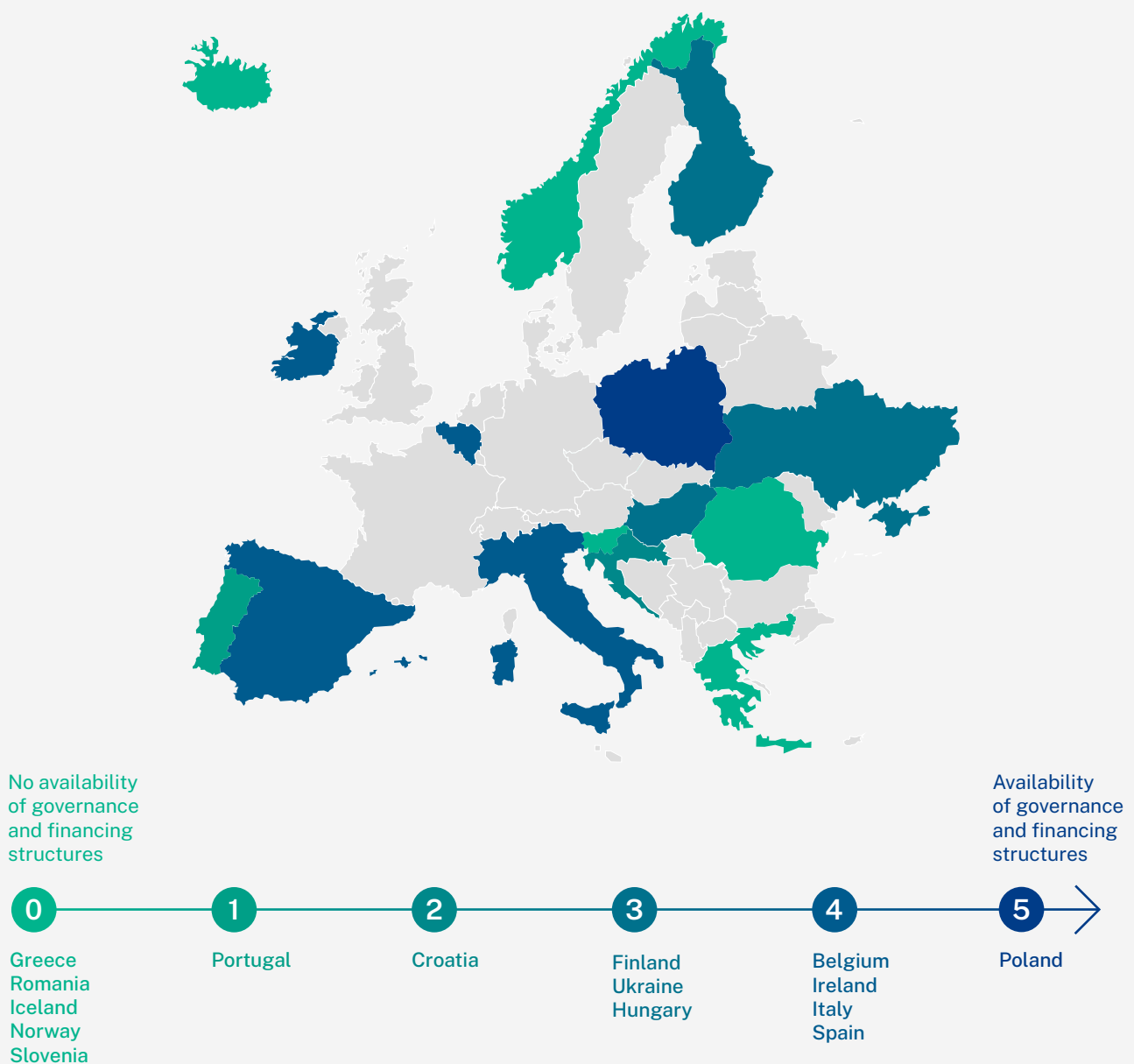


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

About 67% (N=10/15) of the responding countries report having a **national legislation** on integrated care pathways, either specific or non-specific to cardiovascular diseases (Figure 1.1).

Among the ten countries with a national legislation, four report a **regional and/or local** variability in the adoption of the national legislation, while six report no variability.

Percentage of countries with a national legislation on integrated care pathways

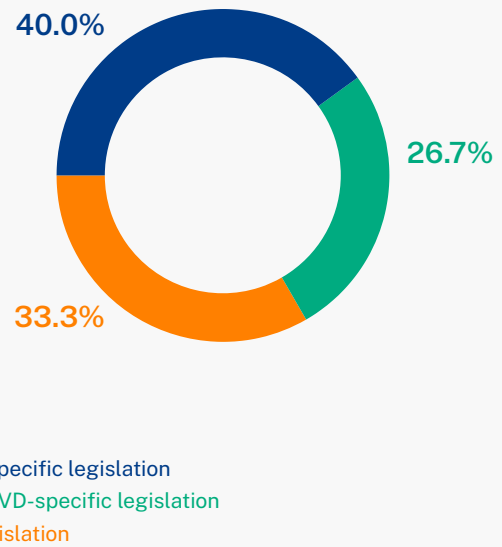


Figure 1.1

Percentage of countries with a national strategic framework on integrated care pathways

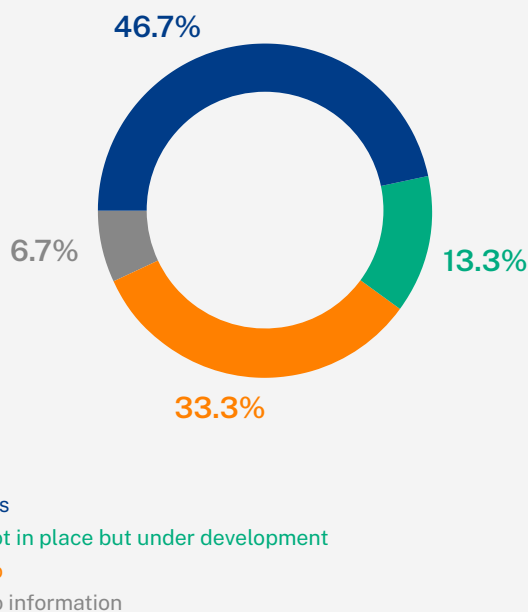


Figure 1.2.1

## 1.2 Strategic framework

Almost half of the responding countries (47%, N=7/15) report having a national strategic framework established for implementing integrated care pathways for cardiovascular diseases. Additionally, 13% (N=2/15) indicate that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, only one reports a **local and/or regional** version of the framework

The five most frequently reported objectives of the national strategic frameworks are: improving patient-centred care, facilitating multidisciplinary collaboration, monitoring and evaluating the quality of care, standardizing, and promoting patient empowerment (Figure 1.2.2).

### The five most frequently reported objectives of the national strategic frameworks

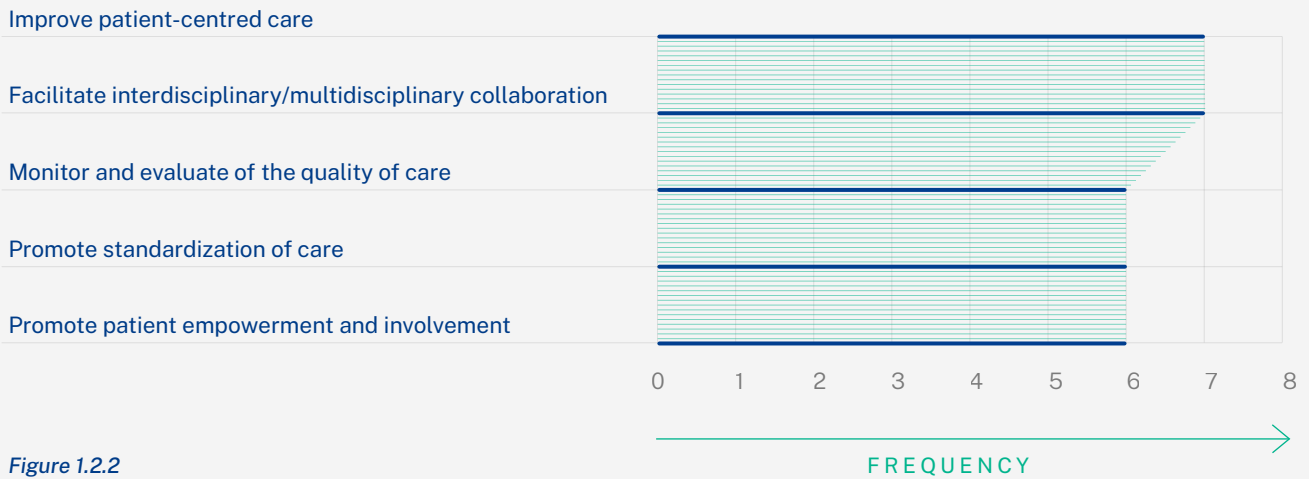


Figure 1.2.2

Among the seven countries with a national strategic framework, four (57%, N=4/7) report having already completed and assessed their framework (with two countries also reporting the update of the strategic framework). Two countries (29%, N=2/7) report having started the implementation of their framework, while one country (14%, N=1/7) reports that it has prepared and approved its framework but has not yet started to implement it (Figure 1.2.3).

Five countries (71%, N=5/7) report **regional or local** variability in the implementation stages of their national strategic frameworks.

### Percentage of countries by implementation stage of national strategic framework

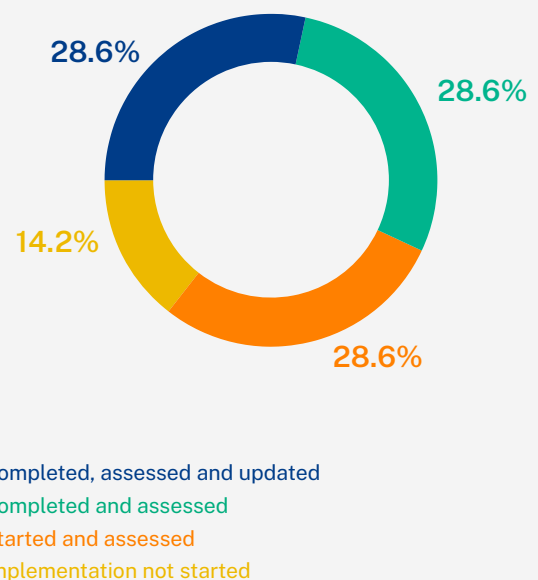


Figure 1.2.3

### 1.3 Intersectoral approach

Of the eight countries with a strategic framework in place (either national or regional/local), all (N=8/8) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework with the most frequently mentioned stakeholders being Regional and/or Local Health Authorities, Ministry of Health, and Public Health Agencies on a National, Regional and/or Local level (Figure 1.3).

#### The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework

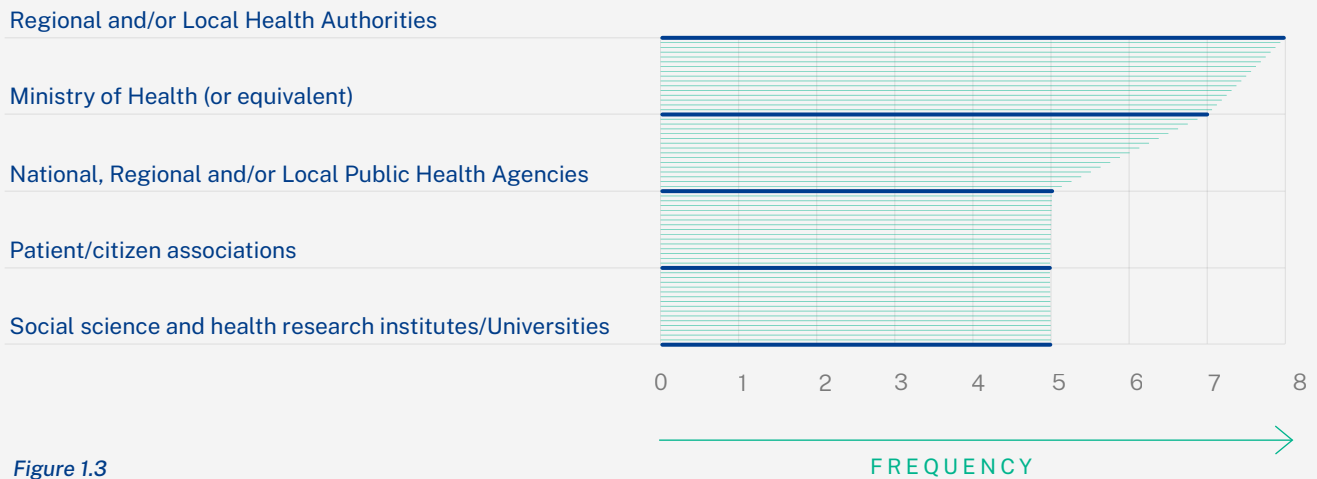


Figure 1.3

### 1.4 Equity-oriented approach

Among the eight countries with a strategic framework in place, 75% (N=6/8) report that an **equity approach** is embedded in the framework.

The frequently reported recommendations to ensure equity through the strategic framework are: ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services, providing free or low-cost integrated care services, and development of plain language and multilingual (health-related) communications (Figure 1.4.1).

#### The five most frequently reported recommendations to ensure equity through the strategic framework

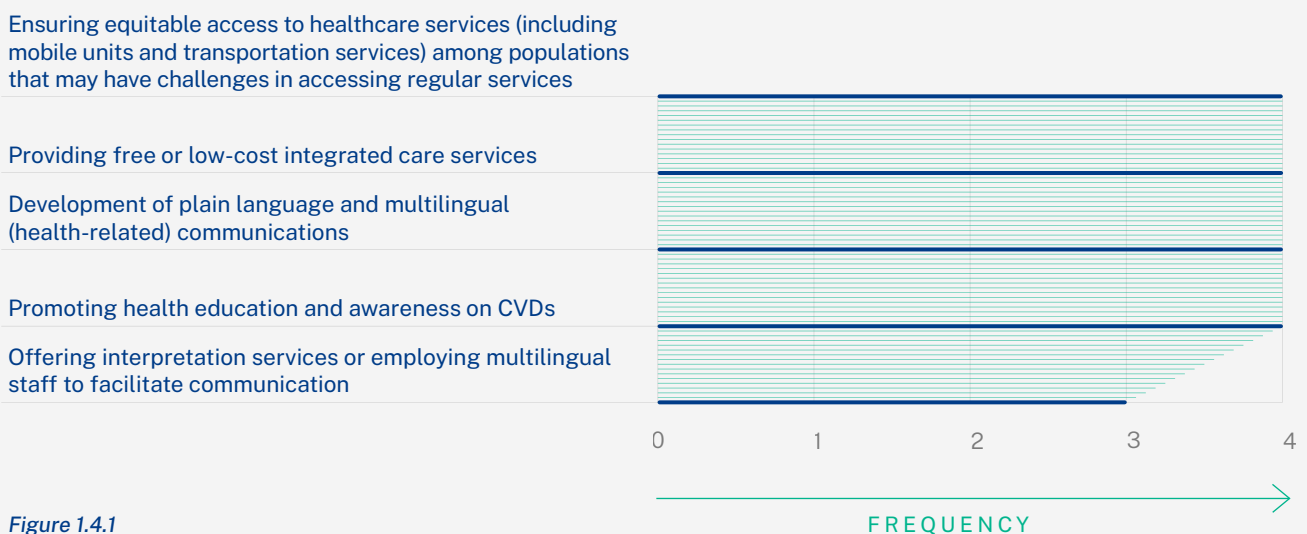


Figure 1.4.1

The most frequently reported populations in vulnerable situations addressed by the strategic framework are older persons, pregnant women, and individuals with comorbidities (Figure 1.4.2).

**The five most frequently reported populations in vulnerable situations addressed by the strategic framework**

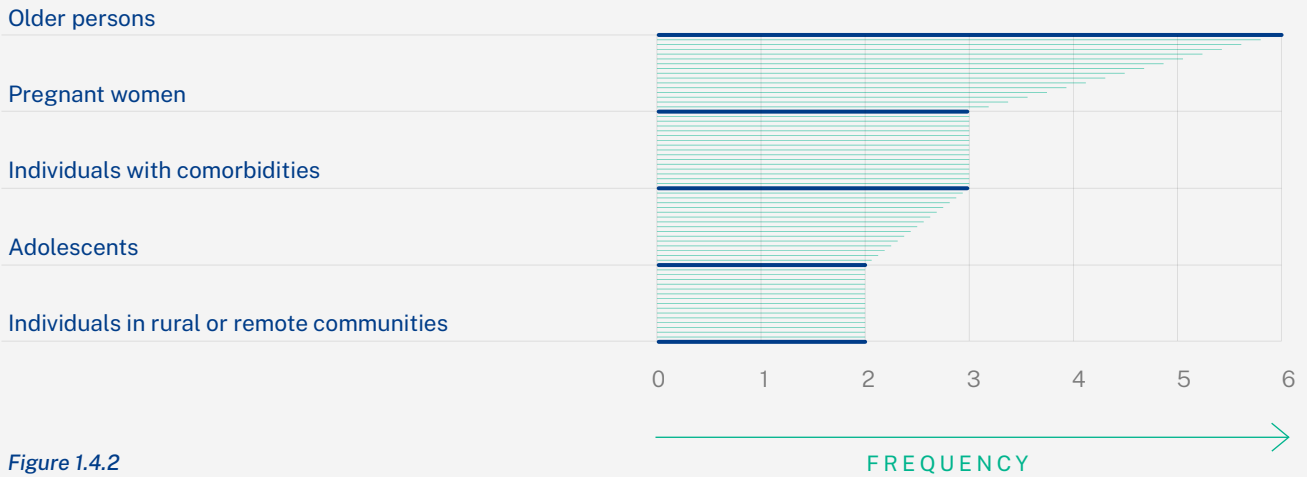


Figure 1.4.2

**1.5 Funding**

Over half (53%, N=8/15) of the responding countries report the availability of **national funding** for integrated care pathways. Structural funding is available in 27% (N=4/15) of the responding countries (Figure 1.5).

40% of the responding countries (N=6/15) report the availability of funding at the **regional and/or local** level.

**Percentage of countries with available national funding for integrated care pathways**

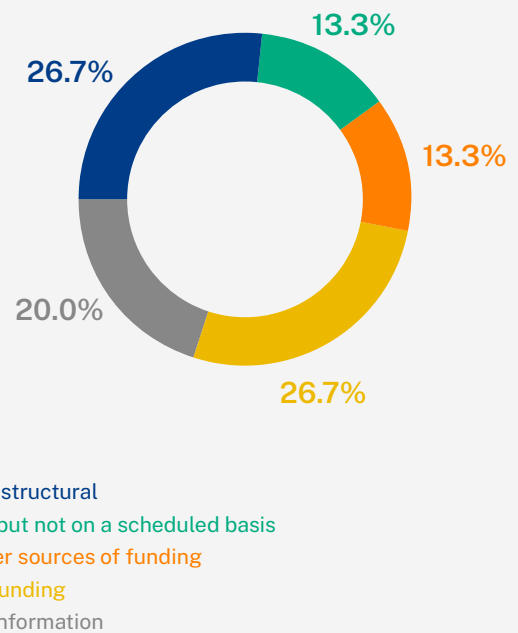


Figure 1.5

## 2. Service Delivery and Capacity

Nearly all of the responding countries (93%, N=14/15) report that multiple professionals are involved in the multidisciplinary care of people with cardiovascular diseases according to primary care guidelines.

Four countries (27%, N=4/15) report coordination among professionals of multidisciplinary teams, to ensure continuity of care, implemented in most healthcare services (Figure 2.1).

**Percentage of countries reporting the implementation stage of coordination of professionals of the multidisciplinary care team**

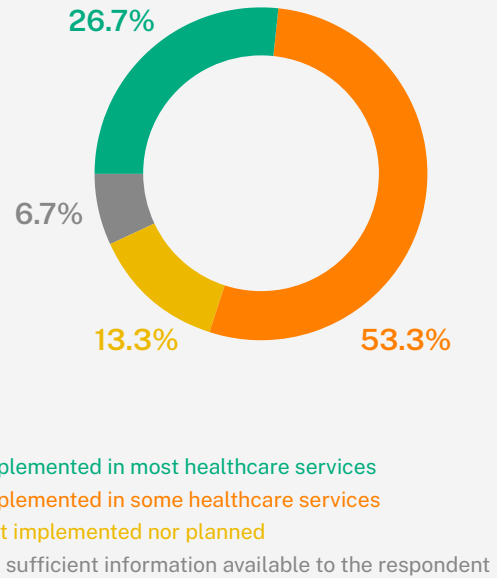


Figure 2.1

**Percentage of countries reporting the implementation stage of case management**

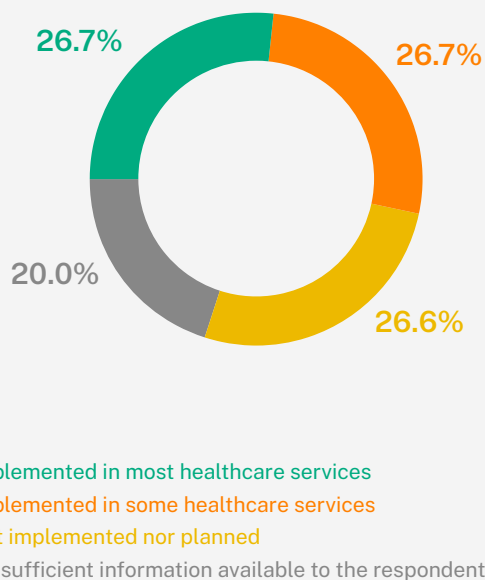


Figure 2.2

Similarly, 27% of the responding countries (N=4/15) report that case management is implemented as a core component of the integrated care delivery for cardiovascular diseases in most healthcare services (Figure 2.2).

A third of the responding countries (33%, N=5/15) report that shared decision making is implemented in the planning and delivery of integrated care pathways for cardiovascular diseases in most healthcare services (Figure 2.3).

Almost half of the responding countries (47%, N=7/15) report that digital technologies are used in the delivery of care pathways for cardiovascular diseases.

### Percentage of countries reporting the implementation stage of shared decision-making

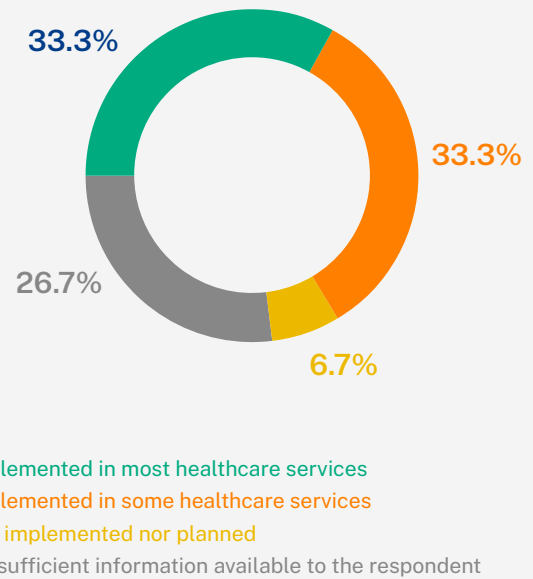


Figure 2.3

### The six most frequently reported types of training to provide person-centred care

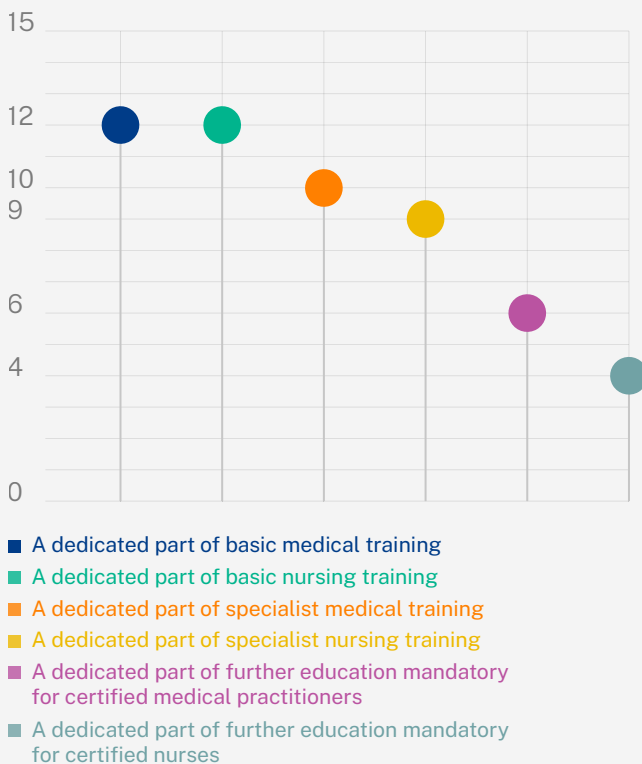


Figure 2.4

The vast majority of responding countries (93%, N=14/15) include training to provide person-centred care as part of medical or nursing training and education. Training has been reported to provide person-centred care mainly during basic medical, nursing, and specialist medical trainings (Figure 2.4).

# European mapping on **Patients' Self-management**

---

*Cardiovascular diseases*

---

**WP10**

## Patients' Self-management

### European mapping on Patients' Self-management

---

Optimal management of cardiovascular diseases (CVDs) relies significantly on patients' active engagement in self-management practices. These have the potential to improve health and quality of life, reduce the need for health and social care, and lower the high costs of chronic care. The pilot projects in this area focus on various aspects of patients' self-management, including making lifestyle changes, self-monitoring symptoms and self-treatment (such as adhering to prescribed medication and therapy), communicating with care professionals (including shared decision making), and coping with the consequences of the disease and treatment in daily life.

This report presents the main findings of the context analysis on patients' self-management, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of cardiovascular diseases.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Cardiovascular diseases

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to cardiovascular diseases was conducted across 17 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

#### The availability of governance and financing structures for patients' self-management of cardiovascular diseases

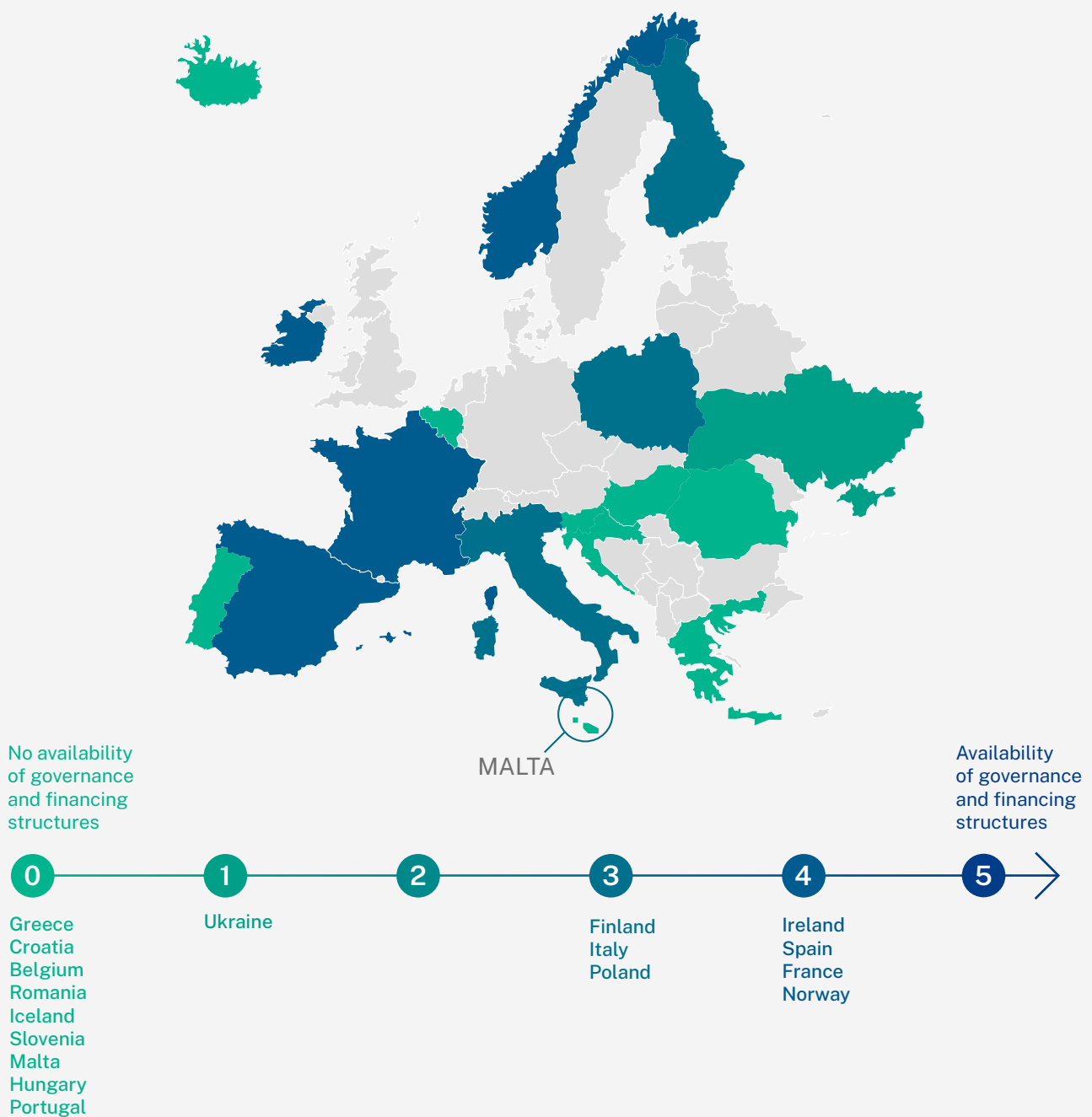


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

35% (N=6/17) of the responding countries report having a **national legislation** on patients' self-management, either specific or non-specific to cardiovascular diseases (Figure 1.1).

Among the six countries with a national legislation, only one reports a **regional and/or local** variability in the adoption of the national legislation (three report no variability and for the remaining two the information is not available).

### Percentage of countries with a national legislation on patients' self-management

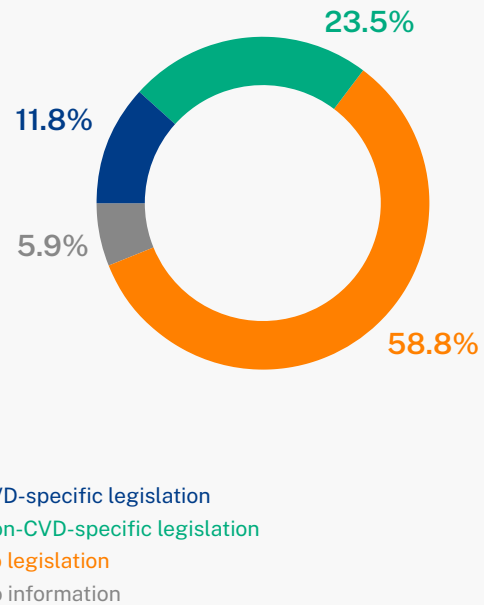


Figure 1.1

### Percentage of countries with a national strategic framework on patients' self-management

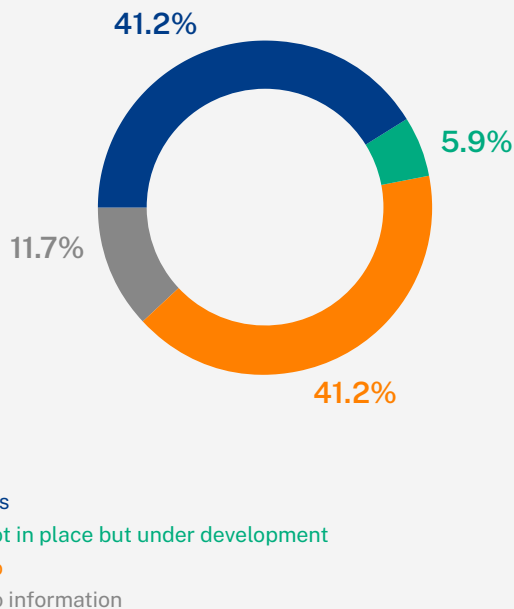


Figure 1.2.1

## 1.2 Strategic framework

A small number of responding countries (41%, N=7/17) report having a national strategic framework established for improving patients' self-management of cardiovascular diseases. Additionally, only one (6%, N=1/17) indicates that such a framework is currently under development (Figure 1.2.1).

None of the countries without a national strategic framework report a **local and/or regional** version of the framework.

The five most frequently reported objectives of the national strategic frameworks are: increasing patients' skills and confidence in health promotion, treatment adherence and awareness about lifestyle modifications, as well as increasing patients' knowledge on dedicated healthcare services and on cardiovascular diseases (1.2.2).

### The five most frequently reported objectives of the national strategic frameworks

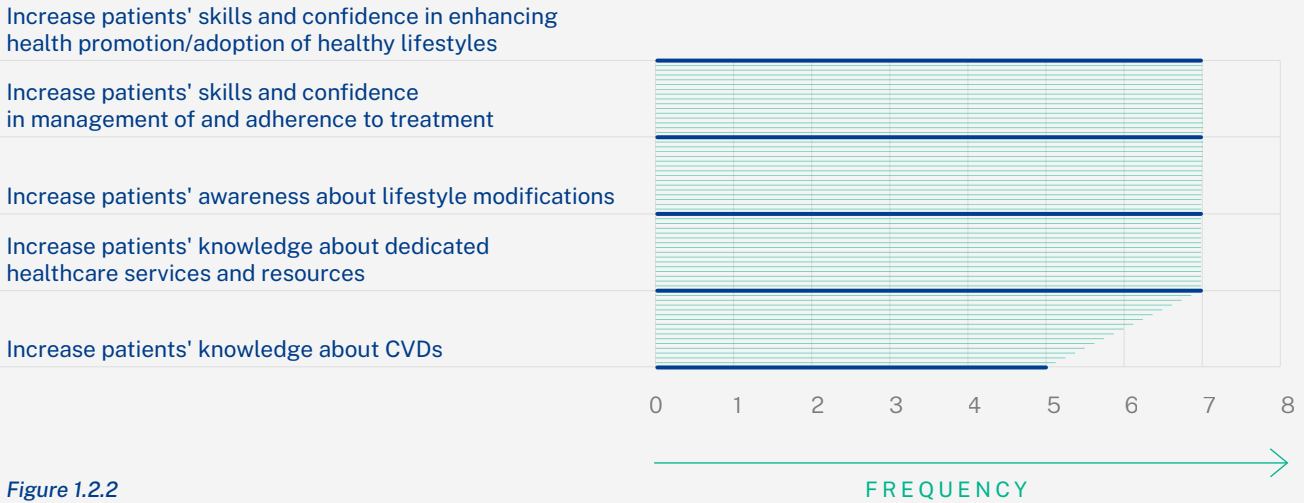


Figure 1.2.2

Among the seven countries with a national strategic framework, three (43%, N=3/7) report having already completed, assessed and updated their framework.

Two countries (29%, N=2/7) report having started the implementation of their framework (with one country also reporting that it has made its assessment) while another country (14%, N=1/7) reports having prepared and approved its framework but has not yet started its implementation.

Lastly, one country (14%, N=1/7) reports having another strategy or multiple ones at different stages (Figure 1.2.3).

Five countries (71%, N=5/7) report **regional or local** variability in the implementation stages of their national strategic frameworks.

### Percentage of countries by implementation stage of national strategic framework

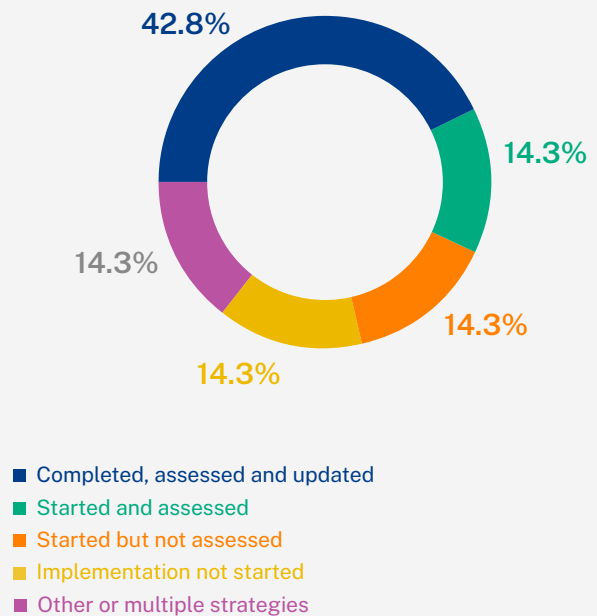


Figure 1.2.3

### 1.3 Intersectoral approach

Of the seven countries with a strategic framework in place, all (N=7/7) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Public Health Agencies on a National, Regional and/or Local level, Ministry of Health, and Regional and/or Local Health Authorities (Figure 1.3).

#### The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework

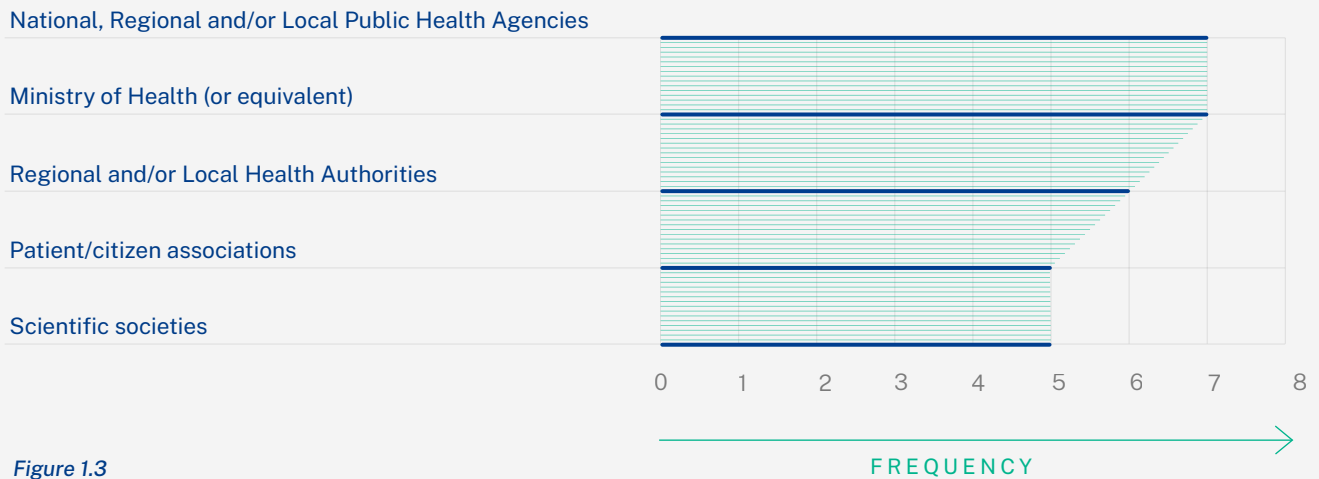


Figure 1.3

### 1.4 Equity-oriented approach

Among the seven countries with a strategic framework in place, about 86% (N= 6/7) report that an **equity approach** is embedded in the framework.

The frequently reported recommendations to ensure equity through the strategic framework are: promoting the use of telehealth or digital health solutions, providing free or low-cost self-management programs, and co-designing with all the relevant stakeholders including the target populations to create effective interventions (Figure 1.4.1).

#### The five most frequently reported recommendations to ensure equity through the strategic framework



Figure 1.4.1

The most frequently reported populations in vulnerable situations addressed by the strategic framework are adolescents, older persons, and individuals with mental health conditions (Figure 1.4.2).

**The five most frequently reported populations in vulnerable situations addressed by the strategic framework**

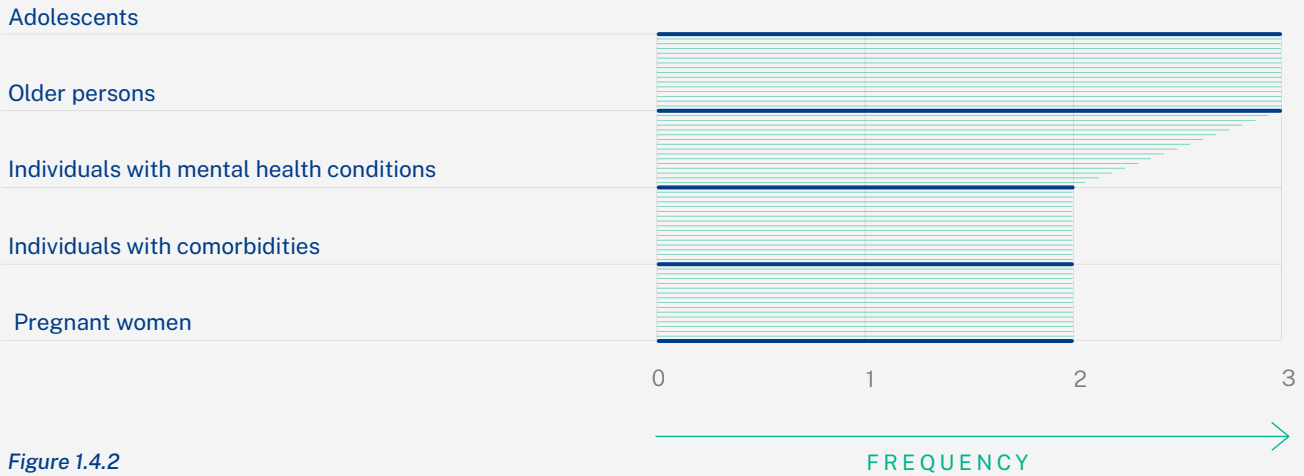


Figure 1.4.2

**1.5 Funding**

About 41% (N=7/17) of the responding countries report the availability of **national funding** for patients' self-management of cardiovascular diseases. Structural funding is available in 24% (N=4/17) of the responding countries (Figure 1.5).

About a quarter of the responding countries (24%, N=4/17) report the availability of funding at the **regional and/or local** level.

**Percentage of countries with available national funding for patients' self-management**

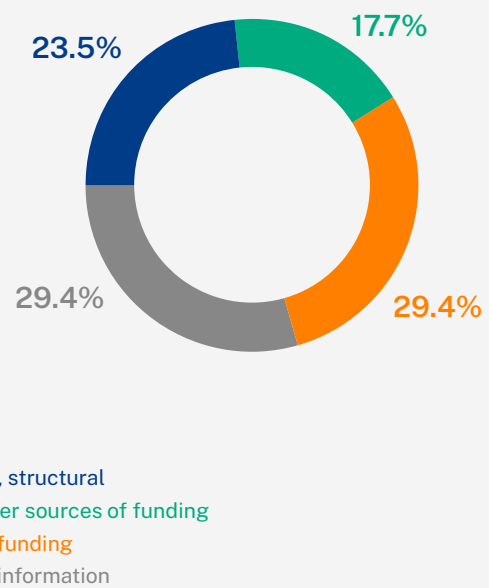


Figure 1.5

## 2. Service Delivery and Capacity

About 71% of the responding countries (N=12/17) report the implementation of self-management programs for persons with cardiovascular diseases and almost 65% (N=11/17) report interventions to overcome barriers for patients in accessing self-management programs. Over 76% of the responding countries (N=13/17) report having multi-professional teams in charge of delivering self-management support for patients with cardiovascular diseases. About 59% (N=10/17) report offering self-management training to the teams as a specific part of initial and/or periodic professional training (Figure 2.1).

**Percentage of countries reporting types of self-management training delivered by multi-professional teams**

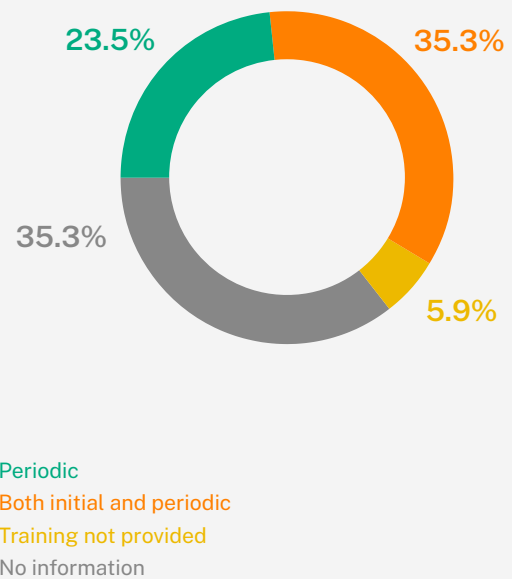


Figure 2.1

**Percentage of countries reporting patient involvement in the planning of self-management services**

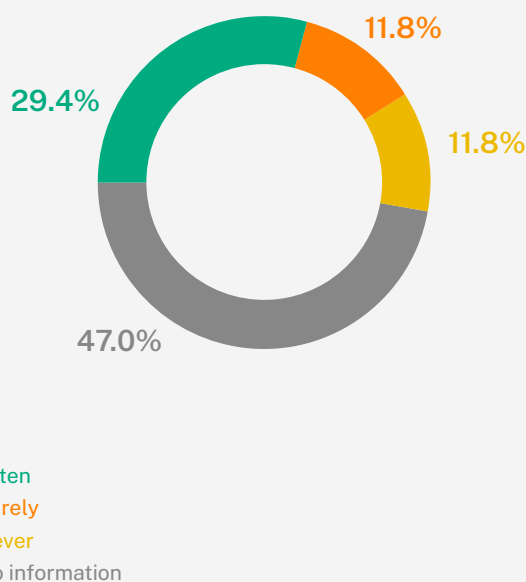


Figure 2.2.1

Seven countries (41%, N=7/17) report having patients' involvement in the planning of self-management services (Figure 2.2.1).

Eight countries (47%, N=8/17) report having patients' involvement in the delivery of self-management services and seven countries (41%, N=7/17) report having patients' involvement in the evaluation phase of self-management services (Figures 2.2.2 and 2.2.3).

**Percentage of countries reporting patient involvement in the delivery of self-management services**

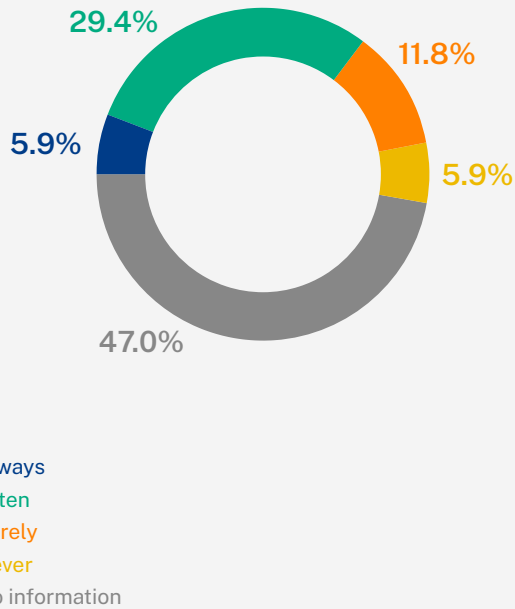


Figure 2.2.2

**Percentage of countries reporting patient involvement in the evaluation of self-management services**

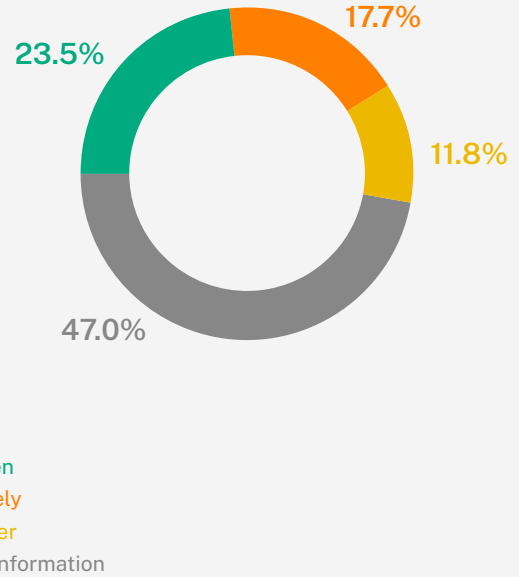


Figure 2.2.3

On a scale from 0 (not at all) to 10 (completely) rating the degree of personalisation of self-management services, over 35% of the countries (N=6/17) report 6 or higher, indicating a sufficient degree of personalisation (Figure 2.3).

**Distribution of countries according to the degree of personalisation of self-management services**

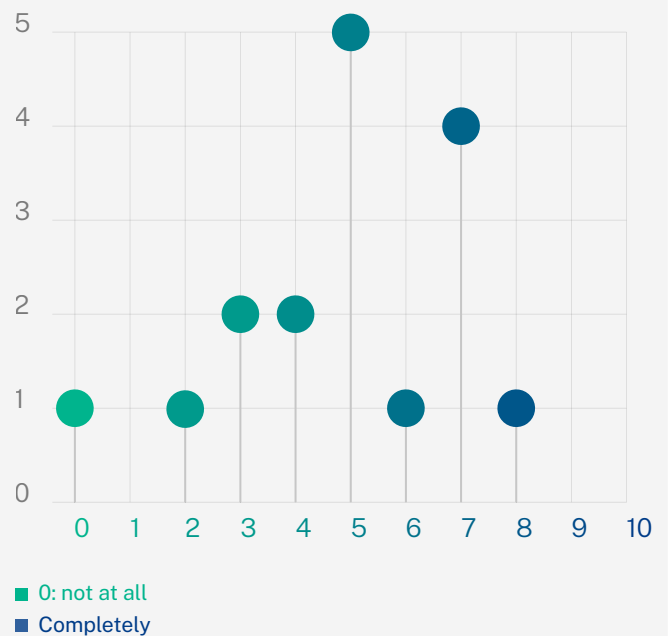


Figure 2.3

Over half of the responding countries (53%, N=9/17) report having quality indicators for self-management services systematically collected, measured, and evaluated, while about 18% (N=3/17) report monitoring self-management services at the national level.

The frequently reported self-management resources equally distributed within the healthcare systems are: accessibility of self-management resources, availability or accessibility of self-management resources between urban, suburban, and rural areas, and technological integration and self-management tools (Figure 2.4).

**The five most frequently reported self-management resources with equal distribution across different geographical regions within healthcare systems**

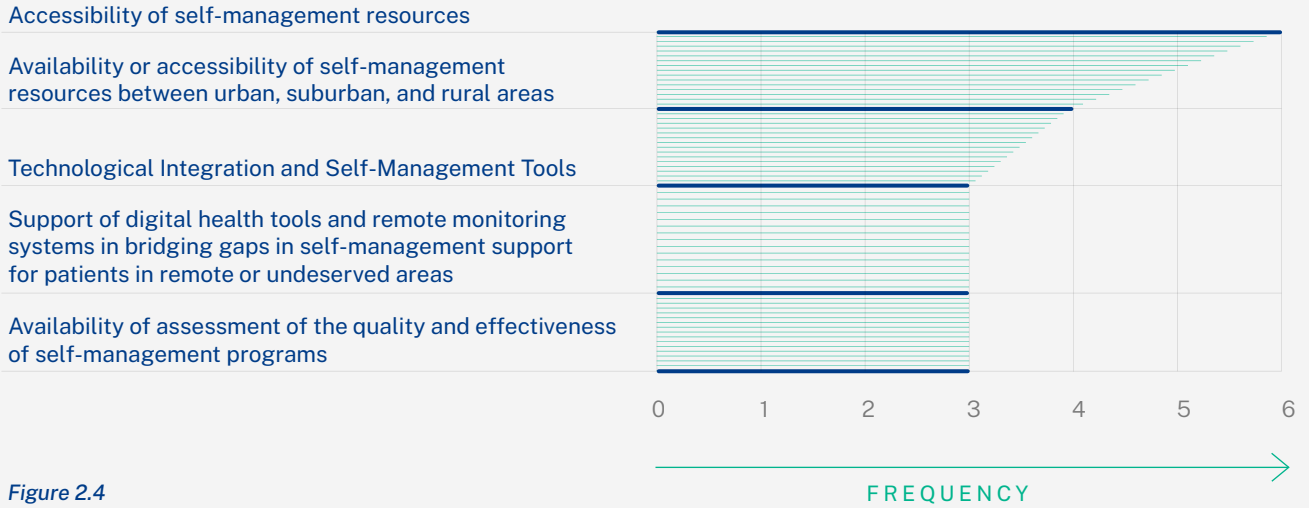


Figure 2.4

# European mapping on **Labour participation**

---

*Cardiovascular diseases*



## Labour participation of people living with CVD or DM

### European mapping on Labour participation

---

Individuals with non-communicable diseases (NCDs), such as cardiovascular diseases (CVDs), may struggle to participate in society, especially in the labour market.

The main objective is to support the labour participation of these people by identifying factors affecting labour participation and testing systemic and organisational solutions to improve inclusion, retainment and return to work, and support well-being at the workplace. The pilot projects in this area aim to enable intersectoral actions by strengthening cooperation between the employment and health sectors, and promote the use of existing tools, such as the Workbox on Employment and Chronic Conditions.

This report presents the main findings of the context analysis on labour participation of people living with non-communicable diseases, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of cardiovascular diseases.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Cardiovascular diseases

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to cardiovascular diseases was conducted across 16 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

#### The availability of governance and financing structures for labour participation of people living with cardiovascular diseases

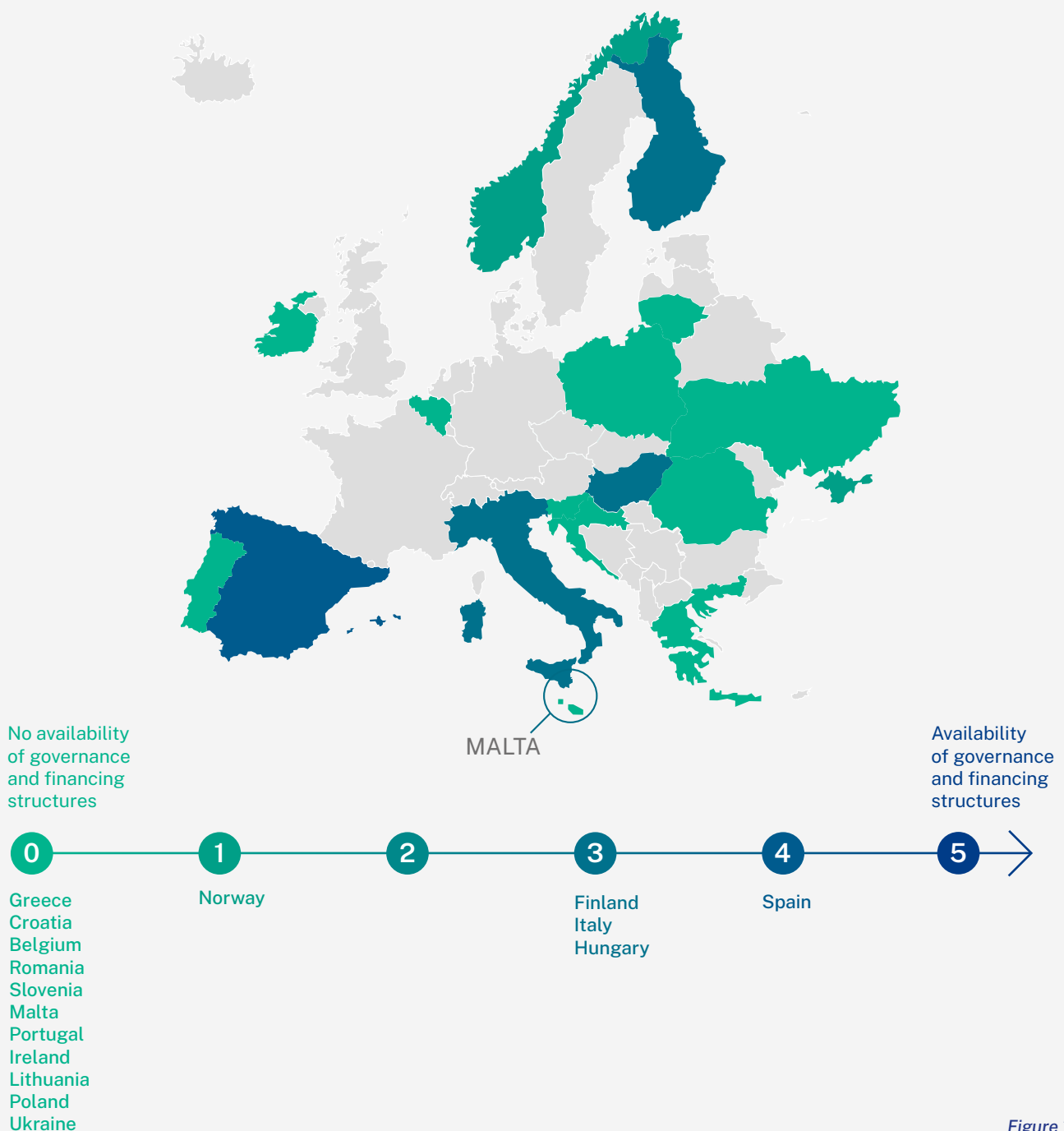


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

About 63% (N=10/16) of the responding countries report having a **national legislation** on labour participation, either specific to cardiovascular diseases or to non-communicable diseases in general (non-specific) (Figure 1.1).

Among the ten countries with a national legislation, only one reports a **regional and/or local** variability in the adoption of the national legislation (eight report no variability and for the remaining one the information is not available).

### Percentage of countries with a national legislation on labour participation

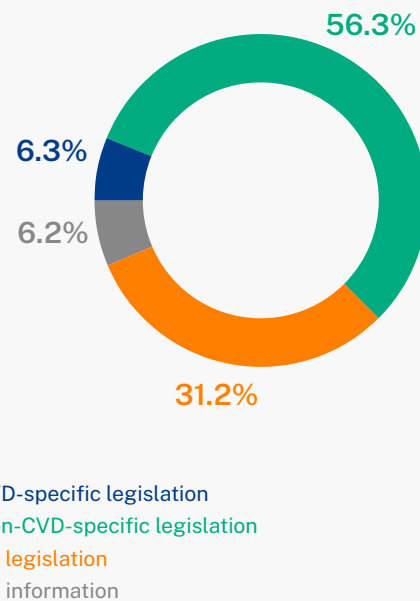


Figure 1.1

### Percentage of countries with a national strategic framework on labour participation

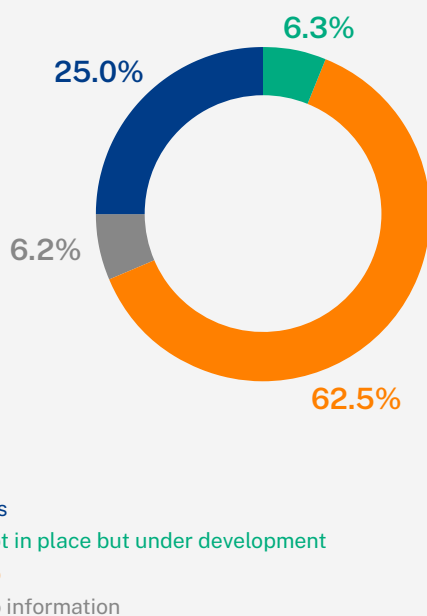


Figure 1.2.1

## 1.2 Strategic framework

A limited number of responding countries (25%, N=4/16) report having a national strategic framework established for improving labour participation of people living with cardiovascular diseases. Additionally, only one (6%, N=1/16) indicates that such a framework is currently under development (Figure 1.2.1).

None of the countries without a national strategic framework reports a **local and/or regional** version of the framework.

The five most frequently reported objectives of the national strategic frameworks are: encouraging rehabilitation and return to work after periods of leave due to cardiovascular diseases, improving access to the labour market, medical care and preventive programmes, improving work ability, and preventing early dropping out of the labour market of people living with cardiovascular diseases (Figure 1.2.2).

### The five most frequently reported objectives of the national strategic frameworks

Encourage rehabilitation and return to work after periods of leave due to CVDs

Improve access to the labour market for people living with CVDs

Improve access to medical care and preventive programmes for people living with CVDs

Improve work ability of people living with CVDs

Prevent early dropping out of the labour market of people living with CVDs

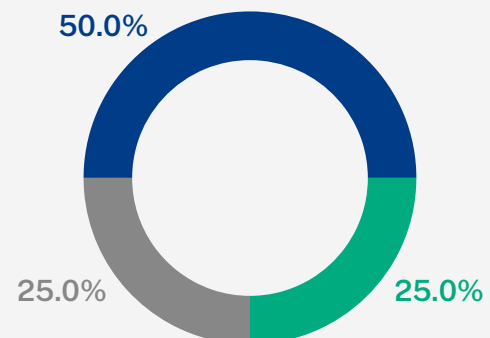


Figure 1.2.2

Among the four countries with a national strategic framework, half (50%, N=2/4) report having already completed, assessed and updated their framework, while a quarter (25%, N=1/4) reports having started its implementation. Lastly, one country (25%, N=1/4) still reports having prepared and approved the framework but has not yet started its implementation (Figure 1.2.3).

Half of the countries (50%, N=2/4) report **regional or local** variability in the implementation stages of their national strategic frameworks.

### Percentage of countries by implementation stage of national strategic framework



- Completed, assessed and updated
- Started but not assessed
- Implementation not started

Figure 1.2.3

### 1.3 Intersectoral approach

Of the four countries with a strategic framework in place, all (N=4/4) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Health, Ministry of Labour and Social Affairs, and Regional and/or Local Health Authorities (Figure 1.3).

#### The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework

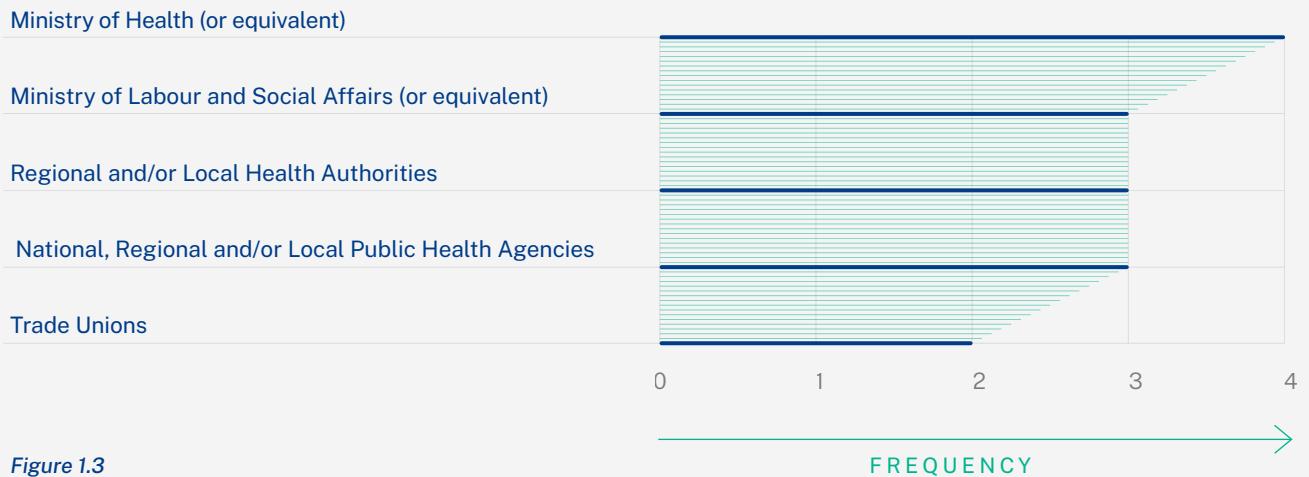


Figure 1.3

### 1.4 Equity-oriented approach

Among the four countries with a strategic framework in place, all (N=4/4) report that an **equity approach** is embedded in the framework.

By adopting an equity approach, the strategic frameworks highlight the importance of prevention and rehabilitation and labour reintegration programs. More information on the recommendations described by the responding countries can be found in the table in the Appendix.

The most frequently reported populations in vulnerable situations addressed by the strategic framework are older workers, youth workers, and individuals in rural or remote communities (Figure 1.4).

#### The five most frequently reported populations in vulnerable situations addressed by the strategic framework

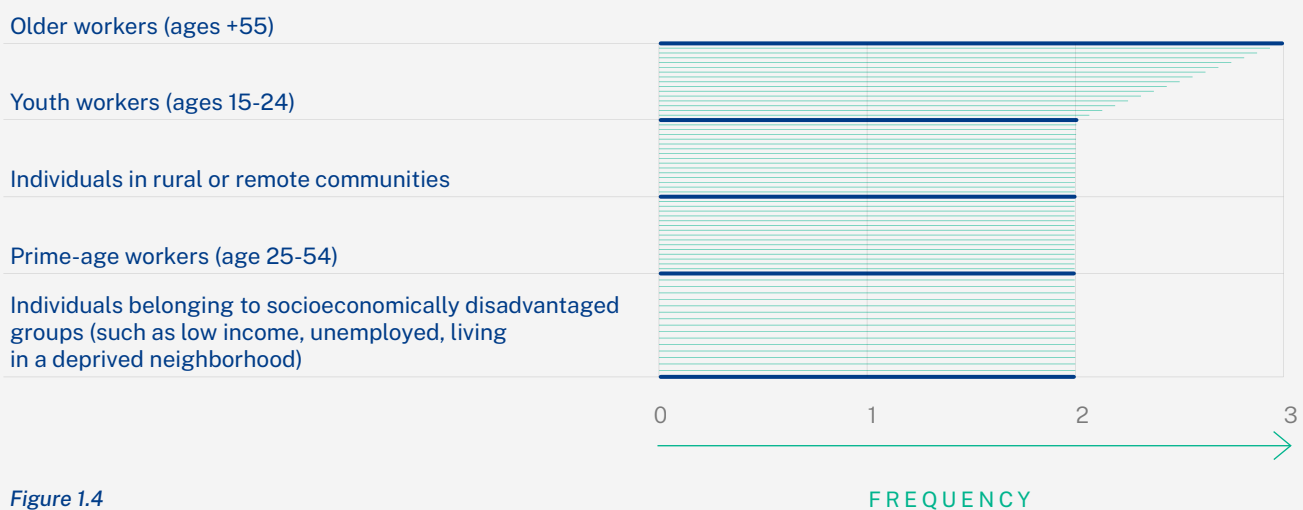


Figure 1.4

## 1.5 Funding

A quarter (25%, N=4/16) of the responding countries report the availability of **national funding** for labour participation strategies for people living with cardiovascular diseases. One country (6%, N=1/16) reports structural funding (Figure 1.5).

About 13% of the responding countries (N=2/16) report the availability of funding at the **regional and/or local** level.

Percentage of countries with available national funding for labour participation

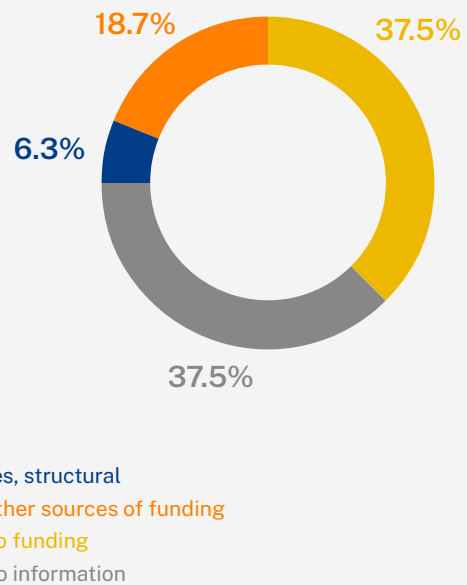


Figure 1.5

## 2. Service Delivery and Capacity

Half of the responding countries (50%, N=8/16) report the implementation of health education programmes for employers and employees to increase awareness of non-communicable diseases and cardiovascular diseases (Figure 2.1).

### Percentage of countries reporting the presence of health education programmes for employers and employees to increase awareness of cardiovascular diseases

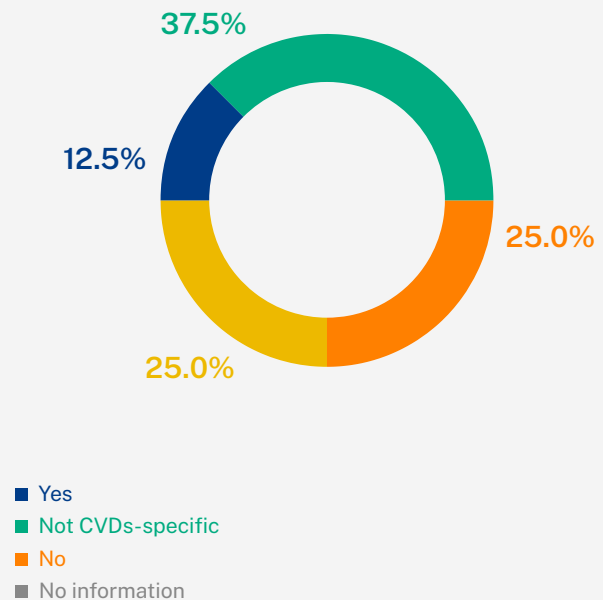


Figure 2.1

### Percentage of countries reporting the presence of national incentives to hire an employee with cardiovascular diseases

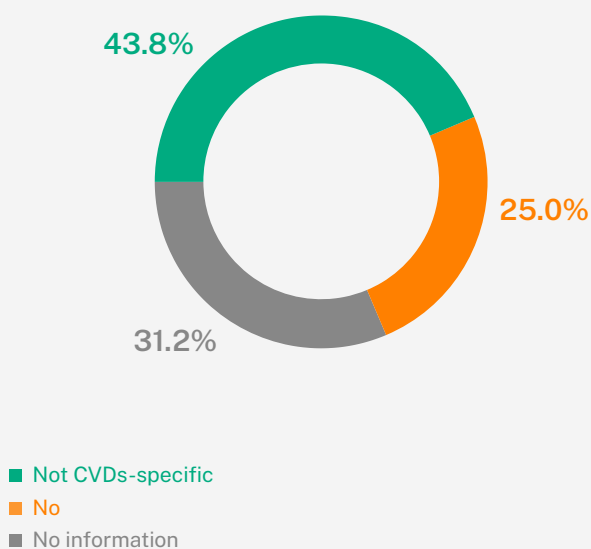


Figure 2.2

Almost 44% of the responding countries (N=7/16) report the presence of national incentives to hire employees with non-communicable diseases, although not specific for cardiovascular diseases (Figure 2.2).

Over half of the countries (56%, N=9/16) report the presence of welfare interventions to protect employees with cardiovascular diseases.

Half of the responding countries (50%, N=8/16) report conducting return-to-work programs for people with cardiovascular diseases. In most cases these programs are run by the competent national authorities (38%, N=3/8), while in some cases by regional/local authorities (25%, N=2/8). Only one country (13%, N=1/8) reports return-to-work programs run directly by the employer, while two countries (25%, N=2/8) report these programs run by other entities.

About 19% of the countries (N=3/16) report having research and surveillance initiatives monitoring the wellbeing of employees and their risk of developing cardiovascular diseases.

## Appendix

Country	Recommendations
Finland	<p>The Current Care Guideline for atherosclerosis mentions that a poor socioeconomic position combined with a cardiovascular disease increases the risk of being excluded from the labour market, and highlights the importance of prevention.</p>
Spain	<p>The employment inclusion of these individuals is an important aspect to promote health equity and improve the quality of life for those living with cardiovascular diseases. Some ways in which the Spanish Cardiovascular Health Strategy (ESCAV) addresses the employment inclusion of individuals with cardiovascular diseases to address health inequalities are:</p> <ul style="list-style-type: none"> <li>• Rehabilitation and labour reintegration programs.</li> <li>• Job accommodations.</li> <li>• Promotion of healthy work environments.</li> <li>• Awareness and education.</li> </ul> <p>In summary, ESCAV considers the labour market inclusion of individuals with cardiovascular diseases as part of its approach to addressing health inequalities, contributing to improving job opportunities and quality of life for these individuals, while also promoting equity in access to healthcare and job opportunities.</p>

# European Mapping on **Health Literacy**

---

*Diabetes*



---

**WP06**

## Health literacy and awareness

### European mapping on Health Literacy

Health literacy is a fundamental pillar for promoting and sustaining health and well-being across all stages of life. Limited health literacy presents a significant barrier to effective health policies and practices. The pilot projects in JACARDI aim to optimize the way individuals, communities and organizations access, understand and use health information, taking into account their social, cultural and economic characteristics.

This report presents the main findings of the context analysis on health literacy on diabetes (DM), which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of diabetes.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Diabetes

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to diabetes was conducted across 20 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

**The availability of governance and financing structures for health literacy on diabetes**

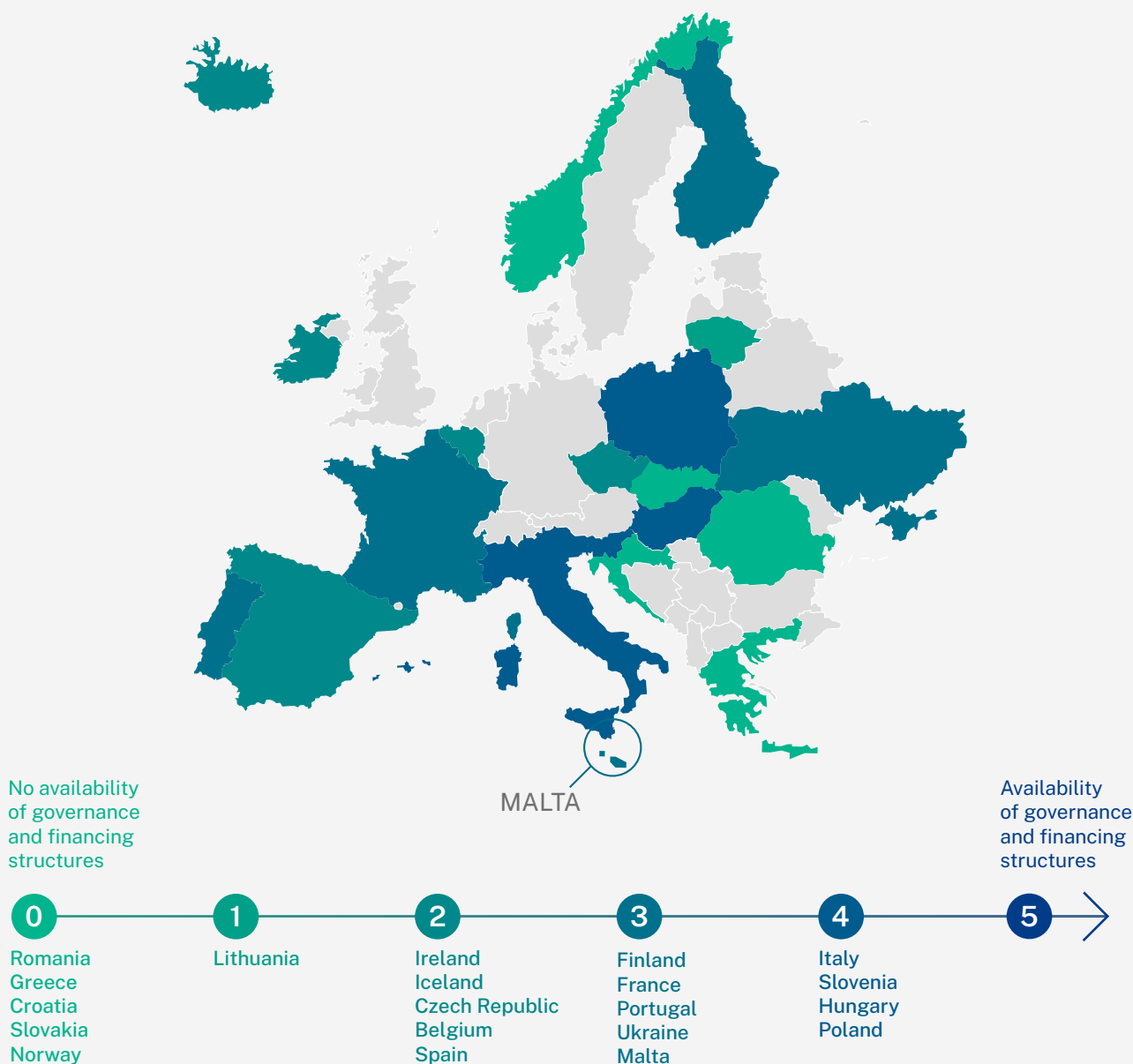


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

45% (N=9/20) of the responding countries report having a **national legislation** on health literacy, either specific or non-specific to diabetes (Figure 1.1.1).

Among the nine countries with a national legislation, only one reports a **regional and/or local** variability in the adoption of the national legislation (eight report no variability).

**Percentage of countries with a national legislation on health literacy**

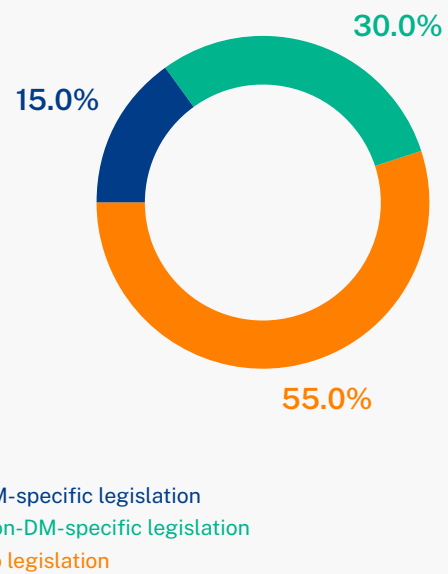


Figure 1.1.1

**Number of countries with a national diabetes-specific legislation**

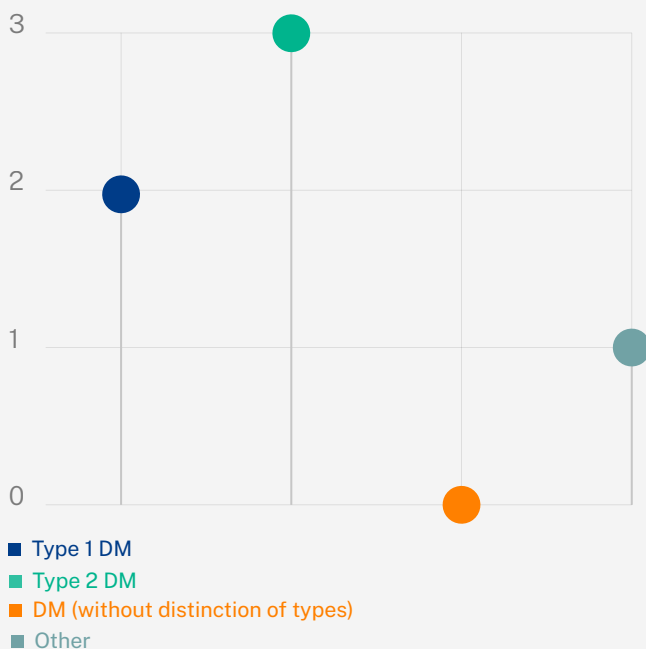


Figure 1.1.2

Among the three countries with a national legislation specific to diabetes, 67% (N=2/3) report having a national legislation specific to Type 1 diabetes, all of them (N=3/3) report having a national legislation specific to Type 2 diabetes, and lastly 33% (N=1/3) report having a national legislation for other types of diabetes (Figure 1.1.2).

## 1.2 Strategic framework

The majority of responding countries (65%, N=13/20) report having a **national strategic framework** established for promoting health literacy on diabetes. Additionally, 10% (N=2/20) indicate that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, only one reports a **local and/or regional** version of the framework specific to Type 1 diabetes, Type 2 diabetes and other types of diabetes

Percentage of countries with a national strategic framework on health literacy

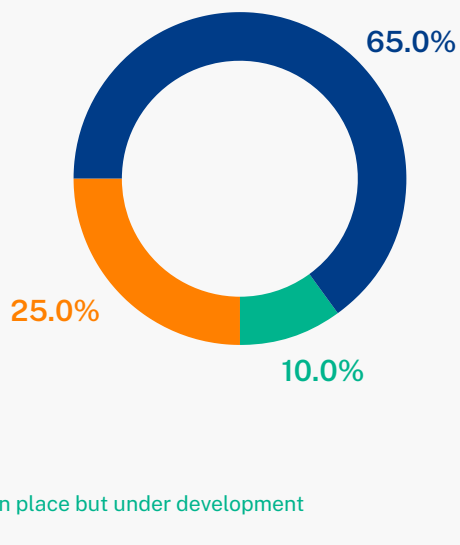


Figure 1.2.1

Number of countries with a national diabetes-specific strategic framework

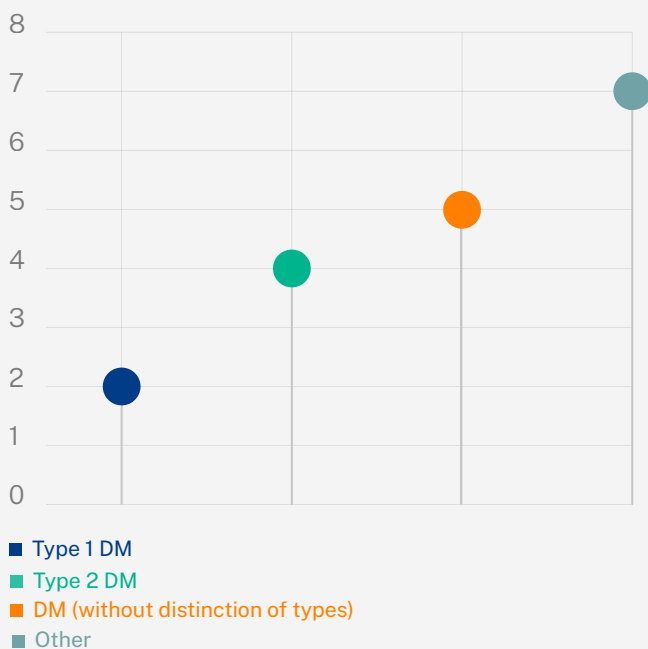


Figure 1.2.2

Among the 13 countries with a national strategic framework specific to diabetes, 38% (N=5/13) report having a framework that addresses diabetes without distinction between diabetes types, 15% (N=2/13) report having a framework specific to Type 1 diabetes, 31% (N=4/13) indicate the presence of a framework specific to Type 2 diabetes, and lastly, 54% of them (N=7/13) report having a framework for other types of diabetes (Figure 1.2.2).

The five most frequently reported objectives of the national strategic frameworks are: improving population health literacy, promoting behavioural changes, addressing and reducing health inequities, increasing public awareness of diabetes and their risk factors and empowering of population and individuals (Figure 1.2.3).

### The five most frequently reported objectives of the national strategic frameworks

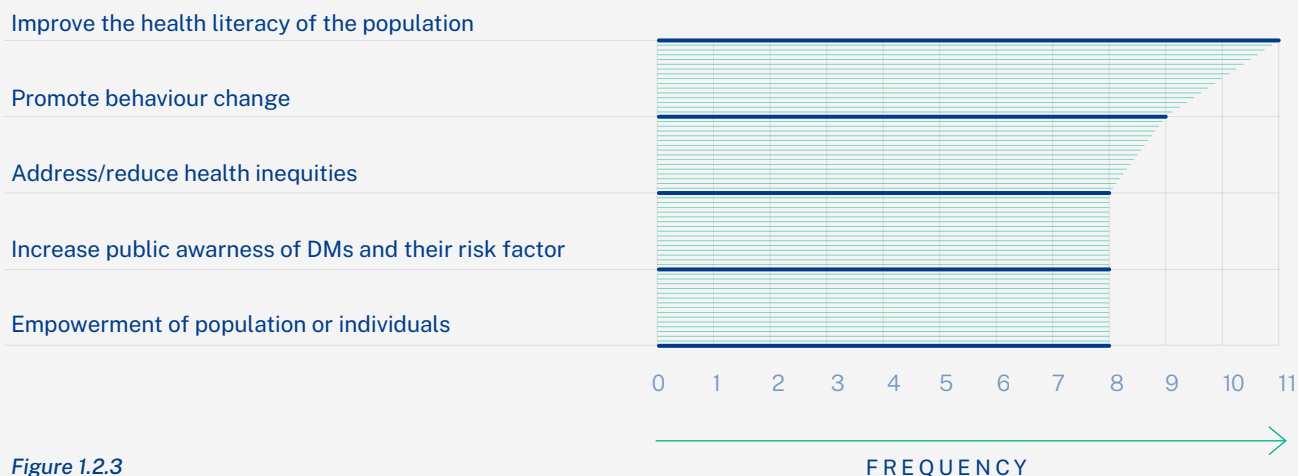


Figure 1.2.3

Among the 13 countries with a national strategic framework, three (23%, N=3/13) report having already completed and assessed their framework (with one country also reporting the update of the strategic framework). Two countries (15%, N=2/13) report having started the implementation of their framework, while the largest proportion (31%, N=4/13) report having approved theirs, although implementation has not yet started (Figure 1.2.4).

Three countries (23%, N=3/13) report **regional or local** variability in the implementation stages of their national strategic frameworks.

### Percentage of countries by implementation stage of national strategic framework

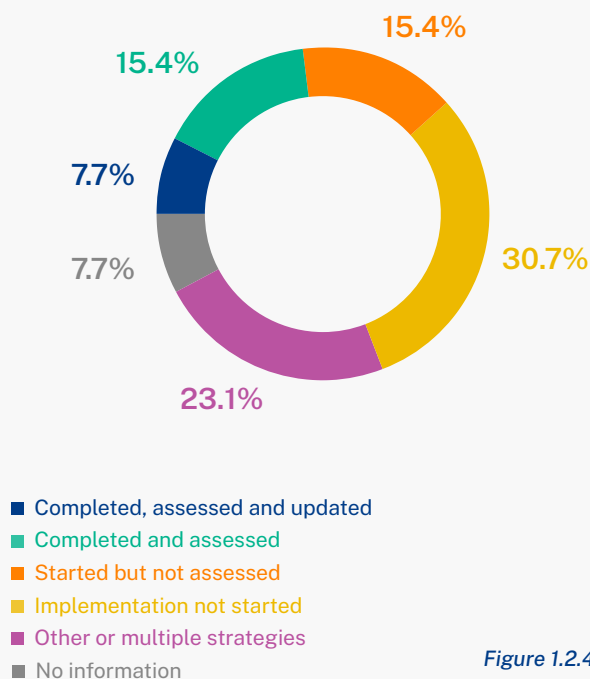


Figure 1.2.4

### 1.3 Intersectoral approach

Of the 14 countries with a strategic framework in place (either national or regional/local), all (N=14/14) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Health, Public Health Agencies on a National, Regional and/or Local level, and patient/citizen associations (Figure 1.3).

**The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework**

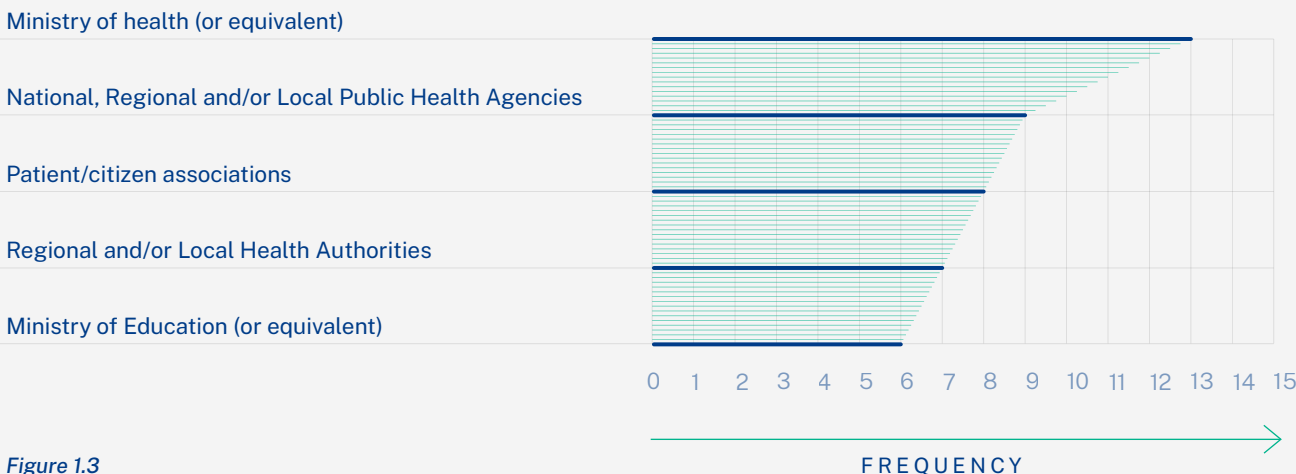


Figure 1.3

### 1.4 Equity-oriented approach

Among the 14 countries with a strategic framework in place, 57% (N=8/14) report that an **equity approach** is embedded in the framework.

The frequently reported recommendations to ensure equity through the strategic framework are: developing and implementing school-based initiatives, promoting the health literacy responsiveness across the different organisational levels of the health and social care service, and co-designing with all the relevant stakeholders including the target population to create effective interventions (Figure 1.4.1).

**The five most frequently reported recommendations to ensure equity through the strategic framework**

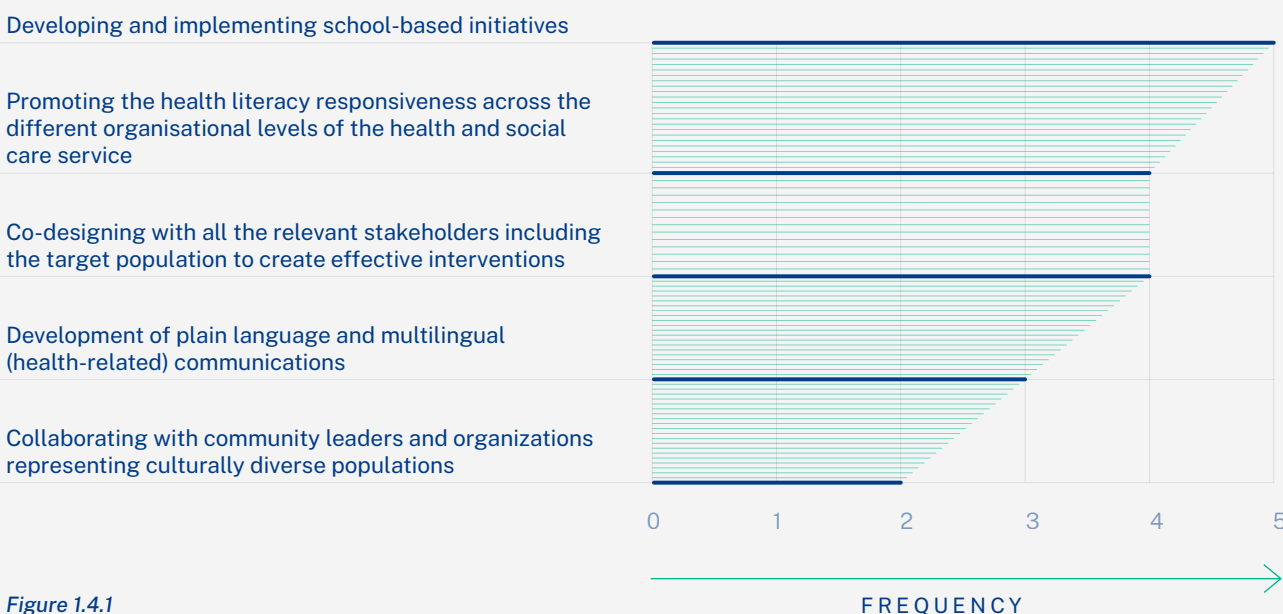


Figure 1.4.1

The most frequently reported populations in vulnerable situations addressed by the strategic framework are adolescents, pregnant women and older persons (Figure 1.4.2).

**The five most frequently reported populations in vulnerable situations addressed by the strategic framework**



Figure 1.4.2

The majority (60%, N=12/20) of the responding countries report having education or awareness campaigns that aim to tackle commercial determinants of health (i.e., systems, practices, and pathways through which commercial actors affect health and equity).

The main reported awareness campaigns are on: harmful health effects of unhealthy commodities, incentives for food healthy products (e.g non-processed food, fruit and vegetables,...) and age-specific restrictions on the sale/distribution of unhealthy commodities (Figure 1.4.3).

**The five most frequently reported awareness campaigns aimed at tackling commercial determinants of health**

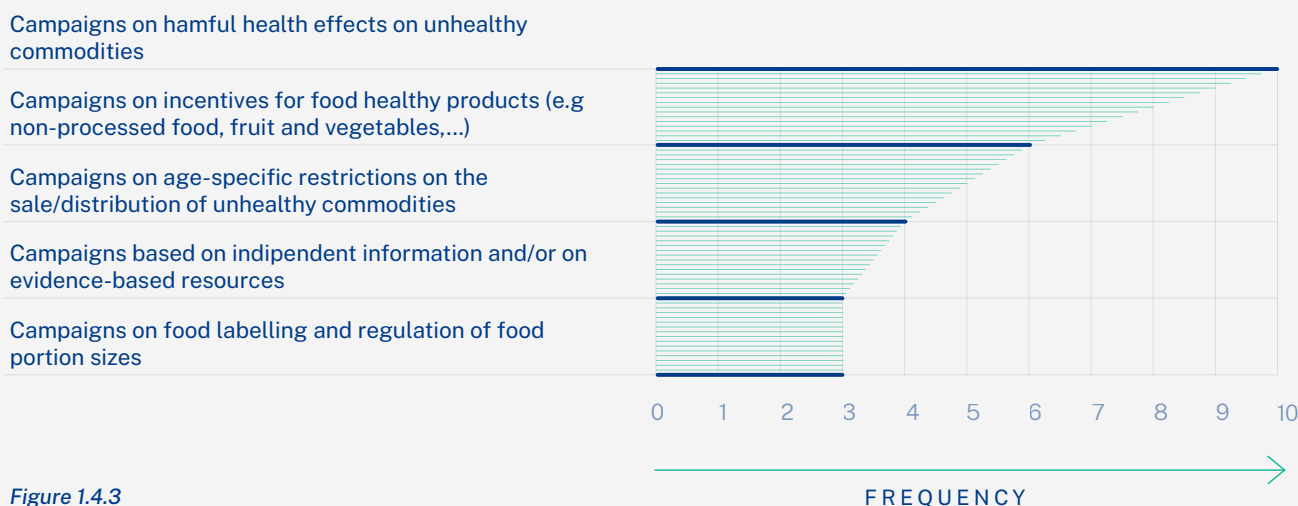


Figure 1.4.3

## 1.5 Funding

About half of the responding countries (55%, N=11/20) report the availability of **national funding** for health literacy strategies on diabetes. Two countries (10%, N=2/20) report structural funding (Figure 1.5.1).

A quarter of the responding countries (25%, N=5/20) report the availability of funding at the **regional and/or local** level.

Percentage of countries with available national funding for health literacy

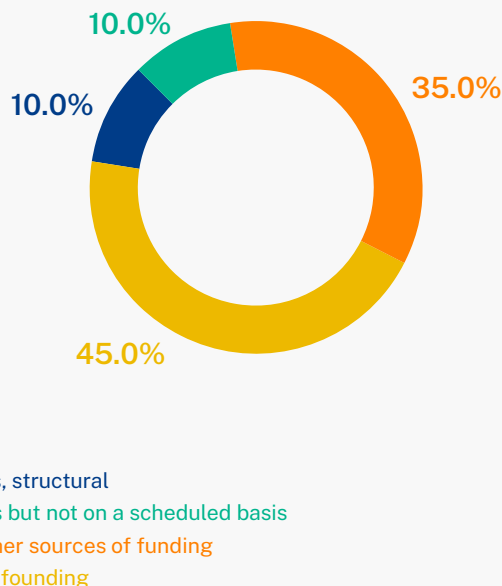


Figure 1.5.1

Number of countries with national diabetes-specific funding

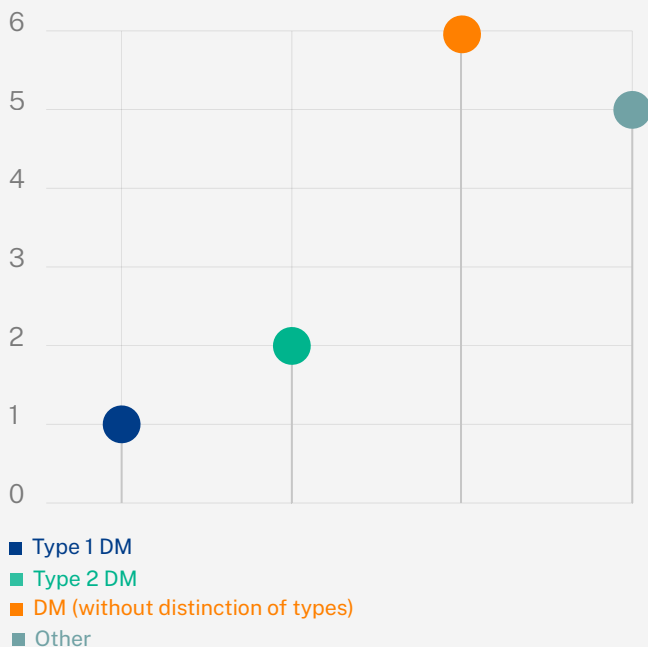


Figure 1.5.2

Among the eleven countries with national funding, 55% (N=6/11) report funding for diabetes without distinction between diabetes types, 9% (N=1/11) report funding specifically for Type 1 diabetes, 18% (N=2/11) for Type 2 diabetes, and lastly 45% (N=5/11) for other types of diabetes (Figure 1.5.2).

Among the five countries that report funding at **regional and/or local** level, three report funding for diabetes without distinction between diabetes types, one specifically for Type 2 diabetes and two for other types of diabetes.

## 2. Service Delivery and Capacity

Nearly one third of the responding countries (30%, N=6/20) report the implementation, either full or partial, of **surveys aiming at enabling comparison of health literacy profiles within regions and countries** to help incentivize authorities and organizations (including governments) to invest in health literacy.

Additionally, a quarter of the responding countries (25%, N=5/20) report having planned to conduct such surveys but they have not started yet (Figure 2.1).

**Percentage of countries reporting the implementation of surveys aiming at enabling comparison of health literacy on diabetes profiles within regions and countries**

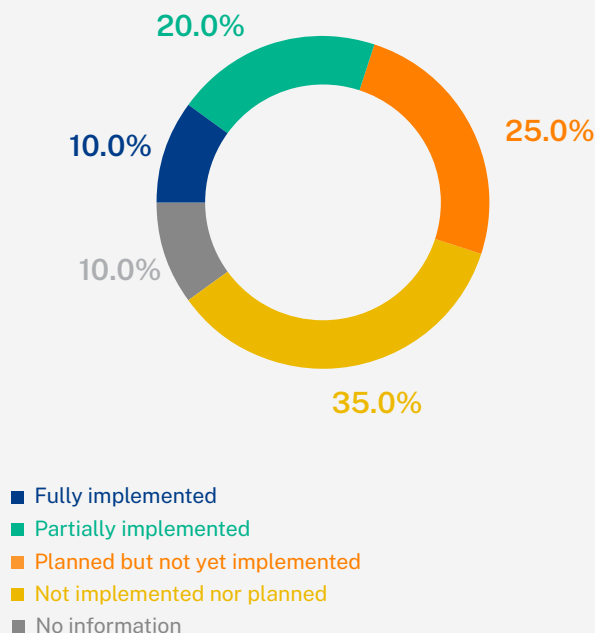


Figure 2.1

**Percentage of countries reporting the implementation of activities to promote health literacy on diabetes among leaders and policy-makers in different sectors**

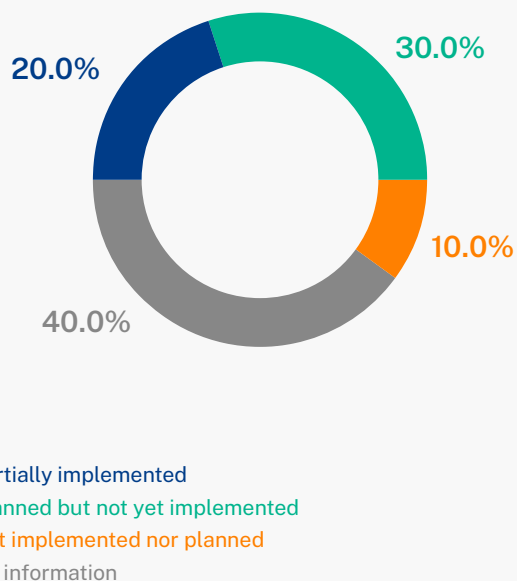


Figure 2.2

A fifth of the responding countries (20%, N=4/20) report the partial implementation of **activities to promote health literacy among leaders and policy-makers in different sectors** to create enabling environments and to assist leaders and policy-makers in the understanding and, therefore, in the application of health literacy issues across sectors in useful and effective ways.

An additional 30% of the responding countries (30%, N=6/20) report having planned to promote health literacy among leaders and policy-makers but they have not started yet (Figure 2.2).

**Percentage of countries reporting the implementation of strategies concerning health literacy on diabetes for mass communication**

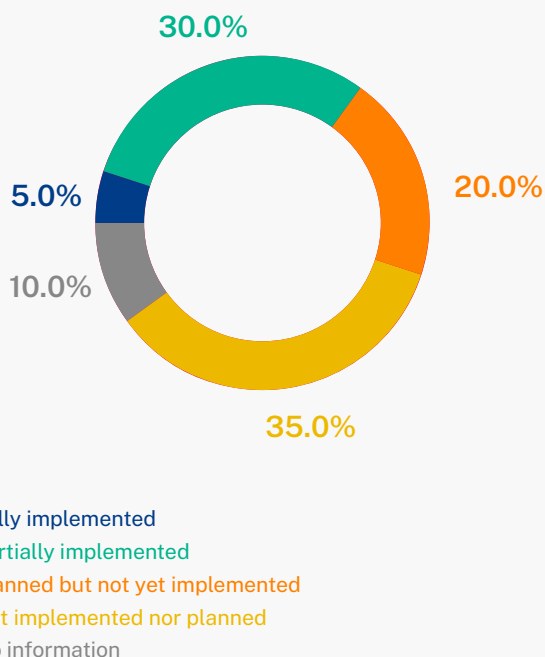


Figure 2.3

About a third of the responding countries (35%, N=7/20) report the implementation, either full or partial, of **strategies concerning health literacy on diabetes for mass communication**, including setting guidelines for content, presentation, sustainability and delivery systems for information, such as mass media, information websites and hubs, and literature for mass dissemination. Furthermore, a fifth of the responding countries (20%, N=4/20) report having planned strategies for mass communication but they have not started yet (Figure 2.3).

Almost half of the responding countries (45%, N=9/20) report the implementation, either full or partial, of **programs to promote child and adolescent health literacy on diabetes** through actions aimed at developing knowledge, motivation and competencies of children, parents, school principals and teachers concerning health (e.g. nutrition, anatomy, healthy behaviours, sleep and health services) to promote, access and maintain health throughout life. An additional 15% of the responding countries (N=3/20) report having planned to implement programs to promote child and adolescent health literacy but they have not started yet (Figure 2.4).

**Percentage of countries reporting the implementation of programs to promote child and adolescent health literacy on diabetes**

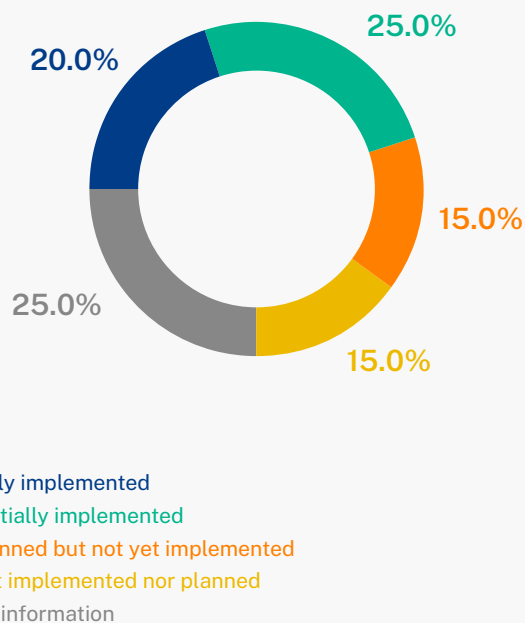


Figure 2.4

**Percentage of countries reporting the implementation of initiatives to improve digital health literacy on diabetes**

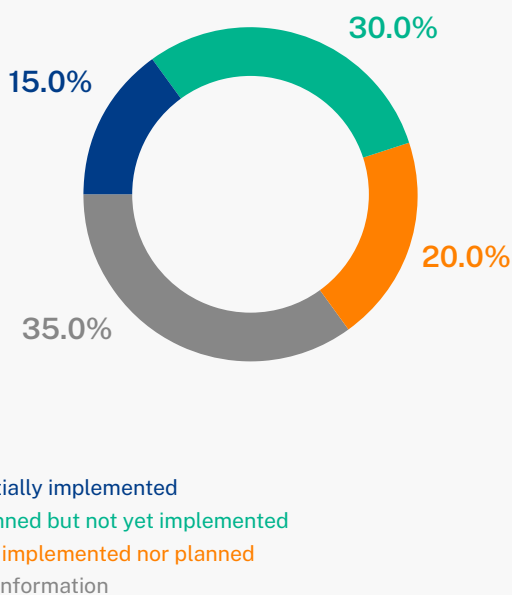


Figure 2.5

Only 15% of the responding countries (N=3/20) report the partial implementation of **initiatives to improve digital health literacy concerning diabetes** in order to ensure that people have the information, knowledge and skills to engage well in all forms of health services on digital platforms (e.g. use of information technology and digital health, navigation and access to services and insurance systems).

Additionally, about a third of the responding countries (30%, N=6/20) report having planned to implement initiatives to improve digital health literacy but they have not started yet (Figure 2.5).

Almost half of the responding countries (45%, N=9/20) report the implementation, either full or partial, of **programs to improve health literacy and behaviour change competencies of health-care staff concerning diabetes**, including cultural competence and non-stigmatizing attitudes, especially when engaging with minority groups and groups that may experience marginalization.

Additionally, 5% of the responding countries (N=1/20) report having planned these programs but it has not started yet (Figure 2.6).

**Percentage of countries reporting the implementation of programs to improve health literacy and behaviour change competencies of health-care staff concerning diabetes**

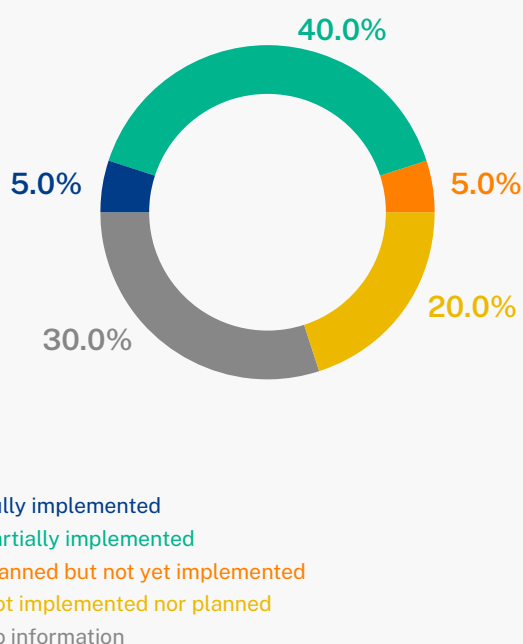
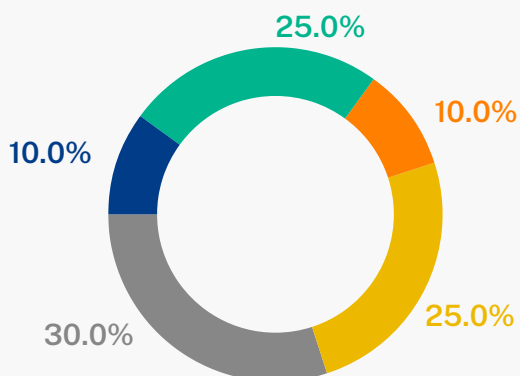


Figure 2.6

**Percentage of countries reporting the implementation of health literacy-related activities for targeting “gap” groups**



- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No information

Figure 2.7

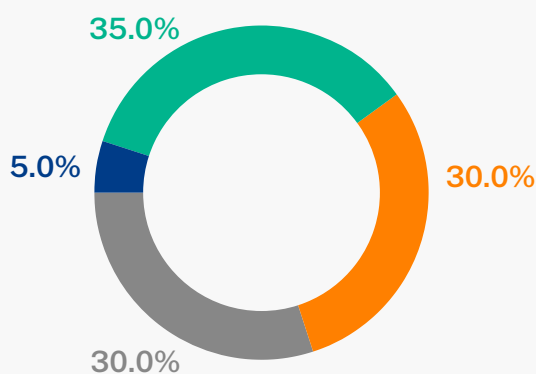
More than one third of the responding countries (35%, N=7/20) report the implementation, either full or partial, of **health literacy-related activities for targeting “gap” groups**— individuals who are not, or are insufficiently, engaging with health services or preventive activities, as well as those not benefiting from current diabetes health literacy strategies.

Additionally, a tenth of the responding countries (10%, N=2/20) report having planned these activities but they have not started yet (Figure 2.7).

40% of the responding countries (N=8/20) report the implementation, either full or partial, of **health literacy initiatives directed to enabling consumer choice and self-direction concerning diabetes** with the aim of strengthening programs that focus on self-management and people-centred approaches.

Furthermore, 30% of the responding countries (N=6/20) report that they have neither planned nor started these initiatives (Figure 2.8).

**Percentage of countries reporting the implementation of health literacy initiatives directed to enabling consumer choice and self-direction concerning diabetes**



- Fully implemented
- Partially implemented
- Not implemented nor planned
- No information

Figure 2.8

### Percentage of countries reporting the implementation of initiatives to promote community action on health-related issues concerning diabetes

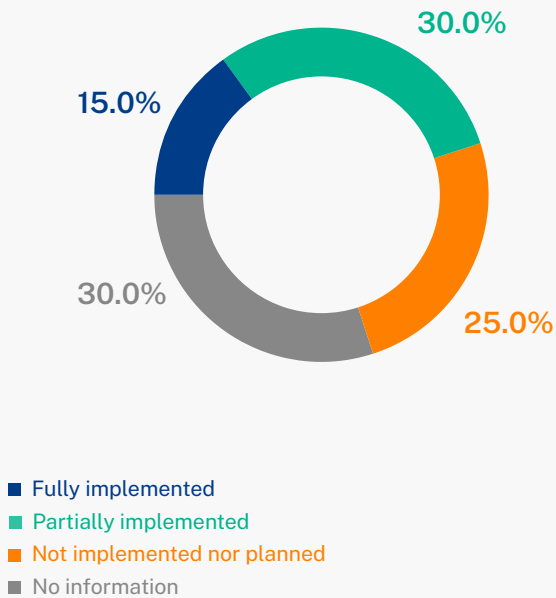


Figure 2.9

Nearly half of the responding countries (45%, N=9/20) report the implementation, either full or partial, of **initiatives to promote community action on health-related issues concerning diabetes** stressing the extent to which people have the critical health literacy needed to actively engage in their communities and wider society through talking about their concerns, participating in public debates and decision-making processes about health, and demanding policy and programme changes necessary to improve health and equity for people around them. Additionally, a quarter of the responding countries (25%, N=5/20) report that they have neither planned nor started these initiatives (Figure 2.9).

# European mapping on **Data availability, quality, accessibility and sharing**

---

*Diabetes*



## Data availability, quality, accessibility and sharing

### European mapping on Data availability, quality, accessibility and sharing

---

Accurately monitoring risk factors, prevalence and progress of diseases is essential to identify a country's health challenges. The pilot projects in this focus area aim to improve data quality and collection methods for diabetes (DM). This is achieved through standardization and harmonization of the data, which allows for better comparisons between countries and helps to pinpoint opportunities for improvement in each country.

This report presents the main findings of the context analysis on data availability, quality, accessibility and sharing, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of diabetes.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Diabetes

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to diabetes was conducted across 20 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

The availability of governance and financing structures for disease registries on diabetes

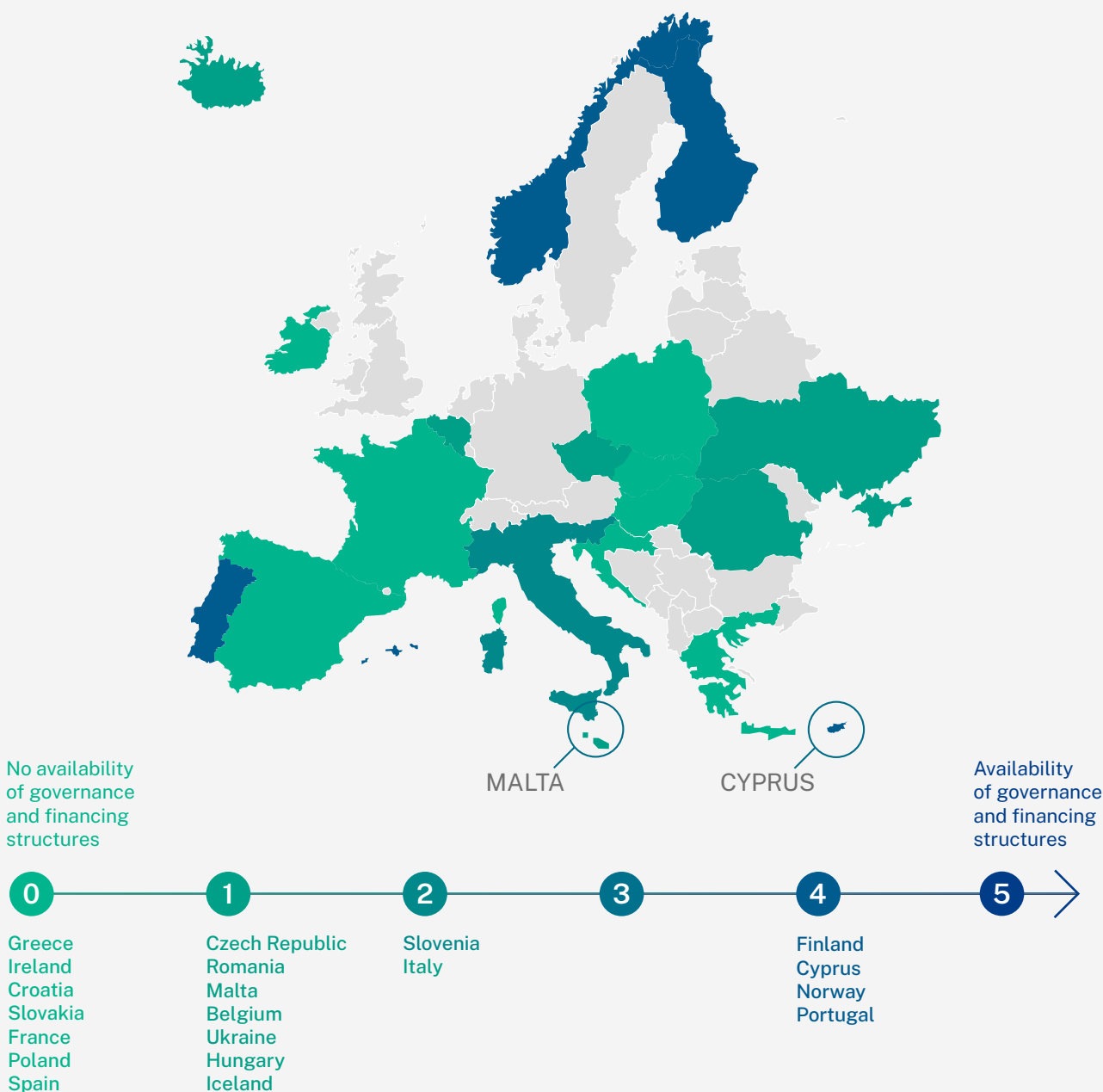


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

60% (N=12/20) of the responding countries report having a **national legislation** on disease registries, either specific or non-specific to diabetes (Figure 1.1.1).

Among the 12 countries with a national legislation, two report a **regional and/or local** variability in the adoption of the national legislation (10 report no variability).

Percentage of countries with a national legislation on disease registries

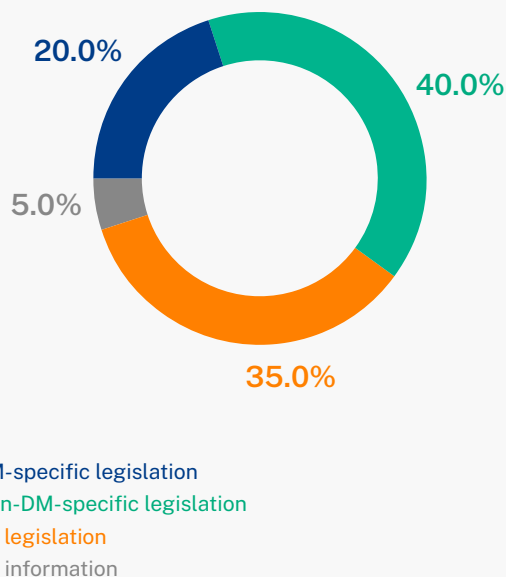


Figure 1.1.1

Number of countries with a national diabetes-specific legislation

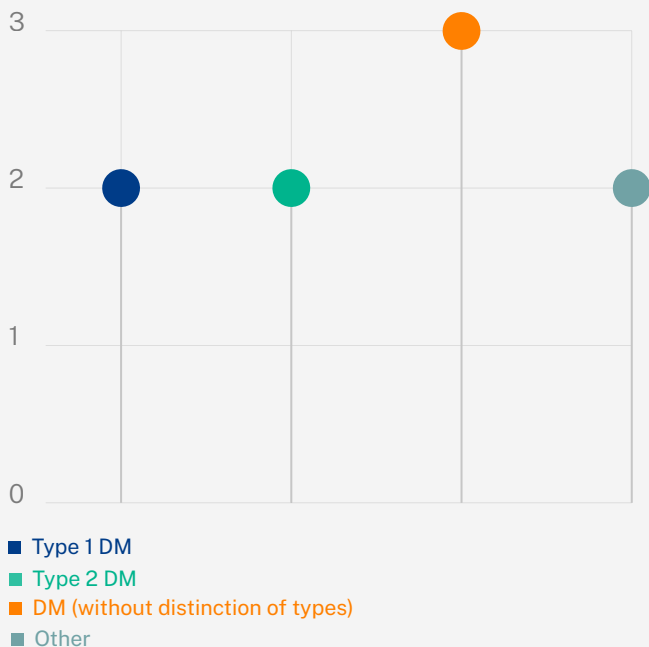


Figure 1.1.2

Among the four countries with a national legislation specific to diabetes, 75% (N=3/4) report having a national legislation for diabetes without distinction between diabetes types, while 50% (N=2/4) indicate the presence of a national legislation specific to each of the diabetes types (Figure 1.1.2).

### Percentage of countries with a national strategic framework on disease registries

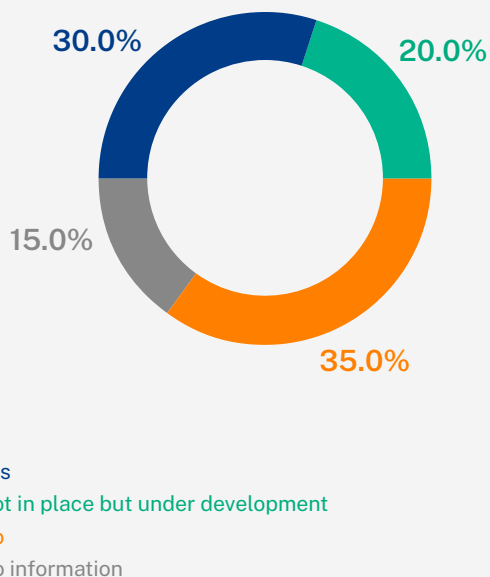


Figure 1.2.1

## 1.2 Strategic framework

A limited number of responding countries (30%, N=6/20) report having a national strategic framework established for developing and implementing diabetes registries. Additionally, 20% (N=4/20) indicate that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, only one reports a **local and/or regional** version of the framework for diabetes without distinction between diabetes types.

Among the six countries with a national strategic framework specific to diabetes, nearly all of them (83%, N=5/6) report having a framework that addresses diabetes without distinction between diabetes types. Additionally, 33% (N=2/6) report having a framework specifically targeting Type 1 diabetes or Type 2 diabetes. Lastly, 17% (N=1/6) report having a framework for other types of diabetes (Figure 1.2.2).

### Number of countries with a national diabetes-specific strategic framework

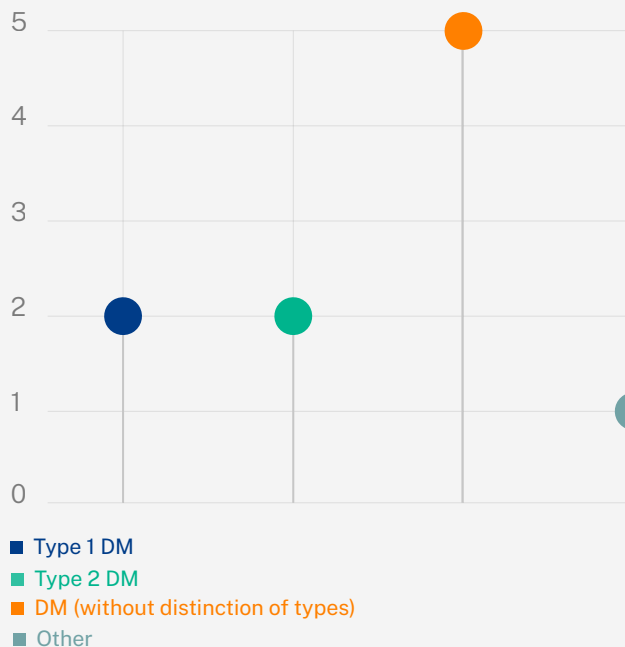


Figure 1.2.2

The five most frequently reported objectives of the national strategic frameworks are: contributing to public health intervention planning as well as scientific and epidemiological research, monitoring and evaluating the effectiveness of public health interventions and population health, and contributing to population-based surveillance (Figure 1.2.3).

### The five most frequently reported objectives of the national strategic frameworks



Figure 1.2.3

Among the six countries with a national strategic framework, only one (17%, N=1/6) reports having already completed, assessed and updated its strategic framework. One country (17%, N=1/6) reports having prepared and approved the framework but has not yet started implementing it; two countries (33%, N=2/6) report having another strategy or multiple ones at different stages; lastly, two countries (33%, N=2/6) report no information (Figure 1.2.4).

One country (17%, N=1/6) reports **regional or local** variability in the implementation stages of its national strategic framework.

### Percentage of countries by implementation stage of national strategic framework

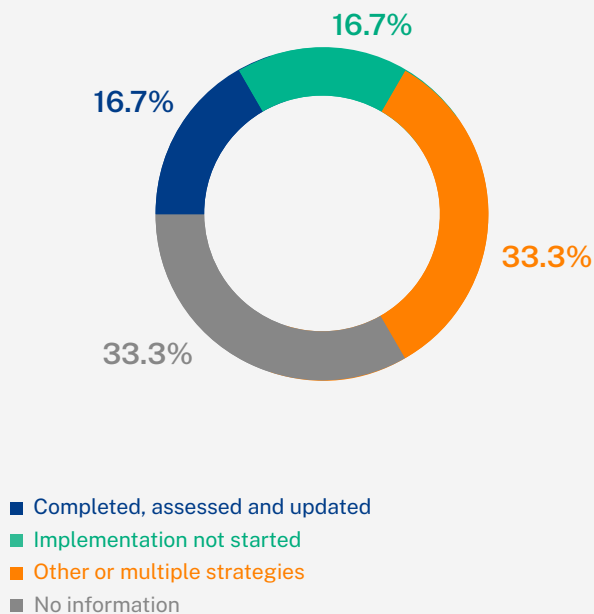
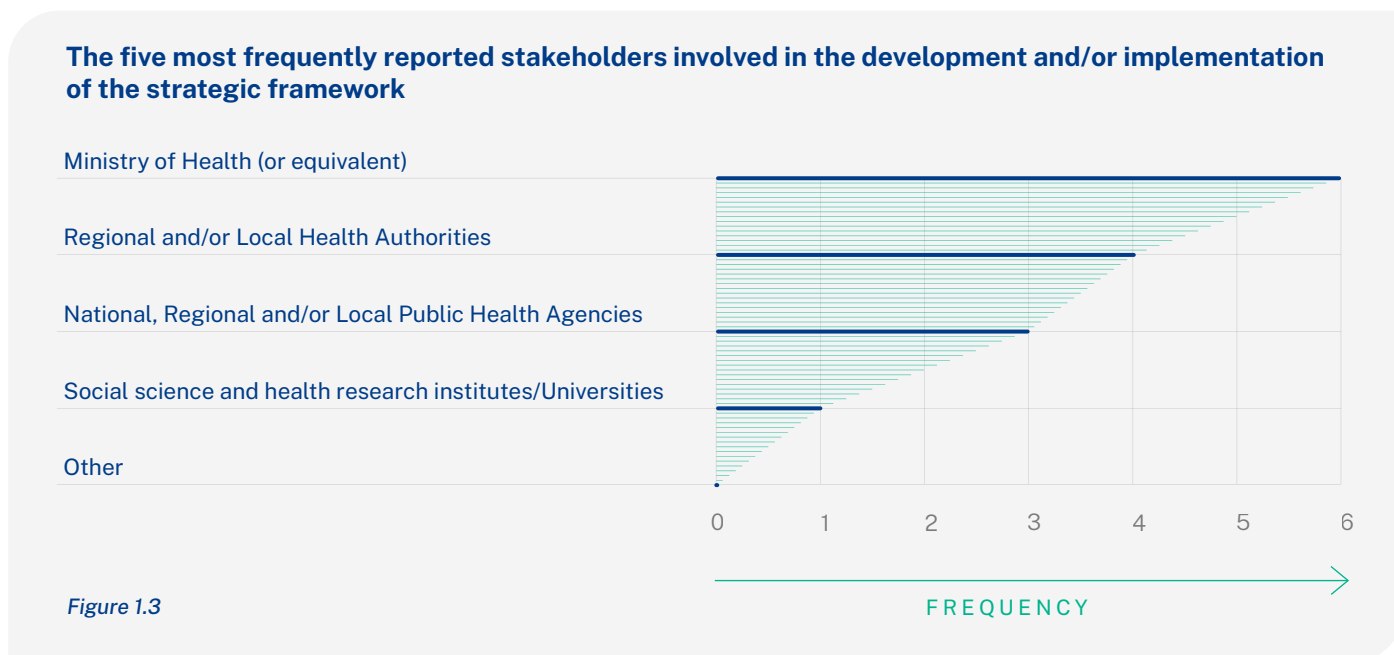


Figure 1.2.4

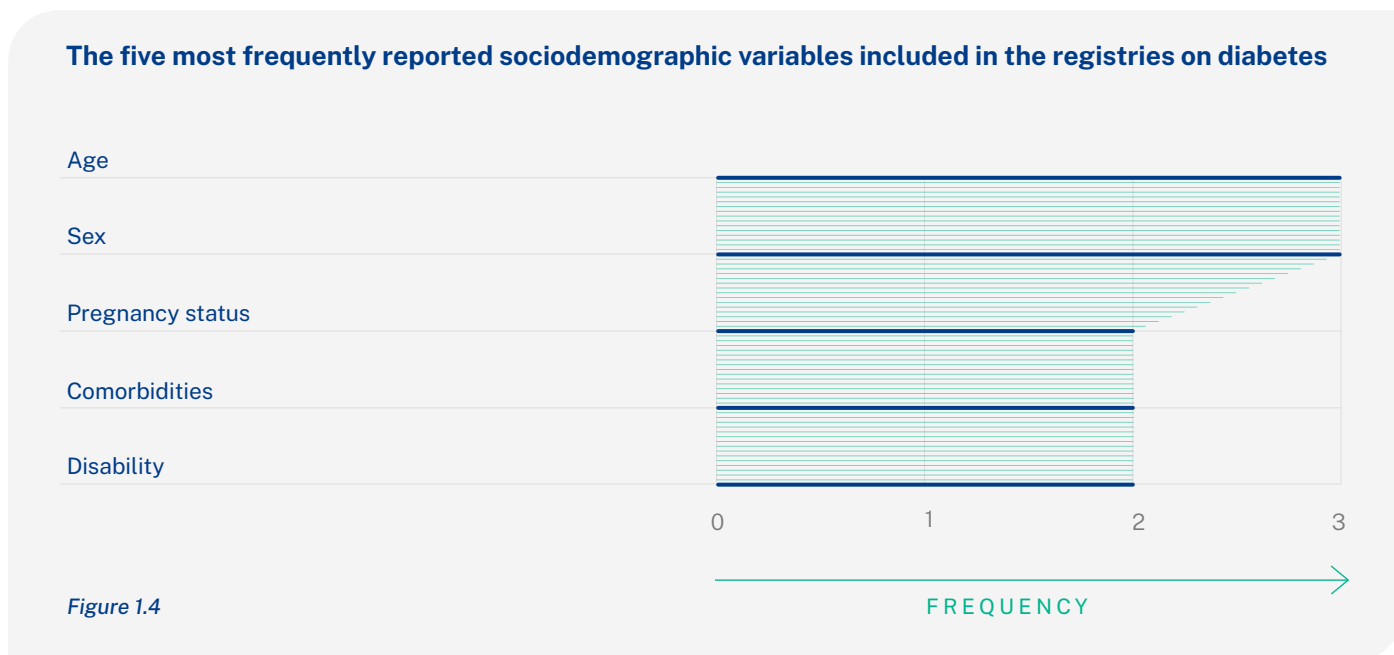
### 1.3 Intersectoral approach

Of the seven countries with a strategic framework in place (either national or regional/local), 71% (N=5/7) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Health, Regional and/or Local Health Authorities, and Public Health Agencies on a National, Regional and/or Local level (Figure 1.3).



### 1.4 Equity-oriented approach

Among the seven countries with a strategic framework in place, 57% (N=4/7) report that their diabetes registries incorporate an equity focus and collect, or can be linked to, sociodemographic data. The frequently reported sociodemographic variables included are age, sex, and pregnancy status (Figure 1.4).



## 1.5 Funding

65% (N=13/20) of the responding countries report the availability of **national funding** for the creation and maintenance of digital platforms or registries on diabetes. Structural funding is available in 30% (N=6/20) of the responding countries (Figure 1.5.1).

35% of the responding countries (N=7/20) report the availability of funding at the **regional and/or local** level.

Percentage of countries with available national funding for registries on diabetes

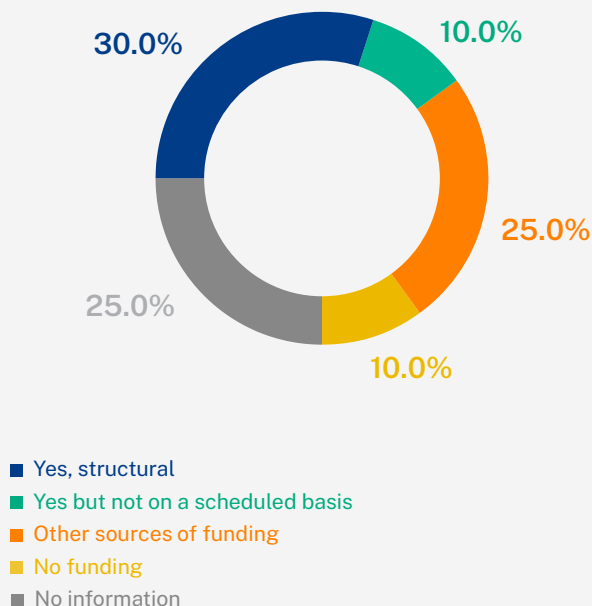


Figure 1.5.1

Number of countries with national diabetes-specific funding

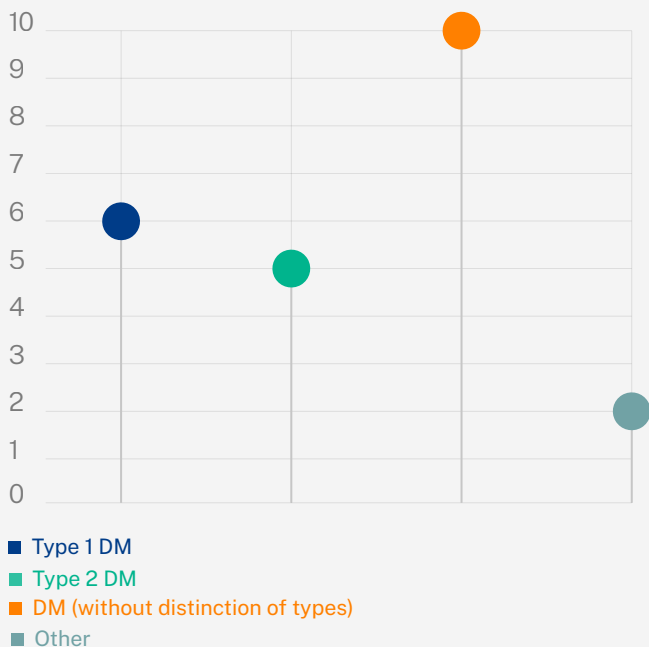


Figure 1.5.2

Among the 13 countries with national funding, 77% (N=10/13) report funding for diabetes without distinction between diabetes types. 46% (N=6/13) report funding specifically for Type 1 diabetes, around 38% (N=5/13) for Type 2 diabetes, and 15% (N=2/13) for other types of diabetes (Figure 1.5.2).

Among the seven countries that report funding at **regional and/or local** level, four report funding for diabetes without distinction between diabetes types, four specifically for Type 1 diabetes, two for Type 2 diabetes, and one for other types of diabetes.

## 2. Service Delivery and Capacity

75% of the responding countries (N=15/20) report conducting regular national health examination surveys, health interview surveys, or cohort studies that analyse the prevalence and/or incidence of diabetes, health-related lifestyles, and biological risk factors. The most frequently investigated indicators are alcohol consumption habits, diet patterns, and physical activity and/or sedentarism (Figure 2.1).

### The five most frequently reported indicators investigated in national health interview or cohort studies



35% of the responding countries (N=7/20) report the presence of registries for diabetes that include information on epidemiology, clinical care, and outcomes at national level (Belgium, Croatia, Cyprus, Finland, Norway, Slovenia, Ukraine).

45% of the responding countries (N=9/20) indicate that registries for diabetes are available at the **regional/local** level (Belgium, Czech Republic, Finland, France, Italy, Norway, Slovenia, Spain, Ukraine).

75% of the responding countries (N=15/20) report having a unique identifier for each individual, which facilitates access to and integration of all health-related information at the national level. Additionally, 65% (N=13/20) report having an electronic health record system that enables the integration of health-related data specifically for diabetes care at national level.

### Percentage of countries reporting recommendations on the use and implementation of standard data terminologies

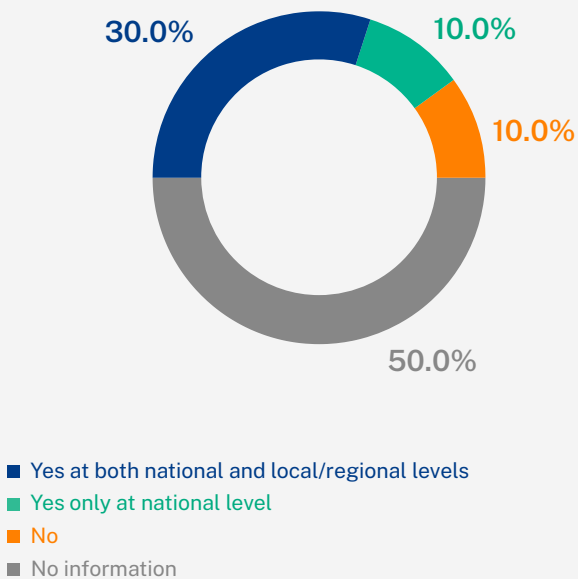


Figure 2.2

40% of the responding countries (N=8/20) report having recommendations for the use and implementation of standard data terminologies (e.g., International Classification of Diseases (ICD) system, Systemized Nomenclature of Medicine (SNOMED) system, Logical Observation Identifiers Names and Codes (LOINC) system, Human Phenotype Ontology (HPO) vocabulary, etc.) including all levels of the health system. Of these, 30% (N=6/20) report recommendations and implementation at both national and local/regional levels and 10% (N=2/20) only at national level, as shown in Figure 2.2.

65% of the responding countries (N=13/20) report having policies in place on data accessibility, including data governance standards for accessing raw source data from electronic health records (EHR) (Figure 2.3).

### Percentage of countries reporting the implementation of policies on data accessibility

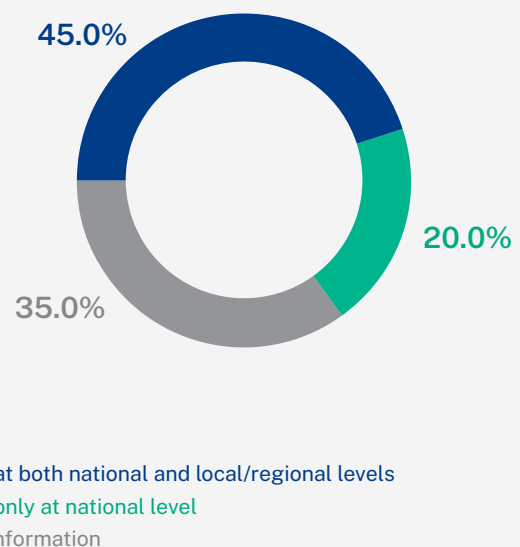


Figure 2.3

### Percentage of countries reporting the implementation of policies on accountability for data accessibility

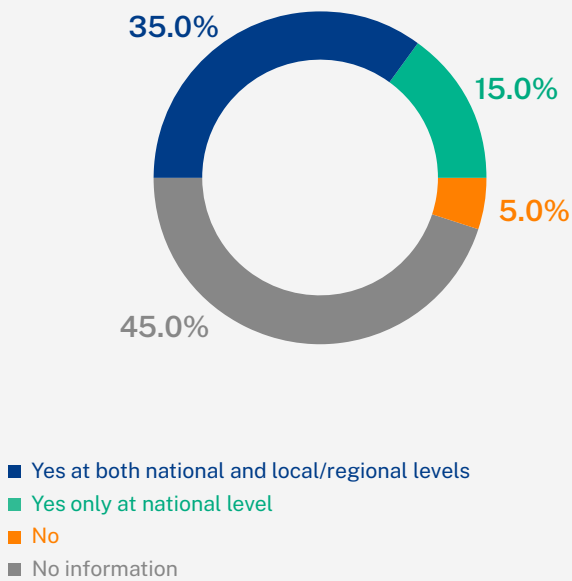


Figure 2.4

Half of the countries (50%, N=10/20) report having policies that ensure accountability for data accessibility and transparency (Figure 2.4).

65% (N=13/20) report having policies on traceability of data access by managers, researchers, or other data access stakeholders (Figure 2.5).

### Percentage of countries reporting the implementation of policies on traceability of data access by managers, researchers or other data access stakeholders

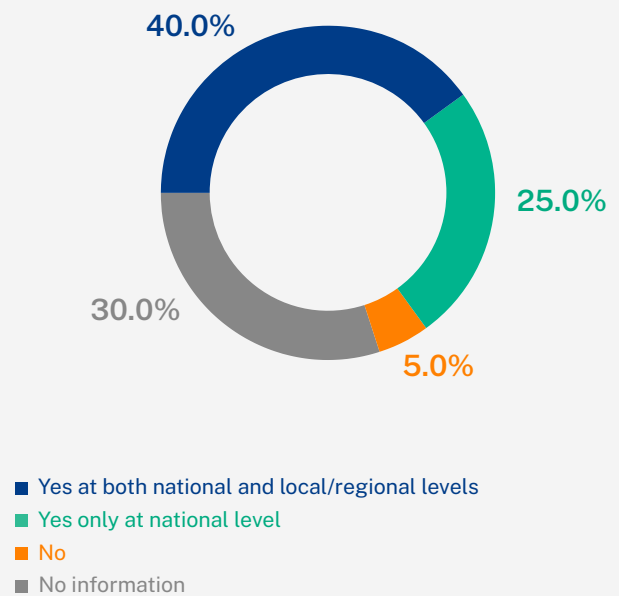


Figure 2.5

### Percentage of countries with recommendations and methodologies for calculating and evaluating the costs associated with diabetes

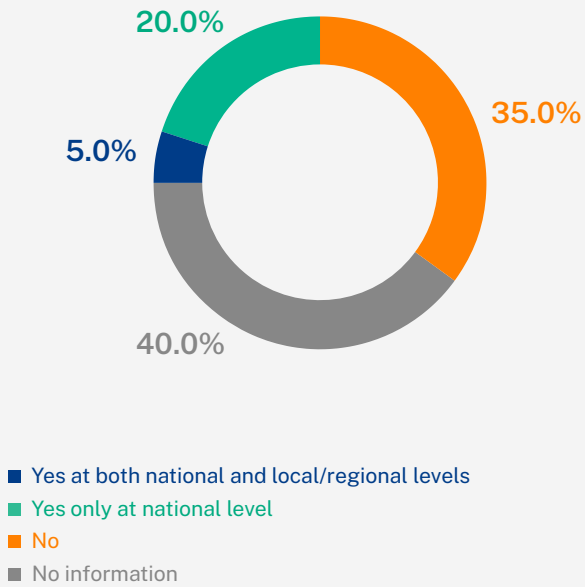


Figure 2.6

25% of the responding countries (N=5/20) report having recommendations and methodologies for calculating and evaluating the costs associated with diabetes (Figure 2.6).

# European mapping on **Screening high-risk population and individuals**

---

*Diabetes*



## Screening high-risk population and individuals

### European mapping on Screening high-risk population and individuals

---

Identifying individuals with an increased risk of developing diabetes (DM) is essential, as the onset and progression of this condition can largely be prevented through lifestyle changes and adequate management of risk factors. The pilot projects in this area aim to collect standardized information on the distribution of diabetes, on related risk factors, and on risk assessment for diabetes across European countries, so that targeted measures can be taken for the population at risk.

This report presents the main findings of the context analysis on screening for high-risk populations and individuals, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of diabetes.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Diabetes

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to diabetes was conducted across 19 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

The availability of governance and financing structures for screening of diabetes

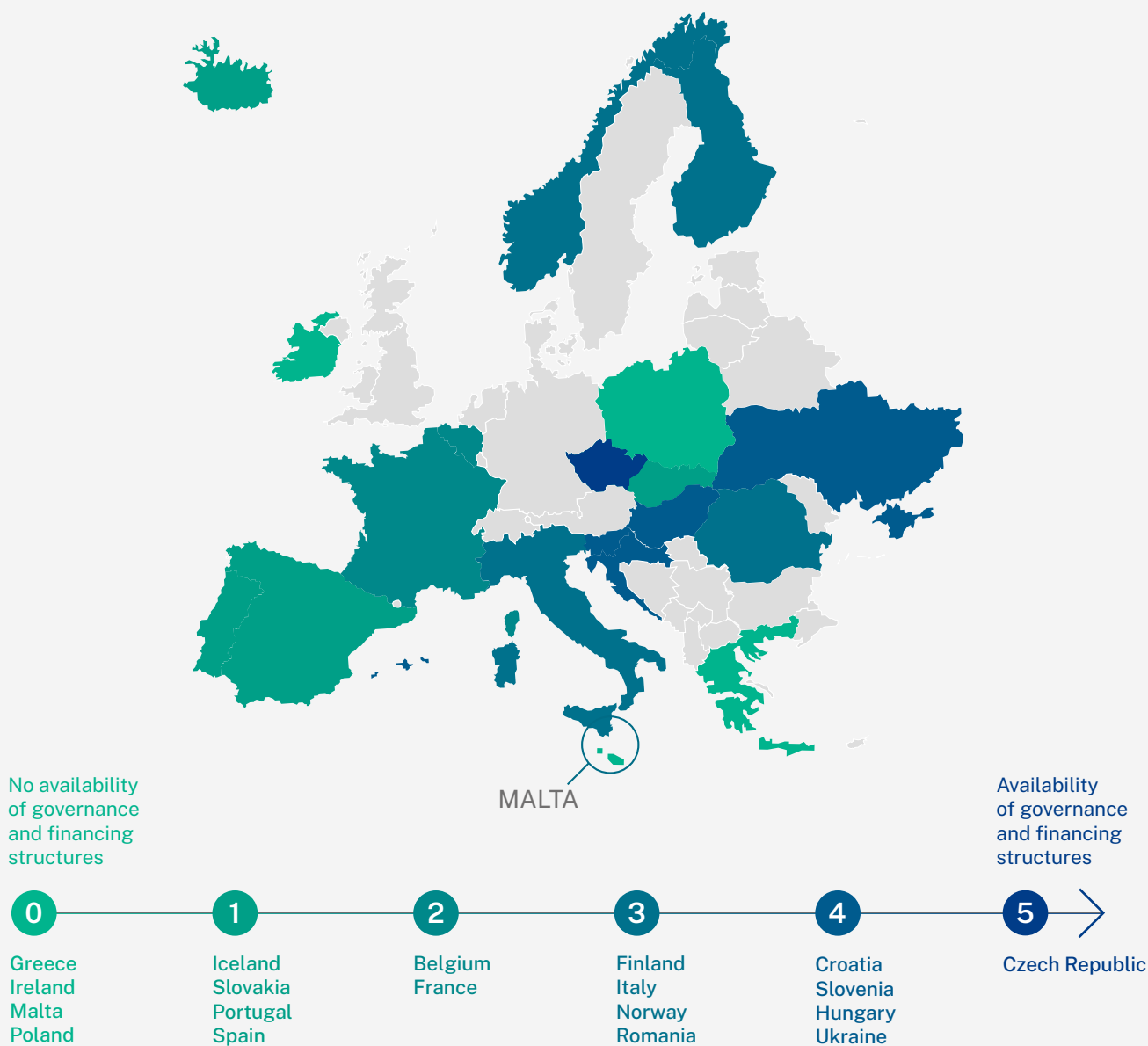


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

Almost 58% (N=11/19) of the responding countries report having a **national legislation** on screening activities for persons at high risk of developing either diabetes or non-communicable diseases (NCDs), either specific or non-specific to diabetes (Figure 1.1.1).

Among the eleven countries with a national legislation, only one reports a **regional and/or local** variability in the adoption of the national legislation (nine report no variability and for the remaining one the information is not available).

Percentage of countries with a national legislation on screening activities

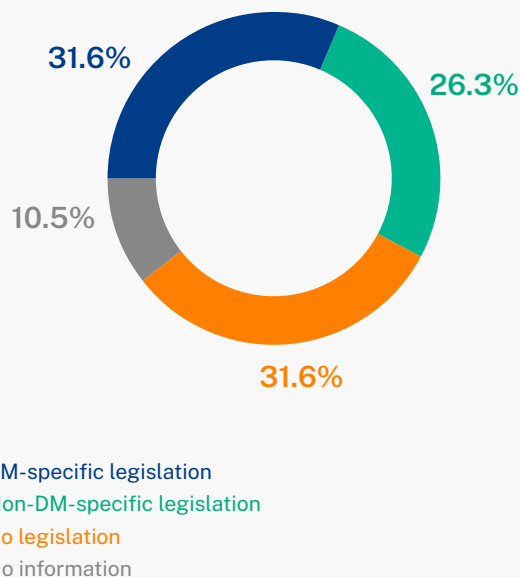


Figure 1.1.1

Number of countries with a national diabetes-specific legislation

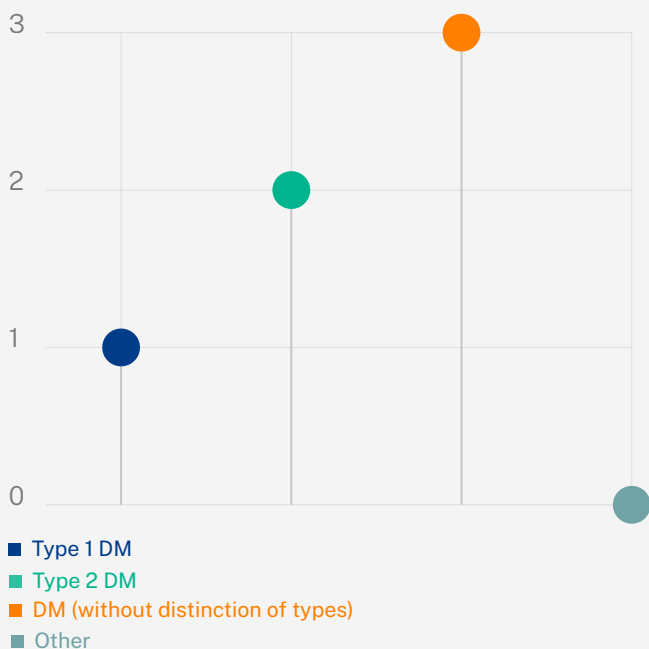


Figure 1.1.2

Among the six countries with a national legislation specific to diabetes, 50% (N=3/6) report having a national legislation for diabetes without distinction between diabetes types, 17% (N=1/6) report having a national legislation specific to Type 1 diabetes, and lastly, 33% (N=2/6) report having a national legislation specific to Type 2 diabetes (Figure 1.1.2).

## 1.2 Strategic framework

Approximately half of the responding countries (47%, N=9/19) report having a national strategic framework established to promote screening activities for persons at high risk of developing diabetes. Additionally, about 16% (N=3/19) indicate that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, three report a **local and/or regional** version of the framework with one only for diabetes without distinction between diabetes types and the other two reporting a regional/local version specific to Type 2 diabetes.

**Percentage of countries with a national strategic framework on screening activities for persons at high risk of developing diabetes**

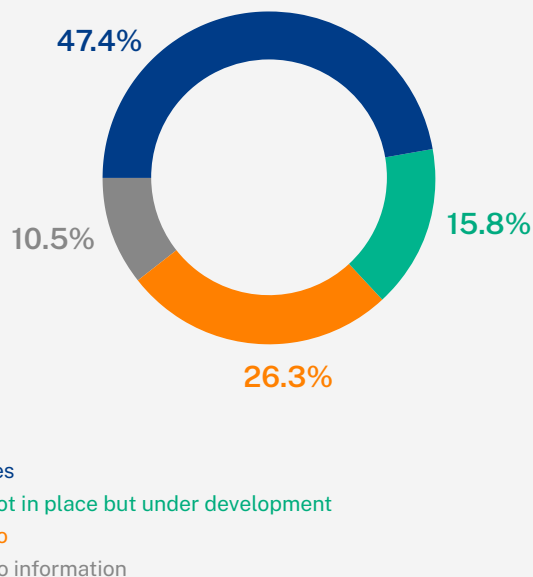


Figure 1.2.1

**Number of countries with a national diabetes-specific strategic framework**

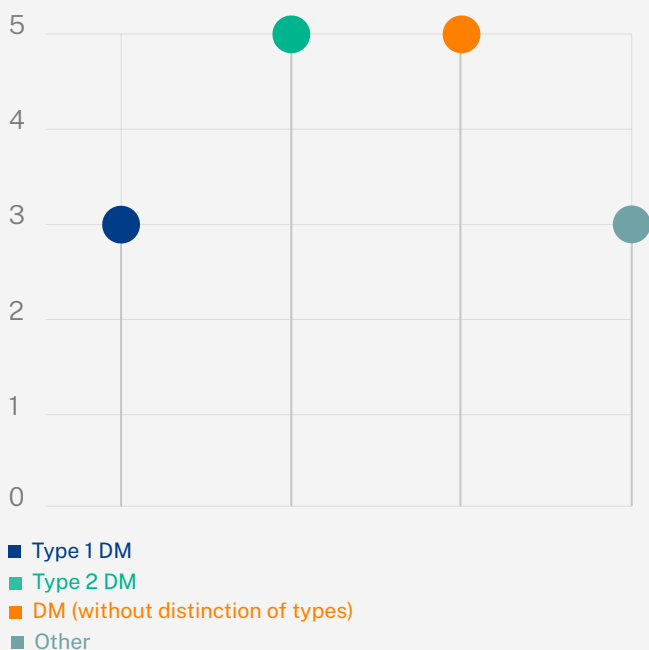


Figure 1.2.2

Among the nine countries with a national strategic framework specific to diabetes, almost 56% (N=5/9) report having a framework that addresses diabetes without distinction between diabetes types, 33% (N=3/9) report having a framework specific to Type 1 diabetes, 56% (N=5/9) report having a framework specific to Type 2 diabetes, and lastly, 33% (N=3/9) report having a framework for other types of diabetes (Figure 1.2.2).

Countries were asked to report the main objectives of the national strategic framework on the screening of high-risk populations and individuals. Details on the answers are provided in the Appendix.

Among the nine countries with a national strategic framework, five (56%, N=5/9) report having already completed and assessed their framework (with two countries also reporting the update of the strategic framework). One country (11%, N=1/9) reports having started the implementation of its framework, while another country (11%, N=1/9) reports having approved it, although implementation has not yet started. Lastly, two countries (22%, N=2/9) report having another strategy or several ones at different stages (Figure 1.2.3).

Two countries (22%, N=2/9) report **regional or local** variability in the implementation stages of their national strategic frameworks.

**Percentage of countries by implementation stage of national strategic framework**

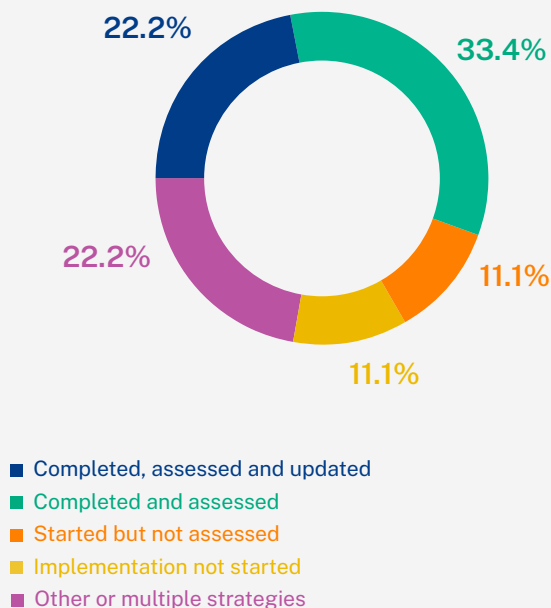


Figure 1.2.3

### 1.3 Intersectoral approach

Of the 12 countries with a strategic framework in place (either national or regional/local), almost all (92%, N=11/12) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Health, Regional and/or Local Health Authorities, and Public Health Agencies on a National, Regional and/or Local level (Figure 1.3).

**The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework**

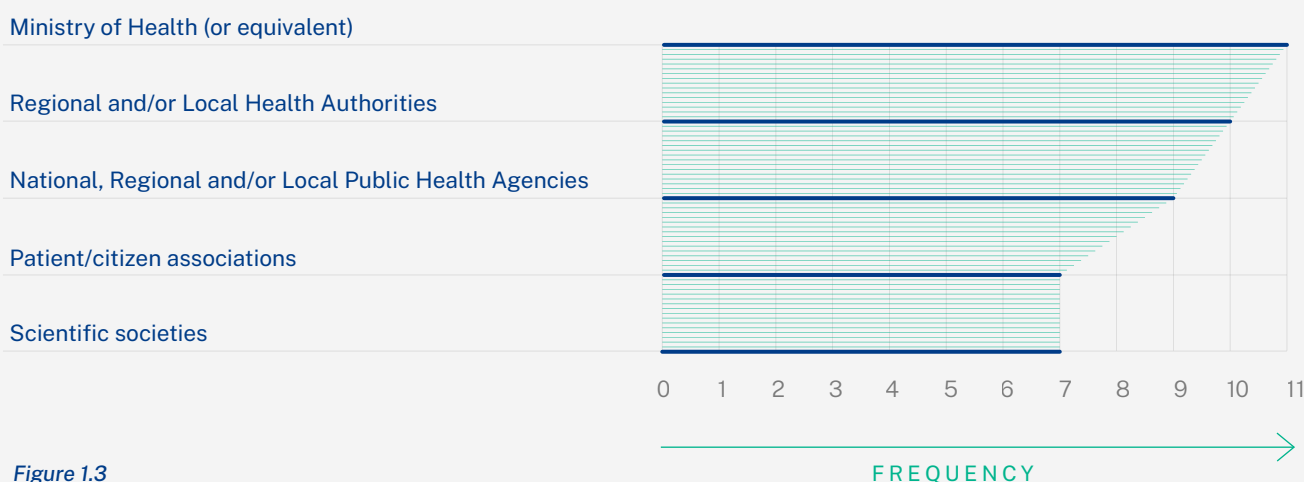


Figure 1.3

## 1.4 Equity-oriented approach

Among the 12 countries with a strategic framework in place, 58% (N=7/12) report that an **equity approach** is embedded in the framework. All of them (N=7/7) report having recommendations to address health inequities.

The frequently reported recommendations to ensure equity through the strategic framework are: providing free or low-cost screening services, promoting health literacy and raising awareness on the importance of screening among persons at a high risk for diabetes, and ensuring equitable access to screening services (including mobile units and transportation services) among populations that may have challenges in accessing regular services (Figure 1.4.1).

### The five most frequently reported recommendations to ensure equity through the strategic framework

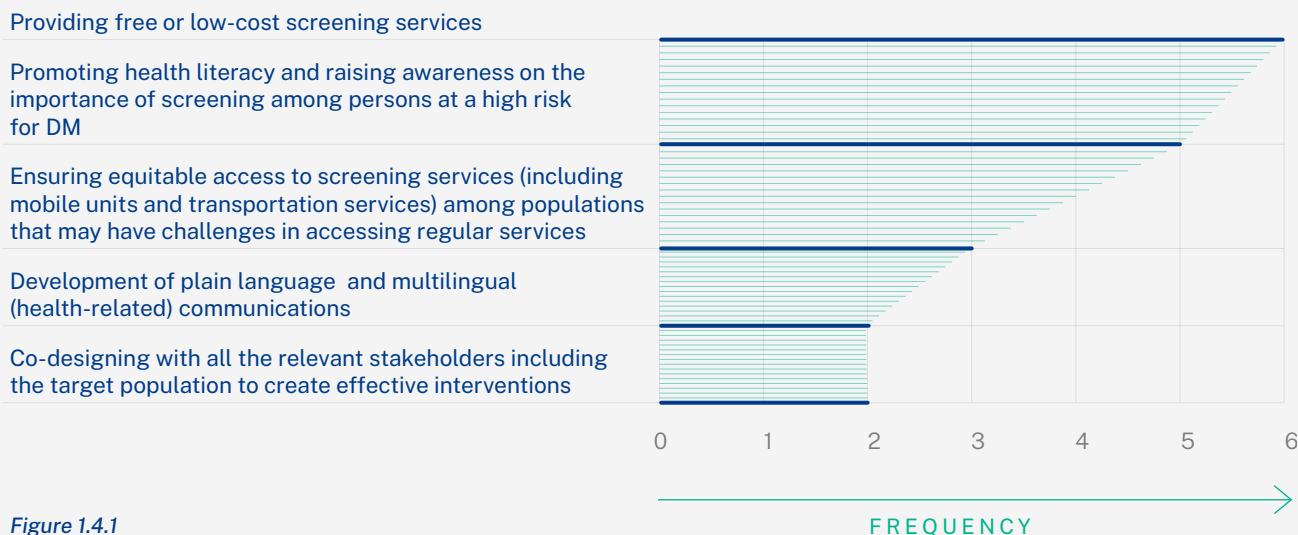


Figure 1.4.1

Among the 12 countries with a strategic framework in place, 83% (N=10/12) report that the strategic framework specifically addresses populations in vulnerable situations.

The most frequently reported populations in vulnerable situations addressed by the strategic framework are pregnant women, older persons, and migrants and ethnic/national minorities (Figure 1.4.2).

### The five most frequently reported populations in vulnerable situations addressed by the strategic framework



Figure 1.4.2

## 1.5 Funding

Almost 74% (N=14/19) of the responding countries report the availability of **national funding** for screening activities for persons at high risk of developing diabetes. Structural funding is available in approximately 32% (N=6/19) of the responding countries (Figure 1.5.1).

42% of the responding countries (N=8/19) report the availability of funding at the **regional and/or local** level.

**Percentage of countries with available national funding for screening activities for persons at high risk of developing diabetes**

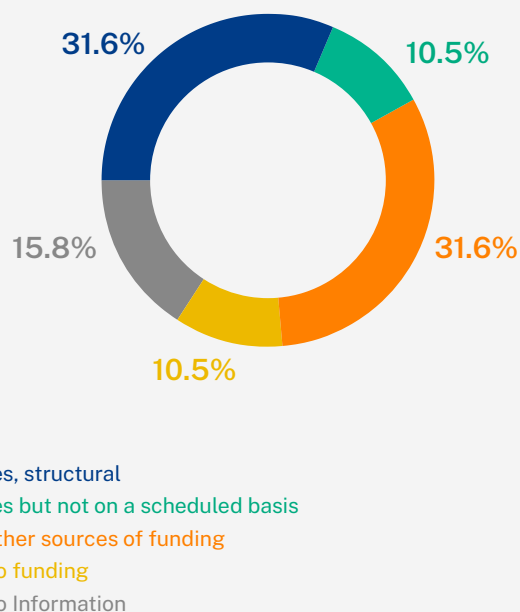


Figure 1.5.1

**Number of countries with national diabetes-specific funding**

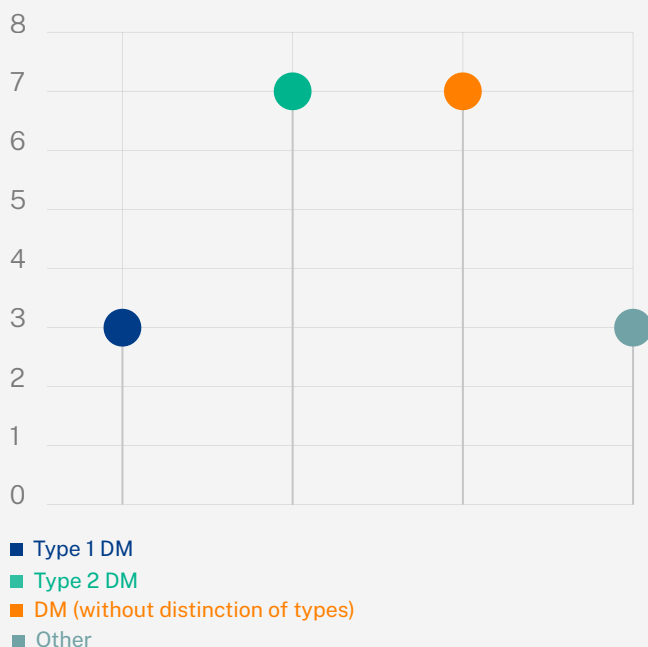


Figure 1.5.2

Among the 14 countries with national funding, 50% (N=7/14) report funding for diabetes without distinction between diabetes types, 21% (N=3/14) report funding specifically for Type 1 diabetes, 50% (N=7/14) for Type 2 diabetes, and lastly, 21% (N=3/14) for other types of diabetes (Figure 1.5.2).

Among the eight countries that report funding at **regional and/or local** level, four report funding for diabetes without distinction between diabetes types, one specifically for Type 1 diabetes, and lastly, five for Type 2 diabetes.

## 2. Service Delivery and Capacity

Almost 74% of the responding countries (N=14/19) report having a systematic surveillance for risk factors for diabetes. In seven countries this is conducted at the national level, in one only at regional/local level, and in six countries it is conducted at both the national and regional/local level.

The most frequently reported instances where data is routinely collected to monitor risk factors for diabetes are through: population based (general population) health examination surveys, and opportunistic screening (Figure 2.1).

### The five most frequently reported instances where data is routinely collected to monitor risk factors for diabetes

Population based (general population) health examination survey

Through opportunistic screening

Other

Through targeted systematic screening at the health care setting

Population based, targeted population group such as migrants, health examination

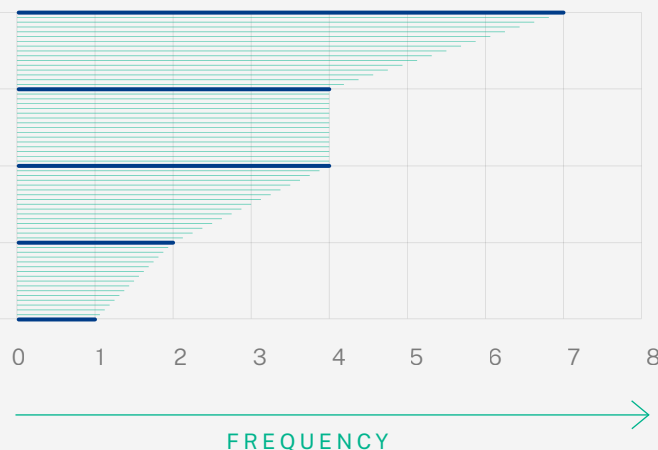


Figure 2.1

Almost half of the responding countries (47%, N=9/19) report having diabetes risk assessment tools, such as the Finnish Diabetes Risk Score (FINDRISC) or similar, routinely used. The most frequently reported risk assessment tool is the Finnish Diabetes Risk Calculator (Figure 2.2).

### The most frequently reported diabetes risk assessment tools

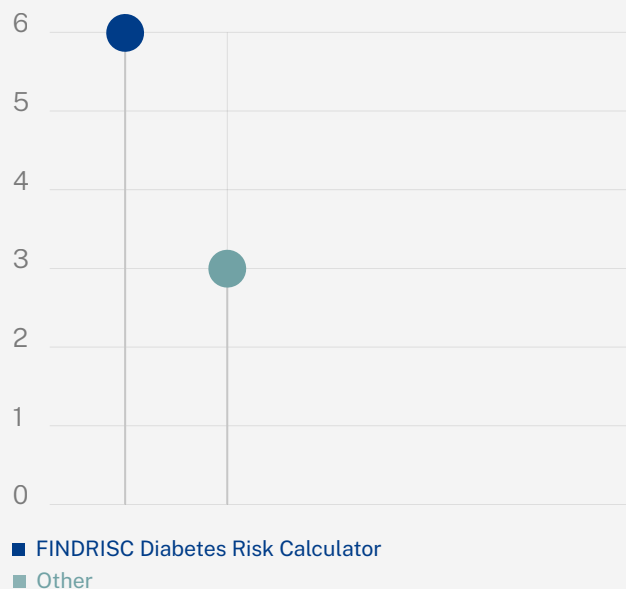


Figure 2.2

## Appendix

<b>Country</b>	<b>Please describe briefly the declared objectives of the national strategic framework (including if it is population based or opportunistic)</b>
<b>Croatia</b>	<p>a) Increase in the number of newly discovered cases of diabetes in the early stage by 80% over five years, through early detection of diabetes within the primary health care system.</p> <p>b) Reduction in the frequency of diabetes complications by 20% five years after the onset implementation of the program.</p> <p>c) Approximation of pregnancy outcomes in women with diabetes to those of healthy women, with the establishment of a system of adequate monitoring and supervision over the outcomes of pregnancies in women with diabetes.</p>
<b>Czech Republic</b>	Prevent, detect --> treat & prevent complications. Framework is mostly declaratory although significant progress has been made in reaching the goals.
<b>Finland</b>	The Current Care guidelines are intended as a basis for clinical decision-making and can be used by healthcare professionals and citizens. The screening activities that these guidelines endorse (e.g., risk calculators and diagnostic tests) may be applied in population-based, opportunistic, and systematic screening.
<b>Hungary</b>	Population based.
<b>Norway</b>	All general practitioners and hospital doctors are advised to screen for diabetes by the use of glycated haemoglobin if the person is found to be at an increased risk for diabetes. All pregnant women are screened with glycated haemoglobin at the first consultation, and a subgroup at high risk are advised to do an Oral Glucose Tolerance Test (OGTT) later in the pregnancy.
<b>Romania</b>	LAW no. 249 of November 13, 2020 regarding the prevention and early detection of diabetes, and its subsequent amendments. The purpose of this law is to establish legal measures and mechanisms for the prevention and early detection of diabetes, as well as for raising awareness, encouraging and supporting the population to adopt and practice a healthy and responsible lifestyle in order to maintain a good state of health over the whole period of life. The document mentions that the main instrument, at the national level, for the prevention and early detection of diabetes and for the transposition of the rights of patients constitutes the National Diabetes Prevention Plan, which will be approved by Government decision, for a duration of 4 years.

<p><b>Slovenia</b></p>	<p>Resolution on the National Health Care Plan 2016-2025 defines a specific goal on strengthening preventive approaches at primary health level aiming at upgrading curative care with prevention activities. By introducing new preventive approaches in all clinics at the primary level and pharmacies, the aim is to ensure equal access to prevention programmes for all, with a particular focus on the accessibility of programmes for populations in vulnerable situations. Health centres must provide a comprehensive preventive-curative activity to meet the needs of the local population. Prevention programmes shall be upgraded and expanded with the aim of more effective prevention and management of chronic diseases and other conditions, especially addressing the specific needs of populations living in vulnerable situations and elderly populations who do not fully benefit from preventive services.</p> <p>(<a href="https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/staro/2-DRZAVNI-ORGANI-MZ/5-O-ministrstvu/SKUPAJ-ZA-DRUZBO-ZDRAVJA-Resolucija-o-nacionalnem-planu-zdravstvenega-varstva-2016-2025-v2.pdf">https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/staro/2-DRZAVNI-ORGANI-MZ/5-O-ministrstvu/SKUPAJ-ZA-DRUZBO-ZDRAVJA-Resolucija-o-nacionalnem-planu-zdravstvenega-varstva-2016-2025-v2.pdf</a>) 2020-2030 National Diabetes Prevention and Care Programme draws on achievements and experiences from previous 2010-2020 National Diabetes Prevention and Care Programme and includes both strengthening the health of the population and preventing or delaying the onset of Type 2 diabetes and its early detection, as well as caring for people with diabetes of any type, and monitoring the control of diabetes. It sets out the goals that Slovenia wishes to achieve in these areas, proposes changes and, above all, enables better and value-based networking between various key partners involved in achieving the set goals.</p> <p><a href="https://www.obvladajmoslaskorno.si/drzavni-program/dposb-2020-2030/">https://www.obvladajmoslaskorno.si/drzavni-program/dposb-2020-2030/</a> Preventive health care, including screening for diabetes is carried out in accordance with the Programme for Integrated Prevention of Chronic Non-Communicable Diseases in Adults which is defined in the Rules as described above.</p>
<p><b>Ukraine</b></p>	<p>Early detection and treatment of Type 2 diabetes will help preventing the progression of the disease and the development of complications. A general practitioner, i.e. a family doctor, carries out basic measures for the prevention, detection, treatment and dispensary observation of patients with Type 2 diabetes.</p>

# European mapping on **Integrated care pathways**

---

*Diabetes*

The background features a large, faint, light blue graphic of a human figure. A prominent, thick, light blue arrow points downwards from the top left towards the bottom center of the figure, symbolizing a downward trend or a specific focus area within the healthcare pathway.

**WP09**

## Integrated care pathways

### European mapping on Integrated care pathways

---

Once an individual is identified as high-risk for or diagnosed with diabetes (DM), innovative care models should be implemented that adopt a proactive, person-centred, integrated care approach. The main objective is to improve the diagnosis, treatment and management of diabetes through the implementation or improvement of integrated care pathways (ICPs) for various target populations with diabetes. The pilot projects in this area shift away from the traditional disease-based approach of health systems. Instead, they aim to implement person-centred integrated services that consider the 'whole person', taking into account biological, behavioural, social, and environmental factors.

This report presents the main findings of the context analysis on integrated care pathways, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of diabetes.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Diabetes

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to diabetes was conducted across 16 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

#### The availability of governance and financing structures for integrated care pathways on diabetes

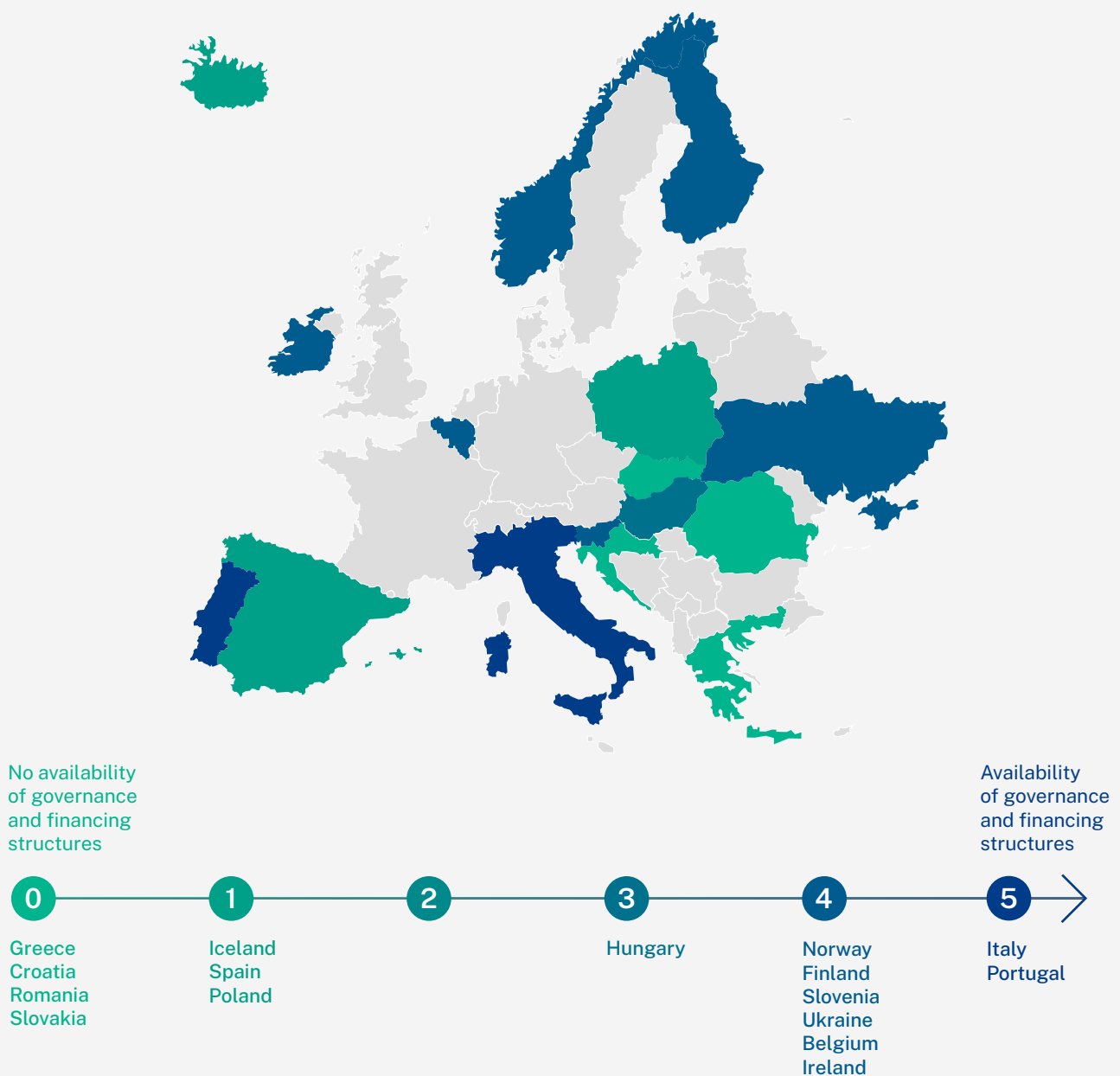


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

About 44% (N=7/16) of the responding countries report having a **national legislation** on integrated care pathways, either specific or non-specific to diabetes (Figure 1.1.1).

Among the seven countries with a national legislation, two report a **regional and/or local** variability in the adoption of the national legislation, while the majority (71%, N=5/7) report no variability.

Percentage of countries with a national legislation on integrated care pathways

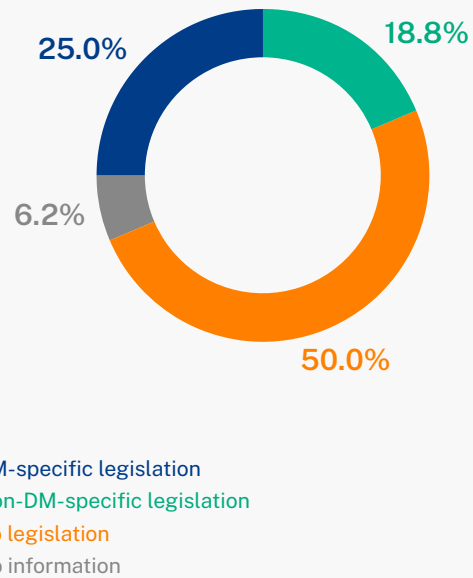


Figure 1.1.1

Number of countries with a national diabetes-specific legislation

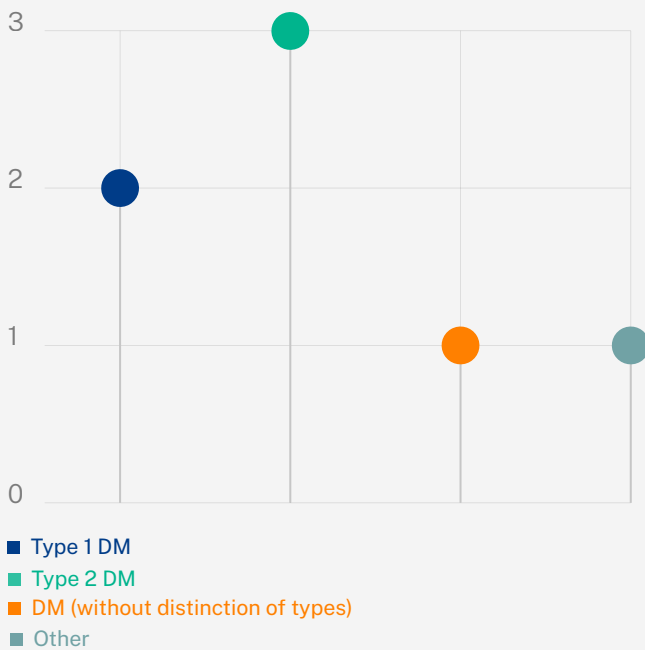


Figure 1.1.2

Among the four countries with a national legislation specific to diabetes, 25% (N=1/4) report having a national legislation for diabetes without distinction between diabetes types, 50% (N=2/4) report a national legislation specific to Type 1 diabetes, 75% (N=3/4) report a national legislation specific to Type 2 diabetes, and lastly, 25% (N=1/4) report a national legislation for other types of diabetes (Figure 1.1.2).

## 1.2 Strategic framework

The majority of responding countries (56%, N=9/16) report having a national strategic framework established for implementing integrated care pathways for diabetes. Additionally, about 13% (N=2/16) indicate that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, only one reports a **local and/or regional** version of the framework specific to both Type 1 diabetes and Type 2 diabetes.

Percentage of countries with a national strategic framework on integrated care pathways

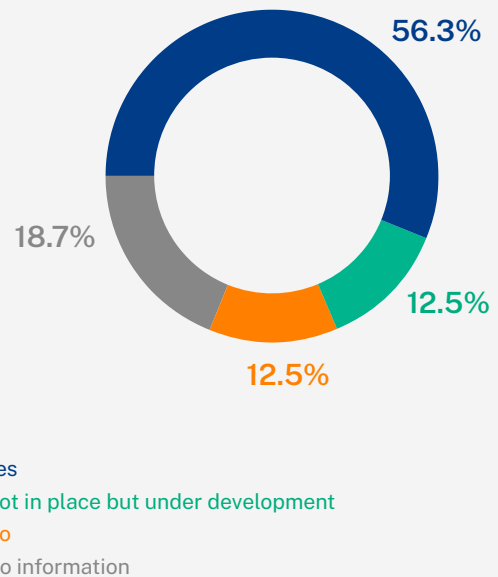


Figure 1.2.1

Number of countries with a national diabetes-specific strategic framework

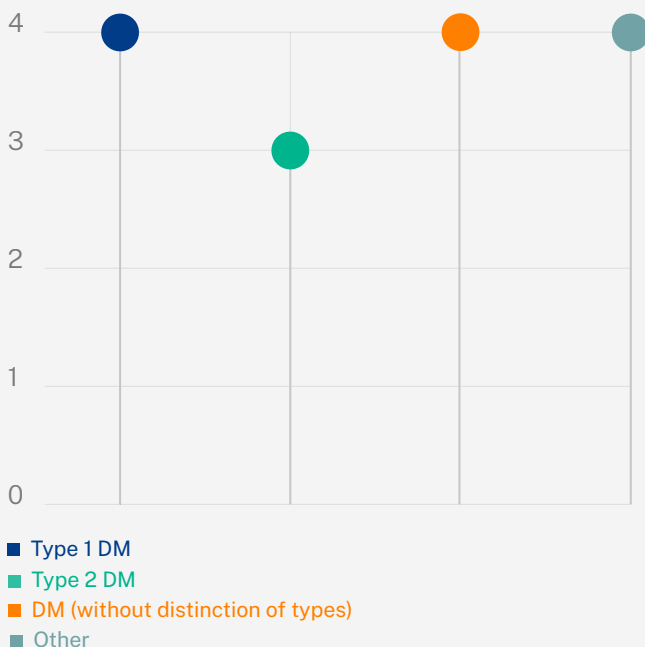


Figure 1.2.2

Among the nine countries with a national strategic framework specific to diabetes, 44% (N=4/9) report having a strategic framework that addresses diabetes without distinction between diabetes types, while the same proportion of countries (44%, N=4/9) report having a strategic framework specific to Type 1 diabetes, a third (33%, N=3/9) report having a strategic framework specific to Type 2 diabetes, and lastly, 44% (N=4/9) report having a national strategic framework for other types of diabetes (Figure 1.2.2).

The five most frequently reported objectives of the national strategic frameworks are: enhancing coordination among different services, monitoring and evaluating the quality of care, facilitating multidisciplinary collaboration, standardizing, and improving clinical outcomes (Figure 1.2.3).

### The five most frequently reported objectives of the national strategic frameworks

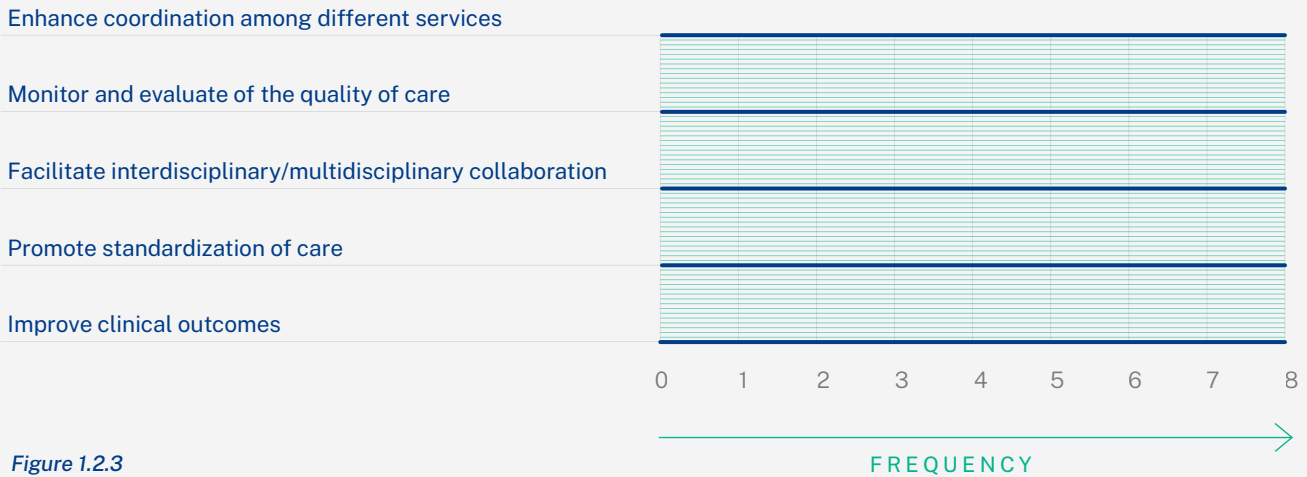


Figure 1.2.3

Among the nine countries with a national strategic framework, three (33%, N=3/9) report having already completed and assessed their framework (with two countries also reporting the update of the strategic framework). Two countries (22%, N=2/9) report having started the implementation of their framework (with one country also reporting that it has made its assessment). Three countries (33%, N=3/9) report having another strategy or multiple ones at different stages and lastly, one country (11%, N=1/9) reports no information (Figure 1.2.4).

Three countries (33%, N=3/9) **report regional or local** variability in the implementation stages of their national strategic frameworks.

### Percentage of countries by implementation stage of national strategic framework

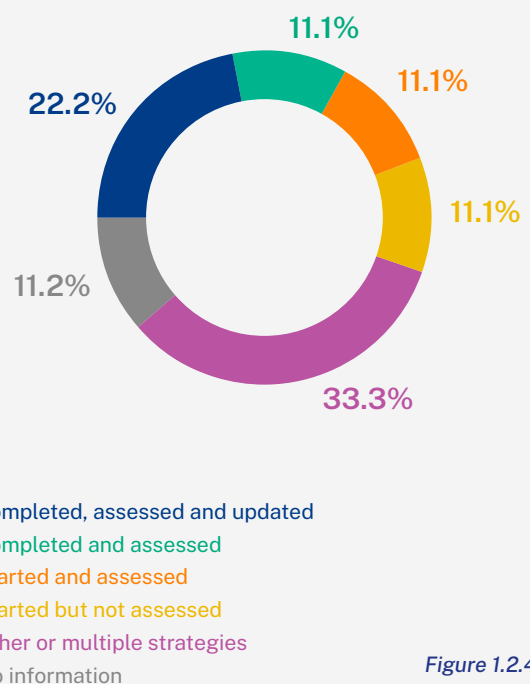
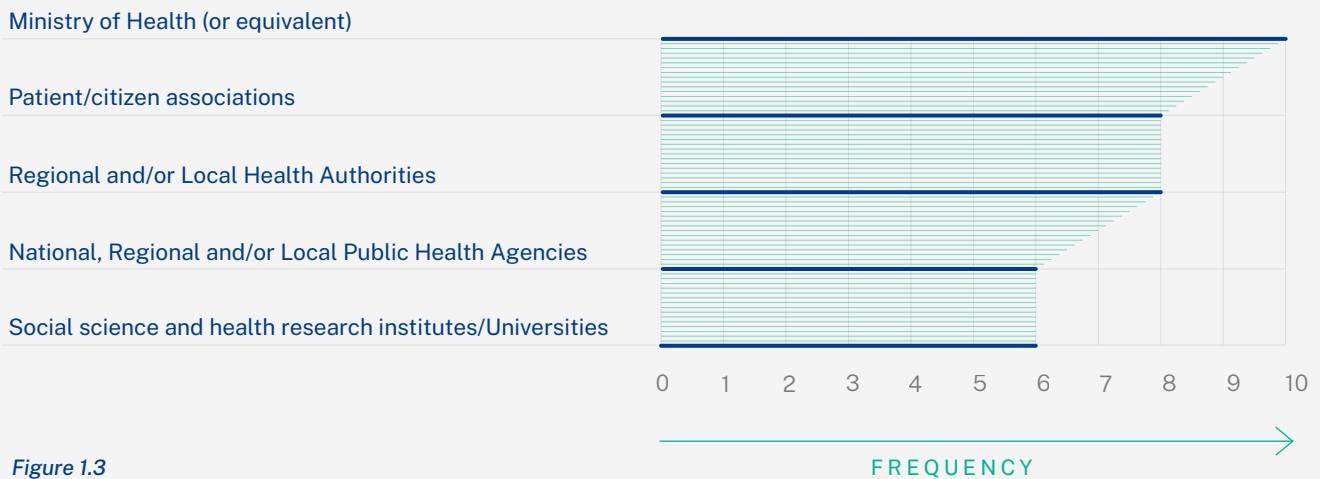


Figure 1.2.4

### 1.3 Intersectoral approach

Of the ten countries with a strategic framework in place (either national or regional/local), all (N=10/10) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Health, patient/citizen associations, and Regional and/or Local Health Authorities (Figure 1.3).

#### The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework

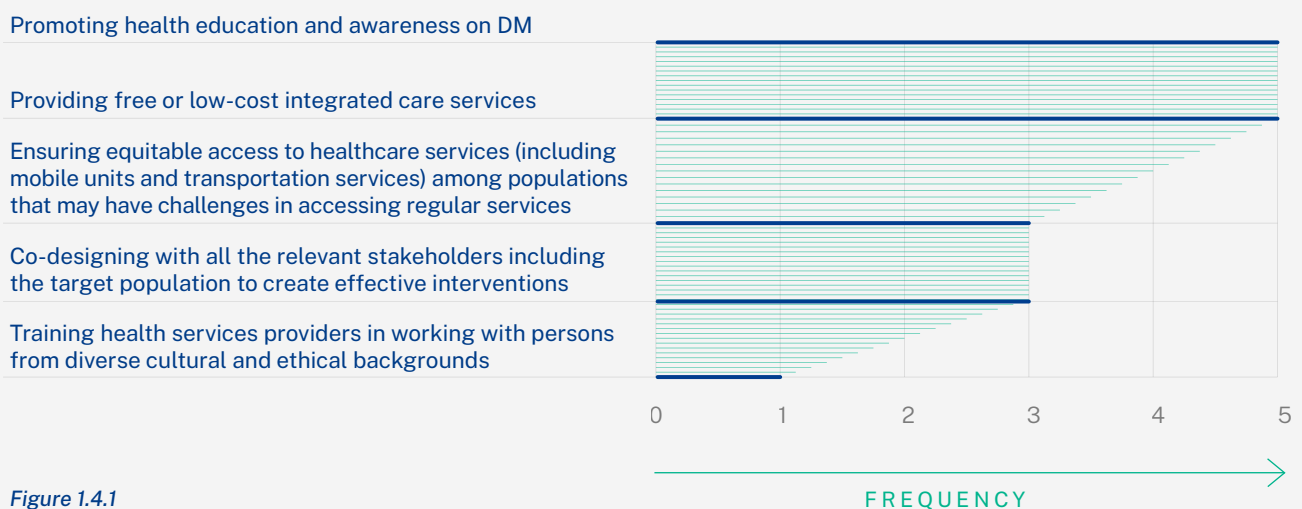


### 1.4 Equity-oriented approach

Among the ten countries with a strategic framework in place, 80% (N=8/10) report that an **equity approach** is embedded in the framework.

The frequently reported recommendations to ensure equity through the strategic framework are: promoting health education and awareness on diabetes, providing free or low-cost integrated care services, and ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services (Figure 1.4.1).

#### The five most frequently reported recommendations to ensure equity through the strategic framework



The most frequently reported populations in vulnerable situations addressed by the strategic framework are older persons, individuals with comorbidities, and pregnant women (Figure 1.4.2).

### The five most frequently reported populations in vulnerable situations addressed by the strategic framework

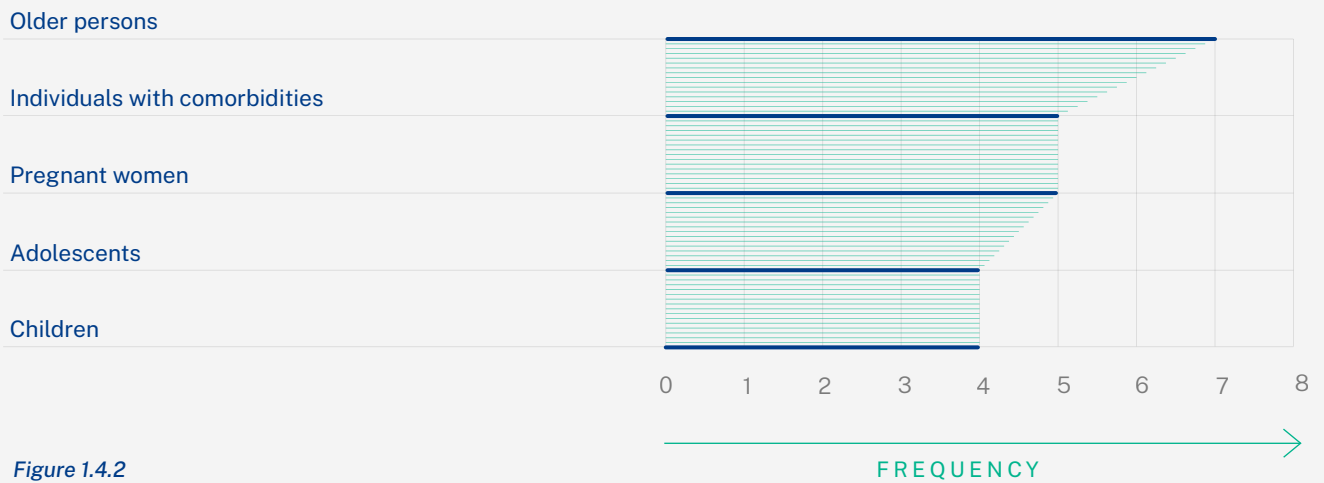


Figure 1.4.2

### Percentage of countries with available national funding for integrated care pathways

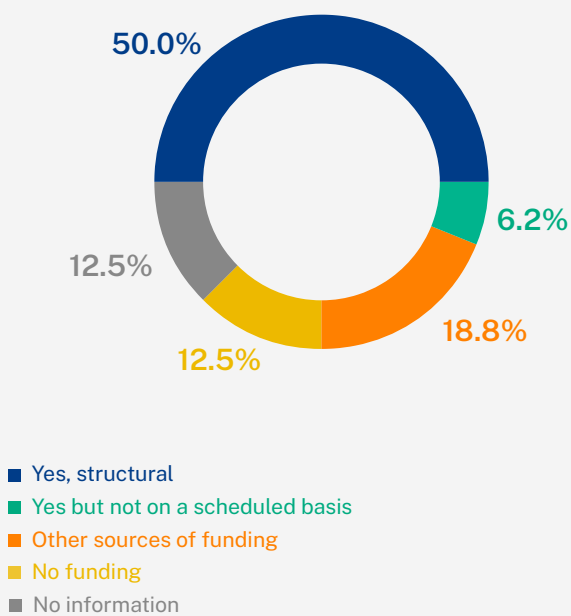


Figure 1.5.1

## 1.5 Funding

75% (N=12/16) of the responding countries report the availability of **national funding** for integrated care pathways. Structural funding is available in half (50%, N=8/16) of the responding countries (Figure 1.5.1).

About 44% of the responding countries (N=7/16) report the availability of funding at the **regional and/or local** level.

Among the 12 countries with national funding, almost 67% (N=8/12) report funding for diabetes without distinction between diabetes types. A third (33%, N=4/12) report funding specifically for Type 1 diabetes, nearly 42% (N=5/12) for Type 2 diabetes, and lastly, almost 17% (N=2/12) for other types of diabetes (Figure 1.5.2).

Among the seven countries that report funding at **regional and/or local** level, four report funding for diabetes without distinction between diabetes types, two specifically for Type 1 diabetes or Type 2 diabetes, and lastly, one for other types of diabetes.

### Number of countries with national diabetes-specific funding

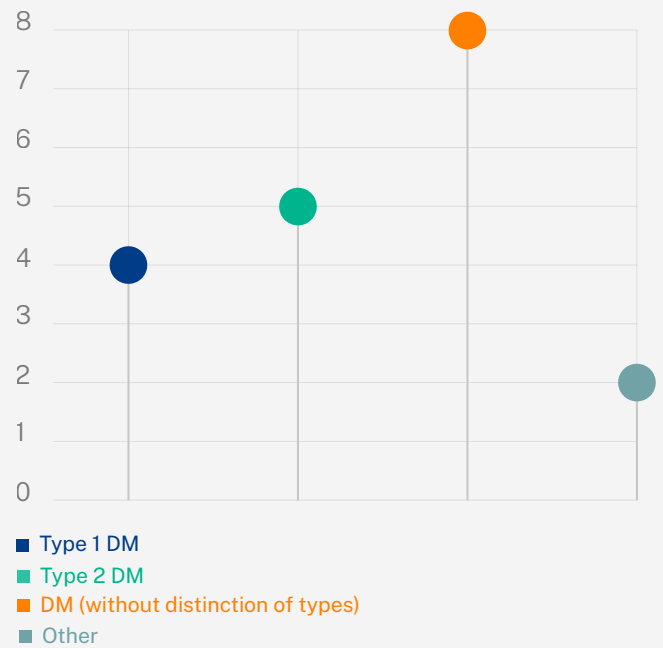


Figure 1.5.2

**Percentage of countries reporting the implementation stage of coordination of professionals of the multidisciplinary care team**

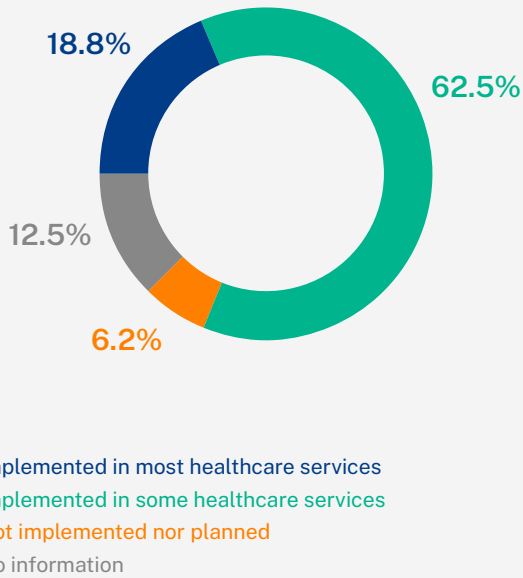


Figure 2.1

**2. Service Delivery and Capacity**

All of the responding countries (N=16/16) report that multiple professionals are involved in the multidisciplinary care of people with diabetes according to primary care guidelines.

Three countries (19%, N=3/16) report coordination among professionals of multidisciplinary teams, to ensure continuity of care, implemented in most healthcare services (Figure 2.1).

Only 13% of the responding countries (N=2/16) report that case management is implemented as a core component of the integrated care delivery for diabetes in most healthcare services (Figure 2.2).

**Percentage of countries reporting the implementation stage of case management**

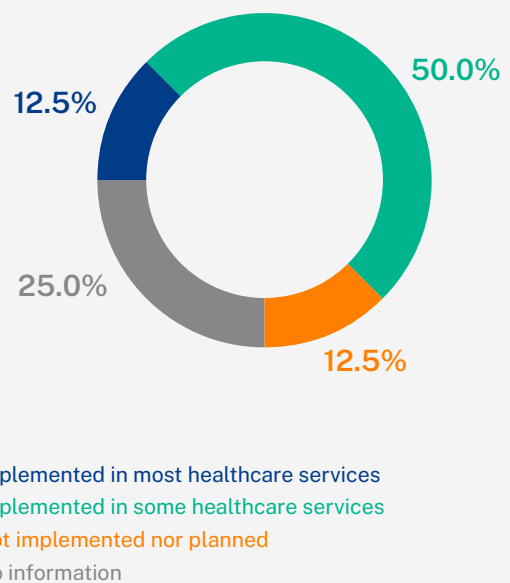


Figure 2.2

**Percentage of countries reporting the implementation stage of shared decision-making**

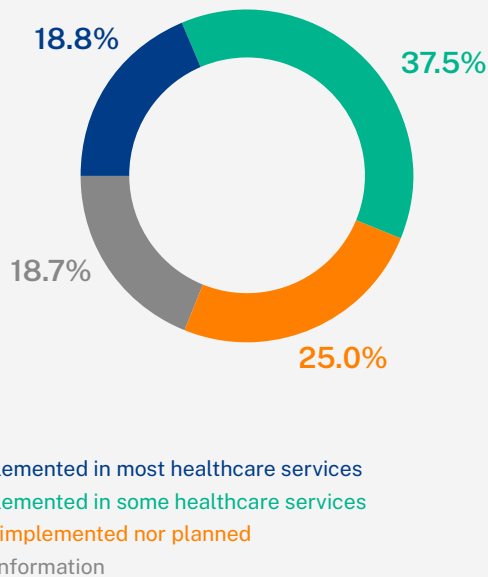


Figure 2.3

Only 19% of the responding countries (N=3/16) report that shared decision making is implemented in the planning and delivery of integrated care pathways for diabetes in most healthcare services (Figure 2.3).

The majority of the responding countries (63%, N=10/16) report that digital technologies are used in the delivery of care pathways for diabetes.

The vast majority of responding countries (81%, N=13/16) include training to provide person-centred care as part of medical or nursing training and education. Training has been reported to provide person-centred care mainly during both basic and specialist medical trainings, as well as specialist nursing training (Figure 2.4).

**The six most frequently reported types of training to provide person-centred care**

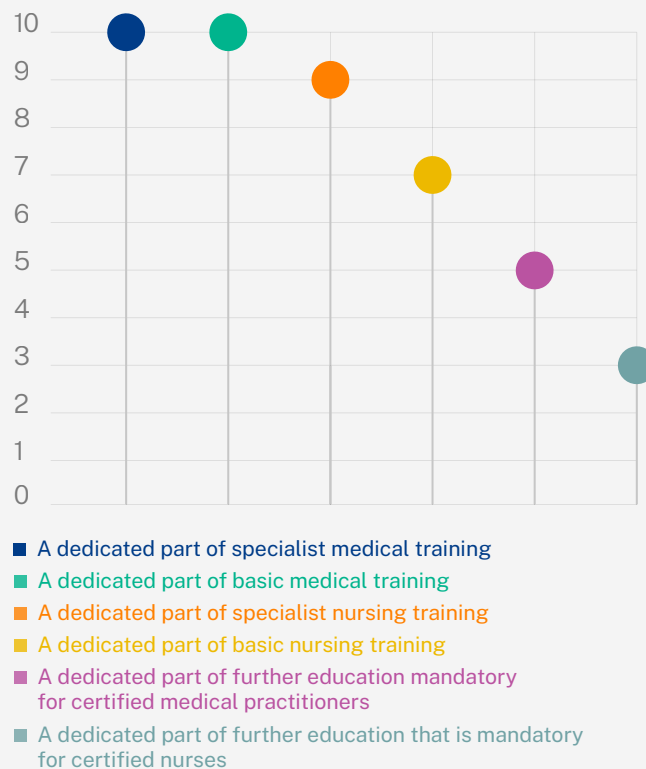


Figure 2.4

# European mapping on **Patients' Self-management**

---

*Diabetes*

---

**WP10**

## Patients' Self-management

### **European mapping on Patients' Self-management**

---

Optimal management of diabetes (DM) relies significantly on patients' active engagement in self-management practices. These have the potential to improve health and quality of life, reduce the need for health and social care, and lower the high costs of chronic care. The pilot projects in this area focus on various aspects of patients' self-management, including making lifestyle changes, self-monitoring symptoms and self-treatment (such as adhering to prescribed medication and therapy), communicating with care professionals (including shared decision making), and coping with the consequences of the disease and treatment in daily life.

This report presents the main findings of the context analysis on patients' self-management, which aims at mapping the state of the art at both national and European levels, identifying the current situation. This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of diabetes.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Diabetes

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to diabetes was conducted across 17 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

#### The availability of governance and financing structures for patients' self-management of diabetes.

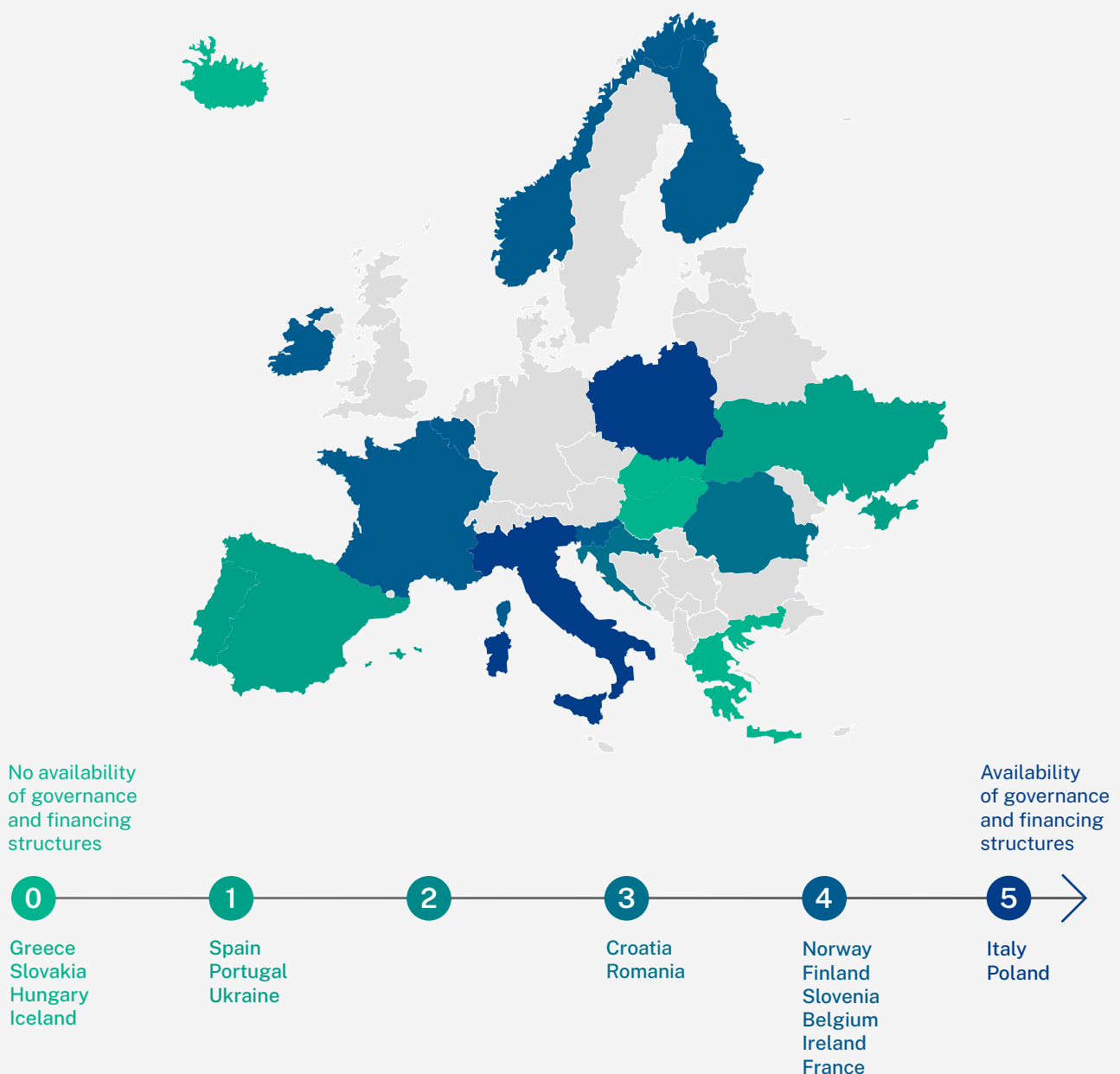


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

47% (N=8/17) of the responding countries report having a **national legislation** on patients' self-management, either specific or non-specific to diabetes (Figure 1.1.1).

Among the eight countries with a national legislation, only two report a **regional and/or local** variability in the adoption of the national legislation (five report no variability and for the remaining one the information is not available).

**Percentage of countries with a national legislation on patients' self-management**

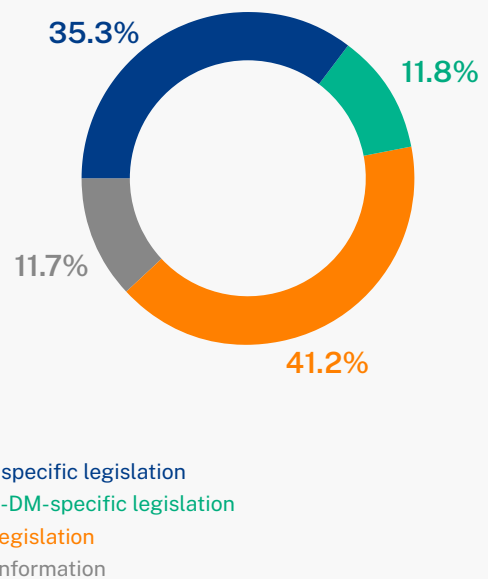


Figure 1.1.1

**Number of countries with a national diabetes-specific legislation**

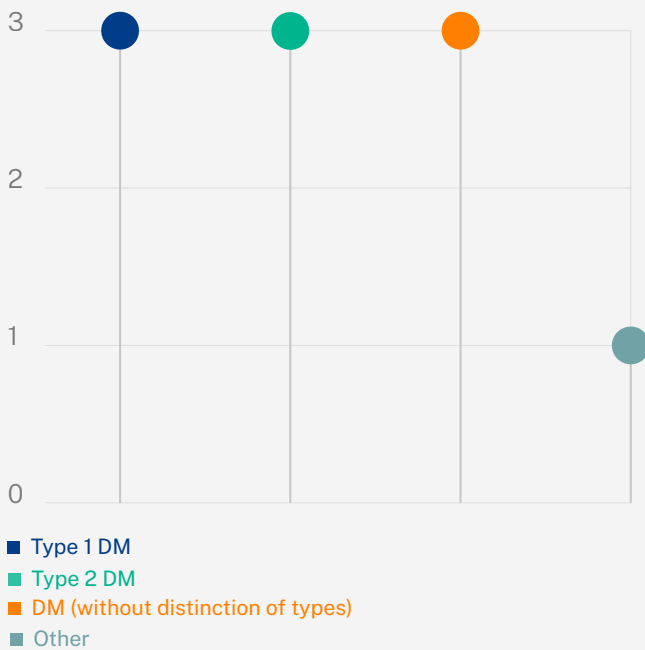


Figure 1.1.2

Among the six countries with a national legislation specific to diabetes, half (50%, N=3/6) report having a national legislation respectively for: diabetes without distinction between diabetes types, Type 1 diabetes or Type 2 diabetes. Lastly one (17%, N=1/6) reports having a national legislation for other types of diabetes (Figure 1.1.2).

## 1.2 Strategic framework

The majority of responding countries (59%, N=10/17) report having a national strategic framework established for improving patients' self-management of diabetes. Additionally, only one (6%, N=1/17) indicates that such a framework is currently under development (Figure 1.2.1).

Among the countries without a national strategic framework, only one reports a **local and/or regional** version of the framework specific to both Type 1 diabetes and Type 2 diabetes.

Percentage of countries with a national strategic framework on patients' self-management

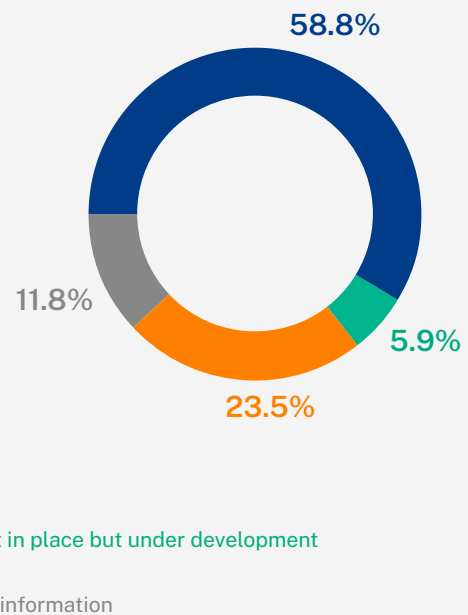


Figure 1.2.1

Number of countries with a national diabetes-specific strategic framework

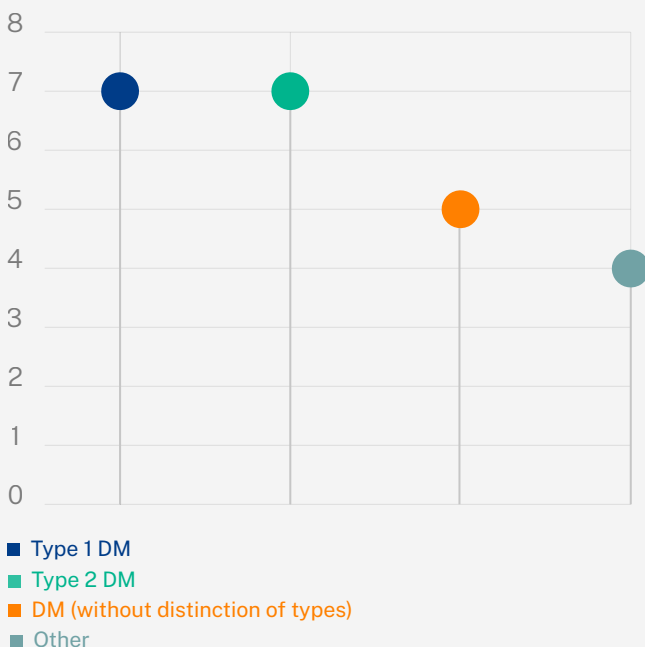


Figure 1.2.2

Among the ten countries with a national strategic framework specific to diabetes, half (50%, N=5/10) report having a framework that addresses diabetes without distinction between diabetes types, the majority of the countries (70%, N=7/10) report having a framework specifically targeting Type 1 diabetes or Type 2 diabetes, and lastly, 40% of them (N=4/10) report having a strategic framework for other types of diabetes (Figure 1.2.2).

The five most frequently reported objectives of the national strategic frameworks are: increasing patients' knowledge on diabetes and their awareness on lifestyle modifications, as well as increasing patients' skills and confidence in enhancing health promotion and adoption of healthy lifestyles, in the adherence to treatment and in self-monitoring symptoms (Figure 1.2.3).

### The five most frequently reported objectives of the national strategic frameworks

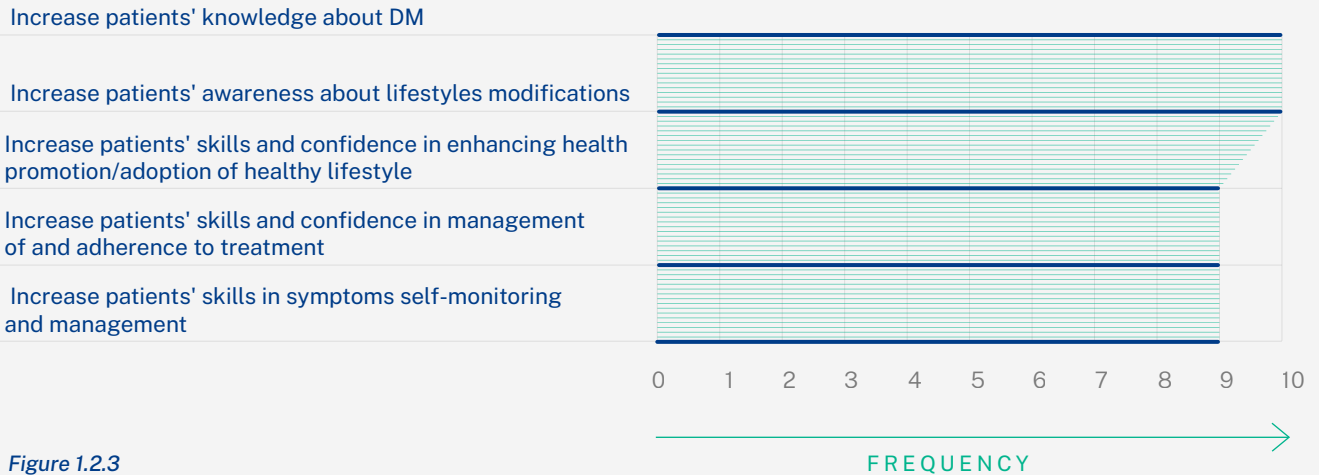


Figure 1.2.3

Among the ten countries with a national strategic framework, half (50%, N=5/10) report having already completed, assessed and updated their framework while two countries (20%, N=2/10) report having started their implementation.

One country (10%, N=1/10) reports having prepared and approved the framework but has not yet started implementing it; one country (10%, N=1/10) reports having another strategy or multiple ones at different stages; lastly, one country (10%, N=1/10) reports no information (Figure 1.2.4).

Six countries (60%, N=6/10) report **regional or local** variability in the implementation stages of their national strategic frameworks.

### Percentage of countries by implementation stage of national strategic framework

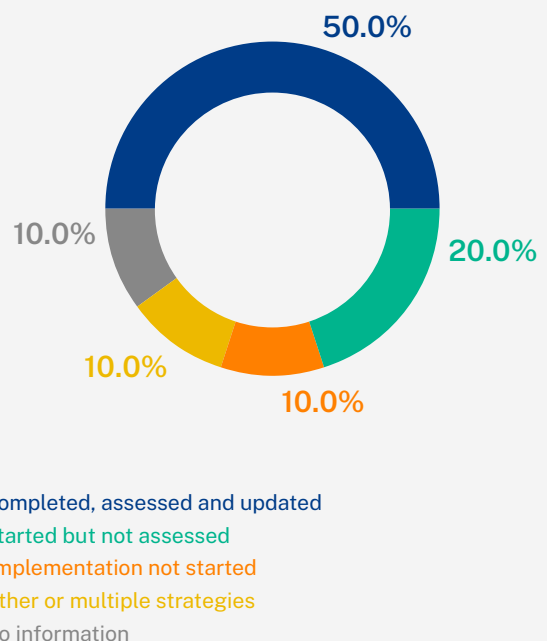


Figure 1.2.4

### 1.3 Intersectoral approach

Of the eleven countries with a strategic framework in place (either national or regional/local), all (N=11/11) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Public Health Agencies on a National, Regional and/or Local level, Ministry of Health, and Regional and/or Local Health Authorities (Figure 1.3).

#### The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework

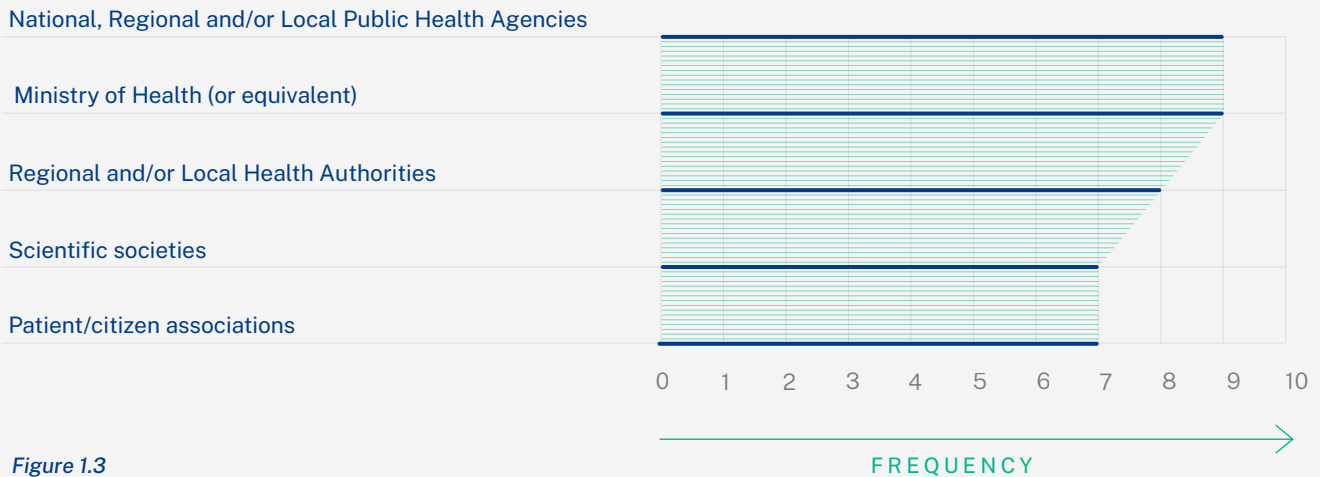


Figure 1.3

### 1.4 Equity-oriented approach

Among the eleven countries with a strategic framework in place, 73% (N=8/11) report that an **equity approach** is embedded in the framework.

The frequently reported recommendations to ensure equity through the strategic framework are: promoting the use of telehealth or digital health solutions, offering interpretation services or employing multilingual staff to facilitate communication, and providing free or low-cost self-management programs (Figure 1.4.1).

#### The five most frequently reported recommendations to ensure equity through the strategic framework



Figure 1.4.1

The most frequently reported populations in vulnerable situations addressed by the strategic framework are pregnant women, adolescents, and older persons (Figure 1.4.2).

### The five most frequently reported populations in vulnerable situations addressed by the strategic framework

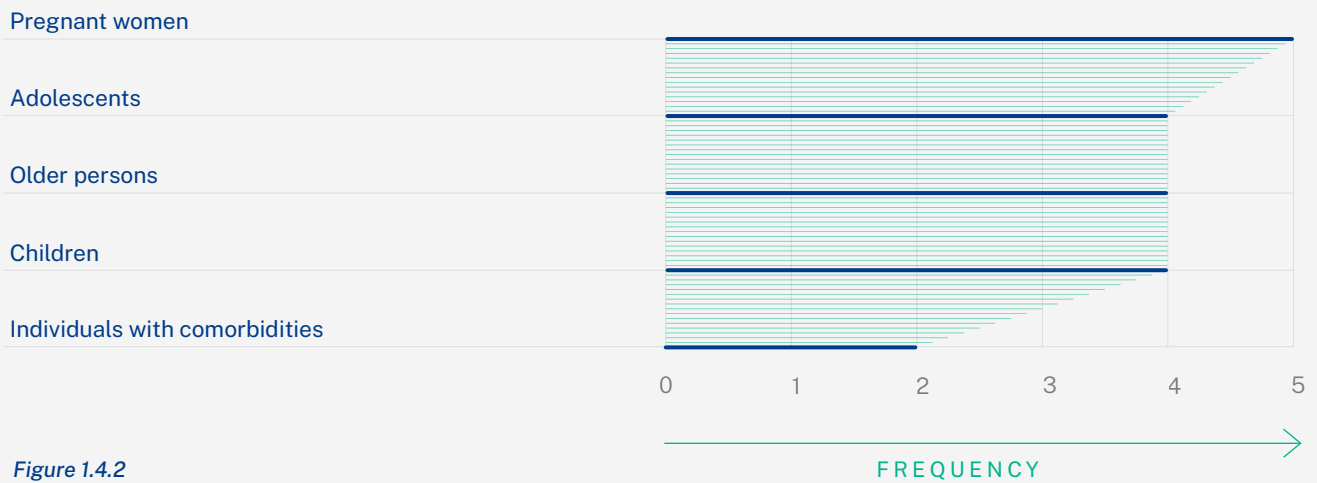


Figure 1.4.2

### Percentage of countries with available national funding for patients' self-management

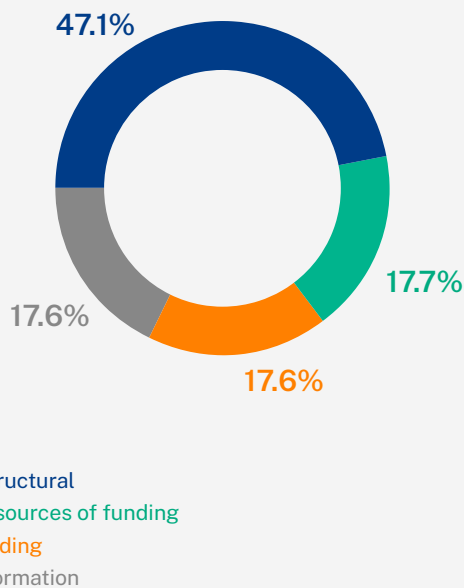


Figure 1.5.1

## 1.5 Funding

About 65% (N=11/17) of the responding countries report the availability of **national funding** for patients' self-management of diabetes. Structural funding is available in 47% (N=8/17) of the responding countries (Figure 1.5.1).

About 29% of the responding countries (N=5/17) report the availability of funding at the **regional and/or local** level.

Among the eleven countries with national funding, 27% (N=3/11) report funding for diabetes without distinction between diabetes types. Nearly 64% (N=7/11) report funding specifically for Type 1 diabetes, about 73% (N=8/11) for Type 2 diabetes, and 55% (N=6/11) for other types of diabetes (Figure 1.5.2).

Among the five countries that report funding at **regional and/or local** level, two report funding for diabetes without distinction between diabetes types, four specifically for Type 1 diabetes or Type 2 diabetes and two for other types of diabetes.

### Number of countries with national diabetes-specific funding

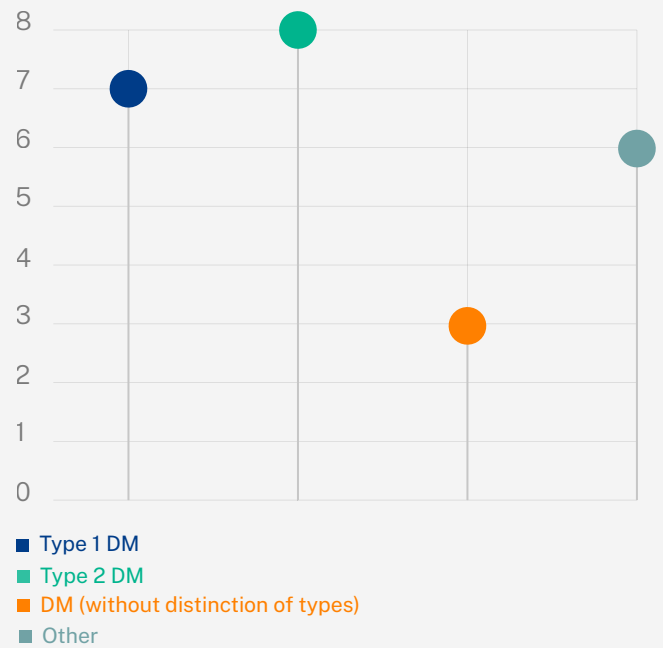


Figure 1.5.2

**Percentage of countries reporting types of self-management training delivered by multi-professional teams**

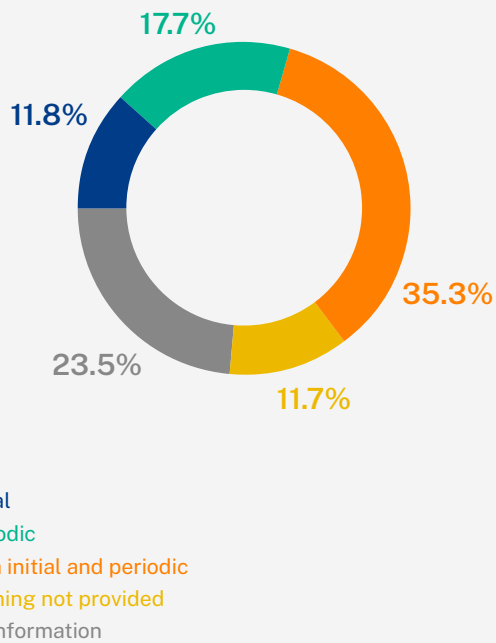


Figure 2.1

Nine countries (53%, N=9/17) report having patients' involvement in the planning of self-management services (Figure 2.2.1).

**2. Service Delivery and Capacity**

Over 82% of the responding countries (N=14/17) report the implementation of self-management programs for persons with diabetes and the same proportion (82%, N=14/17) report interventions to overcome barriers for patients in accessing self-management programs. Over 76% of the responding countries (N=13/17) report having multi-professional teams in charge of delivering self-management support for patients with diabetes. About 65% (N=11/17) report offering self-management training to the teams as a specific part of initial and/or periodic professional training (Figure 2.1).

**Percentage of countries reporting patient involvement in the planning of self-management services**

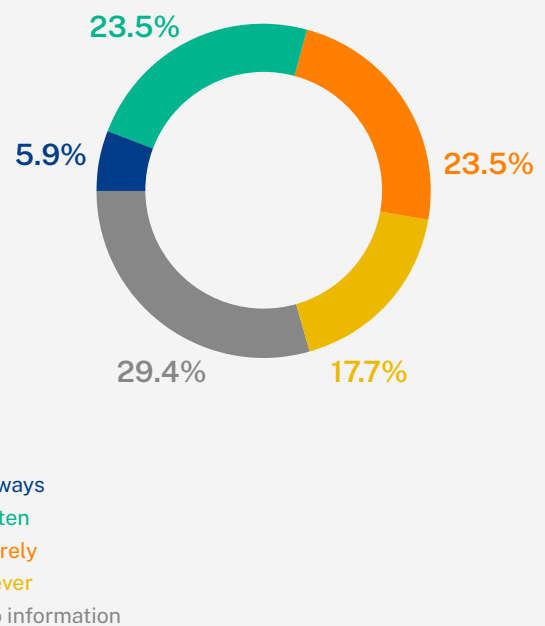
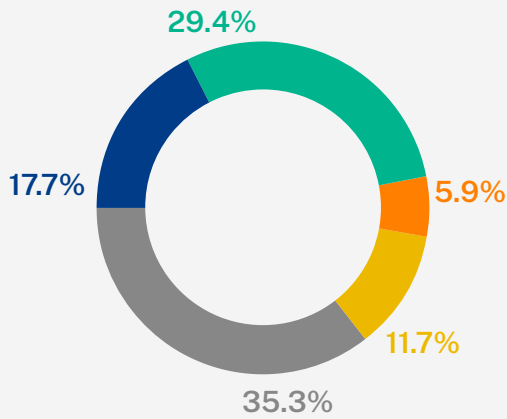


Figure 2.2.1

The same share of countries, (53%, N=9/17), report having patients' involvement in the delivery of self-management services, and the majority of the responding countries (65%, N=11/17) report having patients' involvement in the evaluation phase of self-management services (Figures 2.2.2 and 2.2.3).

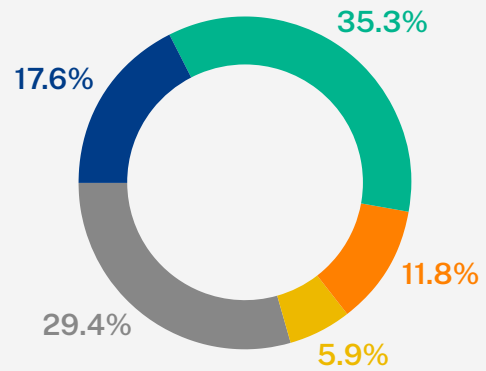
**Percentage of countries reporting patient involvement in the delivery of self-management services**



- Always
- Often
- Rarely
- Never
- No information

Figure 2.2.2

**Percentage of countries reporting patient involvement in the evaluation of self-management services**



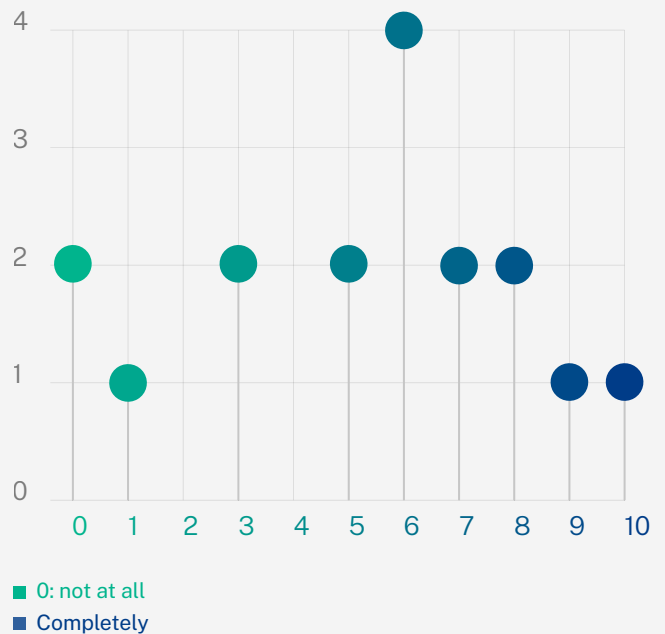
- Always
- Often
- Rarely
- Never
- No information

Figure 2.2.3

On a scale from 0 (not at all) to 10 (completely) rating the degree of personalisation of self-management services, about 59% of the countries (N=10/17) report 6 or higher, indicating a sufficient degree of personalisation (Figure 2.3).

About 65% of the responding countries (N=11/17) report having quality indicators for self-management services systematically collected, measured, and evaluated, while 41% (N=7/17) report monitoring self-management services at the national level.

**Distribution of countries according to the degree of personalisation of self-management services**



- 0: not at all
- Completely

Figure 2.3

The frequently reported self-management resources equally distributed within the healthcare systems are: accessibility of self-management resources, presence of policy initiatives or interventions aimed at addressing geographical disparities in self-management support, and health policy and self-management support (Figure 2.4).

**The five most frequently reported self-management resources with equal distribution across different geographical regions within healthcare systems**



Figure 2.4

# European mapping on **Labour participation**

---

*Diabetes*



## Labour participation of people living with CVD or DM

### European mapping on Labour participation

---

Individuals with non-communicable diseases (NCDs), such as diabetes (DM), may struggle to participate in society, especially in the labour market.

The main objective is to support the labour participation of these people by identifying factors affecting labour participation and testing systemic and organisational solutions to improve inclusion, retainment and return to work, and support well-being at the workplace. The pilot projects in this area aim to enable intersectoral actions by strengthening cooperation between the employment and health sectors, and promote the use of existing tools, such as the Workbox on Employment and Chronic Conditions.

This report presents the main findings of the context analysis on labour participation of people living with non-communicable diseases, which aims at mapping the state of the art at both national and European levels, identifying the current situation.

This assessment includes the availability of governance and financing structures, including aspects of intersectoral collaboration and equity, as well as the status of service delivery and capacity for the prevention and management of diabetes.

In this report the information is provided in an aggregated form, for detailed information about each of the responding countries please refer to the Country Profiles Annex.

Please refer to the *Methodological Framework for context analysis at the European and country level* section for the methodological note.

# Diabetes

## General overview

### 1. Governance and Financing

An analysis of governance and financing structures related to diabetes was conducted across 17 European countries that responded to the JACARDI survey. The results are summarized in an index<sup>1</sup>, which evaluates the presence of key components: specific legislations, national strategic frameworks, intersectoral approaches, equity-oriented strategies, and dedicated national funding. Figure 1 represents the index distribution, with countries shaded in darker tones indicating higher availability of governance and financing structures. Countries shown in grey did not participate in the survey.

#### The availability of governance and financing structures for labour participation of people living with diabetes

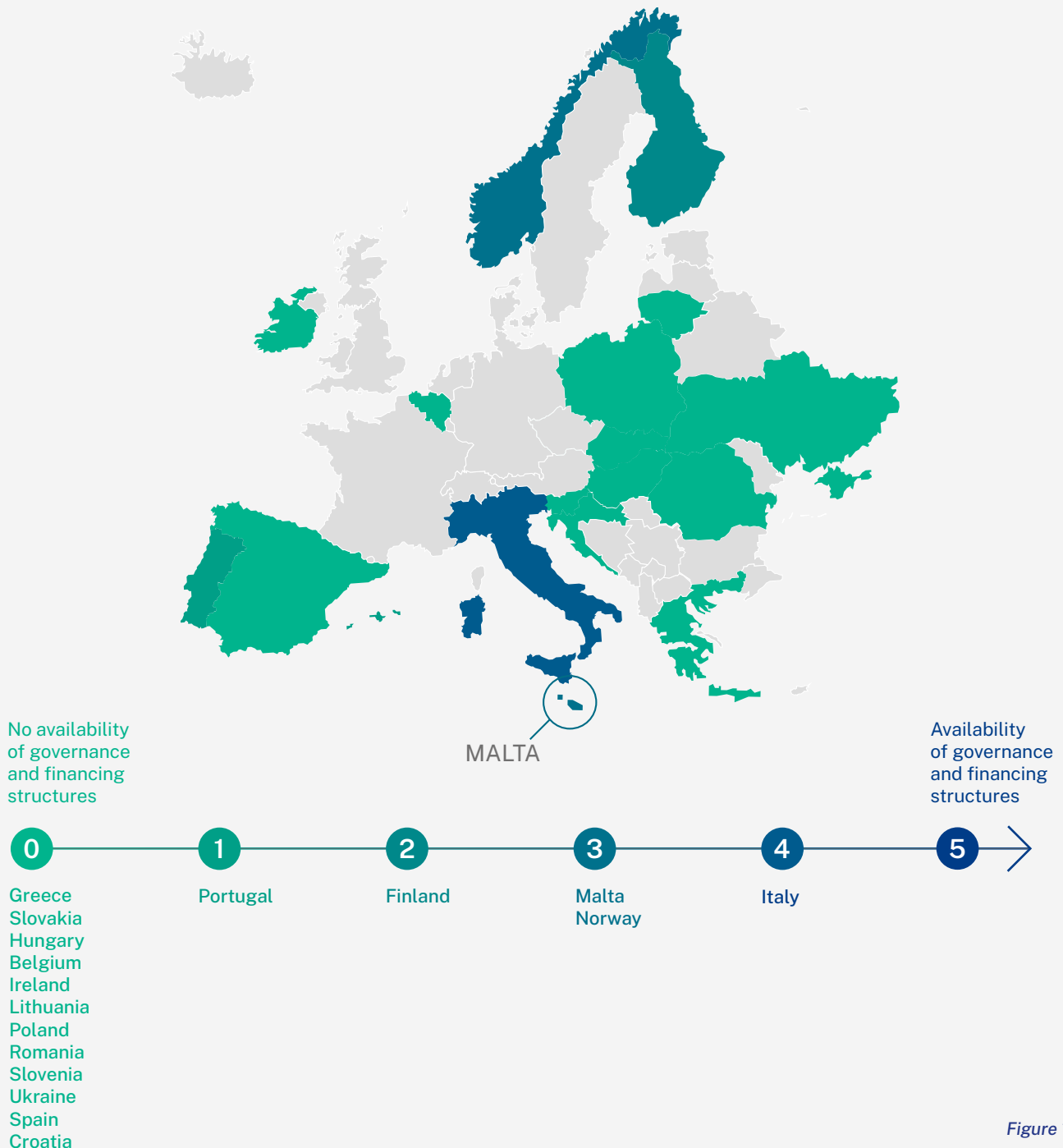


Figure 1

<sup>1</sup>The index ranges from 0 to 5, each key component contributes one point to the overall index.

## 1.1 Legal framework

About 47% (N=8/17) of the responding countries report having a **national legislation** on labour participation, either specific to diabetes or to non-communicable diseases in general (non-specific) (Figure 1.1.1).

Among the eight countries with a national legislation, none reports a **regional and/or local** variability in the adoption of the national legislation.

Percentage of countries with a national legislation on labour participation

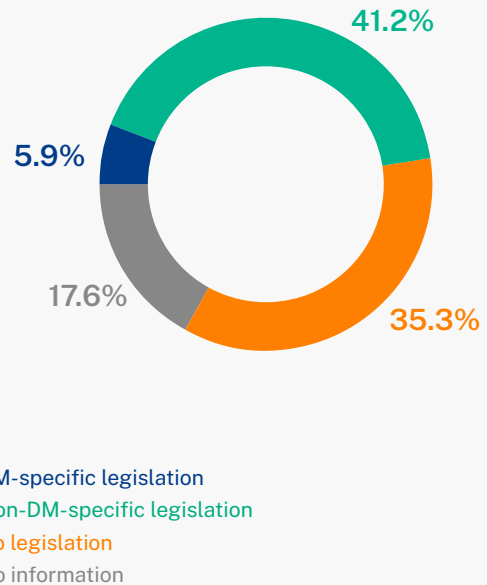


Figure 1.1.1

Number of countries with a national diabetes-specific legislation

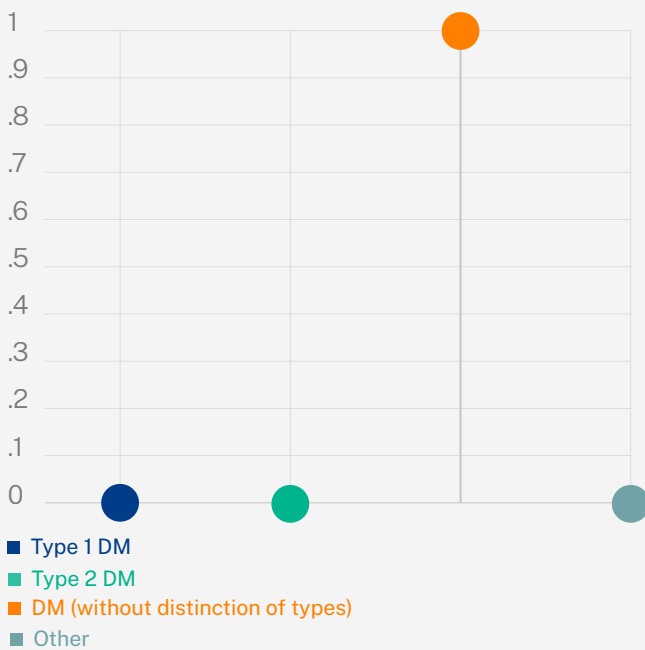


Figure 1.1.2

Among the eight countries with a national legislation, only one reports a framework specific to diabetes without distinction between diabetes types (Figure 1.1.2).

## 1.2 Strategic framework

A limited number of responding countries (24%, N=4/17) report having a national strategic framework established for improving labour participation of people living with diabetes. Additionally, about 12% (N=2/17) indicate that such a framework is currently under development (Figure 1.2.1).

None of the countries without a national strategic framework reports a **local and/or regional** version of the framework.

### Percentage of countries with a national strategic framework on labour participation

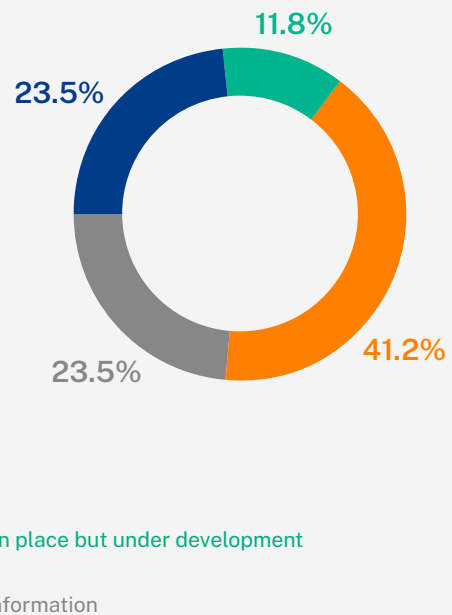


Figure 1.2.1

### Number of countries with a national diabetes-specific strategic framework

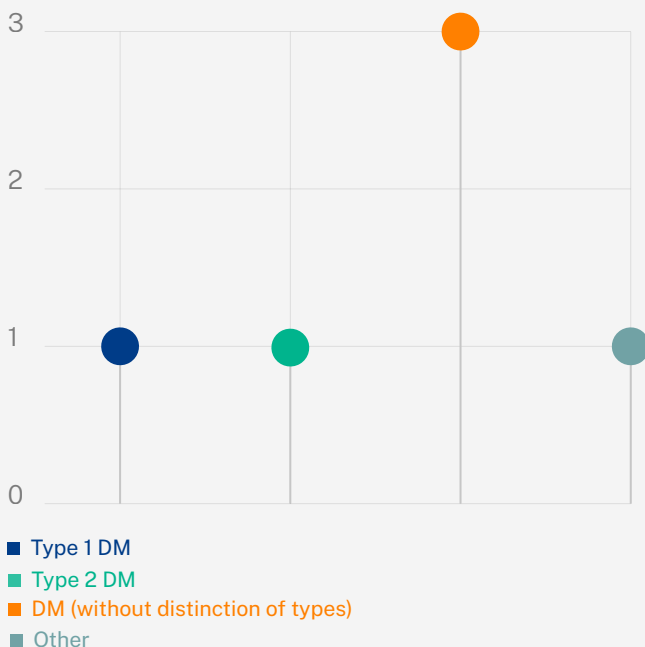


Figure 1.2.2

Among the four countries with a national strategic framework specific to diabetes, almost all (75%, N=3/4) report having a framework that addresses diabetes without distinction between diabetes types. Additionally, 25% (N=1/4) report having a framework respectively for each other types: Type 1 diabetes, Type 2 diabetes, or for other types of diabetes (Figure 1.2.2).

The five most frequently reported objectives of the national strategic frameworks are: improving access to medical care and preventive programmes, work ability, workplace wellbeing, reducing absenteeism, and ensuring job maintenance for people living with diabetes (Figure 1.2.3).

### The five most frequently reported objectives of the national strategic frameworks

Improve access to medical care and preventive programmes for people living with DM

Improve work ability of people living with DM

Improve wellbeing at the workplace of people living with DM

Reduce absenteeism from work of people living with DM

Ensure job maintenance for people living with DM

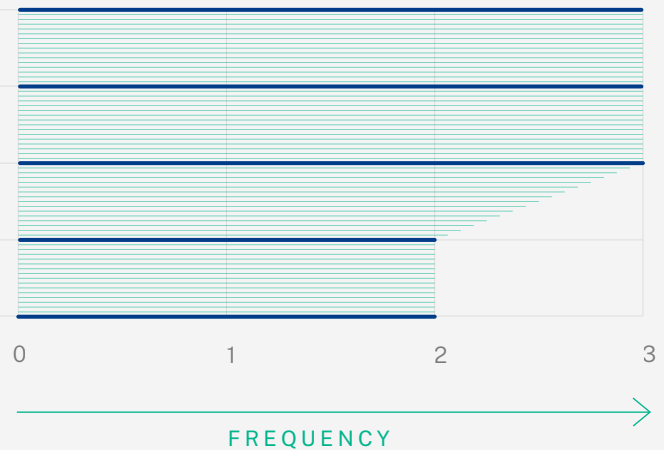
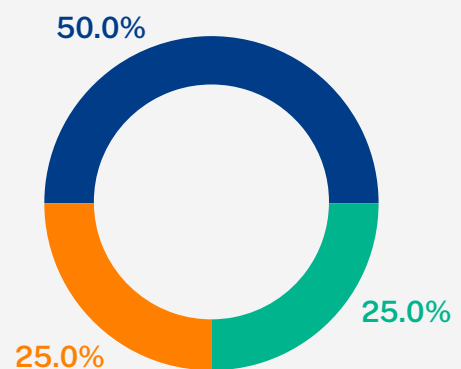


Figure 1.2.3

Among the four countries with a national strategic framework, half (50%, N=2/4) report having already completed, assessed, and updated their framework, while the other half (50%, N=2/4) report having started the implementation of their strategic framework (with one country also reporting that it has made its assessment) (Figure 1.2.4).

One country (25%, N=1/4) reports **regional or local** variability in the implementation stages of its national strategic framework.

### Percentage of countries by implementation stage of national strategic framework



- Completed, assessed and updated
- Started and assessed
- Started but not assessed

Figure 1.2.4

### 1.3 Intersectoral approach

Of the four countries with a strategic framework in place, all (N=4/4) report the **involvement of multiple stakeholders** in the development and/or implementation of the strategic framework, with the most frequently mentioned stakeholders being Ministry of Labour and Social Affairs, Ministry of Health, and Regional and/or Local Health Authorities (Figure 1.3).

#### The five most frequently reported stakeholders involved in the development and/or implementation of the strategic framework

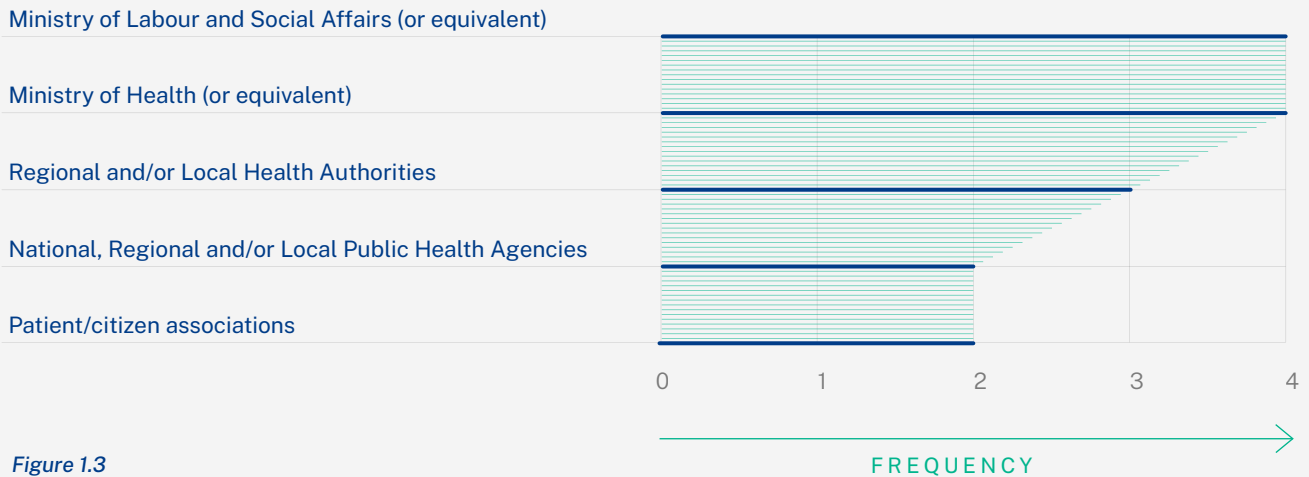


Figure 1.3

### 1.4 Equity-oriented approach

Among the four countries with a strategic framework in place, half (50%, N=2/4) report that an **equity approach** is embedded in the framework.

By adopting an equity approach, the strategic frameworks highlight the importance of prevention and rehabilitation and labour reintegration programs. More information on the recommendations described by the responding countries can be found in the table in the Appendix.

The most frequently reported populations in vulnerable situations addressed by the strategic framework are pregnant women, other groups, and individuals with mental health conditions (Figure 1.4).

#### The five most frequently reported populations in vulnerable situations addressed by the strategic framework

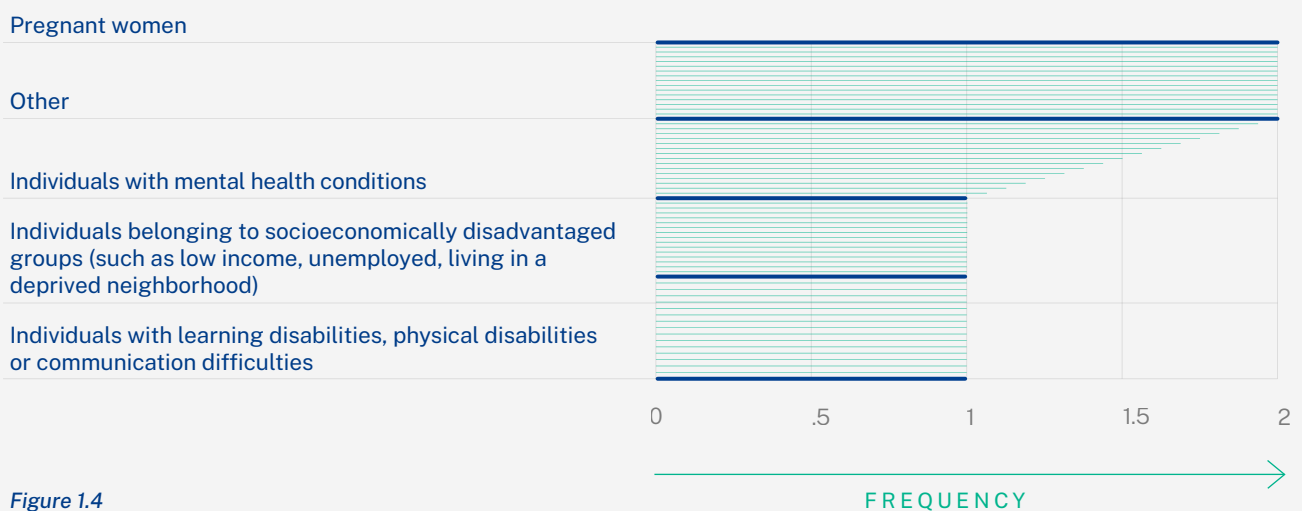


Figure 1.4

### Percentage of countries with available national funding for labour participation

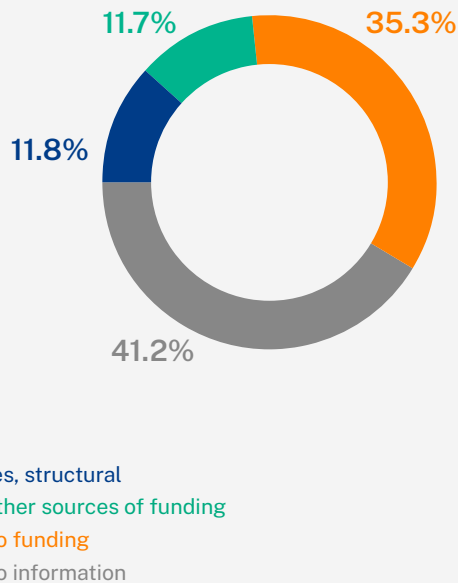


Figure 1.5.1

Among the four countries with national funding, almost all (75%, N=3/4) report funding for diabetes without distinction between diabetes types, and half (50%, N=2/4) report funding specifically for other types of diabetes (Figure 1.5.2).

Concerning the only country who reports funding at **regional and/or local** level, its funding is allocated to other types of diabetes.

## 1.5 Funding

Approximately 24% (N=4/17) of the responding countries report the availability of **national funding** for labour participation strategies for people living with diabetes. Structural funding is available in approximately 12% (N=2/17) of the responding countries (Figure 1.5.1).

One of the responding countries (6%, N=1/17) report the availability of funding at the **regional and/or local** level.

### Number of countries with national diabetes-specific funding

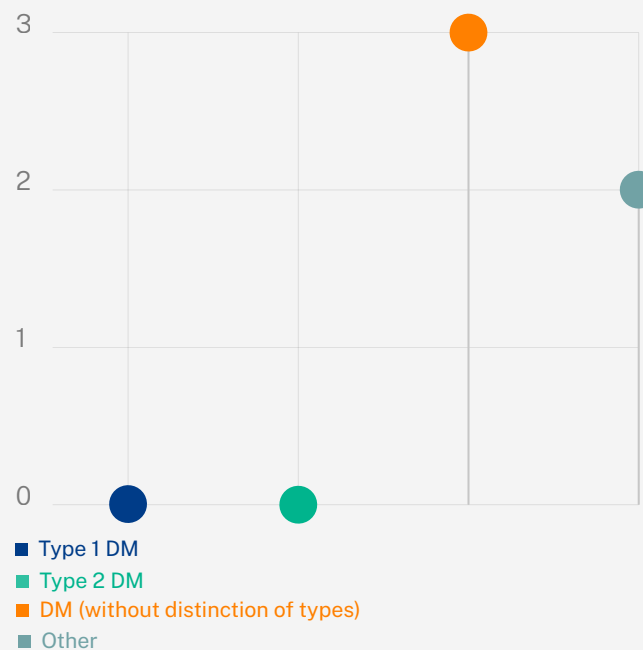


Figure 1.5.2

### Percentage of countries reporting the presence of health education programmes for employers and employees to increase awareness of diabetes

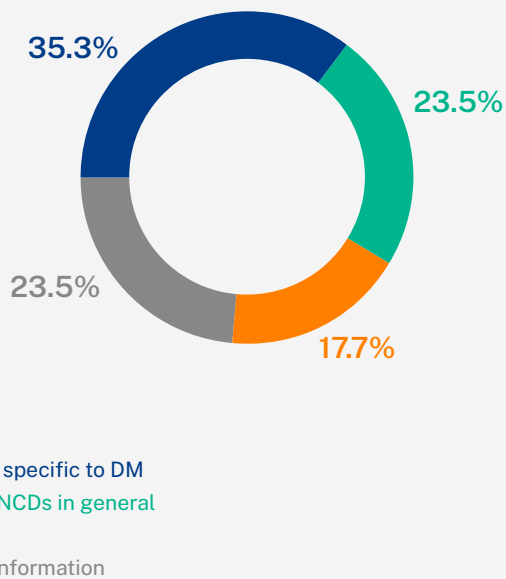


Figure 2.1

## 2. Service Delivery and Capacity

Almost 59% of the responding countries (N=10/17) report the implementation of health education programmes for employers and employees to increase awareness of non-communicable diseases and diabetes (Figure 2.1).

29% of the responding countries (N=5/17) report the presence of national incentives to hire employees with non-communicable diseases, although not specific for diabetes (Figure 2.2).

Over half of the countries (53%, N=9/17) report the presence of welfare interventions to protect employees with diabetes.

About 24% of the responding countries (N=4/17) report conducting return-to-work programs for people with diabetes. One country (25%, N=1/4) reports return-to-work programs run by the competent national authorities, while three countries (75%, N=3/4) report these programs run by other entities.

Approximately 12% of the countries (N=2/17) report having research and surveillance initiatives monitoring the wellbeing of employees and their risk of developing diabetes.

### Percentage of countries reporting the presence of national incentives to hire an employee with diabetes

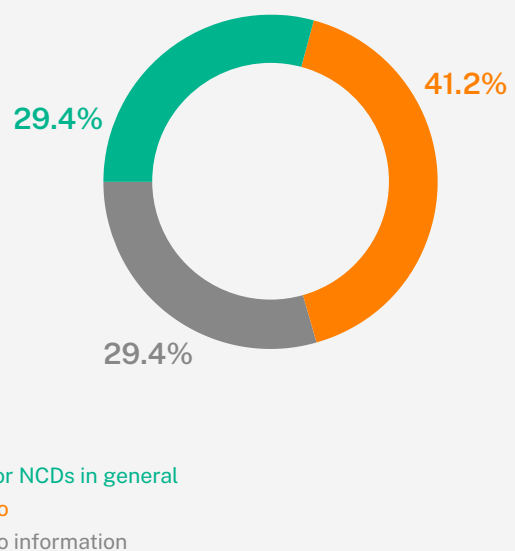


Figure 2.2

## Appendix

<b>Country</b>	<b>Recommendations</b>
<b>Malta</b>	The National Diabetes Strategy increases the number of healthcare services, medicinal products and devices available to patients living with diabetes and free at the point of use to reduce inequities.



# Key messages and implications for policy and practice on Cardiovascular diseases across Europe



WP06



## Health literacy and awareness

**The wide variability in national approaches to health literacy on CVDs highlights the need for coordinated and harmonized action across countries.**

While governance structures such as legislation and strategic frameworks are present in some contexts, their adoption and implementation remain limited. Equity and intersectoral collaboration are acknowledged, with recommended actions including school-based initiatives, monitoring social inequalities and engaging community leaders and organizations representing populations in need, with specific attention to children, adolescents, and older persons.

However, other groups—such as **individuals with learning disabilities or communication difficulties, those with substance use disorders, migrants and ethnic or national minorities, as well as individuals from socioeconomically disadvantaged backgrounds, might be overlooked or insufficiently addressed. This lack of inclusion may hinder efforts to equitably empower the population in developing health literacy and further restrict access to prevention, care, and support services, ultimately exacerbating existing health disparities.**

Nearly half of the countries have implemented health literacy surveys to compare regional profiles and drive greater investment, while a majority of the responding countries have introduced programs to enhance health-care staff competencies in health literacy, cultural competence, and non-stigmatizing care for marginalized and minority groups. Despite these efforts, funding limitations hinder the effective implementation of health literacy programs, both nationally and regionally. Persistent gaps in service delivery—particularly in digital health literacy, mass communication, self-management and consumer-centred care and youth-focused programs—underscore the urgent need for strategic, sustained public health investments. Strengthening health literacy is crucial for the prevention and management of CVDs and for improving health outcomes across diverse populations.



WP07

## Data availability, quality, accessibility and sharing

**The inconsistency between national legislation and strategic frameworks for CVDs registries, with 70% of responding countries having legislation but only 25% having established strategic frameworks, highlights the need for better alignment and harmonization at the European level to create standardized systems for monitoring and managing CVDs.**

Intersectoral and equity approaches are integrated into national strategies and, where available, into CVDs registries, primarily through sociodemographic data disaggregated by sex, age, and comorbidities.

However, many other **sociodemographic variables necessary for the development of comprehensive inclusive strategies, such as gender, pregnancy status, education level, occupation, income-related variables, ethnicity, citizenship, country of birth, legal status, and area-level deprivation, are lacking. This gap limits the ability to design, implement, and monitor targeted interventions that address health inequalities and the social determinants underlying vulnerability to CVDs.**

Limited funding for CVDs registries, with slightly less than half of the countries reporting national-level funding, underscores the urgent need for increased investment in health monitoring systems, particularly in countries with less financial support. Despite regular national surveys and cohort studies assessing key CVDs risk factors like BMI, physical activity, and alcohol consumption, only a minority of countries have comprehensive national CVDs registries that cover epidemiology, clinical care, and outcomes. The majority of responding countries report having a unique identifier for individuals, facilitating the integration of health data. To address the fragmented CVDs monitoring systems and regional disparities, it is crucial to invest in harmonized frameworks, sustainable funding, and integrated data systems that can support equitable and effective cardiovascular health strategies across Europe.

WP08



## Screening high-risk population and individuals

**The lack of consistent national frameworks and structural funding in several countries calls for greater political commitment to establishing equitable and sustainable CVDs screening programs.**

While half of the countries have national legislation and strategic frameworks to promote screening for individuals at high risk of cardiovascular diseases or other NCDs, the absence of comprehensive frameworks and funding in the remaining countries highlights the need for stronger and more consistent implementation. Intersectoral collaboration is recognized, but more efforts are needed to ensure uniform implementation and monitoring at regional and local levels. Equity-oriented approaches are integrated into national strategies, recommending measures such as free or low-cost screening, awareness campaigns for high-risk groups, and training for professionals to work effectively with diverse cultures.

While a few countries reported targeting specific populations, the most commonly mentioned are children, older adults, and those from socioeconomically disadvantaged backgrounds.

However, other **groups, such as individuals with learning disabilities, substance use disorders, migrants, and ethnic minorities, might be overlooked or inadequately addressed. Targeted screening strategies should be refined to effectively reach and address the specific needs of populations in vulnerable situations, ensuring equitable access to early detection.**

Over half of the countries have implemented systematic surveillance to monitor CVDs risk factors. The most commonly reported methods for data collection include population-based health examination surveys, targeted screening in healthcare settings, and opportunistic screening. A significant majority of responding countries (83%) utilize cardiovascular risk assessment tools regularly, with the European Society of Cardiology's Systematic Coronary Risk Evaluation 2 (ESC SCORE2) being the most frequently used. Strengthening national frameworks, ensuring sustainable funding, and improving the integration of surveillance tools will be key to advancing effective cardiovascular disease prevention and management across Europe.

WP09



## Integrated care pathways

**The gaps in national strategic frameworks and funding for integrated care pathways highlight a misalignment between policy frameworks and their practical implementation.**

While the majority of responding countries have legislation on integrated care pathways, less than half have established strategic frameworks, and even fewer allocate dedicated funding. In fact, although over half of the responding countries report national funding for integrated care pathways, structural funding is available in only a quarter of them. This points to the need for greater political commitment and increased investment to bridge these gaps. National strategies recognize the importance of equity and intersectoral collaboration, with recommendations focusing on improving access to healthcare services for underserved populations. Key measures include providing mobile units, free or low-cost integrated care services, and multilingual health-related communications. Some countries have reported targeting specific populations, including older adults, pregnant women, and individuals with comorbidities.

However, other **groups, such as individuals with learning disabilities, substance use disorders, migrants, ethnic minorities, and socioeconomically disadvantaged populations, might be overlooked. There is a critical need to refine targeted integrated care pathways to better address the specific needs of vulnerable populations, ensuring equitable access to comprehensive care.**

Despite the involvement of multiple professionals in the multidisciplinary care of individuals with CVDs in the most of responding countries, the underdevelopment of care coordination, case management, and shared decision-making in most countries limits the effectiveness of integrated care pathways. Strengthening these aspects is crucial to improving patient outcomes and ensuring the success of integrated care models.

**The limited adoption of digital health technologies highlights the significant need to improve service delivery efficiency and patient outcomes, as these technologies can play a crucial role in optimizing care and treatment.**

Expanding digital health solutions is essential to improving the accessibility, quality, and effectiveness of care, particularly in the context of integrated care pathways. While most countries integrate person-centred care training into medical and nursing education, in order to realize the full potential of person-centred care, countries should strengthen their efforts to foster effective care coordination and ensure that multidisciplinary teams work cohesively to meet patients' needs.

WP10



## Patients' Self-management

A significantly low number of countries (35%) report having national legislation, and 41% have established a national strategic framework to improve patients' self-management of cardiovascular diseases.

**The lack of institutional recognition of self-management in national legislation and strategies underscores a missed opportunity to improve health outcomes and reduce healthcare costs.**

Despite this, most national frameworks embed intersectoral and equity approaches, with key recommendations including the promotion of telehealth and digital health solutions, offering free or low-cost self-management programs, and co-designing interventions with relevant stakeholders, including target populations. Populations, such as adolescents, older people, and individuals with mental health conditions, are frequently addressed in these strategies.

However, other **groups, such as individuals with comorbidities, substance use disorders, migrants, ethnic minorities, individuals in prisons or other closed institutions, and socioeconomically disadvantaged populations, might be inadequately addressed. Strengthening tailored self-management support within these groups is crucial to empower individuals in taking an active role in their own care.**

While most countries have implemented self-management programs for individuals with CVDs, patient involvement in their design, delivery, and evaluation remains limited. Shifting to co-created interventions and strengthening patient engagement throughout all stages is essential to ensure these services are effective, responsive, and aligned with patients' needs. Additionally, there is a gap in providing specific training for multi-professional teams as part of initial or ongoing professional development. Strengthening training for these teams could enhance the effectiveness and reach of self-management initiatives.

**The significant lack of personalization in self-management services highlights the need to better tailor support to individual patient needs.**

The lack of dedicated, long-term funding poses a threat to the sustainability of self-management interventions. Promoting effective self-management for individuals with CVDs requires stronger institutional commitment, sustainable funding, and patient-centred approaches to ensure these interventions are impactful, equitable, and resilient over time.

WP11



## Labour participation of people living with CVD or DM

**The lack of comprehensive and coordinated national strategies for improving labour participation for individuals with CVDs underscores the need for stronger policy integration across Europe.**

While over half of the responding countries have national legislation on labour participation, only a quarter have established strategic frameworks. Moreover, there is significant underfunding, with only a quarter of responding countries reporting dedicated funds, and only one country having structural funding in place. A few countries with a strategic framework in place report that an equity approach is embedded, most frequently addressing older workers, youth workers, and individuals from rural or remote communities.

**Many categories remain inadequately addressed, including pregnant women, individuals with other concurrent medical conditions, those with learning or physical disabilities, migrants and ethnic minorities, and individuals from socioeconomically disadvantaged groups. Despite some intersectoral collaboration, the disconnect between the health and employment sectors remains a significant barrier. Additionally, there is a notable lack of research and surveillance on employee wellbeing and the risk of CVDs development,** highlighting the need for improved data collection to inform workplace health policies.

Although health education programs to raise awareness of NCDs and CVDs are implemented in half of the responding countries, more targeted initiatives are needed. **National incentives to hire employees with NCDs are present but insufficient** and non-CVD-specific, and further efforts are required to foster inclusive employment practices. Moreover, while return-to-work programs exist, they need to be expanded to better support individuals with CVDs in re-entering the workforce. Policies should aim for standardized support systems that facilitate better employment outcomes for individuals with CVDs across Europe.

## Conclusion

---

At the EU level, addressing CVDs requires coordinated policies and enhanced political commitment to bridge gaps in national frameworks, funding, and implementation. Governance frameworks should be strengthened to ensure equitable access to care, with a focus on increasing funding for monitoring, prevention, and the integration of digital health innovations to improve service delivery and patient outcomes. The availability of integrated and harmonized data systems should be prioritized to enhance monitoring, enable data-driven decision-making, and improve the quality of care. Given the absence of EU regulations on Health Examination Surveys (HESs), it is crucial for Member States to acknowledge their value and proactively integrate them into national health monitoring systems. Many countries have already recognized HESs as a key component of public health surveillance, but sustained structural investments are needed to ensure their effectiveness. Investing in standardized HESs will strengthen data comparability across countries, support evidence-based CVDs prevention and management, and promote more equitable health policies across the EU. The structural barriers to self-management, integrated care, and workforce reintegration should be addressed to reduce health inequalities and improve the quality of life for individuals with CVDs. Furthermore, greater efforts should be made to enhance coordination between sectors, improve patient knowledge, empowerment and involvement, and ensure the sustainability of interventions through long-term funding mechanisms across European countries. To achieve health equity in the prevention and management of CVDs, it is essential to apply a comprehensive equity lens across all dimensions of CVD-related policies and interventions. This approach should ensure that tailored interventions effectively address the diverse needs of all populations, integrating these needs into prevention, treatment, and care strategies at every level of implementation.



# Key messages and implications for policy and practice on Diabetes across Europe



WP06



## Health literacy and awareness

### The variability in national approaches to health literacy on diabetes underscores the need for greater coordination and harmonization across Europe.

While slightly less than half of the countries have established national legislation, the majority of responding countries report having a national strategic framework established for promoting health literacy on diabetes. Despite progress, funding limitations continue to hinder the widespread and effective implementation of health literacy initiatives, both nationally and regionally.

Equity approach is acknowledged in slightly more than half of countries with a strategic framework in place, with recommended actions including school-based initiatives, the enhancement of health literacy across various levels of the health and social care systems, and the promotion of co-design interventions with all relevant stakeholders.

While there is specific mention to address health literacy interventions to adolescents, older persons and pregnant women, other groups, such as **individuals with learning disabilities or communication difficulties, those with substance use disorders, migrants and ethnic or national minorities, as well as individuals from socioeconomically disadvantaged backgrounds, might be overlooked or insufficiently addressed. This lack of inclusion may hinder efforts to equitably empower the population in developing health literacy and further restrict access to diabetes prevention, care, and support services, ultimately exacerbating existing health disparities.**

Approximately one third of responding countries have implemented health literacy surveys, highlighting the need for more widespread efforts to incentivize consistent investment in health literacy. Nearly half of the responding countries have implemented initiatives aimed at enhancing the health literacy of healthcare staff, including cultural competence and non-stigmatizing care for marginalized and minority groups.

However, **persistent gaps in service delivery, particularly in the areas of digital health literacy, mass communication, and targeted youth and “gap groups” programs and consumer empowerment, remain a barrier to achieving equitable and effective diabetes care.**

Strengthening national and regional funding for health literacy programs, enhancing the implementation of health literacy surveys for comparative analysis, and expanding training for healthcare professionals are crucial steps toward improving diabetes outcomes. Strengthening health literacy is a fundamental step in the prevention, management, and self-management of diabetes, and should be prioritized to improve health outcomes for individuals with diabetes across diverse populations.



WP07

## Data availability, quality, accessibility and sharing

**The lack of consistency in national frameworks for diabetes registries underscores the need for better alignment and harmonization at the European level to establish standardized systems for monitoring and managing diabetes.**

While slightly more than half of countries have national legislation on disease registries, only a **limited number of responding countries have a strategic framework specifically for diabetes, with most of these frameworks not distinguishing between diabetes types.**

Equity approaches are recognized, and sociodemographic data (particularly sex, age, and pregnancy status) are collected in most countries where diabetes registries exist.

However, **many other sociodemographic variables necessary for the development of comprehensive inclusive strategies, such as gender, education level, occupation, income-related variables, ethnicity, citizenship, country of birth, legal status, and area-level deprivation, are lacking. This gap limits the ability to design, implement, and monitor targeted interventions that address health inequalities and the social determinants underlying vulnerability to diabetes.**

Most countries conduct national health surveys, cohort studies, or health interviews to assess the prevalence and risk factors of diabetes, focusing on aspects such as the prevalence and/or incidence of diabetes, lifestyle-related health behaviours, and biological risk factors. Commonly studied diabetes risk factors indicators include alcohol consumption, dietary patterns, and physical activity and/or sedentarism. Additionally, the majority of countries report using unique identifiers for individuals, which facilitate data integration. However, only a small proportion have comprehensive diabetes registries in place that cover epidemiology, clinical care, and outcomes.

Although many countries report national funding for the development and maintenance of digital platforms or registries, **only a subset has access to structural funding, which is critical for the long-term sustainability of these initiatives.** These gaps in data availability and infrastructure highlight the urgent need for increased investment in harmonized frameworks, sustainable funding, and integrated data systems to support more equitable and effective diabetes management and prevention strategies across Europe.

WP08



## Screening high-risk population and individuals

**The lack of consistent national frameworks and structural funding in several countries highlights the need for greater political commitment to establishing equitable and sustainable diabetes screening programs.**

While slightly more than half of the of the responding countries report having national legislation on screening activities for individuals at high risk of diabetes or other NCDs, and less than half have a national strategic framework, the absence of comprehensive frameworks and funding in the remaining countries underlines the need for more robust and consistent implementation.

Equity-oriented approaches are scarcely integrated into national strategies, recommending measures such as free or low-cost screening, awareness campaigns for high-risk groups, and ensuring transportation services among populations that may have challenges in accessing regular services. While some countries reported targeting specific populations, the most commonly mentioned are pregnant women, older persons, and migrants or ethnic minorities.

However, other **groups, such as children and adolescents, individuals with learning disabilities, substance use disorders and belonging to socioeconomically disadvantaged groups, might be inadequately addressed. Targeted screening strategies should be refined to effectively reach and address the specific needs of populations in vulnerable situations, ensuring equitable access to diabetes early detection.**

Although the majority of countries have established systematic surveillance for diabetes risk factors, **integration of standardized risk assessment tools, such as the Finnish Diabetes Risk Score, into routine clinical practice remains a challenge.**

Despite nearly half of the countries reporting the use of such tools, ensuring consistent application across healthcare settings is key to improving early detection. Although the majority of countries report having national funding available for diabetes screening activities, only a **small proportion have structural funding, which is essential for the long-term sustainability of these initiatives.**

Strengthening national frameworks, ensuring sustainable funding, and improving the integration of risk assessment tools will be pivotal to advancing diabetes prevention and management across Europe.

WP09



## Integrated care pathways

Integrated care pathways for diabetes are established through national legislation and strategic frameworks in several responding countries, yet significant gaps remain. **Less than half of the countries report having legislation on integrated care pathways**, and among those with legislation specific to diabetes, the level of detail varies considerably, with few making distinctions between diabetes types. Strategic frameworks are slightly more widespread, with over half of the countries reporting their development. Most countries report the availability of national funding to support integrated care pathways, but only half have access to structural funding, highlighting the need for more sustainable investment to ensure long-term implementation and impact. Equity considerations are recognized in national strategies, which recommend measures such as health education, free or low-cost integrated care services, mobile units and transportation services, with a focus on reaching populations that may face barriers to accessing care, including older adults, people with comorbidities, pregnant women and children and adolescents.

However, **other groups, such as individuals with learning disabilities, substance use disorders, migrants, ethnic minorities, and socioeconomically disadvantaged populations, might be overlooked. There is a critical need to refine targeted integrated care pathways to better address the specific needs of vulnerable populations, ensuring equitable access to comprehensive diabetes care.**

While multidisciplinary care involving various professionals is standard practice across all responding countries, coordinated approaches remain underdeveloped.

**Only a minority of countries report the systematic implementation of care coordination, case management, and shared decision-making within their healthcare services, limiting the full realization of integrated care.**

Digital technologies are increasingly used to support care delivery for diabetes, and most countries integrate person-centred care training into medical and nursing education.

However, to ensure these elements translate into improved health outcomes, greater attention is needed to foster collaboration within multidisciplinary teams and to enhance continuity and coordination of care across the health system. Strengthening national frameworks, ensuring sustainable funding, and improving coordination in the delivery of integrated care will be essential for advancing diabetes management and improving patient outcomes across Europe.

WP10



## Patients' Self-management

**Less than half of the responding countries report having national legislation on self-management**, while a slightly higher number have developed a strategic framework to support patients in managing their diabetes. Despite this, **the availability of structural funding remains limited, with less than half of the countries reporting such resources, which may hinder the long-term implementation of self-management initiatives.**

An intersectoral and equity approach is integrated into most national frameworks, with key measures including the use of digital health solutions, the provision of multilingual communication support, and the delivery of free or low-cost self-management programs.

These strategies particularly target pregnant women, adolescents, and older persons.

However, other **groups, such as individuals with comorbidities, substance use disorders, migrants, ethnic minorities, individuals in prisons or other closed institutions, and socioeconomically disadvantaged populations, might be inadequately addressed. Strengthening tailored self-management support within these groups is crucial to empower individuals in taking an active role in their own care.**

Self-management programs for people with diabetes are widely implemented across the majority of the responding countries, and most countries report having implemented interventions aimed at reducing barriers to access. These programs are typically delivered by multi-professional teams, which in most cases receive dedicated training in self-management support, although gaps in coverage still remain.

However, **only approximately half of the countries involve patients in the planning, delivery, and evaluation of these services.**

This limited participation may contribute to the insufficient personalisation of self-management support, as reported by several countries. Although a majority of countries indicate at least a moderate level of personalisation, the findings highlight a clear need to enhance patient involvement and better tailor services to individual needs and preferences. Empowering people with diabetes to manage their condition effectively requires sustained investment, equity-driven strategies, and active patient involvement to ensure accessible, personalised, and impactful self-management support.

WP11



## Labour participation of people living with CVD or DM

### Labour participation policies for people living with diabetes are inadequately addressed across most responding countries.

Less than half report having national legislation on labour participation, with a quarter reporting having established a national strategic framework to improve employment opportunities for people with diabetes. Financial support for labour participation is also limited, with only a quarter of countries providing national funding, and only a minor number of countries offering structural funding for these strategies. Only two countries with a strategic framework in place report that an equity approach is embedded, most frequently addressing pregnant women.

Many categories remain inadequately addressed, including older or youth workers, individuals with other **concurrent medical conditions and migrants and ethnic minorities**.

**Despite some efforts, intersectoral collaboration between health and employment sectors remains scarce, with just over half of countries having health education programs targeting both employers and employees to raise awareness about diabetes and non-communicable diseases. Research on employee wellbeing and their risk of developing diabetes is severely lacking. Very few countries offer incentives to hire employees with non-communicable diseases, and these are not specifically aimed at diabetes.**

While over half of the countries report the presence of welfare interventions to protect employees with diabetes, and a small number have return-to-work programs, these efforts remain limited and are not widely implemented. There is a clear need for greater political commitment and financial resources to enhance labour participation for people living with diabetes. Prioritizing intersectoral collaboration, dedicated funding, and targeted workplace programs would not only improve the inclusion of individuals with diabetes in the workforce, but also contribute to better health outcomes and reduced healthcare costs in the long term.

## Conclusion

---

The findings highlight significant challenges and opportunities for improving diabetes prevention and management and care in Europe, underscoring the need for comprehensive and harmonized approaches. National legislation and strategic frameworks for diabetes care and prevention are in place in some countries, yet implementation remains inconsistent, with substantial gaps in funding, coordination, and patient involvement. One of the key areas needing improvement is the lack of integration between health and other sectors, such as employment, which hinders efforts to support individuals with diabetes in the workplace. Additionally, the inconsistent implementation of screening programs for at-risk populations remains a critical barrier to early detection and prevention, with many countries lacking comprehensive frameworks or adequate funding for widespread screening efforts. Enhancing data availability, harmonization, and quality is crucial to ensuring equitable access to care and self-management support. Strengthening data systems to differentiate between type 1 and type 2 diabetes is essential to enable tailored, effective, and equitable health system responses, and to support more precise and impactful policy and care strategies. While efforts to integrate diabetes care through multi-professional teams and digital health solutions are underway, patient involvement in the design and evaluation of interventions remains limited, hindering the personalization of care and self-management programs. Improving health literacy, particularly among populations at higher risk or living with diabetes, is key to empowering individuals to engage in prevention, navigate care pathways, and effectively manage their condition. For people with diabetes to effectively manage their condition, there should be stronger political commitment, financial resources, and policies that foster intersectoral collaboration. To achieve health equity in the prevention and management of diabetes, it is essential to apply a comprehensive equity lens across all dimensions of diabetes-related policies and interventions. A coordinated approach that prioritizes equity, patient empowerment, and sustainable funding, alongside the expansion of accessible and standardized screening, will be essential to addressing the diverse needs of individuals with diabetes across Europe and achieving better health outcomes for all.



JACARDI

Joint action  
cardiovascular diseases  
and diabetes



Co-funded by  
the European Union

## 4. Review and Identification of best practices and other appropriate practices

### 4.1 Rationale

The rationale for identifying successful practices and interventions, or key elements of these, already implemented across Europe, is grounded in the belief that only proven, relevant, and contextually appropriate practices should be adopted by pilot sites. It is essential that each pilot project is built on a solid evidence-based foundation, ensuring its effectiveness, efficiency, and sustainability.

By identifying and leveraging existing successful models, we aim to maximize the impact of pilot initiatives, ensuring they are not only scientifically sound but also adaptable and scalable across diverse contexts. This approach emphasizes the importance of intersectoral collaboration, active participation, and a strong commitment to equity, all of which are integral to achieving lasting, inclusive public health outcomes.

Moreover, by adhering to the core and qualifier criteria established by DG SANTE's evaluation of best practices - effective and efficient, transferable, sustainable, and encompassing participation, intersectoral collaboration, and an equity approach - we aim to ensure that the interventions implemented in JACARDI are not only impactful but also have the potential to evolve into best practices at the European level. This would position these interventions as valuable resources for scalability and transferability to other contexts, fostering broader public health impact and contributing to the long-term sustainability of positive health outcomes across Europe.

### 4.2 Objective

The specific objective of this activity is to guide the pilots' team in identifying key elements of best practices from the EU Best Practice Portal (EC Best Practice) and other relevant, evidence-based interventions that can be adapted and implemented within JACARDI. The focus is on ensuring the sustainability, scalability, and effectiveness of these practices, with particular attention to equity, intersectoral collaboration, and active participation, in alignment with the core and qualifier criteria established by DG SANTE's evaluation of best practices.

This activity has been implemented as a capacity-building exercise within each of the WPs 6-11, promoting a collaborative environment that facilitates fruitful exchanges among the different pilots. Led by the WP leaders, this process has allowed pilots' teams to share insights, challenges, and strategies, ensuring that the selected practices align with the specific needs and contexts of each pilot site and with the overall aim of the WPs 6-11. This collaborative approach not only provided a solid rationale for the pilots but also fostered a deeper understanding of their objectives and activities, setting the foundation for effective and sustainable interventions.

### 4.3 Methodological Framework for the review and identification of best practices and other practices

The methodology for identifying best practices and other relevant practices was built upon a collaborative and evidence-driven approach, involving extensive internal discussions among WPs 6-11. This process was supplemented by a comprehensive review of the EU Best Practices Portal, as well as scientific literature, evidence from other existing projects and initiatives, and grey literature. By integrating these various

sources, the methodology aimed to ensure a broad and well-rounded understanding of effective practices. This collaborative approach fostered cross-pilot exchanges, allowing the WPs to identify practices or single elements that were not only evidence-based but also contextually relevant and adaptable to the diverse settings of the JACARDI pilots. The inclusion of grey literature and insights from past and current projects further enriched the analysis, ensuring that the practices considered were both innovative and grounded in real-world applications.

The process for identifying relevant practices was carried out in a structured and systematic approach, divided into **three operational phases (0, I, II), with an additional Phase III dedicated to the presentation and validation of the identified practices**. Each phase was designed to ensure a rigorous and methodologically sound process that involved collaborative efforts, evidence review, and validation.

### **Phase 0 - Internal discussions and team building**

Phase 0 focused on internal discussions within WPs 6-11. During this phase, WPs 6-11 leadership teams and partners engaged in a collaborative review of the characteristics of the proposed pilots for implementation. The primary goal was to strengthen team building and clarify the objectives and design of the pilots. This phase also aimed to assess whether the pilots could benefit from aligning with existing practices, particularly those identified in the EC Best Practices Portal or from other relevant projects and initiatives. The outcome of Phase 0 was to lay a strong foundation for the subsequent phases.

### **Phase I - Review of the EU Best Practices Portal**

Phase I involved a comprehensive review of the EU Best Practices Portal by the core pilot teams. The goal was to identify relevant best practices or single elements that aligned with the activities and objectives of the proposed pilots. The European Commission defines a best practice as *a relevant policy or intervention implemented in a real life setting and which has been favourably assessed in terms of adequacy (ethics and evidence) and equity as well as effectiveness and efficiency related to processes and outcomes*. Additionally, key criteria for successful transferability, including clear contextual definitions, sustainability, intersectionality, and stakeholder involvement, were considered.

If a relevant best practice was identified in the EU Best Practices Portal, the core pilot team was tasked with completing a specific template for data extraction for Best-Practice, which included the following details (*for the specific template, please refer to the Deliverable 5.1*):

- Title
- Origin
- Country
- Year of selection
- Pre-selected thematic areas where the best practice falls into
- The elements or single element to be implemented

If the core pilot team did not identify any best practice in the EU Best Practice Portal, or if there was a need to explore additional resources for other elements, it moved on to Phase II.

## Phase II - Identification of relevant practices from other sources

In Phase II, the core pilot teams expanded their search to include other relevant practices from scientific evidence, literature reviews, and other European projects and initiatives. Upon identifying an appropriate practice or single elements, the team completed a specific template for data extraction for other relevant practices, detailing the selected practice's key information.

Given that these practices had not undergone the same rigorous evaluation process as those in the EU Best Practices Portal, they were subjected to a validation process. This process involved a formal presentation to the Implementation Board, where the pilot teams provided an in-depth explanation of how the identified practice aligned with the objectives and activities of the pilot. This step was integrated within the capacity-building efforts of WPs 6-11, fostering an environment of collaboration where core pilot teams could present, share, and discuss the rationale for selecting these practices.

Template for other practices included (*for the specific template, please refer to the Deliverable 5.1*):

- Platform or existing initiatives/projects where the practice has been retrieved
- Year of implementation
- Location and geographical extension
- Setting
- Target population
- Number of populations reached
- Methodology
- Outcomes
- Pre-selected thematic areas where the practice falls into
- Alignment with the WP's aim
- The elements or single element to be implemented
- At least one criterion (see below) identified, including the explanatory arguments, why and how the element(s) of the practice would be relevant for the respective pilot to achieve the stated criterion. This part is crucial for the Implementation Board validation.

The validation of these practices was completed by a delegation of the Implementation Board (*The Implementation board is the central coordination body for developing and applying the JACARDI methodological framework. It provides a continuous overview of the development and execution of all phases of pilot design, implementation, and reporting. It's composed by Leaders and co-leaders of all WPs, Leaders and co-leaders of Tasks 5.3 (covering transversal principles of equity and diversity), 5.4 (developing the general implementation methodology), and 5.5 (running the Implementation board and developing the capacity-building approach), and 5.6 (economic evaluation expert) and 5.7. For further details, please refer to the Deliverable 5.1*). The six criteria used by the European Commission "Criteria to select Best Practices in Health Promotion and Disease Prevention and Management in Europe" were considered. The pilot team was asked to explain how the use of the identified practice would help achieve at least one of the following six criteria:

- i) Effectiveness and efficiency of the intervention
- ii) Equity
- iii) Transferability

- iv) Sustainability
- v) Participation
- vi) Intersectoral collaboration

### **Phase III - Practice presentation and validation**

The final phase of the process involved presentation sessions organized by WPs 6-11 and the Implementation Board delegation. Once the core pilot teams had identified relevant practices or single elements and completed the requested templates, these sessions were arranged to facilitate the sharing of results and ensure alignment across the initiative. Prior to these sessions, the WPs 6-11 leadership teams provided detailed guidance to the core pilot teams to ensure clarity and consistency in the presentations.

During the sessions, each core pilot team presented their objectives and the identified practices or single elements, explaining their rationale for selection. These presentations allowed core pilot teams to engage with other pilots that shared similar themes or geographical contexts, fostering exchange and mutual learning. Additionally, the WPs 6-11 leadership teams gained deeper insights into the implementation plans of each pilot, while the JACARDI coordination team, supported by WP5, gained an overview of the pilots to better inform the methodological support required.

For pilots that identified "other practices" in Phase II, at least one criterion (listed above) that the core pilot teams aimed to achieve by applying the chosen practice or single elements had to be presented. These practices were then evaluated by the Implementation Board representatives, who assessed their relevance, rationale, and alignment with the overall objectives of the pilots. The final validation of the practices was conducted through a structured evaluation checklist [Annex 6.2], ensuring that the selected practices met the necessary standards for successful implementation and transferability.

#### **4.3.1 Timeline**

The identification of practices (Phases 0, I, and II) commenced in December 2023 and was completed by April 30th, 2024. The presentation of the pilots and the subsequent validation of the identified "other practices" (Phase III) by the Implementation Board took place between June and July 2024.

Following the approval of the Amendment in June 2025, which entailed the redefinition of certain pilots, the inclusion of an additional pilot under WP8, as well as the recovery of some pilots that had not been able to complete this task within the initial indicative timeline, the process of selecting and validating the practices identified by eight pilots was carried out and finalized between June and August 2025. The table below has been updated to reflect these developments.

#### **4.4 Results**

The presentation of the identified best practices and other relevant practices by each technical WP core pilot team took place between June and July 2024, during dedicated sessions organized by WPs 6–11 and the Implementation Board delegation. These sessions served as a structured forum for core pilot teams to present their selected practices—whether recognized best practices or other contextually relevant approaches—alongside the specific criteria they sought to fulfill through their application when requested. This process not only facilitated a critical appraisal of the selected interventions but also reinforced a shared strategic vision and methodological coherence across the Joint Action. A comprehensive synthesis of each

pilot, detailing the selected practices and the corresponding evaluative criteria, is provided in the tables below.

Out of the 143 pilots within JACARDI, 100% have completed the process of sharing and validating their selected practices. Out of the 143 pilot projects, 48 (33.6%) identified a Best Practice.

The tables present the following key information:

- WP, Pilot Identification code and country: The relevant WP and the specific pilot project and country where the pilot will be implemented
- Chosen Practice: Whether a best practice or another practice was selected.
- Criteria selected: The criteria selected for each practice, based on the evaluation of its effectiveness, equity, transferability, sustainability, participation, and intersectoral collaboration.

For further details on the pilots and their objectives, please refer to the Grant Agreement.

<b>Work Package 6 – Health Literacy and Awareness</b>			
<b>Pilot identification code</b>	<b>Country</b>	<b>Selection of Best Practice or Other practice</b>	<b>Criteria selected (applicable only for Other Practice)</b>
WP6_Croatia_CIPH	Croatia	Best Practice	Na
WP6_Czech Republic_NIPH	Czech Republic	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation; Intersectoral collaboration.
WP6_Czech Republic_NIPH	Czech Republic	Best Practice	Na
WP6_Czech Republic_NIPH	Czech Republic	Best Practice	Na
WP6_Finland_THL_FDA	Finland	Best Practice	Na
WP6_France_SpF	France	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation; Intersectoral collaboration.
WP6_France_SpF	France	Other Practice	Effectiveness and efficiency of the intervention; Equity; Participation; Intersectoral collaboration.
WP6_France_CH Paimpol	France	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation
WP6_Iceland_DOHI	Iceland	Best Practice	Na
WP6_Italy_ISS	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation
WP6_Italy_UNIFI	Italy	Best Practice	Na
WP6_Italy_Marche	Italy	Best Practice	Na
WP6_Italy_Calabria	Italy	Best Practice	Na
WP6_Italy_INRCA	Italy	Best Practice	Na
WP6_Lithuania_HI	Lithuania	Best Practice	Na
WP6_Malta_MHA	Malta	Other Practice	Equity; Sustainability; Participation
WP6_Portugal_NOVA	Portugal	Best Practice	Na
WP6_Portugal_NOVA_APDP	Portugal	Best Practice	Na
WP6_Romania_INSP	Romania	Best Practice	Na
WP6_Spain_IACS	Spain	Other Practice	Equity; Intersectoral collaboration.
WP6_Spain_IACS	Spain	Other Practice	Equity; Transferability; Sustainability
WP6_Spain_IDIVAL	Spain	Best Practice	Na

WP6_Spain_BS	Spain	Best Practice	Na
WP6_Ukraine_PHC	Ukraine	Best Practice	Na

**Work Package 7 – Data availability, quality, accessibility and sharing**

<b>Pilot identification code</b>	<b>Country</b>	<b>Selection of Best Practice or Other practice</b>	<b>Criteria selected (<i>applicable only for Other Practice</i>)</b>
WP7_Iceland_DOHI	Iceland	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation
WP7_Italy_Marche	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation
WP7_Italy_ALISA	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation.
WP7_Italy_Burlo	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation.
WP7_Italy_AOUP	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation.
WP7_Italy_Calabria	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation.
WP7_Italy_Basilicata	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP7_Italy_Campania	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP7_Italy_Lazio	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability;

			Sustainability; Participation;
WP7_Italy_Umbria	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP7_Latvia_SPKC	Latvia	Other Practice	Effectiveness and efficiency of the intervention; Equity; Sustainability; Participation;
WP7_Romania_INSP	Romania	Other Practice	Effectiveness and efficiency of the intervention
WP7_Romania_INSP_IUBCVT	Romania	Other Practice	Effectiveness and efficiency of the intervention; Equity; Participation;
WP7_Belgium_Sciensano	Belgium	Other Practice	Effectiveness and efficiency of the intervention; Equity; Sustainability; Participation;
WP7_Finland_THL	Finland	Other Practice	Effectiveness and efficiency of the intervention; Equity; Sustainability; Intersectoral collaboration.
WP7_Finland_UEF	Finland	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Participation
WP7_Iceland_DOHI	Iceland	Other Practice	Equity; Transferability; Sustainability; Participation;
WP7_Italy_ASHTO3	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP7_Italy_Burlo	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP7_Italy_Lombardy	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation.
WP7_Latvia_SPKC	Latvia	Other Practice	Effectiveness and efficiency of the intervention; Equity; Sustainability; Participation.
WP7_Romania_INSP_INDNB	Romania	Other Practice	Equity; Sustainability; Participation.

WP7_France_SpF	France	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation; Intersectoral collaboration
WP7_France_CHU Toulouse	France	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability;
WP7_Spain_HULAFE	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Sustainability;
WP7_Finland_THL	Finland	Other Practice	Equity; Transferability; Sustainability; Intersectoral collaboration
WP7_Finland_UEF	Finland	Other Practice	Effectiveness and efficiency of the intervention; Equity; Sustainability;
WP7_Italy_Burlo	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP7_Latvia_SPKC	Latvia	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability; Participation;
WP7_France_SpF	France	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability; Participation; Intersectoral collaboration
WP7_Spain_INCLIVA	Spain	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability; Participation;
WP7_Spain_SERMAS_FIBH120_CNIC	Spain	Best Practice	Na
WP7_Spain_CNIC	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability;
WP7_Spain_Fundesalud	Spain	Best Practice	Na
WP7_Spain_ISABIAL	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;

WP7_Finland_THL	Finland	Other Practice	Effectiveness and efficiency of the intervention; Equity; Sustainability;
WP7_Finland_UEF	Finland	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP7_Spain_SERMAS_FIBH120	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability;
WP7_Spain_Fundesalud	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP7_Spain_CNIC	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability;
WP7_Latvia_SPKC	Latvia	Other Practice	Transferability; Sustainability; Intersectoral collaboration
WP7_France_SpF	France	Other Practice	Equity;

**WP8 - Screening high-risk populations and individuals**

<b>Pilot identification code</b>	<b>Country</b>	<b>Selection of Best Practice or Other practice</b>	<b>Criteria selected (applicable only for Other Practice)</b>
WP8_Italy_ISS	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP8_Belgium_DiabetesLiga_UAntwerpen	Belgium	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation; Intersectoral collaboration.
WP8_Finland_THL_FDA	Finland	Best Practice	Na
WP8_Finland_THL	Finland	Other Practice	Equity; Transferability; Sustainability;
WP8_France_SpF	France	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation; Intersectoral collaboration.
WP8_France_SpF	France	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP8_Hungary_OKFO	Hungary	Best Practice	Na
WP8_Hungary_GOKVI	Hungary	Best Practice	Na
WP8_Ireland_HSE	Ireland	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation; Intersectoral collaboration.
WP8_Italy_ISS	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Participation;
WP8_Italy_ISS	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation; Intersectoral collaboration.
WP8_Italy_Marche	Italy	Best Practice	Na
WP8_Italy_Calabria	Italy	Best Practice	Na
WP8_Latvia_SPKC	Latvia	Best Practice	Na
WP8_Latvia_SPKC_LBMC	Latvia	Other Practice	Transferability; Sustainability
WP8_Romania_INSP	Romania	Best Practice	Na
WP8_Slovenia_NIJZ_UL	Slovenia	Best Practice	Na
WP8_Spain_INCLIVA	Spain	Best Practice	Na
WP8_Ukraine_PHC	Ukraine	Best Practice	Na

<b>WP9 - Integrated care pathways</b>			
<b>Pilot identification code</b>	<b>Country</b>	<b>Selection of Best Practice or Other practice</b>	<b>Criteria selected (applicable only for Other Practice)</b>
WP9_Belgium_UAntwerpen	Belgium	Other Practice	Sustainability
WP9_Belgium_DiabetesLiga	Belgium	Best Practice	Na
WP9_Finland_THL_FDA_FHA	Finland	Best Practice	Na
WP9_Finland_THL	Finland	Other Practice	Equity; Transferability;
WP9_France_CHU	France	Other Practice	Effectiveness and efficiency of the intervention; Equity
WP9_France_HCL	France	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability;
WP9_France_HCL_Spain_HULAFE	France, Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability;
WP9_Hungary_GOKVI	Hungary	Best Practice	Na
WP9_Hungary_OKFO	Hungary	Best Practice	Na
WP9_Iceland_HH	Iceland	Best Practice	Na
WP9_Italy_ISS	Italy	Best Practice	Na
WP9_Italy_Marche	Italy	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability; Participation; Intersectoral collaboration.
WP9_Italy_ASLT03	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Intersectoral collaboration.
WP9_Italy_ALISA	Italy	Best Practice	Na
WP9_Italy_PAT	Italy	Other Practice	Transferability; Sustainability;
WP9_Italy_Lombardy_Maugeri	Italy	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability;
WP9_Latvia_SPKC	Latvia	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability; Intersectoral collaboration

WP9_Latvia_SPKC	Latvia	Best Practice	Na
WP9_Poland_PUMS	Poland	Other Practice	Equity; Transferability; Sustainability;
WP9_Romania_INSP_INDNBM_NHIH	Romania	Best Practice	Na
WP9_Romania_INSP_IUBCVT_NHIH	Romania	Other Practice	Equity; Transferability; Sustainability; Participation;
WP9_Slovenia_NIJZ_UL	Slovenia	Other Practice	Participation
WP9_Slovenia_NIJZ_UL	Slovenia	Best Practice	Na
WP9_Slovenia_NIJZ_UL	Slovenia	Best Practice	Na
WP9_Spain_SERMAS_FIBH120	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability;
WP9_Spain_INCLIVA	Spain	Other Practice	Effectiveness and efficiency of the intervention; Sustainability;
WP9_Spain_IACS	Spain	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability;
WP9_Spain_IDIVAL	Spain	Best Practice	Na
WP9_Spain_BS	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Intersectoral collaboration.

WP10 - Patients' self-management			
Pilot identification code	Country	Selection of Best Practice or Other practice	Criteria selected <i>(applicable only for Other Practice)</i>
WP10_Belgium_KUL	Belgium	Best Practice	Na
WP10_Finland_THL_FDA_FHA	Finland	Best Practice	Na
WP10_Ireland_CROI	Ireland	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP10_Italy_MARCHE	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability;
WP10_Italy_INRCA	Italy	Other Practice	Effectiveness and efficiency of the intervention; Equity;
WP10_Italy_PAT	Italy	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability Participation;
WP10_Malta_MHA	Malta	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Sustainability; Participation;
WP10_Spain_FUNDESALUD_JUNTAEX	Spain	Best Practice	Na
WP10_Spain_INCLIVA	Spain	Best Practice	Na
WP10_Spain_IDIVAL	Spain	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability;
WP10_Spain_SERMAS_FIBH120_CNIC	Spain	Best Practice	Na
WP10_Spain_ISABIAL	Spain	Other Practice	Effectiveness and efficiency of the intervention; Equity; Transferability; Participation; Intersectoral collaboration
WP10_Spain_IDIAPJGol	Spain	Best Practice	Na
WP10_Finland_THL_FDA	Finland	Best Practice	Na

**WP11 - Labour participation of people living with NCDs, in particular with CVD and DM**

<b>Pilot identification code</b>	<b>Country</b>	<b>Selection of Best Practice or Other practice</b>	<b>Criteria selected (<i>applicable only for Other Practice</i>)</b>
WP11_Finland_FIOH	Finland	Other Practice	Effectiveness and efficiency of the intervention;
WP11_Finland_FIOH	Finland	Other Practice	Effectiveness and efficiency of the intervention;
WP11_Italy_FINCB	Italy	Other Practice	Equity; Transferability; Sustainability; Participation; Intersectoral collaboration
WP11_Italy_Burlo	Italy	Other Practice	Transferability; Sustainability
WP11_Italy_ISS	Italy	Other Practice	Effectiveness and efficiency of the intervention; Transferability; Sustainability; Participation;
WP11_Lithuania_HI	Lithuania	Other Practice	Transferability; Sustainability
WP11_Poland_PUMS	Poland	Other Practice	Equity; Transferability; Sustainability;
WP11_Poland_PUMS	Poland	Other Practice	Equity; Sustainability;
WP11_Poland_PUMS	Poland	Other Practice	Equity; Transferability; Sustainability;
WP11_Poland_PUMS	Poland	Other Practice	Effectiveness and efficiency of the intervention; Transferability;
WP11_Poland_PUMS	Poland	Other Practice	Equity; Sustainability;
WP11_Poland_PUMS	Poland	Other Practice	Effectiveness and efficiency of the intervention;
WP11_Poland_PUMS	Poland	Other Practice	Transferability; Sustainability; Participation;
WP11_Poland_PUMS	Poland	Other Practice	Equity; Intersectoral collaboration
WP11_Spain_INCLIVA	Spain	Best Practice	Na

#### 4.4.1 From mapping to action: alignment and relevance of pilot interventions

In this section, a triangulation of findings from the context analysis and the identification of evidence-based practices was conducted for WPs 6-11, addressing both CVDs and diabetes. This results' harmonisation aimed to evaluate the extent to which the pilots' objectives and interventions effectively respond to the gaps identified in the context analysis. This approach ensures that pilot projects are both aligned with health system needs at local and national levels but also reflect the defining criteria of best practices. Consequently, through this double approach, the pilot projects through their objectives could demonstrate greater potential for scalability, sustainability, and integration into broader public health strategies.

#### WP6 - Health literacy and awareness of CVD and Diabetes

Grounded in evidence-based practices, the WP6 pilots aim to address critical gaps identified in the context analysis concerning health literacy and awareness on CVDs and diabetes. These pilots prioritize equity as central components of their strategies, ensuring that health literacy interventions are accessible, culturally relevant, and adaptable across diverse populations and settings. The context analysis highlights significant challenges in the variability of national approaches to health literacy, with gaps in addressing population in vulnerable situations, including migrants, ethnic minorities, individuals with learning disabilities, and those from socioeconomically disadvantaged backgrounds. In response, the pilots in JACARDI focus on enhancing health literacy through targeted media campaigns, workshops, and educational initiatives that empower these underserved groups to better manage their health risks. By increasing health literacy among hard-to-reach populations or target groups, such as Roma families, pregnant women, elderly individuals, the pilots directly address the need for more inclusive health literacy strategies, which are currently underrepresented in national frameworks. Additionally, some pilots will be specifically directed towards young populations, including children and adolescents, in line with the gap identified in the context analysis, where young people are under-targeted in-service delivery. Through the promotion of digital health literacy, particularly in relation to e-health platforms and mobile health tools, the pilots aim to bridge the gaps in digital. Furthermore, the pilots emphasize transferability and sustainability by designing interventions that can be scaled and adapted to different regions and health systems, ensuring that successful models can be implemented in diverse contexts. This approach not only strengthens individual health literacy but also fosters greater integration of these interventions into national health systems, thereby contributing to the long-term sustainability of health literacy efforts. Ultimately, the WP6 pilots seek to create an equitable and sustainable framework for improving health literacy, enhancing access to diabetes and CVD care, and addressing the root causes of health disparities across Europe.

#### WP7 - Data availability, quality, accessibility and sharing

Grounded in evidence-based practices, the WP7 pilots aim to address key gaps identified in the context analysis concerning the data availability, quality, accessibility and sharing for CVDs and diabetes. These pilots prioritize equity, transferability and sustainability as essential criteria in data interventions. By focusing on these areas, they contribute to the development of scalable and equitable solutions that can be integrated into national strategies and registries. The context analysis highlights significant challenges related to the inconsistency of national frameworks, the lack of comprehensive disease registries, and insufficient integration of sociodemographic data essential for targeted interventions. In response, the JACARDI pilots focus on developing new national or local registries in countries without existing systems, ensuring the collection and integration of critical epidemiological and clinical data, which directly addresses the need for harmonized and standardized monitoring systems. By enhancing the quality and coverage of pre-existing registries, the pilots aim to fill gaps in data reliability, inclusivity, and representation, especially with the aim to incorporating key sociodemographic variables such as education, socioeconomic status, ethnicity, and country of origin, which were notably absent in many existing registries. Additionally, the pilots' focus on

improving data integration through linkage across health and administrative data aligns with the context analysis's recommendation for more robust and sustainable data infrastructures. The development of web-based tools to simulate the impact of public health policies and assess gender disparities and other inequalities further addresses the need for more comprehensive, actionable data to inform policy-making and reduce health inequalities. Through these initiatives, the WP7 pilots are not only working to enhance the accessibility and quality of data but also contributing to the creation of a more equitable and effective approach to CVDs and diabetes management across Europe.

## **WP8 - Screening high-risk populations and individuals**

The WP8 pilots are designed to address key gaps identified in the context analysis, particularly in the screening of high-risk populations for CVDs and diabetes. Grounding in evidence-based practices, the pilots focus on four essential principles: equity, transferability, sustainability, and participation.

One of the main goals is to identify individuals at high risk for CVDs and diabetes through awareness raising and screening campaigns. This includes identification of unrecognized increased disease risk via an online, multilingual screening platform. This responds to the context analysis, which highlights the lack of equity-focused approaches in national strategies and the need to improve screening methods for reaching groups in vulnerable situations. To enhance accessibility, the pilots provide digital tools that help overcome barriers such as language differences and limited access to in-person services. They also promote primary prevention by embedding screening into routine healthcare. This includes initiatives like opportunistic screening, mobile interventions, and behavioural change support – making screening a sustainable part of existing healthcare systems.

Some pilots also focus on mapping the distribution of CVDs and diabetes risk factors. They use population surveys, risk stratification, risk assessment tools, and machine learning algorithms to identify undiagnosed individuals in the population level and in health databases. These approaches support context analysis's recommendation to adopt more data-driven methods for early detection and intervention.

Overall, these targeted efforts are improving early detection and management of CVDs and diabetes, contributing to more effective and equitable healthcare systems across Europe.

## **WP9 - Integrated care pathways**

The pilot projects are designed to directly address key gaps identified in the context analysis regarding the implementation and coordination of integrated care pathways for individuals with CVDs and diabetes. Grounded in evidence-based practices, the WP9 pilots highlight transferability, sustainability, and equity as essential criteria to be achieved in integrated care pathways interventions. By prioritizing these areas, the pilots contribute to scalable, adaptable, equitable and sustainable solutions that can be integrated into diverse healthcare settings and national strategies. The lack of effective coordination, case management, and shared decision-making, as highlighted in the context analysis, remains a significant barrier to improving patient outcomes. To bridge these gaps, pilots in JACARDI prioritize the development and implementation of care pathways that integrate lifestyle management, preventive care, and multidisciplinary collaboration. Several pilots aim to enhance coordination between primary and specialized care, for example, by improving data sharing and communication between healthcare providers, and fostering interoperability of digital platforms across the healthcare system. This focus directly addresses the need for better integration of care across sectors and the importance of coordinating efforts between diverse healthcare professionals. Additionally, the pilots target specific populations, such as those in vulnerable situations or with multiple chronic conditions, by creating tailored care pathways that address their unique needs, ensuring more equitable access to comprehensive care. By implementing innovative digital tools such as telemedicine platforms and mobile apps, the pilots aim to improve care personalization and accessibility for diverse populations, particularly those who may face barriers to traditional healthcare services. Moreover, the pilots

emphasize training for healthcare professionals, including staff education on antiracism and promoting digital literacy, ensuring that care teams are equipped to provide culturally sensitive, patient-centered care. Ultimately, these pilot projects are designed to enhance the sustainability and effectiveness of integrated care models by fostering collaboration, improving healthcare capacity, and integrating technology to facilitate seamless care transitions, as well as promoting long-term, person-centered solutions.

## **WP10 - Patients' self-management**

The pilot projects are designed to address key gaps identified in the context analysis regarding self-management support for individuals with CVDs and diabetes. Grounded in evidence-based practices, the WP10 pilots highlight equity, transferability, sustainability, and participation as essential criteria to be achieved in self-management interventions. By prioritizing these areas, the pilots contribute to the development of scalable and adaptable solutions that can be integrated into various healthcare settings and national strategies. A relevant gap identified in the context analysis is the lack of specific training for multi-professional teams. Pilots in JACARDI will address this gap by focusing on enhancing training for healthcare professionals, ensuring that multi-professional teams are equipped with the essential skills and knowledge to deliver personalized, patient-centered care. This targeted training aims to improve the quality of self-management support, enhance patient engagement, and empower healthcare professionals to provide care that is tailored to the unique needs of each individual. Furthermore, the pilots place strong emphasis on digital tools such as telemedicine platforms, gamified learning applications, and wearable technologies. These tools have the potential to personalize care and improve care and treatment adherence, which directly addresses the context analysis' findings regarding the lack of patient involvement and care personalization. Technology-enabled solutions offer significant opportunities to improve personalization, also relevant for populations in vulnerable situations and those facing barriers to accessing care. By fostering multi-professional collaboration and integrating technology into care models, the pilots aim to meet the need for long-term, inclusive approaches to self-management.

## **WP11 - Labour participation of people living with NCDs, in particular with CVD and DM**

The pilot projects are strategically designed to bridge critical gaps in labour participation policies for individuals living with CVDs and diabetes. By grounding their interventions in evidence-based practices, the WP11 pilots have most frequently identified equity and sustainability as key criteria to be achieved in workplace interventions. This focus is particularly relevant given the lack of targeted policies and structural funding for at-risk populations in labour inclusion strategies. In particular, the pilots aim to develop replicable and adaptable interventions, ensuring that proposed solutions not only address immediate needs but also generate long-term and scalable impact. Embedding an equity-oriented approach is fundamental to closing existing gaps and ensuring that groups in vulnerable situations—such as young workers, individuals with concurrent medical conditions, migrants, and socioeconomically disadvantaged populations—receive adequate support in the workplace. Moreover, sustainability will be reinforced through strengthened participation and intersectoral collaboration, a critical factor in overcoming the fragmentation between the health and employment sectors. Another key shortfall identified in the survey findings is the lack of research and surveillance on employee health and the risk factors for CVDs and diabetes. By incorporating data collection and applied research activities, the pilots in JACARDI will contribute to building an evidence base that can guide more targeted and data-driven policymaking. This comprehensive approach could not only improve employment inclusion for individuals living with CVDs and diabetes but also promote more effective, sustainable, and integrated prevention strategies within public health and labour market frameworks across Europe.

## 5. Conclusion

The activities and results outlined in this report represent a critical step towards a more comprehensive, evidence-informed approach to the prevention and management of CVDs and diabetes across Europe. By systematically assessing the current landscape through context analyses and identifying evidence-based practices, this work provides both the scientific foundation and practical insights necessary to inform the design, implementation, and scaling of public health interventions.

The context analysis, with its understanding of governance, service delivery, equity, and system capacities, empowers policymakers and health professionals at both national and EU levels to identify and address the existing gaps in healthcare delivery and policy. These findings, along with the identification of evidence-based practices, facilitate the alignment of pilot interventions with real-world needs, ensuring their contextual relevance and, consequently, enhancing their sustainability. These activities also establish a framework for fostering cross-country and intersectoral collaboration, which is essential for addressing the complex and multifaceted nature of these diseases. Moreover, the collaboration across technical WPs has not only reinforced methodological rigor but has also enabled the development of a shared vision, equipping the JACARDI Joint Action with harmonized and coherent strategies for long-term impact.

At the European level, this work serves as a useful tool for future policy development, enabling the exchange of evidence-based practices and the development of a unified response to the pressing public health challenges posed by CVDs and diabetes. For national and regional stakeholders, it offers an initial roadmap for aligning health strategies with the priority areas identified, ensuring that interventions are both impactful and sustainable.

This comprehensive approach serves as a catalyst for critical reflection among health professionals, researchers, and policymakers on the strategies required to bridge existing gaps in health systems. By prioritizing interventions that are evidence-based, equitable, and impactful, it lays the groundwork for sustainable improvements in public health. Furthermore, it might be used as baseline for future policy and programmatic action, fostering a more strategic, coordinated, and forward-looking response to one of the most pressing public health challenges of our time.

## 6. Annexes

6.1 Context analysis resources: questionnaires and glossary

6.2 JACARDI Pilots presentation and “validation” of their Scientific Rationale – Practice(s) identified checklist

6.3 Country Profile from the European mapping

6.4 Spider Graph from the WP9 questionnaire

## 6.1 Context analysis resources: questionnaires and glossary

---

# Health Literacy and Awareness - Cardiovascular Diseases

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to health literacy of Cardiovascular Diseases (CVDs)?

- Yes, there is a specific legislation that explicitly addresses health literacy of CVDs
- There is a legislation that mentions health literacy but it is not CVDs-specific
- No
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

If there is a national legislation that refers to health literacy of CVDs, please indicate how many national act(s) there are:

- 1
- 2
- 3
- 4
- 5

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

(Insert the number of act(s) up to 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

## Strategic Framework

In your country, is there an explicit institutional commitment to promote health literacy of CVDs?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, is there a national strategic framework for the promotion of health literacy of CVDs?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please specify if this is applicable only to specific CVDs

(max 200 words)

What are the declared objectives of the national strategic framework?

- Increase public awareness of CVDs and their risk factors  
 Improve the health literacy of the population  
 Improve the health literacy responsiveness of health services  
 Ensure that information related to CVDs is accessible  
 Identify and target high-risk groups for CVDs  
 Promote the importance of early detection  
 Promote behaviour change  
 Provide training for healthcare professionals  
 Empowerment of population or individuals  
 Promote shared decision-making  
 Address/reduce health inequities  
 Promote health literacy research  
 Foster collaboration between healthcare sectors and other stakeholders  
 Establish metrics and evaluation methods to monitor the health literacy level (data for evidence-based decision)  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

---

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

---

Please explain the implementation stage

---

(Max 350 words)

---

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

---

In your country, are there regional/local strategic frameworks for the promotion of health literacy of CVDs?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

---

Please explain the development stage

---

(Max 200 words)

---

Please specify if this is applicable only to specific CVDs

---

(max 200 words)

---

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for the promotion of health literacy of CVDs?

- Ministry of Health (or equivalent)
  - Ministry of Education (or equivalent)
  - National, Regional and/or Local Public Health Agencies
  - Regional and/or Local Health Authorities
  - Regional and/or Local Educational Authorities
  - Social science and health research institutes/Universities
  - Scientific societies
  - Patient/citizen associations
  - Private sector
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework for the promotion of health literacy of CVDs consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Does the strategic framework for the promotion of health literacy of CVDs include any of the following recommendations to tackle health inequities?

- Development of plain language and multilingual (health-related) communications  
 Offering interpretation services or employ multilingual staff to facilitate communication  
 Training health services providers in working with persons from diverse cultural and ethnic backgrounds  
 Developing CVDs prevention and awareness strategies that respect and incorporate cultural beliefs and practices  
 Collaborating with community leaders and organizations representing culturally diverse populations  
 Collaborating with community leaders and organizations representing vulnerable groups (i.e., workers through Unions, women through Women Associations)  
 Co-designing with all the relevant stakeholders including the target population to create effective  
 Promoting the health literacy responsiveness across the different organisational levels of the health and social care service  
 Promoting the health literacy responsiveness across the different geographic levels of the health and social care service  
 Developing and implementing school-based initiatives  
 Developing and implementing workplace health promotion programs  
 Monitoring and evaluating social inequities in health literacy programs among different population subgroups  
 Other  
 No, specific recommendations are not devised  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional recommendations

(Max 350 words)

Does the strategic framework for the promotion of health literacy of CVDs specifically address any of the following groups?

- Older persons
- Adolescents
- Children
- Pregnant women
- Individuals with a family history of CVDs
- Individuals with other concurrent medical conditions that increase the risk of CVDs
- Individuals with learning disabilities, physical disabilities or communication difficulties
- Individuals with mental health conditions
- Individuals with addictions (drugs, alcohol, etc.)
- Homeless individuals
- Asylum seekers
- Refugees
- Undocumented migrants
- Migrants and ethnic/national minorities
- Individuals in prisons or other closed institutions
- LGBTQIA+ community
- Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
- Individuals in rural or remote communities
- Other
- No, specific groups are not addressed
- No sufficient information available to the respondent

Please specify any other groups addressed

(Max 350 words)

Does the strategic framework for the promotion of health literacy of CVDs include education or awareness campaigns that aim to tackle commercial determinants of health?

- Yes, on harmful health effects of unhealthy commodities (e.g. tobacco, alcohol, unhealthy food, sweetened beverages...)
- Yes, on potential conflict of interest in knowledge production and dissemination of information regarding CVDs risks and risk factors
- Yes, on age-specific restrictions on the sale/distribution of unhealthy commodities
- Yes, about market and advertising strategies of unhealthy commodities
- Yes, on incentives for food healthy products (e.g. non-processed food, fruit and vegetables, ...)
- Yes, on food labelling and regulation of food portion sizes
- Yes, based on independent information and/or on evidence-based resources
- Yes, through information tools on CVDs risk and risk factors based on independent information and/or evidence-based resources
- Yes, on regulation of commercial actors' participation on patient's associations/groups
- Other
- No
- No sufficient information available to the respondent

Please specify any other initiatives

(Max 350 words)

## Funding

In your country, is there funding in the national government budget for health literacy strategies on CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

In your country, is there funding in the regional/local government budget for health literacy strategies on CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

## Service Delivery and Capacity

In your country, are there health literacy surveys to compare health literacy of CVDs across regions or population groups?

- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No sufficient information available to the respondent

Surveys that enable comparison of health literacy profiles within regions and countries to help incentivize authorities and organizations (including governments) to invest in health literacy.

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there activities to promote health literacy of CVDs among leaders and policy-makers in different sectors?

- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No sufficient information available to the respondent

Awareness of leaders, policy-makers and other stakeholders in different sectors of health issues particularly relevant to CVDs and DM and their risk factors and determinants, and the impacts of the activities, policy-making processes, programmes and planning in their sectors on these issues, facilitates cross-sectoral coherent action and integrated healthy public policy approaches. This field includes the idea of public health literacy, which considers the extent to which government sectors and policy-makers are aware of public health principles and approaches and the impact of their sectoral agenda on health outcomes. Development of this field will create enabling environments and assist in the understanding and, therefore, the application of health literacy development by leaders across sectors in useful and effective ways.

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there strategies concerning health literacy of CVDs for mass communication?

This field includes setting guidelines for content, presentation, sustainability and delivery systems for information, including mass media, information websites and hubs, and literature for mass dissemination. These guidelines should be informed by the experience and expertise of health and behavioural science, social marketing, linguistics and digital communication.

Development of this field will assist authorities to understand the range of learning mechanisms of diverse communities, how best to present mainstream messages and how this may need to be adapted to minority groups to ensure no one is left behind. Health literacy development also helps to ensure an understanding of who has access to particular communication channels (e.g. television, radio, social media, print media) and how these channels affect behavioural changes. While communication through mass media is useful to sensitize populations (communities, community leaders, local and regional authorities), minority groups or groups in low-resource settings may have different preferences, and care needs to be taken to identify the appropriate channels to avoid inequitable access.

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there programs to promote child and adolescent health literacy of CVDs?

Actions in this field seek to develop knowledge, motivation and competencies of children, parents, school principals and teachers concerning health (e.g. nutrition, anatomy, healthy behaviours, sleep and health services) to promote, access and maintain health throughout life. Health promoting schools contribute to this. Development of this field will assist in supporting children to make daily health-related decisions and empowering them to demand the enabling environment that will lead to good long-term health and avoid CVD and DM risk factors (especially resisting and managing commercial determinants of health). Health literacy development within, and outside of, the school environment also leads to distributed health literacy, whereby the health literacy skills of children are passed on to their families and communities.

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there initiatives to improve digital health literacy concerning CVDs?

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

This field seeks to ensure people have the information, knowledge and skills to engage well in all forms of health services on digital platforms (e.g. use of information technology and digital health, navigation and access to services and insurance systems). Development of this field will assist in reducing the chances of increasing inequity between people with and without access to and skills in using digital technologies. It is also essential in mitigating the infodemic (i.e. the overwhelming amount of information, especially misinformation and disinformation, on the internet).

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there programs to improve health literacy and behaviour change competencies of health-care staff concerning CVDs?

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

Actions in this field ensure health-care staff can interact with a diverse range of individuals and provide information and stimulate motivation in ways that are contextual, acceptable, understandable and useable. This includes routine use of good practices (e.g. plain language, pictures, action planning, checking understanding and confidence), awareness of diversity and ability to adapt to individual needs (e.g. understanding differences in health literacy, life status and how people access, interpret and process information, and having a repertoire of communication methods). This includes cultural competence and non-stigmatizing attitudes, especially when engaging with minority groups and groups that may experience marginalization. Development of this field will assist to refine health literacy of health workers and their role in health literacy development and responsiveness.

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there health literacy-related activities for targeting "gap" groups, i.e. those not benefiting from current strategies on health literacy of CVDs?

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

The aim is to identify groups who are not, or who are insufficiently, interacting with health services or preventive activities. These individuals are often being left behind from the health benefits of policies and programmes. The purpose is to develop more equitable approaches to health care and service provision. While the number of people within these gap groups may be small, they are often experiencing the highest levels of vulnerability and marginalization. Therefore, it is likely that they experience worse health outcomes. Identifying new inclusive approaches will reduce health inequities and support access.

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there health literacy initiatives directed to enabling consumer choice and self-direction concerning CVDs?

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

Many services seek to engage health consumers by allowing them to make choices about their health care (demand-side strategies). These include, care packages (voucher systems) in disability services, maternal and child health services, and many chronic disease self-management programmes. These programmes place particular demands on people's health literacy to be enabled or empowered to ask questions or request specific treatment options. The aim is to strengthen programmes that focus on self-management and people-centred approaches. These approaches typically rely on the health consumer having the necessary health literacy skills and agency to take the required actions, but they may (inadvertently) leave behind those who do not have the necessary health literacy skills, or "build them up for failure" when they do not have access to healthy options. Developing programmes in accordance with health literacy principles will ensure the programmes are responsive to diversity among different population groups.

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

---

In your country, are there initiatives to promote community action on health-related issues concerning CVDs?

This field has a focus on the extent to which people have the critical health literacy needed to actively engage in their communities and wider society through talking about their concerns, participating in public debates and decision-making processes about health, and demanding policy and programme changes necessary to improve health and equity for people around them. This includes formal processes (e.g. community juries, health impact assessment) and less formal community action processes (e.g. industrial and agricultural developments) at local, regional and national levels. It includes the ability to resist, and demand necessary changes in, unhealthy choices and environments. Development of this field will assist in collective action for health literacy and strengthening of community resources, including strengthening the role and impact of community health advocates.

- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No sufficient information available to the respondent

---

Please describe your initiatives in this area (specify any relevant equity aspects):

---

(Max 350 words)

# Health literacy and awareness - Diabetes

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to health literacy of Diabetes Mellitus (DM)?

- Yes, there is a specific legislation that explicitly addresses health literacy of DM
- There is a legislation that mentions health literacy but it is not DM-specific
- No
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_ (Max 100 words)

If there is a national legislation that refers to health literacy of DM, please indicate how many national act(s) there are:

- 1
  - 2
  - 3
  - 4
  - 5
- (Insert the number of act(s) up to 5)

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

## Strategic Framework

In your country, is there an explicit institutional commitment to promote health literacy of DM?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, is there a national strategic framework for the promotion of health literacy of DM?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

(Max 100 words)

What are the declared objectives of the national strategic framework?

- Increase public awareness of DM and its risk factors  
 Improve the health literacy of the population  
 Improve the health literacy responsiveness of health services  
 Ensure that information related to DM is accessible  
 Identify and target high-risk groups for DM  
 Promote the importance of early detection  
 Promote behaviour change  
 Provide training for healthcare professionals  
 Empowerment of population or individuals  
 Promote shared decision-making  
 Address/reduce health inequities  
 Promote health literacy research  
 Foster collaboration between healthcare sectors and other stakeholders  
 Establish metrics and evaluation methods to monitor the health literacy level (data for evidence-based decision)  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

(Max 350 words)

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, are there regional/local strategic frameworks for the promotion of health literacy of DM?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

(Max 100 words)

---

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for the promotion of health literacy of DM?

- Ministry of Health (or equivalent)
  - Ministry of Education (or equivalent)
  - National, Regional and/or Local Public Health Agencies
  - Regional and/or Local Health Authorities
  - Regional and/or Local Educational Authorities
  - Social science and health research institutes/Universities
  - Scientific societies
  - Patient/citizen associations
  - Private sector
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework for the promotion of health literacy of DM consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Does the strategic framework for the promotion of health literacy of DM include any of the following recommendations to tackle health inequities?

- Development of plain language and multilingual (health-related) communications  
 Offering interpretation services or employ multilingual staff to facilitate communication  
 Training health services providers in working with persons from diverse cultural and ethnic backgrounds  
 Developing DM prevention and awareness strategies that respect and incorporate cultural beliefs and practices  
 Collaborating with community leaders and organizations representing culturally diverse populations  
 Collaborating with community leaders and organizations representing vulnerable groups (i.e., workers through Unions, women through Women Associations)  
 Co-designing with all the relevant stakeholders including the target population to create effective  
 Promoting the health literacy responsiveness across the different organisational levels of the health and social care service  
 Promoting the health literacy responsiveness across the different geographic levels of the health and social care service  
 Developing and implementing school-based initiatives  
 Developing and implementing workplace health promotion programs  
 Monitoring and evaluating social inequities in health literacy programs among different population subgroups  
 Other  
 No, specific recommendations are not devised  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional recommendations

(Max 350 words)

Does the strategic framework for promotion of health literacy of DM specifically address any of the following groups?

- Older persons
  - Adolescents
  - Children
  - Pregnant women
  - Individuals with a family history of DM
  - Individuals with other concurrent medical conditions that increase the risk of DM
  - Individuals with learning disabilities, physical disabilities or communication difficulties
  - Individuals with mental health conditions
  - Individuals with addictions (drugs, alcohol, etc.)
  - Homeless individuals
  - Asylum seekers
  - Refugees
  - Undocumented migrants
  - Migrants and ethnic/national minorities
  - Individuals in prisons or other closed institutions
  - LGBTQIA+ community
  - Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
  - Individuals in rural or remote communities
  - Other
  - No, specific groups are not addressed
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other groups addressed

(Max 350 words)

Does the strategic framework for the promotion of health literacy of DM include education or awareness campaigns that aim to tackle commercial determinants of health?

- Yes, on harmful health effects of unhealthy commodities (e.g. tobacco, alcohol, unhealthy food, sweetened beverages...)
  - Yes, on potential conflict of interest in knowledge production and dissemination of information regarding DM risks and risk factors
  - Yes, on age-specific restrictions on the sale/distribution of unhealthy commodities
  - Yes, about market and advertising strategies of unhealthy commodities
  - Yes, on incentives for food healthy products (e.g. non-processed food, fruit and vegetables, ...)
  - Yes, on food labelling and regulation of food portion sizes
  - Yes, based on independent information and/or on evidence-based resources
  - Yes, through information tools on DM risk and risk factors based on independent information and/or evidence-based resources
  - Yes, on regulation of commercial actors' participation on patient's associations/groups
  - Other
  - No
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other initiatives

---

(Max 350 words)

## Funding

In your country, is there funding in the national government budget for health literacy strategies on DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)  
 Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)  
 No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)  
 No, there is not a funding allocation  
 No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

In your country, is there funding in the regional/local government budget for health literacy strategies on DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)  
 Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)  
 No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)  
 No, there is not a funding allocation  
 No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

## Service Delivery and Capacity

In your country, are there health literacy surveys to compare health literacy of DM across regions or population groups?

Surveys that enable comparison of health literacy profiles within regions and countries to help incentivize authorities and organizations (including governments) to invest in health literacy.

- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No sufficient information available to the respondent

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there activities to promote health literacy of DM among leaders and policy-makers in different sectors?

Awareness of leaders, policy-makers and other stakeholders in different sectors of health issues particularly relevant to CVDs and DM and their risk factors and determinants, and the impacts of the activities, policy-making processes, programmes and planning in their sectors on these issues, facilitates cross-sectoral coherent action and integrated healthy public policy approaches. This field includes the idea of public health literacy, which considers the extent to which government sectors and policy-makers are aware of public health principles and approaches and the impact of their sectoral agenda on health outcomes. Development of this field will create enabling environments and assist in the understanding and, therefore, the application of health literacy development by leaders across sectors in useful and effective ways.

- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No sufficient information available to the respondent

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there strategies concerning health literacy of DM for mass communication?

This field includes setting guidelines for content, presentation, sustainability and delivery systems for information, including mass media, information websites and hubs, and literature for mass dissemination. These guidelines should be informed by the experience and expertise of health and behavioural science, social marketing, linguistics and digital communication.

Development of this field will assist authorities to understand the range of learning mechanisms of diverse communities, how best to present mainstream messages and how this may need to be adapted to minority groups to ensure no one is left behind. Health literacy development also helps to ensure an understanding of who has access to particular communication channels (e.g. television, radio, social media, print media) and how these channels affect behavioural changes. While communication through mass media is useful to sensitize populations (communities, community leaders, local and regional authorities), minority groups or groups in low-resource settings may have different preferences, and care needs to be taken to identify the appropriate channels to avoid inequitable access.

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there programs to promote child and adolescent health literacy of DM?

Actions in this field seek to develop knowledge, motivation and competencies of children, parents, school principals and teachers concerning health (e.g. nutrition, anatomy, healthy behaviours, sleep and health services) to promote, access and maintain health throughout life. Health promoting schools contribute to this. Development of this field will assist in supporting children to make daily health-related decisions and empowering them to demand the enabling environment that will lead to good long-term health and avoid CVD and DM risk factors (especially resisting and managing commercial determinants of health). Health literacy development within, and outside of, the school environment also leads to distributed health literacy, whereby the health literacy skills of children are passed on to their families and communities.

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

---

In your country, are there initiatives to improve digital health literacy concerning DM?

- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No sufficient information available to the respondent

This field seeks to ensure people have the information, knowledge and skills to engage well in all forms of health services on digital platforms (e.g. use of information technology and digital health, navigation and access to services and insurance systems). Development of this field will assist in reducing the chances of increasing inequity between people with and without access to and skills in using digital technologies. It is also essential in mitigating the infodemic (i.e. the overwhelming amount of information, especially misinformation and disinformation, on the internet).

---

Please describe your initiatives in this area (specify any relevant equity aspects):

---

(Max 350 words)

---

In your country, are there programs to improve health literacy and behaviour change competencies of health-care staff concerning DM?

- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No sufficient information available to the respondent

Actions in this field ensure health-care staff can interact with a diverse range of individuals and provide information and stimulate motivation in ways that are contextual, acceptable, understandable and useable. This includes routine use of good practices (e.g. plain language, pictures, action planning, checking understanding and confidence), awareness of diversity and ability to adapt to individual needs (e.g. understanding differences in health literacy, life status and how people access, interpret and process information, and having a repertoire of communication methods). This includes cultural competence and non-stigmatizing attitudes, especially when engaging with minority groups and groups that may experience marginalization. Development of this field will assist to refine health literacy of health workers and their role in health literacy development and responsiveness.

---

Please describe your initiatives in this area (specify any relevant equity aspects):

---

(Max 350 words)

In your country, are there health literacy-related activities for targeting "gap" groups, i.e. those not benefiting from current strategies on health literacy of DM?

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

The aim is to identify groups who are not, or who are insufficiently, interacting with health services or preventive activities. These individuals are often being left behind from the health benefits of policies and programmes. The purpose is to develop more equitable approaches to health care and service provision. While the number of people within these gap groups may be small, they are often experiencing the highest levels of vulnerability and marginalization. Therefore, it is likely that they experience worse health outcomes. Identifying new inclusive approaches will reduce health inequities and support access.

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

In your country, are there health literacy initiatives directed to enabling consumer choice and self-direction concerning DM?

- Fully implemented  
 Partially implemented  
 Planned but not yet implemented  
 Not implemented nor planned  
 No sufficient information available to the respondent

Many services seek to engage health consumers by allowing them to make choices about their health care (demand-side strategies). These include, care packages (voucher systems) in disability services, maternal and child health services, and many chronic disease self-management programmes. These programmes place particular demands on people's health literacy to be enabled or empowered to ask questions or request specific treatment options. The aim is to strengthen programmes that focus on self-management and people-centred approaches. These approaches typically rely on the health consumer having the necessary health literacy skills and agency to take the required actions, but they may (inadvertently) leave behind those who do not have the necessary health literacy skills, or "build them up for failure" when they do not have access to healthy options. Developing programmes in accordance with health literacy principles will ensure the programmes are responsive to diversity among different population groups.

Please describe your initiatives in this area (specify any relevant equity aspects):

(Max 350 words)

---

In your country, are there initiatives to promote community action on health-related issues concerning DM?

This field has a focus on the extent to which people have the critical health literacy needed to actively engage in their communities and wider society through talking about their concerns, participating in public debates and decision-making processes about health, and demanding policy and programme changes necessary to improve health and equity for people around them. This includes formal processes (e.g. community juries, health impact assessment) and less formal community action processes (e.g. industrial and agricultural developments) at local, regional and national levels. It includes the ability to resist, and demand necessary changes in, unhealthy choices and environments. Development of this field will assist in collective action for health literacy and strengthening of community resources, including strengthening the role and impact of community health advocates.

- Fully implemented
- Partially implemented
- Planned but not yet implemented
- Not implemented nor planned
- No sufficient information available to the respondent

---

Please describe your initiatives in this area (specify any relevant equity aspects):

---

(Max 350 words)

# Data availability, quality, accessibility and sharing - Cardiovascular Diseases

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

\_\_\_\_\_

---

Institution

\_\_\_\_\_

**Legal framework**

In your country, do you have any national legislation that refers to registries for Cardiovascular Diseases (CVDs)?

- Yes, there is a specific legislation that explicitly addresses and regulates registries for CVDs
- There is a legislation that mentions disease registries, but it is not CVDs-specific
- No
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

If there is a national legislation that refers to registries for CVDs, please indicate how many national act(s) there are:

- 1
- 2
- 3
- 4
- 5

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

(insert the number of act(s) up to 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

## Strategic Framework

In your country, is there an explicit institutional commitment to develop and implement registries for CVDs?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, is there a national strategic framework to develop and implement registries for CVDs?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please specify if this is applicable only to specific CVDs

(max 200 words)

What are the declared objectives of the national strategic framework?

- Monitor population health  
 Contribute to population-based surveillance  
 Monitor and evaluate the effectiveness of public health interventions  
 Monitor and evaluate data related to access, quality of services and outcomes  
 Analyse and monitor risk factors  
 Analyse and monitor social determinants of health  
 Facilitate access to data  
 Simplify data exchange procedures, facilitating their transmission and protection  
 Contribute to scientific and epidemiological research  
 Contribute to public health intervention planning  
 Implement and develop common data models  
 Contribute to the assessment of costs  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

---

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

---

Please explain the implementation stage

---

(Max 350 words)

---

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

---

In your country, are there regional/local strategic frameworks to develop and implement digital platforms or registries for CVDs?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

---

Please explain the development stage

---

(Max 200 words)

---

Please specify if this is applicable only to specific CVDs

---

(max 200 words)

---

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

---

If yes, please describe

---

(max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for the creation/maintenance of national registries on CVDs?

- Ministry of Health (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Social science and health research institutes/Universities
  - Scientific societies
  - Patient/citizen associations
  - Private sector
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

(Max 350 words)

**Equity-Oriented Approach**

Do registries for CVDs have a focus on equity and collect or can be linked to data on sociodemographic characteristics?

- Yes
- No
- No sufficient information available to the respondent

Which of the following sociodemographic variables are included in registries on CVDs?

- Age
  - Sex
  - Gender
  - Comorbidities
  - Pregnancy status
  - Disability
  - Education level
  - Occupation
  - Income related variables
  - Belief system/religion
  - Ethnicity
  - Citizenship
  - Country of birth
  - Parents' country of birth
  - Legal status (asylum seeker, undocumented migrant, citizen, permanent/temporal residence permit, etc.)
  - Reason for receiving a residence permit (refugee, family reasons, labour migrant, etc.)
  - Mother tongue
  - Urbanization (rural, urban, suburban)
  - Area level deprivation
  - Area level environmental characteristics
  - Other
  - No specific sociodemographic variables included
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other variables included

\_\_\_\_\_  
(Max 350 words)

## Funding

In your country, is there funding in the national government budget for the creation and maintenance of digital platforms or registries on CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

In your country, is there funding in the regional/local government budget for registries for CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

**Service Delivery and Capacity**

Are regular health examination surveys, health interview surveys or cohort studies carried out at national level, analysing the prevalence and/or incidence of CVDs, health-related lifestyles and biological risk factors?

- Diet patterns
  - Body mass index (BMI)
  - Physical activity and/or sedentarism
  - Smoking consumption habits
  - Alcohol consumption habits
  - Lipid levels (hyperlipidaemia / hypercholesterolemia)
  - Blood pressure levels (hypertension)
  - Cardiovascular diseases (general)
  - Coronary Artery Disease
  - Heart failure
  - Rhythm disturbances (i.e. atrial fibrillation)
  - Heart Valve Disease
  - Stroke (Cerebrovascular disease)
  - Peripheral Vascular disease
  - Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
  - Other CVD(s)
  - None of the above
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other CVD(s)

(Max 200 words)

If yes, please provide any relevant detail (for example, the age range of participants)

(Max 350 words)

Are there registries for CVDs that include information about epidemiology, clinical care and outcomes at national level?

- Yes
- No
- No sufficient information available to the respondent

If yes, please indicate for which diseases these are available:

- Coronary Artery Disease
- Heart failure
- Rhythm disturbances (i.e. atrial fibrillation)
- Heart Valve Disease
- Stroke (Cerebrovascular disease)
- Peripheral Vascular disease
- Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
- Other

Please specify which other CVD(s)

(Max 200 words)

Are there registries for CVDs that include information about epidemiology, clinical care and outcomes at regional/local level?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please indicate for which diseases these are available:

- Coronary Artery Disease
- Heart failure
- Rhythm disturbances (i.e. atrial fibrillation)
- Heart Valve Disease
- Stroke (Cerebrovascular disease)
- Peripheral Vascular disease
- Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
- Other

---

Please specify which other CVD(s)

---

(Max 200 words)

**In the outpatient care setting, is there a comprehensive and systematic approach in the collection of data on the risk factors, incidence, prevalence, clinical management and outcomes of CVDs? Please indicate in which setting it is available.**

	Primary care	Specialised care	Other outpatient care setting	Not available in any setting
Coronary Artery Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm disturbances (i.e. atrial fibrillation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Valve Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke (Cerebrovascular disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral Vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other CVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify which other CVD(s)

(Max 200 words)

At the hospital level, is there a comprehensive and systematic approach in the collection of data on the service utilisation, care management, procedure use and clinical outcomes of CVDs?

- Yes  
 No  
 No sufficient information available to the respondent

**If yes, what type of information is recorded for the conditions reported below?**

	Coronary Artery Disease	Heart failure	Arrhythmia	Heart Valve Disease	Stroke	Peripheral Vascular disease	Deep Vein Thrombosis or Pulmonary Embolism	Other CVD
Emergency department visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of stay of the hospital admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, is this information used to calculate any of the following indicators?

- Utilisation rates
  - Clinical outcomes
  - Quality of care
  - Performance measures
  - Cost-effectiveness
  - Other
  - No, indicators are not calculated
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other indicators are calculated

(Max 350 words)

**For each indicator you selected, please indicate for what purposes the data is used:**

	Internal use (i.e. budget, planning)	Descriptive analysis (i.e. time trends)	Professional education	Professional rewarding	Benchmark (internal)	Benchmark (with public reporting)	No use	Other use
Utilisation rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost-effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify for which other use:

(Max 350 words)

At national level, is there a unique identifier for each person that allows access to and integration of all health-related information?

- Yes  
 No  
 No sufficient information available to the respondent

In your healthcare system, is there an electronic health record system that enables integration of health-related data in relation to CVD care at national level?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please indicate for which of the following services:

- Primary care data  
 Specialised outpatient care data (medical examination)  
 Hospital care  
 Laboratory tests (the test has been carried out)  
 Laboratory tests (results of the test)  
 Diagnostic tests (the test has been carried out)  
 Diagnostic tests (results of the test)  
 Personal information  
 Population data-sources that enable the calculation of the denominator (population at risk)  
 Socio-demographic data (e.g., educational level, occupation, income, social services access)

In your healthcare system, is there an electronic health record system that enables integration of health-related data in relation to CVD care at regional/local level?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please indicate for which of the following services:

- Primary care data
- Specialised outpatient care data (medical examination)
- Hospital care
- Laboratory tests (the test has been carried out)
- Laboratory tests (results of the test)
- Diagnostic tests (the test has been carried out)
- Diagnostic tests (results of the test)
- Personal information
- Population data-sources that enable the calculation of the denominator (population at risk)
- Socio-demographic data (e.g., educational level, occupation, income, social services access)

Are there recommendations on the use and implementation of data management systems such as RedCap, tranSMART, MySQL, SQLServer, Oracle or PostgreSQL, or other specified systems that ensure data integrity, security and enhanced accessibility?

- Yes at both national and local/regional level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there recommendations on an Extract, Transform, Load (ETL) process effectively implemented in common data models (e.g. OMOP) with long-term maintenance plans, data access policy, and methodologies such as REST API, direct database access (SQL queries), web interfaces, or platform-specific APIs to facilitate streamlined and accurate data management and transformation?

- Yes at both national and local/regional level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there recommendations on the use and implementation of standard data terminologies (e.g. ICD, SNOMED, LOINC, HPO, etc.) including all levels of the health system?

- Yes at both national and local/regional level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there recommendations on the use and implementation of common data models (e.g. OMOP, i2b2, VDW, ADAM, etc.) including all levels of the health system?

- Yes at both national and local/regional level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there policies on data accessibility (data governance standards for accessing raw source data from EHR)?

- Yes at both national and local/regional level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there policies on traceability of data access by managers, researchers or other data access stakeholders?

- Yes at both national and local/regional level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

---

Are there policies on accountability for data accessibility, and is this information accessible and transparent?

- Yes at both national and local/regional level  
 Yes only at national level  
 Yes only at regional/local level  
 No  
 No sufficient information available to the respondent

---

Are there recommendations and methodologies for calculating and evaluating the costs associated with CVDs?

- Yes at both national and local/regional level  
 Yes only at national level  
 Yes only at regional/local level  
 No  
 No sufficient information available to the respondent

---

If yes, is the assessment of the costs of CVDs care used in the national or regional decision-making process?

- Yes  
 No  
 No sufficient information available to the respondent

---

Please indicate if in your country people entitled to health care can:

- access their complete medical records from electronic devices (e.g. mobile apps, computers)  
 review and request its rectification of information regarding their health status via electronic devices  
 None of the above  
 No sufficient information available to the respondent  
 (Please select all that apply)

---

Are there any regional differences in the availability of these options?

- Yes  
 No  
 No sufficient information available to the respondent

---

If yes, please describe

---

(max 350 words)

---

Are there guidelines for the systematic recording of patient-reported experience measures (PREMs)?

- Yes at both national and local/regional level  
 Yes only at national level  
 Yes only at regional/local level  
 No  
 No sufficient information available to the respondent

---

Are there guidelines for the systematic recording of patient-reported outcome measures (PROMS)?

- Yes at both national and local/regional level  
 Yes only at national level  
 Yes only at regional/local level  
 No  
 No sufficient information available to the respondent

---

If yes, please indicate if the assessment is implemented:

- For PREMs  
 For PROMS  
 For both  
 For neither PREMs or PROMS  
 No sufficient information available to the respondent

---

Are there process-based management guidelines and recommendations for the management of CVDs?

- Yes at both national and local/regional level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

---

If yes, are CVDs data models structured according to process-based management standards?

- Yes
- No
- No sufficient information available to the respondent

---

Is process-based management implemented in the management of CVDs at the health system level?

- Yes
- No
- No sufficient information available to the respondent

# Data availability, quality, accessibility and sharing - Diabetes

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

\_\_\_\_\_

---

Institution

\_\_\_\_\_

**Legal framework**

In your country, do you have any national legislation that refers to registries for Diabetes Mellitus (DM)?

- Yes, there is a specific legislation that explicitly addresses and regulates registries for DM
- There is a legislation that mentions disease registries, but it is not DM-specific
- No
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_ (Max 100 words)

If there is a national legislation that refers to registries for DM, please indicate how many national act(s) there are:

- 1
  - 2
  - 3
  - 4
  - 5
- (Insert the number of act(s) up to 5)

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

## Strategic Framework

In your country, is there an explicit institutional commitment to develop and implement digital platforms or registries for DM?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, is there a national strategic framework for the promotion of developing and implementing registries for DM?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

(Max 100 words)

What are the declared objectives of the national strategic framework?

- Monitor population health  
 Contribute to population-based surveillance  
 Monitor and evaluate the effectiveness of public health interventions  
 Monitor and evaluate data related to access, quality of services and outcomes  
 Analyse and monitor risk factors  
 Analyse and monitor social determinants of health  
 Facilitate access to data  
 Simplify data exchange procedures, facilitating their transmission and protection  
 Contribute to scientific and epidemiological research  
 Contribute to public health intervention planning  
 Implement and develop common data models  
 Contribute to the assessment of costs  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

\_\_\_\_\_  
(Max 350 words)

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

In your country, are there regional/local strategic frameworks for the promotion of developing and implementing registries for DM?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

\_\_\_\_\_  
(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(max 100 words)

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Intersectoral approach**

Who are the key actors involved in the creation of registries for DM?

- Ministry of Health (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Social science and health research institutes/Universities
  - Scientific societies
  - Patient/citizen associations
  - Private sector
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

(Max 350 words)

**Equity-Oriented Approach**

Do registries for DM have a focus on equity and collect or can be linked to data on sociodemographic characteristics?

- Yes
- No
- No sufficient information available to the respondent

Which of the following sociodemographic variables are included in registries for DM?

- Age
  - Sex
  - Gender
  - Comorbidities
  - Pregnancy status
  - Disability
  - Education level
  - Occupation
  - Income related variables
  - Belief system/religion
  - Ethnicity
  - Citizenship
  - Country of birth
  - Parents' country of birth
  - Legal status (asylum seeker, undocumented migrant, citizen, permanent/temporal residence permit, etc.)
  - Reason for receiving a residence permit (refugee, family reasons, labour migrant, etc.)
  - Mother tongue
  - Urbanization (rural, urban, suburban)
  - Area level deprivation
  - Area level environmental characteristics
  - Other
  - No specific sociodemographic variables included
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other variables included

\_\_\_\_\_  
(Max 350 words)

**Funding**

In your country, is there funding in the national government budget for the creation and maintenance of digital registries for DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

In your country, is there funding in the regional/local government budget for the creation and maintenance of digital registries for DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

## Service Delivery and Capacity

Are regular health examination surveys, health interview surveys or cohort studies carried out at national level, analysing the prevalence and/or incidence of DM, health-related lifestyles and biological risk factors?

- Diet patterns
  - Body mass index (BMI)
  - Physical activity and/or sedentarism
  - Smoking consumption habits
  - Alcohol consumption habits
  - Lipid levels (hyperlipidaemia / hypercholesterolemia)
  - Blood pressure levels (hypertension)
  - Glucose levels or HbA1c levels (diabetes mellitus)
  - Type 1 DM
  - Type 2 DM
  - Other type of DM
  - None of the above
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

If yes, please provide any relevant detail (for example, the age range of participants)

\_\_\_\_\_  
(Max 350 words)

Are there registries that include information about epidemiology, clinical care and outcomes of DM at national level?

- Yes
- No
- No sufficient information available to the respondent

If yes, please indicate for what type of DM they are available:

- Type 1 DM
- Type 2 DM
- Other

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

Are there registries that include information about epidemiology, clinical care and outcomes of DM at regional/local level?

- Yes
- No
- No sufficient information available to the respondent

If yes, please indicate for what type of DM they are available:

- Type 1 DM
- Type 2 DM
- Other

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

**In the outpatient care setting, is there a comprehensive and systematic approach in the collection of data on the risk factors, incidence, prevalence, clinical management and outcomes of DM? Please indicate in which setting it is available:**

	Primary care	Specialised care	Other outpatient care setting	Not available in any setting
Type 1 DM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type 2 DM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify which other type(s) of DM

(Max 100 words)

At the hospital level, is there a comprehensive and systematic approach in the collection of data on the service utilisation, care management, procedure use and clinical outcomes of DM?

- Yes  
 No  
 No sufficient information available to the respondent

**If yes, what type of information is recorded for the conditions reported below?**

	Type 1 DM	Type 2 DM	Other type of DM
Emergency department visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of stay of the hospital admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, is this information used to calculate any of the following indicators?

- Utilisation rates
  - Clinical outcomes
  - Quality of care
  - Performance measures
  - Cost-effectiveness
  - Other
  - No, indicators are not calculated
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other indicators are calculated

\_\_\_\_\_  
(max 100 words)

**For each indicator you selected, please indicate for what purposes the data is used:**

	Internal use (i.e. budget, planning)	Descriptive analysis (i.e. time trends)	Professional education	Professional rewarding	Benchmark (internal)	Benchmark (with public reporting)	No use	Other use
Utilisation rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost-effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify for which other use:

(Max 350 words)

At national level, is there a unique identifier for each person that allows access to and integration of all health-related information?

- Yes  
 No  
 No sufficient information available to the respondent

In your healthcare system, is there an electronic health record system that enables integration of health-related data in relation to DM care at national level?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please indicate for which type of data:

- Primary care data  
 Specialised outpatient care data (medical examination)  
 Hospital care  
 Laboratory tests (the test has been carried out)  
 Laboratory tests (results of the test)  
 Diagnostic tests (the test has been carried out)  
 Diagnostic tests (results of the test)  
 Personal information  
 Population data-sources that enable the calculation of the denominator (population at risk)  
 Socio-demographic data (e.g., educational level, occupation, income, social services access)

In your healthcare system, is there an electronic health record system that enables integration of health-related data in relation to DM care at regional/local level?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please indicate for which type of data:

- Primary care data
- Specialised outpatient care data (medical examination)
- Hospital care
- Laboratory tests (the test has been carried out)
- Laboratory tests (results of the test)
- Diagnostic tests (the test has been carried out)
- Diagnostic tests (results of the test)
- Personal information
- Population data-sources that enable the calculation of the denominator (population at risk)
- Socio-demographic data (e.g., educational level, occupation, income, social services access)

Are there recommendations on the use and implementation of data management systems such as redcap, transmart, mysql, sqlserver, Oracle or postgresql, or other specified systems that ensure data integrity, security and enhanced accessibility?

- Yes at both national and regional/local level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there recommendations on the use of an Extract, Transform, Load (ETL) process effectively implemented in common data models (e.g. OMOP) with long-term maintenance plans, data access policy, and methodologies such as REST API, direct database access (SQL queries), web interfaces, or platform-specific apis to facilitate streamlined and accurate data management and transformation?

- Yes at both national and regional/local level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there recommendations on the use and implementation of data standard data terminologies (e.g. ICD, SNOMED, LOINC, HPO, etc.) Including all levels of the health system?

- Yes at both national and regional/local level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there recommendations on the use and implementation of common data models (e.g. OMOP, i2b2, VDW, ADAM, etc.) Including all levels of the health system?

- Yes at both national and regional/local level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there policies relating to data accessibility (data governance standards for accessing raw source data from EHR)?

- Yes at both national and regional/local level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

Are there policies relating to the traceability of data access by managers, researchers or other data access stakeholders?

- Yes at both national and regional/local level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

---

Are there policies relating to the accountability for data accessibility, and is this information accessible and transparent?

- Yes at both national and regional/local level  
 Yes only at national level  
 Yes only at regional/local level  
 No  
 No sufficient information available to the respondent

---

Are there recommendations and methodologies for calculating and evaluating the costs associated with DM?

- Yes at both national and regional/local level  
 Yes only at national level  
 Yes only at regional/local level  
 No  
 No sufficient information available to the respondent

---

If yes, is the assessment of the costs of DM care used in the national or regional decision-making process?

- Yes  
 No  
 No sufficient information available to the respondent

---

Please indicate if in your country people entitled to health care can:

- access their complete medical records from electronic devices (e.g. mobile apps, computers)  
 review and request its rectification of information regarding their health status via electronic devices  
 None of the above  
 No sufficient information available to the respondent  
 (Please select all that apply)

---

Are there any regional differences in the availability of these options?

- Yes  
 No  
 No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

---

Are there guidelines for the systematic recording of patient-reported experience measures (PREMS) ?

- Yes at both national and regional/local level  
 Yes only at national level  
 Yes only at regional/local level  
 No  
 No sufficient information available to the respondent

---

Are there guidelines for the systematic recording of patient-reported outcome measures (PROMS) ?

- Yes at both national and regional/local level  
 Yes only at national level  
 Yes only at regional/local level  
 No  
 No sufficient information available to the respondent

---

If yes, please indicate if the assessment is implemented:

- For PREMs  
 For PROMs  
 For both  
 For neither PREMs or PROMs  
 No sufficient information available to the respondent

---

Are there process-based management guidelines and recommendations for the management of DM?

- Yes at both national and regional/local level
- Yes only at national level
- Yes only at regional/local level
- No
- No sufficient information available to the respondent

---

If yes, are DM data models structured according to process-based management standards?

- Yes
- No
- No sufficient information available to the respondent

---

Is process-based management implemented in the management of DM at the health system level?

- Yes
- No
- No sufficient information available to the respondent

# Screening high-risk populations and individuals - Cardiovascular Diseases

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to screening activities for persons at high risk of developing Cardiovascular Diseases (CVDs)?

- Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing CVDs
- There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not CVDs-specific
- No
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

If there is a national legislation that refers to screening activities for persons at high risk of developing CVDs, please indicate how many national act(s) there are:

- 1
- 2
- 3
- 4
- 5

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

(Insert the number of act(s) up to 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Strategic Framework**

In your country, is there an explicit institutional commitment to promote screening activities for persons at high risk of developing CVDs?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

In your country, is there a national strategic framework concerning screening activities for persons at high risk of developing CVDs?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

\_\_\_\_\_  
(Max 200 words)

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

What is the target group of the national strategic framework concerning screening activities for persons at high risk of developing CVDs?

- General population
- General population with oversampling/supplementary sample for specific population groups
- Specific population groups
- No sufficient information available to the respondent

Please specify which population groups

\_\_\_\_\_  
(Max 350 words)

Please describe briefly the declared objectives of the national strategic framework (including if it is population based or opportunistic):

\_\_\_\_\_  
(Max 350 words)

---

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

---

Please explain the implementation stage

---

(Max 350 words)

---

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

---

In your country, are there regional/local strategic frameworks concerning screening activities for persons at high risk of developing CVDs?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

---

Please explain the development stage

---

(Max 200 words)

---

Please specify if this is applicable only to specific CVDs

---

(Max 200 words)

---

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for screening activities for persons at high risk of developing CVDs?

- Ministry of Health (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Social science and health research institutes/Universities
  - Pharmacies
  - Insurances
  - Scientific societies
  - Patient/citizen associations
  - Pharmaceutical industries
  - Private sector (other than pharmaceutical)
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

\_\_\_\_\_  
(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework for screening activities for persons at high risk of developing CVDs consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Does the strategic framework for screening activities for persons at high risk of developing CVDs include any of the following recommendations to tackle health inequities?

- Development of plain language and multilingual (health-related) communications  
 Offering interpretation services or employ multilingual staff to facilitate communication  
 Training health services providers in working with persons from diverse cultural and ethnic backgrounds  
 Developing screening strategies that respect and incorporate cultural beliefs and practices  
 Collaborating with community leaders and organizations representing culturally diverse populations  
 Collaborating with community leaders and organizations representing vulnerable groups (i.e., workers through Unions, women through Women Associations)  
 Co-designing with all the relevant stakeholders including the target population to create effective interventions  
 Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for CVDs  
 Providing free or low-cost screening services  
 Ensuring equitable access to screening services (including mobile units and transportation services) among populations that may have challenges in accessing regular services  
 Offering screening at flexible hours  
 Monitoring and evaluating social inequities in access to and participation in screening programs among different population sub-groups  
 Other  
 No, specific recommendations are not devised  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional recommendations

(Max 350 words)

---

Does the strategic framework for screening activities for persons at high risk of developing CVDs specifically address any of the following groups?

- Older persons
  - Adolescents
  - Children
  - Pregnant women
  - Individuals with learning disabilities, physical disabilities or communication difficulties
  - Individuals with mental health conditions
  - Individuals with addictions (drugs, alcohol, etc.)
  - Homeless individuals
  - Asylum seekers
  - Refugees
  - Undocumented migrants
  - Migrants and ethnic/national minorities
  - Individuals in prison or other closed institutions
  - LGBTQIA+ community
  - Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
  - Individuals in rural or remote communities
  - Other
  - No, specific groups are not addressed
  - No sufficient information available to the respondent
- (Please select all that apply)
- 

Please specify any other groups addressed

---

(Max 350 words)

**Funding**

In your country, is there funding in the national government budget for screening activities for persons at high risk of developing CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

In your country, is there funding in the regional/local government budget for screening activities for persons at high risk of developing CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

## Service Delivery and Capacity

In your country, is there a systematic surveillance for risk factors for CVDs?

(e.g., blood pressure levels/hypertension, blood cholesterol levels/hypercholesterolaemia, anthropometric measurements/overweight/obesity, use of medication for elevated blood pressure and/or elevated blood cholesterol, raised blood glucose)

- Yes, at the national level only  
 Yes, at the regional/local level only  
 Yes, both at the national and regional/local level  
 No  
 No sufficient information available to the respondent

What data is systematically collected from patients to monitor risk factors for CVDs?

- Awareness of elevated blood pressure/hypertension  
 Awareness of elevated blood cholesterol/hypercholesterolemia  
 Awareness of elevated blood glucose/diabetes  
 Blood pressure measurements (diastolic and systolic)  
 Total blood cholesterol  
 HDL cholesterol  
 LDL cholesterol  
 Triglycerides  
 Fasting blood glucose measurement  
 Oral glucose intolerance test  
 HbA1c measurement  
 Height measurement  
 Weight measurement  
 Waist circumference  
 Hip circumference  
 Bioimpedance  
 Use of medications for elevated blood pressure  
 Use of medications for elevated blood cholesterol  
 Use of medications for elevated blood glucose  
 Age  
 Sex  
 Country of original/ethnicity  
 Place of living  
 Education  
 Marital status  
 Occupation  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please indicate what other data is collected:

(Max 350 words)

How is this data routinely collected?

- Population based (general population) health examination survey  
 Population based, targeted population group such as migrants, health examination survey  
 Through opportunistic screening  
 Through targeted systematic screening at the health care setting  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please specify:

---

(Max 350 words)

To your knowledge, how many different data collection protocols were used to collect data on risk factors for CVDs?

- 1  
 2  
 3  
 4  
 5

Please note: a text box asking you additional information for each protocol selected will appear below (maximum 5)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

Have the results on these data collection protocols on risk factors been published (report/website/portal/etc.)?

- Yes, they have been published and are available in English  
 Yes, they have been published and are available ONLY in the national language(s)  
 No  
 No sufficient information available to the respondent

Please provide further details on the publication(s), including the name of the publication, a link to the publication, or indicate where it can be retrieved

---

(Max 350 words)

---

In your country, are CVD risk assessment tools (such as ESC SCORE2 or similar) routinely used?

- Yes, they are routinely used by both health professionals and the general population
- Yes, they are used mainly by health professionals
- Yes, they are used mainly by the general population
- Other
- No, they are generally not used
- Not enough information available/ I don't know

---

Please specify

---

(Max 350 words)

---

Which risk assessment tools are mainly used?

- ESC SCORE2
  - ESC SCORE2-OP
  - ESC SCORE2-Diabetes
  - ESC SCORE national adaptation
  - HeartScore
  - Framingham Risk Score
  - WHO Cardiovascular Risk Chart
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other risk assessment tools

---

(Max 350 words)

# Screening high-risk populations and individuals - Diabetes

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---



---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to screening activities for persons at high risk of developing Diabetes Mellitus (DM)?

- Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing DM
- There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not DM-specific
- No
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

If there is a national legislation that refers to screening activities for persons at high risk of developing DM, please indicate how many national act(s) there are:

- 1
- 2
- 3
- 4
- 5

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

(Insert the number of act(s) up to 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

---

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

## Strategic Framework

In your country, is there an explicit institutional commitment to promote screening activities for persons at high risk of developing DM?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, is there a national strategic framework concerning screening activities for persons at high risk of developing DM?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

(Max 100 words)

What is the target group of the national strategic framework concerning screening activities for persons at high risk of developing DM?

- General population  
 General population with oversampling/supplementary sample for specific population groups  
 Specific population groups  
 No sufficient information available to the respondent

Please specify which population groups

(Max 350 words)

Please describe briefly the declared objectives of the national strategic framework (including if it is population based or opportunistic)

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

\_\_\_\_\_  
(Max 350 words)

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

In your country, are there regional/local strategic frameworks concerning screening activities for persons at high risk of developing DM?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

\_\_\_\_\_  
(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework concerning screening activities for persons at high risk of developing DM?

- Ministry of Health (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Social science and health research institutes/Universities
  - Pharmacies
  - Insurances
  - Scientific Societies
  - Patient/citizen associations
  - Pharmaceutical industries
  - Private sector (other than pharmaceutical)
  - Health promotion foundations
  - Other third sector/non-profit organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework concerning screening activities for persons at high risk of developing DM consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Does the strategic framework concerning screening activities for persons at high risk of developing DM include any of the following recommendations to tackle health inequities?

- Development of plain language and multilingual (health-related) communications  
 Offering interpretation services or employ multilingual staff to facilitate communication  
 Training health services providers in working with persons from diverse cultural and ethnic backgrounds  
 Developing screening strategies that respect and incorporate cultural beliefs and practices  
 Collaborating with community leaders and organizations representing culturally diverse populations  
 Collaborating with community leaders and organizations representing vulnerable groups (i.e., workers through Unions, women through Women Associations)  
 Co-designing with all the relevant stakeholders including the target population to create effective interventions  
 Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for DM  
 Providing free or low-cost screening services  
 Ensuring equitable access to screening services (including mobile units and transportation services) among populations that may have challenges in accessing regular services  
 Offering screening at flexible hours  
 Monitoring and evaluating social inequities in access to and participation in screening programs among different population sub-groups  
 Other  
 No, specific recommendations are not devised  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional recommendations

(Max 350 words)

---

Does the strategic framework concerning screening activities for persons at high risk of developing DM specifically address any of the following groups?

- Older persons
  - Adolescents
  - Children
  - Pregnant women
  - Individuals with learning disabilities, physical disabilities or communication difficulties
  - Individuals with mental health conditions
  - Individuals with addictions (drugs, alcohol, etc.)
  - Homeless individuals
  - Asylum seekers
  - Refugees
  - Undocumented migrants
  - Migrants and ethnic/national minorities
  - Individuals in prison or other closed institutions
  - LGBTQIA+ community
  - Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
  - Individuals in rural or remote communities
  - Other
  - No, specific groups are not addressed
  - No sufficient information available to the respondent
- (Please select all that apply)
- 

Please specify any other groups addressed

---

(Max 350 words)

## Funding

In your country, is there funding in the national government budget for screening activities for persons at high risk of developing DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)  
 Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)  
 No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)  
 No, there is not a funding allocation  
 No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

In your country, is there funding in the regional/local government budget for screening activities for persons at high risk of developing DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)  
 Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)  
 No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)  
 No, there is not a funding allocation  
 No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

## Service Delivery and Capacity

In your country, is there a systematic surveillance for risk factors for DM?

(e.g., blood pressure levels/hypertension, blood cholesterol levels/hypercholesterolaemia, anthropometric measurements/overweight/obesity, use of medication for elevated blood pressure and/or elevated blood cholesterol, raised blood glucose)

- Yes, at the national level only  
 Yes, at the regional/local level only  
 Yes, both at the national and regional/local level  
 No  
 No sufficient information available to the respondent

What data is systematically collected from patients to monitor risk factors for DM?

- Awareness of elevated blood pressure/hypertension  
 Awareness of elevated blood cholesterol/hypercholesterolemia  
 Awareness of elevated blood glucose/diabetes  
 Blood pressure measurements (diastolic and systolic)  
 Total blood cholesterol  
 HDL cholesterol  
 LDL cholesterol  
 Triglycerides  
 Fasting blood glucose measurement  
 Oral glucose intolerance test  
 HbA1c measurement  
 Height measurement  
 Weight measurement  
 Waist circumference  
 Hip circumference  
 Bioimpedance  
 Use of medications for elevated blood pressure  
 Use of medications for elevated blood cholesterol  
 Use of medications for elevated blood glucose  
 Age  
 Sex  
 Country of original/ethnicity  
 Place of living  
 Education  
 Marital status  
 Occupation  
 Other  
 (Please select all that apply)

Please indicate what other data is collected:

(Max 350 words)

How is this data routinely collected?

- Population based (general population) health examination survey  
 Population based, targeted population group such as migrants, health examination survey  
 Through opportunistic screening  
 Through targeted systematic screening at the health care setting  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please specify:

---

(Max 350 words)

To your knowledge, how many different data collection protocols were used to collect data on risk factors for DM?

- 1  
 2  
 3  
 4  
 5

Please note: a text box asking you additional information for each protocol selected will appear below (maximum 5)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

For each data collection protocol, please provide a description of the target group, a short description of the protocol and, if available, a link to the protocol and to any existing training materials for the use of this protocol.

---

(Max 350 words)

Have the results on these risk factors been published (report/website/portal/etc.)?

- Yes, they have been published and are available in English  
 Yes, they have been published and are available ONLY in the national language(s)  
 No  
 No sufficient information available to the respondent

Please provide further details on the publication(s), including the name of the publication, a link to the publication, or indicate where it can be retrieved

---

(Max 350 words)

---

In your country, are DM risk assessment tools routinely used?

- Yes, they are routinely used by both health professionals and the general population
- Yes, they are used mainly by health professionals
- Yes, they are used mainly by the general population
- Other
- No, they are generally not used
- No sufficient information available to the respondent

---

Please specify

---

(Max 350 words)

---

Which risk assessment tools are mainly used?

- FINDRISC Diabetes Risk Calculator
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other risk assessment tools

---

(Max 350 words)

# Integrated care pathways - Cardiovascular Diseases

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to integrated care pathways for Cardiovascular Diseases (CVDs)?

- Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for CVDs
- There is a legislation that mentions integrated care pathways, but it is not CVDs-specific
- No
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

If there is a national legislation that refers to integrated care pathways for CVDs, please indicate how many national act(s) there are:

- 1
- 2
- 3
- 4
- 5

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

(Insert the number of act(s) up to 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

## Strategic Framework

In your country, is there an explicit political commitment to develop and implement integrated care pathways for CVDs?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, is there a national strategic framework for the establishment of integrated care pathways for CVDs?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please specify if this is applicable only to specific CVDs

(Max 200 words)

What are the declared objectives of the national strategic framework?

- Improve patient experience  
 Improve patient-centered care  
 Promote patient empowerment and involvement  
 Improve timeliness care  
 Improve appropriateness care  
 Improve clinical outcomes  
 Promote standardization of care  
 Facilitate interdisciplinary/multidisciplinary collaboration  
 Facilitate communication with patients and caregivers  
 Monitor and evaluate of the quality of care  
 Risk assessment and management  
 Enhance coordination among different services (i.e. social, health..)  
 Promote technology integration  
 Promote improvement of information system and technology (i.e. telemedicine)  
 Optimize resource utilization  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

\_\_\_\_\_  
(Max 350 words)

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

In your country, are there regional/local strategic frameworks for the establishment of integrated care pathways for CVDs?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

\_\_\_\_\_  
(Max 200 words)

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for the establishment of integrated care pathways for CVDs?

- Ministry of Health (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Social science and health research institutes/Universities
  - Scientific societies
  - Patient/citizen associations
  - Private sector
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework for the establishment of integrated care pathways on CVDs consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Does the strategic framework for the establishment of integrated care pathways for CVDs include any of the following recommendations to tackle health inequities?

- Development of plain language and multilingual (health-related) communications  
 Offering interpretation services or employ multilingual staff to facilitate communication  
 Training health services providers in working with persons from diverse cultural and ethnic backgrounds  
 Developing integrated care programs that respect and incorporate cultural beliefs and practices  
 Collaborating with community leaders and organizations representing culturally diverse populations  
 Collaborating with community leaders and organizations representing vulnerable groups (i.e., workers through Unions, women through Women Associations)  
 Co-designing with all the relevant stakeholders including the target population to create effective interventions  
 Promoting health education and awareness on CVDs  
 Providing free or low-cost integrated care services  
 Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services  
 Offering medical care at flexible hours  
 Monitoring and evaluating social inequities in access to integrated care services among different population sub-groups  
 Other  
 No, specific recommendations are not devised  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional recommendations

(Max 350 words)

---

Does the strategic framework for the establishment of integrated care pathways on CVD specifically address any of the following groups?

- Older persons
  - Adolescents
  - Children
  - Pregnant women
  - Individuals with other concurrent medical conditions
  - Individuals with learning disabilities, physical disabilities or communication difficulties
  - Individuals with mental health conditions
  - Individuals with addictions (drugs, alcohol, etc.)
  - Homeless individuals
  - Asylum seekers
  - Refugees
  - Undocumented migrants
  - Migrants and ethnic/national minorities
  - Individuals in prisons or other closed institutions
  - LGBTQIA+ community
  - Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
  - Individuals in rural or remote communities
  - Other
  - No, specific groups are not addressed
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other groups addressed

---

(Max 350 words)

**Funding**

In your country, is there funding in the national government budget for integrated care pathways for CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

In your country, is there funding in the regional/local government budget for integrated care pathways for CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

## Service Delivery and Capacity

In your country, which of the following professionals are involved in the multidisciplinary care of people with CVDs according to primary care guidelines?

- General practitioners
  - Specialised medical professionals
  - Physician assistants
  - Nurses/advanced practice nurses
  - Occupational therapists
  - Physiotherapists
  - Social workers, professional caregivers
  - Dietician
  - Pharmacists
  - Psychologist
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other professional

(Max 350 words)

If pharmacist is selected, which of the following services are carried out regularly by pharmacists supporting the care of patients with CVDs?

- Tests such as electrocardiogram, fundus oculi examination and self-analysis of blood and urine
  - Booking of activities in the health care services that could not be performed in the pharmacy
  - Electronically reporting of the examination results to the attending physician
  - Enhancement of patient adherence, medication knowledge and lifestyle modification, with better CVD-related self-empowerment, due to better disease control
  - Other
  - None
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other services are carried out by pharmacists:

(Max 350 words)

If psychologist is selected, to what extent is the psychological support of people with CVDs implemented:

- Fully implemented
- Implemented in most settings
- Implemented in some settings
- Not implemented nor planned
- No sufficient information available to the respondent

To what extent are the shared care guidelines for CVDs among professionals implemented in real practice throughout the country (defining the steps to be taken to ensure that positive screening results are channelled into treatment, specifying the actions to be taken by each person, the methods of coordination between the professionals involved, and the intervals between monitoring appointments)?

- Fully implemented
- Implemented in most healthcare services
- Implemented in some healthcare services
- Not implemented nor planned
- No sufficient information available to the respondent

**Please indicate to what extent the following aspects related to individualised care plans are implemented during the care planning of CVDs throughout your country:**

	Fully implemented	Implemented in most healthcare services	Implemented in some healthcare services	Not implemented nor planned	No sufficient information available to the respondent
Initial needs assessment and personalised care planning, as soon as possible after diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative and co-design approach including jointly agreed goals and actions with the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of professionals caregivers and/or family members in the planning or management of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First contact (reference professional) appointed to patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodic review of the care plan based on patients' needs at least yearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify which other aspects are implemented

(Max 350 words)

To what extent is the coordination of professionals of the multidisciplinary care team of CVDs (linkage of services) implemented to ensure continuity of care in real practice throughout your country?

- Fully implemented  
 Implemented in most healthcare services  
 Implemented in some healthcare services  
 Not implemented nor planned  
 No sufficient information available to the respondent

To what extent is case management implemented as a core component of the integrated care delivery in CVDs throughout your country?

- Fully implemented  
 Implemented in most healthcare services  
 Implemented in some healthcare services  
 Not implemented nor planned  
 No sufficient information available to the respondent

Please specify which professional usually acts as leading coordinator of the case management process, such as in charge of overseeing the effective implementation, evaluation, and reporting of case management services, supported by a multidisciplinary team.

- General practitioners
- Specialised medical professionals
- Physician assistants
- Nurses/advanced practice nurses
- Occupational therapists
- Physiotherapists
- Social workers, professional caregivers
- Dietician
- Pharmacists
- Psychologist
- Other
- No sufficient information available to the respondent

Please specify which other professional:

(Max 350 words)

Please specify the healthcare setting in which case management is usually conducted:

- Ambulatory care services (e.g: outpatient clinics, primary care service)
  - Emergency care services (e.g.:hospital emergency departments)
  - Surgical care services (e.g.: surgical daycare centers)
  - Inpatient care services (e.g.: general nursing wards)
  - Home care services (e.g.: medical care at home, housekeeping support)
  - Residential care services (e.g.: nursing homes, rehabilitation clinics, homes for the aged)
  - Community healthcare settings (e.g.: adult community nursing, specialist long-term condition nursing, therapy services, preventive services such as sexual health and smoking cessation clinics, and child health services including health visiting and school nursing)
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other setting:

(Max 350 words)

---

To what extent are healthcare professionals involved in CVDs management trained to provide person-centred care in your country?

Person-centred care is...

- A dedicated part of basic medical training
  - A dedicated part of specialist medical training (internal medicine, cardiology)
  - A dedicated part of further education that is mandatory for certified medical practitioners
  - A dedicated part of basic nursing training
  - A dedicated part of specialist nursing training (e.g., diabetes nurse, cardiac nurse)
  - A dedicated part of further education that is mandatory for certified nurses
  - Other
  - Not a dedicated part of current (mandatory) medical or nursing training and education
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify

---

(Max 350 words)

**Please indicate to what extent are the following activities implemented during the discharge process of patients with CVDs throughout your country:**

	Fully implemented	Implemented in most healthcare services	Implemented in some healthcare services	Not implemented nor planned	No sufficient information available to the respondent
Educational activities during pre-discharge phase (e.g.: support of healthcare professionals, practical demonstration related to the use of main devices, delivery of educational material)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Definition and delivery of discharge care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liaison between primary care and hospital staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of informal carers and family members in the discharge process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other activity

(Max 350 words)

**Please indicate to what extent are the following activities implemented during the follow up of patients with CVDs throughout your country:**

	Fully implemented	Implemented in most healthcare services	Implemented in some healthcare services	Not implemented nor planned	No sufficient information available to the respondent
Periodic visits with patients for revision and update of the care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automated or personalised reminders to enhance appointment attendance & treatment adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhanced follow up for vulnerable populations (e.g.; elderly patients, patients with poor health literacy, or higher chronic illness burden)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support services for follow-up (e.g: transportation to health centre, remote monitoring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other activity

(Max 350 words)

Please indicate in which moments/phases of the follow up patients' needs are generally re-evaluated:

- At diagnosis
  - At 1/2 weeks and at 6 months after discharge
  - Annually and/or when not meeting treatment targets
  - In occurrence of complicating factors
  - In occurrence of transitions in life
  - Other
  - Patients' needs are not re-evaluated at any time of the follow up
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify at which other moment:

(Max 350 words)

To what extent is Shared Decision Making implemented in the planning and delivery of integrated care pathways for CVDs?

- Fully implemented
- Implemented in most healthcare services
- Implemented in some healthcare services
- Not implemented nor planned
- No sufficient information available to the respondent

Please specify the methods generally used:

- "Non-technical skills" (e.g.: encouraging patients to ask questions, share their fears, stress, or other emotions; provide patient time to reflect, respect patient's autonomy to decline recommended treatment)
  - Involvement of professionals able to let people understand, coherently with their specific needs (e.g.: interpreters, cultural mediators, other professionals, in the concept of a multidisciplinary approach)
  - Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails)
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other methods

(Max 350 words)

Are digital technologies used in the delivery of care pathways for CVDs?

- Yes
- No
- No sufficient information available to the respondent

If yes, please specify the application area where digital technologies are used:

- Access to information by healthcare professionals
  - Communication between healthcare professionals
  - Access to information by patients and caregivers
  - Consultations (between healthcare professionals and patients)
  - Remote monitoring services
  - Development and management of care plans
  - Shared decision-making process
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other application

(Max 350 words)

Are data-driven services or solutions used in care pathways for CVDs to support healthcare provision?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please specify the application area where data-driven services or solutions are used (multiple choices are possible):

- Personalization of care plans
  - Organizational management (roles, tasks, responsibilities)
  - Clinical decision-making process
  - Assessment of health outcomes
  - Resource allocation planning
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other application:

---

(Max 350 words)

# Integrated care pathways - Diabetes

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxemburg
- Malta
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to integrated care pathways for Diabetes Mellitus (DM)?

- Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for DM
- There is a legislation that mentions integrated care pathways, but it is not DM-specific
- No
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_ (Max 100 words)

If there is a national legislation that refers to integrated care pathways for DM, please indicate how many national act(s) there are:

- 1
  - 2
  - 3
  - 4
  - 5
- (Insert the number of act(s) up to 5)

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_ (Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

## Strategic Framework

In your country, is there an explicit institutional commitment to improve integrated care pathways for DM?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, is there a national strategy for the establishment of integrated care pathways for DM?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

(Max 100 words)

What are the declared objectives of the national strategic framework?

- Improve patient experience  
 Improve patient-centered care  
 Promote patient empowerment and involvement  
 Improve timeliness care  
 Improve appropriateness care  
 Improve clinical outcomes  
 Promote standardization of care  
 Facilitate interdisciplinary/multidisciplinary collaboration  
 Facilitate communication with patients and caregivers  
 Monitor and evaluate the quality of care  
 Risk assessment and management  
 Enhance coordination among different services (i.e. social, health..)  
 Promote technology integration  
 Promote improvement of information system and technology (i.e. telemedicine)  
 Optimize resource utilization  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

(Max 350 words)

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, are there regional/local strategic frameworks for the establishment of integrated care pathways for DM?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

(Max 100 words)

---

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

---

Please explain the development stage

---

(Max 200 words)

**Intersectoral approach**

In your country, who are the key actors involved in the policies or implementation programs of the strategic framework for the establishment of integrated care pathways for DM?

- Ministry of Health (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Social science and health research institutes/Universities
  - Scientific societies
  - Patient/citizen associations
  - Private sector
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework for the establishment of integrated care pathways for DM consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Does the strategic framework for the establishment of integrated care pathways for DM include any of the following recommendations to tackle health inequities?

- Development of plain language and multilingual (health-related) communications  
 Offering interpretation services or employ multilingual staff to facilitate communication  
 Training health services providers in working with persons from diverse cultural and ethnic backgrounds  
 Developing integrated care programs that respect and incorporate cultural beliefs and practices  
 Collaborating with community leaders and organizations representing culturally diverse populations  
 Collaborating with community leaders and organizations representing vulnerable groups (i.e., workers through Unions, women through Women Associations)  
 Co-designing with all the relevant stakeholders including the target population to create effective interventions  
 Promoting health education and awareness on DM  
 Providing free or low-cost integrated care services  
 Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services  
 Offering medical care at flexible hours  
 Monitoring and evaluating social inequities in access to integrated care services among different population sub-groups  
 Other  
 No, specific recommendations are not devised  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional recommendations

(Max 350 words)

---

Does the strategic framework for the establishment of integrated care pathways for DM specifically address any of the following groups?

- Older persons
  - Adolescents
  - Children
  - Pregnant women
  - Individuals with other concurrent medical conditions
  - Individuals with learning disabilities, physical disabilities or communication difficulties
  - Individuals with mental health conditions
  - Individuals with addictions (drugs, alcohol, etc.)
  - Homeless individuals
  - Asylum seekers
  - Refugees
  - Undocumented migrants
  - Migrants and ethnic/national minorities
  - Individuals in prisons or other closed institutions
  - LGBTQIA+ community
  - Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
  - Individuals in rural or remote communities
  - Other
  - No, specific groups are not addressed
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other groups addressed

---

(Max 350 words)

## Funding

In your country, is there funding in the national government budget for integrated care pathways for DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)  
 Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)  
 No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)  
 No, there is not a funding allocation  
 No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

In your country, is there funding in the regional/local government budget for integrated care pathways for DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)  
 Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)  
 No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)  
 No, there is not a funding allocation  
 No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

## Service Delivery and Capacity

In your country, which of the following professionals are involved in the multidisciplinary care of people with DM according to primary care guidelines?

- General practitioners
  - Specialised medical professionals
  - Physician assistants
  - Nurses/advanced practice nurses
  - Occupational therapists
  - Physiotherapists
  - Social workers, professional caregivers
  - Dietician
  - Pharmacists
  - Psychologist
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other professional

(Max 350 words)

If pharmacist is selected, which of the following services are carried out regularly by pharmacists supporting the care of patients with DM?

- Tests such as electrocardiogram, fundus oculi examination and self-analysis of blood and urine
- Booking of activities in the health care services that could not be performed in the pharmacy
- Electronically reporting of the examination results to the attending physician
- Enhancement of patient adherence, medication knowledge and lifestyle modification, with better DM-related self-empowerment, due to better disease control
- Other
- None
- No sufficient information available to the respondent

Please specify which other services are carried out by pharmacists:

(Max 350 words)

If psychologist is selected, to what extent is the psychological support of people with DM implemented:

- Fully implemented
- Implemented in most settings
- Implemented in some settings
- Not implemented nor planned
- No sufficient information available to the respondent

To what extent are the shared care guidelines for DM among professionals implemented in real practice throughout the country (defining the steps to be taken to ensure that positive screening results are channelled into treatment, specifying the actions to be taken by each person, the methods of coordination between the professionals involved, and the intervals between monitoring appointments)?

- Fully implemented
- Implemented in most healthcare services
- Implemented in some healthcare services
- Not implemented nor planned
- No sufficient information available to the respondent

**Please indicate to what extent the following aspects related to individualised care plans are implemented during the care planning of DM throughout your country:**

	Fully implemented	Implemented in most healthcare services	Implemented in some healthcare services	Not implemented nor planned	No sufficient information available to the respondent
Initial needs assessment and personalised care planning, as soon as possible after diagnosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative and co-design approach including jointly agreed goals and actions with the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of professionals caregivers and/or family members in the planning or management of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First contact (reference professional) appointed to patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodic review of the care plan based on patients' needs at least yearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify which other aspects are implemented

(Max 350 words)

To what extent is the coordination of professionals of the multidisciplinary care team of DM (linkage of services) implemented to ensure continuity of care in real practice throughout your country?

- Fully implemented  
 Implemented in most healthcare services  
 Implemented in some healthcare services  
 Not implemented nor planned  
 No sufficient information available to the respondent

To what extent is case management implemented as a core component of the integrated care delivery in DM throughout your country?

- Fully implemented  
 Implemented in most healthcare services  
 Implemented in some healthcare services  
 Not implemented nor planned  
 No sufficient information available to the respondent

Please specify which professional usually acts as leading coordinator of the case management process, such as in charge of overseeing the effective implementation, evaluation, and reporting of case management services, supported by a multidisciplinary team.

- General practitioners
- Specialised medical professionals
- Physician assistants
- Nurses/advanced practice nurses
- Occupational therapists
- Physiotherapists
- Social workers, professional caregivers
- Dietician
- Pharmacists
- Psychologist
- Other
- No sufficient information available to the respondent

Please specify which other professional:

(Max 350 words)

Please specify the healthcare setting in which case management is usually conducted:

- Ambulatory care services (e.g: outpatient clinics, primary care service)
  - Emergency care services (e.g.:hospital emergency departments)
  - Surgical care services (e.g.: surgical daycare centers)
  - Inpatient care services (e.g.: general nursing wards)
  - Home care services (e.g.: medical care at home, housekeeping support)
  - Residential care services (e.g.: nursing homes, rehabilitation clinics, homes for the aged)
  - Community healthcare settings (e.g.: adult community nursing, specialist long-term condition nursing, therapy services, preventive services such as sexual health and smoking cessation clinics, and child health services including health visiting and school nursing)
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other setting:

(Max 350 words)

---

To what extent are healthcare professionals involved in DM management trained to provide person-centred care in your country?

Person-centred care is...

- A dedicated part of basic medical training
  - A dedicated part of specialist medical training (internal medicine, cardiology)
  - A dedicated part of further education that is mandatory for certified medical practitioners
  - A dedicated part of basic nursing training
  - A dedicated part of specialist nursing training (e.g., diabetes nurse, cardiac nurse)
  - A dedicated part of further education that is mandatory for certified nurses
  - Other
  - Not a dedicated part of current (mandatory) medical or nursing training and education
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify

---

**Please indicate to what extent are the following activities implemented during the discharge process of patients with DM throughout your country:**

	Fully implemented	Implemented in most healthcare services	Implemented in some healthcare services	Not implemented nor planned	No sufficient information available to the respondent
Educational activities during pre-discharge phase (e.g.: support of healthcare professionals, practical demonstration related to the use of main devices, delivery of educational material)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Definition and delivery of discharge care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liaison between primary care and hospital staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement of informal carers and family members in the discharge process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify which other activity

(Max 350 words)

**Please indicate to what extent are the following activities implemented during the follow up of patients with DM throughout your country:**

	Fully implemented	Implemented in most healthcare services	Implemented in some healthcare services	Not implemented nor planned	No sufficient information available to the respondent
Periodic visits with patients for revision and update of the care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automated or personalised reminders to enhance appointment attendance & treatment adherence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhanced follow up for vulnerable populations (e.g.; elderly patients, patients with poor health literacy, or higher chronic illness burden)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support services for follow-up (e.g: transportation to health centre, remote monitoring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other activity

(Max 350 words)

Please indicate in which moments/phases of the follow up patients' needs are generally re-evaluated:

- At diagnosis
  - At 1/2 weeks and at 6 months after discharge
  - Annually and/or when not meeting treatment targets
  - In occurrence of complicating factors
  - In occurrence of transitions in life
  - Other
  - Patients' needs are not re-evaluated at any time of the follow up
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify at which other moment:

(Max 350 words)

To what extent is Shared Decision Making implemented in the planning and delivery of integrated care pathways for DM?

- Fully implemented
- Implemented in most healthcare services
- Implemented in some healthcare services
- Not implemented nor planned
- No sufficient information available to the respondent

---

Please specify the methods generally used:

- "Non-technical skills" (e.g.: encouraging patients to ask questions, share their fears, stress, or other emotions; provide patient time to reflect, respect patient's autonomy to decline recommended treatment)
  - Involvement of professionals able to let people understand, coherently with their specific needs (e.g.: interpreters, cultural mediators, other professionals, in the concept of a multidisciplinary approach)
  - Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails)
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other methods

---

(Max 350 words)

---

Are digital technologies used in the delivery of care pathways for DM?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please specify the application area where digital technologies are used:

- Access to information by healthcare professionals
  - Communication between healthcare professionals
  - Access to information by patients and caregivers
  - Consultations (between healthcare professionals and patients)
  - Remote monitoring services
  - Development and management of care plans
  - Shared decision-making process
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other application

---

(Max 350 words)

---

Are data-driven services or solutions used in care pathways for DM to support healthcare provision?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please specify the application area where data-driven services or solutions are used (multiple choices are possible):

- Personalization of care plans
  - Organizational management (roles, tasks, responsibilities)
  - Clinical decision-making process
  - Assessment of health outcomes
  - Resource allocation planning
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other application:

---

(Max 350 words)

# Patients' self-management - Cardiovascular Diseases

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to patients' self-management of Cardiovascular Diseases (CVDs)?

- Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of CVDs
- There is a legislation that mentions patients' self-management of non-communicable diseases, but it is not CVDs-specific
- No
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

If there is a national legislation that refers to patients' self-management of CVDs, please indicate how many national act(s) there are:

- 1
- 2
- 3
- 4
- 5

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

(Insert the number of act(s) up to 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

**Strategic Framework**

In your country, is there an explicit institutional commitment to improve patients' self-management of CVDs?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

In your country, is there a national strategic framework for the improvement of patients' self-management of CVDs?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

\_\_\_\_\_  
(Max 200 words)

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

What are the declared objectives of the national strategic framework?

- Increase patients' knowledge about CVDs
  - Increase patients' knowledge about dedicated healthcare services and resources
  - Increase patients' awareness about lifestyle modifications (e.g., diet, exercise, stress management)
  - Improve the mental health of patients
  - Increase patients' skills and confidence in management of and adherence to treatment
  - Increase patients' skills in symptoms self-monitoring and management
  - Increase patients' skills and confidence in enhancing health promotion / adopting healthy lifestyles
  - Increase the peer-to-peer support
  - Increase competencies of healthcare professionals in conducting patients' self management programs/initiatives
  - Promote the leadership/organizational support to patients' self management programs
  - Promote innovative patients' self management strategies such as problem-solving, self-advocacy approaches and collaborative care
  - Promote utilization/development of validated assessment tools
  - Increase the use of telehealth and digital tools
  - Promote the implementation of an individualized approach
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

(Max 350 words)

---

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes  
 No  
 No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

---

In your country, are there regional/local strategic frameworks for the improvement of patients' self-management of CVDs?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

---

Please explain the development stage

---

(Max 200 words)

---

Please specify if this is applicable only to specific CVDs

---

(Max 200 words)

---

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes  
 No  
 There is only one regional/local strategic framework  
 No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for the improvement of patients' self-management of CVDs?

- Ministry of Health (or equivalent)
  - Ministry of Labour and Social Affairs (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Pharmacies
  - Insurances
  - Social science and health research institutes/Universities
  - Scientific societies
  - Patient/citizen associations
  - Pharmaceutical industries
  - Private sector (other than pharmaceutical)
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other actors involved

---

(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework for the improvement of patients' self management of CVDs consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Does the strategic framework for the improvement of patients' self management of CVDs include any of the following recommendations to tackle health inequities?

- Development of plain language and multilingual (health-related) communications  
 Offering interpretation services or employ multilingual staff to facilitate communication  
 Training health services providers in working with persons from diverse cultural and ethnic backgrounds  
 Developing self-management programs that respect and incorporate cultural beliefs and practices  
 Collaborating with community leaders and organizations representing culturally diverse populations  
 Collaborating with community leaders and organizations representing vulnerable groups (i.e., workers through Unions, women through Women Associations)  
 Co-designing with all the relevant stakeholders including the target population to create effective interventions  
 Providing free or low-cost self-management programs  
 Strengthening pharmacies in rural areas to provide comprehensive and continuous services  
 Promoting the use of telehealth or digital health solutions  
 Monitoring and evaluating social inequities in access to self-management programs among different population sub-groups  
 Other  
 No, specific recommendations are not devised  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional recommendations

(Max 350 words)

---

Does the strategic framework for the improvement of patients' self-management of CVDs specifically address any of the following groups?

- Older persons
  - Adolescents
  - Children
  - Pregnant women
  - Individuals with other concurrent medical conditions
  - Individuals with learning disabilities, physical disabilities or communication difficulties
  - Individuals with mental health conditions
  - Individuals with addictions (drugs, alcohol, etc.)
  - Homeless individuals
  - Asylum seekers
  - Refugees
  - Undocumented migrants
  - Migrants and ethnic/national minorities
  - Individuals in prisons or other closed institutions
  - LGBTQIA+ community
  - Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
  - Individuals in rural or remote communities
  - Other
  - No, specific groups are not addressed
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other groups addressed

---

(Max 350 words)

**Funding**

In your country, is there funding in the national government budget for patients' self- management of CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

In your country, is there funding in the regional/local government budget for patients' self-management of CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

## Service Delivery and Capacity

In your country, are persons with CVDs provided with self-management programs promoting any of the following behaviours?

- Following a healthy diet
  - Engaging in regular physical activity
  - Avoiding smoking or exposure to second-hand smoke
  - Taking medications as prescribed
  - Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...)
  - Managing stress
  - Seeking support from healthcare professionals or support groups
  - Attending regular medical check-ups
  - Educating patients about their health condition
  - Setting goals for improving patient's health
  - Other
  - No, they are not provided with any self-management program
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other program

(Max 350 words)

Are there multi-professional teams in charge of the delivery of self-management support for patients with CVDs?

- Yes
- No
- No sufficient information available to the respondent

If yes, please indicate the professionals usually involved in self-management activities

- Diabetologist
  - Cardiologist
  - Nephrologist
  - General Practitioner
  - Nurse
  - Dietician
  - Podiatrist
  - Specialist physicians
  - Pharmacists
  - Psychologists
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other professionals involved

(Max 350 words)

Is CVD self-management training of the team a specific part of initial and/or periodic professional training?

- Initial
- Periodic
- Both initial and periodic
- No, self-management training is not provided
- No sufficient information available to the respondent

**Are patients actively involved in the phases of planning, delivery and formal internal/external evaluation of self-management services for CVDs?**

	Never	Rarely	Often	Always	No sufficient information
Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

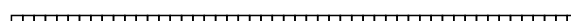
### Are family members and caregivers actively involved in the phases of planning, delivery and formal internal/external evaluation of self-management services for CVDs?

	Never	Rarely	Often	Always	No sufficient information
Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent is self-management support services personalised based on the needs and characteristics of patients with CVDs?

Please answer through a rating scale, from 0 (=not at all), to 10 (=completely)

Not at all Completely



(Place a mark on the scale above)

Are there interventions to overcome the following system barriers to accessing self-management programs for patients with CVDs implemented?

- Financial barriers (e.g., cost of treatment, lack of insurance coverage)
  - Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists)
  - Availability barriers (e.g., long waiting times for appointments)
  - Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management)
  - Communication barriers (e.g., language differences, poor communication with healthcare providers)
  - Personal barriers (e.g., time constraints, personal or family responsibilities)
  - Psychological barriers (e.g., fear of diagnosis or treatment, stigma)
  - Systemic barriers (e.g., policies that limit access to certain treatments or services)
  - Other
  - None of the above
  - No sufficient information available to the respondent
- (Please select all that apply)

If other please describe

(Max 350 words)

**To your knowledge, to what extent are the following strategies implemented in delivering self-management support for patients with CVDs**

	Never	Rarely	Often	Always	No sufficient information
Coaching and motivational interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving skill enhancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education/Self-Monitoring Training And Feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goal Setting And Action Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing Equipment and supportive materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress and/or Emotional Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other strategies

\_\_\_\_\_  
(Max 350 words)

How is self-management support usually conducted in patients with CVDs?

- Face-to-face interventions  
 Distance/Remote interventions  
 Both  
 No sufficient information available to the respondent

If distance/remote interventions are implemented, please indicate the tools usually adopted:

\_\_\_\_\_  
(Max 350 words)

Are the following specific quality indicators for self-management of CVDs defined, systematically collected, measured, and evaluated in your country?

- Activity and participation/adherence (percentage of patients joining and continuing the program over time)
  - Self-management practices and behaviours (assessment of patients' ability to manage their condition effectively, including adherence to treatment plans and lifestyle modifications)
  - Structural quality indicators (evaluation of the program's resources, facilities, and organizational structure to support self-management efforts)
  - Process indicators (evaluation of patient participation and adherence to the program, including attendance rates and engagement in self-management activities)
  - Patients quality of life (overall quality of life, physical functioning, psychological and emotional functioning, social functioning, sexual functioning and burden of treatment)
  - Self-efficacy perceived
  - Healthcare use (type and number of visits, hospital admissions and readmissions and emergency care)
  - Costs (health-care costs for patients, health-care costs, direct non-medical costs and societal costs)
  - Clinical outcomes (i.e. symptom severity, disease progression, hospitalizations, mortality)
  - Patient-reported experiences (i.e. satisfaction, empowerment) (PREMs)
  - Patient-reported outcomes (i.e. quality of life, personal and disease-specific outcomes reported by patients) (PROMs)
  - Other
  - No, quality indicators are not collected
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify which other indicators

\_\_\_\_\_  
(Max 350 words)

Please describe whether any validated tools are used to collect and measures quality indicators for self-management

\_\_\_\_\_  
(Max 350 words)

Please indicate which tools/protocols are used to ensure coordination and communication between different healthcare services in self-management programs for patients with CVDs:

- Use of electronic health record programs with discharge summaries or other relevant information following patients related hospitalization
  - Scheduled follow-up appointments in primary care services after the patient's hospital discharge
  - Programs with clear instructions related to self-management after a patient's hospital discharge, including care and medication instructions provided by the hospital healthcare professionals
  - Self-management programs tailored to cardiovascular care settings, such as cardiac rehabilitation/secondary prevention programs, heart failure clinics, or anticoagulation clinics
  - Self-Management programs tailored to individual patient participation based on disease risk level
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other tool

(Max 350 words)

Is the implementation of self-management support services monitored at the national-level?

- Yes
- No
- No sufficient information available to the respondent

Please indicate in which moments/phases follow-up evaluations of self-management support services are usually carried out in patients with CVDs:

- Periodically
  - When not meeting treatment targets
  - In occurrence of complicating factors
  - In occurrence of transitions in life and care (e.g. changes in: living situation such as inpatient or outpatient; clinical care team; initiation or intensification of insulin, new devices or technology, and other treatment changes; insurance coverage that results in treatment change; age-related changes affecting cognition, vision, hearing, self-management, etc.)
  - Other
  - There are no follow up evaluations in patients with CVDs
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify in which other moment

(Max 350 words)

Please indicate which of the following self-management resources for CVDs are equally distributed within the healthcare systems of your country:

- Accessibility of self-management resources (such as educational materials, support groups, and digital health tools) across different geographic regions within our healthcare system
  - Availability or accessibility of self-management resources between urban, suburban, and rural areas
  - Availability of assessment of the quality and effectiveness of self-management programs within different regions of our healthcare system
  - Homogeneity in patient outcomes associated with self-management programs across various geographic areas
  - Health Policy and Self-Management Support
  - Presence of policy initiatives or interventions aimed at addressing geographical disparities in self-management support
  - Technological Integration and Self-Management Tools
  - Support of digital health tools and remote monitoring systems in bridging gaps in self-management support for patients in remote or underserved areas
  - Absence of trends/patterns in patient satisfaction or complaints related to variability in self-management support across regions
  - None of the above
  - No sufficient information available to the respondent
- (Please select all that apply)

# Patients' self-management - Diabetes

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to patients' self-management for Diabetes Mellitus (DM)?

- Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of DM
- There is a legislation that mentions patients' self-management of non-communicable diseases, but it is not DM-specific
- No
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

If there is a national legislation that refers to patients' self-management of DM, please indicate how many national act(s) there are:

- 1
- 2
- 3
- 4
- 5

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

(Insert the number of act(s) up to 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Strategic Framework**

In your country, does an explicit institutional commitment to improve patients' self management of DM exist?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

In your country, is there a national strategic framework for the improvement of patients' self-management of DM?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

\_\_\_\_\_  
(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

What are the declared objectives of the national strategic framework?

- Increase patients' knowledge about DM
  - Increase patients' knowledge about dedicated healthcare services and resources
  - Increase patients' awareness about lifestyle modifications (e.g., diet, exercise, stress management)
  - Improve the mental health of patients
  - Increase patients' skills and confidence in management of and adherence to treatment
  - Increase patients' skills in symptoms self-monitoring and management
  - Increase patients' skills and confidence in enhancing health promotion / adopting healthy lifestyles
  - Increase the peer-to-peer support
  - Increase competencies of healthcare professionals in conducting patients' self management programs/initiatives
  - Promote the leadership/organizational support to patients' self management programs
  - Promote innovative patients' self management strategies such as problem-solving, self-advocacy approaches and collaborative care
  - Promote utilization/development of validated assessment tools
  - Increase the use of telehealth and digital tools
  - Promote the implementation of an individualized approach
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

(Max 350 words)

---

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes  
 No  
 No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

---

In your country, are there regional/local strategic frameworks for the improvement of patients' self-management of DM?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

---

Please explain the development stage

---

(Max 200 words)

---

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
(Please select all that apply)

---

Please specify which other type(s) of DM

---

(Max 100 words)

---

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes  
 No  
 There is only one regional/local strategic framework  
 No sufficient information available to the respondent

---

If yes, please describe

---

(max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for the improvement of patients' self-management of DM?

- Ministry of Health (or equivalent)
  - Ministry of Labour and Social Affairs (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Pharmacies
  - Insurances
  - Social science and health research institutes/Universities
  - Scientific societies
  - Patient/citizen associations
  - Pharmaceutical industries
  - Private sector (other than pharmaceutical)
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework for the improvement of patients' self-management of DM consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Does the strategic framework for the improvement of patients' self-management of DM include any of the following recommendations to tackle health inequities?

- Development of plain language and multilingual (health-related) communications  
 Offering interpretation services or employ multilingual staff to facilitate communication  
 Training health services providers in working with persons from diverse cultural and ethnic backgrounds  
 Developing self-management programs that respect and incorporate cultural beliefs and practices  
 Collaborating with community leaders and organizations representing culturally diverse populations  
 Collaborating with community leaders and organizations representing vulnerable groups (i.e., workers through Unions, women through Women Associations)  
 Co-designing with all the relevant stakeholders including the target population to create effective interventions  
 Providing free or low-cost self-management programs  
 Strengthening pharmacies in rural areas to provide comprehensive and continuous services  
 Promoting the use of telehealth or digital health solutions  
 Monitoring and evaluating social inequities in access to self-management programs among different population sub-groups  
 Other  
 No, specific recommendations are not devised  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional recommendations

(Max 350 words)

---

Does the strategic framework for the improvement of patients' self-management of DM specifically address any of the following groups?

- Older persons
  - Adolescents
  - Children
  - Pregnant women
  - Individuals with other concurrent medical conditions
  - Individuals with learning disabilities, physical disabilities or communication difficulties
  - Individuals with mental health conditions
  - Individuals with addictions (drugs, alcohol, etc.)
  - Homeless individuals
  - Asylum seekers
  - Refugees
  - Undocumented migrants
  - Migrants and ethnic/national minorities
  - Individuals in prisons or other closed institutions
  - LGBTQIA+ community
  - Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
  - Individuals in rural or remote communities
  - Other
  - No, specific groups are not addressed
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other groups addressed

---

(Max 350 words)

## Funding

In your country, is there funding in the national government budget for patients' self- management of DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)  
 Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)  
 No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)  
 No, there is not a funding allocation  
 No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

In your country, is there funding in the regional/local government budget for patients' self-management of DM?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)  
 Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)  
 No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)  
 No, there is not a funding allocation  
 No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
 (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

## Service Delivery and Capacity

In your country, are persons with DM provided with self-management programmes promoting any of the following behaviours?

- Following a healthy diet
  - Engaging in regular physical activity
  - Avoiding smoking or exposure to second-hand smoke
  - Taking medications as prescribed
  - Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...)
  - Managing stress
  - Seeking support from healthcare professionals or support groups
  - Attending regular medical check-ups
  - Educating patients about their health condition
  - Setting goals for improving patient's health
  - Other
  - No, they are not provided with any self-management program
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other program

(Max 350 words)

Are there multi-professional teams in charge of the delivery of self-management support for patients with DM?

- Yes
- No
- No sufficient information available to the respondent

If yes, please indicate the professionals usually involved in self-management activities

- Diabetologist
  - Cardiologist
  - Nephrologist
  - General Practitioner
  - Nurse
  - Dietician
  - Podiatrist
  - Specialist physicians
  - Pharmacists
  - Psychologists
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other professionals involved

(Max 350 words)

Is DM self-management training of the team a specific part of initial and/or periodic professional training?

- Initial
- Periodic
- Both initial and periodic
- No, self-management training is not provided
- No sufficient information available to the respondent

**Are patients actively involved in the phases of planning, delivery and formal internal/external evaluation of self-management services for DM?**

	Never	Rarely	Often	Always	No sufficient information available to the respondent
Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

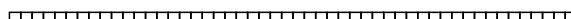
**Are family members and caregivers actively involved in the phases of planning, delivery and formal internal/external evaluation of self-management services for DM?**

	Never	Rarely	Often	Always	No sufficient information available to the respondent
Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent is self-management support services personalised based on the needs and characteristics of patients with DM?

Please answer through a rating scale, from 0 (=not at all), to 10 (=completely)

Not at all Completely



(Place a mark on the scale above)

Are there interventions to overcome the following system barriers to accessing self-management programs for patients with DM implemented?

- Financial barriers (e.g., cost of treatment, lack of insurance coverage)
  - Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists)
  - Availability barriers (e.g., long waiting times for appointments)
  - Knowledge barriers (e.g., lack of information about where to get help, understanding of DM management)
  - Communication barriers (e.g., language differences, poor communication with healthcare providers)
  - Personal barriers (e.g., time constraints, personal or family responsibilities)
  - Psychological barriers (e.g., fear of diagnosis or treatment, stigma)
  - Systemic barriers (e.g., policies that limit access to certain treatments or services)
  - Other
  - None of the above
  - No sufficient information available to the respondent
- (Please select all that apply)

If other, please describe

(Max 350 words)

**To your knowledge, to what extent are the following strategies implemented in delivering self-management support for patients with DM:**

	Never	Rarely	Often	Always	No sufficient information
Coaching and motivational interviewing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving skill enhancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mindfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education/Self-Monitoring Training And Feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goal Setting And Action Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing Equipment and supportive materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress and/or Emotional Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify any other strategies

\_\_\_\_\_  
(Max 350 words)

How is self-management support usually conducted in patients with DM?

- Face-to-face interventions  
 Distance/Remote interventions  
 Both  
 No sufficient information available to the respondent

If distance/remote interventions are implemented, please indicate the tools usually adopted

\_\_\_\_\_  
(Max 350 words)

Are the following specific quality indicators for self-management of DM defined, systematically collected, measured, and evaluated in your country?

- Activity and participation/adherence (percentage of patients joining and continuing the program over time)
  - Self-management practices and behaviours (assessment of patients' ability to manage their condition effectively, including adherence to treatment plans and lifestyle modifications)
  - Structural quality indicators (evaluation of the program's resources, facilities, and organizational structure to support self-management efforts)
  - Process indicators (evaluation of patient participation and adherence to the program, including attendance rates and engagement in self-management activities)
  - Patients quality of life (overall quality of life, physical functioning, psychological and emotional functioning, social functioning, sexual functioning and burden of treatment)
  - Self-efficacy perceived
  - Healthcare use (type and number of visits, hospital admissions and readmissions and emergency care)
  - Costs (health-care costs for patients, health-care costs, direct non-medical costs and societal costs)
  - Clinical outcomes (i.e. symptom severity, disease progression, hospitalizations, mortality)
  - Patient-reported experiences (i.e. satisfaction, empowerment) (PREMs)
  - Patient-reported outcomes (i.e. quality of life, personal and disease-specific outcomes reported by patients) (PROMs)
  - Other
  - No, quality indicators are not collected
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other indicators

\_\_\_\_\_  
(Max 350 words)

Please describe whether any validated tools are used to collect and measures quality indicators for self-management

\_\_\_\_\_  
(Max 350 words)

Please indicate which tools/protocols are used to ensure coordination and communication between different healthcare services in self-management programs for patients with DM:

- Use of electronic health record programs with discharge summaries or other relevant information following patients related hospitalization
  - Scheduled follow-up appointments in primary care services after the patient's hospital discharge
  - Programs with clear instructions related to self-management after a patient's hospital discharge, including care and medication instructions provided by the hospital healthcare professionals
  - Self-Management programs tailored to individual patient participation based on disease risk level
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other tool

---

(Max 350 words)

Is the implementation of self-management support services monitored at the national-level?

- Yes
- No
- No sufficient information available to the respondent

Please indicate in which moments/phases follow-up evaluations of self-management support services are usually carried out in patients with DM:

- Periodically
  - When not meeting treatment targets
  - In occurrence of complicating factors
  - In occurrence of transitions in life and care (e.g. changes in: living situation such as inpatient or outpatient; clinical care team; initiation or intensification of insulin, new devices or technology, and other treatment changes; insurance coverage that results in treatment change; age-related changes affecting cognition, vision, hearing, self-management, etc.)
  - Other
  - There are no follow up evaluations in patients with DM
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify in which other moment

---

(Max 350 words)

---

Please indicate which of the following self-management resources for DM are equally distributed within the healthcare systems of your country:

- Accessibility of self-management resources (such as educational materials, support groups, and digital health tools) across different geographic regions within our healthcare system
  - Availability or accessibility of self-management resources between urban, suburban, and rural areas
  - Availability of assessment of the quality and effectiveness of self-management programs within different regions of our healthcare system
  - Homogeneity in patient outcomes associated with self-management programs across various geographic areas
  - Health Policy and Self-Management Support
  - Presence of policy initiatives or interventions aimed at addressing geographical disparities in self-management support
  - Technological Integration and Self-Management Tools
  - Support of digital health tools and remote monitoring systems in bridging gaps in self-management support for patients in remote or underserved areas
  - Absence of trends/patterns in patient satisfaction or complaints related to variability in self-management support across regions
  - None of the above
  - No sufficient information available to the respondent
- (Please select all that apply)

# Labour participation of people living with Cardiovascular Diseases

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

---

Institution

---

## Legal framework

In your country, do you have any national legislation that refers to labour participation of people living with Cardiovascular Diseases (CVDs)?

- Yes, there is a specific legislation that explicitly addresses and regulates labour participation of people living with CVDs  
 There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific  
 No  
 No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

If there is a national legislation that refers to labour participation of people living with CVDs, please indicate how many national act(s) there are:

- 1  
 2  
 3  
 4  
 5  
 (Insert the number of act(s) up to 5)

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Are there regional or local differences in the application of the national legislation?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

## Strategic Framework

In your country, is there an explicit institutional commitment to improve labour participation of people living with CVDs?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

(Max 350 words)

In your country, is there a national strategic framework for the improvement of labour participation of people living with CVDs?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

(Max 200 words)

Please specify if this is applicable only to specific CVDs

(Max 200 words)

What are the declared objectives of the national strategic framework?

- Improve access to the labour market for people living with CVDs  
 Improve wellbeing at the workplace of people living with CVDs  
 Improve work ability of people living with CVDs  
 Improve satisfaction at work of people living with CVDs  
 Reduce absenteeism from work of people living with CVDs  
 Reduce occupational health care costs for employers of people living with CVDs  
 Improve access to medical care and preventive programmes for people living with CVDs  
 Decrease staff turnover for employers of people living with CVDs  
 Increase productivity  
 Ensure job maintenance for people living with CVDs  
 Encourage rehabilitation and return to work after periods of leave due to CVDs  
 Prevent early dropping out of the labour market of people living with CVDs  
 Improve health promotion or health preventive measures at the workplace  
 Other  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

\_\_\_\_\_  
(Max 350 words)

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

In your country, are there regional/local strategic frameworks for the improvement of labour participation of people living with CVDs?

- Yes
- Not in place yet but under development
- No
- No sufficient information available to the respondent

Please explain the development stage

\_\_\_\_\_  
(Max 200 words)

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes
- No
- There is only one regional/local strategic framework
- No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for the improvement of labour participation of people living with CVDs?

- Ministry of Health (or equivalent)
  - Ministry of Labour and Social Affairs (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Social science and health research institutes/Universities
  - Insurances
  - Scientific societies
  - Patient/citizen associations
  - Trade unions
  - Employers' associations
  - Private sector
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other actors involved

\_\_\_\_\_  
(Max 350 words)

**Equity-Oriented Approach**

Does the strategic framework for the improvement of labour participation of people living with CVDs consider tackling health inequities?

- Yes
- No
- No sufficient information available to the respondent

Please describe briefly any recommendations included in the strategic framework to tackle health inequities:

\_\_\_\_\_  
(Max 350 words)

Does the strategic framework for the improvement of labour participation of people living with CVDs specifically address any of the following groups?

- Youth workers (ages 15-24)
  - Prime-age workers (age 25-54)
  - Older workers (ages 55+)
  - Pregnant women
  - Individuals with other concurrent medical conditions
  - Individuals with learning disabilities, physical disabilities or communication difficulties
  - Individuals with mental health conditions
  - Individuals with addictions (drugs, alcohol, etc.)
  - Homeless individuals
  - Asylum seekers
  - Refugees
  - Migrants and ethnic/national minorities
  - LGBTQIA+ community
  - Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)
  - Individuals in rural or remote communities
  - Other
  - No, specific groups are not addressed
  - No sufficient information available to the respondent
- (Please select all that apply)

Please specify any other groups addressed

\_\_\_\_\_  
(Max 350 words)

**Funding**

In your country, is there funding in the national government budget for labour participation strategies for people living with CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

In your country, is there funding in the regional/local government budget for labour participation strategies for people living with CVDs?

- Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please specify if this is applicable only to specific CVDs

\_\_\_\_\_  
(Max 200 words)

## Service Delivery and Capacity

In your country, are there any health education programs available for employers and employees to increase awareness of CVDs?

- Yes, there are health education programs to increase awareness of CVDs in the workplace  
 There are health education programs to increase awareness of NCDs, but they are not specific to CVDs  
 No  
 No sufficient information available to the respondent

What types of programs exist in the workplace aimed at promoting a healthy lifestyle and behaviors to reduce the risk of developing CVDs?

- Specific educational programs for employees that are organised and managed by the employer directly  
 National programs on the promotion of healthy lifestyle aimed at preventing CVDs, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees  
 Programs organised by Patients' Associations within each workplace  
 Programs organised by labour unions or workers' associations specific to some occupations  
 Other  
 There are no programs in the workplace aimed at promoting a healthy lifestyle and behaviours to reduce the risk of developing CVDs  
 No sufficient information available to the respondent  
 (Please select all that apply)

If other, please describe

(Max 350 words)

In your country, are there any socioeconomic interventions aimed at aiding or protecting employees affected by long-term illnesses or sequelae caused by CVDs?

- Disability allowance  
 Health insurance  
 Economic benefits  
 Disability pension  
 Other  
 No, there are no socioeconomic interventions aimed at aiding or protecting employees affected by long-term illnesses caused or sequelae by CVDs  
 No sufficient information available to the respondent

If other, please describe

(Max 350 words)

In your country, are there any national incentives to hire an employee with CVDs?

- Yes, there are incentives at national level aimed at promoting the hiring of people affected by CVDs  
 There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to CVDs  
 No, there are no incentives available at national level aimed at promoting the hiring of people affected by CVDs  
 No sufficient information available to the respondent

In your country, are there any programme or initiatives for companies aimed at the implementation of reasonable accommodations at the workplace for people with long-term illnesses or sequelae caused by CVDs, or other NCDs?

- Yes  
 No  
 No sufficient information available to the respondent

Are there any incentives for employers to include health promotion initiatives in their organizations?

- Tax breaks or tax credits provided by the central governmental authority (or equivalent) directly to the private company or corporation who decides to include any health promotion initiative in the workplace  
 Experts, materials, and sessions provided and paid directly by the national/or local authorities for any employer or workplace interested in organizing any health promotion initiative  
 Other  
 No, there are no incentives for employers to include health promotion initiatives in their organizations  
 No sufficient information available to the respondent  
 (Please select all that apply)

If other, please explain

\_\_\_\_\_  
(Max 350 words)

In your country, are there any return-to-work programs in place for people with long-term illnesses or sequelae caused by NCDs which mention or have a specific focus on CVDs?

- Yes, there are return to work programs in place which are run directly by the employer  
 Yes, there are return to work programs in place which are run by the competent national authorities  
 Yes, there are return to work programs in place which are run by the competent regional/local authorities  
 Other  
 No, there are no return to work programs in place in the country  
 No sufficient information available to the respondent

If other, please describe

\_\_\_\_\_  
(Max 350 words)

To what extent are Occupational Health Services (OHS) employed in workplaces?

- There are legally bindings for which employers must refer to an OHS for their employees  
 There are strongly recommended, but not mandated  
 There is no indication  
 Other  
 No sufficient information available to the respondent

If other, please explain

\_\_\_\_\_  
(Max 350 words)

---

Do OHS collaborate with multi-professional teams for the promotion of the ability to work for people with CVDs?

- Yes  
 No  
 No sufficient information available to the respondent

---

Please indicate which health professionals are involved:

- Diabetologist or diabetes expert  
 Nutritionists or dietary experts  
 Cardiologists or cardiovascular experts  
 Orthopaedics, physiatrist, physiotherapist  
 Other  
 No sufficient information available to the respondent  
(Please select all that apply)

---

If other, please describe

---

(Max 350 words)

---

In your country, are there any research or surveillance initiatives currently monitoring the well being of employees and their risk of developing CVDs in the workplace?

- Yes  
 No  
 No sufficient information available to the respondent

---

Please describe the research or surveillance initiatives that you are aware of

(Where possible, please provide the year in which each study was started and the principal research authority/institution in charge of the work)

---

(Max 350 words)

---

In your country, are there any research or surveillance initiatives currently monitoring the attitudes, opinions, and knowledge of employers about inclusion, maintenance and return to work of people with CVDs?

- Yes  
 No  
 No sufficient information available to the respondent

---

Please describe the research or surveillance initiatives that you are aware of

(Where possible, please provide the year in which each study was started and the principal research authority/institution in charge of the work)

---

(Max 350 words)

# Labour participation of people living with Diabetes

The JACARDI Context Analysis aims to provide a comprehensive understanding of the current landscape, challenges, gaps, and priorities concerning specific aspects of cardiovascular diseases (CVD) and diabetes prevention and management. These questionnaires serve as crucial tools for identifying areas requiring improvement. This assessment holds significant importance for national and European stakeholders and policymakers, as it guides evidence-based strategies aimed at mitigating the burden of CVDs and diabetes.

We kindly request your support in responding to this questionnaire, which will be essential for conducting the Context Analysis at the European and country levels. Your input and responses will greatly contribute to this effort.

The survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR).

---

Country

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Moldova
- Montenegro
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Ukraine
- Other

---

If other, please specify

---

---

Institution

---

**Legal framework**

In your country, do you have any national legislation that refers to labour participation of people living with Diabetes Mellitus (DM)?

- Yes, there is a specific legislation that explicitly addresses and regulates labour participation of people living with DM
- There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not DM-specific
- No
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

If there is a national legislation that refers to labour participation of people living with DM, please indicate how many national act(s) there are:

- 1
- 2
- 3
- 4
- 5

Please note: a text box asking you additional information for each national act selected will appear below (maximum 5)

(Insert the number of act(s) up to 5)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

Please provide further details on this national act, including its title/name, the year it entered into force, a brief description and a URL to the document (if available):

\_\_\_\_\_  
(Max 350 words)

---

Are there regional or local differences in the application of the national legislation?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

**Strategic Framework**

In your country, is there an explicit institutional commitment to improve labour participation of people living with DM?

- Yes  
 No  
 No sufficient information available to the respondent

If yes, please describe

\_\_\_\_\_  
(Max 350 words)

In your country, is there a national strategic framework for the improvement of labour participation of people living with DM?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

Please explain the development stage

\_\_\_\_\_  
(Max 200 words)

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
(Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

What are the declared objectives of the national strategic framework?

- Improve access to the labour market for people living with DM
  - Improve wellbeing at the workplace of people living with DM
  - Improve work ability of people living with DM
  - Improve satisfaction at work of people living with DM
  - Reduce absenteeism from work of people living with DM
  - Reduce occupational health care costs for employers of people living with DM
  - Improve access to medical care and preventive programmes for people living with DM
  - Decrease staff turnover for employers of people living with DM
  - Increase productivity
  - Ensure job maintenance for people living with DM
  - Encourage rehabilitation and return to work after periods of leave due to DM
  - Prevent early dropping out of the labour market of people living with DM
  - Improve health promotion or health preventive measures at the workplace
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

Please include here any additional point that is not covered by the above-mentioned options

(Max 350 words)

In your country, what is the current implementation stage of the national strategic framework?

- The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
- The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
- The implementation of the strategic framework has started AND assessments have already been made
- The implementation of the strategic framework has started BUT assessments have not yet been made
- The strategic framework is prepared and approved BUT the implementation has not started yet
- Other/There are multiple strategies at different stages
- No sufficient information available to the respondent

Please explain the implementation stage

(Max 350 words)

In your country, are there regional/local differences in the implementation of the national strategic framework?

- Yes
- No
- No sufficient information available to the respondent

---

If yes, please describe

---

(Max 350 words)

---

In your country, are there regional/local strategic frameworks for the improvement of labour participation of people living with DM?

- Yes  
 Not in place yet but under development  
 No  
 No sufficient information available to the respondent

---

Please explain the development stage

---

(Max 200 words)

---

Please indicate for which type of DM

- DM (without specification of types)  
 Type 1 DM  
 Type 2 DM  
 Other  
(Please select all that apply)

---

Please specify which other type(s) of DM

---

(Max 100 words)

---

If there is more than one regional/local strategic framework, is there heterogeneity in their scope and/or implementation between regions/local areas?

- Yes  
 No  
 There is only one regional/local strategic framework  
 No sufficient information available to the respondent

---

If yes, please describe

---

(Max 200 words)

**Intersectoral approach**

In your country, who are the key actors involved in the development and/or implementation of the strategic framework for the improvement of labour participation of people living with DM?

- Ministry of Health (or equivalent)
  - Ministry of Labour and Social Affairs (or equivalent)
  - Regional and/or Local Health Authorities
  - National, Regional and/or Local Public Health Agencies
  - Social science and health research institutes/Universities
  - Insurances
  - Scientific societies
  - Patient/citizen associations
  - Trade unions
  - Employers' associations
  - Private sector
  - Health promotion foundations
  - Other Third Sector/Non-Profit Organisations
  - Other
  - No sufficient information available to the respondent
- (Please select all that apply)

---

Please specify any other actors involved

---

(Max 350 words)

## Equity-Oriented Approach

Does the strategic framework for the improvement of labour participation of people living with DM consider tackling health inequities?

- Yes  
 No  
 No sufficient information available to the respondent

Please describe briefly any recommendations included in the strategic framework to tackle health inequities:

(Max 350 words)

Does the strategic framework for the improvement of labour participation of people living with DM specifically address any of the following groups?

- Youth workers (ages 15-24)  
 Prime-age workers (age 25-54)  
 Older workers (ages 55+)  
 Pregnant women  
 Individuals with other concurrent medical conditions  
 Individuals with learning disabilities, physical disabilities or communication difficulties  
 Individuals with mental health conditions  
 Individuals with addictions (drugs, alcohol, etc.)  
 Homeless individuals  
 Asylum seekers  
 Refugees  
 Migrants and ethnic/national minorities  
 LGBTQIA+ community  
 Individuals belonging to socioeconomically disadvantaged groups (such as low income, unemployed, living in a deprived neighborhood)  
 Individuals in rural or remote communities  
 Other  
 No, specific groups are not addressed  
 No sufficient information available to the respondent  
 (Please select all that apply)

Please specify any other groups addressed

(Max 350 words)

## Funding

In your country, is there funding in the national government budget for labour participation strategies for people living with DM?

- Yes, there is dedicated funding and it is available on a scheduled basis (e.g. every time the relevant Ministry allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

In your country, is there funding in the regional/local government budget for labour participation strategies for people living with DM?

- Yes, there is dedicated funding and it is available on a scheduled basis (e.g. every time the relevant Entity allocates its budget to relevant bodies)
- Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)
- No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
- No, there is not a funding allocation
- No sufficient information available to the respondent

Please indicate for which type of DM

- DM (without specification of types)
  - Type 1 DM
  - Type 2 DM
  - Other
- (Please select all that apply)

Please specify which other type(s) of DM

\_\_\_\_\_  
(Max 100 words)

## Service Delivery and Capacity

In your country, are there any health education programs available for employers and employees to increase awareness of DM?

- Yes, there are health education programs to increase awareness of DM in the workplace  
 There are health education programs to increase awareness of NCDs, but they are not specific to DM  
 No  
 No sufficient information available to the respondent

What types of programs exist in the workplace aimed at promoting a healthy lifestyle and behaviours to reduce the risk of developing DM?

- Specific educational programs for employees that are organised and managed by the employer directly  
 National programs on the promotion of healthy lifestyle aimed at preventing DM, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees  
 Programs organised by Patients' Associations within each workplace  
 Programs organised by labour unions or workers' associations specific to some occupations  
 Other  
 There are no programs in the workplace aimed at promoting a healthy lifestyle and behaviours to reduce the risk of developing DM  
 No sufficient information available to the respondent  
 (Please select all that apply)

If other, please describe

(Max 350 words)

In your country, are there any socioeconomic interventions aimed at aiding or protecting employees affected by long-term illnesses or sequelae caused by DM?

- Disability allowance  
 Health insurance  
 Economic benefits  
 Disability pension  
 Other  
 No, there are no socioeconomic interventions aimed at aiding or protecting employees affected by long-term illnesses or sequelae caused by DM  
 No sufficient information available to the respondent

If other, please describe

(Max 350 words)

In your country, are there any national incentives to hire an employee with DM?

- Yes, there are incentives at national level aimed at promoting the hiring of people affected by DM  
 There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to DM  
 No, there are no incentives available at national level aimed at promoting the hiring of people affected by DM  
 No sufficient information available to the respondent

In your country, are there any programme or initiatives for companies aimed at the implementation of reasonable accommodations at the workplace for people with long-term illnesses or sequelae caused by DM, or other NCDs?

- Yes  
 No  
 No sufficient information available to the respondent

Are there any incentives for employers to include health promotion initiatives in their organizations?

- Tax breaks or tax credits provided by the central governmental authority (or equivalent) directly to the private company or corporation who decides to include any health promotion initiative in the workplace  
 Experts, materials, and sessions provided and paid directly by the national/or local authorities for any employer or workplace interested in organizing any health promotion initiative  
 Other  
 No, there are no incentives for employers to include health promotion initiatives in their organizations  
 No sufficient information available to the respondent  
 (Please select all that apply)

If other, please explain

\_\_\_\_\_  
(Max 350 words)

In your country, are there any return-to-work programs in place for people with long-term illnesses or sequelae caused by NCDs which mention or have a specific focus on DM?

- Yes, there are return to work programs in place which are run directly by the employer  
 Yes, there are return to work programs in place which are run by the competent national authorities  
 Yes, there are return to work programs in place which are run by the competent regional/local authorities  
 Other  
 No, there are no return to work programs in place in the country  
 No sufficient information available to the respondent  
 (Please select all that apply)

If other, please describe

\_\_\_\_\_  
(max 350)

To what extent are Occupational Health Services (OHS) employed in workplaces?

- There are legally bindings for which employers must refer to an OHS for their employees  
 There are strongly recommended, but not mandated  
 There is no indication  
 Other  
 No sufficient information available to the respondent

If other, please explain

\_\_\_\_\_  
(Max 350 words)

---

Do OHS collaborate with multi-professional teams for the promotion of the ability to work for people with DM?

- Yes  
 No  
 No sufficient information available to the respondent

---

Please indicate which health professionals are involved:

- Diabetologist or diabetes expert  
 Nutritionists or dietary experts  
 Cardiologists or cardiovascular experts  
 Orthopaedics, physiatrist, physiotherapist  
 Other  
 No sufficient information available to the respondent  
(Please select all that apply)

---

If other, please describe

---

(Max 350 words)

---

In your country, are there any research or surveillance initiatives currently monitoring the well being of employees and their risk of developing DM in the workplace?

- Yes  
 No  
 No sufficient information available to the respondent

---

Please describe the research or surveillance initiatives that you are aware of

(Where possible, please provide the year in which each study was started and the principal research authority/institution in charge of the work)

---

(Max 350 words)

---

In your country, are there any research or surveillance initiatives currently monitoring the attitudes, opinions, and knowledge of employers about inclusion, maintenance and return to work of people with DM?

- Yes  
 No  
 No sufficient information available to the respondent

---

Please describe the research or surveillance initiatives that you are aware of

(Where possible, please provide the year in which each study was started and the principal research authority/institution in charge of the work)

---

(Max 350 words)

# JACARDI Context Analysis Questionnaire on Cardiovascular diseases and Diabetes prevention and management measures

## Practical Guidelines

Dear Colleagues,  
Dear Friends,

We are reaching out to you as part of the Joint Action on NFP4Health to provide guidance on completing the questionnaires designed to assess the current state of cardiovascular diseases (CVD) and diabetes prevention and management at the country level. This analysis aims to provide a comprehensive overview of the current status, challenges, gaps, and priorities related to a specific topic within CVD and diabetes prevention and management.

Please, find below key practical points to note:

**The Questionnaires:** there are 12 questionnaires in total, tailored for six different topics: 1) health literacy, 2) data availability, quality, accessibility and sharing, 3) screening high-risk populations and individuals, 4) integrated care pathways, 5) patients' self-management, and 6) labour participation, each for both CVD and diabetes.

**Structured Format:** The questionnaires are structured into two main sections:

- **Governance and Financing:** this section evaluates national legal frameworks, the presence of strategic frameworks (including policies, strategies, and action plans) and whether these frameworks embed an equity and diversity perspective, intersectoral collaborations, and financing related to CVDs and diabetes prevention and management.
- **Service Delivery and Capacity:** this section assesses service delivery and capacity within the six specific topics of 1) health literacy, 2) data availability, quality, accessibility and sharing, 3) screening high-risk populations and individuals, 4) integrated care pathways, 5) patients' self-management, and 6) labour participation.

**Who should complete the Questionnaires?** Each questionnaire (12 in total) should be completed by each country. The National Focal Point has the flexibility and responsibility to decide whether she/he will be able to answer all the 12 questionnaires, or an expert or more experts should be designated in the respective field of CVD or diabetes for the specific topic area. If experts will be involved, the National Focal Point representative is responsible for forwarding the specific questionnaire link to the designated expert. It is worth noting that the Competent Authorities participating in JACARDI are available to support the NFP as experts.

**Online Completion:** it is mandatory that the questionnaires are completed online using the provided links. Please be aware that the online platform employs branching logic, meaning not all questions visible in the PDF versions will necessarily appear during the actual online completion process.

**Additional Resources:** along with the questionnaire links, a zip folder containing a glossary of terminology used in the questionnaires and PDF versions of the questionnaires for consultation is provided. Reviewing these PDFs can aid in selecting the appropriate expert for each questionnaire.

**Forwarding Instructions:** if the NFP decides to designate an expert or more experts to answer to the questionnaire, she/he should forward the questionnaire links to these selected experts. When forwarding, please ensure to include the zip folder containing the additional resources for their reference.

**Timeline:** we kindly ask you to provide answers by **May 17, 2024**.

**We anticipate receiving a total of twelve questionnaires per country, each providing valuable insights into the current state of CVD and diabetes prevention and management. Your invaluable contribution to completing these questionnaires is pivotal, offering profound insights into the prevailing landscape of CVD and diabetes prevention and management, aligning with our shared vision of fostering sustainable and equitable health outcomes.**

**If you have any questions, please feel free to contact JACARDI 5.1 coordination team: [jacardi@iss.it](mailto:jacardi@iss.it)**

**We are truly thankful for your support.  
JACARDI 5.1 Team**

## Practical Guidelines on REDCap utilisation

- **What is REDCap:**  
REDCap is a secure web-based platform for data collection. It's known for its user-friendly interface and robust security
- **Privacy:**  
the survey is completely anonymous, and the information provided will be handled in full compliance with GDPR regulations (Reg. EU 2016/679 - GDPR)
- **How to Access the Survey:**  
to access the questionnaire, simply click on the link provided in the email. There's no need to register. When you click the link, you'll be asked to provide some basic information about the country you're representing and the institution you belong to.
- **Navigating the Survey:**  
the questionnaire is divided into various sections, each displayed on separate pages within RedCap. You can move through these pages by clicking on the "Next Page" and "Previous Page" buttons. Please note that to move on to the next page, you must answer all mandatory questions. Mandatory questions are indicated by a red asterisk (\*). So, make sure to answer them before proceeding.
- **Referring to the Glossary:**  
if you come across any unclear terms while filling out the questionnaires, you can consult the Glossary document provided. This document contains explanations for many of the terms used in the questionnaire. You can find the Glossary document as an attachment within the zip folder titled "Practical Resource for Context Analysis."
- **Saving Your Progress:**  
you have the option to complete the questionnaire in multiple time sessions. To do this, simply click on the "Save and Return" button located at the bottom of each page of the questionnaire. Your progress will be saved, and you will be directed to a page with the instructions to obtain the link to return to your questionnaire later. You can input your email address (which will not be stored with your answers) to receive the link for returning to your questionnaire. This way, you can resume where you left off at your convenience.
- **Submitting Your Responses:**  
once you've reached the last page of the questionnaire, you'll notice that the "Submit" button appears. To finalise and submit your responses, simply click on the "Submit" button. This action will complete the questionnaire submission process. Thank you for your participation!
- **Downloading Your Answers:**  
after submitting the questionnaire, you'll have the option to download a copy of your answers. A button will appear at the bottom of the page where you'll be directed after submitting the questionnaire. Simply click on this button to download your answers.

## Glossary

Dear colleagues, dear friends,

As you engage with the survey, we kindly ask you to refer to the definitions provided for the following terms.

These definitions will serve as guides, ensuring clarity and consistency in your responses.

Thank you for your participation and commitment.

### Cardiovascular diseases (CVD)

Cardiovascular diseases (CVD) are a group of disorders of the heart and blood vessels.

They include: coronary heart disease (a disease of the blood vessels supplying the heart muscle); cerebrovascular disease (a disease of the blood vessels supplying the brain); peripheral arterial disease (a disease of blood vessels supplying the arms and legs); rheumatic heart disease (damage to the heart muscle and heart valves from rheumatic fever, caused by streptococcal bacteria); congenital heart disease (birth defects that affect the normal development and functioning of the heart caused by malformations of the heart structure from birth); deep vein thrombosis and pulmonary embolism (blood clots in the leg veins, which can dislodge and move to the heart and lungs).

### Case management

A community-based intervention that focuses on the planning, provision, and co-ordination of healthcare and social care to meet the needs of the individual.

### Clinical outcomes (indicators)

Specific measures of pre-defined health results related to the disease or procedure evaluated, usually associated with the quality of care. These may include mortality, morbidity, need for health services or interventions, quality of life.

### Commercial determinant of health

Systems, practices, and pathways through which commercial actors drive health and equity.

### Cost-effectiveness (indicators)

Ratio of the net cost of a health intervention divided by the change in health outcomes achieved by the intervention. These are often expressed in terms of quality-adjusted life years (QALYs) or disability-adjusted life years (DALYs).

### Data driven services or solutions (for integrated care pathways)

Services or solutions that are either to provide relevant clinical and contextual information to assist health care professionals and patients in making shared decisions on the course of treatment or to investigate sources of variation in health care use at the organization or system levels to inform quality improvement decisions.

### Diabetes mellitus (DM)

Although there are different types of diabetes or intermediate pathological conditions, (e.g., gestational diabetes, impaired glucose tolerance (IGT) and impaired fasting glycaemia (IFG), ...) in JACARDI, we mainly refer to type 1 and type 2 diabetes:

**Type 1 diabetes** (previously known as insulin-dependent, juvenile or childhood-onset)

It is characterized by deficient insulin production and requires daily administration of insulin. Neither its cause nor the means to prevent it are known.

## **Type 2 diabetes**

It affects how your body uses sugar (glucose) for energy. It stops the body from using insulin properly, which can lead to high levels of blood sugar if not treated. Over time, type 2 diabetes can cause serious damage to the body, especially nerves and blood vessels. Type 2 diabetes is often preventable. Factors that contribute to developing type 2 diabetes include being overweight, not getting enough exercise, and genetics. Early diagnosis is important to prevent the worst effects of type 2 diabetes.

## **Health literacy**

This represents the personal knowledge and competencies that accumulate through daily activities and social interactions and across generations. Personal knowledge and competencies are mediated by the organizational structures and availability of resources that enable people to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being for themselves and those around them. When talking about health literacy we may refer to:

### **Community health literacy**

Community health literacy refers to health literacy-related assets (knowledge, resources and abilities) including: (a) the knowledge that is held by people in the community, (b) the extent to which knowledge is trusted, circulated and adapted freely in a community, (c) health promoting customs embedded in cultural beliefs and norms, as well as in traditional or emerging practices of daily life, and (d) the relationships that the community has with outside sources of information.

Family, peer and community conversations and interactions are central.

### **Health literacy of an individual**

The health literacy of an individual, as viewed from a globally relevant perspective, is people's knowledge, confidence and comfort – which accumulate through daily activities, social interactions, and across generations – to access, understand, appraise, remember and use information about health and health care, for the health and well-being of themselves and those around them.

### **Health literacy responsiveness**

Health literacy responsiveness refers to the extent to which health workers, services, systems, organizations, and policy-makers (across government sectors and through cross-sectoral public policies) recognize and accommodate diverse traditions and health literacy strengths, needs and preferences to create enabling environments that optimize equitable access to and engagement with health information and services, and support for the health and well-being of individuals, families, groups and communities.

### **Health literacy development**

Health literacy development refers to the ways in which health workers, services, systems, organizations, and policy-makers (across government sectors and through cross-sectoral public policies) build the knowledge, confidence and comfort of individuals, families, groups and communities through enabling environments. Enabling environments support people to access, understand, appraise, remember and use information about health and health care, through verbal, written, digital, and other communication channels and social resources, for the health and well-being of themselves and those around them, within the circumstances and demands of their daily lives.

## **Institutional commitment**

Public institutions recognise the importance of the disease (e.g., address the issue in public speaking, mention the issue in strategic and policy documents) and the importance of shaping and designing policies and actions that address the issue although concrete actions may not be in place yet.

### **Integrated Care Pathways**

Integrated Care Pathways define the expected course of events in the care of a patient with a particular condition, within a set time-scale. A pathway is divided into time intervals during which specific goals and expected progress are defined, together with appropriate investigations and treatment. A pathway reflects the activities of a multidisciplinary team and can incorporate established guidelines and evidence-based medicine. It is usually unique to the institution in which it was developed.

### **National legislation**

This includes various sources of law, in particular the constitution, the statutes or legislation (which can be adopted at national, regional or local level), and/or regulations by government agencies.

### **Patients' self-management activities**

Patients' self-management activities: Self-management activities aim to empower people with long-term conditions to take control of their treatment and manage their own health, both physical and mental. Self-management involves the following tasks: healthy lifestyle; self-care related to one's condition (e.g. medication management, foot checks); interacting with care professionals (e.g. engaging in decision-making, care plans); and coping with the condition in daily life (e.g. relations, work, etc).

### **Performance measures**

Standardized, evidence-based, quantitative measures of the degree to which a health process is performed with respect to or in agreement with a defined reference or standard.

### **Process-based care management**

Approach to healthcare that focuses on the processes involved in delivering care, such as assessments, interventions and evaluations. The goal is to improve the quality of care and patient outcomes by standardizing processes, ensuring consistency and facilitating coordinated care across different services and providers so Every patient receives consistent and high-quality care regardless of the specific provider or service. Care pathways, clinical guidelines or protocols are often included in process-based care management.

### **Quality of care (indicators)**

Standardized, evidence-based, quantitative measures of the degree to which health services for individuals or populations are effective, safe, timely, efficient, equitable and/or people-centered. These are traditionally divided into structural, performance measures and clinical outcomes.

### **Reasonable accommodations**

Reasonable accommodation is any change to a job or a work environment that is needed to enable a person with a disability to apply, perform and advance in job functions, or undertake training.

### **Registry/Registries**

Systematic collection of data in a digital or physical record containing regular entries of items or details of data related to a specific group of individuals or topics (i.e. disease) during a defined period of time.

### **Screening activities for persons at a high risk**

Activities aimed at identifying people at high risk of developing the disease. This includes different types of screening, i.e. population level screening through health examination surveys or individual level screening conducted in the framework of health care systems as systematic or opportunistic screening. In general, screening should cover identification of individuals/population groups with known risk factors for the disease.

### **Shared Decision-Making**

An approach where clinicians and patients make decisions together using the best available evidence. Patients are encouraged to think about the available screening, treatment, or management options and the likely benefits and harms of each so that they can communicate their preferences and help select the best course of action for them. Shared decision-making respects patient autonomy and promotes patient engagement.

### **Strategic framework**

A unifying framework that provides strategic guidance to the health and/or other relevant sectors to assist in achieving certain objectives. It is a coherent set of documents (e.g., guidelines), action plans and/or interventions (e.g., programmes).

### **Utilisation rate**

Frequency of use of any given service, facility, resource or procedure divided by the total volume of these available during a specific time frame.

## 6.2 JACARDI Pilots presentation and “validation” of their Scientific Rationale – Practice(s) identified checklist

---

## JACARDI Pilots presentation and “validation” of their Scientific Rationale – Practice(s) identified Checklist

This checklist is intended for the representatives of the Implementation Board to monitor the process of pilots’ presentation of their objective and their scientific rationale meets the expected quality. The IB representatives will complete the checklist in order to:

- Assess the evidence-based intervention selected and assess whether specific criteria\* are met;
- Provide specific feedback or concerns to the pilots and WP leader, which can be addressed in a separate ad hoc meeting.

<b>WP</b>	
<b>Overall observations – Suggestions for the WP Leadership</b>	

<b>WP</b>	
<b>Overall observations – Suggestions for the Core Pilot Team</b>	

<b>Pilot code and name</b>	
<b>The Rationale of the pilot is scientifically robust</b> (the explanation of rationale of pilot has strong scientific basis)	
<b>The general objectives of pilots are clear</b>	
<b>The practice(s) presented are evidence based</b> (for more in-depth details, please refer to the Annex 4a or 4b)	
<b>The practice(s) presented are relevant for the pilot</b>	
<b>The pilot met at least one of the six criteria* identified</b>	
<b>The criteria were presented with explanatory arguments</b>	
<b>The pilot and the corresponding practices are validated</b>	
<b>Additional comments</b> (please, report here argumentation if you checked major comments/concerns, including potential risks overall or related to any of the specified criteria)	

\* *Effectiveness and efficiency of the intervention, Equity, Transferability, Sustainability, Participation, Intersectoral collaboration*

## 6.3 Country Profile from the European mapping

---



# Belgium

## Health literacy

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No sufficient information available to the respondent	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No sufficient information available to the respondent	No	
<b>Implementation stage</b>			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	Yes	Type 1 DM; Type 2 DM; Other
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		Yes	
Key actors involved		Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Regional and/or Local Educational Authorities; Social science and health research institutes/Universities; Patient/citizen associations; Health promotion foundations; Other Third Sector/Non-Profit Organisations	
<b>Equity approach</b>			
Commitment to tackle inequities		Yes	
Recommendations		Development of plain language and multilingual communications; Developing DM prevention and awareness strategies that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing persons in vulnerable situations; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting the health literacy responsiveness across the different organisational levels of the health and social care service; Promoting the health literacy responsiveness across the different geographic levels of the health and social care service; Developing and implementing workplace health promotion programs	
Populations in vulnerable situations who are addressed by the strategy		Pregnant women; Individuals with a family history of DM; Individuals with other concurrent medical conditions that increase the risk of DM; Migrants and ethnic/national minorities; Individuals belonging to socioeconomically disadvantaged groups	
Campaigns to tackle commercial determinants of health		Campaigns based on independent information and/or on evidence-based resources	
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No, there is not a funding allocation	
Funding at regional/local level	No sufficient information available to the respondent	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Type 2 DM
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	No sufficient information available to the respondent	Fully implemented	
...activities to promote HL among leaders and policy-makers in different sectors	No sufficient information available to the respondent	No sufficient information available to the respondent	
...strategies concerning HL for mass communication	No sufficient information available to the respondent	No sufficient information available to the respondent	
...programs to promote child and adolescent HL	No sufficient information available to the respondent	No sufficient information available to the respondent	
...initiatives to improve digital HL	No sufficient information available to the respondent	No sufficient information available to the respondent	
...programs to improve HL and behaviour change competencies of health-care staff	No sufficient information available to the respondent	No sufficient information available to the respondent	
...HL-related activities for targeting gap groups	No sufficient information available to the respondent	No sufficient information available to the respondent	
...initiatives directed to enabling consumer choice and self-direction	No sufficient information available to the respondent	No sufficient information available to the respondent	
...initiatives to promote community action on health-related issues	No sufficient information available to the respondent	No sufficient information available to the respondent	
Legislative framework notes			
Institutional commitment and strategic framework notes			



# Belgium

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	No	No	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent		No
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics			
Sociodemographic variables collected			
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 1 DM; Type 2 DM
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Coronary Artery Disease; Stroke (Cerebrovascular disease); Peripheral Vascular disease; Other CVDs		Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits
... registries that include information about epidemiology, clinical care and outcomes at national level	No	Yes	Type 1 DM; Type 2 DM
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	Yes	Yes	Type 1 DM; Type 2 DM
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	No	No	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	No	No	
... review and request its rectification of information regarding their health status via electronic devices?	No	No	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	No	No	
... policies on data accessibility	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes only at national level	Yes only at national level	
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes only at national level	Yes only at national level	

Legislative framework notes		
Institutional commitment and strategic framework notes		In Belgium, diabetes care for type 1 diabetes patients and type 2 diabetes patients on intensive insulin is centrally organized through a system called the convention. Within this convention, from the National Institute for Sickness and Disability Insurance (NIHDI), participation to a quality improvement initiative is required. Sciensano has the role to work out this project, and create and maintain this diabetes register. At the level of primary care, there is the diabetes barometer. General practitioners are encouraged to participate, as participating in this barometer counts towards the integrated practice premium. Recently, the Health Data Agency was established on request of the Belgian Ministry of Health. One of the goals of the HDA is to facilitate data findability and data access requests, and ensuring that this is done within GDPR and EHDS guidelines and requirements.



# Belgium

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	No sufficient information available to the respondent	Not in place yet but under development	
Aims			
Implementation stage			
Target group			
Regional variability in implementation			
If not, is there a regional/local strategic framework?	No	Yes	Type 2 DM
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		Yes	
Key actors involved		Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Pharmacies; Patient/citizen associations; Other	
<b>Equity approach</b>			
Commitment to tackle inequities		No	
Recommendations			
Populations in vulnerable situations who are addressed by the strategy		Pregnant women; Migrants and ethnic/national minorities	
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Type 2 DM; Other
Funding at regional/local level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Type 2 DM
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	No	No	
Data systematically collected from patients to monitor risk factors			
Data collection method			
Use of risk assessment tools	Yes, they are used mainly by health professionals	No, they are generally not used	
Risk assessment tools routinely used	ESC SCORE2; ESC SCORE2-OP; ESC SCORE2-Diabetes; ESC SCORE national adaptation		

Legislative framework notes		
Institutional commitment and strategic framework notes		Halt2Diabetes programme aiming people >45yrs, based on FINDRISC questionnaire (location: Flanders). Normal risk (<7/26) = lifestyle advice, moderate risk (7-11/26) = intensive lifestyle modifications, very high risk (>12/26) consult with GP advised for check blood values glycemia/lipids and general health check (BP, BMI, etc.). Depending on the results: if diabetes is diagnosed, then treatment for diabetes will be administered, if diabetes is not diagnosed, then lifestyle coaching (weight, sports, food, smoking, etc.) will be provided. There are no corresponding program to this in Wallonia/Brussels, but some pilots are present.



Belgium

## Integrated care pathways

	CVDs	DM (type if specified)
	<b>Legal framework</b>	
Is there a national legislation? Regional/Local variability	No	No
	<b>Strategic framework</b>	
Is there a national strategic framework?	Yes	Yes Other
Aims	Improve patient experience; Improve patient-centered care; Promote patient empowerment and involvement; Improve clinical outcomes; Facilitate interdisciplinary/multidisciplinary collaboration; Monitor and evaluate of the quality of care; Risk assessment and management; Enhance coordination among different services (i.e. social, health..)	Improve patient experience; Improve patient-centered care; Promote patient empowerment and involvement; Improve clinical outcomes; Facilitate interdisciplinary/multidisciplinary collaboration; Monitor and evaluate of the quality of care; Risk assessment and management; Enhance coordination among different services (i.e. social, health..)
Implementation stage	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
Regional variability in implementation	No	No
If there is not a national strategic framework, is there a regional/local strategic framework?		
	<b>Intersectoral approach</b>	
Involvement of different stakeholders	Yes	Yes
Involvement of different levels of government	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; Social science and health research institutes/Universities; Patient/citizen associations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; Social science and health research institutes/Universities; Patient/citizen associations
	<b>Equity approach</b>	
Commitment to tackle inequities	Yes	Yes
Recommendations	None	None
populations in vulnerable situations who are addressed by the strategy	Older persons	Older persons
	<b>Funding</b>	
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
Funding at regional/local level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
	<b>Service delivery and capacity</b>	
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Dieticians; Pharmacists; Psychologists	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Dieticians; Pharmacists; Psychologists; Other
Level of implementation of...		
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in some healthcare services	Implemented in some healthcare services
... case management	Not implemented nor planned	Implemented in some healthcare services
Professionals acting as leading coordinator of case management		General practitioners
Setting in which case management is usually conducted		Ambulatory care services (e.g. outpatient clinics, primary care service)
... shared decision-making	Implemented in some healthcare services	Implemented in some healthcare services
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...)	Non-technical skills (e.g.: encouraging patients to ask questions, ...)
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of basic nursing training; A dedicated part of specialist nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of basic nursing training; A dedicated part of specialist nursing training
Inclusion of digital technologies in delivery of care pathways	Yes	Yes
Areas where digital technologies are used	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients)	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients)
Level of implementation of aspects related to...		
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.

Legislative framework notes		
Institutional commitment and strategic framework notes	<p>Joint plan for chronic diseases: Integrated care for a better health. With this Plan, the health ministers commit to support the development of integrated care for the chronically ill through 4 lines of action: (1) pilot projects, (2) scientific, methodological and technical guidance, (3) governance structure to support the change process, (4) additional measures and complementary actions by the different ministers within their own competences. They also commit to develop initiatives that strengthen this Plan. Various consultations with stakeholders have shown that 18 components are important for the development of integrated care. These 18 components belong to different domains in health and welfare care, for which various authorities are competent. In order to act simultaneously at the different levels, close cooperation between the competence levels (federal, communities, regions and local) is essential. Most of the components can be tested via pilot projects (action line 1). This approach is preferred to evaluate feasibility on the one hand, but also to create a support base among care providers, health care providers and the population. The implementation of the various components of the plan also requires scientific, technical and methodological support (action line 2) to identify, develop and implement best practices. The steering of the plan is incorporated through a governance structure (action line 3) that involves policy makers as well as scientific environments and stakeholders to ensure the implementation, coordination, monitoring, support, funding and promotion of the plan.</p> <p>The governance structure will be defined together with the different federated states taking into account the choices there and taking into account the respective competences. In addition, several initiatives and support from the relevant authorities are also needed in the elaboration of the 18 components (action line 4). Each level of government can support the process through specific or complementary actions within its own competences. All governments affirm the importance of integrated care in their respective government agreements.</p>	<p>Joint plan for chronic diseases: Integrated care for a better health. With this Plan, the health ministers commit to support the development of integrated care for the chronically ill through 4 lines of action: (1) pilot projects, (2) scientific, methodological and technical guidance, (3) governance structure to support the change process, (4) additional measures and complementary actions by the different ministers within their own competences. They also commit to develop initiatives that strengthen this Plan. Various consultations with stakeholders have shown that 18 components are important for the development of integrated care. These 18 components belong to different domains in health and welfare care, for which various authorities are competent. In order to act simultaneously at the different levels, close cooperation between the competence levels (federal, communities, regions and local) is essential. Most of the components can be tested via pilot projects (action line 1). This approach is preferred to evaluate feasibility on the one hand, but also to create a support base among care providers, health care providers and the population. The implementation of the various components of the plan also requires scientific, technical and methodological support (action line 2) to identify, develop and implement best practices. The steering of the plan is incorporated through a governance structure (action line 3) that involves policy makers as well as scientific environments and stakeholders to ensure the implementation, coordination, monitoring, support, funding and promotion of the plan.</p> <p>The governance structure will be defined together with the different federated states taking into account the choices there and taking into account the respective competences. In addition, several initiatives and support from the relevant authorities are also needed in the elaboration of the 18 components (action line 4). Each level of government can support the process through specific or complementary actions within its own competences. All governments affirm the importance of integrated care in their respective government agreements.</p>



# Belgium

## Patients' self-management

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No sufficient information available to the respondent	Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of DM	Type 1 DM; Type 2 DM
Regional/Local variability		Yes	
<b>Strategic framework</b>			
Is there a national strategic framework?	No sufficient information available to the respondent	Yes	Type 1 DM; Type 2 DM
Aims		Increase patients knowledge about DM; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase competencies of healthcare professionals in conducting patients self management programs/initiative	
Implementation stage		The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Regional variability in implementation		Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent		
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		No	
Key actors involved		National, Regional and/or Local Public Health Agencies; Insurances; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Pharmaceutical industries; Other Third Sector/Non-Profit Organisations	
<b>Equity approach</b>			
Commitment to tackle inequities		No sufficient information available to the respondent	
Recommendations			
Populations in vulnerable situations who are addressed by the strategy		None	
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 1 DM; Type 2 DM
Funding at regional/local level	No sufficient information available to the respondent	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Self-management programs provided	No sufficient information available to the respondent	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health	
Composition of multi-professional teams in charge of the delivery of self-management support	No sufficient information available to the respondent	Diabetologist; General Practitioner; Nurse; Dietician; Pharmacists; Physiotherapists	
Interventions to overcome specific type of barriers	No sufficient information available to the respondent	Financial barriers (e.g., cost of treatment, lack of insurance coverage)	
Quality indicators collected	No sufficient information available to the respondent	Activity and participation/adherence (percentage of patients joining and continuing the program over time); Process indicators (e.g., attendance rates and engagement in self-management activities); Costs	
Validated tools used to collect and measures quality indicators		No, only process parameters are collected, but even not with the aim to use them as QI. They are registered as fee-for-service acts with a reimbursement aim; Indirectly, they can be used to evaluate the number of participants and the participation rate per participant.	
Type of self-management training of teams	No sufficient information available to the respondent	No, self-management training is not provided	
<b>Involvement of patients in ...</b>			
planning of self-management services	No sufficient information available to the respondent	Never	
delivery of self-management services	No sufficient information available to the respondent	Never	
evaluation of self-management services	No sufficient information available to the respondent	Never	
Degree of personalisation of self-management services (1-10)	5	6	
Monitoring of self-management services at national level	No sufficient information available to the respondent	No	

<p>Legislative framework notes</p>		<p>Three regulations for 3 different, partially complementary/overlapping diabetes populations are in place: 1. Regulation on 'start trajectory' (onset diabetes until care trajectory), 2. Regulation on 'care trajectory' (injectables until 2 daily insulin injections included), 3. Regulation on convention (2 or more insulin injections a day). All regulations encompass more than just self-management, but they also include provisions for self-management.</p> <p>1. Diabetes Start trajectory: designed for individuals with newly diagnosed diabetes mellitus (DM) and provides access to self-management education by an educator, pharmacist, physiotherapist, podiatrist, and also includes one yearly visit to a dentist. It represents primarily an engagement between the patient and primary care providers;</p> <p>2. Diabetes Care trajectory: designed for individuals with DM with injectables and opens access to self-management similar to the start trajectory education and glucose monitoring materials. It is a triangulation between patient, primary care and diabetes specialist;</p> <p>3. 'Diabetes Convention': contract between patient and a specialist diabetes centre led by a diabetologist. It is destined to people with Diabetes and multiple insulin injections. Thus, either Type 1, or Type 2 with multiple injections. It offers access to glucose monitoring materials, including continuous glucose monitoring sensors and a large self-management education program. All this is hospital based because the 'convention centres' should be associated to a hospital.</p>
<p>Institutional commitment and strategic framework notes</p>		<p>The NIHDI, which is the national (still Federal) health assurance authority regulates the financial reimbursement of medical acts, including self-management. There is no such thing as a national diabetes plan, but by regulating the financial framework, the NIHDI as institution plays an important role in promoting self-management for people with DM.</p>
<p>Useful links</p>		<p><a href="https://www.riziv.fgov.be/nl/onthaal">https://www.riziv.fgov.be/nl/onthaal</a></p>



# Belgium

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation? Regional/Local variability	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Strategic framework</b>			
Is there a national strategic framework? Aims	No sufficient information available to the respondent	No sufficient information available to the respondent	
Implementation stage Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities Recommendations populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No sufficient information available to the respondent	
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence of health education programs available for employers and employees	No sufficient information available to the respondent	No sufficient information available to the respondent	
Types of programs promoting healthy lifestyles in the workplace	No sufficient information available to the respondent	No sufficient information available to the respondent	
Presence of incentives to hire employees with CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
Welfare interventions to protect employees with CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
Return-to-work programs for people with CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Legislative framework notes</b>			
Institutional commitment and strategic framework notes			



# Croatia

## Health literacy

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	No	No	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
Populations in vulnerable situations who are addressed by the strategy			
Campaigns to tackle commercial determinants of health			
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Type 2 DM
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	Partially implemented	Partially implemented	
...activities to promote HL among leaders and policy-makers in different sectors	Planned but not yet implemented	Planned but not yet implemented	
...strategies concerning HL for mass communication	Planned but not yet implemented	Planned but not yet implemented	
...programs to promote child and adolescent HL	Fully implemented	Fully implemented	
...initiatives to improve digital HL	Planned but not yet implemented	Planned but not yet implemented	
...programs to improve HL and behaviour change competencies of health-care staff	Planned but not yet implemented	Planned but not yet implemented	
...HL-related activities for targeting gap groups	Partially implemented	Partially implemented	
...initiatives directed to enabling consumer choice and self-direction	Partially implemented	Partially implemented	
...initiatives to promote community action on health-related issues	Partially implemented	Partially implemented	


Legislative framework notes		
Institutional commitment and strategic framework notes	Croatian Institute of Public Health, as well as the Ministry of Health and other relevant health institutions, are increasingly expressing their commitment to improving health literacy in Croatia, with an emphasis on cardiovascular and other chronic non-communicable diseases. The very participation of the Croatian Institute of Public Health (CIPH) in JACARDI demonstrates the relevance and commitment attributed to this cause by the CIPH and the Croatian institutions. One instance of this commitment is represented by the website prozorzdavlja.hr ("the health window"), created by e.g., the CIPH. The goal of the Health Window is to enable all citizens, especially those diagnosed with one or more chronic diseases, to find relevant and verified information about the disease itself, diagnosis, treatment and impact of the disease on everyday life in one place.	Croatian Institute of Public Health, as well as the Ministry of Health and other relevant health institutions, are increasingly expressing their commitment to improving health literacy in Croatia, with an emphasis on cardiovascular and other chronic non-communicable diseases. The very participation of the Croatian Institute of Public Health (CIPH) in JACARDI demonstrates the relevance and commitment attributed to this cause by the CIPH and the Croatian institutions. One instance of this commitment is represented by the website prozorzdavlja.hr ("the health window"), created by e.g., the CIPH. The goal of the Health Window is to enable all citizens, especially those diagnosed with one or more chronic diseases, to find relevant and verified information about the disease itself, diagnosis, treatment and impact of the disease on everyday life in one place.



Croatia

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions disease registries, but it is not CVDs-specific	There is a legislation that mentions disease registries, but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	Not in place yet but under development	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	Yes	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes		
Involvement of different governmental bodies	Yes		
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies		
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics	Yes		
Sociodemographic variables collected	Age; Sex; Comorbidities; Occupation; Other		
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels; Coronary Artery Disease; Stroke (Cerebrovascular disease); Other CVDs		None
... registries that include information about epidemiology, clinical care and outcomes at national level	No	Yes	Type 1 DM; Type 2 DM; Other
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	Yes	No	
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	Yes	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	No	No	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	Yes only at national level	
... policies on data accessibility	Yes at both national and local/regional level	Yes only at national level	
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes at both national and local/regional level	Yes only at national level	
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes at both national and local/regional level	Yes only at national level	
Legislative framework notes			
Institutional commitment and strategic framework notes	Croatian National Diabetes Registry (CroDiab), established in 2000, is an integral part of the National Public Health Information System (NAJS) within the Croatian Institute of Public Health, which is responsible for its development and maintenance.		

 <b>Croatia</b>			
<b>Screening high-risk populations and individuals</b>			
	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	DM (without distinction between types)
Aims	The National program of screening and early detection of family hypercholesterolaemia is a document that describes how the screening for family hypercholesterolaemia among children starting elementary school is to be carried out in Croatia.	a) increase in the number of newly discovered cases of diabetes in the early stage by 80% over five years, through early detection of diabetes within the primary health care system b) reduction in the frequency of diabetes complications by 20% five years after the onset c) implementation of the program d) approximation of pregnancy outcomes in women with diabetes to those of healthy women, with the establishment of a system of adequate monitoring and supervision over the outcomes of pregnancies in women with diabetes	
Implementation stage	The implementation of the strategic framework has started AND assessments have already been made	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	
Target group	Specific population groups	General population with oversampling/supplementary sample for specific population groups	
Regional variability in implementation	No	No	
If not, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Insurances; Scientific societies; Other	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Insurances; Scientific societies; Patient/citizen associations	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for CVDs; Providing free or low-cost screening services	Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for DM; Providing free or low-cost screening services	
Populations in vulnerable situations who are addressed by the strategy	Children; Individuals belonging to socioeconomically disadvantaged groups	Pregnant women	
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	Yes, at the national level only	Yes, both at the national and regional/local level	
Data systematically collected from patients to monitor risk factors	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; Height measurement; Weight measurement; Waist circumference; Age; Sex; Place of living; Education; Marital status	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Age; Sex; Place of living; Education; Marital status	
Data collection method	Population based (general population) health examination survey	Population based (general population) health examination survey; Opportunistic screening; Targeted systematic screening at the health care setting	
Use of risk assessment tools	No sufficient information available to the respondent	No sufficient information available to the respondent	
Risk assessment tools routinely used			

<b>Legislative framework notes</b>		
Institutional commitment and strategic framework notes	Multiple institutions participate in the creation and monitoring of the National program for screening and early detection of family hypercholesterolaemia: Croatian Cardiology Society, Croatian Society for Atherosclerosis of the Croatian Medical Association (CML), Croatian Society for School and University Medicine in CML, Croatian Pediatric Society in CML, Croatian Society for Preventive and Social Pediatrics in CML, Croatian Chamber medical biochemists, Croatian Institute of Public Health and the Ministry of Health. Also, many other institutions participate in the Program's implementation (e.g. heart and blood vessels diseases, addressed by the CHC Zagreb, the Croatian Society for Atherosclerosis, the Institute for Metabolic Diseases, the Clinics for internal diseases in CHC Zagreb, the Reference Center for Medical Genetics; metabolic diseases of children and newborn screening, addressed by the Ministry of Health, the Croatian Institute of Public Health and the Croatian Institute for Health Insurance).	Many institutions are involved and have actively participated in the screening activities proposed by National programme of health protection for persons with diabetes disease 2015-2020.



# Croatia

## Integrated care pathways

CVDs

DM (type if specified)

### Legal framework

Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for CVDs	No
Regional/Local variability	No	

### Strategic framework

Is there a national strategic framework?	Not in place yet but under development	Not in place yet but under development
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	Not in place yet but under development	No sufficient information available to the respondent

### Intersectoral approach

Involvement of different stakeholders		
Involvement of different levels of government		
Key actors involved		

### Equity approach

Commitment to tackle inequities		
Recommendations		
populations in vulnerable situations who are addressed by the strategy		

### Funding

Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	No, there is not a funding allocation
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	No, there is not a funding allocation

### Service delivery and capacity

Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Occupational therapists; Physiotherapists; Social workers, professional caregivers; Dieticians; Psychologists	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses
---	--	---

### Level of implementation of...

... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in most healthcare services	Implemented in most healthcare services
... case management	Implemented in most healthcare services	Implemented in most healthcare services
Professionals acting as leading coordinator of case management	General practitioners	General practitioners
Setting in which case management is usually conducted	Ambulatory care services (e.g.: outpatient clinics, primary care service)	Ambulatory care services (e.g.: outpatient clinics, primary care service)
... shared decision-making	Implemented in most healthcare services	Implemented in most healthcare services
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...); Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails)	Involvement of professionals able to let people understand, coherently with their specific needs
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of basic nursing training	A dedicated part of specialist medical training; A dedicated part of specialist nursing training
Inclusion of digital technologies in delivery of care pathways	No sufficient information available to the respondent	No sufficient information available to the respondent
Areas where digital technologies are used		
Level of implementation of aspects related to...		
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.

Legislative framework notes	National strategic document: The National Health Development Plan For The Period 2021-2027. This type of document sets the vision, priorities, goals and key measures Croatia wants to implement to improve health and the health system. It entered into force in 2021 and details how the advancement and integration of care for CVDs explicitly will be undertaken. It explains the logistics and network of health facilities and healthcare professionals which will coordinate the activities and the target population that will be encompassed. The document is published via the web site of The Croatian Ministry of Health (see "Useful links").
Institutional commitment and strategic framework notes	The national strategic document, The National Health Development Plan for 2021-2027, and its entry into force reflect clear political commitment.
Useful links	<a href="https://zdravlje.gov.hr/UserDocsImages/2022%20Objave/Nacionalni%20plan%20razvoja%20zdravstva%202021.-2027..pdf">https://zdravlje.gov.hr/UserDocsImages/2022%20Objave/Nacionalni%20plan%20razvoja%20zdravstva%202021.-2027..pdf</a>



Croatia

## Patients' self-management

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of DM	DM (without distinction between types)
Regional/Local variability	No sufficient information available to the respondent		
<b>Strategic framework</b>			
Is there a national strategic framework?	No	Yes	DM (without distinction between types)
Aims	Increase patients knowledge about DM; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management)		
Implementation stage	No sufficient information available to the respondent		
Regional variability in implementation	No sufficient information available to the respondent		
If there is not a national strategic framework, is there a regional/local strategic framework?	No		
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes		
Involvement of different governmental bodies	Yes		
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities		
<b>Equity approach</b>			
Commitment to tackle inequities	No sufficient information available to the respondent		
Recommendations			
Populations in vulnerable situations who are addressed by the strategy	Pregnant women		
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No sufficient information available to the respondent	
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Self-management programs provided	No sufficient information available to the respondent	No sufficient information available to the respondent	
Composition of multi-professional teams in charge of the delivery of self-management support	No sufficient information available to the respondent	No sufficient information available to the respondent	
Interventions to overcome specific type of barriers	No sufficient information available to the respondent	No sufficient information available to the respondent	
Quality indicators collected	Healthcare use	Healthcare use	
Validated tools used to collect and measures quality indicators			
Type of self-management training of teams	No sufficient information available to the respondent	No sufficient information available to the respondent	
Involvement of patients in ...			
planning of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent	
delivery of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent	
evaluation of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent	
Degree of personalisation of self-management services (1-10)	5	5	
Monitoring of self-management services at national level	No	No sufficient information available to the respondent	

Legislative framework notes		
Institutional commitment and strategic framework notes	One of the tasks of the national and regional public health authorities is to propose, encourage and participate in the implementation of health education and health promotion programs from which individuals receive all the necessary information for self-management of CVDs.	One of the tasks of the national and regional public health authorities is to propose, encourage and participate in the implementation of health education and health promotion programs from which individuals receive all the necessary information for self-management of diabetes.



# Croatia

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Not in place yet but under development	Not in place yet but under development
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No sufficient information available to the respondent	No sufficient information available to the respondent
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence of health education programs available for employers and employees	There are health education programs to increase awareness of NCDs, but they are not specific to CVDs	There are health education programs to increase awareness of NCDs, but they are not specific to DM
Types of programs promoting healthy lifestyles in the workplace	National programs on the promotion of healthy lifestyle aimed at preventing CVDs, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees; Programs organised by Patients Associations within each workplace	National programs on the promotion of healthy lifestyle aimed at preventing DM, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees; Programs organised by Patients Associations within each workplace
Presence of incentives to hire employees with CVDs or DM	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to CVDs	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to DM
Welfare interventions to protect employees with CVDs or DM	Disability allowance; Health insurance; Disability pension	Disability allowance; Health insurance; Disability pension
Return-to-work programs for people with CVDs or DM	None	None
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No	No
Legislative framework notes		
Institutional commitment and strategic framework notes		



Cyprus

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	No
Notes		
Regional/Local variability		
<b>Strategic framework</b>		
Is there a national strategic framework?	Not in place yet but under development	Yes DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Aims		Monitor population health; Monitor and evaluate the effectiveness of public health interventions; Analyse and monitor risk factors; Analyse and monitor social determinants of health; Facilitate access to data; Contribute to scientific and epidemiological research; Contribute to public health intervention planning
Implementation stage		The strategic framework is prepared and approved BUT the implementation has not started yet
Regional variability in implementation		No
If not, is there a regional/local strategic framework?	No	
<b>Intersectoral approach</b>		
Involvement of different stakeholders		Yes
Involvement of different governmental bodies		Yes
Key actors involved		Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies
<b>Equity approach</b>		
Focus on equity and collection of/linkage to data on sociodemographic characteristics		Yes
Sociodemographic variables collected		Age; Sex; Comorbidities; Pregnancy status; Disability; Citizenship
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies) DM (without distinction between types); Type 1 DM; Type 2 DM
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies) DM (without distinction between types); Type 1 DM; Type 2 DM
<b>Service delivery and capacity</b>		
Presence of...		
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Cardiovascular diseases (general); Heart failure; Stroke (Cerebrovascular disease)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels; Glucose levels or HbA1c levels
... registries that include information about epidemiology, clinical care and outcomes at national level	No	Yes Type 1 DM; Type 2 DM; Other
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No	No sufficient information available to the respondent
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes
... an electronic health record system that enables	Yes	Yes
Can people entitled to health care ...		
... access their complete medical records from electronic devices?	Yes	Yes
... review and request its rectification of information	No	No
Presence of ...		
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	Yes at both national and regional/local level
... policies on data accessibility	No sufficient information available to the respondent	No sufficient information available to the respondent
... policies on accountability for data accessibility, and this information is accessible and transparent	No sufficient information available to the respondent	No sufficient information available to the respondent
... policies on traceability of data access by managers, researchers or other data access stakeholders	No sufficient information available to the respondent	No sufficient information available to the respondent
Legislative framework notes		
Institutional commitment and strategic framework notes	Ministry of Health, Strategic Action Plan for Strokes and Heart Attack (under development).	Strategic action plan for Diabetes mellitus.

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions health literacy but it is not CVDs-specific	No
Notes		
Regional/Local variability	No sufficient information available to the respondent	
<b>Strategic framework</b>		
Is there a national strategic framework?	No sufficient information available to the respondent	Yes
Aims		Increase public awareness of DM and its risk factors
Implementation stage		Other
Regional variability in implementation		No
If there is not a national strategic framework, is there a	No sufficient information available to the respondent	
<b>Intersectoral approach</b>		
Involvement of different stakeholders		Yes
Involvement of different governmental bodies		No
Key actors involved		Ministry of Health (or equivalent); Scientific societies; Private sector; Other Third Sector/Non-Profit Organisations
<b>Equity approach</b>		
Commitment to tackle inequities		No
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		Older persons
Campaigns to tackle commercial determinants of health		Campaigns on incentives for healthy food products
<b>Funding</b>		
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	No sufficient information available to the respondent	Not implemented nor planned
...activities to promote HL among leaders and policy-makers in different sectors	Not implemented nor planned	No sufficient information available to the respondent
...strategies concerning HL for mass communication	No sufficient information available to the respondent	Not implemented nor planned
...programs to promote child and adolescent HL	Partially implemented	Not implemented nor planned
...initiatives to improve digital HL	Planned but not yet implemented	No sufficient information available to the respondent
...programs to improve HL and behaviour change competencies of health-care staff	Not implemented nor planned	Not implemented nor planned
...HL-related activities for targeting gap groups	Partially implemented	Not implemented nor planned
...initiatives directed to enabling consumer choice and self-direction	No sufficient information available to the respondent	Not implemented nor planned
...initiatives to promote community action on health-related issues	No sufficient information available to the respondent	Not implemented nor planned

Legislative framework notes		
Institutional commitment and strategic framework notes		



# Czech Republic

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No sufficient information available to the respondent	There is a legislation that mentions disease registries, but it is not DM-specific	
Regional/Local variability		No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	No sufficient information available to the respondent	
Aims	Facilitate access to data; Contribute to public health intervention planning		
Implementation stage	The implementation of the strategic framework has started AND assessments have already been made		
Regional variability in implementation	No sufficient information available to the respondent		
If there is not a national strategic framework, is there a regional/local strategic framework?		No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders	No		
Involvement of different governmental bodies	No		
Key actors involved	Ministry of Health (or equivalent)		
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics	No sufficient information available to the respondent		
Sociodemographic variables collected			
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No, there is not a funding allocation	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Type 1 DM; Other
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Coronary Artery Disease; Heart Valve Disease	None	
... registries that include information about epidemiology, clinical care and outcomes at national level	Yes	No	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No	Yes	Type 1 DM
... a unique identifier for each person that allows access to and integration of all health-related information	No	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	No	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	No sufficient information available to the respondent	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	No sufficient information available to the respondent	No	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	No sufficient information available to the respondent	No	
... policies on data accessibility	No sufficient information available to the respondent	Yes only at national level	
... policies on accountability for data accessibility, and this information is accessible and transparent	No sufficient information available to the respondent	Yes only at national level	
... policies on traceability of data access by managers, researchers or other data access stakeholders	No sufficient information available to the respondent	Yes only at national level	

Legislative framework notes	
Institutional commitment and strategic framework notes	National CVD plan in place.



# Czech Republic

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No sufficient information available to the respondent	Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing DM	DM (without distinction between types)
Notes			
Regional/Local variability		No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Not in place yet but under development	Yes	Type 2 DM
Aims		Prevent, detect --> treat & prevent complications. Framework is mostly declaratory although significant progress has been made in reaching the goals.	
Implementation stage		The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	
Target group		General population	
Regional variability in implementation		No	
If not, is there a regional/local strategic framework?	No		
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		No	
Key actors involved		Ministry of Health (or equivalent); Insurances; Scientific societies	
<b>Equity approach</b>			
Commitment to tackle inequities		Yes	
Recommendations		Providing free or low-cost screening services; Offering screening at flexible hours; Monitoring and evaluating social inequities in access to and participation in screening programs among different population sub-groups	
Populations in vulnerable situations who are addressed by the strategy		Older persons; Adolescents; Children; Pregnant women; Individuals with learning disabilities, physical disabilities or communication difficulties; Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.); Homeless individuals; Asylum seekers; Refugees; Undocumented migrants; Migrants and ethnic/national minorities; Individuals in prisons or other closed institutions; LGBTQIA+ community; Individuals belonging to socioeconomically disadvantaged groups; Individuals in rural or remote communities; Other	
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 2 DM
Funding at regional/local level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Type 2 DM
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	No	Yes, at the national level only	
Data systematically collected from patients to monitor risk factors		Other	
Data collection method		Other	
Use of risk assessment tools	Yes, they are used mainly by health professionals	Yes, they are used mainly by health professionals	
Risk assessment tools routinely used	ESC SCORE2; ESC SCORE2-OP; ESC SCORE2-Diabetes	Other	

Legislative framework notes		
Institutional commitment and strategic framework notes		

## Health literacy

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions health literacy but it is not CVDs-specific	There is a legislation that mentions health literacy but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	Other
Aims	Improve the health literacy of the population; Provide training for healthcare professionals; Address/reduce health inequities	Improve the health literacy of the population; Provide training for healthcare professionals; Address/reduce health inequities; Other	
Implementation stage	Other	Other	
Regional variability in implementation	No sufficient information available to the respondent	No sufficient information available to the respondent	
If there is not a national strategic framework, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Regional and/or Local Educational Authorities; Social science and health research institutes/Universities; Patient/citizen associations	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Regional and/or Local Educational Authorities; Social science and health research institutes/Universities; Patient/citizen associations	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Co-designing with all the relevant stakeholders including the target population to create effective interventions; Developing and implementing school-based initiatives	Co-designing with all the relevant stakeholders including the target population to create effective interventions; Developing and implementing school-based initiatives	
Populations in vulnerable situations who are addressed by the strategy	Adolescents; Children; Other	Adolescents; Children; Other	
Campaigns to tackle commercial determinants of health	None	None	
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types); Other
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types); Other
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	Partially implemented	Partially implemented	
...activities to promote HL among leaders and policy-makers in different sectors	Planned but not yet implemented	Planned but not yet implemented	
...strategies concerning HL for mass communication	Partially implemented	Partially implemented	
...programs to promote child and adolescent HL	Fully implemented	Fully implemented	
...initiatives to improve digital HL	No sufficient information available to the respondent	No sufficient information available to the respondent	
...programs to improve HL and behaviour change competencies of health-care staff	Partially implemented	Partially implemented	
...HL-related activities for targeting gap groups	Partially implemented	Partially implemented	
...initiatives directed to enabling consumer choice and self-direction	Partially implemented	Partially implemented	
...initiatives to promote community action on health-related issues	Partially implemented	Partially implemented	

Legislative framework notes		
Institutional commitment and strategic framework notes		

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions disease registries, but it is not CVDs-specific	There is a legislation that mentions disease registries, but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes
Aims	Monitor population health; Contribute to population-based surveillance; Monitor and evaluate the effectiveness of public health interventions; Analyse and monitor social determinants of health; Contribute to scientific and epidemiological research; Contribute to public health intervention planning	Monitor population health; Contribute to population-based surveillance; Monitor and evaluate the effectiveness of public health interventions; Analyse and monitor social determinants of health; Contribute to scientific and epidemiological research; Contribute to public health intervention planning
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
Regional variability in implementation	No	No
If there is not a national strategic framework, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities
<b>Equity approach</b>		
Focus on equity and collection of/linkage to data on sociodemographic characteristics	Yes	Yes
Sociodemographic variables collected	Age; Sex; Gender; Education level; Occupation; Income related variables; Area level deprivation; Area level environmental characteristics	Age; Sex; Gender; Education level; Occupation; Income related variables; Urbanization; Area level deprivation; Area level environmental characteristics
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
<b>Service delivery and capacity</b>		
Presence of...		
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Cardiovascular diseases (general); Coronary Artery Disease; Heart failure; Stroke (Cerebrovascular disease)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Glucose levels or HbA1c levels; Type 1 DM; Type 2 DM
... registries that include information about epidemiology, clinical care and outcomes at national level	Yes	Yes
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	Yes	Yes
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes
Can people entitled to health care ...		
... access their complete medical records from electronic	Yes	Yes
... review and request its rectification of information regarding their health status via electronic devices?	No	No
Presence of ...		
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	Yes at both national and regional/local level
... policies on data accessibility	Yes at both national and local/regional level	Yes at both national and regional/local level
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes at both national and local/regional level	Yes at both national and regional/local level
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes at both national and local/regional level	Yes at both national and regional/local level

Legislative framework notes		
Institutional commitment and strategic framework notes	CVDs are one of the main disease sub-groups included in the National Health Index. The index is a comprehensive database developed and maintained by the Finnish Institute for Health and Welfare (THL) and the Finnish Social Security Insurance Institution (KELA). The main structure of the Index is ready (since March 2024). Some further development is still going on, and the Index will be updated annually. The index provides also local (municipality) and regional (wellbeing services counties) level data.	Diabetes is one of the main diseases sub-groups included in the National Health Index. The Index is a comprehensive database developed and maintained by the Finnish Institute for Health and Welfare (THL) and the Finnish Social Security Insurance Institution (KELA). The main structure of the Index is ready (since March 2024). Some further development is still going on, and the Index will be annually updated. The index provides also local (municipality) and regional (wellbeing services counties) level data. In the future, data may be provided also by the type of diabetes.
Useful links	<a href="https://thl.fi/tutkimus-ja-kehittaminen/tutkimusset-ja-hankeet/kansallinen-terveysindeksi">https://thl.fi/tutkimus-ja-kehittaminen/tutkimusset-ja-hankeet/kansallinen-terveysindeksi</a>	<a href="https://thl.fi/tutkimus-ja-kehittaminen/tutkimusset-ja-hankeet/kansallinen-terveysindeksi">https://thl.fi/tutkimus-ja-kehittaminen/tutkimusset-ja-hankeet/kansallinen-terveysindeksi</a>

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not CVDs-specific	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not DM-specific	
Regional/Local variability	Yes	Yes	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Aims	The Current Care guidelines are intended as a basis for clinical decision-making and can be used by healthcare professionals and citizens. The screening activities these guidelines endorse (e.g., risk calculators and diagnostic tests) may be applied in population-based, opportunistic, and systematic screening.	The Current Care guidelines are intended as a basis for clinical decision-making and can be used by healthcare professionals and citizens. The screening activities these guidelines endorse (e.g., risk calculators and diagnostic tests) may be applied in population-based, opportunistic, and systematic screening.	
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Target group	Specific population groups	Specific population groups	
Regional variability in implementation	Yes	Yes	
If not, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Private sector (other than pharmaceutical); Health promotion foundations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Private sector (other than pharmaceutical); Health promotion foundations	
<b>Equity approach</b>			
Commitment to tackle inequities	No sufficient information available to the respondent	No sufficient information available to the respondent	
Recommendations			
Populations in vulnerable situations who are addressed by the strategy	No sufficient information available to the respondent	No sufficient information available to the respondent	Older persons; Adolescents; Pregnant women; Individuals with mental health conditions; Migrants and ethnic/national minorities; Other
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types); Type 1 DM; Type 2 DM
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	DM (without distinction between types); Type 1 DM; Type 2 DM
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	Yes, at the national level only	Yes, at the national level only	
Data systematically collected from patients to monitor risk factors	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Hip circumference; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Education; Marital status; Occupation; Other	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Hip circumference; Bioimpedance; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Education; Marital status; Occupation; Other	
Data collection method	Population based (general population) health examination survey; Population based (targeted population group) health examination survey	Population based (general population) health examination survey	
Use of risk assessment tools	Yes, they are routinely used by both health professionals and the general population	Yes, they are routinely used by both health professionals and the general population	
Risk assessment tools routinely used	Other	FINDRISC Diabetes Risk Calculator	

Legislative framework notes		
Institutional commitment and strategic framework notes	The Finnish Heart Association promotes screening of hypertension and cholesterol.	The Finnish Diabetes Association promotes blood glucose screening.

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	There is a legislation that mentions integrated care pathways, but it is not CVDs-specific	There is a legislation that mentions integrated care pathways, but it is not DM-specific	
Regional/Local variability	Yes	Yes	
Strategic framework			
Is there a national strategic framework?	Yes	Yes	DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Aims	Improve patient experience; Improve patient-centered care; Promote patient empowerment and involvement; Improve timeliness care; Improve appropriateness of care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate of the quality of care; Risk assessment and management	Improve patient experience; Improve patient-centered care; Promote patient empowerment and involvement; Improve timeliness care; Improve appropriateness of care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate of the quality of care; Risk assessment and management; Enhance coordination among different services (i.e. social, health,.); Promote technology integration; Other	
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Regional variability in implementation	Yes	Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?			
Intersectoral approach			
Involvement of different stakeholders	Yes	Yes	
Involvement of different levels of government	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Private sector; Health promotion foundations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Private sector; Other	
Equity approach			
Commitment to tackle inequities	No sufficient information available to the respondent	Yes	
Recommendations		Other	
populations in vulnerable situations who are addressed by the strategy	No sufficient information available to the respondent	Older persons; Adolescents; Pregnant women; Individuals with other concurrent medical conditions; Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.)	
Funding			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types); Other
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Social workers, professional caregivers; Dieticians; Pharmacists; Psychologists	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Social workers, professional caregivers; Dieticians; Pharmacists; Psychologists; Other	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in most healthcare services	Implemented in some healthcare services	
... case management	Implemented in most healthcare services	Implemented in some healthcare services	
Professionals acting as leading coordinator of case management	Other	Specialised medical professionals	
Setting in which case management is usually conducted	Ambulatory care services (e.g. outpatient clinics, primary care service); Surgical care services (e.g.: surgical daycare centers); Inpatient care services (e.g.: general nursing wards)	No sufficient information available to the respondent	
... shared decision-making	Implemented in most healthcare services	Implemented in most healthcare services	
Methods generally used	No sufficient information available to the respondent	Non-technical skills (e.g.: encouraging patients to ask questions, ...); Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails)	
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of basic nursing training; A dedicated part of specialist nursing training	
Inclusion of digital technologies in delivery of care pathways	Yes	Yes	
Areas where digital technologies are used	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients); Remote monitoring services	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients); Remote monitoring services	
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
Legislative framework notes			
Institutional commitment and strategic framework notes			

## Patients' self-management

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Aims	Increase patients knowledge about CVDs; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles	Increase patients knowledge about DM; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Promote the leadership/organizational support to patients self management programs; Promote innovative patients self management strategies such as problem-solving, self-advocacy approaches and collaborative care; Promote utilization/development of validated assessment tools; Increase the use of telehealth and digital tools; Promote the implementation of an individualized approach
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
Regional variability in implementation	Yes	Yes
If there is not a national strategic framework, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Pharmacies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Pharmaceutical industries; Health promotion foundations
<b>Equity approach</b>		
Commitment to tackle inequities	No sufficient information available to the respondent	Yes
Recommendations		Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions; Other
Populations in vulnerable situations who are addressed by the strategy	No sufficient information available to the respondent	Older persons; Adolescents; Pregnant women; Individuals with other concurrent medical conditions that increase the risk of CVDs; Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.)
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies) DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies) DM (without distinction between types); Type 1 DM; Type 2 DM; Other
<b>Service delivery and capacity</b>		
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health; Other	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health; Other
Composition of multi-professional teams in charge of the delivery of self-management support	Diabetologist; Cardiologist; Nephrologist; General Practitioner; Nurse; Dietician; Podiatrist; Specialist physicians; Pharmacists; Psychologists. All the above-listed health professionals may be involved in the self-management activities of CVD patients in specific situations. Most often, however, the self-management guidance is provided by general practitioners, nurses, and dieticians.	Diabetologist; Cardiologist; Nephrologist; General Practitioner; Nurse; Dietician; Podiatrist; Specialist physicians; Pharmacists; Psychologists. All the above-listed health professionals may be involved in the self-management activities of DM patients in specific situations. The type of health professionals involved varies according to the patient's condition (e.g., diabetes type and comorbidities) and where the patient is treated.
Interventions to overcome specific type of barriers	Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management)	Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Personal barriers (e.g., time constraints, personal or family responsibilities); Systemic barriers (e.g., policies that limit access to certain treatments or services); Other
Quality indicators collected	No sufficient information available to the respondent	No sufficient information available to the respondent
Validated tools used to collect and measures quality indicators		
Type of self-management training of teams	No sufficient information available to the respondent	Both initial and periodic
Involvement of patients in ...		
planning of self-management services	No sufficient information available to the respondent	Rarely
delivery of self-management services	No sufficient information available to the respondent	Rarely
evaluation of self-management services	No sufficient information available to the respondent	Rarely
Degree of personalisation of self-management services (1-10)	5	3
Monitoring of self-management services at national level	No	Yes

Legislative framework notes		
Institutional commitment and strategic framework notes	Institutions, such as the Finnish Heart Association (FHA), the Finnish Institute for Health and Welfare (THL), health research institutes, and healthcare organisations are committed to promoting the self-management of CVDs and other NCDs.	Institutions, such as the Finnish Heart Association (FHA), the Finnish Institute for Health and Welfare (THL), health research institutes, and healthcare organisations are committed to promoting the self-management of CVDs and other NCDs.

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not DM-specific	
Regional/Local variability	No	No	
Strategic framework			
Is there a national strategic framework?	Yes	Yes	Type 1 DM; Type 2 DM; Other
Aims	Improve access to the labour market for people living with CVDs; Improve work ability of people living with CVDs; Improve access to medical care and preventive programmes for people living with CVDs; Encourage rehabilitation and return to work after periods of leave due to CVDs; Prevent early dropping out of the labour market of people living with CVDs	Improve wellbeing at the workplace of people living with DM; Improve work ability of people living with DM; Improve access to medical care and preventive programmes for people living with DM; Prevent early dropping out of the labour market of people living with DM	
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Regional variability in implementation If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent	
Intersectoral approach			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Insurances; Patient/citizen associations; Trade unions; Employers associations; Private sector; Health promotion foundations; Other	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Trade unions; Employers associations; Private sector; Health promotion foundations; Other	
Equity approach			
Commitment to tackle inequities	Yes	No sufficient information available to the respondent	
Recommendations	The Current Care Guideline for atherosclerosis mentions that a poor socioeconomic position combined with a cardiovascular disease increase the risk of being excluded from the labour market, and highlights the importance of prevention.		
populations in vulnerable situations who are addressed by the strategy	Youth workers (ages 15-24); Prime-age workers (age 25-54); Older workers (ages 55+); Individuals belonging to socioeconomically disadvantaged groups	Pregnant women; Individuals with other concurrent medical conditions; Individuals with learning disabilities, physical disabilities or communication difficulties; Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.); Individuals belonging to socioeconomically disadvantaged groups; Other	
Funding			
Funding at national level	No sufficient information available to the respondent	No sufficient information available to the respondent	
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
Service delivery and capacity			
Presence of health education programs available for employers and employees	Yes, there are health education programs to increase awareness of CVDs in the workplace	Yes, there are health education programs to increase awareness of DM in the workplace	
Types of programs promoting healthy lifestyles in the workplace	Specific educational programs for employees that are organised and managed by the employer directly; National programs on the promotion of healthy lifestyle aimed at preventing CVDs, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees; Other	Specific educational programs for employees that are organised and managed by the employer directly; National programs on the promotion of healthy lifestyle aimed at preventing DM, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees; Programs organised by Patients Associations within each workplace; Other	
Presence of incentives to hire employees with CVDs or DM	No, there are no incentives available at national level aimed at promoting the hiring of people affected by CVDs	No, there are no incentives available at national level aimed at promoting the hiring of people affected by DM	
Welfare interventions to protect employees with CVDs or DM	Economic benefits; Disability pension; Other	Economic benefits; Disability pension; Other	
Return-to-work programs for people with CVDs or DM	Other	Other	
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	The OHS providers of Finland perform one million health examinations of employees working for companies operating in Finland. Normally, if the laboratory tests indicate prediabetes or risks of cardiovascular diseases, the employees will be treated sufficiently by the OHS. The target of the health examinations is to effectively promote health and work ability and to prevent or treat diseases to maintain the employee's work ability and to prevent exclusion from the labour market.	The OHS providers of Finland perform one million health examinations of employees working for companies operating in Finland. Normally, if the laboratory tests indicate prediabetes or risks of cardiovascular diseases, the employees will be treated sufficiently by the OHS. The target of the health examinations is to effectively promote health and work ability and to prevent or treat diseases to maintain the employee's work ability and to prevent exclusion from the labour market.	
Legislative framework notes			
Institutional commitment and strategic framework notes	Government Decree on the principles of good occupational health care practice, the content of occupational health care practice, the content of occupational health care and the qualifications of professionals and experts 708/2013 (Finlex).	Government Decree on the principles of good occupational health care practice, the content of occupational health care practice, the content of occupational health care and the qualifications of professionals and experts 708/2013 (Finlex).	



# France

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions health literacy but it is not CVDs-specific	There is a legislation that mentions health literacy but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes
Aims	Improve the health literacy of the population; Ensure that information related to CVDs is accessible; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals; Promote shared decision-making; Address/reduce health inequities	Improve the health literacy of the population; Identify and target high-risk groups for DM; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals; Promote shared decision-making; Address/reduce health inequities
Implementation stage	Other	Other
Regional variability in implementation	No sufficient information available to the respondent	No sufficient information available to the respondent
If there is not a national strategic framework, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Scientific societies; Patient/citizen associations; Health promotion foundations	Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Patient/citizen associations
<b>Equity approach</b>		
Commitment to tackle inequities	Yes	Yes
Recommendations	None	Developing and implementing school-based initiatives
Populations in vulnerable situations who are addressed by the strategy	None	NA
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities; Campaigns on incentives for food healthy products; Campaigns on food labelling and regulation of food portion sizes; Campaigns based on independent information and/or on evidence-based resources; Campaigns through information tools on CVDs risk and risk factors based on independent information and/or evidence-based resources	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities; Campaigns about market and advertising strategies of unhealthy commodities; Campaigns on incentives for healthy food products; Campaigns on food labelling and regulation of food portion sizes; Campaigns based on independent information and/or on evidence-based resources
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	Partially implemented	Not implemented nor planned
...activities to promote HL among leaders and policy-makers in different sectors	Partially implemented	Partially implemented
...strategies concerning HL for mass communication	Not implemented nor planned	Not implemented nor planned
...programs to promote child and adolescent HL	Fully implemented	Fully implemented
...initiatives to improve digital HL	Planned but not yet implemented	Planned but not yet implemented
...programs to improve HL and behaviour change competencies of health-care staff	Fully implemented	Partially implemented
...HL-related activities for targeting gap groups	Partially implemented	Partially implemented
...initiatives directed to enabling consumer choice and self-direction	Fully implemented	Not implemented nor planned
...initiatives to promote community action on health-related issues	Not implemented nor planned	Fully implemented

Legislative framework notes		
Institutional commitment and strategic framework notes	National health strategy 2018-2022: 1/Integrating health literacy and health education into all curricula and ensure effective implementation from kindergarten to high school, 2/Reaffirming the active role patients play in their treatment. In this fast-changing environment (social, technological and economic), a crucial element in the success of our health policy is represented by the commitment to enabling everyone to play an active role in their own treatment and to participate in the decision-making process. The National Health Strategy's goal is to provide everyone with the means to find, assess and leverage available expertise in order to make informed decisions concerning their own health or that of a close friend or relative. At the same time, we need to rely on innovative procedures and the new technology to be able to involve users more closely in the governance of the health system and in the establishment of health policies.	National health strategy 2018-2022: Integrating health literacy and health education into all curricula and curricula and ensure effective implementation of the health from kindergarten to high school.



France

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation? Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework? Aims	No	No	
Implementation stage Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics			
Sociodemographic variables collected			
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	No sufficient information available to the respondent	
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Cardiovascular diseases (general); Coronary Artery Disease; Heart failure; Rhythm disturbances (i.e. atrial fibrillation); Heart Valve Disease; Stroke (Cerebrovascular disease); Peripheral Vascular disease; Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Glucose levels or HbA1c levels; Type 1 DM; Type 2 DM	
... registries that include information about epidemiology, clinical care and outcomes at national level	No	No	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No sufficient information available to the respondent	Yes	Type 1 DM; Type 2 DM
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	Yes	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	Yes	Yes	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on data accessibility	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes at both national and local/regional level	Yes at both national and regional/local level	

Legislative framework notes		
Institutional commitment and strategic framework notes		



# France

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not CVDs-specific	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Not in place yet but under development	Not in place yet but under development
Aims		
Implementation stage		
Target group		
Regional variability in implementation		
If not, is there a regional/local strategic framework?	No	Yes Type 2 DM
<b>Intersectoral approach</b>		
Involvement of different stakeholders		Yes
Involvement of different governmental bodies		Yes
Key actors involved		Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Pharmacies; Insurances; Scientific societies; Patient/citizen associations
<b>Equity approach</b>		
Commitment to tackle inequities		Yes
Recommendations		Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for DM; Providing free or low-cost screening services; Ensuring equitable access to screening services (including mobile units and transportation services) among populations that may have challenges in accessing regular services
Populations in vulnerable situations who are addressed by the strategy		Older persons; Pregnant women; Individuals with learning disabilities, physical disabilities or communication difficulties; Individuals with mental health conditions; Migrants and ethnic/national minorities; Individuals in prisons or other closed institutions
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
Funding at regional/local level	No sufficient information available to the respondent	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
<b>Service delivery and capacity</b>		
Presence a systematic surveillance for risk factors	Yes, at the national level only	Yes, at the national level only
Data systematically collected from patients to monitor risk factors	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Fasting blood glucose measurement; Height measurement; Weight measurement; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Education	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Fasting blood glucose measurement; HbA1c measurement; Height measurement; Weight measurement; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Education
Data collection method	Population based (general population) health examination survey	Population based (general population) health examination survey
Use of risk assessment tools	Yes, they are used mainly by health professionals	Yes, they are routinely used by both health professionals and the general population
Risk assessment tools routinely used	Other	FINDRISC Diabetes Risk Calculator

Legislative framework notes		
Institutional commitment and strategic framework notes	National Health Strategy 2018-2022 goal: to promote screening, detection, identification and treatment of chronic disorders. In addition to developing self-examination techniques, there is the need for individuals to be encouraged to consult their doctor so as to identify certain suspicious lesions at an early stage.	National Health Strategy 2018-2022 goal: to promote screening, detection, identification and treatment of chronic disorders. In addition to developing self-examination techniques, there is the need for individuals to be encouraged to consult their doctor so as to identify certain suspicious lesions at an early stage.
Useful links	<a href="https://sante.gouv.fr/IMG/pdf/dossier_sns_2017_synthesev6-10p_anglaisv2.pdf">https://sante.gouv.fr/IMG/pdf/dossier_sns_2017_synthesev6-10p_anglaisv2.pdf</a>	<a href="https://sante.gouv.fr/IMG/pdf/dossier_sns_2017_synthesev6-10p_anglaisv2.pdf">https://sante.gouv.fr/IMG/pdf/dossier_sns_2017_synthesev6-10p_anglaisv2.pdf</a>



France

## Patients' self-management

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions patients' self-management of non-communicable diseases, but it is not CVDs-specific	There is a legislation that mentions patients' self-management of non-communicable diseases, but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes
		Type 1 DM; Type 2 DM
Aims	Increase patients knowledge about CVDs; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Promote innovative patients self management strategies such as problem-solving, self-advocacy approaches and collaborative care; Promote utilization/development of validated assessment tools; Increase the use of telehealth and digital tools; Promote the implementation of an individualized approach	Increase patients knowledge about DM; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Promote innovative patients self management strategies such as problem-solving, self-advocacy approaches and collaborative care; Promote utilization/development of validated assessment tools; Increase the use of telehealth and digital tools; Promote the implementation of an individualized approach
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
Regional variability in implementation	Yes	Yes
If there is not a national strategic framework, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Insurances; Scientific societies; Patient/citizen associations; Health promotion foundations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Scientific societies; Patient/citizen associations; Health promotion foundations
<b>Equity approach</b>		
Commitment to tackle inequities	Yes	Yes
Recommendations	Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing self-management programs that respect and incorporate cultural beliefs and practices; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions	Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing self-management programs that respect and incorporate cultural beliefs and practices; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions
Populations in vulnerable situations who are addressed by the strategy	None	None
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
		Other
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
		Type 1 DM; Type 2 DM
<b>Service delivery and capacity</b>		
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health	Following a healthy diet; Engaging in regular physical activity; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health
Composition of multi-professional teams in charge of the delivery of self-management support	Cardiologist; General Practitioner; Nurse; Dietician; Psychologists	Diabetologist; General Practitioner; Nurse; Dietician; Coach for Physical activity
Interventions to overcome specific type of barriers	No sufficient information available to the respondent	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists)
Quality indicators collected	Activity and participation/adherence (percentage of patients joining and continuing the program over time); Self-management practices and behaviours (e.g., assessment of patients ability to manage their condition effectively, ...); Structural quality indicators (e.g., evaluation of the programs resources, facilities, and organizational structure to support self-management efforts); Process indicators (e.g., attendance rates and engagement in self-management activities); Patients quality of life; Self-efficacy perceived	Activity and participation/adherence (percentage of patients joining and continuing the program over time); Self-management practices and behaviours (e.g., assessment of patients ability to manage their condition effectively, ...); Structural quality indicators (e.g., evaluation of the programs resources, facilities, and organizational structure to support self-management efforts); Process indicators (e.g., attendance rates and engagement in self-management activities); Patients quality of life
Validated tools used to collect and measures quality indicators	Program evaluation framework is provided, but no requirement for validated tools	Program evaluation framework is provided, but no requirement for validated tools
Type of self-management training of teams	Periodic	Periodic
Involvement of patients in ...		
planning of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
delivery of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
evaluation of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
Degree of personalisation of self-management services (1-10)	5	5
Monitoring of self-management services at national level	Yes	Yes

Legislative framework notes		
Institutional commitment and strategic framework notes	<p>The development of therapeutic patient education is a key objective of the national health strategy. It has been implemented for 15 years with: 1. Legislation framework for TPE and guidelines issued by the Haute Autorité de santé (HAS), 2. French National Authority for Health / Program funding by the Ministry of Health through regional health agencies (ARS). National health strategy targets: innovation, e-TPE; health professional training; TPE in local care organizations, telehealth with health coaching (including guidelines and funding), and experiments involving innovative healthcare organizations with TPE components (underway since 2018).</p>	<p>The development of therapeutic patient education is a key objective of the national health strategy.</p>



Greece

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	No
Regional/Local variability		
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
Campaigns to tackle commercial determinants of health		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	Not implemented nor planned	Not implemented nor planned
...activities to promote HL among leaders and policy-makers in different sectors	No sufficient information available to the respondent	No sufficient information available to the respondent
...strategies concerning HL for mass communication	Not implemented nor planned	Not implemented nor planned
...programs to promote child and adolescent HL	Planned but not yet implemented	Planned but not yet implemented
...initiatives to improve digital HL	Planned but not yet implemented	Planned but not yet implemented
...programs to improve HL and behaviour change competencies of health-care staff	No sufficient information available to the respondent	No sufficient information available to the respondent
...HL-related activities for targeting gap groups	No sufficient information available to the respondent	No sufficient information available to the respondent
...initiatives directed to enabling consumer choice and self-direction	No sufficient information available to the respondent	No sufficient information available to the respondent
...initiatives to promote community action on health-related issues	No sufficient information available to the respondent	No sufficient information available to the respondent

Legislative framework notes		
Institutional commitment and strategic framework notes		



Greece

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions disease registries, but it is not CVDs-specific	There is a legislation that mentions disease registries, but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
<b>Aims</b>		
<b>Implementation stage</b>		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Focus on equity and collection of/linkage to data on sociodemographic characteristics		
Sociodemographic variables collected		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence of...		
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels; Cardiovascular diseases (general); Coronary Artery Disease; Stroke (Cerebrovascular disease)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels; Type 1 DM; Type 2 DM
... registries that include information about epidemiology, clinical care and outcomes at national level	No	No
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes
Can people entitled to health care ...		
... access their complete medical records from electronic devices?	Yes	Yes
... review and request its rectification of information regarding their health status via electronic devices?	No	No
Presence of ...		
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	No sufficient information available to the respondent	No sufficient information available to the respondent
... policies on data accessibility	Yes at both national and local/regional level	Yes at both national and regional/local level
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes at both national and local/regional level	Yes at both national and regional/local level
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes at both national and local/regional level	Yes at both national and regional/local level
<b>Legislative framework notes</b>		
Institutional commitment and strategic framework notes	Law 4693/2020 (article 10): Part of the scope of the Department of Therapeutic Protocols and Patient Registries of Ministry of Health is to develop, process and update Patient Registries.	Law 4693/2020 (article 10): Part of the scope of the Department of Therapeutic Protocols and Patient Registries of Ministry of Health is to develop, process and update Patient Registries.



Greece

### Screening high-risk populations and individuals

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not CVDs-specific	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Target group		
Regional variability in implementation		
If not, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	No, there is not a funding allocation
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence a systematic surveillance for risk factors	No	No
Data systematically collected from patients to monitor risk factors		
Data collection method		
Use of risk assessment tools	No sufficient information available to the respondent	No sufficient information available to the respondent
Risk assessment tools routinely used		

Legislative framework notes		
Institutional commitment and strategic framework notes	Ministry's of Health Annual Action Plan 2024: National Program for the prevention of CVD's: includes screening for the risk of developing CVD's to 3,5 million citizens (age: 30-70 years old [funded by RRF], with a milestone set at 30% of this target population for 2024.	



Greece

## Integrated care pathways

CVDs		DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions integrated care pathways, but it is not CVDs-specific	There is a legislation that mentions integrated care pathways, but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different levels of government		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Social workers, professional caregivers; Psychologists; Other	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Social workers, professional caregivers; Psychologists; Other
Level of implementation of...		
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Not implemented nor planned	Not implemented nor planned
... case management	Not implemented nor planned	Not implemented nor planned
Professionals acting as leading coordinator of case management		
Setting in which case management is usually conducted		
... shared decision-making	Not implemented nor planned	Not implemented nor planned
Methods generally used		
Provision of person-centered care as part of medical or nursing training	A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of specialist nursing training	A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of specialist nursing training
Inclusion of digital technologies in delivery of care pathways	No	No
Areas where digital technologies are used		
Level of implementation of aspects related to...		
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.
Legislative framework notes		
Institutional commitment and strategic framework notes		



Greece

## Patients' self-management

	CVDs	DM (type if specified)
	<b>Legal framework</b>	
Is there a national legislation?	No	No
Regional/Local variability		
	<b>Strategic framework</b>	
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent
	<b>Intersectoral approach</b>	
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
	<b>Equity approach</b>	
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
	<b>Funding</b>	
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
	<b>Service delivery and capacity</b>	
Self-management programs provided	None	None
Composition of multi-professional teams in charge of the delivery of self-management support	There are no multi-professional teams in charge of the delivery of self-management support	There are no multi-professional teams in charge of the delivery of self-management support
Interventions to overcome specific type of barriers	None	None
Quality indicators collected	None	None
Validated tools used to collect and measures quality indicators		
Type of self-management training of teams	No sufficient information available to the respondent	Initial
Involvement of patients in ...		
planning of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
delivery of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
evaluation of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
Degree of personalisation of self-management services (1-10)	0	0
Monitoring of self-management services at national level	No	No

Legislative framework notes		
Institutional commitment and strategic framework notes		



# Greece

## Labour participation of people living with NCDs, in particular with CVD and DM

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence of health education programs available for employers and employees	No	No
Types of programs promoting healthy lifestyles in the workplace	None	None
Presence of incentives to hire employees with CVDs or DM	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to CVDs	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to DM
Welfare interventions to protect employees with CVDs or DM	Disability allowance; Disability pension	Disability allowance; Disability pension
Return-to-work programs for people with CVDs or DM	None	None
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No	No
Legislative framework notes		
Institutional commitment and strategic framework notes		

# Hungary

## Health literacy

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions health literacy but it is not CVDs-specific	There is a legislation that mentions health literacy but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	Yes	DM (without distinction between types)
Aims		Increase public awareness of DM and its risk factors; Identify and target high-risk groups for DM; Promote the importance of early detection	
Implementation stage		The strategic framework is prepared and approved BUT the implementation has not started yet	
Regional variability in implementation		No	
If there is not a national strategic framework, is there a regional/local strategic framework?	Yes		
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	No	Yes	
Key actors involved	Ministry of Health (or equivalent); Social science and health research institutes/Universities; Scientific societies	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Health promotion foundations	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Collaborating with community leaders and organizations representing persons in vulnerable situations; Promoting the health literacy responsiveness across the different geographic levels of the health and social care service; Developing and implementing school-based initiatives	Promoting the health literacy responsiveness across the different organisational levels of the health and social care service; Developing and implementing school-based initiatives	
Populations in vulnerable situations who are addressed by the strategy	Older persons; Individuals with a family history of CVDs; Individuals with other concurrent medical conditions that increase the risk of CVDs	Older persons; Pregnant women; Individuals with a family history of DM; Individuals in rural or remote communities	
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on food labelling and regulation of food portion sizes	Campaigns on harmful health effects of unhealthy commodities	
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	DM (without distinction between types)
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)	DM (without distinction between types)
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	Not implemented nor planned	Planned but not yet implemented	
...activities to promote HL among leaders and policy-makers in different sectors	Partially implemented	Planned but not yet implemented	
...strategies concerning HL for mass communication	Planned but not yet implemented	Planned but not yet implemented	
...programs to promote child and adolescent HL	Planned but not yet implemented	Partially implemented	
...initiatives to improve digital HL	Planned but not yet implemented	Planned but not yet implemented	
...programs to improve HL and behaviour change competencies of health-care staff	Not implemented nor planned	Partially implemented	
...HL-related activities for targeting gap groups	Planned but not yet implemented	Fully implemented	
...initiatives directed to enabling consumer choice and self-direction	Planned but not yet implemented	Fully implemented	
...initiatives to promote community action on health-related issues	Partially implemented	Fully implemented	

Legislative framework notes		
Institutional commitment and strategic framework notes		

# Hungary

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates registries for CVDs	There is a legislation that mentions disease registries, but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Not in place yet but under development	
Aims	Facilitate access to data; Contribute to scientific and epidemiological research; Contribute to public health intervention planning; Implement and develop common data models		
Implementation stage	The implementation of the strategic framework has started BUT assessments have not yet been made		
Regional variability in implementation	No		
If there is not a national strategic framework, is there a regional/local strategic framework?		Yes	DM (without distinction between types)
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies	Ministry of Health (or equivalent); Regional and/or Local Health Authorities	
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics	Yes	No	
Sociodemographic variables collected	Age; Sex; Gender; Comorbidities; Citizenship; Country of birth		
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels; Cardiovascular diseases (general)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Alcohol consumption habits; Blood pressure levels; Glucose levels or HbA1c levels	
... registries that include information about epidemiology, clinical care and outcomes at national level	Yes	No	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	Yes	No	
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	Yes	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	Yes	Yes	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes only at national level	Yes only at national level	
... policies on data accessibility	Yes only at national level	Yes only at national level	
... policies on accountability for data accessibility, and this information is accessible and transparent	No sufficient information available to the respondent	No sufficient information available to the respondent	
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes only at national level	Yes only at national level	

Legislative framework notes	Ministerial decree on registries for major public diseases has been issued in 2018. All healthcare providers should submit patient data to specific registries in a prepared structure. Registries on CVDs include: Heart attack, stroke, heart failure, vascular diseases, catheter therapy and electrophysiology, heart surgery, congenital heart disease.	
Institutional commitment and strategic framework notes	In 2018 a National Cardiovascular Programme was launched, providing a framework for the establishment of essential registries in Hungary.	In January 2024 the planning of the National DM strategy and DM register began.
Useful links	<a href="https://net.jogtar.hu/jogszabaly?docid=a1800049.emm">https://net.jogtar.hu/jogszabaly?docid=a1800049.emm</a>	

# Hungary

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing CVDs	Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing DM	DM (without distinction between types)
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	DM (without distinction between types)
Aims	Above 21 years old.	Population based.	
Implementation stage	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	Other/There are multiple strategies at different stages	
Target group	General population	General population	
Regional variability in implementation If not, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities	Ministry of Health (or equivalent); Regional and/or Local Health Authorities	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for CVDs; Ensuring equitable access to screening services (including mobile units and transportation services) among populations that may have challenges in accessing regular services	Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for DM; Ensuring equitable access to screening services (including mobile units and transportation services) among populations that may have challenges in accessing regular services	
Populations in vulnerable situations who are addressed by the strategy	Older persons; Individuals in rural or remote communities	Older persons; Pregnant women; Individuals in rural or remote communities	
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	Yes, at the national level only	Yes, at the national level only	
Data systematically collected from patients to monitor risk factors	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; Oral glucose intolerance test; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Hip circumference; Bioimpedance; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Education; Marital status; Occupation	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; Oral glucose intolerance test; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Hip circumference; Bioimpedance; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Place of living; Education; Marital status; Occupation	
Data collection method	Population based (general population) health examination survey	Population based (general population) health examination survey	
Use of risk assessment tools	Yes, they are used mainly by health professionals	Yes, they are used mainly by health professionals	
Risk assessment tools routinely used	ESC SCORE2; WHO Cardiovascular Risk Chart	Other	
Legislative framework notes	Ministerial decree on health services for the prevention and early detection of diseases: covered by compulsory health insurance and on certification of screening tests (year: 1997). The decree defines which age groups should be screened and identifies the responsible parties for conducting the screenings.	51/1997 (XII.18.) regulation: Occasional screening tests linked to adult age.	
Institutional commitment and strategic framework notes		National strategy is under development.	
Useful links	<a href="https://net.jogtar.hu/jogszabaly?docid=99700051.nm">https://net.jogtar.hu/jogszabaly?docid=99700051.nm</a>		

# Hungary

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	There is a legislation that mentions integrated care pathways, but it is not CVDs-specific	There is a legislation that mentions integrated care pathways, but it is not DM-specific	
Regional/Local variability		No	
Strategic framework			
Is there a national strategic framework?	Yes		DM (without distinction between types)
Aims	Improve patient-centered care; Promote patient empowerment and involvement; Improve timeliness care; Improve appropriateness of care; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate the quality of care; Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization	Improve patient-centered care; Promote patient empowerment and involvement; Improve timeliness care; Improve appropriateness of care; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate the quality of care; Enhance coordination among different services (i.e. social, health.); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization	
Implementation stage	The strategic framework is prepared and approved BUT the implementation has not started yet		Other
Regional variability in implementation	No		No
If there is not a national strategic framework, is there a regional/local strategic framework?			
Intersectoral approach			
Involvement of different stakeholders	Yes		Yes
Involvement of different levels of government	Yes		Yes
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; Other Third Sector/Non-Profit Organisations	
Equity approach			
Commitment to tackle inequities	Yes		Yes
Recommendations	Promoting health education and awareness on CVDs; Providing free or low-cost integrated care services; Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services	Promoting health education and awareness on DM; Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services	
populations in vulnerable situations who are addressed by the strategy	Older persons; Individuals in rural or remote communities	Older persons; Pregnant women; Individuals with other concurrent medical conditions; Individuals in rural or remote communities	
Funding			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Physician assistants; Nurses/advanced practice nurses; Physiotherapists; Dieticians	General practitioners; Specialised medical professionals; Physician assistants; Nurses/advanced practice nurses; Physiotherapists; Dieticians	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in some healthcare services	Implemented in some healthcare services	
... case management	Implemented in some healthcare services	Implemented in some healthcare services	
Professionals acting as leading coordinator of case management	General practitioners	General practitioners	
Setting in which case management is usually conducted	Ambulatory care services (e.g. outpatient clinics, primary care service)	Ambulatory care services (e.g. outpatient clinics, primary care service)	
... shared decision-making	Implemented in some healthcare services	Implemented in some healthcare services	
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...); Involvement of professionals able to let people understand, coherently with their specific needs	Non-technical skills (e.g.: encouraging patients to ask questions, ...)	
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of basic nursing training; A dedicated part of specialist nursing training	A dedicated part of basic medical training	
Inclusion of digital technologies in delivery of care pathways	Yes		Yes
Areas where digital technologies are used	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients); Remote monitoring services	Access to information by healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients); Remote monitoring services	
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
Legislative framework notes			
Institutional commitment and strategic framework notes	Concept paper on cardiovascular diseases in the context of the Hungarian presidency of the Council of the EU.	Presence of the Hungarian Diabetes Association.	

# Hungary

## Patients' self-management

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	There is a legislation that mentions patients' self-management of non-communicable diseases, but it is not DM-specific
Regional/Local variability	No	
<b>Strategic framework</b>		
Is there a national strategic framework?	Not in place yet but under development	Not in place yet but under development
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Self-management programs provided	Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Attending regular medical check-ups; Educating patients about their health condition	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Attending regular medical check-ups; Educating patients about their health condition
Composition of multi-professional teams in charge of the delivery of self-management support	Cardiologist; General Practitioner; Nurse; Dietician; Psychologists	Diabetologist; Dietician
Interventions to overcome specific type of barriers	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities); Psychological barriers (e.g., fear of diagnosis or treatment, stigma); Systemic barriers (e.g., policies that limit access to certain treatments or services)	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities); Psychological barriers (e.g., fear of diagnosis or treatment, stigma); Systemic barriers (e.g., policies that limit access to certain treatments or services)
Quality indicators collected	Healthcare use; Clinical outcomes; Patient-reported outcomes (PROMs)	Healthcare use; Clinical outcomes
Validated tools used to collect and measure quality indicators		
Type of self-management training of teams	Periodic	Periodic
Involvement of patients in ...		
planning of self-management services	Often	Often
delivery of self-management services	Always	Often
evaluation of self-management services	Rarely	Often
Degree of personalisation of self-management services (1-10)	4	6
Monitoring of self-management services at national level	Yes	Yes
<b>Legislative framework notes</b>		
Institutional commitment and strategic framework notes		The Hungarian Diabetes Association is committed to reduce the burden of DM.

# Hungary

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Not in place yet but under development	
Aims	Reduce occupational health care costs for employers of people living with CVDs; Encourage rehabilitation and return to work after periods of leave due to CVDs		
Implementation stage	The strategic framework is prepared and approved BUT the implementation has not started yet		
Regional variability in implementation	No		
If there is not a national strategic framework, is there a regional/local strategic framework?		No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes		
Involvement of different governmental bodies	Yes		
Key actors involved	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent)		
<b>Equity approach</b>			
Commitment to tackle inequities	Yes		
Recommendations			
populations in vulnerable situations who are addressed by the strategy	Older workers (ages 55+); Pregnant women; Individuals in rural or remote communities		
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Presence of health education programs available for employers and employees	There are health education programs to increase awareness of NCDs, but they are not specific to CVDs	Yes, there are health education programs to increase awareness of DM in the workplace	
Types of programs promoting healthy lifestyles in the workplace	Specific educational programs for employees that are organised and managed by the employer directly	Specific educational programs for employees that are organised and managed by the employer directly	
Presence of incentives to hire employees with CVDs or DM	No sufficient information available to the respondent	No, there are no incentives available at national level aimed at promoting the hiring of people affected by DM	
Welfare interventions to protect employees with CVDs or DM	None	None	
Return-to-work programs for people with CVDs or DM	None	None	
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM		on occupational health services by decree number 89/1995. (VII.14.)	
Legislative framework notes			
Institutional commitment and strategic framework notes			



# Iceland

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation? Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes <span style="float: right;">Other</span>
Aims	Improve the health literacy of the population; Promote behaviour change; Empowerment of population or individuals	Improve the health literacy of the population; Promote behaviour change; Empowerment of population or individuals
Implementation stage	The strategic framework is prepared and approved BUT the implementation has not started yet	The strategic framework is prepared and approved BUT the implementation has not started yet
Regional variability in implementation	No	No
If there is not a national strategic framework, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities	Ministry of Health (or equivalent); Regional and/or Local Health Authorities
<b>Equity approach</b>		
Commitment to tackle inequities	No	No
Recommendations		
Populations in vulnerable situations who are addressed by the strategy	None	None
Campaigns to tackle commercial determinants of health	None	None
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or	Planned but not yet implemented	Planned but not yet implemented
...activities to promote HL among leaders and policy-makers in different sectors	Planned but not yet implemented	Planned but not yet implemented
...strategies concerning HL for mass communication	Not implemented nor planned	Not implemented nor planned
...programs to promote child and adolescent HL	Planned but not yet implemented	Planned but not yet implemented
...initiatives to improve digital HL	Planned but not yet implemented	Planned but not yet implemented
...programs to improve HL and behaviour change competencies of health-care staff	No sufficient information available to the respondent	No sufficient information available to the respondent
...HL-related activities for targeting gap groups	Not implemented nor planned	Not implemented nor planned
...initiatives directed to enabling consumer choice and self-direction	Not implemented nor planned	Not implemented nor planned
...initiatives to promote community action on health-related issues	Not implemented nor planned	Not implemented nor planned

Legislative framework notes		
Institutional commitment and strategic framework notes		



# Iceland

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates registries for CVDs	Yes, there is a specific legislation that explicitly addresses and regulates registries for DM
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Focus on equity and collection of/linkage to data on sociodemographic characteristics		
Sociodemographic variables collected		
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Presence of...		
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels; Coronary Artery Disease; Stroke (Cerebrovascular disease)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Other type of DM
... registries that include information about epidemiology, clinical care and outcomes at national level	Yes	No
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	Yes	No
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes
Can people entitled to health care ...		
... access their complete medical records from electronic devices?	No	No
... review and request its rectification of information regarding their health status via electronic devices?	No	Yes
Presence of ...		
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes only at national level	Yes at both national and regional/local level
... policies on data accessibility	No sufficient information available to the respondent	Yes at both national and regional/local level
... policies on accountability for data accessibility, and this information is accessible and transparent	No	Yes at both national and regional/local level
... policies on traceability of data access by managers, researchers or other data access stakeholders	No	Yes at both national and regional/local level

Legislative framework notes	Medical Director of Health and Public Health Act, No. 41/2007 entered into force in 2007. Article. 8 covers health registers, including a register of cardiovascular disease.	Medical Director of Health and Public Health Act, No. 41/2007. Entered into force in 2007. Article. 8 covers health registers, including a register of cardiovascular disease. According to the the Medical Director of Health and Public Health Act, No. 41/2007, the Directorate of Health shall organize and maintain national health registers, including a register on DM.
Institutional commitment and strategic framework notes	According to the the Medical Director of Health and Public Health Act, No. 41/2007 the Directorate of Health shall organize and maintain national health registers, including a register on CVDs.	The Directorate of Health is committed to start preparing for a national DM register. There is government funding available for the operation of existing national health registers. However, the creation of new registers, such as the DM register, would require additional funding.
Useful links	<a href="https://www.government.is/library/04-Legislation/Act%20on%20the%20Medical%20Director%20of%20Health%20and%20Public%20Health%20as%20amended%202018%20-%20Copy%20(1).pdf">https://www.government.is/library/04-Legislation/Act%20on%20the%20Medical%20Director%20of%20Health%20and%20Public%20Health%20as%20amended%202018%20-%20Copy%20(1).pdf</a>	<a href="https://www.government.is/library/04-Legislation/Act%20on%20the%20Medical%20Director%20of%20Health%20and%20Public%20Health%20as%20amended%202018%20-%20Copy%20(1).pdf">https://www.government.is/library/04-Legislation/Act%20on%20the%20Medical%20Director%20of%20Health%20and%20Public%20Health%20as%20amended%202018%20-%20Copy%20(1).pdf</a>



# Iceland

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not CVDs-specific	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not DM-specific	
Regional/Local variability	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	No	
Aims			
Implementation stage			
Target group			
Regional variability in implementation			
If not, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
Populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	DM (without distinction between types)
Funding at regional/local level	No, there is not a funding allocation	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	No	No	
Data systematically collected from patients to monitor risk factors			
Data collection method			
Use of risk assessment tools	No sufficient information available to the respondent	No, they are generally not used	
Risk assessment tools routinely used			

Legislative framework notes			
Institutional commitment and strategic framework notes			



# Iceland

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	There is a legislation that mentions integrated care pathways, but it is not CVDs-specific	No	
Regional/Local variability	No		
Strategic framework			
Is there a national strategic framework?	No	No sufficient information available to the respondent	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No	Not in place yet but under development	
Intersectoral approach			
Involvement of different stakeholders			
Involvement of different levels of government			
Key actors involved			
Equity approach			
Commitment to tackle inequities			
Recommendations			
populations in vulnerable situations who are addressed by the strategy			
Funding			
Funding at national level	No sufficient information available to the respondent	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	DM (without distinction between types)
Funding at regional/local level	No, there is not a funding allocation	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	DM (without distinction between types)
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Dieticians; Pharmacists	General practitioners; Specialised medical professionals; Physician assistants; Nurses/advanced practice nurses; Physiotherapists; Dieticians; Pharmacists	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	No sufficient information available to the respondent	No sufficient information available to the respondent	
... case management	No sufficient information available to the respondent	Implemented in some healthcare services	
Professionals acting as leading coordinator of case management		Nurses/advanced practice nurses	
Setting in which case management is usually conducted		Other	
... shared decision-making	No sufficient information available to the respondent	No sufficient information available to the respondent	
Methods generally used			
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of basic nursing training	No sufficient information available to the respondent	
Inclusion of digital technologies in delivery of care pathways	No sufficient information available to the respondent	No sufficient information available to the respondent	
Areas where digital technologies are used			
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	


Legislative framework notes		
Institutional commitment and strategic framework notes		



# Iceland

## Patients' self-management

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions patients' self-management of non-communicable diseases, but it is not CVDs-specific	No sufficient information available to the respondent	
Regional/Local variability	No sufficient information available to the respondent		
<b>Strategic framework</b>			
Is there a national strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
Populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	No sufficient information available to the respondent	
Funding at regional/local level	No, there is not a funding allocation	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)	DM (without distinction between types)
<b>Service delivery and capacity</b>			
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Attending regular medical check-ups; Educating patients about their health condition	No sufficient information available to the respondent	
Composition of multi-professional teams in charge of the delivery of self-management support	Diabetologist; Cardiologist; Nurse; Dietician; Pharmacists	Diabetologist; Nurse; Dietician; Pharmacists	
Interventions to overcome specific type of barriers	No sufficient information available to the respondent	Financial barriers (e.g., cost of treatment, lack of insurance coverage);	
Quality indicators collected	No sufficient information available to the respondent	No sufficient information available to the respondent	
Validated tools used to collect and measures quality indicators			
Type of self-management training of teams	Periodic	Periodic	
Involvement of patients in ...			
planning of self-management services	Often	Often	
delivery of self-management services	Often	Often	
evaluation of self-management services	Rarely	Often	
Degree of personalisation of self-management services (1-10)	7	8	
Monitoring of self-management services at national level	No	No	
Legislative framework notes			
Institutional commitment and strategic framework notes			

 <h1>Ireland</h1>			
<b>Health literacy</b>			
	<b>CVDs</b>		<b>DM (type if specified)</b>
	<b>Legal framework</b>		
Is there a national legislation?	No		No
Regional/Local variability			
	<b>Strategic framework</b>		
Is there a national strategic framework?	Yes		Yes
Aims	Improve the health literacy of the population; Promote health literacy research; Establish metrics and evaluation methods to monitor the health literacy level	Improve the health literacy of the population; Promote health literacy research; Establish metrics and evaluation methods to monitor the health literacy level	Other
Implementation stage	The implementation of the strategic framework has started BUT assessments have not yet been made		The implementation of the strategic framework has started BUT assessments have not yet been made
Regional variability in implementation	No		
If there is not a national strategic framework, is there a regional/local strategic framework?			
	<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes		Yes
Involvement of different governmental bodies	Yes		Yes
Key actors involved	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies	
	<b>Equity approach</b>		
Commitment to tackle inequities	No		No
Recommendations			
Populations in vulnerable situations who are addressed by the strategy	Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.); Asylum seekers; Refugees; Undocumented migrants; Migrants and ethnic/national minorities; Individuals belonging to socioeconomically disadvantaged groups	Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.); Asylum seekers; Refugees; Undocumented migrants; Individuals belonging to socioeconomically disadvantaged groups	
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities; Campaigns on incentives for food healthy products	Campaigns on harmful health effects of unhealthy commodities; Campaigns on incentives for healthy food products	
	<b>Funding</b>		
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Other
Funding at regional/local level	No, there is not a funding allocation		No, there is not a funding allocation
	<b>Service delivery and capacity</b>		
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	Fully implemented		Fully implemented
...activities to promote HL among leaders and policy-makers in different sectors	Planned but not yet implemented		Planned but not yet implemented
...strategies concerning HL for mass communication	Not implemented nor planned		Not implemented nor planned
...programs to promote child and adolescent HL	Not implemented nor planned		Not implemented nor planned
...initiatives to improve digital HL	Not implemented nor planned		Not implemented nor planned
...programs to improve HL and behaviour change competencies of health-care staff	Planned but not yet implemented		Not implemented nor planned
...HL-related activities for targeting gap groups	Not implemented nor planned		Planned but not yet implemented
...initiatives directed to enabling consumer choice and self-direction	Planned but not yet implemented		Partially implemented
...initiatives to promote community action on health-related issues	Partially implemented		Not implemented nor planned

<b>Legislative framework notes</b>		
<b>Institutional commitment and strategic framework notes</b>	<p>Not specific to CVD however overarching commitment to this topic. <i>[These are the provided information; however, some content may be missing]</i>. The Department of Health is committed to supporting and developing Health Literacy in a number of strategic documents including:</p> <ul style="list-style-type: none"> <li>• Healthy Ireland Framework 2013-2025: <ul style="list-style-type: none"> <li>- Support and link existing partnerships, strategies and initiatives that aim to improve the decision-making capacity of children and young people through strengthening self-esteem, resilience, responses to social and interpersonal pressure, health and media literacy (including social media literacy);</li> <li>- Address and prioritise health literacy in developing future policy, educational and information interventions.</li> </ul> </li> <li>• Healthy Ireland Strategic Action Plan 2021-2025: <ul style="list-style-type: none"> <li>- Partnerships and Cross-Sectoral Work;</li> <li>- Publish a new 10-year adult literacy, numeracy, and digital literacy strategy to support learners;</li> <li>- Implement a new 10-year adult literacy, numeracy, and digital literacy strategy;</li> <li>- Research, Evidence, Monitoring, Reporting and Evaluation Engage with DoH;</li> <li>- Research and Policy Services Unit to support the development and roll-out of a health literacy survey.</li> </ul> </li> <li>• SláinteCare Implementation Strategy &amp; Action Plan 2021-2023, Enabling Programmes: <ul style="list-style-type: none"> <li>- Public and Political Engagement and Empowerment and Sláintecare Citizen and Staff Engagement and Empowerment Programme: developing appropriate communications to take account of health literacy and other barriers that may impact a person's access to and understanding of health messages and actions e.g. co-morbidities, anxiety, accessibility, and language of communication.</li> </ul> </li> </ul> <p>The Department of Health is also supporting the all-of-Government Adult Literacy for Life (ALL) 10 Year Strategy.</p>	<p>Not specific to DIABETES however overarching commitment to this topic <i>[These are the provided information; however, some content may be missing]</i>. The Department of Health is committed to supporting and developing Health Literacy in a number of strategic documents including:</p> <ul style="list-style-type: none"> <li>• Healthy Ireland Framework 2013-2025: <ul style="list-style-type: none"> <li>- Support and link existing partnerships, strategies and initiatives that aim to improve the decision-making capacity of children and young people through strengthening self-esteem, resilience, responses to social and interpersonal pressure, health and media literacy (including social media literacy);</li> <li>- Address and prioritise health literacy in developing future policy, educational and information interventions.</li> </ul> </li> <li>• Healthy Ireland Strategic Action Plan 2021-2025: <ul style="list-style-type: none"> <li>- Partnerships and Cross-Sectoral Work;</li> <li>- Publish a new 10-year adult literacy, numeracy, and digital literacy strategy to support learners;</li> <li>- Implement a new 10-year adult literacy, numeracy, and digital literacy strategy;</li> <li>- Research, Evidence, Monitoring, Reporting and Evaluation Engage with DoH;</li> <li>- Research and Policy Services Unit to support the development and roll-out of a health literacy survey.</li> </ul> </li> <li>• SláinteCare Implementation Strategy &amp; Action Plan 2021-2023, Enabling Programmes: <ul style="list-style-type: none"> <li>- Public and Political Engagement and Empowerment and Sláintecare Citizen and Staff Engagement and Empowerment Programme: developing appropriate communications to take account of health literacy and other barriers that may impact a person's access to and understanding of health messages and actions e.g. co-morbidities, anxiety, accessibility, and language of communication.</li> </ul> </li> </ul> <p>The Department of Health is also supporting the all-of-Government Adult Literacy for Life (ALL) 10 Year Strategy.</p>



Ireland

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	No
Regional/Local variability		
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Focus on equity and collection of/linkage to data on sociodemographic characteristics		
Sociodemographic variables collected		
<b>Funding</b>		
Funding at national level	No sufficient information available to the respondent	No sufficient information available to the respondent
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence of...		
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits	None
... registries that include information about epidemiology, clinical care and outcomes at national level	No	No
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	Yes	No
... a unique identifier for each person that allows access to and integration of all health-related information	No	No
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	No sufficient information available to the respondent	No sufficient information available to the respondent
Can people entitled to health care ...		
... access their complete medical records from electronic devices?	No sufficient information available to the respondent	No sufficient information available to the respondent
... review and request its rectification of information regarding their health status via electronic devices?	No sufficient information available to the respondent	No sufficient information available to the respondent
Presence of ...		
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	No sufficient information available to the respondent	No sufficient information available to the respondent
... policies on data accessibility	No sufficient information available to the respondent	No sufficient information available to the respondent
... policies on accountability for data accessibility, and this information is accessible and transparent	No sufficient information available to the respondent	No sufficient information available to the respondent
... policies on traceability of data access by managers, researchers or other data access stakeholders	No sufficient information available to the respondent	No sufficient information available to the respondent

Legislative framework notes		
Institutional commitment and strategic framework notes	<p>Digital for Care: A Digital Health Framework for Ireland 2024-2030. This framework sets out a roadmap to digitally transform health services in Ireland and improve access for patients. There are six principles to the Digital Health Framework: 1. Patient as an Empowered Partner: it is aimed at empowering patients by giving them broader access to their own health information through a patient app, 2. Workforce and Workplace: it is aimed at enabling the workforce by providing them with the technology, systems, and skills they need to deliver the best possible care and services to patients in the modernised healthcare service, 3. Digitally Enabled and Connected Care: it is aimed at driving future investments and make architectural decisions based on the ability of systems to share clinical information and deliver connected care, 4. Data Driven Services: it is aimed at leveraging data analytics, business intelligence, visualisation, dashboards, and other digitally enabled management tools to provide greater insights into the health service and its operation, 5. Digital Health Ecosystem and Innovation: it is aimed at embedding continuous improvement within the health and social care service, 6. Digitally Secure Foundations and Digital Enablers: it is aimed at continuing to build cyber resilience. In parallel to this Framework, the HSE has developed a Digital Health Strategic Implementation Roadmap 2024 – 2030 which provides details on the various initiatives under each of the six principles, and the programmes, systems and services that need to be put in place in order to bring about the level of digital transformation required of the health service. The HSE’s roadmap is expected to be published soon.</p>	<p>Digital for Care: A Digital Health Framework for Ireland 2024-2030. This framework sets out a roadmap to digitally transform health services in Ireland and improve access for patients. There are six principles to the Digital Health Framework: 1. Patient as an Empowered Partner: it is aimed at empowering patients by giving them broader access to their own health information through a patient app, 2. Workforce and Workplace: it is aimed at enabling the workforce by providing them with the technology, systems, and skills they need to deliver the best possible care and services to patients in the modernised healthcare service, 3. Digitally Enabled and Connected Care: it is aimed at driving future investments and make architectural decisions based on the ability of systems to share clinical information and deliver connected care, 4. Data Driven Services: it is aimed at leveraging data analytics, business intelligence, visualisation, dashboards, and other digitally enabled management tools to provide greater insights into the health service and its operation, 5. Digital Health Ecosystem and Innovation: it is aimed at embedding continuous improvement within the health and social care service, 6. Digitally Secure Foundations and Digital Enablers: it is aimed at continuing to build cyber resilience. In parallel to this Framework, the HSE has developed a Digital Health Strategic Implementation Roadmap 2024 – 2030 which provides details on the various initiatives under each of the six principles, and the programmes, systems and services that need to be put in place in order to bring about the level of digital transformation required of the health service. The HSE’s roadmap is expected to be published soon.</p>



Ireland

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation? Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	No	
Aims			
Implementation stage			
Target group			
Regional variability in implementation			
If not, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
Populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	No sufficient information available to the respondent		No
Data systematically collected from patients to monitor risk factors			
Data collection method			
Use of risk assessment tools	Yes, they are used mainly by health professionals	No sufficient information available to the respondent	
Risk assessment tools routinely used	ESC SCORE2; ESC SCORE2-OP; HeartScore		

Legislative framework notes		
Institutional commitment and strategic framework notes		



Ireland

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation? Regional/Local variability	No	No	
Strategic framework			
Is there a national strategic framework?	Yes	Yes	Other
Aims	Improve patient experience; Improve patient-centered care; Promote patient empowerment and involvement; Improve timeliness care; Improve appropriateness of care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate the quality of care; Risk assessment and management; Enhance coordination among different services (i.e. social, health.); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization	Improve patient experience; Improve patient-centered care; Improve timeliness care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate the quality of care; Risk assessment and management; Enhance coordination among different services (i.e. social, health.); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization	
Implementation stage	The implementation of the strategic framework has started AND assessments have already been made	The implementation of the strategic framework has started BUT assessments have not yet been made	
Regional variability in implementation If there is not a national strategic framework, is there a regional/local strategic framework?	Yes	No	
Intersectoral approach			
Involvement of different stakeholders	Yes	Yes	
Involvement of different levels of government	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Health promotion foundations	
Equity approach			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Developing integrated care programs that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing persons in vulnerable situations; Promoting health education and awareness on CVDs; Providing free or low-cost integrated care services; Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services; Offering medical care at flexible hours	Development of plain language and multilingual communications; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost integrated care services	
populations in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Pregnant women; Individuals with other concurrent medical conditions; Individuals belonging to socioeconomically disadvantaged groups	Older persons; Adolescents; Children; Pregnant women; Individuals with other concurrent medical conditions; Individuals with learning disabilities, physical disabilities or communication difficulties	
Funding			
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 2 DM
Funding at regional/local level	No, there is not a funding allocation	No sufficient information available to the respondent	
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Psychologists	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Dieticians; Psychologists	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in some healthcare services	Implemented in some healthcare services	
... case management	No sufficient information available to the respondent	Implemented in some healthcare services	
Professionals acting as leading coordinator of case management		Specialised medical professionals	
Setting in which case management is usually conducted		Ambulatory care services (e.g. outpatient clinics, primary care service)	
... shared decision-making	No sufficient information available to the respondent	Implemented in some healthcare services	
Methods generally used		Non-technical skills (e.g.: encouraging patients to ask questions, ...); A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of specialist nursing	
Provision of person-centered care as part of medical or nursing training	No sufficient information available to the respondent	Yes	
Inclusion of digital technologies in delivery of care pathways	No sufficient information available to the respondent	Yes	
Areas where digital technologies are used		Access to information by healthcare professionals; Communication	
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	

Legislative framework notes		
Institutional commitment and strategic framework notes	The 'National Framework for the Integrated Prevention and Management of Chronic Disease' builds on existing policies while also describing a continuum of health promotion, disease prevention, diagnosis, treatment, disease management and rehabilitation services that are coordinated across different healthcare providers and healthcare settings. It is not specific to CVD. It describes a new way of working together across the health continuum in Ireland. The 'Integrated Model of Care for the Prevention and Management of Chronic Disease' is at the heart of the 'National Framework for the Integrated Prevention and Management of Chronic Disease' and demonstrates how "end-to-end" care can be provided within the Irish health services. This model of care has been adapted by each of the National Clinical Programmes for Chronic Disease (The National Heart Programme and the National Clinical Programmes for Respiratory and Diabetes) to develop a model of care which details end-to-end care for heart failure, chronic obstructive pulmonary disease, asthma and type 2 diabetes mellitus. It sets out a National Framework which will describe an integrated approach to the prevention and management of chronic disease in Ireland over the coming years (2020-2025). It describes a whole-system approach to integration that encompasses population health and wellbeing, preventive, acute, non-acute and community based services. It aims to join together the various strands of Ireland's health service with the ultimate goal of providing a person-centred service by ensuring that individuals receive "the right care, at the right time, by the right team and in the right place".	We have a National Integrated Model of Care for Chronic Disease: <a href="https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/chronic-disease-service-model-implementation-resource-pack.pdf">https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/chronic-disease-service-model-implementation-resource-pack.pdf</a> We have a Model of Care for T2DM: <a href="https://www.hse.ie/eng/about/who/cspd/ncps/diabetes/moc/hse-integrated-model-of-care-for-people-with-type-2-diabetes-mellitus.pdf">https://www.hse.ie/eng/about/who/cspd/ncps/diabetes/moc/hse-integrated-model-of-care-for-people-with-type-2-diabetes-mellitus.pdf</a>



Ireland

## Patients' self-management

	CVDs	DM (type if specified)
	<b>Legal framework</b>	
Is there a national legislation?	No	No
Regional/Local variability		
	<b>Strategic framework</b>	
Is there a national strategic framework?	Yes	Yes Type 1 DM; Type 2 DM; Other
Aims	Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Promote the leadership/organizational support to patients self management programs; Promote the implementation of an individualized approach	Increase patients knowledge about DM; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Promote the leadership/organizational support to patients self management programs; Promote innovative patients self management strategies such as problem-solving, self-advocacy approaches and collaborative care; Promote utilization/development of validated assessment tools; Increase the use of telehealth and digital tools; Promote the implementation of an individualized approach
Implementation stage	The implementation of the strategic framework has started BUT assessments have not yet been made	The implementation of the strategic framework has started BUT assessments have not yet been made
Regional variability in implementation	Yes	Yes
If there is not a national strategic framework, is there a regional/local strategic framework?		
	<b>Intersectoral approach</b>	
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies
	<b>Equity approach</b>	
Commitment to tackle inequities	Yes	Yes
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Developing self-management programs that respect and incorporate cultural beliefs and practices; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Developing self-management programs that respect and incorporate cultural beliefs and practices; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions
Populations in vulnerable situations who are addressed by the strategy	Older persons; Individuals with other concurrent medical conditions that increase the risk of CVDs; Other	Older persons; Individuals with other concurrent medical conditions that increase the risk of CVDs; Other
	<b>Funding</b>	
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies) Type 1 DM; Type 2 DM; Other
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
	<b>Service delivery and capacity</b>	
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health
Composition of multi-professional teams in charge of the delivery of self-management support	Diabetologist; Cardiologist; General Practitioner; Nurse; Dietician; Psychologists	Diabetologist; Nurse; Dietician; Podiatrist
Interventions to overcome specific type of barriers	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities); Psychological barriers (e.g., fear of diagnosis or treatment, stigma)	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities); Psychological barriers (e.g., fear of diagnosis or treatment, stigma)
Quality indicators collected	Activity and participation/adherence (percentage of patients joining and continuing the program over time)	Activity and participation/adherence (percentage of patients joining and continuing the program over time); Healthcare use; Other
Validated tools used to collect and measures quality indicators	CHRONIC DISEASES MANAGEMENT KPis	No sufficient information available to the respondent
Type of self-management training of teams	Both initial and periodic	Both initial and periodic
Involvement of patients in ...		
planning of self-management services	Often	Often
delivery of self-management services	Often	Often
evaluation of self-management services	Often	Often
Degree of personalisation of self-management services (1-10)	8	8
Monitoring of self-management services at national level	No sufficient information available to the respondent	Yes

Legislative framework notes		
Institutional commitment and strategic framework notes	<p>Integrated Prevention and Management of Chronic Disease in Ireland 2020-2025: it describes a continuum of services for improving care of those with heart failure and includes a commitment to self-management support strategies as part of national service delivery. It is underpinned by the Living well with a Chronic Condition: Framework for Self-management Support (2017) which empowers individuals to actively participate in the management of their chronic conditions.</p>	<p>The Health Service Executive (HSE) National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020-2025 describes a continuum of services for improving care of diabetes and includes a commitment to self-management support strategies as part of national service delivery. <a href="https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/national-framework-integrated-care.pdf">https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/national-framework-integrated-care.pdf</a> This is underpinned by the Living well with a Chronic Condition: Framework</p>
Useful links	<p><a href="https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/national-framework-integrated-care.pdf">https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/national-framework-integrated-care.pdf</a></p>	<p><a href="https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/national-framework-integrated-care.pdf">https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/documents/national-framework-integrated-care.pdf</a>  <a href="https://www.lenus.ie/handle/10147/305982?show=full">https://www.lenus.ie/handle/10147/305982?show=full</a></p>



# Ireland

## Labour participation of people living with NCDs, in particular with CVD and DM

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation? Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework? Aims	No	No	
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs...)	Other
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs...)	Other
<b>Service delivery and capacity</b>			
Presence of health education programs available for employers and employees	No	No	
Types of programs promoting healthy lifestyles in the workplace	No sufficient information available to the respondent	No sufficient information available to the respondent	
Presence of incentives to hire employees with CVDs or DM	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to CVDs	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to DM	
Welfare interventions to protect employees with CVDs or DM	Other	No sufficient information available to the respondent	
Return-to-work programs for people with CVDs or DM	Other	Other	
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No sufficient information available to the respondent	No	
<b>Legislative framework notes</b>			
Institutional commitment and strategic framework notes			



Italy

## Health literacy

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	DM (without distinction between types); Other
Aims	Increase public awareness of CVDs and their risk factors; Improve the health literacy responsiveness of health services; Identify and target high-risk groups for CVDs; Promote behaviour change; Empowerment of population or individuals; Address/reduce health inequities; Other	Increase public awareness of DM and its risk factors; Improve the health literacy of the population; Identify and target high-risk groups for DM; Promote behaviour change; Empowerment of population or individuals; Address/reduce health inequities	
Implementation stage	The strategic framework is prepared and approved BUT the implementation has not started yet	The strategic framework is prepared and approved BUT the implementation has not started yet	
Regional variability in implementation	No	No	
If there is not a national strategic framework, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	No	No	
Key actors involved	Ministry of Health (or equivalent); Social science and health research institutes/Universities	Ministry of Health (or equivalent); Social science and health research institutes/Universities	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Other	None	
Populations in vulnerable situations who are addressed by the strategy	None	None	
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns market and advertising strategies of unhealthy commodities; Campaigns through information tools on CVDs risk and risk factors based on independent information and/or evidence-based resources	Campaigns on harmful health effects of unhealthy commodities; Campaigns about market and advertising strategies of unhealthy commodities; Campaigns through information tools on DM risk and risk factors based on independent information and/or evidence-based resources	
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	DM (without distinction between types)
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
<b>Implementation stage of...</b>			
...surveys to compare health literacy across regions or population groups	Fully implemented	No sufficient information available to the respondent	
...activities to promote HL among leaders and policy-makers in different sectors	Not implemented nor planned	No sufficient information available to the respondent	
...strategies concerning HL for mass communication	Not implemented nor planned	No sufficient information available to the respondent	
...programs to promote child and adolescent HL	Not implemented nor planned	No sufficient information available to the respondent	
...initiatives to improve digital HL	Not implemented nor planned	No sufficient information available to the respondent	
...programs to improve HL and behaviour change competencies of health-care staff	Not implemented nor planned	No sufficient information available to the respondent	
...HL-related activities for targeting gap groups	Not implemented nor planned	No sufficient information available to the respondent	
...initiatives directed to enabling consumer choice and self-direction	Not implemented nor planned	No sufficient information available to the respondent	
...initiatives to promote community action on health-related issues	Not implemented nor planned	No sufficient information available to the respondent	

Legislative framework notes		
Institutional commitment and strategic framework notes		



Italy

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates registries for CVDs	Yes, there is a specific legislation that explicitly addresses and regulates registries for DM	Type 1 DM; Type 2 DM; Other
Regional/Local variability	No sufficient information available to the respondent	Yes	
<b>Strategic framework</b>			
Is there a national strategic framework?	Not in place yet but under development	Yes	
Aims		Monitor and evaluate data related to access, quality of services and outcomes; Contribute to scientific and epidemiological research; Contribute to public health intervention planning	
Implementation stage		No sufficient information available to the respondent	
Regional variability in implementation		Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent		
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics			
Sociodemographic variables collected			
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Alcohol consumption habits; Lipid levels; Blood pressure levels; Cardiovascular diseases (general); Coronary Artery Disease; Stroke (Cerebrovascular disease)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Alcohol consumption habits; Lipid levels; Blood pressure levels; Glucose levels or HbA1c levels (diabetes mellitus); Diabetes type I and type II	
... registries that include information about epidemiology, clinical care and outcomes at national level	No sufficient information available to the respondent	No sufficient information available to the respondent	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No sufficient information available to the respondent	Yes	
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	No sufficient information available to the respondent	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	No sufficient information available to the respondent	No sufficient information available to the respondent	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	No sufficient information available to the respondent	No sufficient information available to the respondent	
... policies on data accessibility	No sufficient information available to the respondent	Yes at both national and regional/local level	
... policies on accountability for data accessibility, and this information is accessible and transparent	No sufficient information available to the respondent	Yes at both national and regional/local level	
... policies on traceability of data access by managers, researchers or other data access stakeholders	No sufficient information available to the respondent	Yes at both national and regional/local level	

Legislative framework notes	Decree of the President of the Council of Ministers 3 March 2017. "Identification of the surveillance systems and of the registries of mortality, tumours and other pathologies". The cardiovascular registries have not been activated yet.	<ul style="list-style-type: none"> <li>Decree of the President of the Council of Ministers 3 March 2017. "Identification of the surveillance systems and the registries of mortality, tumours and other pathologies". The National diabetes registry has not been activated yet;</li> <li>In the Piemonte Region, the Regional Diabetes Registry was established and activated in 1989 in accordance with Law 115/1987 and Ministerial Decree 7.1.1988, No. 23;</li> <li>The Health Observatory of the Health Department of the Autonomous Province of Bolzano established the Diabetes Registry on March 1, 2009 [Deliberazione della Giunta Provinciale n. 4560 del 01.12.2008];</li> <li>Regional Diabetes Registry of Emilia-Romagna.</li> </ul>
Institutional commitment and strategic framework notes		
Useful links		<a href="https://assets-eu-01.kc-usercontent.com/4624460d-da56-01fc-8b6f-https://salute.regione.emilia-romagna.it/cure-primarie/diabete/gestione-integrata-del-diabete-mellito-di-tipo-2-2017">https://assets-eu-01.kc-usercontent.com/4624460d-da56-01fc-8b6f-https://salute.regione.emilia-romagna.it/cure-primarie/diabete/gestione-integrata-del-diabete-mellito-di-tipo-2-2017</a>



Italy

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing DM	Type 1 DM
Regional/Local variability	No		
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	Type 1 DM
Aims	Early identification and taken in charge persons in conditions of risk increased for NCDs and/or affected by pathology in connection with the actions of National Chronic Care Plan.	Insufficient information	
Implementation stage	Other/There are multiple strategies at different stages	Other/There are multiple strategies at different stages	
Target group	No sufficient information available to the respondent	Specific population groups	
Regional variability in implementation	Yes	No sufficient information available to the respondent	
If not, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	No	Yes	
Involvement of different governmental bodies	No	Yes	
Key actors involved	National, Regional and/or Local Public Health Agencies	Ministry of Health (or equivalent); Regional and/or Local Health	
<b>Equity approach</b>			
Commitment to tackle inequities	No sufficient information available to the respondent	No sufficient information available to the respondent	
Recommendations			
Populations in vulnerable situations who are addressed by the strategy	No sufficient information available to the respondent	Children	
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Type 1 DM
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	No	No sufficient information available to the respondent	
Data systematically collected from patients to monitor risk factors			
Data collection method			
Use of risk assessment tools	Yes, they are routinely used by both health professionals and the general population	No, they are generally not used	
Risk assessment tools routinely used	Other		

Legislative framework notes		• Law n. 130 (2023/09/15): provisions concerning the definition of a diagnostic program for the detection of type 1 diabetes mellitus (DM1) and celiac disease in the paediatric population >> establishes a National Observatory at the Ministry of Health, which will start screening from 2024, aimed at identifying DM1 antibodies in children; it will thus be possible to identify those at risk of DM1 at an early stage, possibly to be treated with the available therapies.
Institutional commitment and strategic framework notes		



Italy

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for CVDs	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for DM	DM (without distinction between types)
Regional/Local variability	Yes	Yes	
Strategic framework			
Is there a national strategic framework?	Yes	Yes	DM (without distinction between types)
Aims	Improve patient-centered care; Promote patient empowerment and involvement; Improve appropriateness of care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Risk assessment and management; Enhance coordination among different services (i.e. social, health.); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine)	Improve patient-centered care; Promote patient empowerment and involvement; Improve appropriateness of care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Monitor and evaluate the quality of care; Enhance coordination among different services (i.e. social, health.); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization	
Implementation stage	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	Other	
Regional variability in implementation If there is not a national strategic framework, is there a regional/local strategic framework?	Yes	Yes	
Intersectoral approach			
Involvement of different stakeholders	Yes	Yes	
Involvement of different levels of government	Yes	Yes	
Key actors involved	Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Private sector	
Equity approach			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication	Promoting health education and awareness on DM; Providing free or low-cost integrated care services; Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services	
populations in vulnerable situations who are addressed by the strategy	Older persons; Pregnant women; Other	Older persons; Adolescents; Children; Pregnant women; Individuals with other concurrent medical conditions; Individuals with learning disabilities, physical disabilities or communication difficulties; Asylum seekers; Refugees; Undocumented migrants; Migrants and ethnic/national minorities; Individuals in prisons or other closed institutions; Individuals belonging to socioeconomically disadvantaged groups	
Funding			
Funding at national level	No sufficient information available to the respondent	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Social workers, professional caregivers; Dieticians; Pharmacists	General practitioners; Specialised medical professionals; Physician assistants; Nurses/advanced practice nurses; Dieticians; Psychologists	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in some healthcare services	Implemented in some healthcare services	
... case management	Implemented in some healthcare services	No sufficient information available to the respondent	
Professionals acting as leading coordinator of case management	Specialised medical professionals		
Setting in which case management is usually conducted	No sufficient information available to the respondent		
... shared decision-making	No sufficient information available to the respondent	No sufficient information available to the respondent	
Methods generally used			
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of basic nursing training	No sufficient information available to the respondent	
Inclusion of digital technologies in delivery of care pathways	No sufficient information available to the respondent	Yes	
Areas where digital technologies are used		Access to information by healthcare professionals; Communication between healthcare professionals; Consultations (between healthcare professionals and patients); Remote monitoring services; Shared decision-making process	
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	

<p>Legislative framework notes</p>	<ul style="list-style-type: none"> <li>• Piano Nazionale Cronicità - Accordo Stato Regioni 15 Sett.2016;</li> <li>• DPCM LEA 12 gennaio 2017 - Art 21 percorsi di cura integrati;</li> <li>• Piano Nazionale Prevenzione 2020-2025;</li> <li>• Guidelines ISS National Institute of Health on cardiovascular area.</li> </ul>	<ul style="list-style-type: none"> <li>• Law No. 115/87: with this law Italy has provided for the establishment of Diabetology Services (SD). Thanks to this standard, in Italy there is a network of diabetology services that is unique in the world in terms of organization and capillarity of diffusion throughout the country. This network consists of 650 specialist dispensing points (diabetes centres and clinics), 350 diabetes centres with a multi-professional team and 300 outpatient clinics with a single diabetologist;</li> <li>• DM 12 March 2019 "New guarantee system for healthcare monitoring";</li> <li>• Decree of the Minister of Health in agreement with the Minister of Economy and Finance 23 May 2022, n. 77 ("Regulation on the definition of models and standards for the development of territorial assistance in the National Health Service");</li> <li>• DPCM LEA 12 gennaio 2017 Art 21 percorsi di cura integrati;</li> <li>• Accordi Collettivi Nazionali, Ilettivi Nazionali</li> </ul>
<p>Institutional commitment and strategic framework notes</p>	<p>Piano Nazionale Cronicità - Accordo Stato Regioni 15 Sett.2016</p>	<ul style="list-style-type: none"> <li>• "National diabetes Plan" approved by the State-Regions Conference on 6 December 2012. It has the general objectives to put the person with diabetes at the centre and to promote integration and networking between specialists and general practitioners through "diagnostic and therapeutic care pathways -PDTA", to ensure an appropriate use of resources and to give homogeneity to regional and local measures and activities, providing indications for the improvement of the quality of care that take into account the evolution recorded in the scientific and technological field and the new organizational models widespread in vast areas of the territory.</li> <li>• "National Chronicity Plan" (State-Regions Agreement 15 September 2016): it develops the issues of chronic disease care in general. It also contains specific items dedicated to diabetes.</li> <li>• "National Prevention Plan 2020-2025" (State-Regions agreement 6 August 2020) includes as strategic objective the early identification and taken in charge persons in conditions of risk increased for NCDs and/or affected by pathology in connection with the actions of National Chronicity Plan.</li> </ul>
<p>Useful links</p>	<p><a href="https://www.pianiregionaledellaprevenzione.it/Default.aspx?ReturnUrl=%2fhttps://www.iss.it/-/lg-int-areacardiovascolare">https://www.pianiregionaledellaprevenzione.it/Default.aspx?ReturnUrl=%2fhttps://www.iss.it/-/lg-int-areacardiovascolare</a></p>	<p><a href="https://www.gazzettaufficiale.it/eli/gu/2022/06/22/144/sg/pdf">https://www.gazzettaufficiale.it/eli/gu/2022/06/22/144/sg/pdf</a>  <a href="https://www.sisac.info/ActionPagina_432.do">https://www.sisac.info/ActionPagina_432.do</a>  <a href="https://www.salute.gov.it/imgs/C_17_pubblicazioni_1885_allegato.pdf">https://www.salute.gov.it/imgs/C_17_pubblicazioni_1885_allegato.pdf</a>  <a href="https://www.salute.gov.it/imgs/C_17_pubblicazioni_2584_allegato.pdf">https://www.salute.gov.it/imgs/C_17_pubblicazioni_2584_allegato.pdf</a>  <a href="https://www.salute.gov.it/imgs/C_17_pubblicazioni_2955_allegato.pdf">https://www.salute.gov.it/imgs/C_17_pubblicazioni_2955_allegato.pdf</a></p>



Italy

## Patients' self-management

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions patients' self-management of non-communicable diseases, but it is not CVDs-specific	Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of DM DM (without distinction between types)
Regional/Local variability	No sufficient information available to the respondent	Yes
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes DM (without distinction between types)
Aims	Increase patients knowledge about CVDs; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Increase the use of telehealth and digital tools	Increase patients knowledge about DM; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Increase the use of telehealth and digital tools
Implementation stage	Other/There are multiple strategies at different stages	Other/There are multiple strategies at different stages
Regional variability in implementation	Yes	Yes
If there is not a national strategic framework, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Pharmacies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Private sector (other than pharmaceutical)	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Private sector (other than pharmaceutical); Other
<b>Equity approach</b>		
Commitment to tackle inequities	Yes	Yes
Recommendations	No sufficient information available to the respondent	Offering interpretation services or employ multilingual staff to facilitate
Populations in vulnerable situations who are addressed by the strategy	No sufficient information available to the respondent	Children; Other
<b>Funding</b>		
Funding at national level	No sufficient information available to the respondent	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies) DM (without distinction between types)
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Attending regular medical check-ups; Educating patients about their health condition
Composition of multi-professional teams in charge of the delivery of self-management support	No sufficient information available to the respondent	No sufficient information available to the respondent
Interventions to overcome specific type of barriers	No sufficient information available to the respondent	Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., No sufficient information available to the respondent)
Quality indicators collected	No sufficient information available to the respondent	No sufficient information available to the respondent
Validated tools used to collect and measure quality indicators	No sufficient information available to the respondent	No sufficient information available to the respondent
Type of self-management training of teams	No sufficient information available to the respondent	No sufficient information available to the respondent
Involvement of patients in ...	No sufficient information available to the respondent	No sufficient information available to the respondent
planning of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
delivery of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
evaluation of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
Degree of personalisation of self-management services (1-10)	3	3
Monitoring of self-management services at national level	No sufficient information available to the respondent	No sufficient information available to the respondent

Legislative framework notes		<ul style="list-style-type: none"> <li>• Law No. 115/87: with this law Italy has provided the establishment of Diabetology Services (SD). Thanks to this standard, in Italy there is a network of diabetology services that is unique in the world in terms of organization and capillarity of diffusion throughout the country. This network consists of 650 specialist dispensing points (diabetes centres and clinics), 350 diabetes centres with a multi-professional team and 300 outpatient clinics with a single diabetologist;</li> <li>• DM 12 March 2019 "New guarantee system for healthcare monitoring";</li> <li>• Decree of the Minister of Health in agreement with the Minister of Economy and Finance 23 May 2022, n. 77 ("Regulation on the definition of models and standards for the development of territorial assistance in the National Health Service")</li> </ul>
Institutional commitment and strategic framework notes	<ul style="list-style-type: none"> <li>• "National Chronicity Plan" (State-Regions Agreement 15 September 2016): it develops the issues of chronic disease care in general and also contains a specific chapter dedicated to chronic heart failure.</li> <li>• "National Prevention Plan 2020-2025" (State-Regions agreement 6 August 2020): promotes individual interventions on lifestyles also in people with NCDs.</li> </ul>	<ul style="list-style-type: none"> <li>• "National diabetes Plan" approved by the State-Regions Conference on 6 December 2012. It has the general objectives to put the person with diabetes at the centre and to promote integration and networking between specialists and general practitioners through "diagnostic and therapeutic care pathways - PDTA", to ensure an appropriate use of resources and to give homogeneity to regional and local measures and activities, providing indications for the improvement of the quality of care that take into account the evolution recorded in the scientific and technological field and the new organizational models widespread in vast areas of the territory.</li> <li>• "National Chronicity Plan" (State-Regions Agreement 15 September 2016): it develops the issues of chronic disease care in general. It also contains specific items dedicated to diabetes.</li> <li>• "National Prevention Plan 2020-2025" (State-Regions agreement 6 August 2020) includes as strategic objective the early identification and taken in charge persons in conditions of risk increased for NCDs and/or affected by pathology in connection with the actions of National Chronicity Plan.</li> </ul>
Useful links	<a href="https://www.salute.gov.it/imgs/C_17_pubblicazioni_2584_allegato.pdf">https://www.salute.gov.it/imgs/C_17_pubblicazioni_2584_allegato.pdf</a>	<a href="https://www.gazzettaufficiale.it/eli/gu/2022/06/22/144/sq/pdf">https://www.gazzettaufficiale.it/eli/gu/2022/06/22/144/sq/pdf</a> <a href="https://www.sisac.info/ActionPagina_432.do">https://www.sisac.info/ActionPagina_432.do</a> <a href="https://www.salute.gov.it/imgs/C_17_pubblicazioni_1885_allegato.pdf">https://www.salute.gov.it/imgs/C_17_pubblicazioni_1885_allegato.pdf</a> <a href="https://www.salute.gov.it/imgs/C_17_pubblicazioni_2584_allegato.pdf">https://www.salute.gov.it/imgs/C_17_pubblicazioni_2584_allegato.pdf</a> <a href="https://www.salute.gov.it/imgs/C_17_pubblicazioni_2955_allegato.pdf">https://www.salute.gov.it/imgs/C_17_pubblicazioni_2955_allegato.pdf</a>



## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	Yes, there is a specific legislation that explicitly addresses and regulates labour participation of people living with DM	DM (without distinction between types)
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	DM (without distinction between types)
Aims	Improve health promotion or health preventive measures at the workplace	Improve access to the labour market for people living with CVDs; Improve wellbeing at the workplace of people living with DM; Improve access to medical care and preventive programmes for people living with DM; Ensure job maintenance for people living with DM; Improve health promotion or health preventive measures at the workplace	
Implementation stage	The implementation of the strategic framework has started BUT assessments have not yet been made	The implementation of the strategic framework has started BUT assessments have not yet been made	
Regional variability in implementation	Yes	Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Trade unions; Private sector	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Insurances	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations			
populations in vulnerable situations who are addressed by the strategy	No sufficient information available to the respondent	Other	
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No sufficient information available to the respondent	
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence of health education programs available for employers and employees	There are health education programs to increase awareness of NCDs, but they are not specific to CVDs	No sufficient information available to the respondent	
Types of programs promoting healthy lifestyles in the workplace	No sufficient information available to the respondent	No sufficient information available to the respondent	
Presence of incentives to hire employees with CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
Welfare interventions to protect employees with CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
Return-to-work programs for people with CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
Legislative framework notes		<ul style="list-style-type: none"> <li>• Law 16 March 1987, n. 115 - Disposizioni per la prevenzione e la cura del diabete mellito (Provisions for the prevention and treatment of diabetes mellitus). (GU General Series n.71 of 26-03-1987);</li> <li>• Law 5 February 1992, n. 104 Framework law for assistance, social integration and rights of disabled persons.; D.Lgs. 81/08 - Testo Unico sulla sicurezza e successive integrazioni (Consolidated Law on Safety and its subsequent integrations).</li> </ul>	
Institutional commitment and strategic framework notes			

**Health literacy**

	<b>CVDs</b>	<b>DM (type if specified)</b>
<b>Legal framework</b>		
Is there a national legislation?	No	
Regional/Local variability		
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	
Aims	Increase public awareness of CVDs and their risk factors; Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Address/reduce health inequities; Promote health literacy research; Foster collaboration between healthcare sectors and other stakeholders	
Implementation stage	No sufficient information available to the respondent	
Regional variability in implementation	No sufficient information available to the respondent	
If there is not a national strategic framework, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	
Involvement of different governmental bodies	Yes	
Key actors involved	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities	
<b>Equity approach</b>		
Commitment to tackle inequities	Yes	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Monitoring and evaluating social inequities in health literacy programs among different population subgroups	
Populations in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Children; Pregnant women	
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on potential conflict of interest in knowledge production and dissemination of information regarding CVDs risks and risk factors; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities; Campaigns on market and advertising strategies of unhealthy commodities; Campaigns on incentives for food healthy products	
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	
Funding at regional/local level	No, there is not a funding allocation	
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	Partially implemented	
...activities to promote HL among leaders and policy-makers in different sectors	Partially implemented	
...strategies concerning HL for mass communication	Partially implemented	
...programs to promote child and adolescent HL	Partially implemented	
...initiatives to improve digital HL	No sufficient information available to the respondent	
...programs to improve HL and behaviour change competencies of health-care staff	Partially implemented	
...HL-related activities for targeting gap groups	Partially implemented	
...initiatives directed to enabling consumer choice and self-direction	Planned but not yet implemented	
...initiatives to promote community action on health-related issues	Partially implemented	

Legislative framework notes	
Institutional commitment and strategic framework notes	-

Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions disease registries, but it is not CVDs-specific	
Regional/Local variability	No	
<b>Strategic framework</b>		
Is there a national strategic framework?	No sufficient information available to the respondent	
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Focus on equity and collection of/linkage to data on sociodemographic characteristics		
Sociodemographic variables collected		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	
Funding at regional/local level	No, there is not a funding allocation	
<b>Service delivery and capacity</b>		
Presence of...		
... health examination surveys, health interview surveys or cohort studies carried out at national level	Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels	
... registries that include information about epidemiology, clinical care and outcomes at national level	No sufficient information available to the respondent	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No sufficient information available to the respondent	
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	No sufficient information available to the respondent	
Can people entitled to health care ...		
... access their complete medical records from electronic devices?	No	
... review and request its rectification of information regarding their health status via electronic devices?	No	
Presence of ...		
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	
... policies on data accessibility	Yes only at national level	
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes only at national level	
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes only at national level	

Legislative framework notes		
Institutional commitment and strategic framework notes	At present, the Latvian Family Hypercholesterolemia Register is planned to be the first registry in the field of cardiovascular diseases.	



# Lithuania

## Health literacy

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses health literacy of CVDs	Yes, there is a specific legislation that explicitly addresses health literacy of DM	Type 1 DM; Type 2 DM
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	No	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
Populations in vulnerable situations who are addressed by the strategy			
Campaigns to tackle commercial determinants of health			
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Other
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Other
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	Partially implemented	Partially implemented	
...activities to promote HL among leaders and policy-makers in different sectors	No sufficient information available to the respondent	No sufficient information available to the respondent	
...strategies concerning HL for mass communication	Not implemented nor planned	Partially implemented	
...programs to promote child and adolescent HL	Partially implemented	Partially implemented	
...initiatives to improve digital HL	No sufficient information available to the respondent	No sufficient information available to the respondent	
...programs to improve HL and behaviour change competencies of health-care staff	Partially implemented	Fully implemented	
...HL-related activities for targeting gap groups	No sufficient information available to the respondent	No sufficient information available to the respondent	
...initiatives directed to enabling consumer choice and self-direction	No sufficient information available to the respondent	No sufficient information available to the respondent	
...initiatives to promote community action on health-related issues	Partially implemented	Fully implemented	

Legislative framework notes	<ul style="list-style-type: none"> <li>Order for promoting healthy nutrition and healthy physical activity was approved by the Minister of Health in 2020 and is based on "Lithuanian health strategy 2014-2025". It focuses on promotion of healthy diet and healthy physical activity by increasing the nutritional and physical activity literacy of the population.</li> <li>Order of the organization procedure of the health promotion program for the prevention of cardiovascular diseases and diabetes was approved by the Minister of Health of the Republic of Lithuania in 2014. It focuses on a health promotion program for the prevention of cardiovascular diseases and diabetes, implementation and the procedure for monitoring its implementation. The program is for those who are at risk of cardiovascular diseases and/or diabetes or who voluntarily apply for participation in the program. One of the aspects of the program is improving health literacy by providing health promotion information to participants theoretical and practical group sessions. During them, interactive teaching methods are used, group discussions, tasks are solved, results are discussed, and healthy lifestyle issues are consulted. The main focus is on independent work, practical application of acquired knowledge and evaluation of health and lifestyle changes achieved.</li> <li>Cardiovascular diseases prevention and early diagnosis program was approved by the order of the Minister of Health of the Republic of Lithuania in 2005. The program is designed to reduce mortality due to CVDs, which can be avoided through preventive and therapeutic measures, by identifying patients who can be assigned to the risk group of cardiovascular diseases, organizing their preventive care and adjusting their lifestyle (by improving their health literacy) and, if necessary, prescribing the necessary treatment.</li> <li>Regarding the approval of the description of the procedure for the implementation of trainings for the promotion of healthy physical activity for the elderly in municipal public health bureaus, it was approved by order of the Minister of Health of the Republic of Lithuania in 2021. One of the key components of this description of procedure is determination of health literacy regarding physical activity, after that physical activity training are organized for older persons.</li> <li>Order of procedure for promoting physical activity intervention was approved by the Minister of Health of the Republic of Lithuania in 2022. In order to change lifestyle by changing physical activity habits, consultations are carried out which contribute to increasing health literacy.</li> </ul>	<ul style="list-style-type: none"> <li>Order of the procedure for the diagnosis and treatment of diabetes mellitus and intermediate hyperglycaemia with drugs, the costs of which are paid from the budget of the compulsory health insurance fund was approved by the Minister of Health of the Republic of Lithuania in 2012. It focuses on a diagnosis and treatment, but includes health literacy through patient education and self-control education.</li> <li>Order of the requirements for the provision of nursing services for patients with diabetes was approved by the Minister of Health of the Republic of Lithuania in 2008. The initial consultations with patients focus on pathophysiology of DM, nutritional features of patients with DM, basic principles of DM treatment (insulin, its injection methods, oral antidiabetic drugs), acute conditions of DM (hypoglycaemia, hyperglycaemia, ketonuria), self-monitoring, late complications of DM, foot care, healthy lifestyle (physical activity, health-damaging factors, etc.), the scope of continuing counselling support additionally includes the following topics: psychosocial adaptation and CD and pregnancy planning.</li> <li>Order of the organization procedure of the health promotion program for the prevention of cardiovascular diseases and diabetes was approved by the Minister of Health of the Republic of Lithuania in 2014. It focuses on a health promotion program for the prevention of cardiovascular diseases and diabetes, implementation and the procedure for monitoring its implementation. The program is for those who are at risk of cardiovascular diseases and/or diabetes or who voluntarily apply for participation in the program. One of the aspects of the program is improving health literacy by providing health promotion information to participants theoretical and practical group sessions. During them, interactive teaching methods are used, group discussions, tasks are solved, results are discussed, and healthy lifestyle issues are consulted. The main focus is on independent work, practical application of acquired knowledge and evaluation of health and lifestyle changes achieved.</li> </ul>
Institutional commitment and strategic framework notes		Lithuanian Diabetes Association is an organization that promotes health literacy of DM by establishing diabetes schools in different regions of Lithuania, organizes summer camps for the Youth. They give an ideal opportunity to have an enjoyable time whilst learning more about diabetes.
Useful links	<a href="https://www.e-tar.lt/portal/lt/legalAct/dbae8710144111ebb0038a8cd8ff585f">https://www.e-tar.lt/portal/lt/legalAct/dbae8710144111ebb0038a8cd8ff585f</a> <a href="https://www.e-tar.lt/portal/lt/legalAct/7f78b12047e011e483c6e89f9dba57fd">https://www.e-tar.lt/portal/lt/legalAct/7f78b12047e011e483c6e89f9dba57fd</a> <a href="https://www.e-tar.lt/portal/lt/legalAct/TAR.989A59214850/asr">https://www.e-tar.lt/portal/lt/legalAct/TAR.989A59214850/asr</a> <a href="https://www.e-tar.lt/portal/lt/legalAct/801b03307a3611edbc04912defe897d1">https://www.e-tar.lt/portal/lt/legalAct/801b03307a3611edbc04912defe897d1</a>	<a href="https://www.e-tar.lt/portal/lt/legalAct/1474645082bf11ed8df094f359a60216">https://www.e-tar.lt/portal/lt/legalAct/1474645082bf11ed8df094f359a60216</a> <a href="https://www.e-tar.lt/portal/lt/legalAct/TAR.FAE00AF4FEF6/asr">https://www.e-tar.lt/portal/lt/legalAct/TAR.FAE00AF4FEF6/asr</a> <a href="https://www.e-tar.lt/portal/lt/legalAct/7f78b12047e011e483c6e89f9dba57fd">https://www.e-tar.lt/portal/lt/legalAct/7f78b12047e011e483c6e89f9dba57fd</a>



# Lithuania

## Labour participation of people living with NCDs, in particular with CVD and

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	No
Regional/Local variability		
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No sufficient information available to the respondent
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No sufficient information available to the respondent	No sufficient information available to the respondent
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence of health education programs available for employers and employees	No sufficient information available to the respondent	No sufficient information available to the respondent
Types of programs promoting healthy lifestyles in the workplace	No sufficient information available to the respondent	No sufficient information available to the respondent
Presence of incentives to hire employees with CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent
Welfare interventions to protect employees with CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent
Return-to-work programs for people with CVDs or DM	None	No sufficient information available to the respondent
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent
Legislative framework notes		
Institutional commitment and strategic framework notes		

## Health literacy

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No sufficient information available to the respondent	Yes, there is a specific legislation that explicitly addresses health literacy of DM	Type 1 DM; Type 2 DM; Other
Regional/Local variability		No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No sufficient information available to the respondent	Yes	Type 1 DM; Type 2 DM
Aims		Increase public awareness of DM and its risk factors; Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Ensure that information related to DM is accessible; Identify and target high-risk groups for DM; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals	
Implementation stage		No sufficient information available to the respondent	
Regional variability in implementation		No	
If there is not a national strategic framework, is there a regional/local strategic framework?	No		
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		No	
Key actors involved		Ministry of Health (or equivalent); Patient/citizen associations; Private sector	
<b>Equity approach</b>			
Commitment to tackle inequities		No	
Recommendations			
Populations in vulnerable situations who are addressed by the strategy		Older persons; Adolescents	
Campaigns to tackle commercial determinants of health		Campaigns on harmful health effects of unhealthy commodities	
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No, there is not a funding allocation	
Funding at regional/local level	No sufficient information available to the respondent	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	No sufficient information available to the respondent	Not implemented nor planned	
...activities to promote HL among leaders and policy-makers in different sectors	No sufficient information available to the respondent	Not implemented nor planned	
...strategies concerning HL for mass communication	Partially implemented	Not implemented nor planned	
...programs to promote child and adolescent HL	No sufficient information available to the respondent	No sufficient information available to the respondent	
...initiatives to improve digital HL	Planned but not yet implemented	Not implemented nor planned	
...programs to improve HL and behaviour change competencies of health-care staff	No sufficient information available to the respondent	No sufficient information available to the respondent	
...HL-related activities for targeting gap groups	Not implemented nor planned	No sufficient information available to the respondent	
...initiatives directed to enabling consumer choice and self-direction	Not implemented nor planned	No sufficient information available to the respondent	
...initiatives to promote community action on health-related issues	Not implemented nor planned	No sufficient information available to the respondent	

Legislative framework notes		
Institutional commitment and strategic framework notes		

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions disease registries, but it is not CVDs-specific	No	
Regional/Local variability	No		
<b>Strategic framework</b>			
Is there a national strategic framework?	Not in place yet but under development	Yes	DM (without distinction between types); Type 1 DM; Type 2 DM
Aims		Monitor population health; Contribute to population-based surveillance; Monitor and evaluate the effectiveness of public health interventions; Monitor and evaluate data related to access, quality of services and outcomes; Analyse and monitor risk factors; Contribute to scientific and epidemiological research; Contribute to public health intervention planning; Contribute to the assessment of costs	
Implementation stage		No sufficient information available to the respondent	
Regional variability in implementation		No	
If there is not a national strategic framework, is there a regional/local strategic framework?	Not in place yet but under development		
<b>Intersectoral approach</b>			
Involvement of different stakeholders		No	
Involvement of different governmental bodies		No	
Key actors involved		Ministry of Health (or equivalent)	
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics		No sufficient information available to the respondent	
Sociodemographic variables collected			
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No sufficient information available to the respondent	
Funding at regional/local level	No, there is not a funding allocation	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Cardiovascular diseases (general); Coronary Artery Disease; Stroke (Cerebrovascular disease)	Diet patterns; Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Type 1 DM; Type 2 DM	
... registries that include information about epidemiology, clinical care and outcomes at national level	No sufficient information available to the respondent	No	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No	No	
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	No sufficient information available to the respondent	No	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	Yes	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	No	Yes	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on data accessibility	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes at both national and local/regional level	No sufficient information available to the respondent	
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes at both national and local/regional level	Yes at both national and regional/local level	

Legislative framework notes		
Institutional commitment and strategic framework notes		

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation? Regional/Local variability	No	No sufficient information available to the respondent
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	No sufficient information available to the respondent
Aims	Objectives were targeted for the year 2020. Currently there are efforts to update the framework and strategy.	
Implementation stage	No sufficient information available to the respondent	
Target group	General population	
Regional variability in implementation	No	
If not, is there a regional/local strategic framework?	No sufficient information available to the respondent	
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	
Involvement of different governmental bodies	Yes	
Key actors involved	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies	
<b>Equity approach</b>		
Commitment to tackle inequities	Yes	
Recommendations	Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing screening strategies that respect and incorporate cultural beliefs and practices; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for CVDs; Providing free or low-cost screening services	
Populations in vulnerable situations who are addressed by the strategy	No sufficient information available to the respondent	
<b>Funding</b>		
Funding at national level	No sufficient information available to the respondent	
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence a systematic surveillance for risk factors	Yes, both at the national and regional/local level	
Data systematically collected from patients to monitor risk factors	No sufficient information available to the respondent	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; HbA1c measurement; Height measurement; Weight measurement; Use of medications for elevated blood pressure; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Marital status; Occupation
Data collection method	No sufficient information available to the respondent	
Use of risk assessment tools	Yes, they are used mainly by health professionals	
Risk assessment tools routinely used	HeartScore	

Legislative framework notes		
Institutional commitment and strategic framework notes	Primary Health Care: multiple initiatives addressing screening and prevention of NCDs have been set up, including the establishment of a national screening center and processes for identification of risk factors.	Opportunistic screening has been in place for an extended period. The various PHC community clinics available in Malta (current 28), the health centres (10) and the Telemedicine Centre provide a good coverage for this activity.



Malta

## Patients' self-management

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions patients' self-management of non-communicable diseases, but it is not CVDs-specific	
Regional/Local variability	No	
<b>Strategic framework</b>		
Is there a national strategic framework?	No	
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No sufficient information available to the respondent	
Funding at regional/local level	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>		
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health	
Composition of multi-professional teams in charge of the delivery of self-management support	Cardiologist; Nurse; Dietician; Physiotherapist; Psychotherapist	
Interventions to overcome specific type of barriers	Communication barriers (e.g., language differences, poor communication with healthcare providers); Psychological barriers (e.g., fear of diagnosis or treatment, stigma)	
Quality indicators collected	Activity and participation/adherence (percentage of patients joining and continuing the program over time); Process indicators (e.g., attendance rates and engagement in self-management activities); Patients quality of life; Healthcare use; Costs; Clinical outcomes; Patient-reported experiences (PREMs)	
Validated tools used to collect and measures quality indicators		
Type of self-management training of teams	No, self-management training is not provided	
Involvement of patients in ...		
planning of self-management services	Never	
delivery of self-management services	Never	
evaluation of self-management services	Never	
Degree of personalisation of self-management services (1-10)	4	
Monitoring of self-management services at national level	No	
Legislative framework notes		
Institutional commitment and strategic framework notes		

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation? Regional/Local variability	No	No sufficient information available to the respondent	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	Yes	DM (without distinction between types)
Aims	Improve work ability of people living with DM; Reduce absenteeism from work of people living with DM; Improve access to medical care and preventive programmes for people living with DM; Increase productivity; Improve health promotion or health preventive measures at the workplace		
Implementation stage	The implementation of the strategic framework has started AND assessments have already been made		
Regional variability in implementation If there is not a national strategic framework, is there a regional/local strategic framework?	No		
<b>Intersectoral approach</b>			
Involvement of different stakeholders Involvement of different governmental bodies	Yes		
Key actors involved	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Patient/citizen associations; Trade unions; Employers associations; Other Third Sector/Non-Profit Organisations		
<b>Equity approach</b>			
Commitment to tackle inequities	Yes		
Recommendations	The National Diabetes Strategy increases the number of healthcare services, medicinal products and devices available to patients living with diabetes and free at the point of use to reduce inequities.		
populations in vulnerable situations who are addressed by the strategy	Youth workers (ages 15-24); Pregnant women		
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation		
Funding at regional/local level	No, there is not a funding allocation		
<b>Service delivery and capacity</b>			
Presence of health education programs available for employers and employees	No sufficient information available to the respondent		Yes, there are health education programs to increase awareness of DM in the workplace
Types of programs promoting healthy lifestyles in the workplace	National programs on the promotion of healthy lifestyle aimed at preventing CVDs, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees	National programs on the promotion of healthy lifestyle aimed at preventing DM, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees	
Presence of incentives to hire employees with CVDs or DM	No sufficient information available to the respondent		No, there are no incentives available at national level aimed at promoting the hiring of people affected by DM
Welfare interventions to protect employees with CVDs or DM	No sufficient information available to the respondent		Disability allowance; Disability pension
Return-to-work programs for people with CVDs or DM	No sufficient information available to the respondent		No sufficient information available to the respondent
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No sufficient information available to the respondent		No
Legislative framework notes			
Institutional commitment and strategic framework notes		The Ministry for Health and Active Ageing has a National Strategy for Diabetes which aims at reducing the prevalence of diabetes and its complications and improving the overall wellbeing of the patient living with diabetes to level the playing field when it comes to employability, employment and career opportunities.	



Norway

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions health literacy but it is not CVDs-specific	No
Regional/Local variability	No sufficient information available to the respondent	
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
Campaigns to tackle commercial determinants of health		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	Not implemented nor planned	Not implemented nor planned
...activities to promote HL among leaders and policy-makers in different sectors	Not implemented nor planned	Not implemented nor planned
...strategies concerning HL for mass communication	Fully implemented	Partially implemented
...programs to promote child and adolescent HL	Fully implemented	Partially implemented
...initiatives to improve digital HL	Fully implemented	Partially implemented
...programs to improve HL and behaviour change competencies of health-care staff	Fully implemented	Partially implemented
...HL-related activities for targeting gap groups	Partially implemented	Partially implemented
...initiatives directed to enabling consumer choice and self-direction	Fully implemented	Partially implemented
...initiatives to promote community action on health-related issues	Fully implemented	Partially implemented

Legislative framework notes		
Institutional commitment and strategic framework notes		



Norway

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions disease registries, but it is not CVDs-specific	There is a legislation that mentions disease registries, but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	Yes	DM (without distinction between types)
Aims		No sufficient information available to the respondent	
Implementation stage		Other/There are multiple strategies at different stages	
Regional variability in implementation		No	
If there is not a national strategic framework, is there a regional/local strategic framework?	No		
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		Yes	
Key actors involved		Ministry of Health (or equivalent); Regional and/or Local Health Authorities	
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics		Yes	
Sociodemographic variables collected		No sufficient information available to the respondent	
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	DM (without distinction between types)
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Cardiovascular diseases (general)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits	
... registries that include information about epidemiology, clinical care and outcomes at national level	Yes	Yes	Type 1 DM; Type 2 DM
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No	Yes	Type 1 DM; Type 2 DM
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	No	No	
... review and request its rectification of information regarding their health status via electronic devices?	Yes	Yes	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	No sufficient information available to the respondent	
... policies on data accessibility	No sufficient information available to the respondent	Yes only at national level	
... policies on accountability for data accessibility, and this information is accessible and transparent	No sufficient information available to the respondent	No sufficient information available to the respondent	
... policies on traceability of data access by managers, researchers or other data access stakeholders	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Legislative framework notes</b>			
Institutional commitment and strategic framework notes	A National Heart infarction registry, a National Stroke registry, a national Heart failure registry, a national cardiac arrest registry, a national vessel-surgery registry are in place	There is a national diabetes registry for children with diabetes and a national registry for adults with diabetes, separated into those being followed in hospitals and in primary care.	



Norway

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	Type 2 DM; Other
Aims	The Norwegian Directorate of Health has issued a National guideline for the prevention of cardiovascular disease. The guideline is well implemented both in primary care and the specialist health care. The guideline promotes active case-finding of persons at high risk of CVD and to use a risk-based approach when deciding who to advice lifestyle change (healthy diet, more physical activity, enough sleep, stop smoking, less alcohol etc) and who that should receive primary prevention of CVD with drugs (antihypertensive treatment and/or cholesterol lowering).	All GPs and hospital doctors are advise to screen for diabetes by the use of HbA1c if the person is found to be at increased risk for DM. All pregnant women are screened with HbA1c at the first consultation, and a subgroup at high risk are advised to do a OGTT later in the pregnancy.	
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Target group	General population	General population	
Regional variability in implementation	No	No	
If not, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	No	No	
Involvement of different governmental bodies	No	No	
Key actors involved	Ministry of Health (or equivalent)	Ministry of Health (or equivalent)	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing screening strategies that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Providing free or low-cost screening services	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing screening strategies that respect and incorporate cultural beliefs and practices; Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for DM; Providing free or low-cost screening services	
Populations in vulnerable situations who are addressed by the strategy	Older persons; Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.)	Older persons	
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 2 DM; Other
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	Yes, at the regional/local level only	Yes, at the regional/local level only	
Data systematically collected from patients to monitor risk factors	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Education; Marital status; Occupation	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Education; Marital status; Occupation	
Data collection method	Population based (general population) health examination survey	Population based (general population) health examination survey	
Use of risk assessment tools	Yes, they are used mainly by health professionals	Yes, they are routinely used by both health professionals and the	
Risk assessment tools routinely used	ESC SCORE2	FINDRISC Diabetes Risk Calculator	

Legislative framework notes		
Institutional commitment and strategic framework notes	The Norwegian Directorate of Health has issued a National guideline for the prevention of cardiovascular disease. The guideline is well implemented both in primary care and specialist health care. The guideline promotes active case-finding of persons at high risk of CVD, and to use a risk-based approach when deciding who to advice on lifestyle changes (e.g., a healthy diet, increased physical activity, sufficient sleep, quitting smoking, and reduced alcohol consumption), and who should receive primary prevention of CVD with medications (antihypertensive treatment and/or cholesterol-lowering therapy).	The National Diabetes programme, with annual national funding, the National Diabetes guideline, and the National guideline for Gestational diabetes.



Norway

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	No	No	
Regional/Local variability			
Strategic framework			
Is there a national strategic framework?	No	Yes	Type 1 DM; Type 2 DM; Other
Aims		Improve patient experience; Improve patient-centered care; Promote patient empowerment and involvement; Improve timeliness care; Improve appropriateness of care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate of the quality of care; Risk assessment and management; Enhance coordination among different services (i.e. social, health.); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization	
Implementation stage		The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Regional variability in implementation		No	
If there is not a national strategic framework, is there a regional/local strategic framework?	No		
Intersectoral approach			
Involvement of different stakeholders		Yes	
Involvement of different levels of government		No	
Key actors involved		Ministry of Health (or equivalent); Patient/citizen associations	
Equity approach			
Commitment to tackle inequities		Yes	
Recommendations		Offering interpretation services or employ multilingual staff to facilitate communication; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting health education and awareness on DM; Providing free or low-cost integrated care services	
populations in vulnerable situations who are addressed by the strategy		Older persons; Children	
Funding			
Funding at national level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Physician assistants; Nurses/advanced practice nurses; Occupational therapists; Physiotherapists; Social workers, professional caregivers; Dieticians; Pharmacists; Psychologists	General practitioners; Specialised medical professionals; Physician assistants; Nurses/advanced practice nurses; Physiotherapists; Social workers, professional caregivers; Dieticians; Pharmacists; Psychologists	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in some healthcare services	Implemented in some healthcare services	
... case management	No sufficient information available to the respondent	No sufficient information available to the respondent	
Professionals acting as leading coordinator of case management			
Setting in which case management is usually conducted			
... shared decision-making	Implemented in some healthcare services	Implemented in most healthcare services	
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...); Involvement of professionals able to let people understand, coherently with their specific needs; Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails)	Non-technical skills (e.g.: encouraging patients to ask questions, ...); Involvement of professionals able to let people understand, coherently with their specific needs; Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails)	
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training; A dedicated part of further education that is mandatory for certified nurses	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training	
Inclusion of digital technologies in delivery of care pathways	Yes	Yes	
Areas where digital technologies are used	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients); Remote monitoring services; Development and management of care plans	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients); Remote monitoring services; Development and management of care plans	
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
Legislative framework notes			
Institutional commitment and strategic framework notes		Projects are present in the National diabetes plan (4 million NOK/year), the National funding for Diabetes projects (12 mill NOK/year), through the National diabetes guideline, the National guideline for GDM and through the two national diabetes registries (for children and adults).	



# Norway

## Patients' self-management

	CVDs	DM (type if specified)
	<b>Legal framework</b>	
Is there a national legislation?	No	No
Regional/Local variability		
	<b>Strategic framework</b>	
Is there a national strategic framework?	Yes	Yes
		Type 1 DM; Type 2 DM; Other
Aims	Increase patients knowledge about CVDs; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Promote innovative patients self management strategies such as problem-solving, self-advocacy approaches and collaborative care; Increase the use of telehealth and digital tools; Promote the implementation of an individualized approach	Increase patients knowledge about DM; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Promote innovative patients self management strategies such as problem-solving, self-advocacy approaches and collaborative care; Increase the use of telehealth and digital tools; Promote the implementation of an individualized approach
Implementation stage	The implementation of the strategic framework has started AND assessments have already been made	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
Regional variability in implementation	No	No
If there is not a national strategic framework, is there a regional/local strategic framework?		
	<b>Intersectoral approach</b>	
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	No
Key actors involved	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies; Patient/citizen associations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Patient/citizen associations
	<b>Equity approach</b>	
Commitment to tackle inequities	Yes	Yes
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing self-management programs that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing self-management programs that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions; Monitoring and evaluating social inequities in access to self-management programs among different population sub-groups
Populations in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Pregnant women; Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.)	Older persons; Adolescents; Children; Pregnant women; Individuals with learning disabilities, physical disabilities or communication difficulties; Migrants and ethnic/national minorities; Individuals belonging to socioeconomically disadvantaged groups
	<b>Funding</b>	
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
		Type 1 DM; Type 2 DM; Other
Funding at regional/local level	No sufficient information available to the respondent	No, there is not a funding allocation
	<b>Service delivery and capacity</b>	
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Seeking support from healthcare professionals or support groups; Attending regular medical check-ups	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health
Composition of multi-professional teams in charge of the delivery of self-management support	Cardiologist; General Practitioner; Nurse	Diabetologist; General Practitioner; Nurse; Dietician; Podiatrist; Specialist physicians; Psychologists
Interventions to overcome specific type of barriers	Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities)	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities); Psychological barriers (e.g., fear of diagnosis or treatment, stigma); Systemic barriers (e.g., policies that limit access to certain treatments or services)
Quality indicators collected	No sufficient information available to the respondent	Self-management practices and behaviours (e.g., assessment of patients ability to manage their condition effectively, ...); Process indicators (e.g., attendance rates and engagement in self-management activities); Patients quality of life; Healthcare use; Clinical outcomes; Patient-reported experiences (PREMs); Patient-reported outcomes (PROMs)
Validated tools used to collect and measures quality indicators		Collected through the national Diabetes Registry, use of standard variables, PROM and PREM, this is validated.
Type of self-management training of teams	No sufficient information available to the respondent	Both initial and periodic
Involvement of patients in ...		
planning of self-management services	No sufficient information available to the respondent	Rarely
delivery of self-management services	No sufficient information available to the respondent	Often
evaluation of self-management services	No sufficient information available to the respondent	Often
Degree of personalisation of self-management services (1-10)	6	7
Monitoring of self-management services at national level	No	Yes

Legislative framework notes		
Institutional commitment and strategic framework notes	The commitment extends beyond CVD to encompass all diseases.	The commitment extends beyond diabetes, with plans and ongoing efforts to enhance self-management for all diseases. This includes initiatives such as the National Patient Information Service (Helsenorge) and the communication strategy at the Division of Public Health within the Norwegian Directorate of Health, as well as several other areas. Additionally, specific efforts for diabetes are being carried out through the National Diabetes Plan (funded at 4 million NOK per year), the National Funding for Diabetes Projects (12 million NOK per year), the National Diabetes Guideline, and the National Guideline for GDM.



Norway

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	Yes	DM (without distinction between types)
Aims		Improve access to the labour market for people living with CVDs; Improve wellbeing at the workplace of people living with DM; Improve work ability of people living with DM; Reduce absenteeism from work of people living with DM; Ensure job maintenance for people living with DM; Encourage rehabilitation and return to work after periods of leave due to DM; Other	
Implementation stage		The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Regional variability in implementation If there is not a national strategic framework, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		Yes	
Key actors involved		Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Regional and/or Local Health Authorities	
<b>Equity approach</b>			
Commitment to tackle inequities Recommendations populations in vulnerable situations who are addressed by the strategy		No sufficient information available to the respondent	
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is available on a scheduled basis (e.g. every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types); Other
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Presence of health education programs available for employers and employees	There are health education programs to increase awareness of NCDs, but they are not specific to CVDs	No sufficient information available to the respondent	
Types of programs promoting healthy lifestyles in the workplace	National programs on the promotion of healthy lifestyle aimed at preventing CVDs, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees; Programs organised by labour unions or workers associations specific to some occupations	Other	
Presence of incentives to hire employees with CVDs or DM	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to CVDs	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to DM	
Welfare interventions to protect employees with CVDs or DM	Disability allowance; Health insurance; Economic benefits; Disability pension	Disability allowance; Health insurance; Economic benefits; Disability pension	
Return-to-work programs for people with CVDs or DM	Programs run directly by the competent national authorities; Programs run directly by the competent regional/local authorities	Other	
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Legislative framework notes</b>			
Institutional commitment and strategic framework notes		There is an explicit institutional commitment to improve labour participation of people living with chronic diseases, including diabetes.	

# Poland

## Health literacy

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses health literacy of CVDs	There is a legislation that mentions health literacy but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	Type 1 DM; Type 2 DM; Other
Aims	Increase public awareness of CVDs and their risk factors; Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Ensure that information related to CVDs is accessible; Identify and target high-risk groups for CVDs; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals; Promote shared decision-making; Address/reduce health inequities; Promote health literacy research; Foster collaboration between healthcare sectors and other stakeholders; Establish metrics and evaluation methods to monitor the health literacy level; Other	Increase public awareness of DM and its risk factors; Improve the health literacy of the population; Ensure that information related to DM is accessible; Promote behaviour change; Empowerment of population or individuals; Address/reduce health inequities; Promote health literacy research	
Implementation stage	The implementation of the strategic framework has started BUT assessments have not yet been made	The implementation of the strategic framework has started BUT assessments have not yet been made	
Regional variability in implementation	No	No	
If there is not a national strategic framework, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	No	
Key actors involved	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Regional and/or Local Educational Authorities; Social science and health research institutes/Universities; Scientific societies	Ministry of Health (or equivalent); Social science and health research institutes/Universities	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Development of plain language and multilingual communications; Collaborating with community leaders and organizations representing persons in vulnerable situations; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting the health literacy responsiveness across the different organisational levels of the health and social care service; Developing and implementing school-based initiatives; Developing and implementing workplace health promotion programs; Monitoring and evaluating social inequities in health literacy programs among different population subgroups	Developing and implementing school-based initiatives	
Populations in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Children; Pregnant women; Individuals with a family history of CVDs; Individuals with other concurrent medical conditions that increase the risk of CVDs	None	
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities; Campaigns on incentives for food healthy products; Campaigns on food labelling and regulation of food portion sizes; Campaigns based on independent information and/or on evidence-based resources; Campaigns through information tools on CVDs risk and risk factors based on independent information and/or evidence-based resources; Campaigns on regulation of commercial actors participation on patients associations/groups	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities; Campaigns on incentives for healthy food products	
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 1 DM; Type 2 DM; Other
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	Planned but not yet implemented	Not implemented nor planned	
...activities to promote HL among leaders and policy-makers in different sectors	Partially implemented	No sufficient information available to the respondent	
...strategies concerning HL for mass communication	Partially implemented	Fully implemented	
...programs to promote child and adolescent HL	Planned but not yet implemented	No sufficient information available to the respondent	
...initiatives to improve digital HL	Planned but not yet implemented	No sufficient information available to the respondent	
...programs to improve HL and behaviour change competencies of health-care staff	Partially implemented	Not implemented nor planned	
...HL-related activities for targeting gap groups	Partially implemented	Fully implemented	
...initiatives directed to enabling consumer choice and self-direction	Planned but not yet implemented	Partially implemented	
...initiatives to promote community action on health-related issues	Not implemented nor planned	No sufficient information available to the respondent	

Legislative framework notes	Narodowy Program Chorób Układu Krążenia na lata 2022-2032/ National Action Plan on CVD 2022-2032, implemented in 2022. NPChUK is a national strategy covering the reform of Polish cardiology and other related fields related to CVD focusing activities in 5 key areas: investments in staff; in education, prevention & lifestyle; in patients; in science & innovation; in the cardiological care system.	
Institutional commitment and strategic framework notes	MOH is responsible for supervision and division of tasks, it also carries out some of the activities, but the main implementer of them is the National Institute of Cardiology. Other ministries, government agencies, research institutes, e.g. the National Institute of Public Health, medical entities and organizations such as scientific societies and associations operating in the field of CVD are also involved in the implementation of the tasks.	1. As a part of implementation National Health Programme 2016-2020, the National Centre for Nutrition Education was established in 2017. The task continues under the new edition of the National Health Programme 2021-2025. 2. Educational activities for patients with diabetes and their families and caregivers aimed at reducing diabetes complications and improving the quality and length of life of patients. As part of this task of the National Health Programme 2021-2025, it includes developing, organizing and implementation training for 21,000 people with diabetes and their families/caregivers, as well as their evaluation.
Useful links	<a href="https://isap.sejm.gov.pl/isap.nsf/download.xsp/WMP20220001265/O/M20221265.pdf">https://isap.sejm.gov.pl/isap.nsf/download.xsp/WMP20220001265/O/M20221265.pdf</a>	<a href="https://ncez.pzh.gov.pl/">https://ncez.pzh.gov.pl/</a>

# Poland

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates registries for CVDs	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	No sufficient information available to the respondent
Aims	Monitor population health; Monitor and evaluate the effectiveness of public health interventions; Monitor and evaluate data related to access, quality of services and outcomes; Analyse and monitor risk factors; Analyse and monitor social determinants of health; Facilitate access to data; Simplify data exchange procedures, facilitating their transmission and protection; Contribute to scientific and epidemiological research; Contribute to public health intervention planning; Contribute to the assessment of costs	
Implementation stage	The implementation of the strategic framework has started BUT assessments have not yet been made	
Regional variability in implementation	No	
If there is not a national strategic framework, is there a regional/local strategic framework?		No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	
Involvement of different governmental bodies	No	
Key actors involved	Ministry of Health (or equivalent); Social science and health research institutes/Universities	
<b>Equity approach</b>		
Focus on equity and collection of/linkage to data on sociodemographic characteristics	Yes	
Sociodemographic variables collected	Age; Sex; Comorbidities; Disability; Education level; Citizenship	
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	No sufficient information available to the respondent
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence of...		
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Cardiovascular diseases (general)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Type 1 DM; Type 2 DM; Other type of DM
... registries that include information about epidemiology, clinical care and outcomes at national level	Yes	No sufficient information available to the respondent
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No	No sufficient information available to the respondent
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	No sufficient information available to the respondent
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	No	No sufficient information available to the respondent
Can people entitled to health care ...		
... access their complete medical records from electronic devices?	Yes	No sufficient information available to the respondent
... review and request its rectification of information regarding their health status via electronic devices?	Yes	No sufficient information available to the respondent
Presence of ...		
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	No sufficient information available to the respondent
... policies on data accessibility	No	No sufficient information available to the respondent
... policies on accountability for data accessibility, and this information is accessible and transparent	No sufficient information available to the respondent	No sufficient information available to the respondent
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes at both national and local/regional level	No sufficient information available to the respondent

<p>Legislative framework notes</p>	<ul style="list-style-type: none"> <li>• National Registry of Cardiac Surgery, Regulation of the Minister of Health of May 30, 2018, on the National Registry of Cardiac Surgery (Journal of Laws of 2018, item 1093), effective from 2018. This is a digital platform for collecting data on operations performed at all Cardiac Surgery Centers in Poland. The registry contains information on the number of adult and paediatric cardiac surgeries; the type of these surgeries, the scope and their results performed in Poland;</li> <li>• Register of Vascular Operations, Regulation of the Minister of Health of January 8, 2020 on the Register of Vascular Operations (Journal of Laws of 2020, item 84), effective from 2020. The registry will include such information as the diagnosis of the disease (date of diagnosis, code), date and type of treatment, including interventional treatment, date and reason for termination of treatment, complications, date of last contact, current health status or cause of death;</li> <li>• National Registry of Acute Coronary Syndromes, Regulation of the Minister of Health of May 24, 2018 on the National Registry of Acute Coronary Syndromes (Journal of Laws 2018 item 1063), effective from 2018. The tasks of the registry include: processing of data on health services provided in medical entities in the field of diagnosis and therapy of acute coronary syndromes, and exchange of data processed in the registry on health services provided in medical entities in the field of diagnosis and therapy of acute coronary syndromes, between the entity maintaining the registry and medical entities;</li> <li>• Nationwide Cardiology and Cardiac Surgery Registry for Transcatheter Treatment of Heart Valves "POL-TaVALVE". Regulation of the Minister of Health dated September 28, 2021, on the Nationwide Cardiology and Cardiac Surgery Registry for Transcatheter Treatment of Heart Valves "POL-TaVALVE" (Dz. U. of 2021, item 1849). The purpose of this registry is to evaluate the safety and effectiveness of the application of the method of percutaneous treatment of the mitral valve in patients with a specific condition, and to further improve and develop this method. For the purposes of the POL-TAVI Registry, personal data are collected: name, surname, PESEL number, information on health status contained in medical records, past medical conditions and treatment, and the percutaneous mitral valve treatment procedure itself using the MitraClip system (data on diagnostic and follow-up examinations related to the procedure, the course of the procedure, hospitalization, discharge);</li> <li>• Registry of Familial Hypercholesterolemia. Ordinance of the Minister of Health of January 8, 2020, on the Family Hypercholesterolemia Registry (i.e., Journal of Laws 2022, item 87). This registry collects data on patients with a confirmed diagnosis of familial hypercholesterolemia (FH) from all health care providers nationwide.</li> </ul>	
<p>Institutional commitment and strategic framework notes</p>	<p>Since 2023, the registers have not been funded by the state budget and are currently under review, with a decision pending regarding their future operation.</p>	
<p>Useful links</p>	<p><a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20180001093">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20180001093</a>  <a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU2020000084">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU2020000084</a>  <a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20180001063">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20180001063</a>  <a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20210001849">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20210001849</a>  <a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU2020000083">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU2020000083</a></p>	

# Poland

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not CVDs-specific	No sufficient information available to the respondent
Notes		
Regional/Local variability	No	
<b>Strategic framework</b>		
Is there a national strategic framework?	Not in place yet but under development	No
Aims		
Implementation stage		
Target group		
Regional variability in implementation		
If not, is there a regional/local strategic framework?	No	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	
Involvement of different governmental bodies	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies	
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	No sufficient information available to the respondent
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence a systematic surveillance for risk factors	No	Yes, at the national level only
Data systematically collected from patients to monitor risk factors		Blood pressure measurements (diastolic and systolic); LDL cholesterol; Fasting blood glucose measurement; Height measurement; Weight measurement; Sex; Place of living
Data collection method		No sufficient information available to the respondent
Use of risk assessment tools	Yes, they are used mainly by health professionals	No sufficient information available to the respondent
Risk assessment tools routinely used	ESC SCORE2; ESC SCORE national adaptation; Other	

Legislative framework notes		
Institutional commitment and strategic framework notes	Currently, the cardiac network care pilot program is testing an organizational model in which the National Coordinating Center for the pilot program develops, updates and modifies guidelines for the management of the diagnostic and treatment process of the recipient. In addition, within the framework of the National Action Plan on Cardiovascular Diseases 2022-2032, it is planned to continue activities aimed at maintaining and supporting the development of a system of medical registries for monitoring the epidemiological status and health care status of CVD and screening registries in Poland, including the assessment of the quality of implementation of procedures in cardiology and their level of financing, as well as a database for screening and a database of interventional cardiology and cardiac surgery procedures.	

Poland			
Integrated care pathways			
CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for CVDs	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for DM	Type 1 DM; Type 2 DM; Other
Regional/Local variability	No	No	
Strategic framework			
Is there a national strategic framework?	Yes	No sufficient information available to the respondent	
Aims	Improve patient-centered care; Improve timeliness of care; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Monitor and evaluate the quality of care; Enhance coordination among different services (i.e. social, health...); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization; Other		
Implementation stage	The implementation of the strategic framework has started AND assessments have already been made		
Regional variability in implementation	Yes		
If there is not a national strategic framework, is there a regional/local strategic framework?		No sufficient information available to the respondent	
Intersectoral approach			
Involvement of different stakeholders	Yes		
Involvement of different levels of government	Yes		
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Other		
Equity approach			
Commitment to tackle inequities	Yes		
Recommendations	Development of plain language and multilingual communications; Promoting health education and awareness on CVDs; Providing free or low-cost integrated care services; Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services; Offering medical care at flexible hours		
populations in vulnerable situations who are addressed by the strategy	Older persons; Individuals with other concurrent medical conditions		
Funding			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	No sufficient information available to the respondent	
Funding at regional/local level	No, there is not a funding allocation	No sufficient information available to the respondent	
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Dietitians	Specialised medical professionals; Nurses/advanced practice nurses; Dietitians; Other	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in some healthcare services	No sufficient information available to the respondent	
... case management	Implemented in some healthcare services	No sufficient information available to the respondent	
Professionals acting as leading coordinator of case management	General practitioners		
Setting in which case management is usually conducted	Ambulatory care services (e.g. outpatient clinics, primary care service)		
... shared decision-making	Implemented in some healthcare services	No sufficient information available to the respondent	
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...)		
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training; A dedicated part of further education that is mandatory for certified nurses	No sufficient information available to the respondent	
Inclusion of digital technologies in delivery of care pathways	Yes	No sufficient information available to the respondent	
Areas where digital technologies are used	Communication between healthcare professionals; Consultations (between healthcare professionals and patients); Remote monitoring services		
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	

Legislative framework notes	<ul style="list-style-type: none"> <li>Ordinance of the Minister of Health dated May 10, 2021, on the pilot program of care for the recipient within the cardiac network. Entry into force: 2021. In order to reduce CVD morbidity and mortality, the National Cardiovascular Disease Program has planned activities specifically to improve coordination of cardiac care across the "patient pathway," including rationalization of inpatient care, shifting the centre of gravity from inpatient to outpatient care, improving access to outpatient care and diagnostics (removing or increasing limits), and better coordination between inpatient and outpatient care;</li> <li>Resolution No. 247 of the Council of Ministers of December 6, 2022, on the establishment of a multi-year program entitled National Cardiovascular Disease Program for 2022-2032. Implementation year: 2022. The goal of the Program is to provide citizens with equal and adequate access to quality health services through a friendly, modern and efficient health care system;</li> <li>Regulation of the Minister of Health of February 15, 2021, on guaranteed benefits in the field of primary health care - it introduces the dedicated budget and rules for coordinated care in primary health care;</li> <li>Order of the President of the National Health Fund in Poland No. 124/2022/DOSZ. It introduces the dedicated budget and rules for coordinated care in primary health care;</li> </ul>	<ul style="list-style-type: none"> <li>Regulation of the Minister of Health of 5 September 2017 amending the Regulation on guaranteed services in the field of outpatient specialized care. Entry into force: 22 October 2017;</li> <li>The "Diabetes Care" provision is intended to balance hospital care and provide full care without frequent hospitalizations, thereby reducing the cost of care. Eligibility indications for care under the "Diabetes Care" specialty advice are: 1) type 1 diabetes; 2) diabetes in children and adolescents up to 21 years of age; 3) type 2 diabetes, treated with at least 3 insulin injections, requiring intensive monitoring or change of insulin therapy, combined with intravenous infusions (including regulation of water and electrolyte disorders); 4) gestational diabetes. The detailed definition of the indications qualifying for the benefit in question, is dictated by the fact that this care should be intended for a group of patients, requiring enhanced care. The long-term course of the disease can lead to the development of chronic complications resulting from damage to various tissues and organs. The risk of occurrence and rate of development of chronic complications depend mainly on metabolic control of diabetes. Proper balancing of glycaemic levels helps reduce the risk of developing complications. Patient care provision with diabetes include, in particular: 1) conducting a subjective and objective examination and performing the necessary tests and consultations, excluding tests to confirm the initial diagnosis; 2) if clinically indicated, correction or insertion of insulin pump fittings and preparation for surgical procedures with assessment of glycaemic compensation and possible modification of treatment; 3) patient supervision (observation) lasting no longer than required by the patient's medical condition, together with necessary additional diagnostics and monitoring - depending on clinical indications - of the electrical activity of the heart and blood pressure (in justified cases, the patient is admitted in an office equipped with beds or multifunctional medical chairs); 4) glycaemic control, water-electrolyte and acid-base balance parameters with intravenous infusions of drugs or fluids as medically indicated; 5) Performing other diagnostic activities where appropriate; 6) specialty consultations, including the provision of ophthalmology, cardiology, neurology consultations resulting from the plan of care and the provision of surgical consultations in case of medical indications; 7) providing; Regulation of the Minister of Health of 15 September 2022 amending the Regulation on guaranteed primary health care services. Date of entry into force date: 1 October 2022.</li> </ul>
Institutional commitment and strategic framework notes	In order to reduce CVD morbidity and mortality, the National Cardiovascular Disease Program for 2022-2032 has planned activities specifically to improve coordination of care for cardiac patients. Actual piloting of care for the recipient within the cardiac network is underway (Regulation of the Minister of Health on the pilot program of care for the recipient within the cardiac network). There is also a political commitment to maintain continuous development of coordinated care in primary health care - actions are being taken to encourage more GPs to provide coordinated care (there is a plan to spend ca. 1 billion z/PLN for modernization and extra equipping for GPs as encouragement to joining coordinated care).	Pursuant to the provisions of the Regulation amending the Regulation of the Minister of Health of 24 September 2013 on guaranteed primary health care provision, as of 1 October 2022, coordinated care services in 4 scopes, including diabetes treatment, were introduced in primary health care. Patients qualified for coordinated care in the field of diabetes treatment are entitled to: 1) comprehensive advice, which includes: (a) history, (b) physical examination, (c) analysis of test results and treatment used, (d) recommendation of necessary specialist consultations and diagnostic tests, (e) development of an "Individual Medical Care Plan"; 2) diagnostic tests: (a) albuminuria (urine albumin concentration), (b) UACR (urine albumin/creatinine ratio), (c) Doppler ultrasound of lower extremity vessels; 3) specialist consultations (patient - specialist doctor, primary health care doctor - specialist doctor); 4) educational counseling; 5) dietary consultations. An individualized medical care plan is developed for patients receiving coordinated care services, consisting of: (a) follow-up visits, (b) educational counseling by nurses or physicians, (c) follow-up examinations, dietary consultations. The coordinator is responsible for coordinating the patient's treatment process in coordinated care, including scheduling appointments for specialty clinics, educational advice and dietary consultations, reminding patients of appointments, diagnostic tests.
Useful links	<a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20240000023">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20240000023</a> <a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WMP20220001265">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WMP20220001265</a> <a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20210000540">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20210000540</a> <a href="https://baw.nfz.gov.pl/NFZ/document/1475/Zarz%C4%85dzenie-124_2022_DSOZ">https://baw.nfz.gov.pl/NFZ/document/1475/Zarz%C4%85dzenie-124_2022_DSOZ</a>	<a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20170001766">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20170001766</a> <a href="https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20220001965">https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20220001965</a>

# Poland

## Patients' self-management

	CVDs	DM (type if specified)	
Legal framework			
Is there a national legislation?	No	Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of DM	Type 1 DM; Type 2 DM; Other
Regional/Local variability	No		
Strategic framework			
Is there a national strategic framework?	Yes	Yes	Type 1 DM; Type 2 DM; Other
Aims	Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Promote the leadership/organizational support to patients self management programs; Promote innovative patients self management strategies such as problem-solving, self-advocacy approaches and collaborative care; Promote utilization/development of validated assessment tools; Increase the use of telehealth and digital tools	Increase patients knowledge about DM; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles	
Implementation stage	The strategic framework is prepared and approved BUT the implementation has not started yet	The implementation of the strategic framework has started BUT assessments have not yet been made	
Regional variability in implementation	No		
If there is not a national strategic framework, is there a regional/local strategic framework?			
Intersectoral approach			
Involvement of different stakeholders	Yes		
Involvement of different governmental bodies	Yes		
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies	Ministry of Health (or equivalent); Social science and health research institutes/Universities; Other	
Equity approach			
Commitment to tackle inequities	Yes		
Recommendations	Development of plain language and multilingual communications; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions	Providing free or low-cost self-management services	
Populations in vulnerable situations who are addressed by the strategy	Adolescents; Children		
Funding			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 1 DM; Type 2 DM; Other
Funding at regional/local level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)		
Service delivery and capacity			
Self-management programs provided	None		
Composition of multi-professional teams in charge of the delivery of self-management support	Cardiologist; General Practitioner; Nurse; Dietician; Specialist physicians	Nurse; Dietician	
Interventions to overcome specific type of barriers	Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Systemic barriers (e.g., policies that limit access to certain treatments or services)	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Psychological barriers (e.g., fear of diagnosis or treatment, stigma)	
Quality indicators collected	None		
Validated tools used to collect and measures quality indicators	No sufficient information available to the respondent		
Type of self-management training of teams	Both initial and periodic		
Involvement of patients in ...			
planning of self-management services	Never		
delivery of self-management services	Rarely		
evaluation of self-management services	Never		
Degree of personalisation of self-management services (1-10)	2		
Monitoring of self-management services at national level	No		
		Yes	

<p>Legislative framework notes</p>		<p>The National Health Programme 2021-2025 entered into force in 2021, aimed among others at overweight and obesity prevention, healthy diet promotion and reducing health inequities. One of the tasks of the National Health Programme 2021-2025 are: Educational activities aimed at patients with diabetes and their families and caregivers aimed at reducing diabetes complications and improving the quality and length of life of patients.</p>
<p>Institutional commitment and strategic framework notes</p>	<p>The National Action Plan on Cardiovascular Diseases 2022-2023 aims to improve screening enrollment and increase patient awareness of the need for screening and to reduce unhealthy habits, including public campaigns on the benefits of regular screening and control of CVD risk factors. In addition, it is planned to increase the implementation and initiation of balance examinations, relating to the patient's lifestyle, for example, issues related to smoking, alcohol consumption, nutrition, physical activity.</p>	<ul style="list-style-type: none"> <li>• As part of the implementation of the National Health Programme 2016-2020, the National Centre for Nutrition Education was established in 2017. This initiative continues under the new edition of the National Health Programme 2021-2025;</li> <li>• Educational activities for patients with diabetes, their families, and caregivers focus on reducing diabetes complications and improving patients' quality and length of life. As part of this task within the National Health Programme 2021-2025, the initiative includes developing, organizing, and implementing training for 21,000 people with diabetes and their families/caregivers, along with their evaluation.</li> </ul>
<p>Useful links</p>		<p><a href="https://ncez.pzh.gov.pl">https://ncez.pzh.gov.pl</a>  <a href="https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU2021000642/O/">https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU2021000642/O/</a></p>

# Poland

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	No
Regional/Local variability	No	
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No sufficient information available to the respondent
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No sufficient information available to the respondent
Funding at regional/local level	No, there is not a funding allocation	No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence of health education programs available for employers and employees	No	Yes, there are health education programs to increase awareness of DM in the workplace
Types of programs promoting healthy lifestyles in the workplace	Specific educational programs for employees that are organised and managed by the employer directly; Programs organised by labour unions or workers associations specific to some occupations	Other
Presence of incentives to hire employees with CVDs or DM	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to CVDs	No sufficient information available to the respondent
Welfare interventions to protect employees with CVDs or DM	Disability allowance; Health insurance; Disability pension	No sufficient information available to the respondent
Return-to-work programs for people with CVDs or DM	None	No sufficient information available to the respondent
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent
Legislative framework notes		
Institutional commitment and strategic framework notes		



# Portugal

## Health literacy

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions health literacy but it is not CVDs-specific	There is a legislation that mentions health literacy but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	Other
Aims	Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Ensure that information related to CVDs is accessible; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals; Promote shared decision-making; Address/reduce health inequities; Promote health literacy research; Foster collaboration between healthcare sectors and other stakeholders	Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Ensure that information related to DM is accessible; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals; Promote shared decision-making; Address/reduce health inequities; Promote health literacy research; Foster collaboration between healthcare sectors and other stakeholders	
Implementation stage	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	
Regional variability in implementation	Yes	Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Private sector; Health promotion foundations	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Patient/citizen associations	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	Yes	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing persons in vulnerable situations; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting the health literacy responsiveness across the different organisational levels of the health and social care service; Promoting the health literacy responsiveness across the different geographic levels of the health and social care service; Developing and implementing school-based initiatives; Monitoring and evaluating social inequities in health literacy programs among different population subgroups	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing persons in vulnerable situations; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting the health literacy responsiveness across the different organisational levels of the health and social care service; Promoting the health literacy responsiveness across the different geographic levels of the health and social care service; Developing and implementing school-based initiatives; Monitoring and evaluating social inequities in health literacy programs among different population subgroups	
Populations in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Children; Pregnant women; Individuals with a family history of CVDs; Individuals with other concurrent medical conditions that increase the risk of CVDs; Individuals belonging to socioeconomically disadvantaged groups; Other	Older persons; Adolescents; Children; Pregnant women; Individuals belonging to socioeconomically disadvantaged groups; Other	
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on potential conflict of interest in knowledge production and dissemination of information regarding CVDs risks and risk factors; Campaigns market and advertising strategies of unhealthy commodities; Campaigns on incentives for food healthy products; Campaigns on food labelling and regulation of food portion sizes	Campaigns on harmful health effects of unhealthy commodities; Campaigns on incentives for healthy food products; Campaigns on food labelling and regulation of food portion sizes	
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs...)	Other
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	Planned but not yet implemented	Planned but not yet implemented	
...activities to promote HL among leaders and policy-makers in different sectors	Planned but not yet implemented	Planned but not yet implemented	
...strategies concerning HL for mass communication	Partially implemented	Partially implemented	
...programs to promote child and adolescent HL	Planned but not yet implemented	Planned but not yet implemented	
...initiatives to improve digital HL	Partially implemented	Partially implemented	
...programs to improve HL and behaviour change competencies of health-care staff	Partially implemented	Partially implemented	
...HL-related activities for targeting gap groups	Planned but not yet implemented	Planned but not yet implemented	
...initiatives directed to enabling consumer choice and self-direction	Partially implemented	Partially implemented	
...initiatives to promote community action on health-related issues	Partially implemented	Partially implemented	
<b>Legislative framework notes</b>			
Institutional commitment and strategic framework notes	Institutional commitment through the National Program for Cerebro-Cardiovascular Diseases and the Division of Literacy, Health and Well-being of DGS	Institutional commitment through the National Program for Diabetes and the Division of Literacy, Health and Well-being of Directorate-general of Health (DGS)	



# Portugal

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	No sufficient information available to the respondent	Yes	DM (without distinction between types)
Aims		Monitor population health; Contribute to population-based surveillance; Monitor and evaluate the effectiveness of public health interventions; Monitor and evaluate data related to access, quality of services and outcomes; Analyse and monitor risk factors; Facilitate access to data; Simplify data exchange procedures, facilitating their transmission and protection; Contribute to scientific and epidemiological research; Contribute to public health intervention planning	
Implementation stage		Other/There are multiple strategies at different stages	
Regional variability in implementation		No	
If there is not a national strategic framework, is there a regional/local strategic framework?	No		
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		Yes	
Key actors involved		Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies	
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics		Yes	
Sociodemographic variables collected		Age; Sex; Comorbidities; Pregnancy status; Disability	
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Coronary Artery Disease; Heart failure; Rhythm disturbances (i.e. atrial fibrillation); Heart Valve Disease; Stroke (Cerebrovascular disease); Peripheral Vascular disease; Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Glucose levels or HbA1c levels; Type 1 DM; Type 2 DM	
... registries that include information about epidemiology, clinical care and outcomes at national level	No	No	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No	No sufficient information available to the respondent	
... a unique identifier for each person that allows access to and integration of all health-related information	No sufficient information available to the respondent	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	No sufficient information available to the respondent	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	Yes	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	No	No	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	No sufficient information available to the respondent	No sufficient information available to the respondent	
... policies on data accessibility	No sufficient information available to the respondent	No sufficient information available to the respondent	
... policies on accountability for data accessibility, and this information is accessible and transparent	No sufficient information available to the respondent	No sufficient information available to the respondent	
... policies on traceability of data access by managers, researchers or other data access stakeholders	No sufficient information available to the respondent	No sufficient information available to the respondent	

Legislative framework notes		
Institutional commitment and strategic framework notes	<ul style="list-style-type: none"> <li>Programa Nacional das Doenças Cérebro-Cardiovasculares (DGS);</li> <li>National Priority Program on CVDs;</li> <li>Sociedades Científicas (SPC);</li> <li>Scientific societies.</li> </ul>	<ul style="list-style-type: none"> <li>The National Program for Diabetes and the SPMS (the MoH entity responsible for IT) is developing a national registry for DM type 1, to be implemented in the national clinical records platform. A Diabetes module for all types of diabetes is also being developed, to be included in the clinical records for hospitals. A national platform for clinical records including data collection for Diabetes (analytical parameters, socio demographic data, screening data, etc.) is present in Primary Care.</li> </ul>
Useful links	<a href="https://www.dgs.pt/pns-e-programas/programas-de-saude-prioritarios/doencas-cerebro-cardiovasculares.aspx">https://www.dgs.pt/pns-e-programas/programas-de-saude-prioritarios/doencas-cerebro-cardiovasculares.aspx</a>	



# Portugal

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing DM	Type 2 DM
Regional/Local variability		No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No sufficient information available to the respondent	Not in place yet but under development	
Aims			
Implementation stage			
Target group			
Regional variability in implementation			
If not, is there a regional/local strategic framework?	No	No sufficient information available to the respondent	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
Populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No, there is not a funding allocation	
Funding at regional/local level	No sufficient information available to the respondent	No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	No	Yes, both at the national and regional/local level	
Data systematically collected from patients to monitor risk factors		Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; Oral glucose intolerance test; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex	
Data collection method		Opportunistic screening	
Use of risk assessment tools	Yes, they are used mainly by health professionals	Yes, they are used mainly by health professionals	
Risk assessment tools routinely used	ESC SCORE2; HeartScore; Framingham Risk Score	FINDRISC Diabetes Risk Calculator	

Legislative framework notes		Processo Assistencial Integrado da Diabetes Mellitus tipo 2 PAI DM2 is in line with the strategic objectives and main indicators defined in the National Program for Diabetes, specifically, it has the limited scope of defining the circuit of people at increased risk of developing type 2 Diabetes and people diagnosed with Diabetes.
Institutional commitment and strategic framework notes	DGS: commitment to reduce the burden of CVD.	In Primary Health Care, aligned with the PAI DM2, health units have specific objectives, measured through contractual indicators. One such mandatory national indicator is: "Proportion of health system users with type 2 diabetes risk assessment recorded in the past 3 years". This indicator requires healthcare professionals to perform a risk assessment for type 2 diabetes, every three years, for all individuals over 18 years of age, using the FINDRISC questionnaire. The results are recorded in the NHS information systems and are available in their respective databases.
Useful links	<a href="https://www.dgs.pt/pns-e-programas/programas-de-saude-prioritarios/doencas-cerebro-cardiovasculares.aspx">https://www.dgs.pt/pns-e-programas/programas-de-saude-prioritarios/doencas-cerebro-cardiovasculares.aspx</a>	<a href="https://www.dgs.pt/directrizes-da-dgs/informacoes/informacao-n-0012">https://www.dgs.pt/directrizes-da-dgs/informacoes/informacao-n-0012</a>



# Portugal

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for CVDs	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for DM	Type 2 DM
Regional/Local variability	No	No	
Strategic framework			
Is there a national strategic framework?	No sufficient information available to the respondent	Yes	Type 1 DM
Aims		Improve patient experience; Improve timeliness care; Improve appropriateness of care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Monitor and evaluate of the quality of care; Enhance coordination among different services (i.e. social, health..); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization	
Implementation stage		Other	
Regional variability in implementation		No	
If there is not a national strategic framework, is there a regional/local strategic framework?	No		
Intersectoral approach			
Involvement of different stakeholders		Yes	
Involvement of different levels of government		No	
Key actors involved		Ministry of Health (or equivalent); Scientific societies; Patient/citizen associations	
Equity approach			
Commitment to tackle inequities		Yes	
Recommendations		Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting health education and awareness on DM; Providing free or low-cost integrated care services; Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services; Offering medical care at flexible hours; Monitoring and evaluating social inequities in access to integrated care services among different population sub-groups	
populations in vulnerable situations who are addressed by the strategy		Older persons; Adolescents; Children; Pregnant women; Individuals with other concurrent medical conditions	
Funding			
Funding at national level	No sufficient information available to the respondent	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No sufficient information available to the respondent	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	Nurses/advanced practice nurses	General practitioners; Nurses/advanced practice nurses; Physiotherapists; Social workers, professional caregivers; Dieticians; Psychologists	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Not implemented nor planned	Implemented in most healthcare services	
... case management	Not implemented nor planned	Not implemented nor planned	
Professionals acting as leading coordinator of case management			
Setting in which case management is usually conducted			
... shared decision-making	Implemented in most healthcare services	Not implemented nor planned	
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...)		
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of basic nursing training; A dedicated part of specialist nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training; A dedicated part of further education that is mandatory for certified nurses	
Inclusion of digital technologies in delivery of care pathways	No	Yes	
Areas where digital technologies are used		Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients)	
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
Legislative framework notes	Norma nº 002/2018 Sistemas de Triagem dos Serviços de Urgência e Referenciação Interna Imediata.	Processo Assistencial Integrado da Diabetes Mellitus tipo 2 (year: 2013). PAI DM2 is in line with the strategic objectives and main indicators defined in the National Program for Diabetes, specifically, it has the limited scope of defining the circuit of people at increased risk of developing type 2 Diabetes and people diagnosed with Diabetes.	
Institutional commitment and strategic framework notes		Directorate-General of Health / National Program for Diabetes: commitment to reduce the burden of DM.	
Useful links	<a href="https://normas.dgs.min-saude.pt/2018/01/09/sistemas-de-triagem-dos-servicos-de-urgencia-e-referenciacao-interna-imediata/">https://normas.dgs.min-saude.pt/2018/01/09/sistemas-de-triagem-dos-servicos-de-urgencia-e-referenciacao-interna-imediata/</a>		



# Portugal

## Patients' self-management

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of DM
Regional/Local variability		No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No sufficient information available to the respondent	No, there is not a funding allocation
Funding at regional/local level	No sufficient information available to the respondent	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Self-management programs provided	None	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health
Composition of multi-professional teams in charge of the delivery of self-management support	Diabetologist; Cardiologist; Nurse	Diabetologist; General Practitioner; Nurse; Dietician; Psychologists
Interventions to overcome specific type of barriers	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Personal barriers (e.g., time constraints, personal or family responsibilities)	No sufficient information available to the respondent
Quality indicators collected	No sufficient information available to the respondent	Healthcare use; Costs; Clinical outcomes
Validated tools used to collect and measures quality indicators		
Type of self-management training of teams	Periodic	No, self-management training is not provided
Involvement of patients in ...		
planning of self-management services	Rarely	Never
delivery of self-management services	Rarely	Always
evaluation of self-management services	Rarely	Always
Degree of personalisation of self-management services (1-10)	5	0
Monitoring of self-management services at national level	No	No

Legislative framework notes	<ul style="list-style-type: none"> <li>• Processo Assistencial Integrado da Diabetes Mellitus tipo 2 (year: 2013). PAI DM2 is in line with the strategic objectives and main indicators defined in the National Program for Diabetes, specifically, it has the limited scope of defining the circuit of people at increased risk of developing type 2 Diabetes and people diagnosed with Diabetes;</li> <li>• Educação Terapêutica na Diabetes Mellitus (year: 2000). The document aims to design the educational process in a way that maximizes patient empowerment, enabling them to take charge of their self-care and self-management. It also seeks to ensure that all those involved in the process can effectively utilize health services, optimizing the collaborative efforts of healthcare professionals across different levels of care.</li> </ul>
Institutional commitment and strategic framework notes	
Useful links	<a href="https://www.dgs.pt/directrizes-da-dgs/normas-e-circulares-normativas/circular-normativa-n-14dgcg-de-12122000-pdf.aspx">https://www.dgs.pt/directrizes-da-dgs/normas-e-circulares-normativas/circular-normativa-n-14dgcg-de-12122000-pdf.aspx</a>



# Portugal

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	No	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	Yes, there is dedicated funding and it is available on a scheduled basis (e.g. every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No sufficient information available to the respondent	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Presence of health education programs available for employers and employees	No	Yes, there are health education programs to increase awareness of DM in the workplace	
Types of programs promoting healthy lifestyles in the workplace	None	None	
Presence of incentives to hire employees with CVDs or DM	No, there are no incentives available at national level aimed at promoting the hiring of people affected by CVDs	No, there are no incentives available at national level aimed at promoting the hiring of people affected by DM	
Welfare interventions to protect employees with CVDs or DM	None	Disability allowance; Economic benefits; Disability pension	
Return-to-work programs for people with CVDs or DM	None	None	
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No	No	
Legislative framework notes			
Institutional commitment and strategic framework notes			

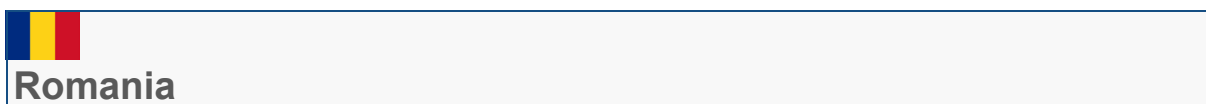


# Romania

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	No
Notes		
Regional/Local variability		
<b>Strategic framework</b>		
Is there a national strategic framework?	No	Not in place yet but under development
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
Campaigns to tackle commercial determinants of health		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	Planned but not yet implemented	Planned but not yet implemented
...activities to promote HL among leaders and policy-makers in different sectors	Not implemented nor planned	No sufficient information available to the respondent
...strategies concerning HL for mass communication	Not implemented nor planned	Planned but not yet implemented
...programs to promote child and adolescent HL	Not implemented nor planned	Not implemented nor planned
...initiatives to improve digital HL	Not implemented nor planned	Not implemented nor planned
...programs to improve HL and behaviour change competencies of health-care staff	Partially implemented	Partially implemented
...HL-related activities for targeting gap groups	Partially implemented	Not implemented nor planned
...initiatives directed to enabling consumer choice and self-direction	Not implemented nor planned	Partially implemented
...initiatives to promote community action on health-related issues	Fully implemented	Partially implemented

Legislative framework notes		
Institutional commitment and strategic framework notes	The National Institute of Public Health is committed to participating in activities promoting health literacy in JACARDI project-related activities.	



## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates registries for CVDs	Yes, there is a specific legislation that explicitly addresses and regulates registries for DM	DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Regional/Local variability	No sufficient information available to the respondent	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Not in place yet but under development	Not in place yet but under development	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics			
Sociodemographic variables collected			
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
<b>Presence of...</b>			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels; Other CVDs	None	
... registries that include information about epidemiology, clinical care and outcomes at national level	No sufficient information available to the respondent	No	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No sufficient information available to the respondent	No	
... a unique identifier for each person that allows access to and integration of all health-related information	No	No	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	No	No	
<b>Can people entitled to health care ...</b>			
... access their complete medical records from electronic devices?	No	No	
... review and request its rectification of information regarding their health status via electronic devices?	No	No	
<b>Presence of ...</b>			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	No	No sufficient information available to the respondent	
... policies on data accessibility	No	Yes at both national and regional/local level	
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on traceability of data access by managers, researchers or other data access stakeholders	No	Yes at both national and regional/local level	

Legislative framework notes	Order of the Minister of Health no. 1293/2012: it refers to the establishment and operation of the National Register of Cardiovascular Diseases. It regulates the National Register of invasive treatment of Myocardial Infarction.	AW no. 249 of November 13, 2020, regarding the prevention and early detection of diabetes, and its subsequent amendments. The purpose of this law is to establish legal measures and mechanisms for the prevention and early detection of diabetes, as well as for raising awareness, encouraging and supporting the population to adopt and practice a healthy and responsible lifestyle, in order to maintain a good state of health on the whole period of life. The document mentions that the main instrument, at the national level, for the prevention and early detection of diabetes and for the transposition of the rights of patients, constitutes the National Diabetes Prevention Plan, which will be approved by Government decision, for a duration of 4 years. The Law also mentioned that the national register of diabetes and pre-diabetes must be defined, and must allow the registration of patients with a unique registration number according to the type of diabetes. The national register of diabetes and pre-diabetes must allow the extraction and processing of lists relating to persons enrolled in the diabetes prevention program diabetes, as well as the extraction and processing for statistical and medical purposes of the information it stores.
Institutional commitment and strategic framework notes	The National Institute of Public Health developed the National Register of Cardiovascular Risk Patients within the project Everything for Your Heart - Screening program to identify patients with cardiovascular risk factors. Also the University Emergency Hospital of Bucharest for the National Register of Invasive Treatment of myocardial infarction [These are the provided information, however, some content may be missing].	Law 249/2020 provisions mention the National Register of Diabetes and Prediabetes as an electronic platform developed in order to record the personal and medical data of patients with prediabetes and diabetes in a single national database. It can be interconnected with the Patient Electronic Health Record, a component of the Health Insurance Informatics Platform, which contains essential medical data and information for both doctors and patients. The national registry for DM is under preparation by the INSP, at the request of the MOH.
Useful links	<a href="https://legislatie.just.ro/Public/DetaliuDocumentAfis/143998">https://legislatie.just.ro/Public/DetaliuDocumentAfis/143998</a>	<a href="https://legislatie.just.ro/Public/DetaliuDocument/233148">https://legislatie.just.ro/Public/DetaliuDocument/233148</a>



# Romania

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	Not in place yet but under development	Yes	DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Aims		LAW no. 249 of November 13, 2020 regarding the prevention and early detection of diabetes, and its subsequent amendments. The purpose of this law is to establish legal measures and mechanisms for the prevention and early detection of diabetes, as well as for raising awareness, encouraging and supporting the population to adopt and practice a healthy and responsible lifestyle in order to maintain a good state of health on the whole period of life. The document mention that the main instrument, at the national level, for the prevention and early detection of diabetes and for the transposition of the rights of patient constitutes the National Diabetes Prevention Plan, which will be approved by Government decision, for a duration of 4 years.	
Implementation stage		The strategic framework is prepared and approved BUT the implementation has not started yet	
Target group		General population	
Regional variability in implementation		No	
If not, is there a regional/local strategic framework?	No sufficient information available to the respondent		
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		Yes	
Key actors involved		Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Pharmacies; Insurances; Scientific societies; Patient/citizen associations; Pharmaceutical industries; Private sector (other than pharmaceutical); Health promotion foundations; Other Third Sector/Non-Profit Organisations	
<b>Equity approach</b>			
Commitment to tackle inequities		Yes	
Recommendations		Developing screening strategies that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing vulnerable groups; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost screening services; Ensuring equitable access to screening services (including mobile units and transportation services) among populations that may have challenges in accessing regular services	
Populations in vulnerable situations who are addressed by the strategy		Older persons; Adolescents; Children; Pregnant women; Individuals with learning disabilities, physical disabilities or communication difficulties; Individuals with mental health conditions; Refugees; Migrants and ethnic/national minorities; Individuals in prisons or other closed institutions; Individuals belonging to socioeconomically disadvantaged groups; Individuals in rural or remote communities	
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types); Type 1 DM; Other
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	Yes, at the national level only	Yes, at the national level only	
Data systematically collected from patients to monitor risk factors	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Total blood cholesterol; Triglycerides; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Age; Sex	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Total blood cholesterol; Triglycerides; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Age; Sex	
Data collection method	Other	Other	
Use of risk assessment tools	Yes, they are used mainly by health professionals	Yes, they are used mainly by health professionals	
Risk assessment tools routinely used	ESC SCORE national adaptation	Other	
Legislative framework notes			
Institutional commitment and strategic framework notes	The National Institute of Public Health developed, within the framework of the "Everything for your heart - Screening program to identify patients with cardiovascular risk factors" project, the National Registry of Patients with Cardiovascular Risk.	The National Institute of Public Health developed in 2021-2024, within the framework of the "Total pentru inima ta" project, the National Registry of Patients with Cardiovascular Risk. In this screening project all the risk factors for CVD and diabetes have been assessed in a population of approximately 160,000 individuals.	



# Romania

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	No	No	
Regional/Local variability			
Strategic framework			
Is there a national strategic framework?	Not in place yet but under development	Not in place yet but under development	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No	
Intersectoral approach			
Involvement of different stakeholders			
Involvement of different levels of government			
Key actors involved			
Equity approach			
Commitment to tackle inequities			
Recommendations			
populations in vulnerable situations who are addressed by the strategy			
Funding			
Funding at national level	No, there is not a funding allocation	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types); Type 1 DM; Type 2 DM; Other
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses	General practitioners; Specialised medical professionals; Physician assistants; Nurses/advanced practice nurses; Physiotherapists; Social workers, professional caregivers; Dieticians; Pharmacists; Psychologists	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in some healthcare services	Implemented in some healthcare services	
... case management	Not implemented nor planned	No sufficient information available to the respondent	
Professionals acting as leading coordinator of case management			
Setting in which case management is usually conducted			
... shared decision-making	Implemented in some healthcare services	Not implemented nor planned	
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...)		
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of basic nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of basic nursing training	
Inclusion of digital technologies in delivery of care pathways	No sufficient information available to the respondent	No	
Areas where digital technologies are used			
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
Legislative framework notes			
Institutional commitment and strategic framework notes			



# Romania

## Patients' self-management

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	Yes DM (without distinction between types); Type 1 DM; Type 2 DM
Aims		Increase patients knowledge about DM; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the use of telehealth and digital tools; Promote the implementation of an individualized approach
Implementation stage		The strategic framework is prepared and approved BUT the implementation has not started yet
Regional variability in implementation		No
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	
<b>Intersectoral approach</b>		
Involvement of different stakeholders		Yes
Involvement of different governmental bodies		Yes
Key actors involved		Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Pharmacies; Insurances; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Pharmaceutical industries; Private sector (other than pharmaceutical); Health promotion foundations; Other Third Sector/Non-Profit Organisations
<b>Equity approach</b>		
Commitment to tackle inequities		Yes
Recommendations		Offering interpretation services or employ multilingual staff to facilitate communication; Developing self-management programs that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing persons in vulnerable situations; Strengthening pharmacies in rural areas to provide comprehensive and continuous services; Promoting the use of telehealth or digital health solutions
Populations in vulnerable situations who are addressed by the strategy		Older persons; Adolescents; Children; Pregnant women; Individuals in prisons or other closed institutions; Individuals in rural or remote
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Seeking support from healthcare professionals or support groups; Educating patients about their health condition; Other	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health
Composition of multi-professional teams in charge of the delivery of self-management support	General Practitioner; Nurse; Social workers; Roma health mediators	No sufficient information available to the respondent
Interventions to overcome specific type of barriers	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management)	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Other
Quality indicators collected	Healthcare use	Healthcare use
Validated tools used to collect and measures quality indicators	There are methodologies for data collection developed by the National Institute of Health Statistics and the National Institute of Public Health-National Centre for Statistics in Public Health.	there are collected many health care utilization indicators (number of admissions / readmissions, emergency care visits, etc), but not for self-management evaluation
Type of self-management training of teams	Both initial and periodic	No sufficient information available to the respondent
Involvement of patients in ...		
planning of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
delivery of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
evaluation of self-management services	No sufficient information available to the respondent	No sufficient information available to the respondent
Degree of personalisation of self-management services (1-10)	7	7
Monitoring of self-management services at national level	No	No

Legislative framework notes		
Institutional commitment and strategic framework notes	The National Institute of Public Health is committed to improve patients' self-management of CVDs through health promotion and education for health. This was accomplished in the project Everything for Your Heart - Screening program to identify patients with cardiovascular risk factors.	
Useful links	<a href="https://proiect-cardio.insp.gov.ro/about-proiect/?lang=en">https://proiect-cardio.insp.gov.ro/about-proiect/?lang=en</a>	



# Romania

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not CVDs-specific	There is a legislation that mentions labour participation of people living with non-communicable diseases (NCDs), but it is not DM-specific
Regional/Local variability	No sufficient information available to the respondent	No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	No
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Presence of health education programs available for employers and employees	No sufficient information available to the respondent	Yes, there are health education programs to increase awareness of DM in the workplace
Types of programs promoting healthy lifestyles in the workplace	No sufficient information available to the respondent	Specific educational programs for employees that are organised and managed by the employer directly
Presence of incentives to hire employees with CVDs or DM	No, there are no incentives available at national level aimed at promoting the hiring of people affected by CVDs	No, there are no incentives available at national level aimed at promoting the hiring of people affected by DM
Welfare interventions to protect employees with CVDs or DM	Health insurance; Disability pension	Disability allowance; Health insurance
Return-to-work programs for people with CVDs or DM	None	None
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No sufficient information available to the respondent	No sufficient information available to the respondent
<b>Legislative framework notes</b>		
Institutional commitment and strategic framework notes	People living with cardiovascular diseases receive recommendations from occupational medicine doctors to support them in carrying out their activities in optimal conditions at the workplace.	People living with diabetes receive recommendations from occupational medicine doctors to support them in carrying out their activities in optimal conditions at the workplace.



# Slovakia

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	There is a legislation that mentions health literacy but it is not DM-specific
Regional/Local variability		No
<b>Strategic framework</b>		
Is there a national strategic framework?	No	Not in place yet but under development
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
Campaigns to tackle commercial determinants of health		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	Partially implemented	No sufficient information available to the respondent
...activities to promote HL among leaders and policy-makers in different sectors	Partially implemented	No sufficient information available to the respondent
...strategies concerning HL for mass communication	Not implemented nor planned	Partially implemented
...programs to promote child and adolescent HL	Not implemented nor planned	No sufficient information available to the respondent
...initiatives to improve digital HL	Not implemented nor planned	No sufficient information available to the respondent
...programs to improve HL and behaviour change competencies of health-care staff	Partially implemented	No sufficient information available to the respondent
...HL-related activities for targeting gap groups	Not implemented nor planned	No sufficient information available to the respondent
...initiatives directed to enabling consumer choice and self-direction	Not implemented nor planned	No sufficient information available to the respondent
...initiatives to promote community action on health-related issues	Planned but not yet implemented	No sufficient information available to the respondent

Legislative framework notes	
Institutional commitment and strategic framework notes	



# Slovakia

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?		No sufficient information available to the respondent
<b>Regional/Local variability</b>		
<b>Strategic framework</b>		
Is there a national strategic framework?		No sufficient information available to the respondent
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?		No sufficient information available to the respondent
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Focus on equity and collection of/linkage to data on sociodemographic characteristics		
Sociodemographic variables collected		
<b>Funding</b>		
Funding at national level		No sufficient information available to the respondent
Funding at regional/local level		No sufficient information available to the respondent
<b>Service delivery and capacity</b>		
Presence of... ... health examination surveys, health interview surveys or cohort studies carried out at national level		No sufficient information available to the respondent
... registries that include information about epidemiology, clinical care and outcomes at national level		No sufficient information available to the respondent
... registries that include information about epidemiology, clinical care and outcomes at regional/local level		No sufficient information available to the respondent
... a unique identifier for each person that allows access to and integration of all health-related information		No sufficient information available to the respondent
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?		No sufficient information available to the respondent
Can people entitled to health care ...		
... access their complete medical records from electronic devices?		No sufficient information available to the respondent
... review and request its rectification of information regarding their health status via electronic devices?		No sufficient information available to the respondent
Presence of ...		
... recommendations on the use and implementation of standard data terminologies in all levels of the health system		No sufficient information available to the respondent
... policies on data accessibility		No sufficient information available to the respondent
... policies on accountability for data accessibility, and this information is accessible and transparent		No sufficient information available to the respondent
... policies on traceability of data access by managers, researchers or other data access stakeholders		No sufficient information available to the respondent
Legislative framework notes		
Institutional commitment and strategic framework notes		



# Slovakia

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?		Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing DM	DM (without distinction between types)
Regional/Local variability		No	
<b>Strategic framework</b>			
Is there a national strategic framework?		No sufficient information available to the respondent	
Aims			
Implementation stage			
Target group			
Regional variability in implementation			
If not, is there a regional/local strategic framework?		No sufficient information available to the respondent	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
Populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level		No sufficient information available to the respondent	
Funding at regional/local level		No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors		Yes, both at the national and regional/local level	
Data systematically collected from patients to monitor risk factors		Awareness of elevated blood pressure/hypertension; Awareness of elevated blood cholesterol/hypercholesterolemia; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; Oral glucose intolerance test; HbA1c measurement; Height measurement; Weight measurement; Waist circumference; Hip circumference; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Country of origin/ethnicity; Place of living; Education; Marital status; Occupation	
Data collection method		Population based (general population) health examination survey; Population based (targeted population group) health examination survey	
Use of risk assessment tools		Yes, they are used mainly by health professionals	
Risk assessment tools routinely used		No sufficient information available to the respondent	

Notes	Screening for diabetes is compulsory for general practitioners to conduct.
-------	--



# Slovakia

## Integrated care pathways

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?		No sufficient information available to the respondent	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?		No sufficient information available to the respondent	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?		No sufficient information available to the respondent	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different levels of government			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level		No sufficient information available to the respondent	
Funding at regional/local level		No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Professionals involved in multidisciplinary care according to primary care guidelines		General practitioners; Physician assistants; Nurses/advanced practice nurses; Dietitians	
<b>Level of implementation of...</b>			
... coordination of professionals in multidisciplinary teams to ensure continuity of care		Implemented in some healthcare services	
... case management		Implemented in some healthcare services	
Professionals acting as leading coordinator of case management		Specialised medical professionals	
Setting in which case management is usually conducted		Ambulatory care services (e.g. outpatient clinics, primary care service); Emergency care services (e.g. hospital emergency departments)	
... shared decision-making		Implemented in some healthcare services	
Methods generally used		Non-technical skills (e.g.: encouraging patients to ask questions, ...); Involvement of professionals able to let people understand, coherently with their specific needs; Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails)	
Provision of person-centered care as part of medical or nursing training		A dedicated part of basic medical training	
Inclusion of digital technologies in delivery of care pathways		Yes	
Areas where digital technologies are used		Consultations (between healthcare professionals and patients); Remote monitoring services	
<b>Level of implementation of aspects related to...</b>			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
<b>Legislative framework notes</b>			
Institutional commitment and strategic framework notes			



# Slovakia

## Patients' self-management

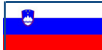
	CVDs	DM (type if specified)
	<b>Legal framework</b>	
Is there a national legislation?		No sufficient information available to the respondent
Regional/Local variability		
	<b>Strategic framework</b>	
Is there a national strategic framework?		No sufficient information available to the respondent
Aims		
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?		No
	<b>Intersectoral approach</b>	
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
	<b>Equity approach</b>	
Commitment to tackle inequities		
Recommendations		
Populations in vulnerable situations who are addressed by the strategy		
	<b>Funding</b>	
Funding at national level		No sufficient information available to the respondent
Funding at regional/local level		No sufficient information available to the respondent
	<b>Service delivery and capacity</b>	
Self-management programs provided		Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health
Composition of multi-professional teams in charge of the delivery of self-management support		Diabetologist; Nurse; Dietician; Psychologists
Interventions to overcome specific type of barriers		Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Psychological barriers (e.g., fear of diagnosis or treatment, stigma)
Quality indicators collected		Self-management practices and behaviours (e.g., assessment of patients ability to manage their condition effectively, ...); Structural quality indicators (e.g., evaluation of the programs resources, facilities, and organizational structure to support self-management efforts); Process indicators (e.g., attendance rates and engagement in self-management activities); Patients quality of life; Healthcare use; Costs; Clinical outcomes; Patient-reported experiences (PREMs); Patient-reported outcomes (PROMs)
Validated tools used to collect and measures quality indicators		
Type of self-management training of teams		Both initial and periodic
Involvement of patients in ...		
planning of self-management services		Often
delivery of self-management services		Often
evaluation of self-management services		Often
Degree of personalisation of self-management services (1-10)		6
Monitoring of self-management services at national level		No sufficient information available to the respondent
Legislative framework notes		
Institutional commitment and strategic framework notes		



# Slovakia

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation? Regional/Local variability		No sufficient information available to the respondent	
<b>Strategic framework</b>			
Is there a national strategic framework? Aims		No sufficient information available to the respondent	
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?		No sufficient information available to the respondent	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
populations in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level		No sufficient information available to the respondent	
Funding at regional/local level		No sufficient information available to the respondent	
<b>Service delivery and capacity</b>			
Presence of health education programs available for employers and employees		There are health education programs to increase awareness of NCDs, but they are not specific to DM	
Types of programs promoting healthy lifestyles in the workplace		No sufficient information available to the respondent	
Presence of incentives to hire employees with CVDs or DM		No sufficient information available to the respondent	
Welfare interventions to protect employees with CVDs or DM		Disability allowance; Health insurance; Economic benefits	
Return-to-work programs for people with CVDs or DM		No sufficient information available to the respondent	
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM		No sufficient information available to the respondent	
Legislative framework notes			
Institutional commitment and strategic framework notes			



# Slovenia

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	No	No
Regional/Local variability		
<b>Strategic framework</b>		
Is there a national strategic framework?	Not in place yet but under development	Yes
Aims		DM (without distinction between types) Increase public awareness of DM and its risk factors; Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Ensure that information related to DM is accessible; Identify and target high-risk groups for DM; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals; Promote shared decision-making; Address/reduce health inequities; Foster collaboration between healthcare sectors and other stakeholders
Implementation stage		The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results
Regional variability in implementation	No	
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent	
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	
Involvement of different governmental bodies	Yes	
Key actors involved	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations; Other Third Sector/Non-Profit Organisations	
<b>Equity approach</b>		
Commitment to tackle inequities	Yes	
Recommendations	Development of plain language and multilingual communications; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting the health literacy responsiveness across the different organisational levels of the health and social care service	
Populations in vulnerable situations who are addressed by the strategy	Adolescents; Children; Pregnant women	
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities; Campaigns about market and advertising strategies of unhealthy commodities; Campaigns on incentives for healthy food products; Campaigns on food labelling and regulation of food portion sizes; Campaigns based on independent information and/or on evidence-based resources; Campaigns through information tools on DM risk and risk factors based on independent information and/or evidence-based resources	
<b>Funding</b>		
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	Planned but not yet implemented	Planned but not yet implemented
...activities to promote HL among leaders and policy-makers in different sectors	Partially implemented	Partially implemented
...strategies concerning HL for mass communication	Planned but not yet implemented	Partially implemented
...programs to promote child and adolescent HL	Partially implemented	Fully implemented
...Initiatives to improve digital HL	Planned but not yet implemented	Planned but not yet implemented
...programs to improve HL and behaviour change competencies of health-care staff	Partially implemented	Partially implemented
...HL-related activities for targeting gap groups	Not implemented nor planned	Not implemented nor planned
...Initiatives directed to enabling consumer choice and self-direction	Not implemented nor planned	Not implemented nor planned
...Initiatives to promote community action on health-related issues	Partially implemented	Partially implemented

Legislative framework notes		
Institutional commitment and strategic framework notes		The RESOLUTION on the National Health Care Plan 2016-2025 "Together for a Health Society" (ReNPZV/16-25) (Uradni list RS, št. 25/16; Resolucija o nacionalnem planu zdravstvenega varstva 2016-2025 >>Skupaj za družbo zdrava<< (ReNPZV/16-25) (PISRS) is a document that addresses health literacy but is not directly related to specific diseases. The document is an umbrella strategic document that addresses important aspects of health and the healthcare system in Slovenia. Its purpose is to lay the foundations for health in all policies and to contribute to the sustainable development of the country. It is aimed at the further development of healthcare and at supporting the implementation of health promotion in various environments, especially at the primary healthcare level. The measures are also aimed at creating tools to raise awareness among the population about the importance of health and a healthy lifestyle, as well as empowering them to take care of their own health - raising health literacy. Strategic framework for the promotion of health literacy is work in progress. Working group has already been established to prepare the strategic framework with aim to be finished by the end of 2024. The National Diabetes Management Programme 2020-2030 focuses on strengthening health literacy and empowering individuals to promote health and quality of life and successful diabetes self-management. There is also a focus on ensuring accessibility of programmes to address health inequalities and to ensure a greater emphasis on respecting different cultural practices, habits and beliefs and working in the community following a community-based model of approach to health.



# Slovenia

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates registries for CVDs	Yes, there is a specific legislation that explicitly addresses and regulates registries for DM	DM (without distinction between types)
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	Not in place yet but under development	Not in place yet but under development	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No	Not in place yet but under development	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics			
Sociodemographic variables collected			
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Cardiovascular diseases (general); Coronary Artery Disease; Heart failure; Rhythm disturbances (i.e. atrial fibrillation); Heart Valve Disease; Stroke (Cerebrovascular disease); Peripheral Vascular disease; Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Glucose levels or HbA1c levels	
... registries that include information about epidemiology, clinical care and outcomes at national level	No	Yes	Other
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No	Yes	Type 2 DM
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	Yes	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	No	No	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes only at regional/local level	Yes at both national and regional/local level	
... policies on data accessibility	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on accountability for data accessibility, and this information is accessible and transparent	Yes at both national and local/regional level	Yes at both national and regional/local level	
... policies on traceability of data access by managers, researchers or other data access stakeholders	Yes at both national and local/regional level	Yes at both national and regional/local level	

Legislative framework notes	Healthcare Databases Act (OG, no. 65/00, 47/15, 31/18, 152/20 - ZZUOOP, 175/20 - ZIUOPDVE, 203/20 - ZIUPOPDVE, 112/21 - ZNUPZ, 196/21 - ZDOsk, 206/21 - ZDUPŠOP, 141/22 - ZNUNBZ, 18/23 - ZDU-10 in 84/23 - ZDOsk-1). The HDA describes all necessary databases and registres for public health purposes, who is responsible for ownership and maintenance, and defines the data sources, the reporting periods, etc. Besides, a few articles define the standards (e.g. classifications, terminology) or more precisely, the way the standards are defined.	Healthcare Databases Act (OG, no. 65/00, 47/15, 31/18, 152/20 - ZZUOOP, 175/20 - ZIUOPDVE, 203/20 - ZIUPOPDVE, 112/21 - ZNUPZ, 196/21 - ZDOsk, 206/21 - ZDUPŠOP, 141/22 - ZNUNBZ, 18/23 - ZDU-10 in 84/23 - ZDOsk-1). The HDA describes all necessary databases and registres for public health purposes, who is responsible for ownership and maintenance, and defines the data sources, the reporting periods, etc. Besides, a few articles define the standards (e.g. classifications, terminology) or more precisely, the way the standards are defined.
Institutional commitment and strategic framework notes	A legal basis for CVDs register exists since 2000, but in practice the register has not been operational. In 2024 Health Policy Directions for years 2024 and 2025 (prepared and published by Ministry of Health of the Republic of Slovenia) were adopted, explicitly mentioning the CVD register and guaranteeing additional funding. In this context, the major university hospital manages several clinical registries for CVDs.	A legal basis for DM register exists since 2000, but in practice the register has not been operational. Since 2019, a selected set of diabetes-related indicators has been published annually, covering the previous decade. These indicators are derived from existing national registries, including data on drug and medical device prescriptions, hospitalizations, causes of death, the perinatal registry, healthcare services, and costs. Each year, special focus is given to a specific area (e.g., mortality, hospitalisations, and vaccination in persons with diabetes during COVID pandemics.). Additionally, there is a single-center registry with national coverage, included in SWEET project of EU registries for Type 1 DM in children, adolescents and young adults, receiving care at pediatric diabetes clinic.
Useful links	<a href="https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/2-NOVICE/Usmeritve-zdravstvene-politike-za-leto-2024-in-2025.pdf">https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/2-NOVICE/Usmeritve-zdravstvene-politike-za-leto-2024-in-2025.pdf</a>	



# Slovenia

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not CVDs-specific	There is a legislation that mentions screening activities for persons at high risk of developing non-communicable diseases, but it is not DM-specific
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes
Aims	Resolution on the National Health Care Plan 2016-2025 defines a specific goal on strengthening preventive approaches at primary health level aiming at upgrading curative care with prevention activities. By introducing new preventive approaches in all clinics at the primary level and pharmacies, the aim is to ensure equal access to prevention programmes for all, with a particular focus on the accessibility of programmes for vulnerable groups. Health centre must provide a comprehensive preventive-curative activity to meet the needs of the local population. Prevention programmes shall be upgraded and expanded with the aim of more effective prevention and management of chronic diseases and other conditions, especially in the light of the specific needs of vulnerable groups and elderly populations who do not fully benefit from preventive services. ( <a href="https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Staro/2-DRZAVNI-ORGANI-MZ/5-O-nacionalnem-planu-zdravstvenega-varstva-2016-2025-v2.pdf">https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Staro/2-DRZAVNI-ORGANI-MZ/5-O-nacionalnem-planu-zdravstvenega-varstva-2016-2025-v2.pdf</a> ) Preventive health care, including screening is carried out in accordance with the Programme for Integrated Prevention of Chronic Non-Communicable Diseases in Adults which is defined in the Rules as described above. The aim is to prepare specific strategic document for CVD in next two years where the screening for CVD will be defined.	Resolution on the National Health Care Plan 2016-2025 defines a specific goal on strengthening preventive approaches at primary health level aiming at upgrading curative care with prevention activities. By introducing new preventive approaches in all clinics at the primary level and pharmacies, the aim is to ensure equal access to prevention programmes for all, with a particular focus on the accessibility of programmes for vulnerable groups. Health centre must provide a comprehensive preventive-curative activity to meet the needs of the local population. Prevention programmes shall be upgraded and expanded with the aim of more effective prevention and management of chronic diseases and other conditions, especially in the light of the specific needs of vulnerable groups and elderly populations who do not fully benefit from preventive services. ( <a href="https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Staro/2-DRZAVNI-ORGANI-MZ/5-O-nacionalnem-planu-zdravstvenega-varstva-2016-2025-v2.pdf">https://www.gov.si/assets/ministrstva/MZ/DOKUMENTI/Staro/2-DRZAVNI-ORGANI-MZ/5-O-nacionalnem-planu-zdravstvenega-varstva-2016-2025-v2.pdf</a> ) National Diabetes Prevention and Care Programme (DPOSB) 2020 to 2030 draws on achievements and experience from previous NPOSB 2010 to 2020 and includes both strengthening the health of the population and preventing or delaying the onset of type 2 diabetes and its early detection, as well as caring for people with diabetes of any type, and monitoring the control of diabetes. It sets out the goals that Slovenia wishes to achieve in these areas, proposes changes and, above all, enables better and value-based networking between various key partners involved in achieving the set goals. <a href="https://www.obvladajmosladkorno.si/drzavni-program/dposb-2020-2030/">https://www.obvladajmosladkorno.si/drzavni-program/dposb-2020-2030/</a> Preventive health care, including screening for DM is carried out in accordance with the Programme for Integrated Prevention of Chronic Non-Communicable Diseases in Adults which is defined in the Rules as described above.
Implementation stage	The implementation of the strategic framework has started BUT assessments have not yet been made	The implementation of the strategic framework has started BUT assessments have not yet been made
Target group	Specific population groups	Specific population groups
Regional variability in implementation	Yes	Yes
If not, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Insurances; Scientific societies; Patient/citizen associations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Insurances; Scientific societies; Patient/citizen associations; Other Third Sector/Non-Profit Organisations
<b>Equity approach</b>		
Commitment to tackle inequities	Yes	Yes
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing vulnerable groups; Providing free or low-cost screening services	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing vulnerable groups; Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for DM; Providing free or low-cost screening services
Populations in vulnerable situations who are addressed by the strategy	Children; Other	Adolescents; Children; Pregnant women
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Presence a systematic surveillance for risk factors	Yes, both at the national and regional/local level	Yes, both at the national and regional/local level
Data systematically collected from patients to monitor risk factors	Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; Height measurement; Weight measurement; Waist circumference; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Place of living; Education; Marital status; Occupation	Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; Height measurement; Weight measurement; Waist circumference; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Place of living; Education; Marital status; Occupation
Data collection method	Opportunistic screening; Targeted systematic screening at the health care setting	Opportunistic screening; Targeted systematic screening at the health care setting; Other
Use of risk assessment tools	Yes, they are used mainly by health professionals	Other
Risk assessment tools routinely used	ESC SCORE2; ESC SCORE2-OP; ESC SCORE2-Diabetes; Framingham Risk Score	FINDRISC Diabetes Risk Calculator

Legislative framework notes		
Institutional commitment and strategic framework notes	According to the amendments to the Rules for the implementation of preventive healthcare at the primary level, the CNB program is managed by the National Institute of Public Health in collaboration with the Council of Experts and regional family medicine doctors. Management comprises the development, planning, training, guidance, coordination, monitoring, supervision and evaluation of the KNB Program.	According to the amendments to the Rules for the implementation of preventive healthcare at the primary level, the CNB program is managed by the National Institute of Public Health in collaboration with the Council of Experts and regional family medicine doctors. Management comprises the development, planning, training, guidance, coordination, monitoring, supervision and evaluation of the NCD Program.



# Slovenia

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	No	No	
Regional/Local variability			
Strategic framework			
Is there a national strategic framework?	No	Yes	DM (without distinction between types)
Aims		Improve patient experience; Improve patient-centered care; Promote patient empowerment and involvement; Improve timeliness care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate the quality of care; Risk assessment and management; Enhance coordination among different services (i.e. social, health..); Promote improvement of information system and technology (i.e. telemedicine)	
Implementation stage		The implementation of the strategic framework has started AND assessments have already been made	
Regional variability in implementation		Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?	No sufficient information available to the respondent		
Intersectoral approach			
Involvement of different stakeholders		Yes	
Involvement of different levels of government		Yes	
Key actors involved		Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	
Equity approach			
Commitment to tackle inequities		Yes	
Recommendations		Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Promoting health education and awareness on DM; Providing free or low-cost integrated care services	
populations in vulnerable situations who are addressed by the strategy		No sufficient information available to the respondent	
Funding			
Funding at national level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	DM (without distinction between types)
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Dieticians; Psychologists	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Physiotherapists; Dieticians; Pharmacists; Psychologists; Other	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in most healthcare services	Implemented in some healthcare services	
... case management	Implemented in most healthcare services	Implemented in some healthcare services	
Professionals acting as leading coordinator of case management	General practitioners	Other	
Setting in which case management is usually conducted	Ambulatory care services (e.g. outpatient clinics, primary care service); Inpatient care services (e.g.: general nursing wards)	Ambulatory care services (e.g. outpatient clinics, primary care service); Inpatient care services (e.g.: general nursing wards)	
... shared decision-making	Implemented in most healthcare services	Implemented in some healthcare services	
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...); Involvement of professionals able to let people understand, coherently with their specific needs; Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails)	Non-technical skills (e.g.: encouraging patients to ask questions, ...)	
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training; A dedicated part of further education that is mandatory for certified nurses	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training; A dedicated part of further education that is mandatory for certified nurses; Other	
Inclusion of digital technologies in delivery of care pathways	Yes	Yes	
Areas where digital technologies are used	Access to information by healthcare professionals; Access to information by patients and caregivers	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients); Remote monitoring services	
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
Legislative framework notes			
Institutional commitment and strategic framework notes	A national strategic document on cardiovascular diseases is planned to be adopted within the next two years, which will address integrated care pathways.		



# Slovenia

## Patients' self-management

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	No	No	
Regional/Local variability			
<b>Strategic framework</b>			
Is there a national strategic framework?	No	Yes	DM (without distinction between types)
Aims		Increase patients knowledge about DM; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Promote the implementation of an individualized approach	
Implementation stage		The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Regional variability in implementation		Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?	No		
<b>Intersectoral approach</b>			
Involvement of different stakeholders		Yes	
Involvement of different governmental bodies		Yes	
Key actors involved		Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Pharmacies; Insurances; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	
<b>Equity approach</b>			
Commitment to tackle inequities		Yes	
Recommendations		Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing persons in vulnerable situations	
Populations in vulnerable situations who are addressed by the strategy		Adolescents; Children; Pregnant women	
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 1 DM; Type 2 DM; Other
Funding at regional/local level	No, there is not a funding allocation	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Type 1 DM; Type 2 DM; Other
<b>Service delivery and capacity</b>			
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health	
Composition of multi-professional teams in charge of the delivery of self-management support	Cardiologist; General Practitioner; Nurse; Dietician; Psychologists	Diabetologist; General Practitioner; Nurse; Dietician; Pharmacists; Psychologists	
Interventions to overcome specific type of barriers	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities); Psychological barriers (e.g., fear of diagnosis or treatment, stigma)	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Psychological barriers (e.g., fear of diagnosis or treatment, stigma); Systemic barriers (e.g., policies that limit access to certain treatments or services)	
Quality indicators collected	Activity and participation/adherence (percentage of patients joining and continuing the program over time); Structural quality indicators (e.g., evaluation of the programs resources, facilities, and organizational structure to support self-management efforts); Process indicators (e.g., attendance rates and engagement in self-management activities); Patients quality of life; Healthcare use; Costs; Clinical outcomes; Patient-reported experiences (PREMs)	Activity and participation/adherence (percentage of patients joining and continuing the program over time); Self-management practices and behaviours (e.g., assessment of patients ability to manage their condition effectively, ...); Process indicators (e.g., attendance rates and engagement in self-management activities); Patients quality of life; Self-efficacy perceived	
Validated tools used to collect and measures quality indicators	Missing information		A specific questionnaire was developed and tested, as a combination of specific parts of several existing validated questionnaires to reduce the burden of reporting from participants as well as from healthcare provider.
Type of self-management training of teams	Both initial and periodic		Initial
Involvement of patients in ...			
planning of self-management services	Often		Rarely
delivery of self-management services	Often		Never
evaluation of self-management services	Often		Rarely
Degree of personalisation of self-management services (1-10)	7		6
Monitoring of self-management services at national level	No		Yes

Legislative framework notes		
Institutional commitment and strategic framework notes		



# Slovenia

## Labour participation of people living with NCDs, in particular with CVD and DM

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation? Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework? Aims	No	No
Implementation stage		
Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders		
Involvement of different governmental bodies		
Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities		
Recommendations		
populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Presence of health education programs available for employers and employees	There are health education programs to increase awareness of NCDs, but they are not specific to CVDs	There are health education programs to increase awareness of NCDs, but they are not specific to DM
Types of programs promoting healthy lifestyles in the workplace	Specific educational programs for employees that are organised and managed by the employer directly	Specific educational programs for employees that are organised and managed by the employer directly
Presence of incentives to hire employees with CVDs or DM	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to CVDs	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to DM
Welfare interventions to protect employees with CVDs or DM	Disability allowance; Health insurance; Disability pension	Disability allowance; Health insurance; Disability pension
Return-to-work programs for people with CVDs or DM	Programs run directly by the competent national authorities	Programs run directly by the competent national authorities
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No	No
<b>Legislative framework notes</b>		
Institutional commitment and strategic framework notes		



Spain

## Health literacy

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses health literacy of CVDs	No	
Regional/Local variability	Yes		
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	Yes	DM (without distinction between types)
Aims	Increase public awareness of CVDs and their risk factors; Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Ensure that information related to CVDs is accessible; Identify and target high-risk groups for CVDs; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals; Promote shared decision-making; Address/reduce health inequities; Promote health literacy research; Foster collaboration between healthcare sectors and other stakeholders; Establish metrics and evaluation methods to monitor the health literacy level	Increase public awareness of DM and its risk factors; Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Ensure that information related to DM is accessible; Identify and target high-risk groups for DM; Promote the importance of early detection; Promote behaviour change; Provide training for healthcare professionals; Empowerment of population or individuals; Promote shared decision-making; Address/reduce health inequities; Promote health literacy research; Foster collaboration between healthcare sectors and other stakeholders; Establish metrics and evaluation methods to monitor the health literacy level	
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	The strategic framework is prepared and approved BUT the implementation has not started yet	
Regional variability in implementation	Yes	Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?			
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Regional and/or Local Educational Authorities; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	Ministry of Health (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Scientific societies; Patient/citizen associations	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	No	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing CVDs prevention and awareness strategies that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing persons in vulnerable situations; Promoting the health literacy responsiveness across the different organisational levels of the health and social care service; Developing and implementing school-based initiatives; Developing and implementing workplace health promotion programs; Monitoring and evaluating social inequities in health literacy programs among different population subgroups		
Populations in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Children; Pregnant women; Individuals with a family history of CVDs; Individuals with other concurrent medical conditions that increase the risk of CVDs; Individuals belonging to socioeconomically disadvantaged groups; Individuals in rural or remote communities	None	
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities; Campaigns market and advertising strategies of unhealthy commodities; Campaigns on incentives for food healthy products; Campaigns on food labelling and regulation of food portion sizes; Campaigns based on independent information and/or on evidence-based resources; Campaigns through information tools on CVDs risk and risk factors based on independent information and/or evidence-based resources; Campaigns on regulation of commercial actors participation on patients associations/groups	Campaigns on harmful health effects of unhealthy commodities	
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)	DM (without distinction between types)
<b>Service delivery and capacity</b>			
Implementation stage of...			
...surveys to compare health literacy across regions or population groups	Fully implemented	Not implemented nor planned	
...activities to promote HL among leaders and policy-makers in different sectors	Fully implemented	Partially implemented	
...strategies concerning HL for mass communication	Fully implemented	Not implemented nor planned	
...programs to promote child and adolescent HL	Fully implemented	Partially implemented	
...initiatives to improve digital HL	Fully implemented	Not implemented nor planned	
...programs to improve HL and behaviour change competencies of health-care staff	Fully implemented	Not implemented nor planned	
...HL-related activities for targeting gap groups	Fully implemented	Not implemented nor planned	
...initiatives directed to enabling consumer choice and self-direction	Fully implemented	Not implemented nor planned	
...initiatives to promote community action on health-related issues	Fully implemented	Not implemented nor planned	

<p>Legislative framework notes</p>	<ul style="list-style-type: none"> <li>• Ley 14/1986, de 25 de abril, Ley General de Sanidad (General Health Law). This law establishes the fundamental principles and guidelines for organizing and regulating the healthcare system in Spain. It defines the rights and obligations of citizens in relation to health services and provides the legal framework for the provision of healthcare services by public authorities and private entities. Its relevance to cardiovascular health lies in its overarching role in shaping the healthcare system and ensuring access to cardiovascular care for all citizens.</li> <li>• Ley 16/2003 de Cohesión y Calidad del Sistema Nacional de Salud (Law 16/2003 on Cohesion and Quality of the National Health System). This law aims to promote cohesion and ensure the quality of the National Health System in Spain. It establishes principles for the organization, financing, and management of healthcare services, emphasizing the importance of equity, accessibility, and effectiveness. Regarding cardiovascular health, this law contributes to ensuring that cardiovascular care services are provided uniformly across regions and meet quality standards.</li> <li>• Ley 17/2011 de Seguridad Alimentaria y Nutrición (Law 17/2011 on Food Safety and Nutrition) This law focuses on ensuring food safety and promoting healthy nutrition practices among the population. It establishes measures to guarantee the safety and quality of food products, as well as to inform and educate consumers about healthy eating habits. In relation to cardiovascular health, promoting healthy nutrition plays a crucial role in preventing cardiovascular diseases by reducing risk factors such as high cholesterol and hypertension.</li> <li>• Ley 41/2002 de Autonomía del Paciente (Law on Patient Autonomy). This law aims to recognize and guarantee the rights of patients in their relationship with healthcare providers. It emphasizes patient autonomy, informed consent, and the right to access medical information and participate in decision-making regarding their health. In the context of cardiovascular health, this law ensures that patients have the right to be informed about their condition, treatment options, and lifestyle changes necessary for managing cardiovascular diseases. This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country.</li> <li>• Ley 16/2003 de Cohesión y Calidad del SNS (Law on Cohesion and Quality of the National Health System). This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country.</li> </ul>	
<p>Institutional commitment and strategic framework notes</p>	<p>The Ministry of Health promotes and promotes the Cardiovascular Health Strategy of the National Health System (ESCAV), in collaboration with the autonomous communities, a strategy that integrates the contributions of scientific associations, health professionals, patients and families through their organizations. This Strategy, which was presented and approved on April 27, 2022 at the CISNS, is the result of the work and consensus of a large group of people and institutions concerned and involved in cardiovascular health.</p>	
<p>Useful links</p>	<p> <a href="https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499">https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715">https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604">https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188">https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188</a>  <a href="https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludCardiovascular/home.htm">https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludCardiovascular/home.htm</a> </p>	



# Spain

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions disease registries, but it is not CVDs-specific	There is a legislation that mentions disease registries, but it is not DM-specific	
Regional/Local variability	Yes	Yes	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	No	
Aims	Monitor population health; Contribute to population-based surveillance; Monitor and evaluate the effectiveness of public health interventions; Monitor and evaluate data related to access, quality of services and outcomes; Analyse and monitor risk factors; Analyse and monitor social determinants of health; Facilitate access to data; Contribute to scientific and epidemiological research; Contribute to public health intervention planning		
Implementation stage	The strategic framework is prepared and approved BUT the implementation has not started yet		
Regional variability in implementation	Yes		
If there is not a national strategic framework, is there a regional/local strategic framework?	No		
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes		
Involvement of different governmental bodies	Yes		
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations		
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics	Yes		
Sociodemographic variables collected	Age; Sex; Comorbidities; Income related variables; Citizenship; Country of birth		
<b>Funding</b>			
Funding at national level	No sufficient information available to the respondent	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Type 1 DM
Funding at regional/local level	No sufficient information available to the respondent	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Type 1 DM
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Cardiovascular diseases (general); Coronary Artery Disease; Heart failure; Rhythm disturbances (i.e. atrial fibrillation); Heart Valve Disease; Stroke (Cerebrovascular disease); Peripheral Vascular disease; Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)		Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels; Glucose levels or HbA1c levels; Type 2 DM
... registries that include information about epidemiology, clinical care and outcomes at national level	No	No	
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No sufficient information available to the respondent	Yes	Type 2 DM
... a unique identifier for each person that allows access to and integration of all health-related information	Yes	No	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	No	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	No	No	
... review and request its rectification of information regarding their health status via electronic devices?	Yes	No	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	Yes at both national and local/regional level	No sufficient information available to the respondent	
... policies on data accessibility	No	No sufficient information available to the respondent	
... policies on accountability for data accessibility, and this information is accessible and transparent	No	No	
... policies on traceability of data access by managers, researchers or other data access stakeholders	No	No	
Legislative framework notes			
Institutional commitment and strategic framework notes			



Spain

### Screening high-risk populations and individuals

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing CVDs	No	
Regional/Local variability	Yes		
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	No	
Aims	The national strategic framework has the following declared objectives: - Improve cardiovascular health of the Spanish population: Increase lifespan with the highest possible level of health and quality of life, reduce the prevalence and incidence of cardiovascular diseases, and enhance healthcare for individuals with CVD. - Promote healthy lifestyles and supportive environments: Encourage adoption of healthy lifestyle habits, prevention of cardiovascular risk factors, and creation of environments conducive to cardiovascular health. - Implement prevention and early detection strategies: Develop actions to identify cardiovascular risk factors early, conduct screenings in high-risk populations, and promote early detection of cardiovascular diseases. - Train healthcare professionals and the public: Provide training and education to healthcare professionals in addressing CVD, and empower the public to actively participate in promoting cardiovascular health and self-care. - Foster research and innovation: Drive cardiovascular health research to advance understanding of cardiovascular diseases, develop new prevention and treatment strategies, and incorporate technological innovations into CVD care. In summary, the declared objectives of the national strategic framework in Spain aim to improve prevention, detection, treatment, and monitoring of cardiovascular diseases, as well as promote cardiovascular health in the population through comprehensive and coordinated actions.		
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results		
Target group	General population with oversampling/supplementary sample for specific population groups		
Regional variability in implementation	Yes		
If not, is there a regional/local strategic framework?		Yes	DM (without distinction between types)
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	No	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing screening strategies that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing vulnerable groups; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting health literacy and raising awareness on the importance of screening among persons at a high risk for CVDs; Providing free or low-cost screening services; Ensuring equitable access to screening services (including mobile units and transportation services) among populations that may have challenges in accessing regular services; Monitoring and evaluating social inequities in access to and participation in screening programs among different population sub-groups		
Populations in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Children; Pregnant women; Individuals belonging to socioeconomically disadvantaged groups; Individuals in rural or remote communities	None	
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	DM (without distinction between types)
<b>Service delivery and capacity</b>			
Presence a systematic surveillance for risk factors	Yes, both at the national and regional/local level	Yes, at the national level only	
Data systematically collected from patients to monitor risk factors	Blood pressure measurements (diastolic and systolic); Total blood cholesterol; HDL cholesterol; LDL cholesterol; Triglycerides; Fasting blood glucose measurement; Oral glucose intolerance test; HbA1c measurement; Height measurement; Weight measurement; Use of medications for elevated blood pressure; Use of medications for elevated blood cholesterol; Use of medications for elevated blood glucose; Age; Sex; Other	Age; Sex; Place of living; Education; Marital status; Occupation	
Data collection method	Population based (general population) health examination survey; Opportunistic screening; Targeted systematic screening at the health care setting	Population based (general population) health examination survey; Other	
Use of risk assessment tools	Yes, they are used mainly by health professionals	No, they are generally not used	
Risk assessment tools routinely used	ESC SCORE2; ESC SCORE2-Diabetes; ESC SCORE national adaptation; HeartScore; Framingham Risk Score; WHO Cardiovascular Risk Chart		

<p>Legislative framework notes</p>	<ul style="list-style-type: none"> <li>• Ley 14/1986, de 25 de abril, Ley General de Sanidad (General Health Law): establishes the fundamental principles and guidelines for organizing and regulating the healthcare system in Spain. It defines the rights and obligations of citizens in relation to health services and provides the legal framework for the provision of healthcare services by public authorities and private entities. Its relevance to cardiovascular health lies in its overarching role in shaping the healthcare system and ensuring access to cardiovascular care for all citizens.</li> <li>• Ley 16/2003 de Cohesión y Calidad del Sistema Nacional de Salud (Law 16/2003 on Cohesion and Quality of the National Health System): aims to promote cohesion and ensure the quality of the National Health System in Spain. It establishes principles for the organization, financing, and management of healthcare services, emphasizing the importance of equity, accessibility, and effectiveness. Regarding cardiovascular health, this law contributes to ensuring that cardiovascular care services are provided uniformly across regions and meet quality standards.</li> <li>• Ley 17/2011 de Seguridad Alimentaria y Nutrición (Law 17/2011 on Food Safety and Nutrition): focuses on ensuring food safety and promoting healthy nutrition practices among the population. It establishes measures to guarantee the safety and quality of food products, as well as to inform and educate consumers about healthy eating habits. In relation to cardiovascular health, promoting healthy nutrition plays a crucial role in preventing cardiovascular diseases by reducing risk factors such as high cholesterol and hypertension.</li> <li>• Ley 41/2002 de Autonomía del Paciente (Law on Patient Autonomy): aims to recognize and guarantee the rights of patients in their relationship with healthcare providers. It emphasizes patient autonomy, informed consent, and the right to access medical information and participate in decision-making regarding their health. In the context of cardiovascular health, this law ensures that patients have the right to be informed about their condition, treatment options, and lifestyle changes necessary for managing cardiovascular diseases. This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country.</li> <li>• Ley 16/2003 de Cohesión y Calidad del SNS (Law on Cohesion and Quality of the National Health System): this law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country.</li> </ul>	
<p>Institutional commitment and strategic framework notes</p>	<p>The National Health System (NHS) has an explicit institutional commitment to promote screening activities for individuals at high risk of developing cardiovascular diseases (CVD). The National Cardiovascular Health Strategy (ESCAV) sets out guidelines and specific actions to improve early detection, management of cardiovascular risk factors, and comprehensive care for individuals with CVD or at risk of developing them. The Ministry of Health, together with scientific societies and health organizations, issues clinical practice guidelines and recommendations for the detection and management of cardiovascular risk factors. These guidelines are essential to guide the prevention and treatment of CVD in the high-risk population. In addition, the autonomous communities, which have transferred competences in health matters, develop their own initiatives and specific programs. This decentralized approach allows prevention and screening strategies to be adapted to the needs and particular characteristics of each region, ensuring a more effective response to the specific challenges of cardiovascular health in Spain.</p>	
<p>Useful links</p>	<p><a href="https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499">https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715">https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604">https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188">https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188</a></p>	



# Spain

## Integrated care pathways

CVDs		DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for CVDs	No	
Regional/Local variability		Yes	
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	No	
Aims	Improve patient experience; Improve patient-centered care; Promote patient empowerment and involvement; Improve timeliness care; Improve appropriateness of care; Improve clinical outcomes; Promote standardization of care; Facilitate interdisciplinary/multidisciplinary collaboration; Facilitate communication with patients and caregivers; Monitor and evaluate the quality of care; Risk assessment and management; Enhance coordination among different services (i.e. social, health...); Promote technology integration; Promote improvement of information system and technology (i.e. telemedicine); Optimize resource utilization		
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results		
Regional variability in implementation		Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?		Yes	Type 1 DM; Type 2 DM
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different levels of government	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	No	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing integrated care programs that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing persons in vulnerable situations; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Promoting health education and awareness on CVDs; Providing free or low-cost integrated care services; Ensuring equitable access to healthcare services (including mobile units and transportation services) among populations that may have challenges in accessing regular services; Monitoring and evaluating social inequities in access to integrated care services among different population sub-groups; Other		
populations in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Children; Pregnant women; Individuals with other concurrent medical conditions; Individuals belonging to socioeconomically disadvantaged groups; Individuals in rural or remote communities	None	
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Type 1 DM; Type 2 DM
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Type 1 DM; Type 2 DM
<b>Service delivery and capacity</b>			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Physician assistants; Nurses/advanced practice nurses; Occupational therapists; Physiotherapists; Social workers, professional caregivers; Dieticians; Pharmacists; Psychologists; Other	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in most healthcare services	Implemented in most healthcare services	
... case management	Implemented in most healthcare services	Implemented in most healthcare services	
Professionals acting as leading coordinator of case management	General practitioners	Specialised medical professionals	
Setting in which case management is usually conducted	Ambulatory care services (e.g. outpatient clinics, primary care service); Other	Ambulatory care services (e.g. outpatient clinics, primary care service); Emergency care services (e.g. hospital emergency departments); Inpatient care services (e.g.: general nursing wards); Residential care services (e.g.: nursing homes, rehabilitation clinics, homes for the aged)	
... shared decision-making	Implemented in most healthcare services	Implemented in some healthcare services	
Methods generally used	Non-technical skills (e.g.: encouraging patients to ask questions, ...); Involvement of professionals able to let people understand, coherently with their specific needs; Utilization of technologic tools (e.g.: apps, DVDs, recordings, phone calls, text messages, e-mails); Other	Non-technical skills (e.g.: encouraging patients to ask questions, ...)	
Provision of person-centered care as part of medical or nursing training	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training; A dedicated part of further education that is mandatory for certified nurses	A dedicated part of basic medical training; A dedicated part of specialist medical training; A dedicated part of further education that is mandatory for certified medical practitioners; A dedicated part of basic nursing training; A dedicated part of specialist nursing training; A dedicated part of further education that is mandatory for certified nurses	
Inclusion of digital technologies in delivery of care pathways	Yes	Yes	
Areas where digital technologies are used	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Consultations (between healthcare professionals and patients); Remote monitoring services; Development and management of care plans; Shared decision-making process	Access to information by healthcare professionals; Communication between healthcare professionals; Access to information by patients and caregivers; Remote monitoring services; Development and management of care plans	
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	

<p>Legislative framework notes</p>	<ul style="list-style-type: none"> <li>• Ley 14/1986, de 25 de Abril, Ley General de Sanidad (General Health Law). This law establishes the fundamental principles and guidelines for organizing and regulating the healthcare system in Spain. It defines the rights and obligations of citizens in relation to health services and provides the legal framework for the provision of healthcare services by public authorities and private entities. Its relevance to cardiovascular health lies in its overarching role in shaping the healthcare system and ensuring access to cardiovascular care for all citizens;</li> <li>• Ley 16/2003 de Cohesión y Calidad del Sistema Nacional de Salud (Law 16/2003 on Cohesion and Quality of the National Health System). This law aims to promote cohesion and ensure the quality of the National Health System in Spain. It establishes principles for the organization, financing, and management of healthcare services, emphasizing the importance of equity, accessibility, and effectiveness. Regarding cardiovascular health, this law contributes to ensuring that cardiovascular care services are provided uniformly across regions and meet quality standards;</li> <li>• Ley 17/2011 de Seguridad Alimentaria y Nutrición (Law 17/2011 on Food Safety and Nutrition). This law focuses on ensuring food safety and promoting healthy nutrition practices among the population. It establishes measures to guarantee the safety and quality of food products, as well as to inform and educate consumers about healthy eating habits. In relation to cardiovascular health, promoting healthy nutrition plays a crucial role in preventing cardiovascular diseases by reducing risk factors such as high cholesterol and hypertension.</li> <li>• Ley 41/2002 de Autonomía del Paciente (Law on Patient Autonomy). This law aims to recognize and guarantee the rights of patients in their relationship with healthcare providers. It emphasizes patient autonomy, informed consent, and the right to access medical information and participate in decision-making regarding their health. In the context of cardiovascular health, this law ensures that patients have the right to be informed about their condition, treatment options, and lifestyle changes necessary for managing cardiovascular diseases. This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country;</li> <li>• Ley 16/2003 de Cohesión y Calidad del SNS (Law on Cohesion and Quality of the National Health System). This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country.</li> </ul>	
<p>Institutional commitment and strategic framework notes</p>	<p>The Ministry of Health promotes and promotes the Cardiovascular Health Strategy of the National Health System (ESCAV), in collaboration with the autonomous communities, a strategy that integrates the contributions of scientific associations, health professionals, patients and families through their organizations. This Strategy, which was presented and approved on April 27, 2022, at the CISNS, is the result of the work and consensus of a large group of people and institutions concerned and involved in cardiovascular health.</p>	
<p>Useful links</p>	<p> <a href="https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499">https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715">https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604">https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188">https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188</a>  <a href="https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludCardiovascular/home.htm">https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludCardiovascular/home.htm</a> </p>	



Spain

## Patients' self-management

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of CVDs	No	
Regional/Local variability	Yes		
<b>Strategic framework</b>			
Is there a national strategic framework?	Yes	No	
Aims	Increase patients knowledge about CVDs; Increase patients knowledge about dedicated healthcare services and resources; Increase patients awareness about lifestyle modifications (e.g., diet, exercise, stress management); Improve the mental health of patients; Increase patients skills and confidence in management of and adherence to treatment; Increase patients skills in symptoms self-monitoring and management; Increase patients skills and confidence in enhancing health promotion / adopting healthy lifestyles; Increase the peer-to-peer support; Increase competencies of healthcare professionals in conducting patients self management programs/initiative; Promote the leadership/organizational support to patients self management programs; Promote innovative patients self management strategies such as problem-solving, self-advocacy approaches and collaborative care; Promote utilization/development of validated assessment tools; Increase the use of telehealth and digital tools; Promote the implementation of an individualized approach		
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results		
Regional variability in implementation	Yes		
If there is not a national strategic framework, is there a regional/local strategic framework?		Yes	Type 1 DM; Type 2 DM
<b>Intersectoral approach</b>			
Involvement of different stakeholders	Yes	Yes	
Involvement of different governmental bodies	Yes	No	
Key actors involved	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	National, Regional and/or Local Public Health Agencies; Scientific societies	
<b>Equity approach</b>			
Commitment to tackle inequities	Yes	No	
Recommendations	Development of plain language and multilingual communications; Offering interpretation services or employ multilingual staff to facilitate communication; Training health services providers in working with persons from diverse cultural and ethnic backgrounds; Developing self-management programs that respect and incorporate cultural beliefs and practices; Collaborating with community leaders and organizations representing culturally diverse populations; Collaborating with community leaders and organizations representing persons in vulnerable situations; Co-designing with all the relevant stakeholders including the target population to create effective interventions; Providing free or low-cost self-management services; Promoting the use of telehealth or digital health solutions; Monitoring and evaluating social inequities in access to self-management programs among different population sub-groups		
Groups in vulnerable situations who are addressed by the strategy	Older persons; Adolescents; Children; Pregnant women; Individuals with other concurrent medical conditions that increase the risk of CVDs; Individuals with learning disabilities, physical disabilities or communication difficulties; Individuals with mental health conditions; Individuals with addictions (drugs, alcohol, etc.); Individuals belonging to socioeconomically disadvantaged groups; Individuals in rural or remote communities	None	
<b>Funding</b>			
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Type 1 DM; Type 2 DM
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)	Type 1 DM; Type 2 DM
<b>Service delivery and capacity</b>			
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Managing stress; Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition; Setting goals for improving patients health	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Attending regular medical check-ups; Educating patients about their health condition	
Composition of multi-professional teams in charge of the delivery of self-management support	Cardiologist; General Practitioner; Nurse; Dietician; Specialist physicians; Pharmacists; Psychologists; Physiotherapists; Nutritionists. Regarding the role of the diabetologist, nephrologist, and podiatrist in the self-management activities of patients with cardiovascular diseases (CVD), it may vary depending on the specific clinical situation of each patient and the healthcare approach in each health center.	Diabetologist; General Practitioner; Nurse	
Interventions to overcome specific type of barriers	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities); Psychological barriers (e.g., fear of diagnosis or treatment, stigma); Systemic barriers (e.g., policies that limit access to certain treatments or services)	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management)	

Quality indicators collected	Activity and participation/adherence (percentage of patients joining and continuing the program over time); Self-management practices and behaviours (e.g., assessment of patients ability to manage their condition effectively, ...); Structural quality indicators (e.g., evaluation of the programs resources, facilities, and organizational structure to support self-management efforts); Process indicators (e.g., attendance rates and engagement in self-management activities); Patients quality of life; Self-efficacy perceived; Healthcare use; Costs; Clinical outcomes; Patient-reported experiences (PREMs); Patient-reported outcomes (PROMs)	None
Validated tools used to collect and measures quality indicators	Yes, in Spain, validated tools are used to collect and measure quality indicators for self-management of diseases, including cardiovascular diseases (CVD). These tools are often developed and validated by research organizations, academic institutions, or health authorities, and are designed to assess specific aspects related to the self-management of CVD. Some of the commonly used validated tools in Spain include: - Health-related quality of life questionnaires: These are used to assess the quality of life of patients with CVD and its impact on various physical, emotional, and social aspects. - Perceived self-efficacy scales: These are used to measure patients' confidence and perception of their ability to manage their disease and self-care. - Treatment adherence assessment instruments: These are used to measure patients' adherence to recommended treatment plans, including medication, diet, and exercise. - Cardiovascular risk assessment questionnaires: These are used to assess patients' cardiovascular risk factors and their predisposition to developing disease-related complications. These tools are essential for collecting objective and reliable data on the self-management of cardiovascular diseases in Spain and are used to assess the effectiveness of health interventions, identify areas for improvement, and guide clinical and health policy decision-making.	
Type of self-management training of teams	Both initial and periodic	Both initial and periodic
Involvement of patients in ...		
planning of self-management services	Often	Always
delivery of self-management services	Often	Always
evaluation of self-management services	Often	Always
Degree of personalisation of self-management services (1-10)	7	9
Monitoring of self-management services at national level	Yes	No

Legislative framework notes	<ul style="list-style-type: none"> <li>• Ley 14/1986, de 25 de Abril, Ley General de Sanidad (General Health Law). This law establishes the fundamental principles and guidelines for organizing and regulating the healthcare system in Spain. It defines the rights and obligations of citizens in relation to health services and provides the legal framework for the provision of healthcare services by public authorities and private entities. Its relevance to cardiovascular health lies in its overarching role in shaping the healthcare system and ensuring access to cardiovascular care for all citizens;</li> <li>• Ley 16/2003 de Cohesión y Calidad del Sistema Nacional de Salud (Law 16/2003 on Cohesion and Quality of the National Health System). This law aims to promote cohesion and ensure the quality of the National Health System in Spain. It establishes principles for the organization, financing, and management of healthcare services, emphasizing the importance of equity, accessibility, and effectiveness. Regarding cardiovascular health, this law contributes to ensuring that cardiovascular care services are provided uniformly across regions and meet quality standards;</li> <li>• Ley 17/2011 de Seguridad Alimentaria y Nutrición (Law 17/2011 on Food Safety and Nutrition). This law focuses on ensuring food safety and promoting healthy nutrition practices among the population. It establishes measures to guarantee the safety and quality of food products, as well as to inform and educate consumers about healthy eating habits. In relation to cardiovascular health, promoting healthy nutrition plays a crucial role in preventing cardiovascular diseases by reducing risk factors such as high cholesterol and hypertension;</li> <li>• Ley 41/2002 de Autonomía del Paciente (Law on Patient Autonomy). This law aims to recognize and guarantee the rights of patients in their relationship with healthcare providers. It emphasizes patient autonomy, informed consent, and the right to access medical information and participate in decision-making regarding their health. In the context of cardiovascular health, this law ensures that patients have the right to be informed about their condition, treatment options, and lifestyle changes necessary for managing cardiovascular diseases. This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country;</li> <li>• Ley 16/2003 de Cohesión y Calidad del SNS (Law on Cohesion and Quality of the National Health System). This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country.</li> </ul>	
Institutional commitment and strategic framework notes	The Ministry of Health promotes the Cardiovascular Health Strategy of the National Health System (ESCAV), in collaboration with the autonomous communities. This is a strategy that integrates the contributions of scientific associations, health professionals, patients and families through their organizations. This Strategy, which was presented and approved on April 27, 2022, at the CISNS, is the result of the work and consensus of a large group of people and institutions concerned and involved in cardiovascular health.	
Useful links	<a href="https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499">https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499</a> <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715">https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715</a> <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604">https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604</a> <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188">https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188</a> <a href="https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludCardiovascular/home.htm">https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludCardiovascular/home.htm</a>	



# Spain

## Labour participation of people living with NCDs, in particular with CVD and DM

CVDs		DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates labour participation of people living with CVDs	No
Regional/Local variability	Yes	
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	No
Aims	Improve access to the labour market for people living with CVDs; Improve wellbeing at the workplace of people living with CVDs; Improve work ability of people living with CVDs; Improve satisfaction at work of people living with CVDs; Reduce absenteeism from work of people living with CVDs; Improve access to medical care and preventive programmes for people living with CVDs; Decrease staff turnover for employers of people living with CVDs; Increase productivity; Ensure job maintenance for people living with CVDs; Encourage rehabilitation and return to work after periods of leave due to CVDs; Prevent early dropping out of the labour market of people living with CVDs; Improve health promotion or health preventive measures at the workplace	
Implementation stage	The implementation of the strategic framework is completed AND the strategic framework has already been updated after the assessment's results	
Regional variability in implementation	Yes	
If there is not a national strategic framework, is there a regional/local strategic framework?		No
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	
Involvement of different governmental bodies	Yes	
Key actors involved	Ministry of Health (or equivalent); Ministry of Labour and Social Affairs (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	
<b>Equity approach</b>		
Commitment to tackle inequities	Yes	
Recommendations	The employment inclusion of these individuals is an important aspect to promote health equity and improve the quality of life for those living with CVD. Some ways in which ESCAV addresses the employment inclusion of individuals with CVD to address health inequalities are: - Rehabilitation and labor reintegration programs. - Job accommodations. - Promotion of healthy work environments. - Awareness and education. In summary, ESCAV considers the labor market inclusion of individuals with CVD as part of its approach to addressing health inequalities, contributing to improving job opportunities and quality of life for these individuals, while also promoting equity in access to healthcare and job opportunities.	
populations in vulnerable situations who are addressed by the strategy	Youth workers (ages 15-24); Prime-age workers (age 25-54); Older workers (ages 55+); Pregnant women; Individuals with other concurrent medical conditions; Individuals belonging to socioeconomically disadvantaged groups; Individuals in rural or remote communities	
<b>Funding</b>		
Funding at national level	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	No, there is not a funding allocation
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Presence of health education programs available for employers and employees	Yes, there are health education programs to increase awareness of CVDs in the workplace	No
Types of programs promoting healthy lifestyles in the workplace	Specific educational programs for employees that are organised and managed by the employer directly; National programs on the promotion of healthy lifestyle aimed at preventing CVDs, organised by the Ministry of health/Ministry of Labour (or equivalent) directly for employees; Programs organised by Patients Associations within each workplace; Programs organised by labour unions or workers associations specific to some occupations	Programs organised by Patients Associations within each workplace
Presence of incentives to hire employees with CVDs or DM	There are incentives at national level aimed at promoting the hiring of people affected by NCDs, BUT they are not specific to CVDs	No, there are no incentives available at national level aimed at promoting the hiring of people affected by DM
Welfare interventions to protect employees with CVDs or DM	Disability allowance; Health insurance; Economic benefits; Disability pension; Other	Disability allowance
Return-to-work programs for people with CVDs or DM	Programs run directly by the employer; Programs run directly by the competent national authorities; Programs run directly by the competent regional/local authorities	None
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	In Spain, there are several research and surveillance initiatives that monitor the well-being of employees and their risk of developing cardiovascular diseases (CVD) in the workplace. For example, the National Survey on Working Conditions (ENCT), conducted by the National Institute for Safety and Health at Work (INSST) and the Ministry of Labor and Social Economy, provides information on working conditions and occupational health of Spanish workers.	No

<p>Legislative framework notes</p>	<ul style="list-style-type: none"> <li>• Ley 14/1986, de 25 de Abril, Ley General de Sanidad (General Health Law). This law establishes the fundamental principles and guidelines for organizing and regulating the healthcare system in Spain. It defines the rights and obligations of citizens in relation to health services and provides the legal framework for the provision of healthcare services by public authorities and private entities. Its relevance to cardiovascular health lies in its overarching role in shaping the healthcare system and ensuring access to cardiovascular care for all citizens.</li> <li>• Ley 16/2003 de Cohesión y Calidad del Sistema Nacional de Salud (Law 16/2003 on Cohesion and Quality of the National Health System). This law aims to promote cohesion and ensure the quality of the National Health System in Spain. It establishes principles for the organization, financing, and management of healthcare services, emphasizing the importance of equity, accessibility, and effectiveness. Regarding cardiovascular health, this law contributes to ensuring that cardiovascular care services are provided uniformly across regions and meet quality standards.</li> <li>• Ley 17/2011 de Seguridad Alimentaria y Nutrición (Law 17/2011 on Food Safety and Nutrition). This law focuses on ensuring food safety and promoting healthy nutrition practices among the population. It establishes measures to guarantee the safety and quality of food products, as well as to inform and educate consumers about healthy eating habits. In relation to cardiovascular health, promoting healthy nutrition plays a crucial role in preventing cardiovascular diseases by reducing risk factors such as high cholesterol and hypertension.</li> <li>• Ley 41/2002 de Autonomía del Paciente (Law on Patient Autonomy). This law aims to recognize and guarantee the rights of patients in their relationship with healthcare providers. It emphasizes patient autonomy, informed consent, and the right to access medical information and participate in decision-making regarding their health. In the context of cardiovascular health, this law ensures that patients have the right to be informed about their condition, treatment options, and lifestyle changes necessary for managing cardiovascular diseases.</li> </ul> <p>This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country.</p> <ul style="list-style-type: none"> <li>• Ley 16/2003 de Cohesión y Calidad del SNS (Law on Cohesion and Quality of the National Health System). This law was previously mentioned and shares the same name as the second law listed. It emphasizes the importance of cohesion and quality within the National Health System, ensuring that healthcare services are accessible, equitable, and of high quality for all citizens. In relation to cardiovascular health, it contributes to the provision of comprehensive and standardized cardiovascular care services across the country.</li> </ul>	
<p>Institutional commitment and strategic framework notes</p>	<p>In Spain, there is an explicit institutional commitment to improve the labour participation of people living with cardiovascular diseases (CVD). The Ministry of Health promotes and promotes the Cardiovascular Health Strategy of the National Health System (ESCAV), in collaboration with the autonomous communities, a strategy that integrates the contributions of scientific associations, health professionals, patients and families through their organizations. This Strategy, which was presented and approved on April 27, 2022, at the CISNS, is the result of the work and consensus of a large group of people and institutions concerned and involved in cardiovascular health.</p>	
<p>Useful links</p>	<p> <a href="https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499">https://www.boe.es/buscar/act.php?id=BOE-A-1986-10499</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715">https://www.boe.es/buscar/act.php?id=BOE-A-2003-10715</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604">https://www.boe.es/buscar/act.php?id=BOE-A-2011-11604</a>  <a href="https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188">https://www.boe.es/buscar/act.php?id=BOE-A-2002-22188</a>  <a href="https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludCardiovascular/home.htm">https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludCardiovascular/home.htm</a> </p>	

# Ukraine

## Health literacy

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses health literacy of CVDs	Yes, there is a specific legislation that explicitly addresses health literacy of DM
Regional/Local variability	Yes	Yes
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes
Aims	Increase public awareness of CVDs and their risk factors; Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Identify and target high-risk groups for CVDs; Promote the importance of early detection; Promote behaviour change	Increase public awareness of DM and its risk factors; Improve the health literacy of the population; Improve the health literacy responsiveness of health services; Identify and target high-risk groups for DM; Promote the importance of early detection; Promote behaviour change; Address/reduce health inequities; Foster collaboration between healthcare sectors and other stakeholders
Implementation stage	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
Regional variability in implementation	Yes	Yes
If there is not a national strategic framework, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Regional and/or Local Educational Authorities; Scientific societies; Patient/citizen associations	Ministry of Health (or equivalent); Ministry of Education (or equivalent); National, Regional and/or Local Public Health Agencies; Regional and/or Local Health Authorities; Regional and/or Local Educational Authorities; Scientific societies; Patient/citizen associations
<b>Equity approach</b>		
Commitment to tackle inequities	No	No
Recommendations		
Populations in vulnerable situations who are addressed by the strategy	None	None
Campaigns to tackle commercial determinants of health	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities	Campaigns on harmful health effects of unhealthy commodities; Campaigns on age-specific restrictions on the sale/distribution of unhealthy commodities
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Implementation stage of...		
...surveys to compare health literacy across regions or population groups	Partially implemented	Partially implemented
...activities to promote HL among leaders and policy-makers in different sectors	Partially implemented	Partially implemented
...strategies concerning HL for mass communication	Planned but not yet implemented	Planned but not yet implemented
...programs to promote child and adolescent HL	Partially implemented	Partially implemented
...initiatives to improve digital HL	Partially implemented	Partially implemented
...programs to improve HL and behaviour change	Partially implemented	Partially implemented
...competencies of health-care staff	Partially implemented	Partially implemented
...HL-related activities for targeting gap groups	Partially implemented	Partially implemented
...initiatives directed to enabling consumer choice and self-direction	Not implemented nor planned	Not implemented nor planned
...initiatives to promote community action on health-related issues	Not implemented nor planned	Not implemented nor planned

Legislative framework notes	<ul style="list-style-type: none"> <li>On July 26, 2018, the Cabinet of Ministers of Ukraine approved National Action Plan for Non-communicable Diseases for the Attainment of the Global Sustainable Development Goals. This document regulates the implementation of the policy of increasing sanitary and medical literacy of the population, including regarding cardiovascular diseases. One of the sections of the National Plan envisages the need for intersectoral interaction, which increases the level of awareness of the population regarding the prevention of non-communicable diseases (information policy, educational materials, informing patients, educational programs and trainings for specialists).</li> <li>Order of the Ministry of Health of Ukraine No. 504 dated March 19, 2018 "On Approval of the Procedure for Provision of Primary Care Services". The Order defines a clear set of primary care services (the guaranteed benefit package) that are covered by the state and paid for by the National Health Service of Ukraine (NHSU). General practitioners, paediatricians, and family doctors are responsible for monitoring patients' health, advising on healthy lifestyles, identifying health risks in a timely manner, preventing diseases (including vaccination), diagnosing and treating common diseases, injuries, poisonings, pathological, and physiological conditions.</li> <li>Unified clinical protocols of primary, secondary (specialized) and tertiary (highly specialized) care (UKPMD) &lt;&lt;Prevention of cardiovascular disease&gt;&gt;, 2016.</li> <li>Adapted Clinical Guideline Evidence-Based Cardiovascular Disease Prevention, 2016. The adapted Clinical Guideline aims to assist the doctor and the patient in making a rational decision in various clinical situations, serves as information support regarding the best clinical practice based on evidence of the effectiveness of the use of certain medical technologies, drugs and organizational principles of medical care.</li> </ul>	<ul style="list-style-type: none"> <li>On July 26, 2018, the Cabinet of Ministers of Ukraine approved National Action Plan for Non-communicable Diseases for the Attainment of the Global Sustainable Development Goals. This document regulates the implementation of the policy of increasing sanitary and medical literacy of the population, including regarding cardiovascular diseases. One of the sections of the National Plan envisages the need for intersectoral interaction, which increases the level of awareness of the population regarding the prevention of non-communicable diseases (information policy, educational materials, informing patients, educational programs and trainings for specialists).</li> <li>Order of the Ministry of Health of Ukraine No. 504 dated March 19, 2018 "On Approval of the Procedure for Provision of Primary Care Services". The Order defines a clear set of primary care services (the guaranteed benefit package) that are covered by the state and paid for by the National Health Service of Ukraine (NHSU). General practitioners, paediatricians, and family doctors are responsible for monitoring patients' health, advising on healthy lifestyles, identifying health risks in a timely manner, preventing diseases (including vaccination), diagnosing and treating common diseases, injuries, poisonings, pathological, and physiological conditions.</li> <li>Unified clinical protocol of primary and secondary (specialized) medical care for type 2 diabetes.</li> <li>Adapted clinical guideline, based on evidence. It contains evidence from original documents, namely the following clinical guidelines: NICE 66, Type 2 diabetes: National clinical guideline for management in primary and secondary care (updated 2008); and NICE 87, Type 2 diabetes: newer agents for blood glucose control in type 2 diabetes, 2009. Approved by Order No. 1118 of the Ministry of Health of Ukraine on December 21, 2012.</li> </ul>
Institutional commitment and strategic framework notes	Ukraine has international obligations regarding sustainable development, defined by the strategic documents of the UN (including the Global Sustainable Development Goals) and the signed Association Agreement with the EU.	Ukraine has international obligations regarding sustainable development, defined by the strategic documents of the UN (including the Global Sustainable Development Goals) and the signed Association Agreement with the EU.
Useful links	<a href="https://zakon.rada.gov.ua/laws/show/530-2018-%D1%80#n12">https://zakon.rada.gov.ua/laws/show/530-2018-%D1%80#n12</a> <a href="https://zakon.rada.gov.ua/laws/show/z0348-18#Text">https://zakon.rada.gov.ua/laws/show/z0348-18#Text</a> <a href="https://www.dec.gov.ua/wp-content/uploads/2019/11/2016_564_akn_pssz.pdf">https://www.dec.gov.ua/wp-content/uploads/2019/11/2016_564_akn_pssz.pdf</a>	<a href="https://zakon.rada.gov.ua/rada/show/v1118282-12#Text">https://zakon.rada.gov.ua/rada/show/v1118282-12#Text</a> <a href="https://www.dec.gov.ua/wp-">https://www.dec.gov.ua/wp-</a>

# Ukraine

## Data availability, quality, accessibility and sharing

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	There is a legislation that mentions disease registries, but it is not CVDs-specific	There is a legislation that mentions disease registries, but it is not DM-specific	
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	No	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Focus on equity and collection of/linkage to data on sociodemographic characteristics			
Sociodemographic variables collected			
<b>Funding</b>			
Funding at national level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds are/were given occasionally)	Type 1 DM; Type 2 DM
Funding at regional/local level	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)	Yes, there is dedicated funding but it is NOT available on a scheduled basis (e.g. funds were/are given occasionally)	Type 1 DM; Type 2 DM
<b>Service delivery and capacity</b>			
Presence of...			
... health examination surveys, health interview surveys or cohort studies carried out at national level	Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Blood pressure levels; Cardiovascular diseases (general); Coronary Artery Disease; Heart failure; Stroke (Cerebrovascular disease); Peripheral Vascular disease	Diet patterns; Body mass index (BMI); Physical activity and/or sedentarism; Smoking consumption habits; Alcohol consumption habits; Lipid levels; Blood pressure levels	
... registries that include information about epidemiology, clinical care and outcomes at national level	Yes	Yes	Type 1 DM; Type 2 DM
... registries that include information about epidemiology, clinical care and outcomes at regional/local level	No	Yes	Type 1 DM; Type 2 DM
... a unique identifier for each person that allows access to and integration of all health-related information	No	Yes	
... an electronic health record system that enables integration of health-related data in relation to CVD/DM care at national level?	Yes	Yes	
Can people entitled to health care ...			
... access their complete medical records from electronic devices?	Yes	Yes	
... review and request its rectification of information regarding their health status via electronic devices?	No	No	
Presence of ...			
... recommendations on the use and implementation of standard data terminologies in all levels of the health system	No sufficient information available to the respondent	No sufficient information available to the respondent	
... policies on data accessibility	No	No sufficient information available to the respondent	
... policies on accountability for data accessibility, and this information is accessible and transparent	No	No sufficient information available to the respondent	
... policies on traceability of data access by managers, researchers or other data access stakeholders	No	Yes only at national level	
Legislative framework notes			
Institutional commitment and strategic framework notes	Law of Ukraine dated September 6, 2022 No. 2573-IX "On the Public Health System": it defines the legal, organizational, economic and social principles of the functioning of the public health system in Ukraine, including the implementation of epidemiological surveillance for the purpose of studying, evaluating and forecasting the epidemic situation, identifying cause-and-effect relationships between health conditions population and the influence of environmental factors on it, development of scientifically based recommendations for making timely and effective management decisions in the field of public health.	Order of the Ministry of Health of February 28, 2020, No. 587 "Some issues of maintaining the Register of medical records, referral records and prescriptions in the electronic health care system" regulates the entry of all reasons for visits to health care facilities into the health care system.	

# Ukraine

## Screening high-risk populations and individuals

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing CVDs	Yes, there is a specific legislation that explicitly addresses and regulates screening activities for persons at high risk of developing DM
Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework?	Yes	Yes
Aims	- Increase public awareness of CVDs and their risk factors - Identify and target high-risk groups for CVDs - Promote the importance of early detection - Promote behaviour change	Early detection and treatment of type 2 diabetes will help prevent the progression of the disease and the development of complications. A general practitioner - a family doctor carries out basic measures for the prevention, detection, treatment and dispensary observation of patients with type 2 diabetes.
Implementation stage	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results	The implementation of the strategic framework is completed BUT the strategic framework has not yet been updated after the assessment's results
Target group	Specific population groups	Specific population groups
Regional variability in implementation	No	No
If not, is there a regional/local strategic framework?		
<b>Intersectoral approach</b>		
Involvement of different stakeholders	Yes	Yes
Involvement of different governmental bodies	Yes	Yes
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Scientific societies; Patient/citizen associations
<b>Equity approach</b>		
Commitment to tackle inequities	No	No
Recommendations		
Populations in vulnerable situations who are addressed by the strategy	None	None
<b>Funding</b>		
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)
<b>Service delivery and capacity</b>		
Presence a systematic surveillance for risk factors	Yes, both at the national and regional/local level	Yes, both at the national and regional/local level
Data systematically collected from patients to monitor risk factors	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; Fasting blood glucose measurement; Oral glucose intolerance test; HbA1c measurement; Weight measurement; Waist circumference; Hip circumference; Age; Sex	Awareness of elevated blood pressure/hypertension; Awareness of elevated blood glucose/diabetes; Blood pressure measurements (diastolic and systolic); Total blood cholesterol; Fasting blood glucose measurement; Oral glucose intolerance test; HbA1c measurement; Weight measurement; Waist circumference; Hip circumference; Age; Sex
Data collection method	No sufficient information available to the respondent	No sufficient information available to the respondent
Use of risk assessment tools	Yes, they are used mainly by health professionals	Yes, they are used mainly by health professionals
Risk assessment tools routinely used	ESC SCORE2; ESC SCORE2-OP	FINDRISC Diabetes Risk Calculator

<p>Legislative framework notes</p>	<ul style="list-style-type: none"> <li>• National Action Plan on Non-communicable Diseases to Achieve the Global Sustainable Development Goals: approved by the order of the Cabinet of Ministers of Ukraine dated July 26, 2018, No. 530. This document regulates, in particular, the implementation of policies related to population screening measures, including those concerning cardiovascular diseases. One of the tasks of the National Plan is the prevention, early detection, and treatment of cardiovascular diseases.</li> <li>• Order of the Ministry of Health of Ukraine "On Approval of the Procedure for Provision of Primary Medical Care" dated March 19, 2018, No. 504. Registered with the Ministry of Justice of Ukraine on March 21, 2018, under No. 348/31800. The Order defines a clear set of primary care services (the guaranteed benefit package) that are covered by the state and paid for by the National Health Service of Ukraine (NHSU). General practitioners, paediatricians, and family doctors are responsible for monitoring patients' health, advising on healthy lifestyles, identifying health risks in a timely manner, preventing diseases (including vaccination), diagnosing and treating common diseases, injuries, poisonings, pathological, and physiological conditions.</li> <li>• Unified clinical protocol for primary, emergency, secondary (specialized), and tertiary (highly specialized) medical care. Prevention of cardiovascular diseases. Approved by the Order of the Ministry of Health of Ukraine dated June 13, 2026, No. 564. The protocol is developed in accordance with modern evidence-based medicine requirements and considers medical-organizational approaches to cardiovascular diseases prevention in Ukraine from the perspective of ensuring continuity of medical care stages.</li> <li>• Unified clinical protocol for primary, emergency, and secondary (specialized) medical care. Arterial hypertension. Approved by the Order of the Ministry of Health of Ukraine dated May 24, 2012, No. 384. This protocol focuses on the main stages of providing medical care to patients with increased blood pressure, namely: assessment of blood pressure level and diagnosis of arterial hypertension; prescription of treatment aimed at achieving the target blood pressure level; involving patients in informed participation in the process of providing medical care.</li> <li>• Clinical guidelines for Arterial hypertension, 2017. A clinical guideline is a document of best medical practice based on evidence of effectiveness, primarily for practitioners who provide both primary and secondary care.</li> </ul>	<ul style="list-style-type: none"> <li>• Order of the Ministry of Health of Ukraine No. 504, dated March 19, 2018 "On Approval of the Procedure for Provision of Primary Care Services". The Order defines a clear set of primary care services (the guaranteed benefit package) that are covered by the state and paid for by the National Health Service of Ukraine (NHSU).</li> <li>• Unified clinical protocol of primary and secondary (specialized) medical care for type 2 diabetes. It includes guidelines on primary prevention and screening for type 2 diabetes.</li> <li>• Type 2 diabetes adapted clinical guidelines, based on evidence. It contains evidence from original documents, namely the following clinical guidelines: NICE 66, Type 2 diabetes: National clinical guideline for management in primary and secondary care (updated 2008); and NICE 87, Type 2 diabetes: newer agents for blood glucose control in type 2 diabetes, 2009. Approved by Order No. 1118 of the Ministry of Health of Ukraine on December 21, 2012. These are statements developed using a defined methodology to assist the physician and patient in making decisions about rational interventions in certain clinical situations. The creation of guidelines in Ukraine is carried out by adapting the already existing clinical guidelines, which were developed on the basis of evidence-based medicine in well-known world centres - NICE (England), SIGN (Scotland), AHRQ (USA), HEN WHO (WHO), NZGG (New Zealand) and others.</li> </ul>
<p>Institutional commitment and strategic framework notes</p>	<p>Ukraine has international obligations regarding sustainable development, defined by the strategic documents of the UN (including the Global Sustainable Development Goals) and the signed Association Agreement with the EU</p>	<p>On July 26, 2018 the Cabinet of Ministers of Ukraine approved National Action Plan for Non-communicable Diseases for the Attainment of the Global Sustainable Development Goals. This document regulates the implementation of the policy of increasing sanitary and medical literacy of the population, including regarding cardiovascular diseases. One of the sections of the National Plan envisages the need for intersectoral interaction, which increases the level of awareness of the population regarding the prevention of non-communicable diseases (information policy, educational materials, informing patients, educational programs and trainings for specialists).</p>
<p>Useful links</p>	<p><a href="https://zakon.rada.gov.ua/laws/show/530-2018-%D1%80#Text">https://zakon.rada.gov.ua/laws/show/530-2018-%D1%80#Text</a>  <a href="https://zakon.rada.gov.ua/laws/show/z0348-18#Text">https://zakon.rada.gov.ua/laws/show/z0348-18#Text</a>  <a href="https://www.dec.gov.ua/wp-content/uploads/2019/11/2016_564_ykpm�_pssz.pdf">https://www.dec.gov.ua/wp-content/uploads/2019/11/2016_564_ykpm�_pssz.pdf</a>  <a href="https://www.dec.gov.ua/wp-content/uploads/2019/11/384_2012ykpm�_ag.pdf">https://www.dec.gov.ua/wp-content/uploads/2019/11/384_2012ykpm�_ag.pdf</a>  <a href="https://www.dec.gov.ua/wp-content/uploads/2019/11/kn_artergipert.pdf">https://www.dec.gov.ua/wp-content/uploads/2019/11/kn_artergipert.pdf</a></p>	<p><a href="https://zakon.rada.gov.ua/laws/show/z0348-18#Text">https://zakon.rada.gov.ua/laws/show/z0348-18#Text</a>  <a href="https://ips.ligazakon.net/document/view/moz21173?an=199">https://ips.ligazakon.net/document/view/moz21173?an=199</a>  <a href="https://www.dec.gov.ua/wp-content/uploads/2019/11/2012_1118akn.pdf">https://www.dec.gov.ua/wp-content/uploads/2019/11/2012_1118akn.pdf</a>  <a href="https://zakon.rada.gov.ua/laws/show/530-2018-%D1%80#n12">https://zakon.rada.gov.ua/laws/show/530-2018-%D1%80#n12</a></p>

# Ukraine

## Integrated care pathways

CVDs		DM (type if specified)	
Legal framework			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for CVDs	Yes, there is a specific legislation that explicitly addresses and regulates integrated care pathways for DM	Type 1 DM; Type 2 DM
Regional/Local variability	Yes	No	
Strategic framework			
Is there a national strategic framework?	No	Yes	Type 1 DM; Type 2 DM
Aims	Improve clinical outcomes; Promote standardization of care		
Implementation stage	No sufficient information available to the respondent		
Regional variability in implementation	No		
If there is not a national strategic framework, is there a regional/local strategic framework?	Yes		
Intersectoral approach			
Involvement of different stakeholders	Yes	Yes	
Involvement of different levels of government	Yes	Yes	
Key actors involved	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Patient/citizen associations	Ministry of Health (or equivalent); Regional and/or Local Health Authorities; National, Regional and/or Local Public Health Agencies; Social science and health research institutes/Universities; Patient/citizen associations	
Equity approach			
Commitment to tackle inequities	No	No	
Recommendations			
populations in vulnerable situations who are addressed by the strategy	None	None	
Funding			
Funding at national level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 1 DM; Type 2 DM
Funding at regional/local level	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Entity allocates its budget to relevant bodies)	Yes, there is dedicated funding and it is structural (e.g. available every time the relevant Ministry allocates its budget to relevant bodies)	Type 1 DM; Type 2 DM
Service delivery and capacity			
Professionals involved in multidisciplinary care according to primary care guidelines	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Social workers, professional caregivers	General practitioners; Specialised medical professionals; Nurses/advanced practice nurses; Social workers, professional caregivers	
Level of implementation of...			
... coordination of professionals in multidisciplinary teams to ensure continuity of care	Implemented in some healthcare services	Implemented in some healthcare services	
... case management	Implemented in some healthcare services	Implemented in some healthcare services	
Professionals acting as leading coordinator of case management	Specialised medical professionals	Specialised medical professionals	
Setting in which case management is usually conducted	Ambulatory care services (e.g: outpatient clinics, primary care service); Surgical care services (e.g.: surgical daycare centers)	Ambulatory care services (e.g: outpatient clinics, primary care service)	
... shared decision-making	No sufficient information available to the respondent	Not implemented nor planned	
Methods generally used			
Provision of person-centered care as part of medical or nursing training	A dedicated part of specialist medical training	A dedicated part of specialist medical training	
Inclusion of digital technologies in delivery of care pathways	No	No	
Areas where digital technologies are used			
Level of implementation of aspects related to...			
... care planning	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... discharge	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	
... follow-up	Please refer to the graphs provided in the Appendix.	Please refer to the graphs provided in the Appendix.	

Legislative framework notes	<ul style="list-style-type: none"> <li>Unified clinical protocols of primary, secondary (specialized) and tertiary (highly specialized) care (UKPMD) &lt;&lt;Prevention of cardiovascular disease&gt;&gt;, 2016;</li> <li>Unified clinical protocol of emergency, primary, secondary (specialized), tertiary (highly specialized) medical care and cardio rehabilitation "Acute coronary syndrome with ST segment elevation" (14.09.2021№ 1936);</li> <li>Order of the Ministry of Health of Ukraine dated August 3, 2012 No. 602 "On the approval and implementation of medical and technological documents on the standardization of medical care for ischemic stroke";</li> <li>Order of the Ministry of Health dated 15.06.2023 No. 1091 On approval of the Procedure for the organization of medical care for patients with acute cerebral stroke;</li> <li>Unified clinical protocol of primary, emergency, and secondary (specialized) medical care for 'Arterial hypertension' (2012). This protocol focuses on the main stages of providing medical care to patients with increased blood pressure (BP), namely: 1. Assessment of blood pressure level and diagnosis of arterial hypertension (AH); 2. Risk stratification for prescribing differentiated therapy; 3. Prescription of treatment aimed at achieving the target blood pressure level; 4. Involvement of patients in informed participation in the process of providing medical care.</li> </ul>	<ul style="list-style-type: none"> <li>Unified clinical protocol of primary, emergency and specialized medical care "Diabetes type 1 in adults". Among others, it includes guidelines that refers to patients' self-management;</li> <li>Unified clinical protocol of primary and secondary (specialized) medical care for type 2 diabetes. Among others, it includes guidelines that refers to patients' self-management.</li> </ul>
Institutional commitment and strategic framework notes	Health care development strategy for the period up to 2030. This document defines the strategic directions of the development of the health care system of Ukraine, including the priority of combating cardiovascular diseases and the introduction of integrated ways of	
Useful links	<a href="http://mtd.dec.gov.ua/index.php/uk/reiestr-ntd/item/71-profilaktyka-seritsevo-sudynnykh-zakhoruvann">http://mtd.dec.gov.ua/index.php/uk/reiestr-ntd/item/71-profilaktyka-seritsevo-sudynnykh-zakhoruvann</a> <a href="https://zakon.rada.gov.ua/rada/show/v1936282-21#Text">https://zakon.rada.gov.ua/rada/show/v1936282-21#Text</a> <a href="https://zakon.rada.gov.ua/rada/show/vb602282-12#Text">https://zakon.rada.gov.ua/rada/show/vb602282-12#Text</a> <a href="https://zakon.rada.gov.ua/laws/show/z1118-23#Text">https://zakon.rada.gov.ua/laws/show/z1118-23#Text</a> <a href="https://www.dec.gov.ua/wp-content/uploads/2019/11/384_2012ykpm_d_ag.pdf">https://www.dec.gov.ua/wp-content/uploads/2019/11/384_2012ykpm_d_ag.pdf</a> <a href="https://moz.gov.ua/strategija">https://moz.gov.ua/strategija</a>	<a href="https://www.dec.gov.ua/wp-content/uploads/2023/01/43348-dn_151_26012023_dod.pdf">https://www.dec.gov.ua/wp-content/uploads/2023/01/43348-dn_151_26012023_dod.pdf</a> <a href="https://ips.ligazakon.net/document/view/moz21173?an=199">https://ips.ligazakon.net/document/view/moz21173?an=199</a>

# Ukraine

## Patients' self-management

	CVDs	DM (type if specified)	
<b>Legal framework</b>			
Is there a national legislation?	Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of CVDs	Yes, there is a specific legislation that explicitly addresses and regulates patients' self-management of DM	Type 1 DM; Type 2 DM
Regional/Local variability	No	No	
<b>Strategic framework</b>			
Is there a national strategic framework?	No	No	
Aims			
Implementation stage			
Regional variability in implementation			
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No	
<b>Intersectoral approach</b>			
Involvement of different stakeholders			
Involvement of different governmental bodies			
Key actors involved			
<b>Equity approach</b>			
Commitment to tackle inequities			
Recommendations			
Groups in vulnerable situations who are addressed by the strategy			
<b>Funding</b>			
Funding at national level	No, there is not a funding allocation	No, but there are resources allocated through other sources (e.g. research programs, cooperation programs,...)	Type 2 DM
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation	
<b>Service delivery and capacity</b>			
Self-management programs provided	Following a healthy diet; Engaging in regular physical activity; Avoiding smoking or exposure to second-hand smoke; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Seeking support from healthcare professionals or support groups; Attending regular medical check-ups; Educating patients about their health condition	Following a healthy diet; Engaging in regular physical activity; Taking medications as prescribed; Monitoring biological parameters (i.e. blood pressure, weight, blood sugar,...); Attending regular medical check-ups; Educating patients about their health condition	
Composition of multi-professional teams in charge of the delivery of self-management support	Cardiologist; General Practitioner; Nurse; Specialist physicians	Diabetologist; General Practitioner; Nurse; Endocrinologist	
Interventions to overcome specific type of barriers	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management)	Financial barriers (e.g., cost of treatment, lack of insurance coverage); Geographic barriers (e.g., distance to healthcare facilities, lack of local specialists); Availability barriers (e.g., long waiting times for appointments); Knowledge barriers (e.g., lack of information about where to get help, understanding of CVDs management); Communication barriers (e.g., language differences, poor communication with healthcare providers); Personal barriers (e.g., time constraints, personal or family responsibilities)	
Quality indicators collected	Healthcare use	Healthcare use; Clinical outcomes	
Validated tools used to collect and measures quality indicators	The Ministry of Health of Ukraine, by order No. 716 dated 04.17.2023, approved the Sample List of Quality Indicators for the Provision of Primary Medical Care. Heads of primary schools can use this list to implement a transparent system of motivational incentives.	Level of glucose and glycated hemoglobin in the blood	
Type of self-management training of teams	Both initial and periodic	Both initial and periodic	
Involvement of patients in ...			
planning of self-management services	Rarely	Rarely	
delivery of self-management services	Often	Always	
evaluation of self-management services	Often	Often	
Degree of personalisation of self-management services (1-10)	3	1	
Monitoring of self-management services at national level	No	No	

<p style="text-align: center;"><b>Legislative framework notes</b></p>	<ul style="list-style-type: none"> <li>• On July 26, 2018, the Cabinet of Ministers of Ukraine approved National Action Plan for Non-communicable Diseases for the Attainment of the Global Sustainable Development Goals. This document regulates the implementation of the policy of increasing sanitary and medical literacy of the population, including regarding cardiovascular diseases. One of the sections of the National Plan envisages the need for intersectoral interaction, which increases the level of awareness of the population regarding the prevention of non-communicable diseases (information policy, educational materials, informing patients, educational programs and trainings for specialists);</li> <li>• Order of the Ministry of Health of Ukraine No. 504 dated March 19, 2018 "On Approval of the Procedure for Provision of Primary Care Services". The Order defines a clear set of primary care services (the guaranteed benefit package) that are covered by the state and paid for by the National Health Service of Ukraine (NHSU). General practitioners, paediatricians, and family doctors are responsible for monitoring patients' health, advising on healthy lifestyles, identifying health risks in a timely manner, preventing diseases (including vaccination), diagnosing and treating common diseases, injuries, poisonings, pathological, and physiological conditions;</li> <li>• Unified clinical protocols of primary, secondary (specialized) and tertiary (highly specialized) care (UKPMD) &lt;&lt;Prevention of cardiovascular disease&gt;&gt;, 2016;</li> <li>• Adapted Clinical Guideline Evidence-Based Cardiovascular Disease Prevention, 2016. The adapted Clinical Guideline aims to assist the doctor and the patient in making a rational decision in various clinical situations, serves as information support regarding the best clinical practice based on evidence of the effectiveness of the use of certain medical technologies, drugs and organizational principles of medical care;</li> <li>• Unified clinical protocol of primary, emergency, and secondary (specialized) medical care for 'Arterial hypertension' (2012). This protocol focuses on the main stages of providing medical care to patients with increased blood pressure (BP), namely: 1. Assessment of blood pressure level and diagnosis of arterial hypertension (AH), 2. Risk stratification for prescribing differentiated therapy, 3. Prescription of treatment aimed at achieving the target blood pressure level, 4. Involvement of patients in informed participation in the process of providing medical care.</li> </ul>	<ul style="list-style-type: none"> <li>• Unified clinical protocol of primary, emergency and specialized medical care "Diabetes type 1 in adults" Among others, it includes guidelines that refers to patients' self-management;</li> <li>• Unified clinical protocol of primary and secondary (specialized) medical care for type 2 diabetes. Among others, it includes guidelines that refers to patients' self-management.</li> </ul>
<p><b>Institutional commitment and strategic framework notes</b></p>		
<p style="text-align: center;"><b>Useful links</b></p>	<p><a href="https://zakon.rada.gov.ua/laws/show/530-2018-%D1%80#n12">https://zakon.rada.gov.ua/laws/show/530-2018-%D1%80#n12</a></p> <p><a href="https://zakon.rada.gov.ua/laws/show/z0348-18#Text">https://zakon.rada.gov.ua/laws/show/z0348-18#Text</a></p> <p><a href="https://www.dec.gov.ua/wp-content/uploads/2019/11/2016_564_akn_pssz.pdf">https://www.dec.gov.ua/wp-content/uploads/2019/11/2016_564_akn_pssz.pdf</a></p> <p><a href="https://www.dec.gov.ua/wp-content/uploads/2019/11/384_2012ykpmd_ag.pdf">https://www.dec.gov.ua/wp-content/uploads/2019/11/384_2012ykpmd_ag.pdf</a></p>	<p><a href="https://www.dec.gov.ua/wp-content/uploads/2023/01/43348-dn_151_26012023_dod.pdf">https://www.dec.gov.ua/wp-content/uploads/2023/01/43348-dn_151_26012023_dod.pdf</a></p> <p><a href="https://ips.ligazakon.net/document/view/moz21173?an=199">https://ips.ligazakon.net/document/view/moz21173?an=199</a></p>

# Ukraine

## Labour participation of people living with NCDs, in particular with CVD and DM

	CVDs	DM (type if specified)
<b>Legal framework</b>		
Is there a national legislation? Regional/Local variability	No	No
<b>Strategic framework</b>		
Is there a national strategic framework? Aims	No	No
Implementation stage Regional variability in implementation		
If there is not a national strategic framework, is there a regional/local strategic framework?	No	No
<b>Intersectoral approach</b>		
Involvement of different stakeholders Involvement of different governmental bodies Key actors involved		
<b>Equity approach</b>		
Commitment to tackle inequities Recommendations populations in vulnerable situations who are addressed by the strategy		
<b>Funding</b>		
Funding at national level	No, there is not a funding allocation	No, there is not a funding allocation
Funding at regional/local level	No, there is not a funding allocation	No, there is not a funding allocation
<b>Service delivery and capacity</b>		
Presence of health education programs available for employers and employees	There are health education programs to increase awareness of NCDs, but they are not specific to CVDs	There are health education programs to increase awareness of NCDs, but they are not specific to DM
Types of programs promoting healthy lifestyles in the workplace	Programs organised by labour unions or workers associations specific to some occupations	Programs organised by labour unions or workers associations specific to some occupations
Presence of incentives to hire employees with CVDs or DM	No, there are no incentives available at national level aimed at promoting the hiring of people affected by CVDs	No, there are no incentives available at national level aimed at promoting the hiring of people affected by DM
Welfare interventions to protect employees with CVDs or DM	Disability allowance; Disability pension	Disability allowance
Return-to-work programs for people with CVDs or DM	None	None
Research/surveillance initiatives monitoring wellbeing of employees and risk of CVDs or DM	No	No
Legislative framework notes		
Institutional commitment and strategic framework notes		

## 6.4 Spider Graph from the WP9 questionnaire

---

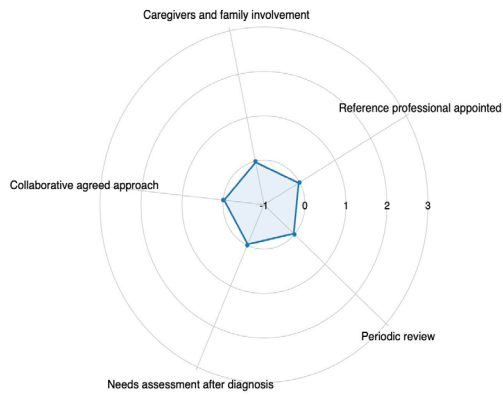
# Integrated care pathways



Belgium

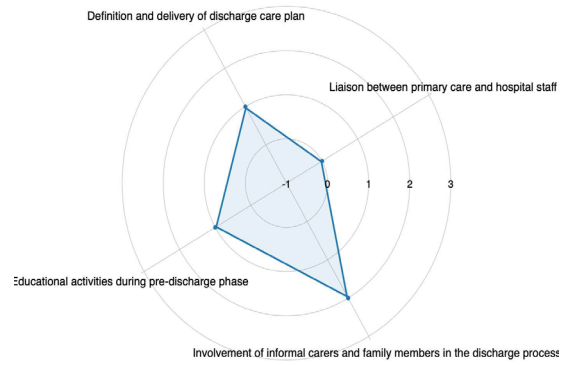
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



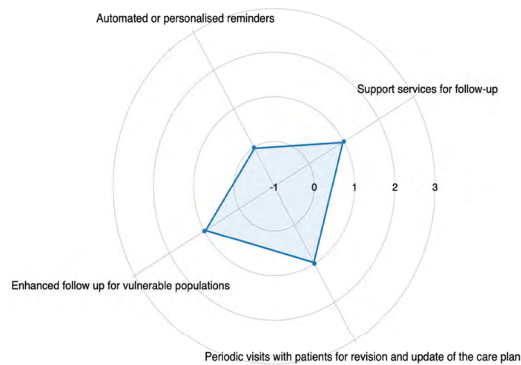
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

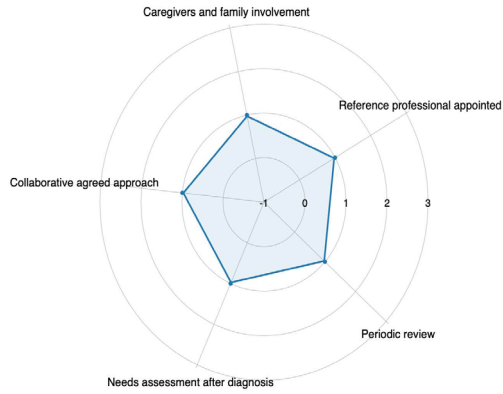
# Integrated care pathways



Belgium

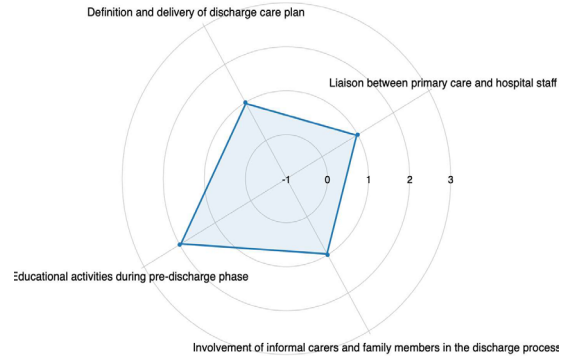
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



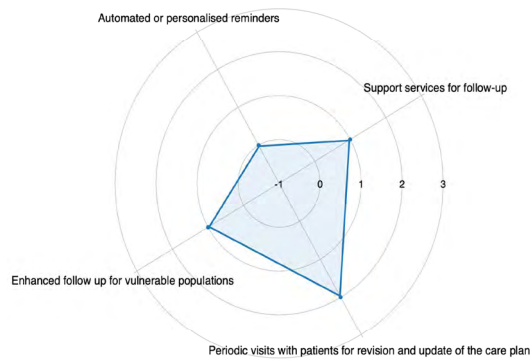
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



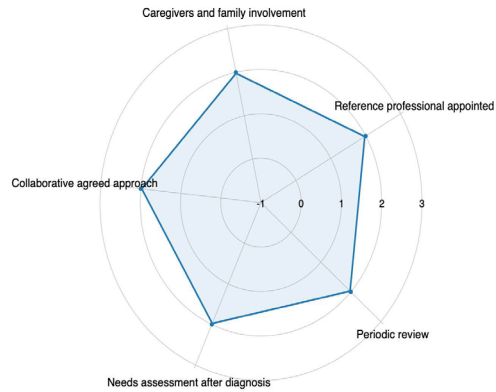
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways



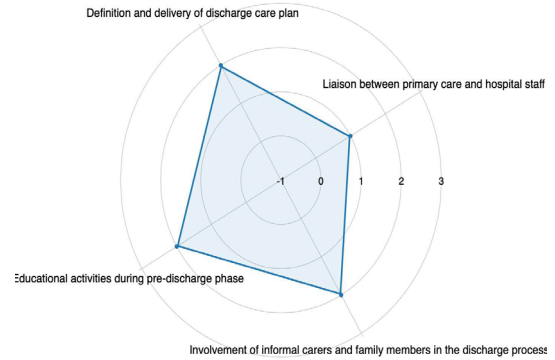
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



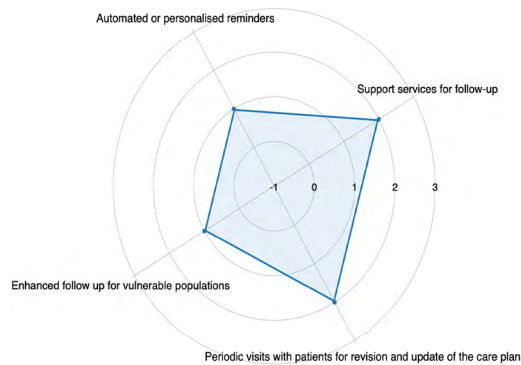
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

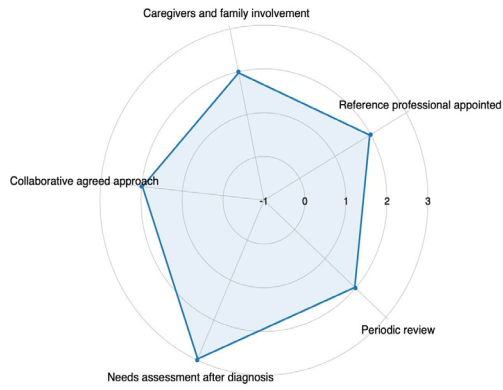
# Integrated care pathways



Croatia

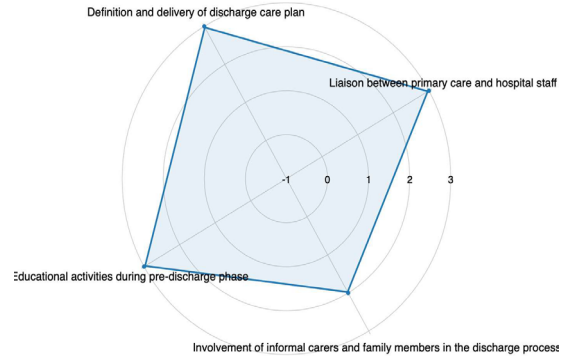
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



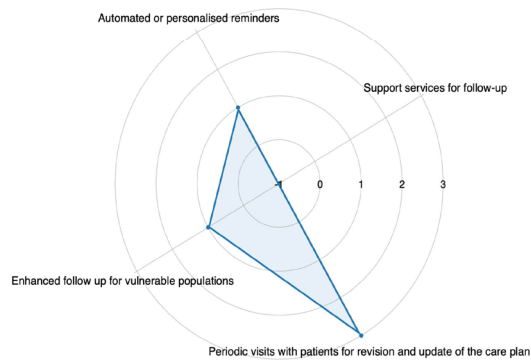
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



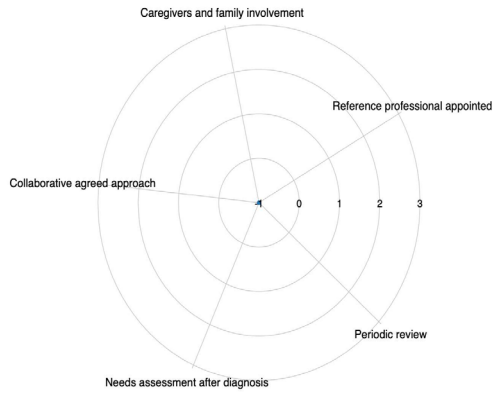
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways



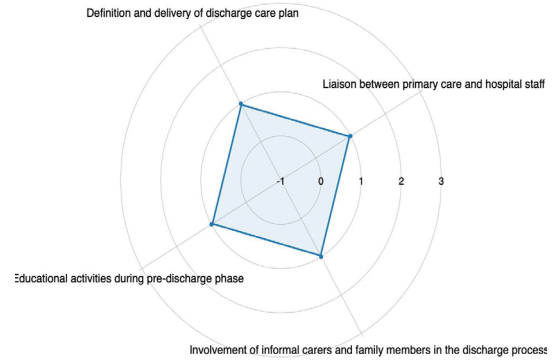
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



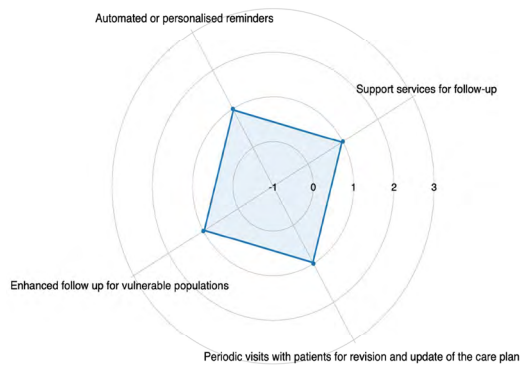
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



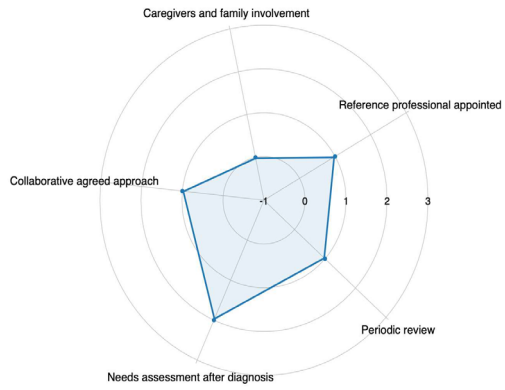
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways



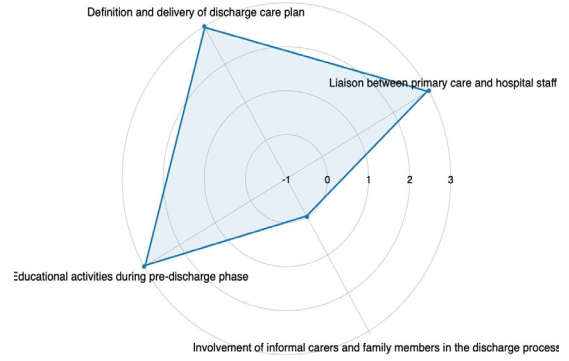
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



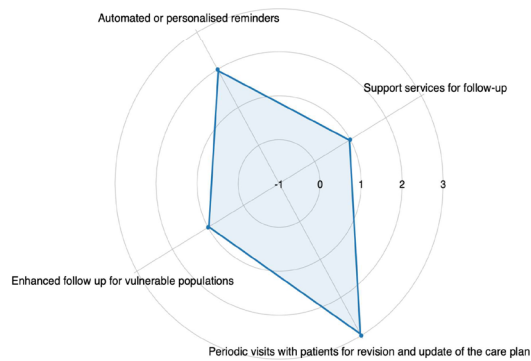
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

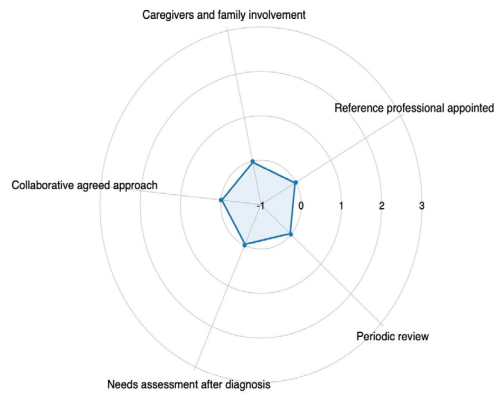
# Integrated care pathways



Greece

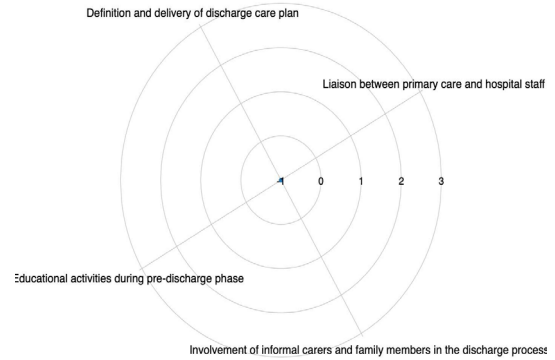
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



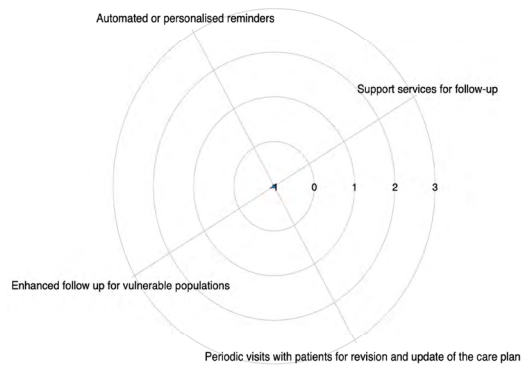
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

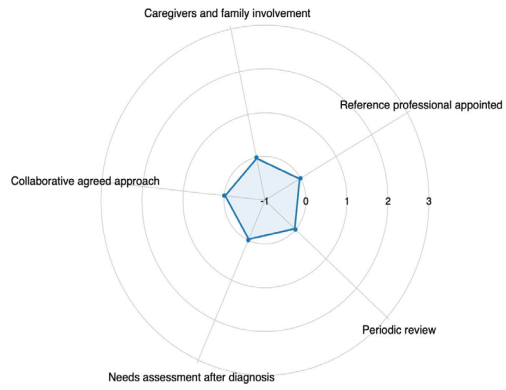
# Integrated care pathways



Greece

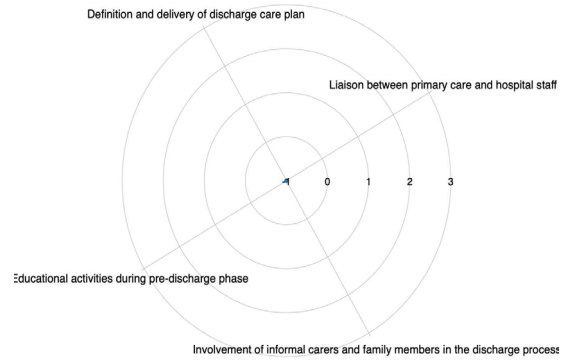
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



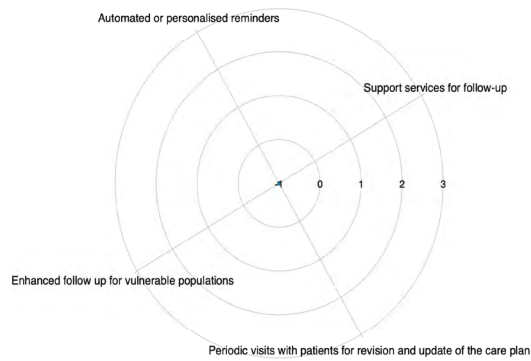
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



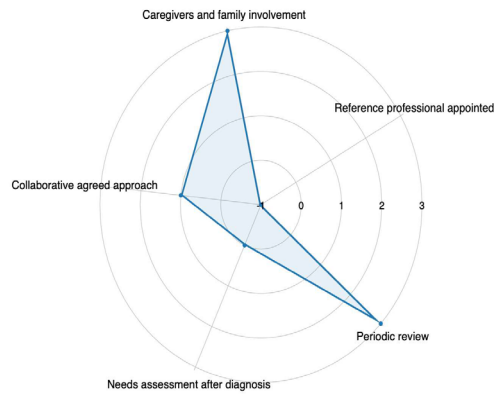
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways

Hungary

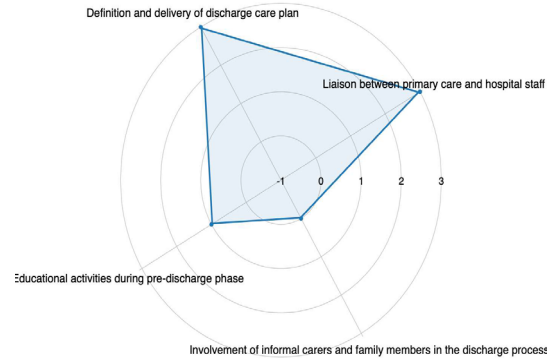
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



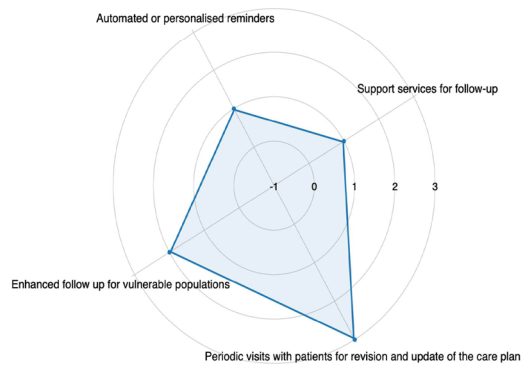
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



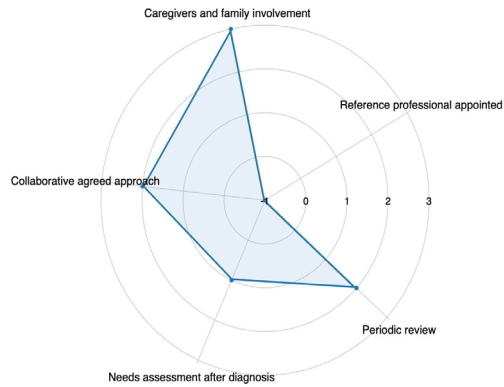
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways

Hungary

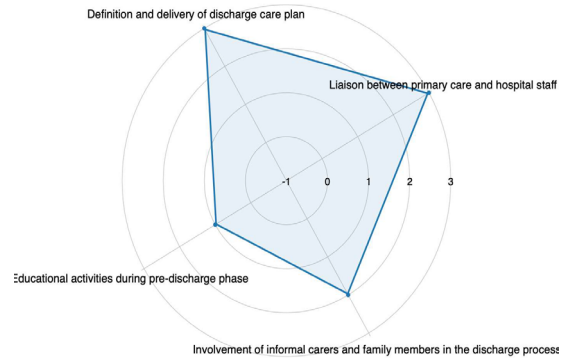
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



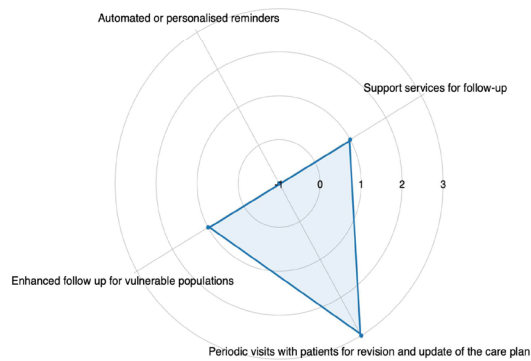
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

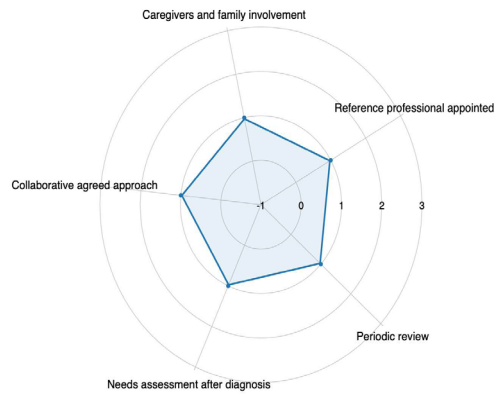
# Integrated care pathways



Iceland

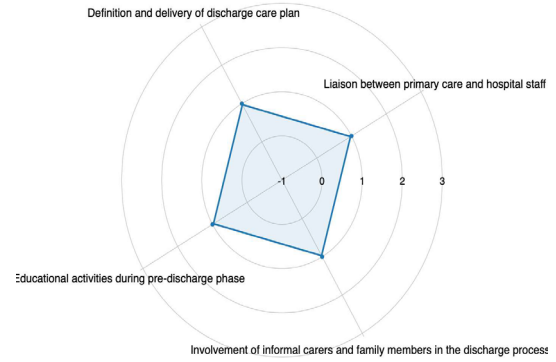
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



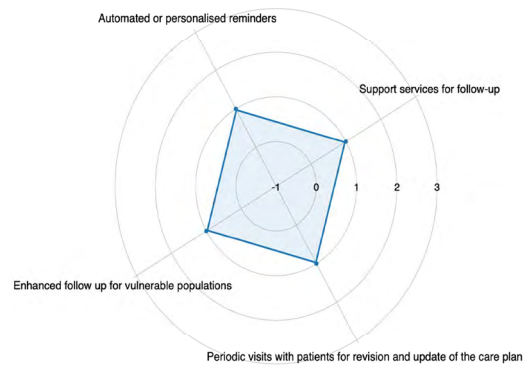
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

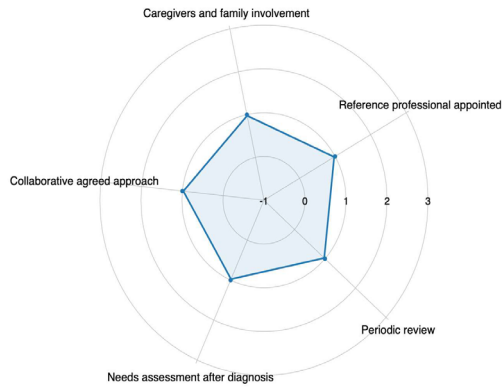
# Integrated care pathways



Iceland

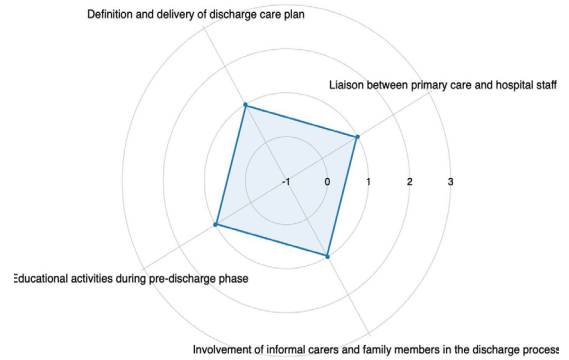
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



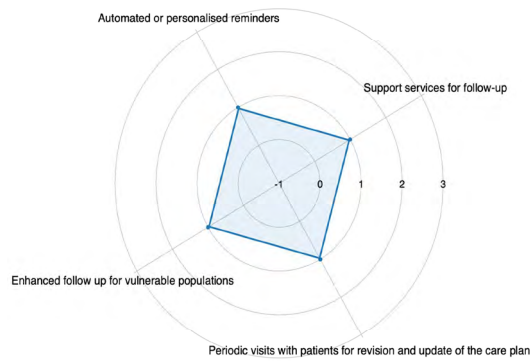
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



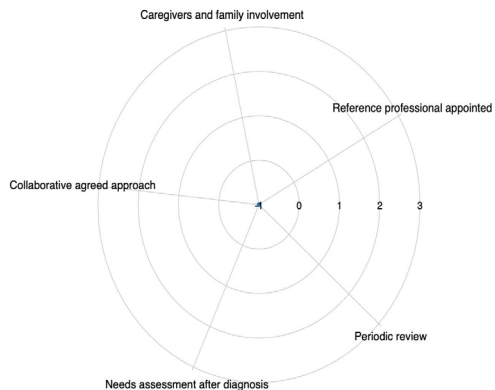
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways



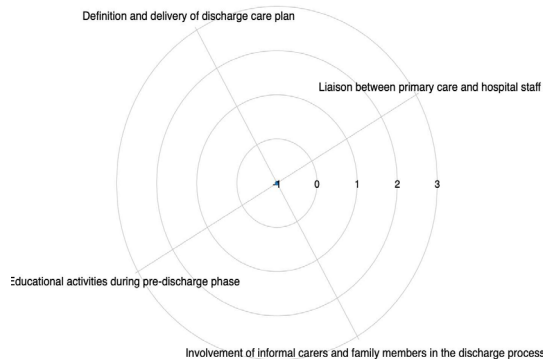
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



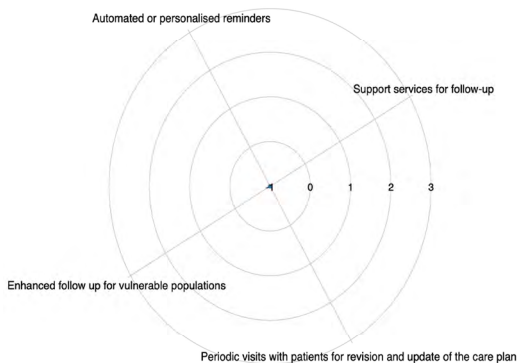
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



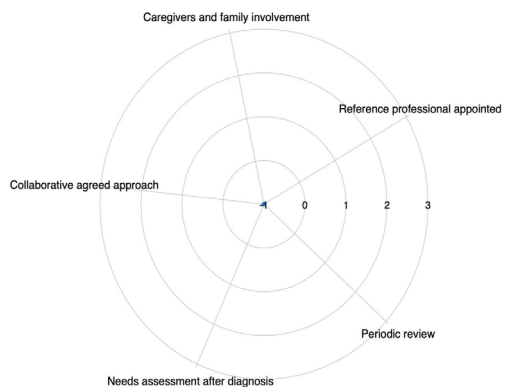
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways



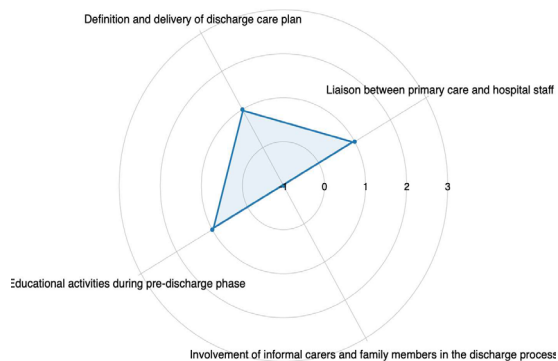
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



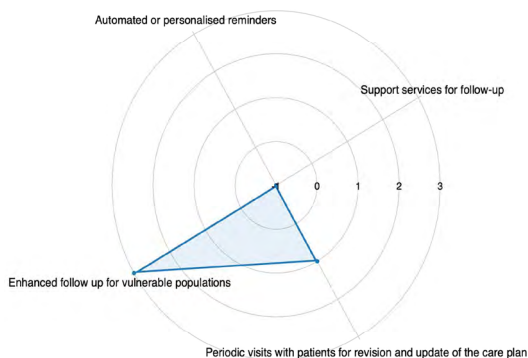
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

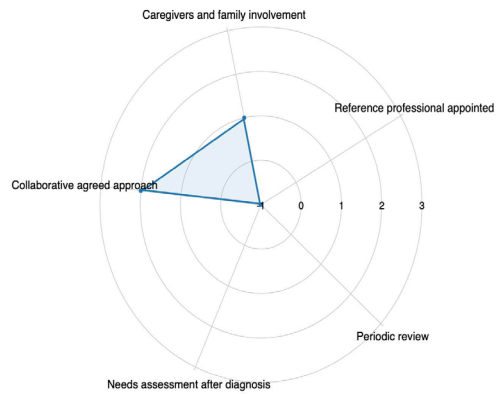
# Integrated care pathways



Italy

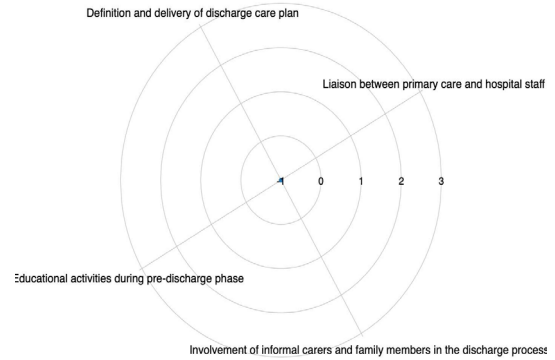
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



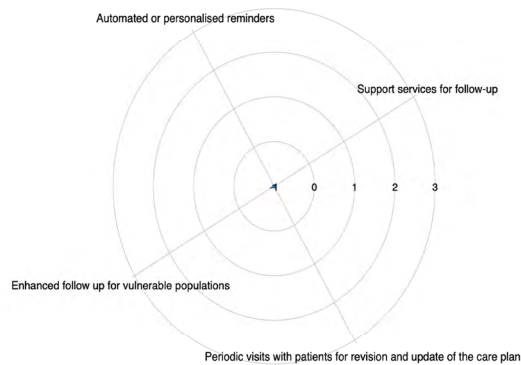
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



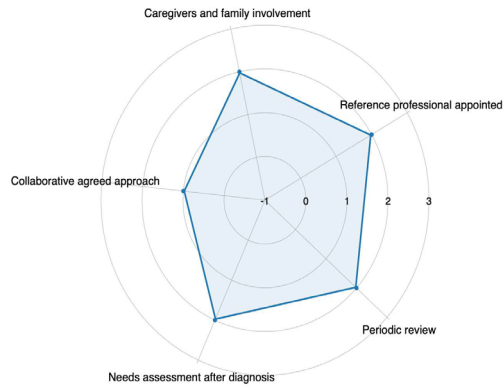
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways



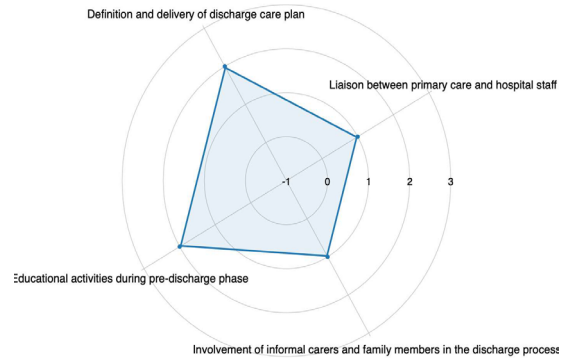
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



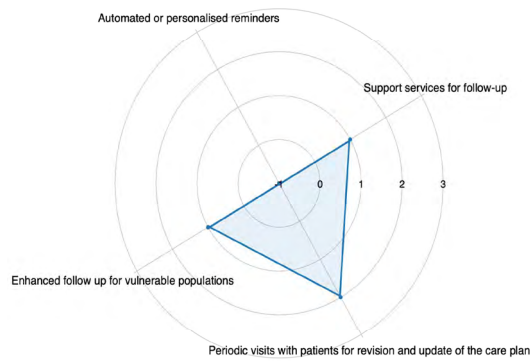
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

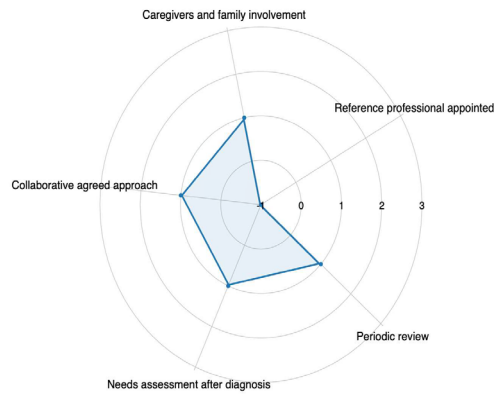
# Integrated care pathways



Norway

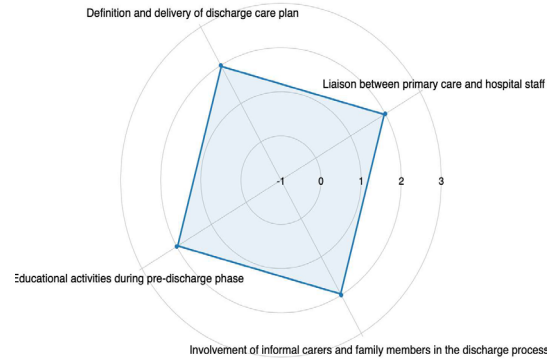
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



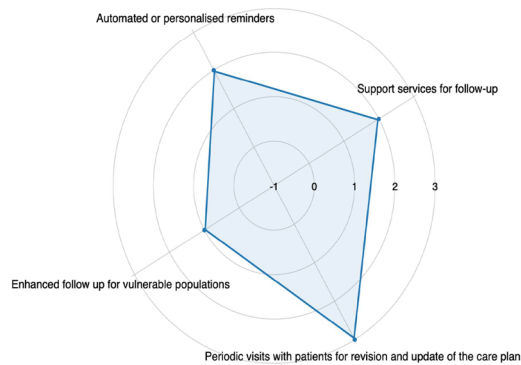
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

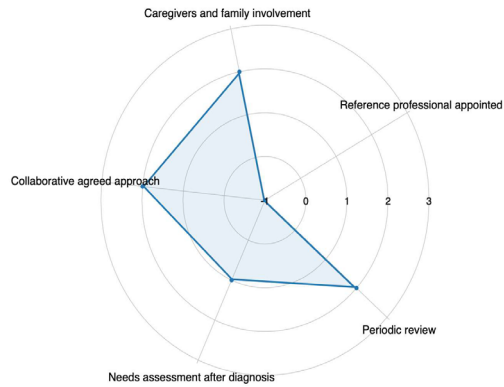
# Integrated care pathways



Norway

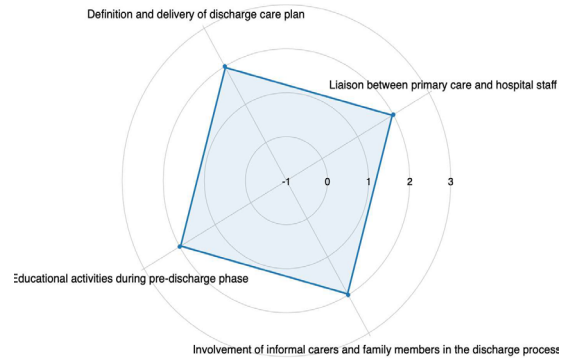
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



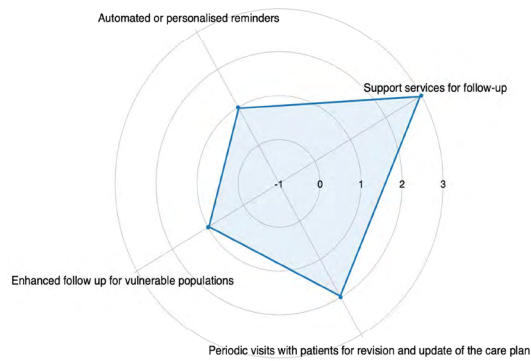
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



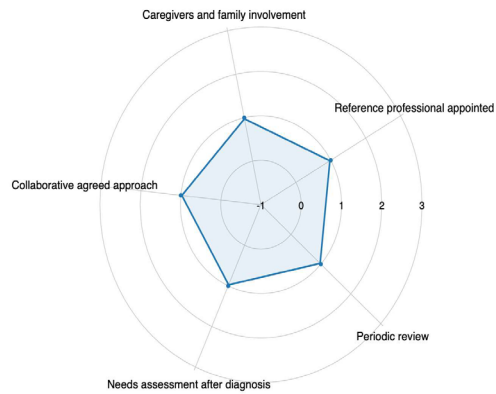
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways

Poland

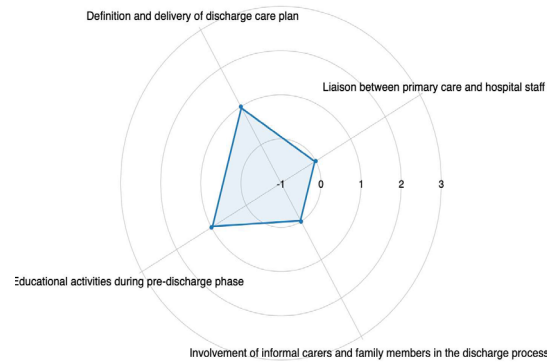
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



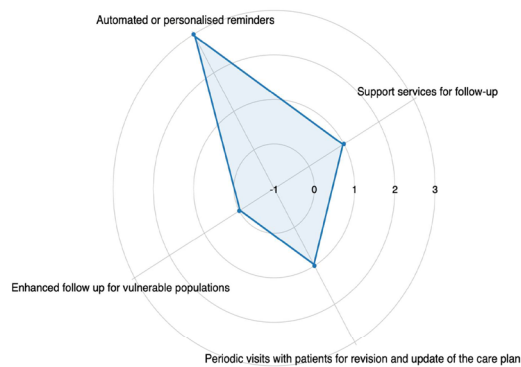
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



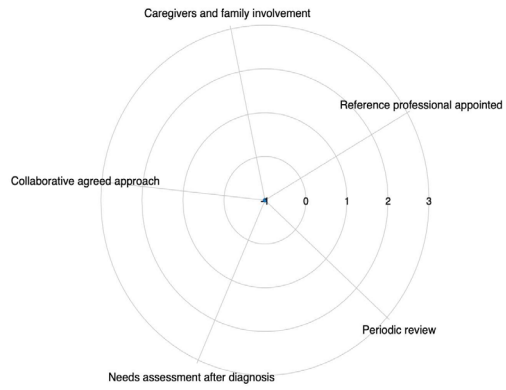
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways

Poland

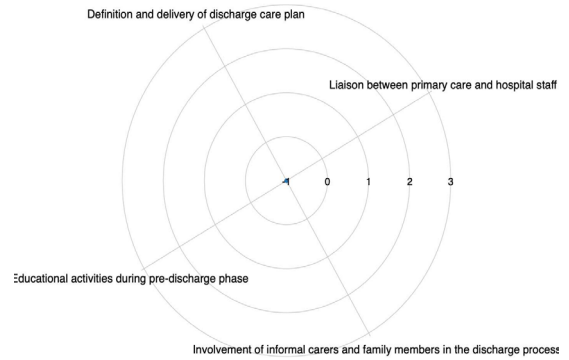
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



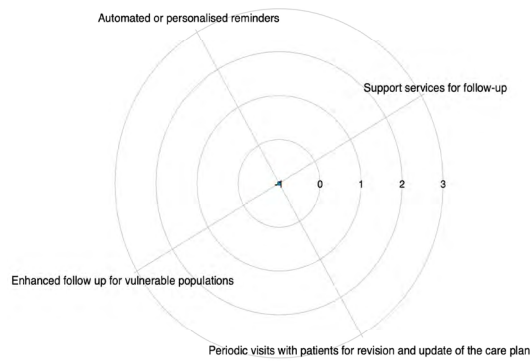
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

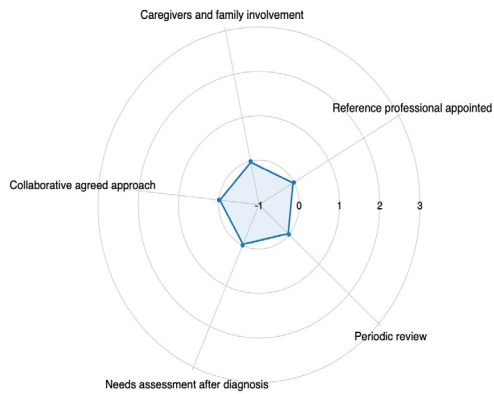
# Integrated care pathways



Portugal

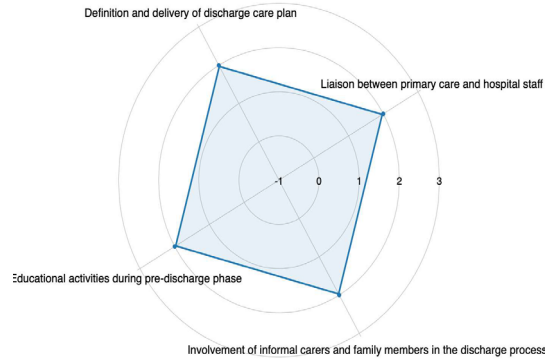
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



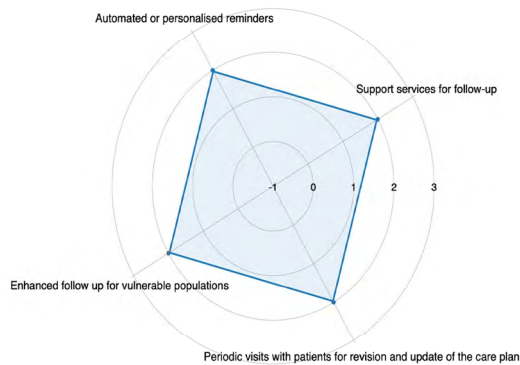
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

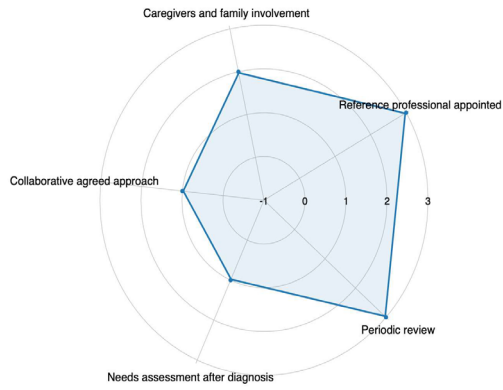
# Integrated care pathways



Portugal

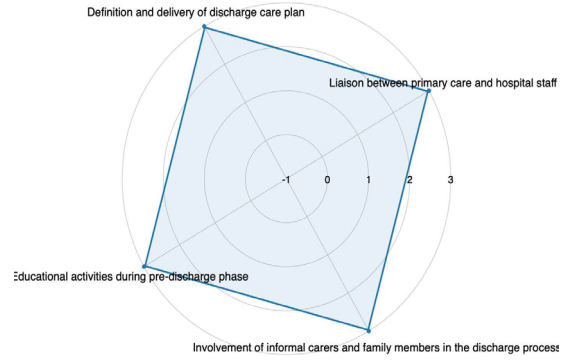
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



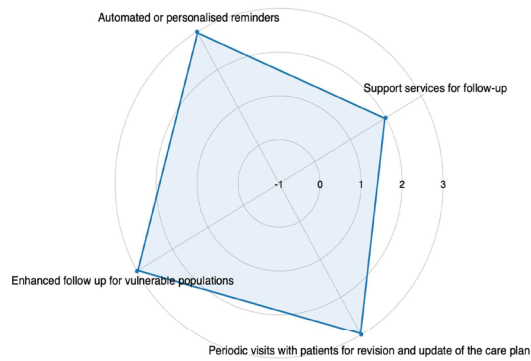
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

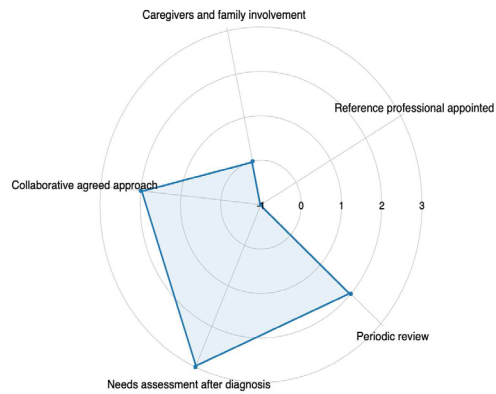
# Integrated care pathways



Romania

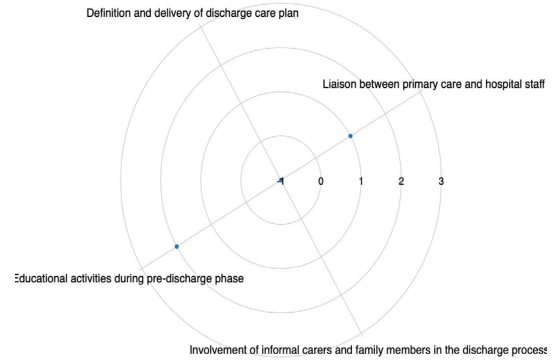
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



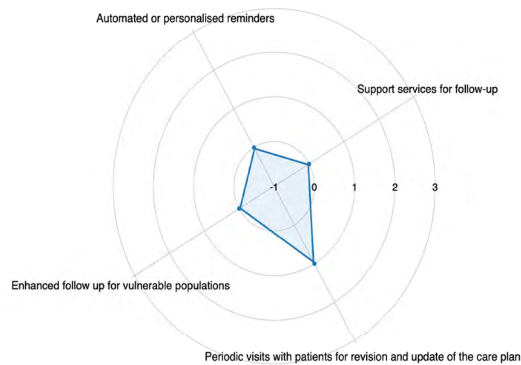
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

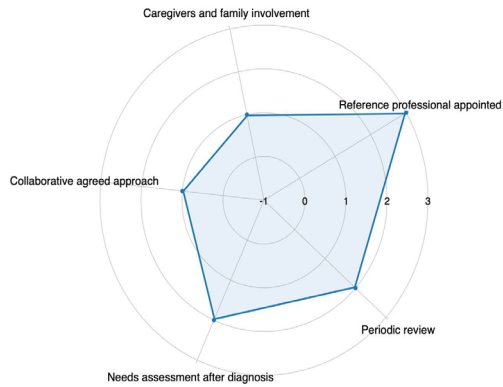
# Integrated care pathways



Romania

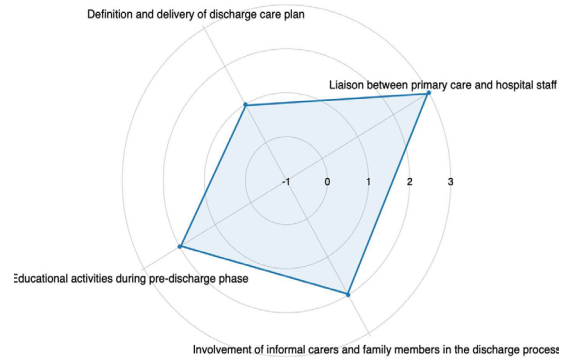
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



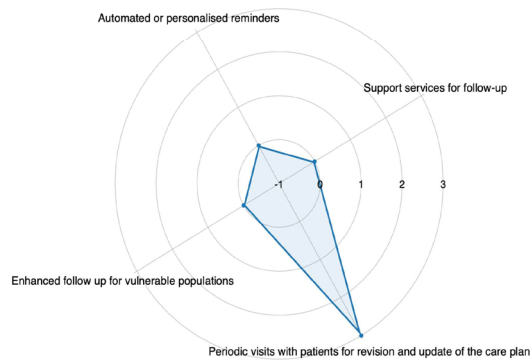
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

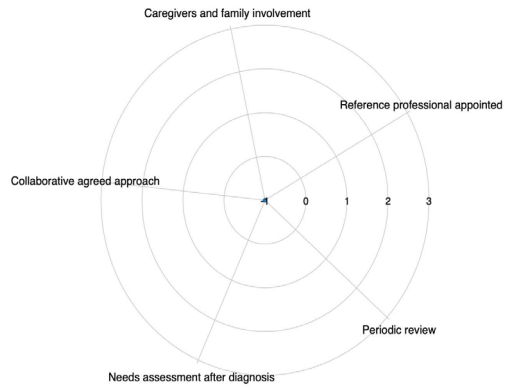
# Integrated care pathways



Slovakia

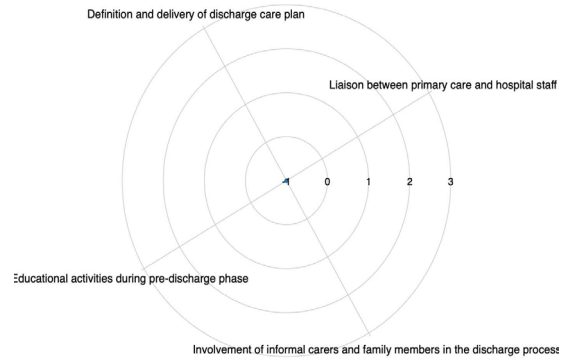
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



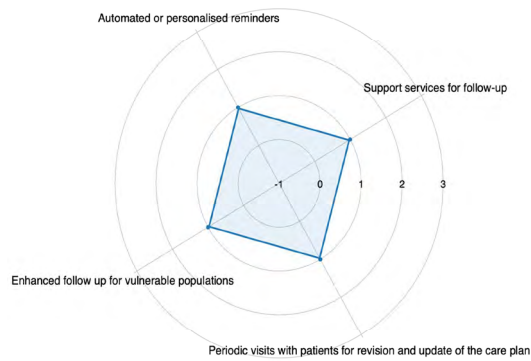
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

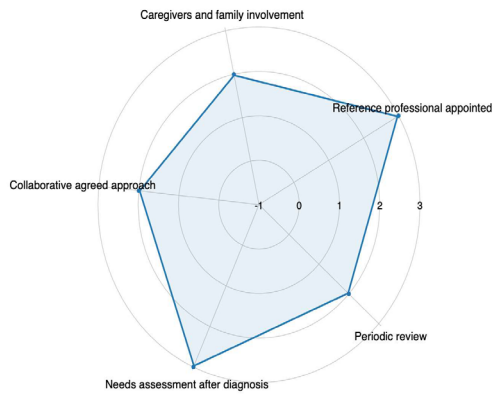
# Integrated care pathways



Slovenia

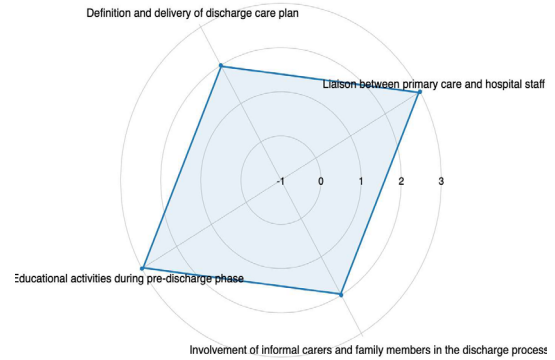
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



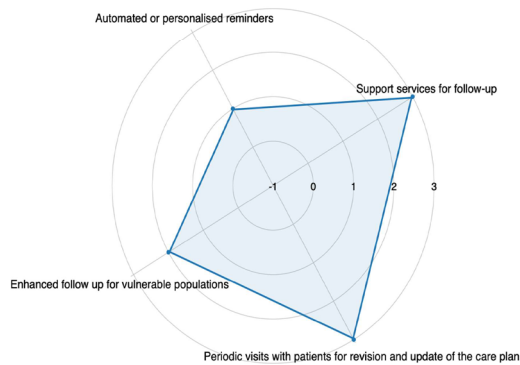
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

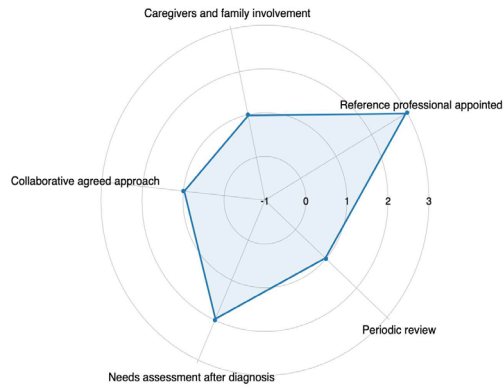
# Integrated care pathways



Slovenia

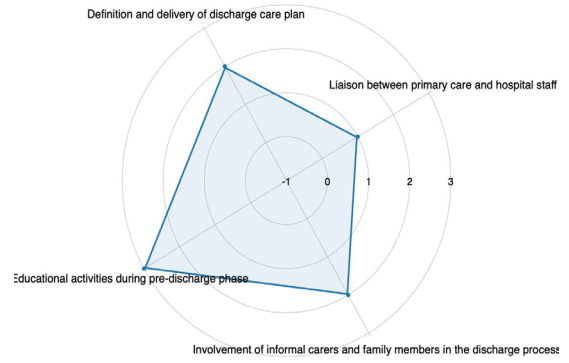
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



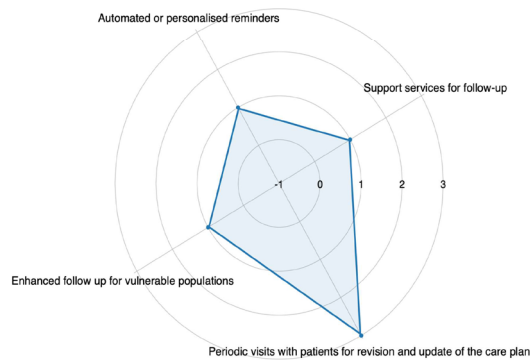
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

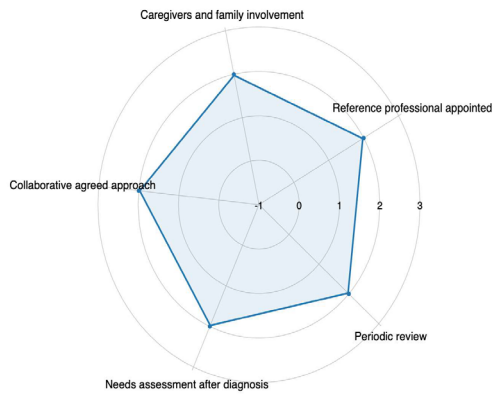
# Integrated care pathways



Spain

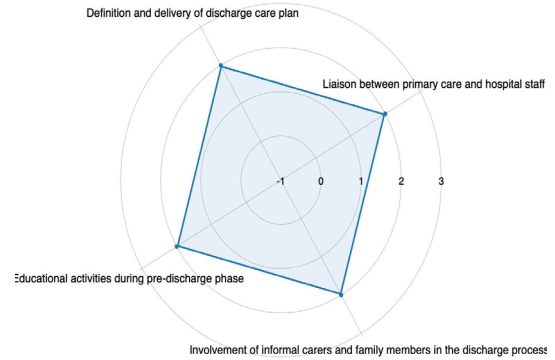
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



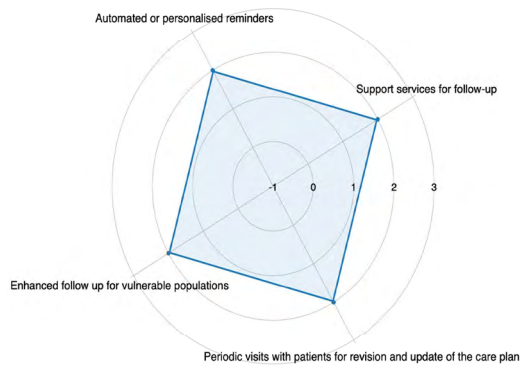
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

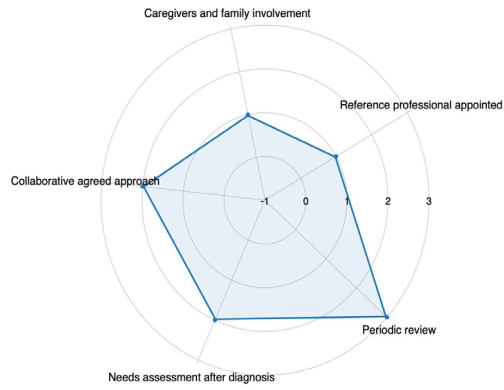
# Integrated care pathways



Spain

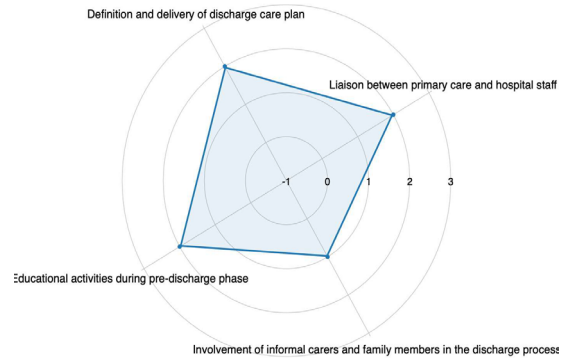
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



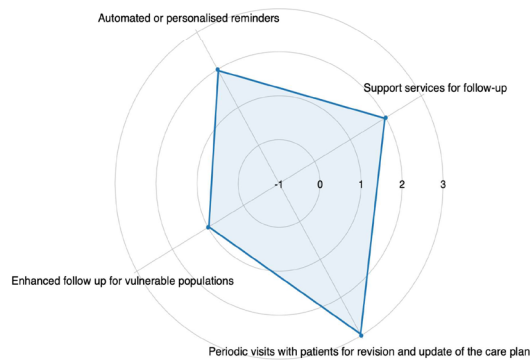
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



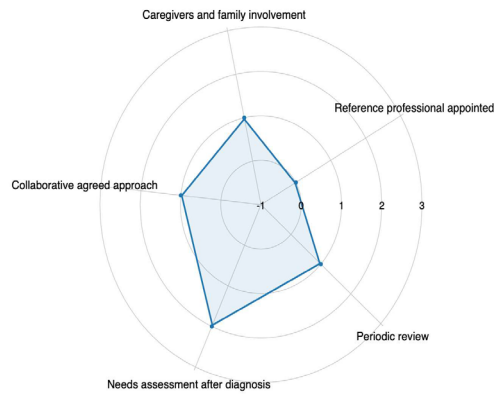
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways

Ukraine

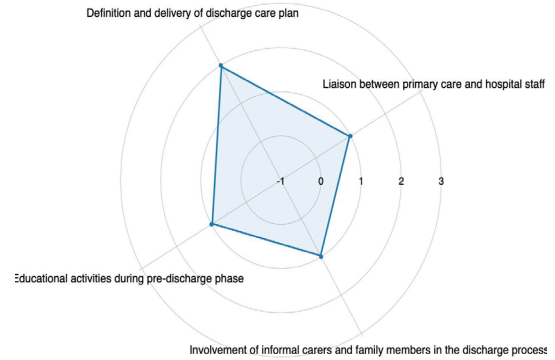
## Cardiovascular Diseases (CVDs)

Level of implementation of activities in the care planning phase



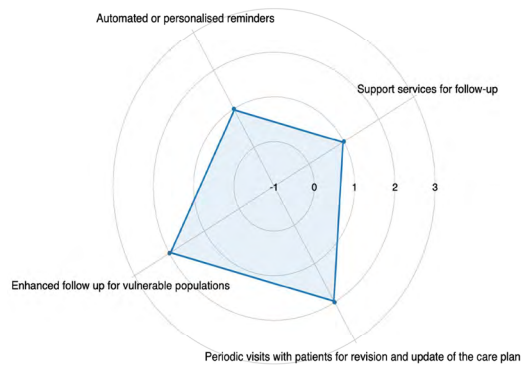
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



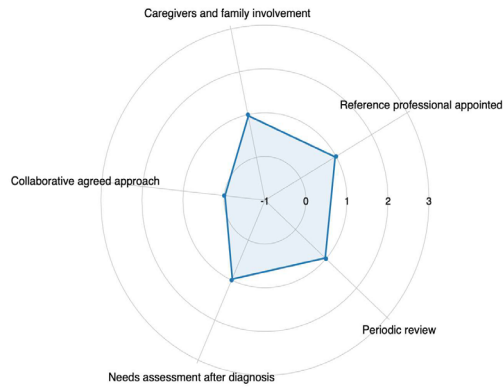
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

# Integrated care pathways

Ukraine

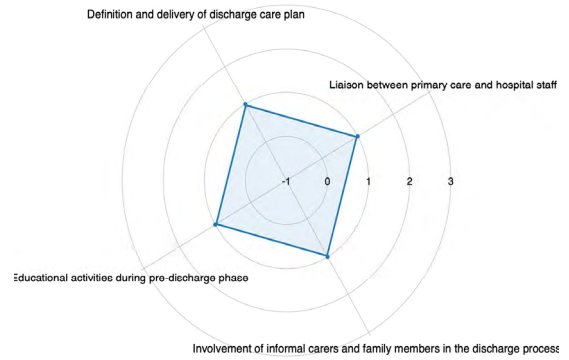
## Diabetes Mellitus (DM)

Level of implementation of activities in the care planning phase



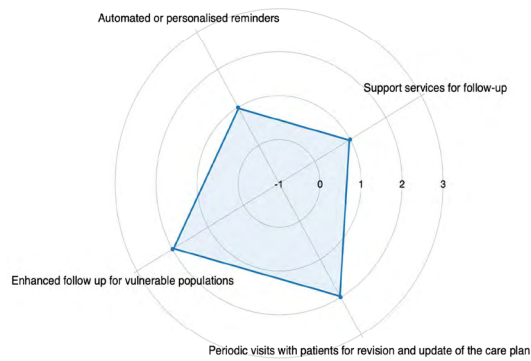
level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the discharge phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information

Level of implementation of activities in the follow-up phase



level of implementation ranges from 0(not implemented) to 3 (fully implemented)  
-1 refers to absence of information



This project has received funding from the EU4Health Programme 2021-2027 under Grant Agreement 101126953. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them.



**Co-funded by  
the European Union**