Involvement of the EaP region in relevant EU projects, programmes and initiatives.

Notably, the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)

December 2020

Context

This document has been developed as part of the EU4Digital project's eHealth stream as a part of activity '5.3: Involve the EaP region in the relevant EU projects, programmes and initiatives, notably the European Innovation Partnership on Active and Healthy Ageing (EIP AHA)'.

This activity was divided into the following sub-activities:

- 5.3.1. "Contribute to the existing EIP on AHA repository with further good innovation practices from the EaP region, as well as other material that the EaP partner countries find useful to share";

- 5.3.2. "Identify potential 'reference sites' in the EaP region, in line with the EIP on AHA model of reference sites and on the topics of the 6 EIP on AHA action groups";

- 5.3.3. "Develop synergies between reference sites in the EaP region and EU reference sites, in the form of European Innovation Partnership (EIP) on Active and Healthy Ageing (AHA) Twinnings";

- 5.3.4. "Evaluation and roadmap update suggestions for EaP region participation in relevant eHealth EU projects, programmes and initiatives".

With the following output:

- R.5.3.1. "Identified good innovation practices in the EaP region";

- R.5.3.2. "Identified 'reference sites' in the EaP region";

- R.5.3.3. "Recommended Twinnings from AHA to be implemented in the EaP region";

- R.5.3.4. "Roadmap and recommendations for EaP region participation in EU projects, programmes and initiatives".

Aim of this activity is to enable the EaP region in addressing the social challenges by involving the EaP region in relevant European programmes, projects and initiatives. Most notably – to help address the challenge of aging population by involving the EaP region in the European Innovation Partnership on Active and Healthy Ageing.

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Document overview and target audience

This document summarizes the work results of the EU4Digital project's team, and the intended target audience of this document are the relevant stakeholders of the EaP countries. The document has been structured and detailed out in order to provide more detailed information on the principles of EIP on AHA, its structure and good practice examples in order to support:

1. EaP country representatives in the eHealth Network and other relevant stakeholders on a national level (e.g. policy makers) in addressing the social challenges via promoting creation of regional ecosystems of innovation hubs.

2. EaP country representatives/relevant stakeholders on a regional level (e.g. hospitals, care organizations, SMEs, etc.) in making informed decision on joining this initiative.

3. EaP country representatives in establishing collaboration initiative based on EIP on AHA principles in the EaP region.

During the preparation of this document, EU4Digital project's team used multiple third-party sources of information (for example, information provided in interviews, questionnaires and assessment forms). EU4Digital project's team assumed that the information provided was accurate and no additional checks of information accuracy were conducted. In case of contradictory information, the most recent and reliable sources were taken into consideration.

This document summarizes current state situation on December 2020.

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Key terms and definitions

Term	Definition
AG	EIP on AHA Action Group.
Best practices	As a document referred to Recommended Template for Best practice presentation.
CPA	Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).
Cross-border eHealth platform	The eHealth collaboration platform is a new channel for regional collaboration between eHealth experts in Eastern partner countries. The platform, supported by EU4Digital, will serve as a collaboration space for professionals of Eastern partner countries in their work on developing common eHealth guidelines and, in the future, services, facilitating international eHealth development and harmonization initiatives in the region.
eHealth	The use of information and communication technologies (ICT) for health.
European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)	An initiative launched by the European Commission to foster innovation and digital transformation in the field of active and healthy ageing.
GPR	Good practice recommendations and follow-up questionnaire for EaP countries' (further – GPR).
Reference Sites	Innovative ecosystems in EIP on AHA program context that have established innovative practice and aim to grow according to the EIP on AHA Quadruple helix model – by involving stakeholders from different sectors, e.g., industry, public authority, civil society, research/academia. A starting-out Reference Site can have one sector involved and commit to involving other sectors later.
The Eastern Partnership (EaP)	A joint initiative of the European External Action Service of the European Union together with EU, its Member States, and six Eastern European Partners governing its relationship with the post-Soviet states of Armenia, Azerbaijan, Belarus, Georgia, Moldova, and Ukraine.
Twinning	Knowledge exchange scheme in EIP on AHA context between Reference Sites where one site acts as the originator and the other as adaptor – looking to adopt the originator site's practice.

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1. Executive summary

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Results achieved
Executive summary

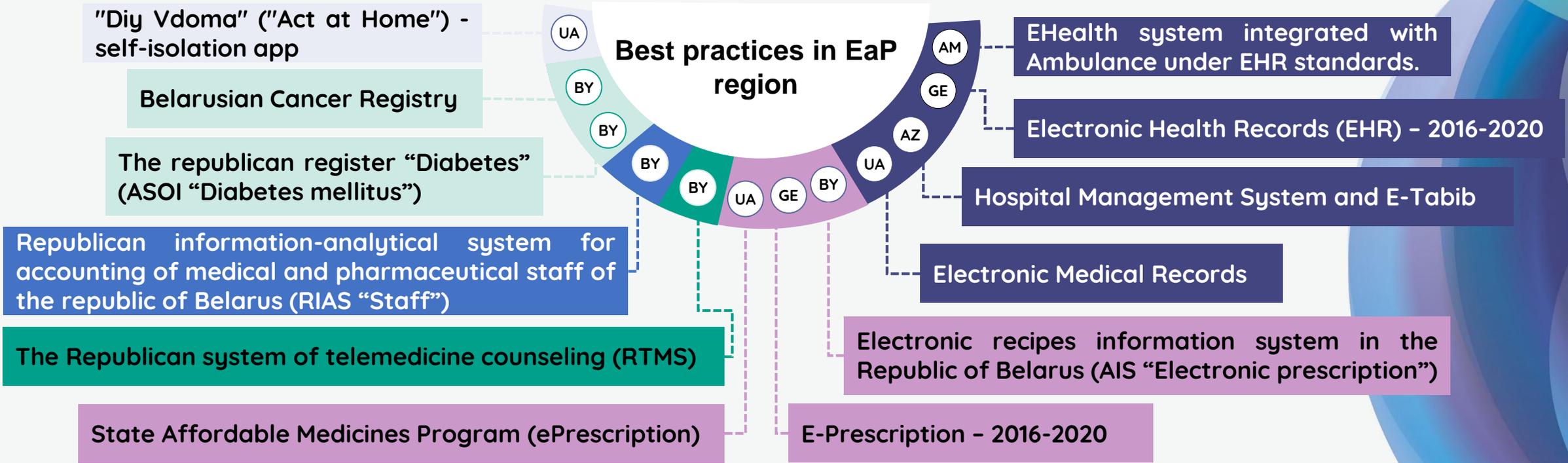| No.	Category	Result
	Country inputs	
1.	Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA):	**6 countries submitted**
2.	Good practice recommendations and follow up questionnaire for EaP countries:	**6 countries submitted**
3.	Recommended template for best practice presentation:	**5 countries submitted**
4.	Network meetings with material presentation to country representatives:	**3 Network meetings**
	Key deliverables	
1.	Good practices identified in EaP countries:	**12**
2.	Good practices published in EIP on AHA repository:	**2**
3.	Potential Reference Sites identified in EaP countries:	**8**
4.	Reference Sites awarded from EaP countries in EIP on AHA*:	**1**
5.	Potential Twinnings identified EaP to EU practices (EIP on AHA):	**8**
6.	Potential Twinnings identified intra-EaP:	**13**
7.	Roadmap to participation in EIP on AHA:	**See chapter 7**

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* Candidate Reference Site or Reference Site status achieved during activity.

Best innovation practices identified in EaP region*
Executive summary

The best innovation practices can be grouped in 6 overarching topics in eHealth area.

"Diy Vdoma" ("Act at Home") - self-isolation app — UA

Belarusian Cancer Registry — BY

The republican register "Diabetes" (ASOI "Diabetes mellitus") — BY

Republican information-analytical system for accounting of medical and pharmaceutical staff of the republic of Belarus (RIAS "Staff") — BY

The Republican system of telemedicine counseling (RTMS) — BY

State Affordable Medicines Program (ePrescription) — BY

Best practices in EaP region

EHealth system integrated with Ambulance under EHR standards. — AM

Electronic Health Records (EHR) – 2016-2020 — GE

Hospital Management System and E-Tabib — AZ

Electronic Medical Records — UA

Electronic recipes information system in the Republic of Belarus (AIS "Electronic prescription") — BY

E-Prescription – 2016-2020 — GE / UA

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Topics:

- eHealth systems
- ePrescription
- Telemedicine
- Analytical systems
- Data Registers
- Patient apps

* "Recommended template for Best Practice presentation" filled and submitted

Potential Reference Sites identified in EaP region
Executive summary

| No.	Potential Reference Site (state, ministry or institution)
1.	National eHealth operator, Closed Joint-Stock Company (CJSC), Yerevan, Armenia
2.	State Agency on Mandatory Health Insurance, Azerbaijan
3.	The Republican Scientific and Practical Center of Medical Technologies, Informatization, Management and Economics of Public Health (RSPC MT), Belarus
4.	State Institution "Republican Scientific and Practical Center of Oncology and Medical Radiology named after NN Alexandrov", Belarus
5.	Ministry of IDPs from Occupied Territories, Labor, Health and Social Affairs of Georgia, Georgia
6.	Moldova
7.	Ministry of digital transformation of Ukraine, Ukraine
8.	The National Health Service of Ukraine (NHSU)

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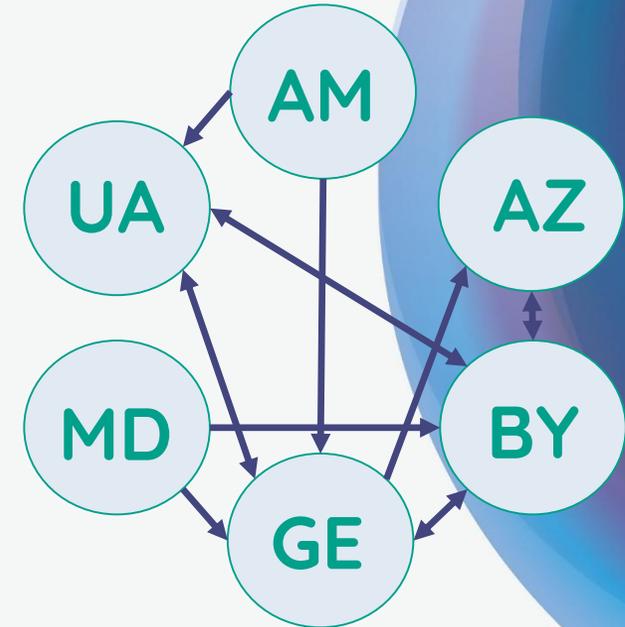
Executive summary
Potential Twinnings identified

Potential Twinnings identified between EaP countries to recommended practices from EIP on AHA best innovative practice repository and potential Twinnings between EaP countries based on EaP country shared best practices and identified interests.

EaP to EIP on AHA practices Twinning grid:

→	Interest from country to practice.
↔	Mutual interest between practice owner countries.
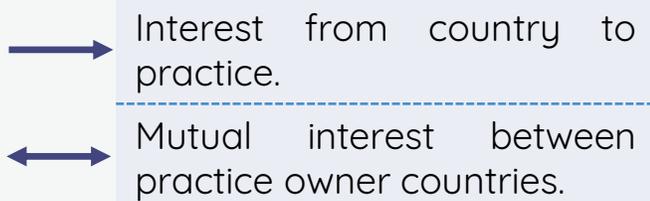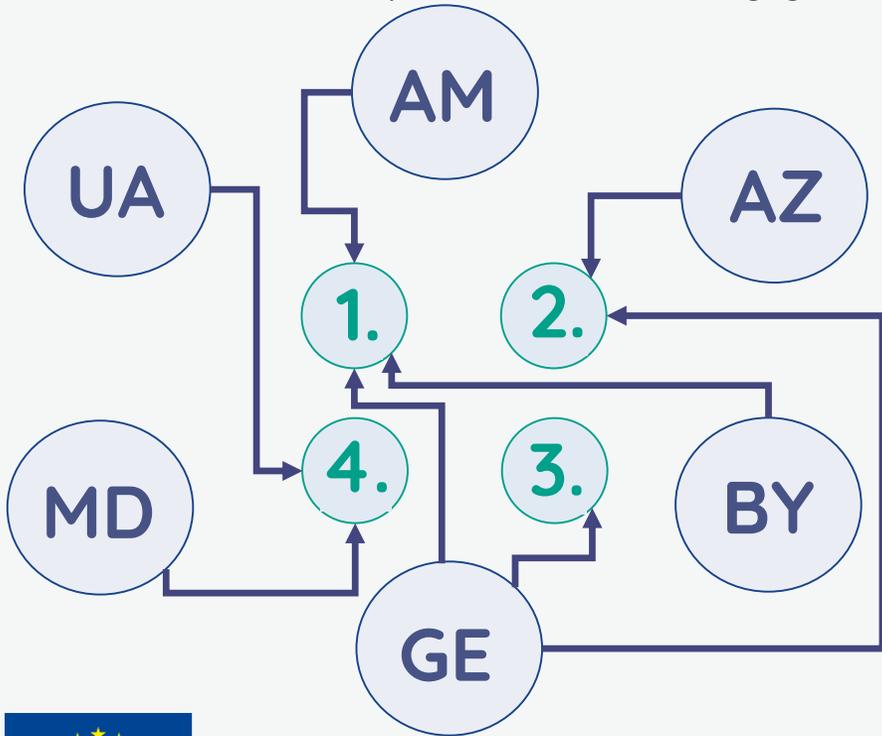
No.	Twinning practice from EIP on AHA repository
1.	IANUS – electronic medical record system.
2.	Attend Anywhere - health consultations online
3.	Telemedicine for real life integrated care in chronic patients.
4.	Interoperability between social and health information systems.

Intra-EaP Twinning grid:

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Suggested activity highlights
Executive summary

Highlights from the activities mapped in Involvement roadmap in EIP on AHA* and suggested activities:

► Good practices identified in EaP countries – 2 practices submitted to EIP on AHA repository of innovative practices (*Activity 7 in Involvement roadmap in EIP on AHA and suggested activities*)

[Practice link to EIP on AHA repository of practices](#)	**Electronic Health Records (EHR) – 2016-2020, Georgia**
[Practice link to EIP on AHA repository of practices](#)	**E-Prescription – 2016-2020, Georgia**

► All countries have participated in eHealth network meetings and workshops (*Activity 9 in Involvement roadmap in EIP on AHA and suggested activities*)

► AZ and GE participated in Information and Q&A Call for Reference Sites organized by Funka for EIP on AHA (*Activity 9 in Involvement roadmap in EIP on AHA and suggested activities*)

► Candidate Reference site status awarded to a site in Georgia (*Activity 13 in Involvement roadmap in EIP on AHA and suggested activities*)

Awarded in the Extended 3rd Call for Reference Sites

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* Detailed Involvement roadmap in EIP on AHA and suggested activities in chapter 7 .

2. Country profiles

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Armenia
Country profiles

No.	Category	Result
	Country inputs	
1.	Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA):	**Submitted**
2.	Good practice recommendations and follow up questionnaire for EaP countries:	**Submitted**
	Key achievements	
1.	Good practices identified in Armenia:	**1**
2.	Potential Reference Sites identified in Armenia:	**1**
3.	Potential Twinnings identified EaP to EU practices (EIP on AHA):	**1**
4.	Potential Twinnings identified intra-EaP:	**2**
5.	Recommended EIP on AHA Action Groups:	**A1; A2; A3; B3; C2; D4**

Identification of Armenia eHealth innovation interests and priorities – highest potential pursuit of eHealth innovation in **data analytics for predictive risk stratification.**

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Azerbaijan
Country profiles

No.	Category	Result
	Country inputs	
1.	Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA):	**Submitted**
2.	Good practice recommendations and follow up questionnaire for EaP countries:	**Submitted**
	Key achievements	
1.	Good practices identified in Azerbaijan:	**1**
2.	Potential Reference Sites identified in Azerbaijan:	**1**
3.	Potential Twinnings identified EaP to EU practices (EIP on AHA):	**1**
4.	Potential Twinnings identified intra-EaP:	**1**
5.	Recommended EIP on AHA Action Groups:	**A1; B3**

Identification of Azerbaijan eHealth innovation interests and priorities – highest potential pursuit of eHealth innovation in **digital solutions for connected health.**

Belarus
Country profiles

No.	Category	Result
	Country inputs	
1.	Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA):	**Submitted**
2.	Good practice recommendations and follow up questionnaire for EaP countries:	**Submitted**
	Key achievements	
1.	Good practices identified in Belarus:	**5**
2.	Potential Reference Sites identified in Belarus:	**2**
3.	Potential Twinnings identified EaP to EU practices (EIP on AHA):	**1**
4.	Potential Twinnings identified intra-EaP:	**3**
5.	Recommended EIP on AHA Action Groups:	**A1; A2**

Identification of Belarus eHealth innovation interests and priorities – highest potential pursuit of eHealth innovation in **digital solutions for connected health.**

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Georgia
Country profiles

No.	Category	Result
	Country inputs	
1.	Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA):	**Submitted**
2.	Good practice recommendations and follow up questionnaire for EaP countries:	**Submitted**
	Key achievements	
1.	Good practices identified in Georgia:	**2**
2.	Good practices published in EIP on AHA repository:	**2**
3.	Potential Reference Sites identified in Georgia:	**1**
4.	Reference Sites awarded:	**1**
5.	Potential Twinnings identified EaP to EU practices (EIP on AHA):	**3**
6.	Potential Twinnings identified intra-EaP:	**3**
7.	Recommended EIP on AHA Action Groups:	**A1; B3; C2; D4**

Identification of Georgia eHealth innovation interests and priorities – highest potential pursuit of eHealth innovation in **digital solutions for connected health.**

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Moldova
Country profiles

No.	Category	Result
	Country inputs	
1.	Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA):	**Submitted**
2.	Good practice recommendations and follow up questionnaire for EaP countries:	**Submitted**
	Key achievements	
1.	Potential Reference Sites identified in Moldova:	**1**
2.	Potential Twinnings identified EaP to EU practices (EIP on AHA):	**1**
3.	Potential Twinnings identified intra-EaP:	**2**
4.	Recommended EIP on AHA Action Groups:	**A1; B3**

Identification of Moldova eHealth innovation interests and priorities – highest potential pursuit of eHealth innovation in **proactive prevention through empowerment, self-management, monitoring and coaching and digital solutions for connected health.**

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Ukraine
Country profiles

No.	Category	Result
	Country inputs	
1.	Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA):	**Submitted**
2.	Good practice recommendations and follow up questionnaire for EaP countries:	**Submitted**
	Key achievements	
1.	Good practices identified in Ukraine:	**3**
2.	Potential Reference Sites identified in Ukraine:	**2**
3.	Potential Twinnings identified EaP to EU practices (EIP on AHA):	**1**
4.	Potential Twinnings identified intra-EaP:	**2**
5.	Recommended EIP on AHA Action Groups:	**B3**

Identification of Ukraine eHealth innovation interests and priorities – highest potential pursuit of eHealth innovation in **proactive prevention through empowerment, self-management, monitoring and coaching and digital solutions for connected health.**

3. Analysis overview

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Main analysis materials, achievements and outputs
Analysis overview

! Based on priority topic areas in EIP on AHA 'Evolution of the Blueprint on Digital Transformation of Health and Care for the Ageing Society' the 'Assessment of Priorities and Needs of Potential Reference Sites in Eastern Partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)' (further – CPA) was developed for the countries and from which initial Blueprint priorities were derived and a recommendations package developed. The recommendations package was further expanded on through the 'Good practice recommendations and follow-up questionnaire for EaP countries' (further – GPR) and 'Recommended Template for Best practice presentation' (further – Best practices).

CPA achievements :

► Vital in assessing country:
  ► Priorities in eHealth innovation
  ► Interests in eHealth innovation
► Identification of shareable contribution interests and preliminary shareable practices in EaP
► Output – GPR and Best practices

GPR achievements:

► Improvement of country priorities and interests
► Output:
  ► EaP to EU Twinning recommendations
  ► Action Group recommendations

Best practices achievements:

► Output:
  ► Identified Best practices
  ► Identified Reference Sites
  ► EaP to EaP Twinning recommendations

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Blueprint Priority Topicality Among the EaP countries based on CPA assessment
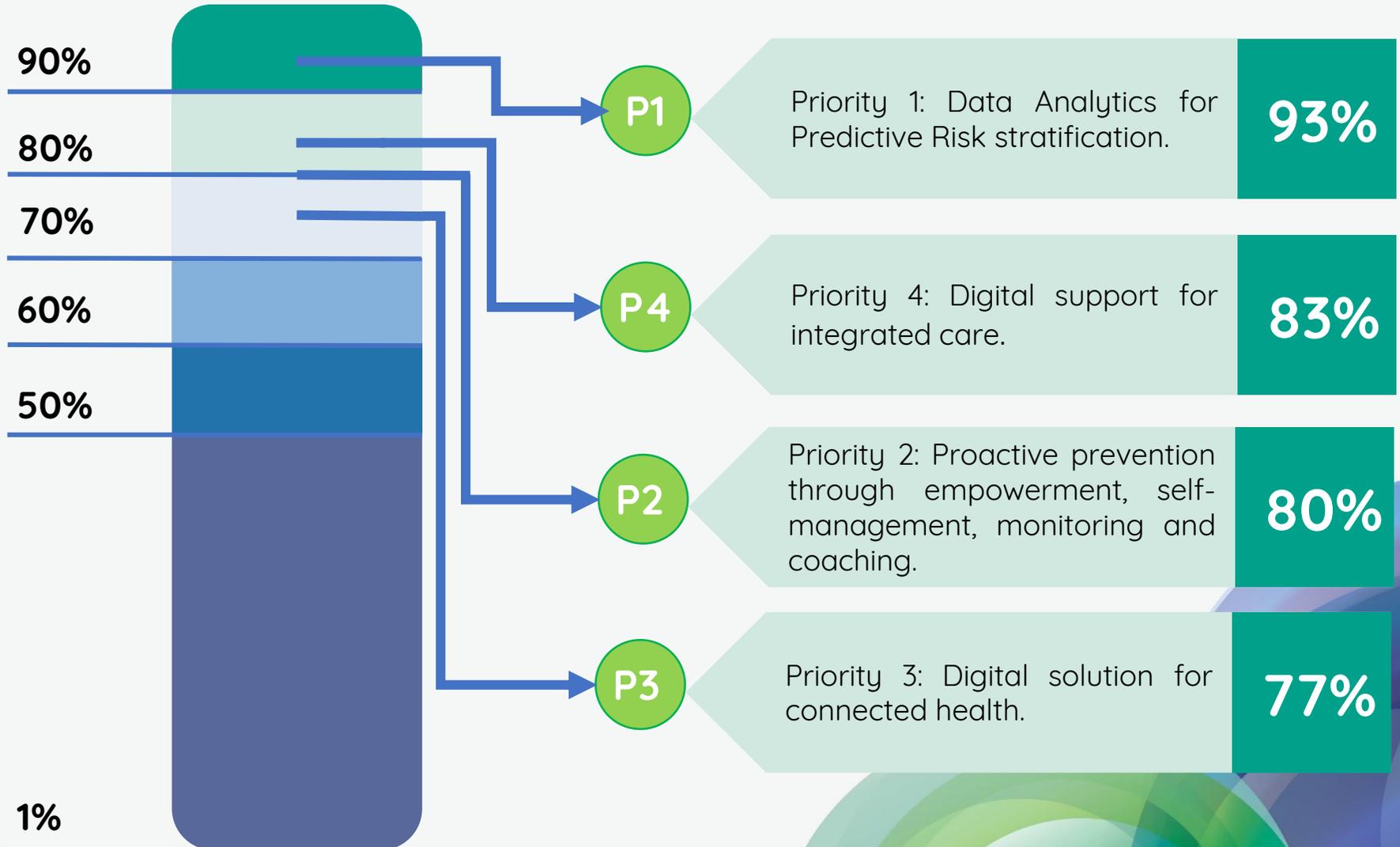
Analysis overview

Topicality rating is based on interest level assessment data indicated in the CPA through which the initial package of recommended practices was devised

High interest indicated in all priority topics and subtopics.

90%
80%
70%
60%
50%
1%

P1 — Priority 1: Data Analytics for Predictive Risk stratification. **93%**

P4 — Priority 4: Digital support for integrated care. **83%**

P2 — Priority 2: Proactive prevention through empowerment, self-management, monitoring and coaching. **80%**

P3 — Priority 3: Digital solution for connected health. **77%**

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Blueprint priority topicality among the EaP countries comparison
Analysis overview

Based on CPA:

Based on GPR:
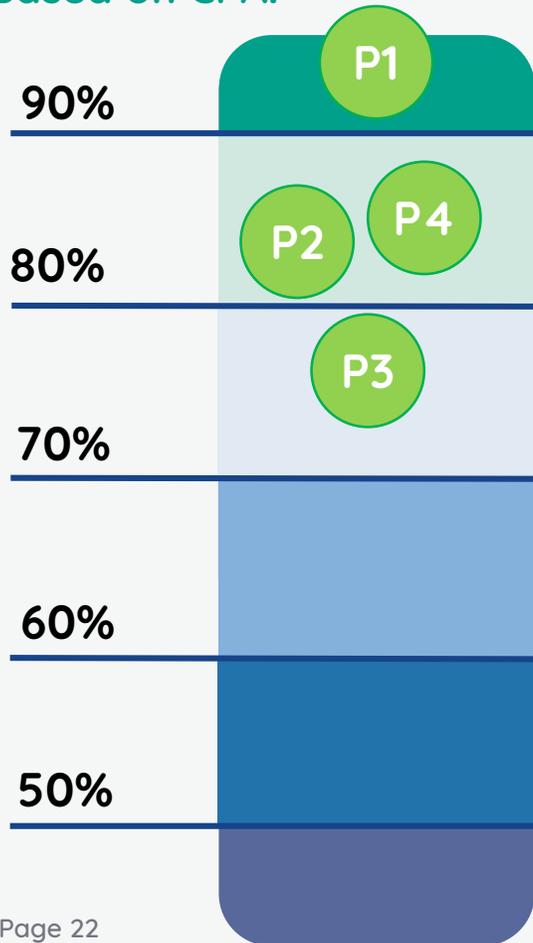
93%	P1: Data Analytics for Predictive Risk stratification.	**49%**
80%	P2: Proactive prevention through empowerment, self-management, monitoring and coaching.	**59%**
77%	P3: Digital solution for connected health.	**68%**
83%	P4: Digital support for integrated care.	**52%**

CPA scale: P1 (90%), P2/P4 (80%), P3 (70%)

GPR scale: P3 (60%), P2/P4 (50%), P1 (50%)
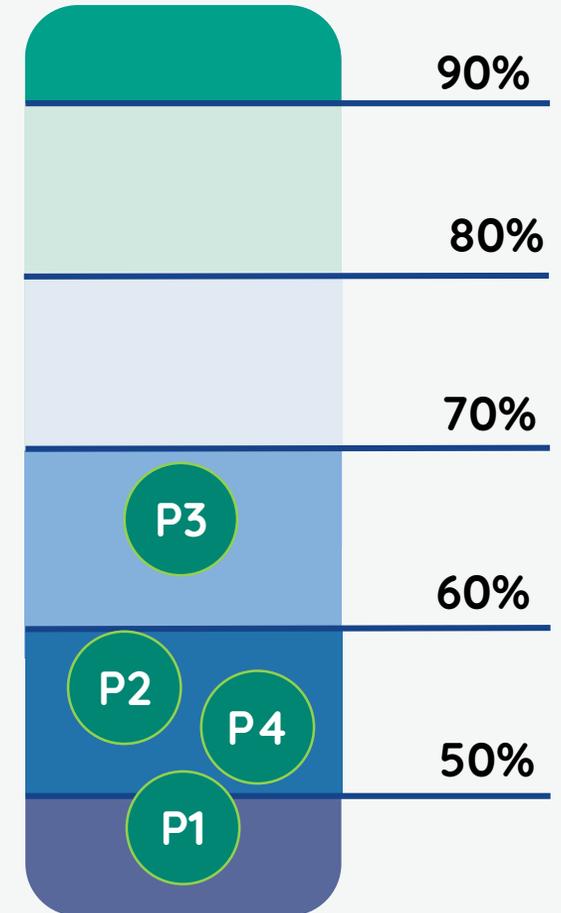
EIP on AHA – Action Groups
Analysis overview

Action Groups are decentralized hubs that bring together a wide range of interested parties to promote active and healthy ageing through ICT technologies.

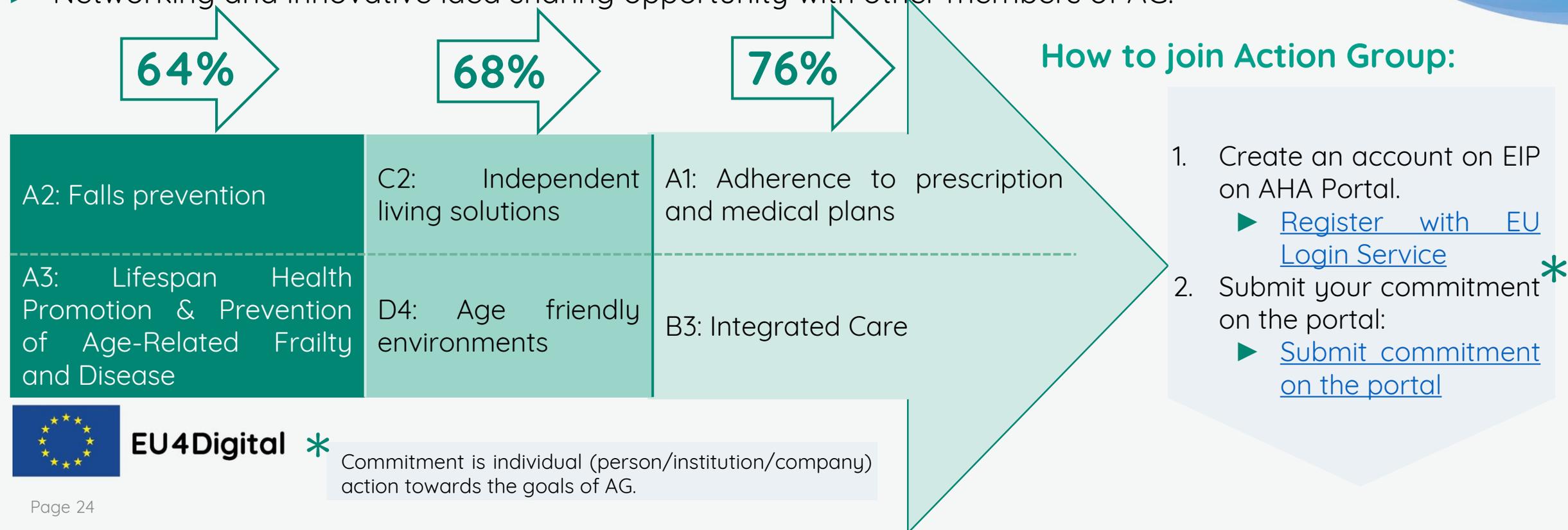| Action Group	Description
A1 Adherence to prescription	Adherence to medication is key point in improving quality of life for patients and avoiding unnecessary hospitalizations. A1 principles include advocacy on adherence, management of adherence and prevention, big data analysis, use of interdisciplinary role of health care professionals and use of ICT methods and tools.
A2 Falls prevention	A2 emphasizes the need to prevent falls with the goal of improving personal health management through facilitation of verified programmes and good practices that would perform early diagnosis and implement preventative measures.
A3 Lifespan Health Promotion	A3 uses comprehensive approach to tackle frailty and prevent age-related illnesses through e.g. food and nutrition, physical activity, frailty and functional decline, cognitive functions, caregivers.
B3 Integrated care	B3 objectives are long term sustainability of health and social care systems through e.g. technical innovation, patient and citizen engagement, person centred-care delivery and capacity building.
C2 Independent living solutions	C2 activities work towards development of interoperable independent living solutions which includes business models and digital safety with emphasis on personalized solutions.
D4 Age friendly environments	D4 focus is on innovation regarding age friendly buildings, cities and environments through e.g. leveraging added value of multiple perspectives in development and construction of smart, healthy, age-friendly environments, keeping elderly involved in society and study on significance of age-friendly tourism.

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Action Group topicality among the EaP countries
Analysis overview

Benefits to joining an Action Group:

▶ Action Groups (AGs) are communities driven towards solving specific issues, and participation in synergy projects offers the chance to tackle complex issues from several perspectives.

▶ Less intensive application process than Candidate Reference Site application.

▶ Networking and innovative idea sharing opportunity with other members of AG.

64% **68%** **76%**

A2: Falls prevention	C2: Independent living solutions	A1: Adherence to prescription and medical plans
A3: Lifespan Health Promotion & Prevention of Age-Related Frailty and Disease	D4: Age friendly environments	B3: Integrated Care

How to join Action Group:

1. Create an account on EIP on AHA Portal.
   ▶ Register with EU Login Service
2. Submit your commitment on the portal: *
   ▶ Submit commitment on the portal

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* Commitment is individual (person/institution/company) action towards the goals of AG.

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Thematic eHealth interests in EaP region

Analysis overview

High interest expressed for non-digital solutions. Top interest areas:
- ► Pro-active prevention programs
- ► Patient self-management programs
- ► Digital literacy improvement programs

Highest level of interest for digital solutions in:
- ► Data analytics
- ► Health data standardization

High level of interest for digital solutions in:
- ► Service integration across several lines
- ► Patient-centered care
- ► Connected services for chronic care management
- ► Remote treatment and follow-up
- ► Technical interoperability standards
- ► Horizontal and vertical service integration

Thematic interests were derived from Blueprint priority topics!

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Recommended practice ratings highlight interest in pro-active prevention and digital solutions for connected health

Analysis overview

Level of Interest (y-axis: HIGH, MEDIUM, LOW)
Consensus among EaP countries (x-axis: LOW, MEDIUM, HIGH)
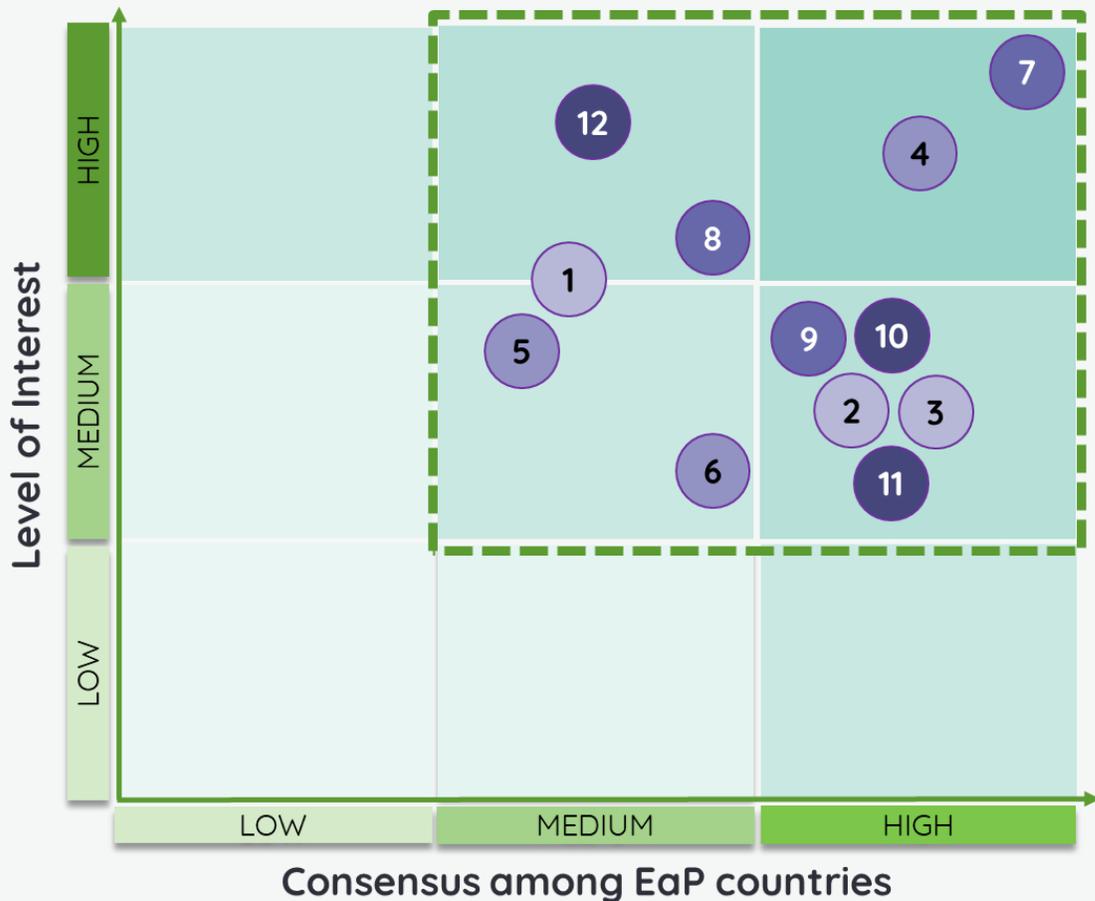
Color and symbol mapping:

P1: Data Analytics for Predictive Risk stratification.

P2: Proactive prevention through empowerment, self-management, monitoring and coaching.

P3: Digital solution for connected health.

P4: Digital support for integrated care.

Level of Interest:

LOW	Majority rating "1"
MEDIUM	Majority rating "2-3"
HIGH	Majority rating "4-5"

Consensus among EaP Countries:

LOW	1 country
MEDIUM	2 to 3 countries
HIGH	4 to 5 countries

1. A telemedicine-based intervention study involving real-time and anywhere transmission of blood glucose data to a Decision Supported Software-assisted server.

2. Baseline Assessment of Frailty application.

3. FrailSurvey - a mobile phone app for self-assessment of the frailty status among community-dwelling older people.

4. Interoperability between social and health information systems.

5. AppSam - professional and social support in dementia.

6. Automated Audio Data Monitoring for a Social Robot in Ambient Assisted Living Environments.

7. Attend Anywhere - health consultations online.

8. Telemedicine for real life integrated care in chronic patients.

9. Game based Neurological Tele-Rehabilitation.

10. Carealia - ICT based dementia care.

11. MASK (Mobile Airways Sentinel Network).

12. IANUS – electronic medical record system.

# 4. Identified good practices (R.5.3.1.)

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Armenia
Identified good practices

EHealth system integrated with Ambulance under EHR standards.

EHealth system integrated with Ambulance under EHR standards.
Founded a new reserve server of data with proper technical parameters.
Improved technical opportunities for system to become more high - performanced and user-friendly.
Already trained about 2000 physicians: therapists, pediatrics, family doctors, gynecologists and is an ongoing process.
Local physicians are given 2420 computers by Ministry of Health.
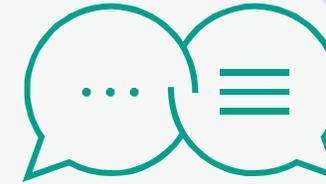
- **Geographical scope: Armenia**
- **Location:** Yerevan
- **Stakeholders concerned:**
- **Investment per citizen:**
- **Time for deployment:**

- **Practice organization**
  - https://www.armed.am/am/auth/loginnew
  - **Status:** (on-going)
- **Contact information**
  - Contact person regarding the practice
  - Contact e-mail
  - Practice website if applicable

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Azerbaijan
Identified good practices

Hospital Management System and E-Tabib

- What is HMS (E-Tabib)? It is an electronic health data recorder and hospital management system both combined under one unique web-platform.
- HMS gathers health data existing in various ICT systems and other necessary data for hospital management under one platform, receiving them from relevant ministries and agencies through web services. These include the Ministry of Health, the Ministry of Internal Affairs, the Ministry of Education and the State Migration Service. Even though the platform is aimed to be regional in nature, there has been established the local versions for internal hospitals in each region for exclusive use by health care providers. Data collected from throughout the hospitals is unified in the MSS (Milli Sağlamlıq Sistemi – National Health System) allowing doctors to track the patient's past medical history from HMS platform or other ICT software currently in use, immediately. The NHS is integrated with public and private hospitals, pharmacies and healthcare institutions and maintained regularly.
- The e-tabib platform is equipped with all the modules needed in hospital management (registration, HR, laboratory and accounting modules).

- **Geographical scope:** regional
- **Location:** Azerbaijan
- **Stakeholders concerned**: State Agency on Mandatory Health Insurance, The Administration of the Regional Medical Divisions, health workers, public and private hospitals, ministries and pharmacies.
- **Investment per citizen:**
- **Time for deployment:** 1-3 years
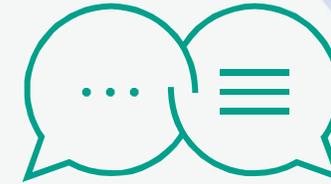
- **Practice organization**
  - State Agency on Mandatory Health Insurance
  - **Status:** on-going
- **Contact information**
  - For further details: Misirkhan Sadigzadeh (The Head of Business Analysts and IT Projects Department)
  - msadigzadeh@its.gov.az
  - Sharing website is not applicable

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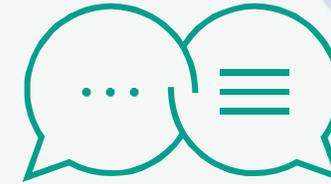# Belarus
Identified good practices

Electronic recipes information system in the Republic of Belarus (AIS "Electronic prescription")

The information system of electronic recipes is being implemented as the next stage of both development of a system of eHealth care in the Republic of Belarus and the transition of all healthcare business processes into the electronic form.

The system has been operating in the country since August 2015 and currently covers almost all healthcare organizations and pharmaceutical networks. At least 90% of doctors currently have the ability to issue prescriptions in the electronic form.

Implementation of the system is aimed at improving of medicament treatment process, reducing its costs and increasing patient convenience.

- **Geographical scope:** National
- **Location:** Healthcare organizations of the Republic of Belarus
- **Stakeholders concerned:** Healthcare workers
- **Investment per citizen:** 100-1000 € per citizen/patient
- **Time for deployment:** >3 years

- **Practice organization**
  - The Republican Scientific and Practical Center of Medical Technologies, Informatization, Management and Economics of Public Health (RSPC MT)
  - **Status:** completed

- **Contact information**
  - Shaban Inna
  - shaban@belcmt.by
  - http://belcmt.by/en/sanitation/ais-elektronnyj-recept
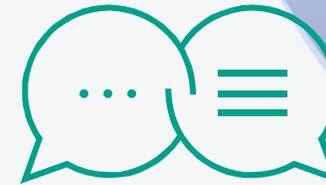
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Belarus
Identified good practices

The Republican system of telemedicine counseling (RTMS)

The republican system of telemedicine counseling (RTMS) has been operating in the Republic of Belarus since 2015.
The system provides the opportunity to advise specialists from both central and peripheral healthcare organizations during medical treatment process.
It provides the transmission of standardized medical information through cryptograhically protected communication channels.

- **Geographical scope:** National
- **Location:** Healthcare organizations of the Republic of Belarus
- **Stakeholders concerned:** Healthcare workers
- **Investment per citizen:** 100-1000 € per citizen/patient
- **Time for deployment:** 1-3 years

- **Practice organization**
  - The Republican Scientific and Practical Center of Medical Technologies, Informatization, Management and Economics of Public Health (RSPC MT)
  - **Status:** completed

- **Contact information**
  - Shaban Inna
  - shaban@belcmt.by
  - http://belcmt.by/en/activity-of-the-center/informatizacija-zdravoohranenija/informacija-o-sisteme

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Belarus
## Identified good practices

Republican information-analytical system for accounting of medical and pharmaceutical staff of the republic of Belarus (RIAS "Staff")

RIAS "Staff" is intended for recording and processing information of medical and pharmaceutical staff in the Republic of Belarus, healthcare organizations personnel management, forecasting the need for medical and pharmaceutical personnel and planning admission to medical educational institutions .

Objectives of the RIAS "Staff" are as following:
– nationwide process automation for creating and maintaining information about each employee;
– automation of the employee data transferring to the central server;
– creation and maintenance of a unified republican database of medical and pharmaceutical personnel;
– preparation of generalized statistical information;
– preparation of analytical information.

- **Geographical scope:** National
- **Location:** Healthcare organizations of the Republic of Belarus
- **Stakeholders concerned:** Healthcare workers
- **Investment per citizen:** 100-1000 € per citizen/patient;
- **Time for deployment:** 1-3 years

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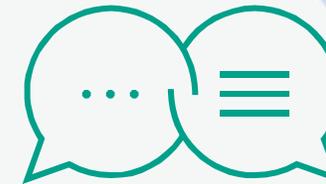
- **Practice organization**
  - The Republican Scientific and Practical Center of Medical Technologies, Informatization, Management and Economics of Public Health (RSPC MT)

  - **Status:** completed

- **Contact information**
  - Sukhanova Larisa

  - lsuhanova@belcmt.by

 - http://belcmt.by/en/activity-of-the-center/informatizacija-zdravoohranenija/rias-staff

Belarus
Identified good practices

The republican register "Diabetes" (ASOI "Diabetes mellitus")

The republican register "Diabetes Mellitus" (register) contains information on patients with confirmed diabetes diagnosis on a population-based level. The register contains information about this category of the Republic of Belarus citizens registered in medical institutions.

Information in the register database is updating on a quarterly basis with the new diabetes cases, removal from the register cases, diabetes complications and their stages cases, changes in antidiabetic therapy cases and results of laboratory examinations.

- **Geographical scope:** National
- **Location:** Healthcare organizations of the Republic of Belarus
- **Stakeholders concerned:** Healthcare workers
- **Investment per citizen:** 100-1000 € per citizen/patient;
- **Time for deployment:** 1-3 years
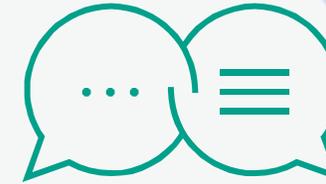
- **Practice organization**
  - The Republican Scientific and Practical Center of Medical Technologies, Informatization, Management and Economics of Public Health (RSPC MT)
  - **Status:** completed
- **Contact information**
  - Shcherbina Olga
  - osherbina@belcmt.by
  - http://belcmt.by/en/developments-of-the-center/asoi-diabetes-mellitus

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Belarus
Identified good practices

Belarusian Cancer Registry

The Belarusian Cancer Register (BCR) is the most comprehensive information resource for data on new and previously registered cancer cases in the country. The register has been operating since 1972 on the basis of international principles for data collection, controlling and processing and being a part of the European Network of Cancer Registers.

All cases of malignant tumors (carcinoma and sarcoma), as well as malignant neoplasms of the hematopoietic and lymphatic tissues (leukemia, lymphoma, multiple myeloma, and fungoid mycosis) are recorded in the BCR. Cases of malignant neoplasms in situ are recorded for various localizations, but are not included while calculating general figures of malignant neoplasms incidence.

Since 1999 (in Minsk since 1997) the 10th Revision of the International Classification of Diseases (ICD-10) has been used to code the diagnosis of malignant neoplasms. For coding the morphological forms of malignant neoplasms, the morphological section of the 2nd edition of the International Classification of Oncological Diseases (ICD-O-2) is used. Since 2004, codes D00-D09 (according to the ICD-10 classification) are used for coding of in situ cancer.

- **Geographical scope:** National
- **Location:** Healthcare organizations of the Republic of Belarus
- **Stakeholders concerned:** Healthcare workers
- **Investment per citizen:** 100-1000 € per citizen/patient;
- **Time for deployment:** >3 years
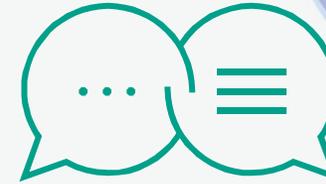
- **Practice organization**
  - State Institution "Republican Scientific and Practical Center of Oncology and Medical Radiology named after NN Alexandrov"
  - **Status:** completed

- **Contact information**
  - Levin Leonid
  - LLevin@omr.med.BY
 - https://omr.by/o-nas/otdeleniya/vse-otdelenya/otdelenie-kantser-registra

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Georgia
Identified good practices

E-Prescription – 2016-2020

✓ **Doctors -** easily and comfortably prescribe drugs electronically

✓ **Pharmacies -** check prescriptions electronically and make sales with accuracy

✓ **Patients -** can electronically check prescribed drugs and control validity of their prescriptions

✓ **Ministry –** has accurate statistics about drug consumption, especially antibiotics and information about sales of drugs

- Implementation started in 2018;
- It is mandatory for every in-patient facility in the capital, but doctors outside Tbilisi are also successfully using e-prescription;
- The system is planned to be implemented throughout the country in the following year

- **Geographical scope:** National
- **Location:** Georgia
- **Stakeholders concerned:** Citizens
- **Investment per citizen for project**: $36.2 USD
- **Time for deployment:** 1-3 years
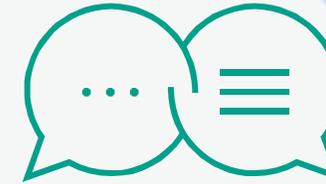
▪ **Practice organization**
  ▪ Ministry of IDPs from Occupied Territories, Labor, Health and Social Affairs of Georgia

  ▪ **Status:** On-going

▪ **Contact information**

  ▪ Mikheil Janiashvili
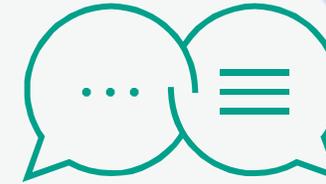
  ▪ mic@moh.gov.ge

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Georgia
Identified good practices

Electronic Health Records (EHR) – 2016-2020

- ✓ **Doctors -** comfortably access very accurate and reliable health records of their patients (with informed consent), which aids them to make successful diagnosis and plan further treatment
- ✓ **Patients –** electronically access their full health records and there is a better communication between them and their doctors; (2) make decisions which information can be shared with their other doctors and which not;
- ✓ **Ministry –** has accurate statistics about many variables for evidence-based Policy decision making
- • Implementation started in 2019
- • It is mandatory for every in- and out-patient facility which provide medical services within the framework of any governmental medical program;
- • The implementation process is still on-going.

- ▪ **Geographical scope:** National
- ▪ **Location:** Georgia
- ▪ **Stakeholders concerned:** Citizens
- ▪ **Investment per citizen for project :** $334 USD
- ▪ **Time for deployment:** 1-3 years

- ▪ **Practice organization**
  - ▪ Ministry of IDPs from Occupied Territories, Labor, Health and Social Affairs of Georgia

- ▪ **Status:** On-going

- ▪ **Contact information**

  - ▪ Mikheil Janiashvili

  - ▪ mic@moh.gov.ge

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Ukraine
Identified good practices

'Diy Vdoma' (Act at Home)- self-isolation app) – self-isolation app

- "Diy Vdoma" is a Ukrainian mobile app designed to ease the 14-day isolation that is compulsory for returnees and visitors from the countries that are located in the "red zone" due to the number of coronavirus cases there. These travelers are given by the government the choice between going through a 14-day observation at a hotel/medical premises or self-isolating at home with "Diy Vdoma."
- During the day in random timing users receive three push-notifications to take and upload a selfie, which should match with the registered photo, uploaded during the app installation. The check is done using the artificial intelligence technologies.
- The geolocation of the cell phones also should match with the registered one during the requested selfies upload into app.
- In case of discrepancies, information is transmitted to National Police for check. Functionality of the app involves the tight collaboration with the information systems of other Ministries, such as Ministry of Health and Ministry of Interior of Ukraine.
- If a person returning from the "red zone" does a PCR coronavirus test that comes back negative, they are freed from self-isolation early.

- **Geographical scope:** Nationwide
- **Location:** Ukraine
- **Stakeholders concerned:** natural persons entering Ukraine from "red-zone" countries
- **Investment per citizen:**
- **Time for deployment:** 5 days
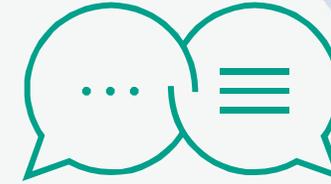
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- **Practice organization**
  - Ministry of digital transformation of Ukraine
  - **Status:** on-going

- **Contact information**
  - Mykhailo Kiktenko
 - kiktenko@thedigital.gov.ua
  - https://apps.apple.com/ua/app/дій-вдома/id1504695512?l=ru

Ukraine
Identified good practices

State Affordable Medicines Program (ePrescription)

- In 2017, in partnership with public and private pharmacies, the GOU conceptualized and launched the medicines reimbursement program known as "Affordable Medicines" for the three NCDs that contribute to significant mortality rates in Ukraine: cardiovascular diseases, type 2 diabetes, and bronchial asthma. Recently, the list also included one drug for the treatment of rheumatic diseases.
- With the establishment of the NHSU in 2018, the program was transferred from MOH and upgraded to include e-prescription to optimize the use of public funds, further increase access to medicines, and improve health outcomes within just half a year.
- In April 2019, the first e-prescription was issued by a family doctor and filled by a participating pharmacy with the help of mobile technology. The NHSU signed e-contracts with participating pharmacies across the country and reimbursed each pharmacy twice a month for the cost of prescriptions based on external price referencing. All operations are fixed in the national e-system in real-time to monitor the use of services and funds.
- As of September 2020, over 2.37 million Ukrainians regularly take advantage of the program. E-prescriptions totaling 17.81 million were reimbursed.
- The reimbursement program includes a network of over 8,570 public and private pharmacies in Ukraine.
- Moreover, the program creates a transparent, reliable, and trusted platform for the potential inclusion of additional medications to improve access and promote health.
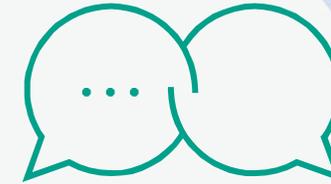
- **Geographical scope:** National
- **Location:** Ukraine
- **Stakeholders concerned:** citizens suffering from bronchial asthma, type II diabetes, cardiovascular diseases; public and private pharmacies in Ukraine
- **Investment per citizen:**
- **Time for deployment:** <1 year

- **Practice organization**
  - The National Health Service of Ukraine (NHSU)
  - **Status:** on-going
- **Contact information**
  - Dmytro Chernysh
  - Dmytro.Chernysh@nszu.gov.ua
 - www.nszu.gov.ua , https://nszu.gov.ua/e-data/dashboard

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Ukraine
Identified good practices

Electronic Medical Records

- In 2019 the Pilot Project of Electronic Medical Records started. About 10 primary healthcare providers converted their medical data flow from paper to digital via eHealth system.
- Since Jan 1st 2020 placing medical data into eHealth system has become mandatory for all primary healthcare providers
- Since In April 1st , together with a new stage of healthcare financing reform the new functionality in eHealth have been launched. The number of Electronic Medical Records has started increasing dramatically.
- Electronic medical records are based on international standard HL7 FHIR and contain the following entities: episode of care, encounter, diagnostic reports, observations, procedures.
- As of November 26th the numbers are the following:

  Electronic Medical Records total: 97,26 mln
  Episodes of care total: 32,15 mln
  Service requests created: 16,20 mln
  Service requests completed: 7,55 mln
  Observations: 2,18 mln
  Procedures: 225,64K
  Diagnostic reports: 4,10 mln

- Patient Summary is based on the electronic medical records. Patient Summary is accessible for any doctor registered in the system and available in each healthcare provider, where a patient requested for medical assistance. An access to the medical data in the Patient Summary is granted by the patient themselves. Currently Patient Summary is available for each patient who has at least one Electronic Medical Record.

- **Geographical scope:** National
- **Location:** Ukraine
- **Stakeholders concerned:** citizens of Ukraine, The National Health Service of Ukraine, Ministry of Healthcare of Ukraine
- **Investment per citizen:**
- **Time for deployment:** <1 year
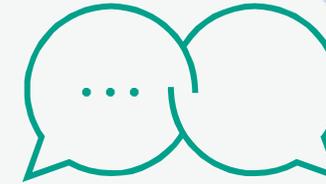
- **Practice organization**
  - The National Health Service of Ukraine (NHSU)
  - **Status:** on-going
- **Contact information**
  - Dmytro Chernysh
  - Dmytro.Chernysh@nszu.gov.ua
  - www.nszu.gov.ua , https://nszu.gov.ua/e-data/dashboard

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5. Potential Reference Sites (R.5.3.2.)

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EIP on AHA - Reference Sites
Potential Reference Sites

Reference sites are innovative ecosystems that bring together several interested stakeholders whose common overarching purpose is to bring practical and cutting-edge solutions to their communities.

- Based on Quadruple Helix model
- Reference Site Network
- Twinning Scheme

Originator Site:
Has successfully developed and implemented an innovative practice.

Experience

Know-How

Support

Adaptor Site:
Wants to implement the innovative practice in their own territory.

- Industry
- Private sector

- Government authority
- Hospitals
- Care homes

- Academia
- Research institutions

- Civil societies
- NGOs

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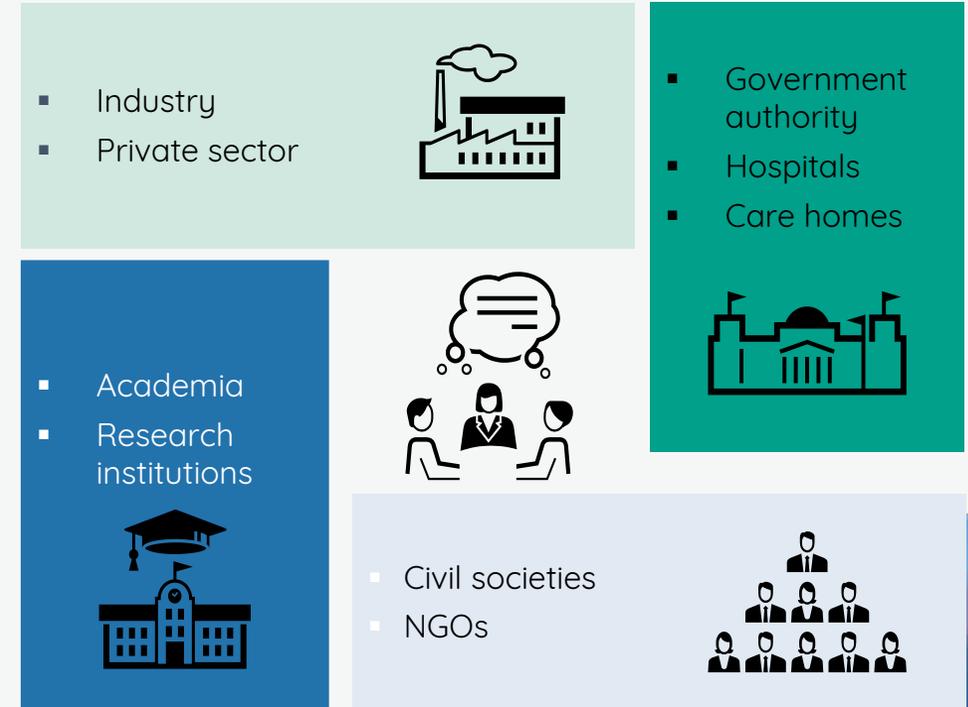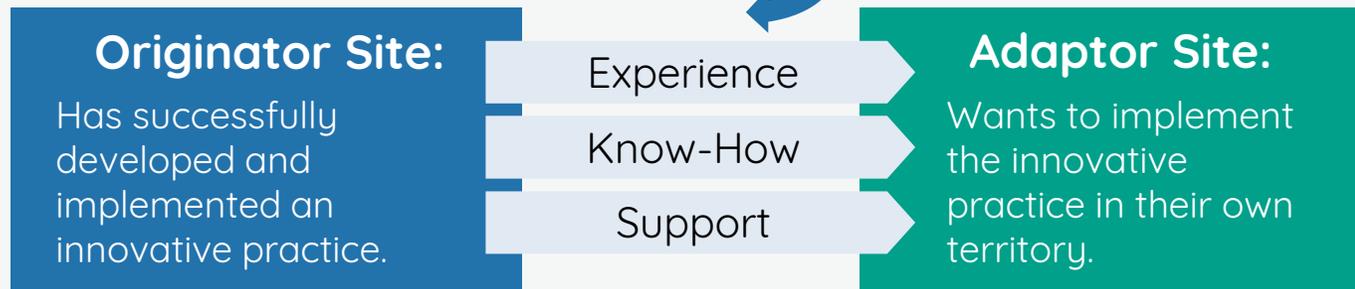
Potential Reference Sites in EaP region
Potential Reference Sites
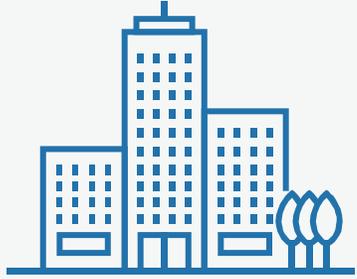
Best practice owner institutions in the EaP countries are best places for establishing Reference Sites as these locations already have experience in establishing innovative solutions. Therefore the criterion for potential Reference Site selection in EaP countries are:

► Established good innovation practice
► Good innovation practice shared with the network*
► Ownership of practice – involved stakeholder

To build a Reference Site it is recommended to **develop further at these sites based on EIP on AHA principles** and the quadruple helix model**.

- Industry
- Private sector

- Government authority
- Hospitals
- Care homes

- Academia
- Research institutions

- Civil societies
- NGOs

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* "Recommended template for Best Practice presentation" filled and submitted

** Ultimately in practice development four stakeholders from four areas (industry, government, civil, academia) are involved.

Potential Reference Sites in EaP region
Potential Reference Sites

Potential Reference Site (state, ministry or institution)	Practice
National eHealth operator, Closed Joint-Stock Company (CJSC), Yerevan, Armenia	► EHealth system integrated with Ambulance under EHR standards.
State Agency on Mandatory Health Insurance, Azerbaijan	► Hospital Management System and E-Tabib
The Republican Scientific and Practical Center of Medical Technologies, Informatization, Management and Economics of Public Health (RSPC MT), Belarus	► Electronic recipes information system in the Republic of Belarus (AIS "Electronic prescription") ► The Republican system of telemedicine counseling (RTMS) ► Republican information-analytical system for accounting of medical and pharmaceutical staff of the republic of Belarus (RIAS "Staff") ► The republican register "Diabetes" (ASOI "Diabetes mellitus")
State Institution Republican Scientific and Practical Center of Oncology and Medical Radiology named after NN Alexandrov, Belarus	► Belarusian Cancer Registry
Ministry of IDPs from Occupied Territories, Labor, Health and Social Affairs of Georgia, Georgia	► E-Prescription – 2016-2020 ► Electronic Health Records (EHR) – 2016-2020
Moldova	► *to be confirmed*
Ministry of digital transformation of Ukraine, Ukraine	► "Diy Vdoma" ("Act at Home")- self-isolation app
The National Health Service of Ukraine (NHSU)	► State Affordable Medicines Program (ePrescription) ► Electronic Medical Records

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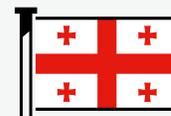
6. Recommended Twinnings (R.5.3.3.)

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Initial shareable contribution interest map
Recommended Twinnings

EaP country collaboration interest practices mapped against EIP on AHA Blueprint priorities according to CPA.

The mapping identifies priorities on which EaP countries have indicated shareable practices.

Data Analytics for Predictive Risk stratification.

P1
AM AZ
MD UA

P2
AM GE
MD UA

Proactive prevention through empowerment, self-management, monitoring and coaching.

Digital solution for connected health.

P3
AM BY
GE MD UA

P4
AM AZ
BY MD UA

Digital support for integrated care.
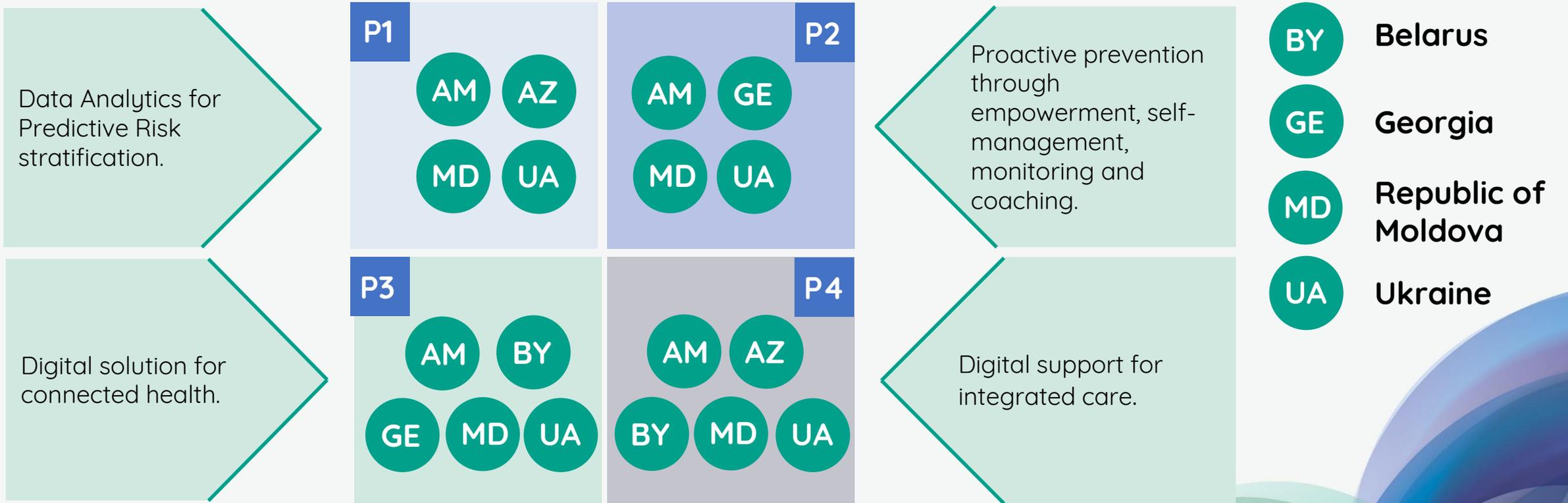
AM — Armenia

AZ — Azerbaijan

BY — Belarus

GE — Georgia

MD — Republic of Moldova

UA — Ukraine

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Recommended Twinnings EaP to EIP on AHA
Recommended Twinnings

In the first step of Twinning recommendations Twinning practices have been **recommended from the current EIP on AHA best practice repository.**

Country	Twinning Practice	Practice Contacts
Armenia	▶ IANUS – electronic medical record system.	**Embedded link to EIP on AHA portal and practice**
Azerbaijan	▶ Attend Anywhere - health consultations online.	**Embedded link to EIP on AHA portal and practice**
Belarus	▶ IANUS – electronic medical record system.	**Embedded link to EIP on AHA portal and practice**
Georgia	▶ Attend Anywhere - health consultations online.	**Embedded link to EIP on AHA portal and practice**
	▶ Telemedicine for real life integrated care in chronic patients.	**Embedded link to EIP on AHA portal and practice**
	▶ IANUS – electronic medical record system.	**Embedded link to EIP on AHA portal and practice**
Moldova	▶ Interoperability between social and health information systems.	**Embedded link to EIP on AHA portal and practice**
Ukraine	▶ Interoperability between social and health information systems.	**Embedded link to EIP on AHA portal and practice**

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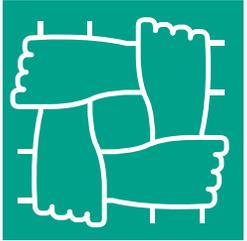**!** Considering the current state of play in EIP on AHA The practices for potential twinning can be contacted through publicly available contacts or facilitated through EU4Digital team and Funka upon country request and depending on practice response.

Recommended Twinnings intra-EaP
Recommended Twinnings

As a further step of Twinning recommendations **Twinnings between EaP countries are recommended.** Twinning pairs are chosen based on country interests indicated in the individual country assessments and best practices shared by countries.

EaP Twinning grid:
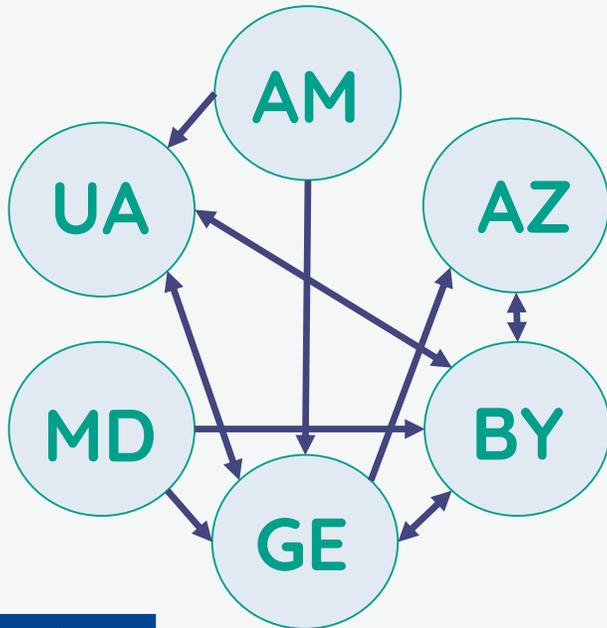
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Country	Twinning Practice
Armenia	▶ Electronic Health Records (EHR) – 2016-2020, **GE** ▶ Electronic Medical Records, **UA**
Azerbaijan	▶ The Republican system of telemedicine counseling (RTMS), **BY**
Belarus	▶ Electronic Health Records (EHR) – 2016-2020**, GE** ▶ Hospital Management System and E-Tabib, **AZ** ▶ Electronic Medical Records, **UA**
Georgia	▶ The Republican system of telemedicine counseling (RTMS), **BY** ▶ Hospital Management System and E-Tabib, **AZ** ▶ Electronic Medical Records, **UA**
Moldova	▶ The Republican system of telemedicine counseling (RTMS), **BY** ▶ Electronic Health Records (EHR) – 2016-2020, **GE**
Ukraine	▶ The Republican system of telemedicine counseling (RTMS), **BY** ▶ Electronic Health Records (EHR) – 2016-2020, **GE**

7. Involvement roadmap (R.5.3.4.)

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Involvement roadmap in EIP on AHA and suggested activities (1/4)
Involvement roadmap

Color map:

- EIP on AHA portal activities
- Action Group activities
- Reference Site activities

Effort:

LOW	Can be performed individually
MEDIUM	Can be performed individually or as part of collaborative effort
HIGH	Requires extensive collaborative effort

Time required:

LOW	Less than 1 month
MEDIUM	1 month to 1 year
HIGH	More than 1 year

EFFORT (vertical axis: HIGH, MEDIUM, LOW)
TIME REQUIRED (horizontal axis: LOW, MEDIUM, HIGH)

1. Register on the EIP on AHA portal
2. Network with other community members
3. Browse community events
4. Access Repository, Library and News site materials
5. Communicate achievements through news site
6. Submit studies or papers
7. Submit a good practice in your region
8. Propose and organize an event for the community
9. Participate in events, conferences, workshops
10. Form a commitment
11. Submit commitment and join an Action Group
12. Maintain commitment progress in the tracker
13. Apply to become a candidate reference site
14. Become * star Reference Site
15. Become ** star Reference Site
16. Become *** star Reference Site
17. Become **** star Reference Site
18. Participate in Twinning Scheme as Originator Site
19. Participate in Twinning Scheme as Adaptor Site

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Involvement roadmap in EIP on AHA and suggested activities (2/4)
Involvement roadmap

Involvement roadmap activities from time and effort mapping* represented in indicative timeline based on the periodicity of EIP on AHA activities aimed to achieve highest Reference Site rating in 3 year period. It is noted in the roadmap where starting quarter is dependent on EIP on AHA periodicity.

No.	Activity	Year 1				Year 2				Year 3			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Basic activities													
1.	Register on EIP on AHA portal	■											
2.	Network with other community members	■	■	■	■	■	■	■	■	■	■	■	■
3.	Browse community events	■	■	■	■	■	■	■	■	■	■	■	■
4.	Access Repository, Library and News site materials	■	■	■	■	■	■	■	■	■	■	■	■

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* Page 46.

Involvement roadmap in EIP on AHA and suggested activities (3/4)
Involvement roadmap

No.	Activity	Year 1				Year 2				Year 3			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Support activities for medium and high effort activities												
5.	Communicate achievements through news site			■	■	■	■	■	■	■	■	■	■
6.	Submit studies and papers			■	■	■	■	■	■	■	■	■	■
7.	Submit a good practice in your region			■	■	■	■	■	■	■	■	■	■
8.	Propose and organize an event for the community			■	■	■	■	■	■	■	■	■	■
9.	Participate in events, conferences and workshops	■	■	■	■	■	■	■	■	■	■	■	■
	Medium effort activities												
10.	Form a commitment	■	■	*Period subject to EIP on AHA announced application periods*									
11.	Submit commitment and join an Action Group		■	*Period subject to EIP on AHA announced application periods*									

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Involvement roadmap in EIP on AHA and suggested activities (4/4)
Involvement roadmap

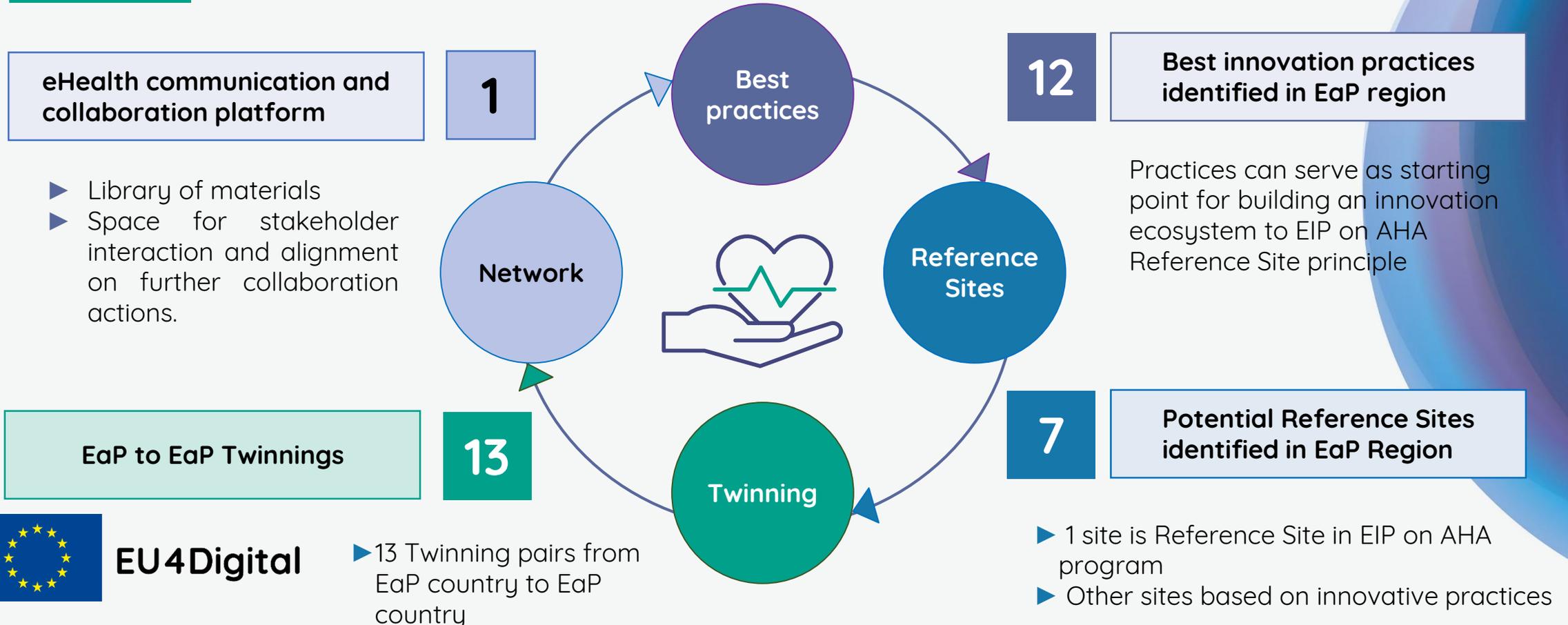| No.	Activity	Year 1				Year 2				Year 3			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
12.	Maintain commitment progress and mark it in commitment tracker			■	■	■	■	■	■	■	■	■	■
	High effort regular activities												
13.	Form Candidate Reference Site	■	■	■	*Period subject to EIP on AHA announced application periods*								
14.	Form 1 star Reference Site			■	■	■							
15.	Form 2 star Reference Site					■	■	■					
16.	Form 3 Star Reference Site							■	■	■			
17.	Form 4 star Reference Site									■	■	■	■
18.	Participate in Twinning Scheme as Originator Site	*Period subject to EIP on AHA announced application periods and available from Candidate Reference Site or Reference Site status receipt*											
19.	Participate in Twinning Scheme as Adaptor Site	*Period subject to EIP on AHA announced application periods and available from Candidate Reference Site or Reference Site status receipt*											

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Building blocks for intra-EaP network development
Involvement roadmap

Best innovation practices and potential **Reference Sites** have been identified in EaP countries. **These innovation sites can potentially serve as building blocks for network development on EIP on AHA principles**.

eHealth communication and collaboration platform

1

▶ Library of materials
▶ Space for stakeholder interaction and alignment on further collaboration actions.

Best practices

Network

Reference Sites

Twinning

12 Best innovation practices identified in EaP region

Practices can serve as starting point for building an innovation ecosystem to EIP on AHA Reference Site principle

7 Potential Reference Sites identified in EaP Region

▶ 1 site is Reference Site in EIP on AHA program
▶ Other sites based on innovative practices

EaP to EaP Twinnings

13

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▶ 13 Twinning pairs from EaP country to EaP country

Roadmap principles for intra-EaP network
Involvement roadmap

Practice expansion through stakeholders

Expansion of the stakeholder base for recommended Reference Sites by involving other sector stakeholders in practice development according to EIP on AHA quadruple helix model.

Practice sharing

Initiation of discussion with recommended Twinning practices within EaP region and establishing steps required for practice adoption.

1 Integrating multiple stakeholders from the public and private sector

3 Effective practice adoption and knowledge transplantation

2 Understanding innovative and technology-intensive solutions in EaP region

Recommended next steps for facilitation of innovation network based on EIP on AHA principles in EaP countries would be to **use the communication and collaboration platform for sharing knowledge in three key roadmap steps:**

► Reference Site expansion through practice stakeholder growth

► Common principle alignment for network entities (Reference Sites, Twinning)

► Experience sharing of active cross-country initiatives (EaP Twinning)

EaP communication and collaboration

Use of the communication and collaboration platform as discussion panel to align on principles for EaP Reference Sites, Twinnings and knowledge exchange to facilitate eHealth innovation.

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Roadmap principles for intra-EaP network - Potential Reference Sites in EaP region

Involvement roadmap

Next steps for the identified Reference Sites is **establish communication channels** on the eHealth communication and collaboration platform.

Knowledge sessions

The communication and collaboration platform offers space for sharing knowledge as materials and as organizing specific knowledge sharing events (e.g. EaP members that are current EIP on AHA Reference Site network members can share their experience.)

The platform offers a convenient shared space for common event and news sharing which is particularly relevant in facilitating communication regarding innovation and cross-country initiative development.

Events and next steps

Workshops

Platform can be used as a space for workshops both on broad practice related topics, especially for practices that are represented within a single area (e.g. analysis systems, apps), and as how-to deep-dive into specific topics.

Communication

To establish effective communication relevant contacts and Reference Site owners have to be established.

Additionally the platform can serve as library and practice repository.

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8. Annex

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List of attachments
Annex

No.	Attachment file name
1.	Assessment of Priorities and Needs of Potential Reference Sites in Eastern partner (EaP) Countries in Alignment with European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).
2.	Good practice recommendations and follow-up questionnaire for EaP countries.
3.	Recommended template for best practice presentation.
4.	Best practices in EaP region.
5.	EIP on AHA repository analysis and EaP region interests. *Based on CPA and updated based on GPR.*
6.	Recommended practice, Action Group and priority analysis. *Based on GPR.*

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[Electronic document versions of annexes available upon request]