MEDICAL SPAS IN EUROPE
- Important Part of Healthcare system

Janka ZÁLEŠÁKOVÁ MD.

Joint Meeting of Chief Medical, Nursing and Dental Officers

Piešťany, Slovakia
3rd, November 2016
ESPA MEMBER COUNTRIES
Based on using local natural healing remedies of the ground, the sea climate conditions suitable for treatment, or therapy concept after Kneipp, Priesnitz

PREVENTION, THERAPY, REHABILITATION

HEALTH → Human – Environment balance
Balance between the capacity of human organism and requirements of environment in certain situations of life and age.
This balance can be actively formed again and again in special situations in the life.

HEALTH RESORT MEDICINE: STIMULUS → REAKTION → ADAPTATION
INSEPARABLE PART OF:

HEALTHCARE SYSTEM

HEALTH TOURISM

HEALTH TOURISM – “any kind of travel to make yourself healthier“ (Mary Tabacchi, Cornell University)
**MEDICAL SPA vs. WELLNESS SPA - a source of confusion**

**Medical Spas**
- **License of state authority** for spa facility to provide spa treatment (health cure/balneotherapy) as an part of healthcare - in/out patient
- Natural curative sources and **all treatments recognised by authority**
- **Strong medical background** (high qualified staff, e.g. physicians, physiotherapists, masseurs, nutritionist,...)
- Implementation of **new modern treatments and specialized services** (e.g. diagnostics, laboratory tests, health specialists consulting)
- **Length of stay** (more than one week, optimal three weeks)
- Situated in a **clean and healthy environment** (air, water, traffic, noise)

**Wellness spa /Day spa** influence from **NORTH AMERICA, ASIA**
- Philosophy of wellness - harmony of body, mind & soul
- Implementation of **services in direction of beauty, relax, fitness, spirituality** (cosmetic saloons, hairdress saloons, sunbeds studios, aqua parks, fitness studios, meditations seances, exotic massages ...)
- **Length of stay very short** (no more than 5 days)

no recognition from state medical authority
do not recognition for therapies (e.g. chocko massage...)
do not must of specialized medical staff
no must of recognized natural healing resources

{ city hotels
 hotels in touristic destinations cruisses

[Image]
PLACE of MEDICAL EUROPEAN SPAS in healthcare system

NEED:

Health/Social Ins.
Private Ins.
Self paid

Time
Doctor

CLIENT

ILL
HEALTH
LINE
[WELL]

PRODUCT MARKET

HOSPITAL.
TRADITIONAL SPA CLINIC. SANATORIUM
TRAD. SPA HEALTH/SPA RESORT.
HEALTH/SPA RESORT.
HOTEL SPA HEALTH CLUB. "DAY SPA" GYM.
HOTEL SPA HEALTH FARM. LUXURY RESORT. "DESTINATION SPA"
GROUPS OF DISEASES IN MEDICAL SPAS IN EUROPE (%)

- MUSCULO-SKELETAL diseases: 78.2%
- CARDIOVASCULAR diseases: 4.6%
- RESPIRATORY diseases: 3.3%
- GASTRO-INTESTINAL diseases: 1.6%
- SKIN diseases: 1.3%
- NEUROLOGICAL diseases: 8.1%

Source: ESPA 2013
ARE EUROPEAN SPAS REQUIRED as part of Healthcare in present times?

**Medical professionals**
- Are there proven effects of natural healing resources?
- Are treatments based on balneotherapy proved by tools of EBM?
- What are climatic spas and its climatic conditions?
- Are in spa facilities sufficient professional staff?

**Health/Social insurance companies**
- Are benefits of spa therapy greater than costs?
- How long persist the benefits after the spa therapy?
- Are benefits better and longer than outpatients treatment in residence?
- Is there evidence that primary prevention in spas gives expected and long lasting results?
SPA THERAPY IS AN COMPLEX THERAPY

RECOGNISED BY MEDICAL EXPERTS / STATE AUTHORITY

• Therapies based on using natural healing resources (conditio sine qua non): mineral/thermal water, natural peloids, natural gases, climatic conditions suitable for treatment, or therapeutical concept after Kneipp (in Germany), Priesnitz (in Czech)
  • Physiotherapy
  • Ergotheraphy
  • Physiatric treatments as thermotherapy, mechanotherapy, elektrotherapy...
  • Psychotherapy
  • Speach therapy
  • Dietotherapy
  • Health education
  • ..... 

All therapies individually fit to client after medical examination after medical prescription
PATIENTS RIGHTS in Cross-border Healthcare

• Directive 2011/24 EU (9. 3. 2011)
  
  • Establish rules for facilitating access to safe high-quality cross-border healthcare in the EU
  • Ensure patient mobility in accordance with the principles established by the Court of Justice.
  • Should be apply to individual patients who decide to seek healthcare in a member state other than state of affiliation

It is clear that the obligation to reimburse costs of cross-border health care should be limited to healthcare to which the insured person is entitled according to the legislation of the Member State of affiliation (§ 14)
QUALITY - different things for different people

Another requirements for quality in different products

- Low equity in spa products
- Door for quackery is widely open
- Different standards and regulations within EU

NEED for: International comparability – EU standards for medical Spas
They comply with the important safety, hygiene and infrastructure requirements researched from European legislation as well as standards selected by the European Spas Association’s Committee of Experts regarding diagnosis, treatment, catering and accommodation.
• For our policies we must have wellnes as overarching objective must keep our people well

• We must keep Europeans OUT of hospital beds

• Therefore we must push more and more resources and more and more political gumption to towards PREVENTION.
Increased longevity without quality of life is an empty prize. Health expectancy is more important than life expectancy.

*Dr Hiroshi Nakajima, Director-General, W.H.O 1997*

EU structural indicator **Healthy Life Years (HLY)** is a **disability-free life expectancy**, one of the most common health expectancies reported. It is based on limitations in daily activities and therefore measures the number of remaining years that a person of a particular age can expect to live without disability.
## Healthy Life Years (2014)

<table>
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<tr>
<th>Country</th>
<th>Men</th>
<th>Women</th>
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<tr>
<td>EU 28</td>
<td>61,4</td>
<td>61,8</td>
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<tr>
<td>Italy</td>
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<tr>
<td>Germany</td>
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<td>Sweden</td>
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<td>Latvia</td>
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</tr>
<tr>
<td>Slovakia</td>
<td>55,5</td>
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</tr>
</tbody>
</table>

Source: EUROSTAT (last update 26.10.2016)
EUROPE NEEDS INNOVATION

How we spend money for health?

INSTEAD OF INVESTING MORE
WE NEED TO INVEST BETTER

OUR AIM IS TO ADD TWO HEALTHY LIFE YEARS
TO THE LIFESPINE OF EUROPEANS
• Investment to **health prevention** - 3% from all cost for healthcare (average figures)
• Budgets spent for **healthservices and treatment** 97 %
• **EC** - High number of inactive people due to ill-health
• **WHITE PAPER** – Together for Health

**Healthy population is prerequisite for economic productivity and prosperity**
• 50 % of Europeans in age 65-74 have self reported health problem.

• Europeans spend 20% of lifespan in bad health.

• People 65+ are unwell for half of their remaining life.

• Total spending on healthcare because of **ageing** will rise by 1-2 % of GDP, 25 % in healthcare spending

**BUT:**

If people remain healthy while they live longer:
Healthcare spending due to ageing would be halved.

*(Special Report 1/2006, EPC and EC)*
Old age is not a matter of death; it’s a matter of health, since death is certain.

François Mitterand (1916-1996)
Expectation of Europeans
• Independence in old age
• Improving mental and physical health at any age

Expectation of society
• Maintainance of work ability
• Reduction of spending on healthcare
• Reduction in social expenditure
7 RISK FACTORS for MAIN CHRONIC DISEASES
by European Public Health Alliance

- High blood pressure (linked with lifestyle)
- Tabacco use
- Hazardous alcohol use
- High cholesterol (linked with lifestyle)
- Overweight and obesity
- Low fruit and vegetable intake
- Physical inactivity – sedentary lifestyle

POOR DIETARY HABITS (too much energy, too much simple (sweet) sacharides, too much salt, too much saturated fats, trans fats in processed food, lack of omega-3 fatty acids, lack of phytochemicals....) bad drinking habits
Population attributable risk for myocardial infarction associated with 7 major modifiable risk factors overall and by region in the INTERHEART study.

Giving ‘polypills’ containing statins, aspirin, antidiabetics and 3 type of blood-pressure-lowering drugs to everybody 55+ to help prevent heart attacks and strokes.

SPECIAL REPORT
The Polypill in the Prevention of Cardiovascular Diseases
Key Concepts, Current Status, Challenges, and Future Directions
Eva Lonn, Jackie Bosch, Koon K. Teo, Prem Pais, Denis Xavier and Salim Yusuf

* Circulation. 2010;122:2078-2088 Originally published November 15, 2010

PREVENTION ?!

NO - Waste of money and for some people harmful product
AIMS OF PRIMARY PREVENTION IN SPAS

Focusing ESPA activities to primary prevention of major chronic diseases are response to current situation, expected development of health problems in EU and are consistent with published documents relating to this issue.

MAIN PROBLEMS
- increasing overweight and obesity (at any age) as risk factor for CVD, cancer, metabolic diseases, neurodegenerative diseases, osteoarthritis, osteoporosis, etc.
- dramatic global increase of diabetes mellitus, cancer...

CONSEQUENCE OF CHANGING LIFESTYLE IN SHORT TIME
esp. POOR EATING HABITS and PHYSICAL INACTIVITY
Implementing lifestyle modifying programmes in the course of balneotherapeutical stays

The balneotherapy (spa) programme will include:
• education in healthy diet, nutritional value and metabolic pathways of food, different ways of healthy and tasty eating and cooking
• physical activity under specialized supervision as an everyday activity adapted to the possibilities and needs of each client

The aim is to achieve:
• reduction of BMI and abdominal obesity
• optimalisation of sacharides and lipid metabolism
• optimalisation of blood pressure
• motivation for lifestyle modification
• practical skills leading to a reduction of the risk of major diseases
• valuable skills necessarily for everyday life
• mental retuning to positive attitude to new habits

The programs are designed to children, adolescents and to adults who could transfer new lifestyle habits to the family and friends.
Obesity/overweight – serious risk factor for many diseases

- High risk of CVD

- DM, type 2

- Adipocytes produce inflammatory molecules, responsible for inflammatory
  environment of the body → risk factor
  of many diseases

- Adipose tissue rich of blood vessels (1 kg of fat – 3,5 km blood vessels
  → favourable environment for cancer cells)

*Spain, Portugal report overweight and obesity levels exceeding among children aged 7-11.
DAVID came from USA

MAIN SPONSORS OF OBESITY
Multimodal behavioural interventions

• Health education
• Physical activities under control of qualified personel
• Healthy nutrition and eating habits
• Management of psychosocial stress factors
• Early recognition of risk factors for main chronic diseases
• Motivation to personal responsibility for own health

BUILD and VALIDATE NEW HABITS OF HEALTHY LIFESTYLE

ENHANCE HEALTH RELATED QUALITY OF LIVE
BALNEOTHERAPY CARE IN SPAS AND HEALTH RESORTS IN EUROPE

BALNEOTHERAPY - part of healthcare in European medical spa facilities

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Picture on cover page © Spa Piešťany
World map © shutterstock
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Email address: office@espa-ehv.eu
Internet: www.europeanspas.eu
Layout: DTPro Wide, s.r.o.

In case of further questions send e-mail to contact address of the country you have chosen.

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pinterest.com/europeanspas
Balneotherapy (spa therapy), in many European countries with a long spa tradition, is an integral part of the healthcare system, likewise a hospital or an ambulatory care facility.

Spas originated historically in the areas with occurrence of local natural healing resources (waters, gases and peloids) and climatic conditions suitable for treatment. It remains also today an essential condition for the recognition of a medical spa. The local occurrence of natural healing resources, such as high air quality, protected spa area with high demand on quality environmental conditions and specific equipments are also the requirements of health tourism.

The local natural healing resources have always been subject to export examination and scientific investigation. Based on the knowledge of scientists and doctors, the treatments of particular diseases have been observed, approved and recommended, so have been created specialized spa care facilities for specific conditions, based on particular therapeutic effects of the local natural healing resources.

Currently, all the healing resources (natural mineral water, peloids and gases, climatic conditions ...) used in state-recognized balneotherapy facilities, must

1. undergo an expert assessment by scientists based on scientific data provided by research,
2. be recognized by the health authorities.

Balneotherapy, as a part of the healthcare system, is provided only in spa facilities with medical background that are recognized by the state health authorities; all therapies and other services can be reimbursed partly or entirely by the social insurance and/or the health insurance companies. If balneotherapy is included in the national healthcare system, their regulation and funding have to be approved by the national state authorities.

Each spa facility has assigned specific therapeutic focus based on local natural healing resources. In some conditions the natural healing products are directly applied on the damaged tissues: mainly skin, respiratory, gynecological and some digestive conditions. In addition to the treatments based on the local natural healing resources, other therapeutic techniques can be used: massages, electrotherapy, physiotherapy, occupational therapy, psychotherapy, speech therapy, health education. Nutritional education and adapted physical activity are becoming a very most crucial issue.

The balneotherapy programs (spa therapy programs) are established by the medical doctors on the basis of the patient’s medical examination and assessment. When needed, complementary examination and assessment will be prescribed and performed. During the spa stay, the patient will be regularly monitored by the medical doctors and other health professionals. At the end of the spa stay, the medical doctor will make a final report for GP.

The quality of the balneotherapy is based on the quality of the local natural healing resources and the quality of health professionals (medical doctors, physiotherapists, ergotherapists, nutritional therapists, psychologists, logopedists ...). All therapies that are provided as a balneotherapy treatment have to be recognized and acknowledged as medical.

In many countries, balneotherapy is also delivered to children and adolescents, particularly in respiratory and skin diseases, allergic, musculoskeletal, neurological conditions.
THE MAIN INDICATION AREAS OF DISEASES SUITABLE FOR A BALNEOTHERAPY (SPA THERAPY)

THE MOST FREQUENTLY TREATED CONDITIONS

Musculoskeletal conditions: osteoarthritis of the peripheral joints and of the spine, chronic back pain, traumas, surgery and particularly total joint replacements; chronic inflammatory conditions such as Rheumatoid Arthritis, Ankylosing Spondylitis and Psoriatic Arthritis; soft tissue rheumatisms; ...

Respiratory and ear-nose-throat conditions: mainly chronic obstructive pulmonary disease, asthma, chronic rhino-sinusitis, otitis ...

Vascular and cardiac conditions: chronic venous insufficiency, chronic lymphatic disorders, chronic peripheral arterial disorders, chronic hypertension, chronic coronary insufficiency, chronic heart failure, vascular surgery, surgery of heart ...

Diseases of the digestive tract: chronic irritable bowel syndrome, chronic inflammatory conditions of the intestine, gall bladders disorders, chronic pancreatitis, surgery ...

Metabolic conditions: Diabetes mellitus type I and II, metabolic syndrome, overweight and obesity, hyperlipoproteinemias ...

Neurological diseases: post-stroke paretic sequelae, Parkinson’s disease, peripheral nervous system disorders, surgeries of CNS and peripheral nervous system ...

Diseases of kidney and urinary tract: urolithiasis, chronic infectious conditions, surgeries ...

Stress related disorders: generalized anxiety disorder, depression, fibromyalgia, burn-out syndrome, drug addictions ...

Skin Diseases: psoriasis vulgaris, chronic eczema, atopic dermatitis, burns ...

Gynecological diseases: infertility, chronic inflammatory gynecological disorders, surgeries ...

Post-acute stages, after oncological treatment (radiotherapy, chemotherapy, surgery), when the remission of the cancer can be considered.
PATIENT’S RIGHTS IN CROSS-BORDER HEALTHCARE INCLUDING BALNEOTHERAPY

The present brochure is about the European spas and health resorts in the framework of the cross-border healthcare directive. The aim is to provide an overview and general information about the European spa facilities to the patient's balneotherapy (spa therapy) in the frame of cross-border healthcare.


This legislative act clarifies the rules on access to healthcare and reimbursement in another EU country. The created network of national contact points (NCP) can provide clear, precise information on cross-border healthcare. It helps also to share experiences between the different EU countries on how to make high quality healthcare available for the patients.
POSITION OF BALNEOTHERAPY
IN HEALTHCARE SYSTEM IN THE ESPA MEMBER COUNTRIES

BULGARIA

Balneotherapy is not reimbursed by the National Insurance Fund, but costs are paid by patients.

The contacts:
Bulgarian Union of Balneology and spa tourism (BUBSPA)
15 Tvardishki prohod str, 1404 Sofia
www.bubspa.org
office@bubspa.org

Ministry of Health
Tel.: 00359(2)9301101, 00359(2)9301204
www.mh.gov.bg

National Health Insurance Fund (NCP)
www.nhif.bg
crossbordercare@nhif.bg

DENMARK

Balneotherapy is not reimbursed by social health insurance companies. In spa facilities exists offer of primary prevention.

The contacts:
Wellness Denmark
Banegårdspladsen 6, 7100 Vejle
www.danskutrodenfremme.dk
wellnessdenmark@outlook.dk

National Agency for Patient Rights and Complaints (Patientombudset) (NCP)
www.patientombudset.dk
pob@patientombudset.dk

CZECH REPUBLIC

The spa care is partly or entirely reimbursed by health insurance companies, according to a type of an indication.

The contacts:
Czech Spa Association
Opletalova 27, 110 00 Praha 1
www.lecnebneleze.cz
sekretariat@lecnebneleze.cz

Ministry of Health
Palackého náměstí 375/4, 128 01 Praha 2
www.mzcr.cz, mzcr@mzcr.cz

Centre for International Reimbursements (NCP)
www.cmu.cz, info@cmu.cz

ESTONIA

Balneotherapy is not reimbursed by social health insurance companies. In spa facilities exists offer of primary prevention.

The contacts:
Estonian Spa Association
9/11 Sadama Street, Haapsalu, 90502
www.estonian spas.eu
info@estonian spas.eu

Ministry of Social Affairs,
29 Gonsiori Str., 15027 Tallinn
info@sm.ee, kontaktp@sm.ee (NCP)
FRANCE

Balneotherapy is a part of the national healthcare system and is partly or entirely reimbursed by the national health insurance, according to the patient’s status and income and for specific conditions.

The contacts:
Conseil National des Exploitants Thermaux (CNETH)  
1, rue Cels, 75014 Paris  
Tel.: +33 (0)1 53 91 05 77  
cneth@medecinethermale.fr

Ministry of Social Affairs and Health  
14, avenue Duquesne, 75350 PARIS 07 SP  
Tel.: +33 (0)1 40 86 60 00  
www.sante.gouv.fr  
europe-info-patients@sante.gouv.fr (NCP)

HUNGARY

Balneotherapy is partly reimbursed by health insurance companies, according to a type of an indication.

The contacts:
Hungarian Spa and Bath Association  
Borostyán utca 1/B, 146 Budapest  
Tel.: +36/1 220-2282  
info@furdozentseg.hu

National Center for Patients’ Rights and Documentation (NCP)  
www.patientsrights.hu  
contact@patientsrights.hu

GERMANY

Balneotherapy is a part of the national healthcare system and is partly or entirely reimbursed by health insurance companies, or pension insurance companies, according to a type of an indication.

The contacts:
German Spas Association  
Charlottenstraße 13, 10969 Berlin  
www.die-neue-kur.de, info@dhw-berlin.de

Federal Ministry for Health  
Rochusstr. 1, 53123 Bonn  
www.bmg.bund.de/ministerium/english-version.html  
info@bmg.bund.de

Deutsche Verbandsstelle  
Krankenversicherung - Ausland (DVKA) (NCP)  
www.eu-patienten.de  
info@eu-patienten.de

ICELAND

Balneotherapy is partly reimbursed by health insurance companies, according to type of an indication.

The contacts:
The Iceland Spa Association  
Laugavegur 7, 101 Reykjavik  
Tel.: +354-551 6371  
www.spaiceland.is, info@nifli.is

Icelandic Health Insurance - International Department (NCP)  
www.sjukra.is/english  
international@sjukra.is
ITALY

Bainetherapy is a part of national healthcare system and is partly or entirely reimbursed by the National Health Service according to a type of income and indication.

The contacts:
Italian Federation of the Thermal Industries
and of the Healing Mineral Waters
Via Po 22, I-00198 Roma (RM)
Tel.: +390688419416
www.federaterme.it
secreteria@federoterme.it

Ministry of Health
Directorate-General for health planning (NCP)
Via Giorgio Ribotta 5, I - 00144 Roma
www.salute.gov.it
ncpitaly@sanita.it

LITHUANIA

Bainetherapy is a part of the national healthcare system and is partly or entirely reimbursed by the State healthcare insurance company, according to a type of an indication.

The contacts:
Lithuanian Resorts Association
Jaujimo str 2, Birztonas
info@kurortausociacija.lt

Ministry of Health
Vilniaus str. 33, Vilnius
www.sam.lt
ministerija@sam.lt

State Health Care Accreditation Agency
under the Ministry of Health (NCP)
vaspvt@vaspvt.gov.lt

National Health Insurance Fund
under the Ministry of Health (NCP)
www.vlk.lt/vlk/en/
vik@vlk.lt

LATVIA

Bainetherapy is a part of the national healthcare system and is partly or entirely reimbursed by the State healthcare system, according to a type of insurance.

The contacts:
Latvian Health tourism cluster
Jomas iela 1/5, Jūrmala
www.healthtravelatvia.lv
guntau@jgd.gov.lv

The National Health Service
Cēsu Street 31 k-3, Riga (NCP)
www.vmnvd.gov.lv/en
vmvd@vmnvd.gov.lv

Ministry of Health
Brīvības Street 72, Riga
www.vm.gov.lv
vm@vm.gov.lv

LUXEMBURG

Bainetherapy is partly or nearly entirely reimbursed by health and accident insurance companies, according to type of an indication.

The contacts:
Domaine Thermal de Mondorf
Avenue des Bains - B.P 52, L - 5601 Mondorf
www.mondorf.lu
domaine@mondorf.lu

Ministry of Health
Contact Person: Mike Schwebag
mike.schwebag@ms.etat.lu
NETHERLANDS

Balneotherapy is not reimbursed by social/health insurance companies. In spa facilities exists offer of primary prevention.

The contacts:
Knowledgecentre of Coastal Tourism
Postbus 354, 4380 Vlissingen
Tel.: +31 118489757
m.tompelman@h.z.nl

Health Care Insurance Board (CVZ) (NCP)
www.cbhc.nl

PORTUGAL

Balneotherapy is a part of the national healthcare system and is partly reimbursed by the public services employees’ social protection.

The contacts:
Portuguese Thermal Spas Association
Av. Miguel Bombarda nº110-2Dto, 1050-167 Lisboa
www.termasdeportugal.pt
geral@termasdeportugal.pt

Ministry of Health
Avenida João Cristóvão 9, 1049-062 Lisboa
gabinete.ministro@ms.gov.pt
www.portaldasaude.pt/portal

POLAND

Balneotherapy is a part of the national healthcare system and is partly or entirely reimbursed by healthcare insurance companies, according to a type of an indication.

The contacts:
Association of Polish Spa Communes
ul. Czarny Potok 27/24
33-380 Krynica-Zdroj, Poland
www.sgurp.pl
biuro@sgurp.pl

The Ministry of Health,
Miodowa 15, 00-962 Warsaw, Poland
www.mz.gov.pl
kancelaria@mz.gov.pl

National Health Fund (NCP)
Iwona.Grabowska@nlf.gov.pl

ROMANIA

Balneotherapy is a part of the national healthcare system and is partly or entirely reimbursed by health insurance companies, according to a type of an indication.

The contacts:
Romanian Organisation of Spas (OPTBR)
Bucharest str. Traian nr. 3, Bl. F1, sect. 3, cp 030574
Tel./Fax: +40 21 322 01 88
www.romanian-spas.ro
optbr@bluescreen.ro

National Health Insurance House
Calea Gării, nr. 248, bl. S19, sect. 3, București
www.cnas-pnc.ro
pnc@casan.ro
SLOVAKIA

Balneotherapy is a part of the national healthcare system and is partly or entirely reimbursed by health insurance companies, according to a type of an indication.

The contacts:
Association of Slovak Spas
Jakubovo nám. 14, Bratislava
www.ask.sk
ask@ask.sk

Ministry of Health
Limbova 5, 837 52 Bratislava
www.healthgov.sk
office@health.gov.sk

Healthcare Surveillance Authority (NCP)
www.udza-sk.sk
web@udza-sk.sk

SPAIN

Balneotherapy is not included in the Healthcare National System but is offered to the patients and costs are paid by patients.

The contacts:
National Association of Spas (ANBAL)
C/. Rodriguez San Pedro n° 56, 3º Izda, 28015 Madrid
www.balneanos.org
anbal@balneanos.org

Ministry of Health
Social Services and Equity (NCP)
www.msssi.gob.es
ociac@msssi.es
1. Recovery after acute medical conditions
   a) Medical rehabilitation after traumas and surgeries in various conditions, not only in musculo-skeletal conditions.
   b) Recovery after life threatening disorders: acute myocardial infarction, cerebrovascular diseases, cancers at the end of oncological treatment...

2. Management of chronic diseases
   a) Balneotherapy treatment as part of a management of chronic diseases.
   b) Educational spa stays in the early stages of chronic diseases or functional changes (e.g. newly identified diabetes mellitus, functional spine syndromes …) and/or ageing.

3. Prevention of common occurring diseases
   a) Prevention for people at risk of developing serious diseases (positive family history, obesity, dyslipoproteinemia, people working in dangerous environment ...).
   b) Primary prevention of the most commonly occurring life-style diseases in order to modify daily lifestyle habits.
THANK YOU VERY MUCH FOR YOUR KIND ATTENTION!