



UNION EUROPÉENNE DE L'HOSPITALISATION PRIVÉE  
EUROPEAN UNION OF PRIVATE HOSPITALS



# UEHP 30 years of Commitment to Health in Europe



**Paul GARASSUS**  
**Ivone WERNER**





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# 30 years

of  
Commitment to Health in Europe



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30 years  
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# Foreword





**Paul GARASSUS and Ivone WERNER**

UEHP President • UEHP International Relations

**T**o mark 30 years of commitment to health in Europe, we wanted to tell our story because UEHP is the story of dedicated women and men who, through common principles and shared ideas and with a strong entrepreneurial spirit, strived to implement policies that build stronger health systems and improve quality and efficiency in hospitals in Europe.

While the European Union of Private Hospitals (UEHP) was formally constituted in 1991, to understand its history we must look back some decades, to its precursors, the International Union of Private Hospitals (UIHP) and the European Confederation of Private Hospitals (CEHP). These organizations were conceived and founded by visionaries who, having lived through the atrocities of WWII and the crippling universal poverty that ensued, saw private enterprise as fundamental to the expansion of quality healthcare to all Europeans.

The UEHP owes its existence to these founding fathers, and its success to the tireless pursuit of the ideals they set down in 1991. This spirit continues today, as we who inherit-

ed this noble mission, endeavour to carry on in this spirit of engagement and collaboration.

Arriving in the middle unprecedented global health crisis, our 30<sup>th</sup> anniversary has not quite turned out to be a simple celebratory occasion, to congratulate ourselves and rest on our laurels, but instead, an opportunity - and an imperative obligation - to redouble our efforts: to spread our message; to engage with European regulators and national healthcare systems; and, more than ever, to promote a spirit of pragmatic collaboration among the stakeholders in European health, not the least of which is the European citizen.

It is with all this in mind, that we humbly present this short work of history, by way of testament to the visionaries who set us on this path, as encouragement to our members and collaborators who continue to drive our mission to bring quality healthcare to every European citizen, and finally, as inspiration to future generations of UEHP to carry on in this noble effort. Our ambition is a more collaborative Europe, one that promotes free mobility and positive experiences, and that is capable of aligning goals and incentives.

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# UEHP Presidents 1991- 2021





**Gustavo SCIACHI**

Italy - President from 1991 to 1993

Civil lawyer, Advocate at the Supreme Court of Cassation, member of the Professional Order Commission for the reform of civil law, official auditor. President of the Italian Association of private hospitals (AIOP) from 1985 to 2000 and Member of the Board and of the National Council of the same Association. Elected in 1991 first President of the UEHP, as one of the founders of the European Union of Private Hospitals in cooperation with Louis SERFATY and André WYNEN.



**Louis SERFATY (MD)**

France - President from 1993 to 1997

A general practitioner, he began by managing clinics but soon became involved in trade union activities. From 1984 to 2000, he chaired the FIEHP (Fédération intersyndicale des établissements hospitaliers privés), which he decided to merge with the UHP (Union hospitalière privée) in 2001 to create the current FHP (Fédération de l'hospitalisation privée). In its tribute to him, the FHP spoke of a "man of passion and dialogue" who "tirelessly defended the values of medicine and private hospitalisation". Dr SERFATY is also known for having founded the C3P (Club perspectives public, privé). He chaired the European Union of Private Hospitals for two consecutive terms.



**André WYNEN (MD)**  
Belgium - President from 1997 to 1999

He created the association of private clinics that would become Cobeprivé, and by doing so, he became co-founder of the European Union of private hospitals. He believed in the future of modern technology and negotiated the purchase of a computerised ECG programme in the United States, not in order to exploit it, but because he was convinced that doctors should retain control over progress. He established himself in international medical organisations and made himself heard, starting with the Standing Committee of European Doctors, of which he became president from 1967 to 1970 at the time when the free movement of doctors was being discussed. He was a member of the World Medical Association (WMA), renowned for its Helsinki Declaration on clinical trials. When a crisis broke out, he was chosen as permanent secretary general and succeeded in reconciling the member associations. He travelled to Chile to confront the dictator Pinochet and secure the release of imprisoned doctors, driven by his abiding values of love of freedom and courage.



**Alberta SCIACHI**  
Italy - President from 1999 to 2005

President of UEHP from 1999 to 2005, Vice President from 2005 to 2012. Chief executive of the international relations in the Italian Association of private hospitals (AIOP). Representative of Confindustria (General Confederation of Italian Industry) at BIAC (Advisory Committee of employers' party), at the OECD (Organization for Economic Co-operation and Development) and Vice President of the Committee for health policy in BIAC. General Secretary of the CEHP (European Committee of private hospitals). Afterwards President of the UEHP General Assembly and member of the Board.



**Max PONSEILLÉ (MD)**  
France - President from 2005 to 2011

Doctor Max PONSEILLÉ is a radiologist, who graduated in 1975 and worked as a private specialist until 1990. In 1990 he took over the Polyclinique St-Roch, a multidisciplinary establishment: medicine, surgery and obstetrics, with 300 beds located in Montpellier. From this establishment he created the Oc Santé group, of which he is still Chairman of the Board, and which today brings together 18 establishments of all specialities: Acute care, Rehabilitation, psychiatry, home hospitalisation, located for the most part in the Montpellier region and in Paris. Dr Max PONSEILLÉ has been an important trade unionist in the radiologists' union and then in the private hospital union. He was president of FHP (French Federation of Private Hospitals) from 1999 to 2005. He presided UEHP from 2005 to 2011. During his career, Dr PONSEILLÉ has been a member of several national commissions on hospital reform and health insurance reform. Since 1992, he has chaired a study centre, in partnership with the University of Montpellier, which offers Masters in hospital management and University degrees on quality in health, on health law, on the training of nurses... He is a Knight of the Legion of Honour.



**Teófilo LEITE**  
Portugal - President from 2011 to 2013

Honorary president of the European Union of Private Hospitals (UEHP), which he chaired between 2011 and 2013 and president of the Portuguese Association of Private Hospitals (APHP), between 2004 and 2013, Teófilo LEITE is an entrepreneur with interests in the industry and the healthcare sector. Founder and CEO of ICC - Indústrias e Comércio de Calçado, SA, specialized in professional footwear, under which he created SPODOS, a research centre in podology and foot biomechanics. Former CEO of Casa de Saúde de Guimarães Health Centre and founder of Guimarães Private Hospital, now part of the Luz Saúde group. He currently owns and manages CliHotel de Guimarães, a medically assisted senior residence, as well as the Rehabilitation Centre of Guimarães (CRG), specialised in physical medicine and rehabilitation.



**Erich SIEBER (MD)**  
Austria - President from 2013 to 2015

With a Doctorate Law, Erich SIEBER is one of the most renowned experts in the healthcare sector within Europe. During his career he was General Director of several private hospitals in Vienna and since 2004 President of the Supervisory Board of the „Evangelisches Krankenhaus Wien“. Over the past 35 years, he was the CEO of the Union of Austrian Private Hospitals and also its President of the Board for twelve years. Beside those functions he is – since the foundation in 1991 – member of the Board and President h.c. of the UEHP – Union Européenne de l’Hospitalisation Privée. As President h.c. of the UEHP he continues to support a political and economic framework in order that healthcare providers may perform their duty with the highest quality standards possible.



**Paul GARASSUS (MD)**  
France - President since 2015

Dr Paul GARASSUS (Neurologist, MD) President of the UEHP since 2015, Vice President SFES (French Health Economics Society) and President of the Scientific Council of BAQIMEHP (BAQIMEHP professional formation and analysis for the private sector of French hospitals) represents the private hospital sector at European level since 2008. Dr. Paul GARASSUS contributed to the personal development and risk management training of health care professionals. He is involved in professional training in Business Schools and University. Experienced in healthcare innovation and management, quality and technology assessment, his contribution concerns professional health care reforms, relationship with patients and health professionals related to quality and information. He published (co-authored) “Ethique et Argent en Santé” (Editions Eska), expressing his own engagement as a physician to respect the patient and build sustainable solutions for health economics perspectives.



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# FROM CEHP TO UEHP

## The stone age

By Henri ANRYS, Secretary General from 1973 to 1991 for UIHP,  
and then from 1991 to 2005 for UEHP





**Henri ANRYS**

### **The establishment process**

The very first stage goes back to 1937 with the Union Internationale de l'Hospitalisation Privée (UIHP) created by Professor DESGRANGE and chaired by Doctor CAVAILHER assisted by Mr GIAUFFER, both from the FFIHP. At their congress in Biarritz in 1971, the French, Italian and Belgian members decided to create a European Committee of Private Hospitals, CEHP, joined by the Swiss, Germans, Austrians, then Ireland, Greece, the United Kingdom, Portugal and Spain with some reluctance until the transformation into UEHP in 1990. It had its official headquarters at AIOP in Rome, with Dr MILONE as its first Secretary General. AIOP took on the task of publishing a fortnightly magazine "Iatreia". Together with France, AIOP would always be the main pillar of the movement both financially and in terms of activity. The Belgian association FHPB made its infrastructure in Brussels available to provide a technical office for liaison with European authorities, and I took on the task of liaising with the European Commission, Parliament and Economic Council on a voluntary basis. I was already working regularly as a legal adviser to the Standing Committee of European Doctors, particularly in the drafting of European directives.

The other associations gradually joined us, with a Swiss Treasurer, which aroused great interest in the Belgian tax authorities. The Brussels branch of the CEHP, under the legal status of a non-profit association under Belgian law, had thus an executive mission for the UEHP. This made it possible to ensure in all transparency the contractual and legal commitments, in particular that of being a publisher.

The UIHP became the UEHP in 1990, but we kept the Belgian ASBL for the management in Belgium until its disappearance when the UEHP adopted in 2005 the form of an international non-profit association under Belgian law, which made the CEHP's research department unnecessary. As an example, our work at that time concerned the standardisation of barcodes in the medical devices industry.

### **Declaration of principles and intent**

The CEHP expressed its objectives and principles in a declaration adopted at Beaulieu on 9 June 1977: "the private hospital sector holds a rightful place in the hospital network of a country and must be able to be freely chosen by the patient without any material con-

straint”. To uphold this principle of equality and freedom, the CEHP’s policy was based on two axes. Firstly, to be of service to the member associations; this is how studies were carried out and published which were quite technical and could help the members’ institutions on the admission of in-patients, on motivation in hospital staff policy or, in 1997, on risk prevention and patient safety. A “Risk Management” programme, piloted by the auditing firm Ernst and Young in support of what had in the meantime become the UEHP, was initiated in a clinic interested in becoming a member of our association, despite the reluctance of the medical teams in certain countries.

## Offering expertise to European authorities



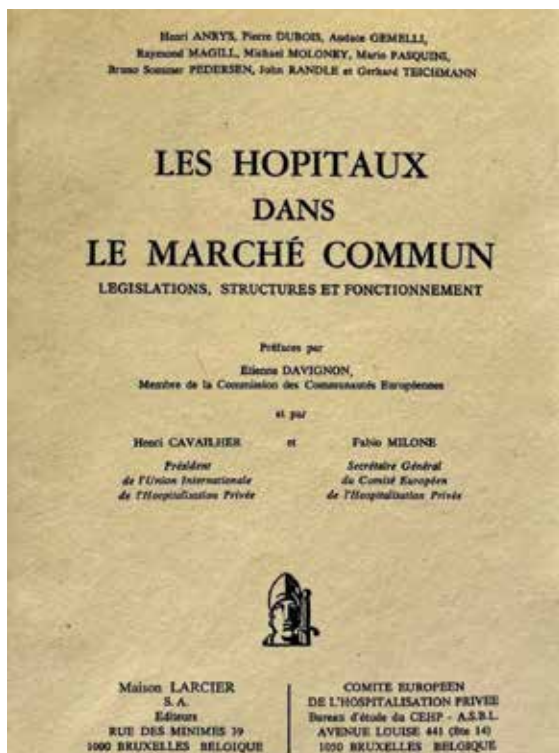
| International Chart of Private Hospitals

The second and most important axis was directed towards European authorities and

civil servants by providing them with real and much welcomed expertise in the hospital field. In this context, the motto of the academics “publish or perish” also appeared to the CEHP as a vital necessity. It was within the reach of the association, thanks to the gathering of information and documents by the Brussels Office and particularly its permanent representative Geneviève ROBIN, who was responsible for the functioning of the CEHP and then the UEHP, and who processed and completed them, as well as by the thematic working groups bringing together the national delegations of private hospitals and their technicians. This expertise was recognised by the Commission, both its Directorates “DG III” Right of establishment of the self-employed and “DG V” Employment, Industrial Relations and Social Affairs. The UEHP was invited to write the chapter on the hospital sector in the book “Panorama of European Industry”. As an example, our work at the time concerned the harmonisation of bar codes in the medical devices industry.

CEHP and later UEHP delegates participated in the collective work of administration and publication, with Geneviève ROBIN as the main coordinator. Like many of our colleagues, in addition to our European commitment within the UEHP, we both had to assume a strong involvement within our institutions in our respective countries. I was involved in the collection of medical data at the Cavell Clinic for the justified DRG pricing, a step in the European hospital pricing reforms that had been initiated. My functions combined the position of Secretary General of a group of hospitals, President of another hospital, Legal Adviser of Medical Unions and delegate of various European professional organisations in Brussels, Expert sometimes of the European Commission, in particular in Romania on the question of equivalences of paramedical diplomas while publishing a lot.

We were involved in the activities of the International Labour Office (ILO) when it



| Hospitals in the Common Market

became concerned with hospital staff. Dr. WYNEN and Dr. SERFATY represented the UEHP, as well as at the OECD. In 2001, an edition of a study on “the private hospital sector in Europe” presented to the European Parliament gave Mrs SCIACHI, then President of the UEHP Council, the opportunity to recall that the UEHP, who advocated freedom of choice for the patient, was in line with the future of the market economy.

### **CEHP a valued interlocutor of the European Commission**

All these actions were an opportunity to convey the positions of the CEHP but also to engage the authorities concerned. When LARCIER, the renowned scientific legal editor, published the CEHP’s collective work “Hospitals in the Common Market” in 1977, the Vice-President of the Commission himself, Etienne DAVIGNON, set out exactly the

usefulness and contribution of the CEHP in the preface: “It is with a view to redefining the role and place of private health establishments within the framework of a concerted hospital policy, firstly at national level and secondly at Community level, that the CEHP has included in the conclusions of this book a number of guidelines which may be useful for those responsible for the organisation of care within the European Community... On the occasion of the publication of this book, I would like to stress how much importance I attach to the particularly useful role that professional organisation such as the CEHP can play at Community level. I therefore hope that the efforts made by the CEHP so far can be continued and even developed, as this type of professional committee is a highly valued interlocutor for the Commission”. On 6 September 1989, Mr. SERFATY, the head of the intellectual employee service of the International Labour Office in Geneva, after the intervention of Doctor WYNEN and Doctor SERFATY, informed me: “...following the requests made, a study on the conditions of employment of health personnel has been included in the programme of my service... I thank you in advance for sending me all the recent information and studies you may have concerning the terms and conditions of employment in the health services”. Furthermore, until my departure, I sat on behalf of the UEHP, which had taken over the work of the CEHP without interruption, in the “DG V” working group on health personnel in Luxembourg. On 13 October 1989, the Director General of the Directorate General for Employment, Industrial Relations and Social Affairs, Jean DEGIMBE, wrote to me about our quality assurance programme: “the Commission will take it into account”.

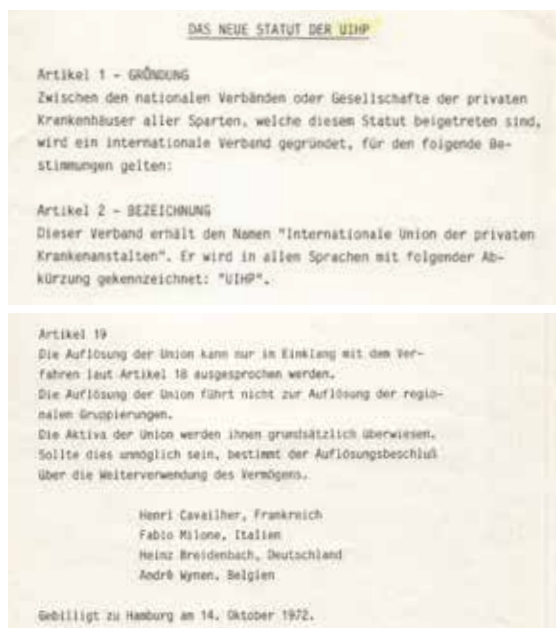
In 1990, the CEHP became the UEHP after enlargement and meeting the wishes of some of the organisations that have since given their support, but the activity continued on the solid basis established over the last twenty years.

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# UEHP Official constitution



1972 - UEHP succeeded the International Union of Private Hospitals (UIHP). This first federation was created on 14 October 1972 in Hamburg, a document reproduced below in the form of Bylaws composed of 19 articles signed by Henri CAVALIER (France), Fabio MILONE (Italy), Heinz BREIDENBACH (Germany) and André WYNEN (Belgium). It is therefore necessary to go back fifty years to find the first steps in the life of our associ-



| UIHP Statutes Bylaws

ation. At that time, the UIHP had joined the CEHP, the European Confederation of Private Hospitals.

CEHP Council members had realized that an extension of the networking between associations of private hospitals across Europe would be an important step to represent those associations all over Europe. CEHP had progressively grown to include members from several European countries. In addition to Germany, Belgium, France and Italy already mentioned, Austria, Spain, Greece, England, Switzerland, Denmark and Ireland joined the International Union of Private Hospitals. The European landscape of the association anticipated what the European Union would gradually become.

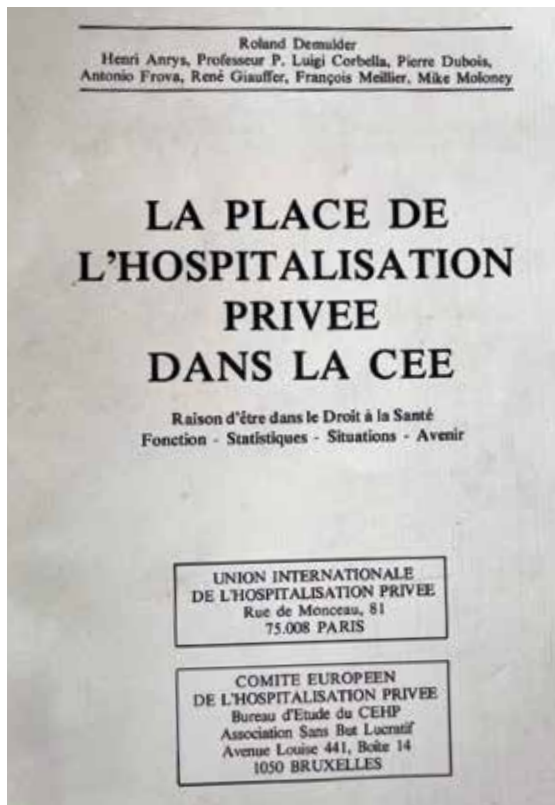
In 1977, the UIHP and the CEHP adopted the International Charter of the Private Hospital sector, in Beaulieu. This Charter underlined the importance of private hospitals as "a necessary and indispensable element of a medicine at the service of the patient, based on the free choice of doctor and medical establishment where care is provided in a humane and fraternal setting".

The first conversations about the formation of the UEHP took place in Switzerland in 1987 already. Dr. Erich SIEBER was

there representing the Austrian Association of Private Hospitals together with Ms. Claudia PEKATSCHEK, who back then was the head secretary of CEHP. Gustavo SCIACHI with his daughter Alberta SCIACHI, Robert BERTSCHY, Etienne PONSEILLÉ, Louis SERFATY, Franco BONANNO were among the attendees.

The creation in 1991 had been brought about by the merger of CEHP and UIHP envisaged

at the Vienna meeting on 28 September 1990, with “Reform of the Bylaws - UEHP Bylaws” on item 3 of the agenda. It was also decided that UEHP headquarters would be in Rome with a branch office in Brussels. And again, anticipating the current societal debates on gender equality, under item 4 of the meeting a “Resolution on women in hospital management”.

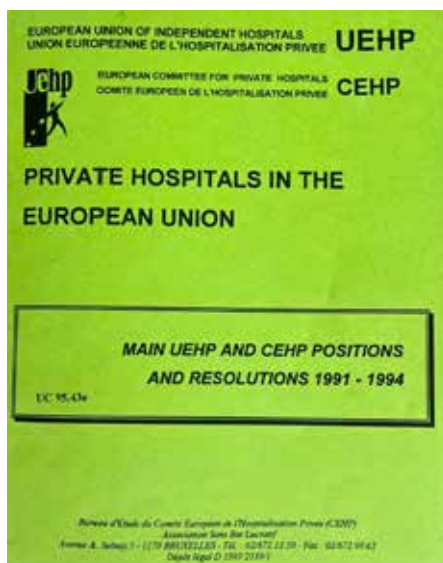


| The place of private hospitalization in the EEC





| UEHP first solemn General Assembly



**In January 1991, the first solemn General Assembly concerning the founding of the UEHP took place in Rome.**

The history of the UEHP is both a political and social history of the European space but internally the ambition of solidarity supported by strong friendships. There was an ideal to defend, and today this fight is identical in the solidarity of the people and the ambition of the principles. We are indebted to this “human chain” which links us across the years to pursue this initiative, the fruit of courage and will, considering that the European concept would be the relevant dimension of the future of health systems.

## UEHP Founding members

We are pleased to recall here in this book the protagonists of this first commitment. They remain visionaries as precursors for our sector of the Europe of Health. We are still on the same path today, following their steps...

**Gustavo SCIACHI, Etienne PONSEILLÉ, André WYNEN, Henry ANRYS, Antonio FROVA, Erich SIEBER.** The biographies of the elements that were not presented in the UEHP Presidents chapter are referenced below.



### **Etienne PONSEILLÉ - 1915 - 2002**

Etienne PONSEILLÉ was born in the Tarn, a department in the south of France, halfway between Montpellier and Toulouse. His family is of Catalan origin.

After excellent studies at the Faculty of Medicine in Montpellier, he settled in this city as a general practitioner. After the war, he created a medical and surgical clinic, the Polyclinic St-Roch. He was one of the first in France to establish an agreement with the social security system covering all health care costs for patients hospitalized in his establishment. He was also interested in politics. He was deputy mayor of Montpellier, general Councillor and in the 1960s he was deputy for the city of Montpellier. From the mid-1960s onwards, Etienne PONSEILLÉ was also involved in professional trade unionism, he became President of the Union of the Languedoc-Roussillon region of which Montpellier is the capital. He remained in this position until 1990. At the beginning of the 1970s, he was president for two terms of the FIEHP (Fédération Intersyndicale des Etablissements d'Hospitalisation Privée). This employers' union was one of the two components of the French private hospitals trade unionism which merged at the beginning of the early 2000s to create the FHP. The Polyclinique St Roch, an establishment created in 1947, experienced a very strong growth in the 70s and 80s, becoming the largest private hospital in its region and developing numerous surgical activities, notably cancer surgery, cardiac surgery, while at the same time being one of the first private maternity hospitals in the south of France. It is from this establishment and from a function-

al rehabilitation establishment created at the end of the 80s that the group will develop. It is currently the most important independent group in the Occitanie region, which includes Montpellier and Toulouse. In the context of his trade union activity, Etienne PONSEILLÉ was an administrator of the UEHP and participated in its work for many years on a regular basis and became its president in 1975.



**Antonio FROVA**

Antonio FROVA is the best example of Italian flair, talent, elegance, professional implication and friendship. Born in Venice in 1941, he has worked in the private hospital sector for over 40 years. He has held many positions in AIOP: Provincial President in Milan, Vice President and then President of the Lombardy Region, member of the Board and then of the National Executive Committee, Advisor to the European Union of Private Hospitals (UEHP) and Secretary General of the European Committee of Private Hospitals (CEHP). With a total devotion to the common working Group, Antonio FROVA applied his personal energy to facilitate and develop positive working condition. With discretion, subtle humour, rigour and positive mind, his smile made this permanent “amico” a dedicated UEHP partner. He published many personal books, expressing his extensive culture and talent.



**Henri ANRYS**

Doctor of Law and Health expert, Henri ANRYS was UIHP Secretary General from 1973 to 1991 and UEHP Secretary General from 1991 to 2005.

More than a mere contributor, Henri is the living memory of the origin story of our organization. He has honored us by sharing some of that story in the introduction to this book, where, with humility and eloquence, he reminds us of the days and nights of work organizing, promoting and representing the UEHP as it grew quickly from a meeting and an idea into a full-fledged organization and an important contributor to health in Europe. Henri and his wife Geneviève ROBIN were fundamental to the initial coordination and essential to the early development of the UEHP.

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**UEHP**

**Women and Men**

**One-on-one discussions**



**W**e are pleased to present here some interviews with key UEHP actors involved in our management. Their voice, in one-on-one discussion, is a testimony to our common history. We thank them for their time and loyalty. The life of our association is the life of the women and men who formed it. We are happy to give a voice to the committed people who have shaped the UEHP by transcribing here the interviews they have kindly granted us.

### **One-on-one discussions**



**Raoul TITECA**

Doctor André WYNEN, in Belgium, was at the initiative of the creation of a European private hospital federation. He was accompanied in this process by Dr SCIACHI in Italy and Dr SERFATY and PONSEILLÉ in France. In Belgium, the COBEPRIVE private hospital federation was chaired by Dr André WYNEN. This young surgeon had been in captivity during the Second World War and developed a visionary ambition to share a consensual collaborative project in Europe to bring together strengths and experiences. The history of the Belgian federation stems first of all from the sanatoria, which at the time represented an important care force against the scourge of tuberculosis. Raoul TITECA, with the support of industrialists including SOLVAY, but also of Belgian mutual societies, invested in and modernised the provision of care by strengthening private initiatives to complement public health needs. Without this active financial support, these projects would not have been possible. It was during this period that the provision of care was enriched by important private clinics, par-

ticularly in the Brussels region, with the involvement of Mr Henry ANRYS, a lawyer, and the support of Doctors Albert BOGAERT and Jacques DETOEUF.

A key player in health policies in Belgium, this visionary had made Europe the field of his hopes: to find professionals involved like him, for whom the exchange of experiences and the creation of a community of thought in favour of medical and hospital initiative, would be equal to the challenges of efficient modernity. Subsequently, the Belgian federation, a pillar of the UEHP, benefited from the full involvement of Dr Raoul TITECA, Jean-Noël GODIN and Count Bernard François Marie Ghislain de HEMPTINNE, Professor of Surgery. In 2015 COBEPRIVE left the UEHP to move closer to the non-profit sector.

Henri ANRYS, another key figure in the UEHP, was a prolific author, whose publications include “La responsabilité civile médicale” (Editions Persée).



## **Alberta SCIACHI**

All the founders of the UEHP were attentive to the positive European dimension of the development of the private hospital sector. Created in Rome in 1991, UEHP succeeded to the international federation of private hospitals with Dr WYNEN, SCIACHI and SERFATY as founding fathers. This was one year before the Maastricht Treaty! France was then represented by two associations, FHIEP and UHP, but Germany was also present at the baptismal font. The objective was clearly to share experiences and strengthen links in order to establish positive relations with European institutions. Important subjects were brought to the forefront of the political scene, such as VAT and competition between sectors. But above all, UEHP was interested from the outset in analysing the practical consequences that the construction of Europe could have on the hospital sector. The constant back and forth between national competences and European involvement has only increased but was already present in the issues supported and discussed by UEHP. At the end of the successive presidencies of Drs SCIACHI, PONSEILLÉ and WYNEN, a woman was elected! A step in the modernity which is gender equality. Alberta SCIACHI, who also represented COFININDUSTRIA at BIAC (OECD), was the fourth president of UEHP. She has fostered a culture of method and results, with shared objectives and reports on actions taken. The focus on European reforms, their analysis and dissemination at national level has been a major objective of her work. When we asked her about it, she recalls that it has been an extraordinary experience, of meetings and shared human values. UEHP has been the crucible of this common culture of initiative in health.



## **Max PONSEILLÉ**

Dr. Max PONSEILLÉ's term of office was marked by the expansion of UEHP to Eastern European countries: Hungary, Poland and Bulgaria in particular. With the proximity of AIOP and in particular Antonio FROVA, this development policy had the full support of the Board. The return of the large Spanish delegation which was made possible with the support of Teófilo LEITE, then president of the Portuguese Association, was another highlight of Dr. PONSEILLÉ mandate, establishing a much broader, pan-European base. This was a devotion to a project, which was European but also made strong by the achievements of previous presidencies. Here again, the family and human link was the initial and then unifying element: this common shared culture made it possible to hold a first major event with the European Congress of Private Hospitals held in Paris in 2010. The importance of human relations is still one of the essential values that has contributed to the success of UEHP. A community of views, an ever-active European ambition and the wish to share this ambition of positive competition between sectors on the part of committed professionals at national level. All have contributed.



## **Erich SIEBER**

One of Erich SIEBER's first act within our Union was to write UEHP Bylaws. At that moment in time, UEHP had to construct its legal structure in order to develop its European ambition. These Bylaws were UEHP founda-

tion for the future. Europe was indeed the relevant dimension to build a working network defending entrepreneurship and fair competition between public and private sectors. He participated, between 1987 and 1990, at the constitution of a working group in the attempt to agree on a common text, with many meetings in Geneva, Paris and Rome. The goal was achieved in February 1991 with the creation of UEHP in Rome. And so was born the UEHP by the “jus” competence of Erich SIEBER. The ambition was back then to create a European network which would reflect and express the same ideas and position, looking and going forward. Too many limits were present in national debates concerning private initiatives in healthcare. The European dimension was seen at a positive regulatory conception, supporting the private sector development. For the past 30 years, Erich has continued to be an active participant in UEHP growth and, as President of UEHP, he took up the challenge, in 2014, to update our Bylaws and to bring closer Eastern European Countries (Hungary, Poland, Croatia, etc.). This “Ost Politik” was fruitful.

Erich SIEBER is the memory of UEHP, a constant and implicated partner conveying Austria implication in the EU27 evolution.



**Teófilo LEITE**

As soon as he took over the presidency of the Portuguese Association of Private Hospitals (APHP) in 2004, Teófilo immediately acknowledged that Europe was fundamental for Portuguese private hospitals to evolve in line with their European peers. The good practices of other countries in terms of articulation between the public and private sectors were

realities to be considered. The strengthening of ties with its European counterparts led to an invitation to the APHP to join the Board and, six years later, to the Presidency. Teófilo’s presidency was marked by the creation of working groups, such as on eHealth. UEHP proposals started producing results, reaching European decision-makers and several institutional partners. Examples of this are the Label Project, the Patient Mobility dynamic, in a context of discussion on cross-border health care and, above all, the State Aid dossier, which motivated meetings with the Commissioner for Competition and with the vice-president of the European Commission, Joaquin ALMUNIA. Then, the motto of his presidency, “More Europe in Health, more Health in Europe” which anticipated by 10 years what the Covid-19 pandemic brought the European Commission to recognise, the need for a “strong European Health Union”. Finally, the recruitment of new members, such as Croatia, Lithuania, Ireland, giving a greater representativeness to UEHP.

Listening to the current President of the European Commission, Ursula von der Leyen, in successive speeches on the State of the Union, emphasizing, following the Covid-19 pandemic, the need to create a European Union of Health or saying that there is no better return than the investment in Health, makes him dream of a different organization of Health in Europe. However, he fears that, once again, the opportunity to have “More Europe in Health” and thus to induce “More Health in Europe” will be lost. For Teófilo, if the European Union Member States wish to continue with the universal health systems and the principles of equality in access, they should privilege favor everything that allows creating value and guiding investments and costs in a sustainable way. For the former president of UEHP, health services must be oriented towards results, which are what really matters to Europeans.

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# Remembering





**Louis SERFATY**

He died at the age of 88 on 23 December 2010. “Louis”, UEHP “little big man” left his mark on all those who knew him. A tireless defender of the private sector, he was engaged in every battle. As a liaison between federations and countries, he contributed to the success of this common project. His book “Une passion, trois métiers” (one passion, three jobs) sums up his career: doctor, entrepreneur and federator, all his qualities were put to use for this collegial success. His commitment to the FHP, the French Federation of Private Hospitals, by facilitating the unification of the FIEHP and the UHP, remains in our memory. His work as a founder of healthcare enterprises was sustained by the trials he faced, the struggle and the realities of everyday life. His memory and legacy are still with us, as are his casualness and his little dogs hidden under his desk that had to be taken for a walk in the Parc Monceau!



**Barry HASSEL**

Barry left us in December 2014. He was well known as an international Health Economics Expert, was an incredible UEHP partner, a visionary engaged on quality. He first oriented UEHP works on efficiency and was UEHP first member to be part of a Joint Action of European member states for the promotion of cooperation in patient safety and quality in health care (PaSQ). He combined a strong scientific background and a talent for negotiation. He knew that diplomacy was key in international working session, and he always went prepared. He was a strong leader but above all a good friend who showed respect for all his colleagues. Our trip to Hungary for the first European eastern Member States Congress with Josef DESZY at Balaton Lake comes to mind. His wife, Sylvia, often accompanied him to our meetings across Europe. Those are happy times and memories which will forever last.



**Robert BERSTCHY**

Deceased at the age of 78, on 29 March 2016. Former President of the Clinique Privées Suisses (CPS), Robert was for many years Director of the Hôpital de la Providence in Vevey but also treasurer and auditor of UEHP. Private clinics and their associations were close to his heart. He was a friendly, dedicated and always cheerful companion who brought gifts to our meetings. With his passion and habitual good humour, he touched our hearts.



**Prof. Dr. Stayko SPIRIDONOV**

Stakyo sadly passed away on 24 January 2019. President of the National Association of Private Hospitals in Bulgaria, he was a pioneer and a leader in his own country. With his major entrepreneurship talent, he obtained the second licence, after the fall of the Berlin Wall, to set up a private enterprise in his former communist Country, establishing in 1991 the Hygia Medical Complex, the first private hospital in Bulgaria. We had the privilege in 2016 to have one of our meetings in Sofia and Stayko and his daughter, Tsvetelina SPIRIDONOVA, also a brilliant surgeon, made us all feel very welcome. His memory will not be forgotten.

30 years  
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# How Europe changed





1957 the Treaty of Rome founded the European Union with six countries. Among the most significant milestones was the Maastricht Treaty in 1992, which was a major starting point, followed later by the Lisbon Treaty, which currently governs us. But on 9 November 1989, Europe changed dimension with the fall of the Berlin Wall which led to German reunification on 3 October 1990. The borders change! And gradually Europe integrates new Member States to build a Europe of 28... Until Brexit disrupts the situation. The European Union is now made up of 27 Member States.

Other dates also have to be emphasised: on 1 January 2002, the Euro became the single currency in 15 countries. This Eurozone represents a homogeneous economic area in terms of economic regulation. This internal progress is also a positioning on the international scene creating a “world” currency allowing this economic space to be competitive in particular with the American Dollar. We have the European Central Bank which coordinates European policies in terms of finance and the economy. We no longer hear talk of devaluation but of inflation control, of compliance with the Maastricht criteria for Member States’ budget deficits.

But then economic crises occurred. Armed conflicts outside our borders were the cause in the 1990s. Then the crisis of 2008 put a strain on some economies with the management of the debt of Member States. The budgetary rules have made it possible, under constraint, to maintain stability at the cost of very painful restrictive policies for the populations concerned. With regard to health, Greece, Portugal and Ireland have seen the interference of European regulators in the management of their health expenditure in order to re-establish the main balances in compliance with the regulations. This represented a major effort and hardship.

Today, the major shock is in our protected peace space, coming from an aggressor as small as it is unexpected, the Covid-19 virus. After a phase during which all the organisations were shaken up, common solutions were found in terms of exchanges and solutions. The joint purchase of vaccines is the best example of what Europe has made possible in terms of efficiency for its citizens. We believe that this ordeal should open up a wider reflection in favour of a strengthened Community space. The Europe of Health must be built, we are actors and promoters of it.

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# How European Private Hospitals changed



## **What have we observed over the past thirty years?**

First of all, the management of private hospitals has become more professionalised. The European history of private hospitals is first and foremost that of doctors who created their own working tool that met their own requirement for quality care. Whether the founders were doctors or surgeons, at the very beginning it was a question of establishing small facilities where skills could be brought together. Then their success allowed them to grow in two different ways, i.e., to become larger hospitals with greater capacity and remaining in the same capital structure, but also to merge into larger facilities attracting external investors.

Some private hospitals in Europe have now more than a thousand hospital beds! As a result of their larger size and of the complexity of their organisation and management, the consequent scale of these new groups has prompted the recruitment of new skills. Then their success attracted external investors with strengthened financial capacities but also renewed ambition. Thus, in the thirty-year history of the UEHP, European giants healthcare providers have emerged across the continent. It is not possible to name them all, but (in alphabetical order) Asklepios, Bupa, Elsan, Helios, Luz saude, Ramsay, San Donato, Sana, etc. are examples of managerial success.

But with a new business model comes new demands. Namely, managers devoted to providing medical teams with the necessary resources and personnel. Efficiency and profitability goals, an essential condition for pursuing ambitious investment policies. These groups have thus revolutionised healthcare, while gaining market share in Europe. Only the private commercial hospital sector has been growing, while everywhere else bed capacity has been decreased and the length of stay has been shortened to favour the development of day care. The private sector has followed these trends and even anticipated them in many countries. However, it is important to consider these reorganisations of care provision at the international level. The world of the private hospital sector is no longer a “sealed” universe, limited to the borders of a single country. Talents and skills are exported, and investments are driven by strategic analyses that take into account national specificities while surrounding themselves with skills likely to develop merger and acquisition policies. This actual internationalisation is one of the most striking developments of the last decade. The health sector is potentially attractive to investors, and private hospitals have shown their resilience during economic and health crises. We have to say that European hospitals followed the success story of our common economic

space, demonstrating the power of free enterprise in a regulatory control scheme.

UEHP has been able to surround itself with the necessary skills to adapt to the structural changes that have governed our sector. Although the economic tensions are permanent, and the difficulties in recruiting and retaining health personnel have been exacerbated by the health crisis caused by Covid-19, the private hospital sector is coping. With new responsibilities that have demonstrated their vital importance in times of health tension, especially with regard to access to care in ICUs.

The European forums have not yet fully taken into account these structural changes brought about by health system regulation policies piloted at the national level in accordance with two joint objectives: quality of care and control of expenditure. These efficiency issues, which sum up the challenge to be met, are one of the specific characteristics of the private sector, which is open to discuss the evolution of practices while also respecting the economic constraints likely to perpetuate the European social model. The UEHP is a partner in these fundamental changes which will eventually allow us to maintain a quality and accessible healthcare offer for all.



## TECHNOLOGY

**1969** The very first message on the precursor of the Internet was sent. Leonard KLEINROCK and Charley KLINE California University Los Angeles a first message to Bill Duvall Stanford Research Institute arpanet network October 29, 1969, at 10:30 PM “login” was sent, only “lo” arrived. How can we manage without the Internet today?

**1976** Apple markets the very first personal computer, built in the garage of its two founders: it is made of wood and has become a museum piece!

**1990** Mobile telephony takes off. Doctors were the first users to respond to emergency situations. The first smartphones followed, manufactured and sold at the end of the 1990s. Since then, in the 21<sup>st</sup> century, they have invaded the planet.

**1992** The first SMS was sent on the 3<sup>rd</sup> of December, and it simply said “Merry Christmas” by Vodafone!

**1995** The GPS Global Positioning System is deployed. How do our patients get to our hospitals? Thanks to GPS, which allows them to come for consultation or to be admitted.



And families, sometimes far away, can visit them.

**1998** Google was founded by Graduate students and with the support of private investors has become the most used web-based search engine.

**New Year's Eve 1999/2000!** Fear of Y2K dominated the news. Remember the security rules that were in place that evening. Everyone was concerned that there would be major problems with the computer system, which could bring all the security functions of the police, fire brigade, electricity and hospitals to a halt! Many of us spent New Year's Eve at the hospital to make sure everything was OK. Appropriate contingency plans were prepared, such as the requirement to have a bicycle available for travel if the roads were blocked.

The development of e-health is still ongoing. We are far from having grasped all its usefulness and uses. Our congresses are an opportunity to constantly discover new solutions. At each stage there are many initiatives, and the difficulty is to assess their usefulness and encourage their deployment. This is provided that we are able to finance these technological reforms, some of which are necessary but sometimes costly, and which in themselves impose major changes in procedures.



## MEDICINE

In thirty years, medical progress has been major. We do not notice it much in our daily lives, but when we look back, we wonder what it would be like to work without it. We would like to outline some key examples that have had an impact on hospital care.

**1987** Let's go a few steps back in time. Laparoscopic surgery was invented by a private hospital surgeon in Lyon (Clinique de la Sauvegarde), Doctor Philippe MOURET in 1972. It was in March 1987 that he performed the first laparoscopic cholecystectomy. His presentation to the French Academy of Surgery provoked a torrent of criticism. Since then, this technique, which has never ceased to evolve, has become the norm. The subsequent robotic surgery was approved for the first time in 2000 by the FDA in the USA, patented by the company DA VINCI, and remains today the market leader. The European private sector has the largest installed base of surgical robots.

**1990** The first publications on ERAS (Enhanced Recovery After Surgery) by the Danish team of Henrik KEHLET advocate the organisation of surgical teams to allow the patient to return home on the same day as the operation. Since then, many teams have



made adjustments to improve the quality of the outcome and the patient experience.

**1994** The discovery of aromatases transformed breast cancer chemotherapy. More generally, new, more effective and better tolerated treatments have changed the prognosis for many cancer patients. Hospitals have adapted their wards to provide half-day infusion treatments as opposed to full hospital stays. Inpatient chemotherapy departments have disappeared. The next step is home chemotherapy with personalized treatments.

**2000** Image fusion between CT-Scan and PET is developed. We then look at the example of imaging: the first scanners appear in the 1980s, but innovation moves from X-rays to MRI in the 1990s.

**2013** In France, Doctolib revolutionised online medical appointment scheduling for patients but also for hospitalisations. Since then, this start-up has conquered the French and German markets, and is also expanding in Italy, demonstrating that Europe is naturally a place of innovation and progress.

**2020** The 2020 Nobel Prize in Physiology or Medicine was awarded to Drs. Harvey J. ALTER, Michael HOUGHTON and Charles M. RICE for the discovery of hepatitis C virus (HCV), the treatment has been available for almost ten years, enabling a major reduction in the risk of liver cancer. Pathologies can disappear thanks to medical progress, as in its time for the hepatitis B virus, the vaccination available since 1991 had already strongly reduced the risks for liver diseases.

**2020 – 2021** The development by Pfizer and Moderna of mRNA vaccine to fight the Covid-19 pandemic. As providers, we have supported the full engagement of private hospitals as partners in delivering vaccine solutions.





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# Milestones



Here are some of the UEHP milestones and a list of the professional network we have built over the years. We would like to thank all the speakers and participants who have attended our events.



// UEHP Paris Congress 27-28 May 2010



Meeting with Health Commissioner John DALLI – 20 November 2011

Meeting with Joaquin ALMUNIA, European Commissioner for Competition – February 2012



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// Roundtable "Health in Europe 2020"  
Paris, 22 June 2012



Roundtable in Paris  
FROM THE EIFFEL TOWER TO  
"HEALTH IN EUROPE 2020"

Several representatives of European private hospitals exchanged recently about in the City of Paris a roundtable organized by the European Union of Private Hospitals (UEHP) entitled "Health in Europe 2020". As the top of the Eiffel Tower and being a European health market, in particular, the direction on cross-border healthcare, that all Member States of the European Union have to contribute into national law by October 2013, was considered a revolution that can contribute for health in Europe a landmark as big as the Eiffel Tower did for the European continent century ago.



Transitional freedom of choice and competition in provision of healthcare and its financing, drawing on information and communication technologies (ICT) will be in the future, as the speakers concluded, the foundation of a potential European Health System.



At the beginning of the UEHP Council Meeting, under which the roundtable was held, the President of the Council of Ministers, Dr. Max Fassin, and the President of the Board, Toufik Laiti, characterized the socio-economic context of this debate. It became clear that in this period of economic crisis, of high inequalities and pressure on health care, it is necessary to define Europe-wide strategies, to allow economic of care and enable Member States to meet the demand of social protection mechanisms, particularly in the area of healthcare, to ensure "health in a changing phase with the introduction of new diagnostic, treatment and rehabilitation, as well as new concepts and business models, making it adapt to the evolution of medical science, new information technologies and a more active participation of the citizen regarding their health", stated Toufik Laiti.

"We must listen to the patient, think about what patients want, even if this grounds have to have staff fully engaged to the patients. 24/7. The private sector provides a human touch, it provides an alternative service with an individually adapted patient support package before, during and after hospitalization, taking into consideration all of its patients' needs".



MR. PASCAL ROCHE  
FIG of Générale de Santé, France

"The ongoing reform in Poland encourages privatization, expands the monopoly from the NHF and introduces competition between third party providers".



PIOTR GERBER  
President of the Board of EMC Medical Institute SpA, Poland

"The objectives of the cross-border directive are to establish rules to facilitate the access to a high quality healthcare in the European states, to guarantee mobility of the patients, to promote cooperation among the states, within limits of reimbursement".



PROF. FABIO PINIAGLIA  
Gorin Group, Italy

"Efficiency and Quality standards were the drivers of the new Healthcare providers".



INÉS MURTEIRA BLECK  
José de Hilário Saúde CEO, Portugal

"It seems quite obvious that independence of any government preference in health care, public monopoly is to be dissolved and replaced by a competition-based system".



PROF. GABRIELE FLESSNER  
President of San Donato Hospital Group, Italy

"The private hospital is now an alternative to solve the challenge of health for all. The private sector provides a public service and brings energy to the States".



DR. CHRISTIAN LE DORZE  
President of Hada, France

"The German European standards are a reality, patients demand their right of free choice. Hospital Services may be service of a special nature, but they cannot be exempt from the fight in the arena of the common market in the long run".



ELISABETH MORIN-CHARRIER  
AEP

"The German European standards are a reality, patients demand their right of free choice. Hospital Services may be service of a special nature, but they cannot be exempt from the fight in the arena of the common market in the long run".



JENS WERNICK  
member of the board of UEHP Germany

"The members of the UEHP who participated in this roundtable, while recognizing a diversity of healthcare systems, were able to share with the audience a number of key ideas around the four major topics defined including the future role of private hospitals in Europe, issues on competition between private and public hospitals, management and issues arising from the Directive on Patient Mobility and the potential of eHealth and Quality standards on private hospital markets across Europe. In addition, from this roundtable we were able to clarify three major ideas:



PAOLO PASTERICA  
Editor-in-Chief International Journal of Healthcare Management

The different levels of development of the private hospital sector, the diverse levels of development of the public sector and the diverse channels of distribution and financing will demand a national market approach in most of the dimensions of a strategic business plan for healthcare in Europe. Secondly, to each of the four topics, the role of private hospital managers: they should work in the audience a number of diverse strategic challenges and new practical solutions. For a very recent topic, as it demonstrates the energy of European private hospital leaders, approaches also indicate additional challenges for European-wide regulatory framework, together with market market context will imply further thinking and strategic impulse for future projects.

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Meeting with Tonio BORG, EC Health Commissioner - HFE GA Brussels, May 2013

Meeting with Director General of DG Health Ms. Paola Testori-COGGI - 17 May 2013

// UEHP Milan Congress - 17-18 September 2015



// UEHP 25th Anniversary Rome, 26 February 2016



**// Meeting with Vytenis ANDRIUKAITIS,  
EC Health Commissioner - November 2016**



**// Meeting the Portuguese  
President of the Republic,  
Marcelo Rebelo de SOUSA  
Lisbon, 10 March 2017**

UEHP IS RECEIVED IN MOSCOW – June 2016 Welcomed by Alexandre GROT and the entire Russian delegation, President Paul GARASSUS and Dr. Erich SIEBER were able to visit public and private hospitals in Moscow.

Expert meeting to discuss Eurofound's draft report on Delivering Hospital Services, Dublin, 22 September **2016**

**// Meeting with Portuguese Health Minister, Adalberto Campos FERNANDES –Lisbon, 29 September 2016**



**// Meeting with Francesca COLOMBO  
OECD – 28 September 2017**



**// Presentation of the Factbook at the  
European Parliament – 7 November 2017**



**// Sustainability and Transparency of Health Investments - Moldova, 11 May 2018**



**// Launch of the EU Beating Cancer Plan – European Parliament**



**// Meeting with Health Commissioner V. ANDRIUKAITIS – 29 January 2019**



## **UEHP – SHAM Workshops on Risk Management**

**// November 2018**



**// January 2020**



**// November 2021**



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**UEHP**

# Current network

By Ilaria GIANNICO, UEHP Secretary General





**Ilaria GIANNICO**

**I**n 1993, in Rome, UEHP adopted a Declaration of Principles, which has been motivating, since then, the realization of numerous studies, resolutions, position papers and various partnerships and collaborations with many European institutions. Year by year UEHP has increased its visibility at the European level, asking its Secretary General to be its voice. Ilaria GIANNICO accepted this challenge six years ago and, since then, has been representing UEHP in numerous international meetings, conveying its message. Here are some of UEHP major actions over the years and current representation and network.

### **Member of eHealth Stakeholder Group of the European Commission**

The eHealth Stakeholder group provides advice and expertise to the Commission, particularly on topics set out in the Communication on enabling the digital transformation of health and care. In particular, in relation to the following areas:

- health data, including taking forward the Commission Recommendation on a European Electronic Health record exchange format and the further elaboration of the baseline set of technical specifications and better interoperability;
- digital health services;
- health data protection and privacy issues;
- cybersecurity for health and care data;
- digital tools for citizen empowerment and person-centred care;
- artificial intelligence and health;
- cross cutting aspects linked to the digital transformation of health and care, such as financing and investment proposals and enabling technologies.

Members of the eHealth Stakeholder Group are all umbrella organizations and associations with a European outreach. They represent the following sectors and groups: the health tech industry, patients, healthcare



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professionals and the research community. UEHP has applied and been selected as member for the last three consecutive mandates (6 years).



**Member of Business at OECD (BIAC Business and Industry Advisory Committee)**

Business at OECD is an officially recognized business voice to the OECD with over 50 years of experience conveying business perspectives and expertise to policymakers on a broad range of global economic governance and policy issues. The goal of BIAC is to positively influence OECD policy initiatives through sound knowledge and to address business and industry needs at all OECD policy decision levels.

BIAC is structured in 28 policy groups covering the whole spectrum of international policies and business interests. UEHP seats in the following working groups: Competition Committee, Health Committee, Employment, Labor and Social Affairs Committee, Innovation and Technology Committee.



**Founding member of the European Alliance for Value in Health**

The European Alliance for Value in Health is a group of associations that represents a broad range of stakeholders including patients, scientific and professional societies, healthcare managers and professionals, hospitals, payers and industry. By connecting different stakeholders, the mission of the alliance is to facilitate health system transformation, share knowledge and best practices, and engage with policy makers and stakeholders at European, national, and regional levels towards our shared vision for a Europe, where health systems are value-based, sustainable, and people-centred.

Created in 2020 on the initiative of the European Federation of the Pharmaceutical Industries and Associations (EFPIA), UEHP is one of the founding members of the alliance.



**Founding member of the EU Health Coalition**

The EU Health Coalition is a multi-stakeholder initiative looking at mapping the future of healthcare in Europe in order to make the

most of the innovation at our fingertips, at the role of the European Union in addressing the challenges we face and critically at how can different sectors converge to deliver the best outcomes for patients in Europe.

Created in 2018 in the context of the European elections on the initiative of the European Federation of the Pharmaceutical Industries and Associations (EFPIA), UEHP is one of the founding members of the alliance.



### **Member of the Board of Health First Europe (HFE)**

Health First Europe is a non-profit, non-commercial alliance of patients, healthcare workers, academics, healthcare experts and the medical technology industry. All members aim at joining forces to transform health care through innovative solutions, to ensure that equitable access to modern, innovative and reliable health care solutions is seen as a vital investment in the future of Europe.

Health First Europe was born in 2004 thanks to commitment of its co-Patrons and members to build truly patient-centred healthcare systems in Europe. UEHP has been member of the Board ever since.



### **Founding member of the Integrated Care Alliance**

The Integrated Care Alliance aims at accelerating the transition towards Integrated Care. The members of the alliance are committed to working together to develop sustainable health and social care systems that meet the holistic needs of citizens, patients and carers, especially those with complex and long-term health and social care needs.

Created in 2016 on the initiative of the European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries (COCIR), UEHP is one of the founding members of the alliance.



### **Member of HIMSS**

The Healthcare Information and Management Systems Society (HIMSS) is a global advisor, thought leader and member association committed to transforming the health ecosystem. As a mission-driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research and analytics to advise leaders, stakeholders and influencers from across the ecosystem on



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best practices. With a community-centric approach, our innovation engine delivers key insights, education and engaging events to healthcare providers, payers, governments, startups, life sciences and other health services organizations, ensuring they have the right information at the point of decision.

UEHP is Partner Innovation Exchange member within HIMSS since 2018.



### **Member of the jury of the EU Civic Prize on Chronic Pain**

Promoted by Active Citizenship Network (ACN), the bi-annual research-project at the European level “EU Civic Prize on Chronic Pain - Collection of good practices” aims to highlight existing good practices in several European countries in terms of struggle against pain, encouraging the exchange of experiences among health professionals, healthcare providers, Institutions, civic associations and patient advocacy groups.

The prize has reached its third edition in 2021. UEHP has been member of the jury panel selecting innovative projects from its first edition.



### **Cross border health directive**

UEHP regularly attends congresses and sessions on the implementation of the Directive 2011/24/EU on patients’ rights in cross-border healthcare. The Directive sets out the conditions under which a patient may travel to another EU country to receive medical care and reimbursement. It covers healthcare costs, as well as the prescription and delivery of medications and medical devices.

Given the importance of this Directive and the links with health travels, UEHP members regularly assess the implementation of the Directive in their member hospitals and communicate about this topic at national and international level. Among many initiatives and projects, we highlight the interview of our Secretary General, Ms Ilaria GIANNICO, for the joint TV documentary broadcast by Mediaset Espana and Mediaset Italia “Insieme /Juntos: El turismo sanitario”: [https://www.cuatro.com/cuatroaldia/internacional/insieme-juntos-turismo-sanitario-europa\\_2\\_2697480060.html](https://www.cuatro.com/cuatroaldia/internacional/insieme-juntos-turismo-sanitario-europa_2_2697480060.html)

Other activities include long lasting partnerships with a number of different international bodies and organization such as the International Hospital Federation (IHF) and the World Health Organization (WHO).



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# Our Philosophy



**W**e are heirs. UEHP has been carrying on the commitment of its founders for the past thirty years. We should even add at least two more decades of history since UEHP is a prolongation of European associations which had already been in existence for many years. UEHP is the story of women and men who saw Europe's health as a future to be built after the ordeals of the Second World War. Some of the founding members had a personal history that was strongly affected by the conflicts. And they, like others, saw cooperation and mutual knowledge as opportunities to be developed. Doctors who are committed to their work, that is the common factor. Then, success enabled them to find the resources of neighbouring countries in this Europe under construction to enrich their perspectives and open new horizons. Today we are still indebted to this generation, which endured the conflicts in order to build a space of greater security. The Europe of the founding fathers was their conceptual framework; they adapted it to their professions.

Indeed, their commitment measures up to the challenges: breaking the ghetto of borders in Europe, both physical and ideological. This generation that laid the foundation stone of the UEHP was a generation of builders. Entrepreneur is a key word. It is interest-

ing to see that the pattern in UEHP member countries has been the same. The starting point is the will of doctors to organise their practice and their professional activity. First of all, they set up small clinics, which they were able to develop thanks to the quality of their services. Through a process of mergers and acquisitions, large and renowned health care institutions were created. And today the European private hospital landscape with large industrial-scale groups is merely a continuation of these initial steps. It is a matter of acknowledging the success and appropriateness of the initial project, based on quality of care, to affirm the direct filiation between past and present entrepreneurs.



The spirit of initiative is another line of strength. We may recall, for example, the success of Mr. MUNCH who created **Rhön-Klinikum** in Germany. He had taken over a local hospital in difficulty, although his



| Robert BERSTCHY, Stayko SPIRIDONOV and Tsvetlina SPIRIDONOVA

first job was as a miller, a fact he is happy to mention in private discussions. This group has become since one of the most important players in the German healthcare landscape. We are also pleased to mention once again our late colleague **Stayko SPIRIDONOV**, who was one of the first entrepreneurs in Bulgaria to create an innovative health care offer based on private investment and management after the fall of the Iron Curtain. The private hospital sector has always wished to maintain its voluntary independence, i.e. to depend on its own labour force and rely on itself for its development. The consideration that our sector deserves and claims is due to this creative organisational will to serve the patient. There have often been voices from outside our profession that question this entrepreneurial model. But success deserves respect and consideration, it is a permanent demand for equal treatment between the public and private sectors, whether or not the latter are for profit.

The changes have been major, sometimes with a forced modernisation. Economic or health crises have hit the sector. But in this liberal Europe, which has expanded by opening up to the East, the private sector that we represent has been a permanent player in the diversification of the provision of care by accepting that patient choice deserves our attention. The Welfare States have made exceptional progress in terms of quality of life, social protection and respect for the individual. Economic progress has been the natural support for these developments, as the two are synchronous and make sense. This is how

privately owned medical companies support and diversify the health systems accessible to all citizens. The principle of Universal Health Coverage through social protection has enabled this growth.

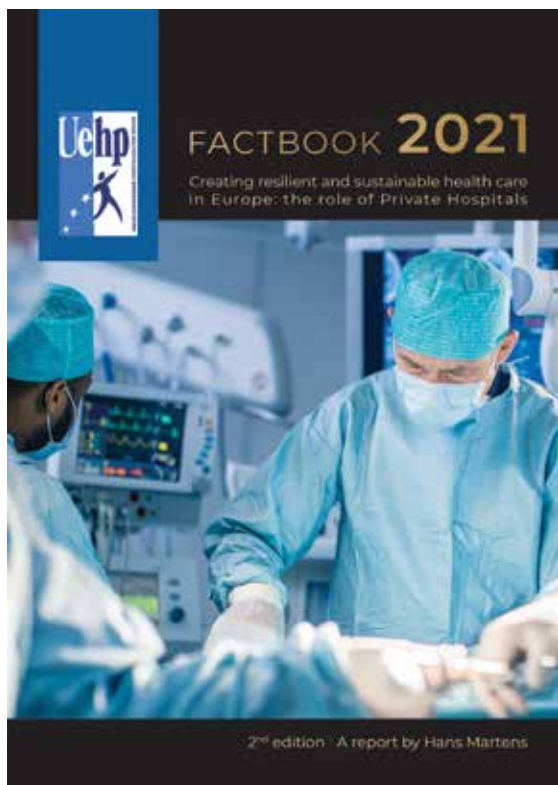


| Paris 2012



| Milan 2015

Our philosophy honours the commitment of our predecessors. We continue with all our strength to contribute to a diversified quality care provision. And all our struggles, as shown by our **congresses (Paris and Milan)**



and our publications (**Factbook** first and second edition), are designed to translate this engagement towards the efficiency and sustainability of health systems. We have been able to adapt to the socio-economic context in order to modernise and integrate the most recent technologies. But also, and this is an essential motivation, to promote the sharing of experience within this evolving European space. Our resilience is the image of our social ambition, in the midst of trials and sometimes criticism. We encourage all economists to come and study our successes, to understand the economic model integrated with social protection that is useful to all. And also, to validate the fact that efficiency takes into account the economic constraints and the necessary management measures that are appropriate for a successful care provision.

Managerial talent is a key factor in bringing together so many professions to achieve a single result, the success of the collective

undertaking dedicated to the patient. This coordination of actors is one of the conditions necessary for the development of the private hospital sector. As we write these lines, at the end of a worldwide pandemic crisis, and at a time when the recruitment of health professionals is under pressure, we are putting all our energy into developing collaborative solutions. Tomorrow's hospital will be different from yesterday's and even today's. We have inherited this necessary culture of adaptation from our predecessors, who applied the principle of flexibility before the word was coined. The challenges are numerous, computerisation, networking, the inclusion of alternatives to full hospital stays, the new hospital hub at the centre of a network of medical and paramedical professionals, all these structuring trends will continue to be applied.

But what we retain from our common past is the notion of service and quality of care, of the attention paid by the professionals that we are to the service rightfully expected by the patient. Our modernisation, our construction and our technologies have not forgotten this founding element, which is the respect of people in vulnerable situations. A health project is first and foremost a humanist project, and the organisation supports this ambition. The ever-renewed commitment that we have the honour of carrying on from the founders of the UEHP, we wish to pass on so that it will endure. Our strength comes from the past, we share it with our teams, and we will pass it on in the best interest of the profession but also in an integrated care supply. As the only growing hospital sector in Europe, ready to diversify, we are seeking to arm ourselves as best we can to face the unforeseen while maintaining our *raison d'être*, Care.



UEHP is a federation representing the interests of a private hospital sector committed to its bylaws but also to its spirit. But it is also a human adventure, made of personal encounters within our professional group but also way beyond. Our contacts with the stakeholders of the “**Brussels Bubble**” have allowed us to meet people who are exceptional in their competence and motivation. People from the European Commission, and more particularly DG SANTE, but not exclusively, MEPs who have given us their attention and support, as well as other stakeholders of this Europe of health still under construction, such as patients’ associations, medical and paramedical health professionals, the healthcare industry, without forgetting other hospital representatives. We have been able to exchange ideas and opinions with them, but also to get to know each other better, which has enriched us. It is indeed through this principle of interaction between all the people concerned that these common re-

flections useful to the European citizen are progressively developed.



The **Gastein Forum**, for example, was a fascinating experience. Our meetings at the European Parliament, which is and remains the crucible where European social policies are developed, have always been of great interest. Nor have we forgotten the privilege of having been received in delegations in the various member countries by the high-

est health authorities, governments or administrations, who have given us their time and interest. We should not forget that they were often interested in knowing about our experiences and expertise so that they could reflect with us on the direction of their own health policies. Finally, on the borders of Europe, we were received by hospital professionals who were mindful of European standards and interested in working with us.

Europe remains an attractive value for our close neighbours, and we were happy to contribute to the process of bringing them closer. This spirit of openness perpetuates the action undertaken by our predecessors within the UEHP. We hope that we have lived up to their humanistic aspirations to provide care while ensuring the quality of services and the balance required for organisational performance. Our growth over the last thirty years is proof of the soundness of our position. We hope to pass on to the next generation the same principle of efficiency and brotherhood that has accompanied us up to this day.

Over these past 30 years, we shared our experiences and hardships building professional relationships but also friendships. Since its creation in 1991, UEHP has scrupulously followed its mission of defending the private hospital sector at the European level. After a slight revision in 2014, the phrasing of the Bylaws has remained unchanged and still expresses the visionary perspective of its founders. That of bringing the expertise and motivation of the private hospital sector to the service of citizens by emphasizing entrepreneurial commitment and motivation as a force for progress. There are three main areas of activity for UEHP.

The first, under the responsibility of our Secretary General, is to coordinate our actions at the European level and more particularly at the heart of the institutions, i.e., in Brussels. Too much has been said about the “Brussels bubble”, but this is the main dimen-

sion of our action. Our connections are based on the clarity of our positions and our entry in the transparency register is both a privilege and a duty. This allows us to have access to the main officials and decision-makers but also to express our specificities and expectations during meetings at the highest level. Furthermore, we have the pleasure of interacting with the major players in the health care sector, our partners in scientific and industrial change, such as EFPIA for the pharmaceutical industry, or MEDTECH and COCIR for medical technologies. Our participation in numerous Think-Tanks, companies and cooperative groups in health is also an important opportunity. We also have the great privilege to be completely independent and this independence is linked to our sole federative funding. The second area of intervention is the transmission to our national federations of European information and regulations applicable at national level. But also, and this is the third axis, to bring up to the European level the difficulties and solutions coming from the field, and which deserve European attention because they can be shared. We are rich of our diversity, our commitment to serve human being.



Europe has undergone profound changes over this period and the **Lisbon Treaty** has redefined the main guidelines. However, the field of health remains the poor cousin of common policies, leaving the organisation, management, and financing of social

systems to Member States. The principle of subsidiarity still applies to this autonomous management. Social Europe remains a world reference, with half of the world's social expenditure being carried out in its territory alone, as the former German Chancellor, Mrs Angela MERKEL, reminded us. Our ambition is to facilitate cooperation and professional exchanges enabling us to make the most of each other's experience for the benefit of all. Europe must be built politically and economically, but also socially for the benefit of its people. Nothing will be done without the involvement of civil society, of which UEHP is one of its representatives.

Over the past thirty years, UEHP has been closely following the major European reforms, not only where they affected the institutions themselves, but also when they in-

involved changes in the healthcare sector. The more relevant example concerns the patient Cross Border directive 2013.

The expansion of the European Union has had a strong impact on our federation in successive phases. When we were founded in 1991, the EU consisted of twelve members, the latest additions being Spain and Portugal. Europe thus included those members that had passed the required democratic stages. European policy has always reflected national policies in a process of sharing and convergence. But 1989 was marked by the fall of the Berlin Wall and 1990 by German reunification. The countries of Eastern Europe then began their rapprochement. It was in this new and unstable environment that a crucial date was set, 7 February 1992: the signing of the **Maastricht Treaty**, which created the



European Union, a treaty applicable from 1 January 1993. We know what happened next: 1995, the Europe of Fifteen, 1997 the Treaty of Amsterdam, then in 1999 the creation of the single currency, the Euro, for the 'euro zone', 2001 the Treaty of Nice, 2004 the Europe of Twenty-five, then twenty-seven in 2007, also the date of the Treaty of Lisbon which still governs us today. Finally, the expansion to twenty-eight in 2013 with the entry of Croatia and, most recently, the difficult events of the Brexit, which took us back to twenty-seven Member States at the end of 2019.

We have had the pleasure of accompanying all these stages, in particular the opening to the East. Our Bulgarian member, the late Dr Stayko SPIRIDONOV regularly reminded us that he was proud to have obtained the second licence to set up a private company in Bulgaria by creating his clinic. The landscape of our association has been shaped by the political and economic trials that our continent has gone through. We do not forget how economic situation can badly impact some colleagues. For example, the Irish federation was unable to maintain its partnership due to the difficult economic pressure it experienced during the late financial crisis, which limited its resources. Croatia too, but more belatedly due to restrictive public policies, was unable to consolidate its development for a positive and balanced partnership.

We have also been active in anticipating the expansion process by making contacts or setting professional meetings in Serbia, Turkey and Moldova. Our association also includes one member from Lithuania and one from Russia, who kindly welcomed us in Moscow. Friendly relations have also brought us closer, thanks to the Portuguese federation, with private hospitals in Brazil. We also had the opportunity to meet the Japanese federation of private hospitals in Tokyo, while showing them our support even in times of hardship, such as the tsunami of 2011.

Our successive collaborative steps have taken into account the evolution of the representatives of the national federations that are attached to us. It would be very difficult to list all the efficient and friendly colleagues who have accompanied us over the years. For France, Alain COULOMB, Jean VERNOUX, Jean-Loup DUROUSSET, Loïc GEFFROY, Philippe BURNEL, Michel BALLEREAU, and Elisabeth TOME-GERTHEINRICH who are still close friends. For Italy, Antonio FROVA, Fabio MARCHI and Franco BONNANO who have left their mark with their strong dedication. For Spain we recall Gabriel UGUET and, of course, our dear former Vice-President Cristina CONTEL who was a committed advocate for the sector, carrying out her role with talent and brio. We do not forget those who have left us and whose memory will be honoured in a special chapter. It has been an opportunity and a privilege to meet experienced, competent men and women who are committed to developing private hospital care in a changing and complex world.

The specific role of the private sector under contract with national social security systems always had to be defended. Fair competition between hospital sectors has been a recurrent theme of our European professional meetings so that all structures are both understood and respected in the integrity of their practice. This common spirit has been the cement of our common, pragmatic, and ambitious actions. The solidarity that we represent and express at international level is the strength of our association, proud of its commitments and achievements at the service of European citizens. The message we are carrying is one of efficiency, quality and innovation in an ever-changing social and liberal Europe.

Technological progress and innovation in health have become major sources of improvement in provision and quality of care. Over the past thirty years, hospitals have undergone profound changes, with a strong



trend towards reducing the number of beds. If we look at the evolution of the health map over this same period, depending on the Member State, this reduction in beds has been between 20 and 50%. And the trend persists! But fewer beds have paradoxically resulted in more hospital services. We remain at the heart of the care function, reference centre and place of convergence for modern medicine. The hospital of the future will become more complex and will become a data centre where demands, opinions and expertise will converge and be shared by all health professionals. The hospital of yesterday just like the one of tomorrow was and will remain indispensable. However, its function and scope of action have been largely reshaped. Taking only the example of day-



| Chisinau May 2018

care surgery, which, thanks to advances in less invasive medical technologies, such as those in anaesthesia and pain management, these innovations have enabled the optimisation of solutions and resources.

For we must indeed talk about means. Our



environment is socio-economic, and Europe was founded on the principle of free trade, the founding principle of economic liberalism. Today we are indebted to this ambitious Europe which has been able to create a real industrial and commercial dynamism, allowing our social progress and an ever more demanding financing of healthcare services. UEHP has the ambition to be part of this double process which is that of the enterprise at the service of the patient but also of the efficiency to better ensure the sustainability of all European health systems. Without medico-economic performance, our common future will be marked by uncertainty. We have to find the right balance between economic performance and quality of care in a constrained environment. We have



| Tapani Piha • Head of Unit • Cross-Border Healthcare and eHealth • Brussels Meeting, January 2018

had to endure two major crises in ten years, the first financial crisis in 2008 with Member States weakened economically and socially. Then recently, the **global Covid-19** pandemic which brought about a reinforced obligation of intra-European coordination. And despite



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the ordeal, it was a success. For the supply of sensitive products (protection, devices, or medication) but also for cross-border transfers when necessary.

A new boost was given thanks to the recruitment of our Secretary General Ilaria GIANNICO, who uses her energy and talent to represent us in Brussels, but also to disseminate our Federation's point of view and opinion in all the European meetings in which she participates.

**Gender equality is a core value of the EU that UEHP is proud to support**

To look back is to give meaning to our future. The future must be built on the basis of our original commitments. From the people who have come before us and who have suffered the wars and hardships of Europe, we retain the will for a strengthened cooperation from which all must benefit. In line with their commitment, we now propose to revisit together some important parts of our history, that of UEHP within the European Union as a whole.



| International Women Day 2019 and International Women Day 2020



**UEHP proudly presents the reality  
in European private hospitals:  
the strong presence of women  
in the surgical profession**

[uehp.eu](http://uehp.eu)



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# European Health Union Looking forward





2020 and 2021 will be forever remembered as the years when the world was taken over by an invisible virus. When we first coordinated the fight against the Covid-19 pandemic, we were not really prepared. The shock was severe. The world population was in danger and Economies were highly challenged. How to keep the industry going, how to support supply chains and how to control shortage in a paralyzed world, were some of the key questions. But first, we had to save lives!

Our actions were first focused on facing the crisis, by offering new solutions and coordination of care for European citizens. Now, we must look forward and, after this unforeseen experience, UEHP is already involved in identifying new trends in the healthcare sector. We oriented our Risk Management and Quality working group with return on experience sessions: “What did we learn”? was the question.

Build back better is our goal and engagement. We observed major changes during these hard times. eHealth was an important tool to provide services when free movement

was limited. Providing care services during restrictions, connecting to the patient using telemedicine was a real progress. We are convinced that those new trends will continue to develop.

The necessary cooperation between professionals from all sectors will overcome the question of private or public status of providers. When we observe the current situation in EU-27 (number of beds), only private hospitals are increasing their capacity. Centered on technical performance, from diagnostic to treatment, the private sector is constantly investing in new technologies. Prevention will be key, and we have to prepare and build new solutions even if national governments limit financial support. New collaborative initiatives, new solutions have to be conducted but, at this moment in time, incentives are still limited.

Without clear reoriented payment dedicated to enhancing global performance by using technologies and health data, the cost will continue to increase without a positive connection between expenses and results. “More

## “SMART HOSPITALS” CHALLENGE THE FUTURE: HOW THE EUROPEAN UNION OF PRIVATE HOSPITALS IS DRIVING THE CHANGE

The European Union of Private Hospitals (UEHP) celebrated its 25<sup>th</sup> anniversary in Rome this year. We have now to prepare for the next 25 years, challenging the necessary evolution of healthcare systems including innovative technology.



**O**ur goal is to ensure equal access to quality treatments in all countries for all European citizens, as well as to respect sustainability and efficiency of the health systems. Patient mobility is a chance, and we have to manage this challenge of a competitive offer reducing waiting lists.

UEHP is involved in a long term cooperation with patient associations, healthcare experts and policy makers. We organise our working sessions in all Member States, recently in Italy and Bulgaria, meeting MEPs and Ministries to be connected with health policy reforms. A proactive evolution of healthcare systems will be European and not only national, each experience being useful for all. We are concerned

with quality standards implementation, as financial incentives including outcome for positive reforms.

The key to success is being **actors of change**. The future of hospitals will integrate new technologies, cooperation between actors, and a more confident relationship with an informed European patient. All UEHP members prepare this major challenge to transform uncertainty into achievements and progress. It is time to strategic investments, including adaptation to medical progress and IT revolution integration. A connected hospital, a “**smart hospital**”, just like a smartphone, could be the relevant image. A new deal for cooperation with the healthcare sector industries is required, including the full involvement of all professionals to assess a global successful performance. Barriers remain to be broken !

As stakeholders of European working groups on quality, patient safety, e-health, strategic investment, UEHP expresses the position of private hospitals ready to the next IT revolution. UEHP is an active partner of change, working on new financing rules, integrating public and private insurances reforms. New fields will be explored for prevention, education and

training, professional cooperation. But efficiency remains our major goal to offer the right service “on time” to an informed patient.

We have to effectively realize the modernization of healthcare. UEHP accepts the challenge of performance for the next hospital generation, an hospital connected with patients and professionals, accessible for a quality service without delay. Sustainability of social systems depends now and for the next 25 years on the management of innovative performances, certainly with the greatest implication of the private sector.

.....  
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value for money” calls for a new mindset with must include a constructive discussion with all health professionals.

The recent development of health data, which implies first collecting patient information, second linking the information to follow-up care and third, analyzing the information for a more comprehensive and adapted delivery of care, is the big challenge. Major private hospitals groups are developing recent solutions based on their own case-mix. We are convinced that the progress is “in the computer”, data managed by professionals to find appropriate solutions.

Through increased investments the private hospital sector strongly contributes to progress. Robotic surgery is one of the private sector attractiveness. New imaging solutions for early diagnosis reducing delays for patient access to care without waiting lists, are our engagement.

After publications on “Smart Hospitals”, the challenge concerning cybersecurity and

patient safety in hospitals, we are now engaged on “Green Hospitals”. We hope that in the future, the current UEHP orientations will be proved relevant. Anticipation of risks and building solutions, are our responsibility. The “One Health” European Joint Program is clearly a motivation for us. With other Academic and Professional partners and supported by experts in the field, we are engaged in reducing our environmental impact. Our future is to be partner of solutions.

Our motivation is to be drivers of change. The sad reality of the huge inequalities in access to cancer care across Europe, observing that an iron curtain is still present between West and East, reinforces our engagement. Private initiative will certainly develop relevant and efficient solutions to offer more services for European Citizens. That was the goal of UEHP Founders, to improve care and access to care and we inspire to carry on this mission.

We will be present in the future of care, in a modern and social Europe.

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# Conclusion





**P**roud of their History, UEHP members will attest to our long-term engagement towards a Europe of Health. In the past 30 years, men and women have contributed to the private hospital sector by establishing innovative care for European Citizens in a constantly changing world. Entrepreneurship, Innovation and Efficiency were and still are driving the private sector's engagement. We are grateful for the commitment and visionary perspective and leadership of our founders. To preserve their spirit, we have to prepare the future.

Men and women who had suffered from a war-torn Europe, their lesson is still present: we must continue to collaborate towards

quality of care in a universal social protection supporting the future of Europe.

Liberalism, free trade, capital and people mobility, were the contributive forces of early development. We must maintain the principle of fair competition between providers to improve the care of the future. 30 years ago, UEHP showed us the way, we must now continue to transform perspectives, ideas and ambitions into reality. If we all want to protect our social system and the European way of life, we must find the right solution to try and give the next generation the same chance at peace and prosperity. This was our tribute; this is our challenge!

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# Photo Gallery



**1991**  
CREATION OF UEHP  
ROME





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1991-2004





**2004**  
BRUSSELS / KRAKOW / ROME





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2005  
PARIS / PORTO / WROCLAW



**2006**  
VIENNA / ROME



**2007**  
PARIS



**2008**  
BRUSSELS





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2009  
LISBON / TURIN





**2010**  
GDANSK / PARIS





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**2011**  
BERLIN / GENEVA



**2012**  
MONACO / PARIS





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**2013**

DUBROVNIK / BRUSSELS / DUBLIN / ROME







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2014  
ATHENS / ISTANBUL







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2015  
MILAN / PARIS / LYON







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**2016**  
ROME / POSTDAM



**2017**

PRESENTATION OF THE FACTBOOK / BELGRADE / LISBON / HAMBURG





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**2018**  
BRUSSELS / BUCHAREST / PARIS / ROME



**2019**  
BUDAPEST / BRUSSELS / BERLIN / PARIS / ROME





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**2020**  
ZURICH / PARIS / BRUSSELS



**2021**  
BRUSSELS



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# UEHP Board 2021-2023





Paul GARASSUS  
UEHP President  
France



Jens WERNICK  
UEHP Vice President  
Germany



Oscar GASPAR  
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Portugal



Carlos RUS  
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UEHP Board Member  
Greece

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# UEHP members



UEHP represents 12 federations in Europe (full members), 5.000 private clinics.



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## FULL MEMBERS

### Healthcare indicators

Data from October 2021

#### AUSTRIA

No. of public hospitals	143
No. of public bed	44.299
No. of private hospitals	121
No. of private beds	19.539

#### FRANCE

No. of public hospitals	1.354
No. of public beds	241.345
No. of private hospitals	1.030
No. of private beds	113.500
No. of doctors working in private hospitals	40.000

#### GERMANY

No. of public hospitals	545
No. of public beds	235.767
No. of private non-profit hospitals	645
No. of private non-profit beds	162.958
No. of private hospitals	724
No. of private hospital beds	95.601
No. of doctors working in private hospitals	26.881

#### GREECE

No. of public hospitals	124
No. of public beds	33.630
No. of private hospitals	141
No. of private beds	15.584
No. of doctors working in private hospitals	32.428

#### HUNGARY

No. of public hospitals	85
No. of public beds	62.700
No. of private hospitals	25
No. of private beds	2.200
No. of doctors working in private hospitals	1.200

#### ITALY

No. of public hospitals	436
No. of public beds	147.308
No. of private hospitals	561
No. of private beds	61.849
No. of doctors working in private hospitals	13.513

#### PRINCIPALITY OF MONACO

No. of public hospitals	1
No. of public beds	845
No. of private hospitals	3
No. of private beds	168

#### POLAND

No. of public hospitals	534
No. of public beds	143.800
No. of private hospitals	356
No. of private beds	19.600
No. of doctors working in private hospitals	13.300

PORTUGAL	
No. of public hospitals	109
No. of public beds	24.501
No. of private hospitals(including PPP)	129
No. of private beds (including PPP)	11.563
No. of doctors working in private hospitals (full time + part time)	15.529

ROMANIA	
No. of public hospitals	368
No. of public beds	131.157
No. of private hospitals	159
No. of private beds	12.704
No. of doctors working in private hospitals	23.065

SPAIN	
No. of public hospitals	339
No. of public beds	142.632
No. of private hospitals	460
No. of private beds	51.373
No. of doctors working in private hospitals	25.463

SWITZERLAND	
No. of public hospitals	58
No. of public beds	38.057
No. of private hospitals	221
No. of private beds	9.578
No. of doctors working in private hospitals	7.073

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30 years  
of  
Commitment to Health in Europe

# Cartography





**Joy RAYNAUD**

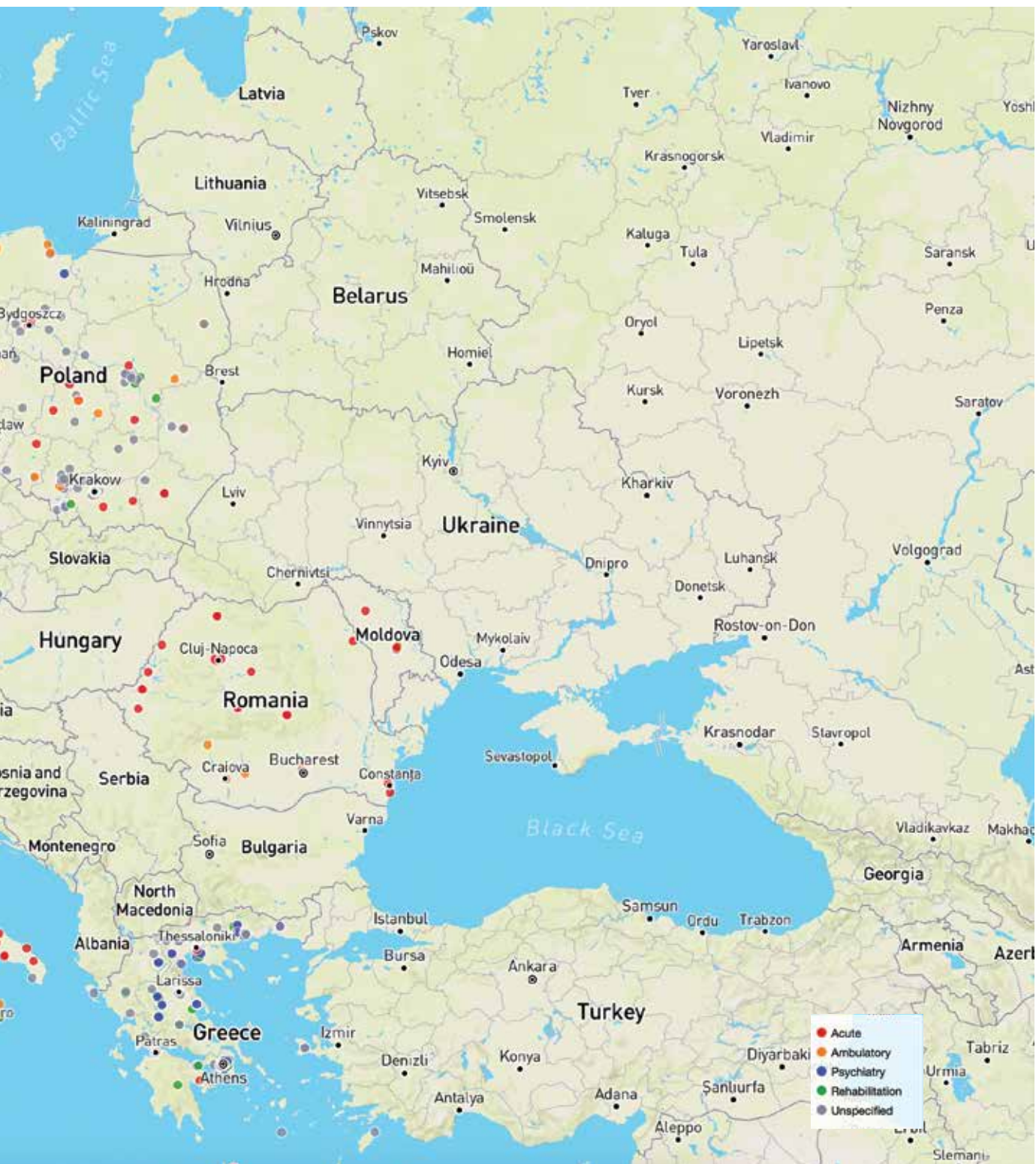
Joy RAYNAUD, Doctor in Geography and specialist in access to care and territorial inequalities in health, in collaboration with UEHP.

Our aim was to map all the private hospitals in UEHP member countries in order to observe their distribution, but also the rationale for their implementation and networking.

Four categories of establishments were identified according to their main activity: Acute, Ambulatory, Psychiatry, Rehabilitation.

(Data from October 2019)







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