Spa Medicine Across Europe: A Comparative Overview of Medical Practices and Reimbursement Systems



www.federationthermale.org.com

Round Table moderated by **Thierry Dubois**

President of the French Federation of Spas (CNETh)

Vice-President of the European Spas Association (ESPA)

Speakers

- **Dr Siyka Katsarova** – President of the Bulgarian Spa Association (BUPSSPA) and the European Spa Association (ESPA).
- **Eric Brut** – CEO of Thermauvergne and Vice-President of the European Historic Thermal Towns Association (EHTTA).
- **Dr Lourdes Mourelle Mosqueira -** External Collaborating Researcher with the FA2 Research Group, Department of Applied Physics, Faculty of Marine Sciences, University of Vigo, Spain.
- **Professor Dora Kostadinova** – Director of Accreditation and Quality at the Medical University of Varna (Bulgaria), and Board member of the European Health Management Association (EHMA).
- **Professor Carpentier** – Professor Emeritus of Vascular Medicine at Université Grenoble Alpes, member of the French Association for Research in Balneology (AFRETh) Scientific Council, and Chair of the Medical Commission of the European Spa Association (ESPA).



Ass. Prof. Dr. Siyka KATSAROVA

President of the European Spa Association

(ESPA)

30 YEARS ESPA EUROPEAN SPAS ASSOCIATION

LAMEDECINETHERMALE
Conseil National des Établissements Thermaux

French National Council of Thermal Establishments (CNeTh) Congress

Aix-les-Bains, France | 5 November 2026

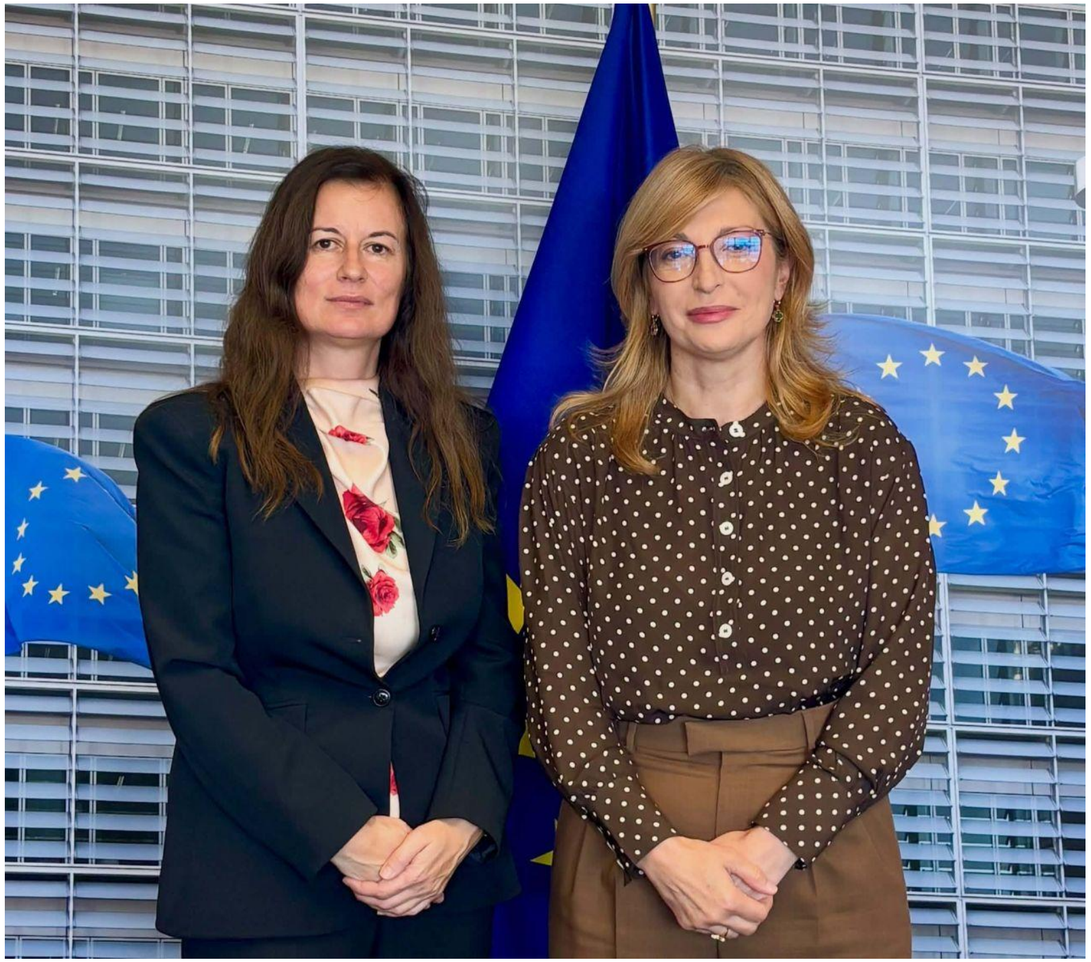






Thierry Dubois

- ESPA President (2016 - 2025) and currently 1st Vice-President (since 2025) of the European Spas Association (ESPA), uniting national spa associations, health ministries, and European institutions.
- Served as President of the **CNETh** (Conseil National des Établissements Thermaux), representing all 110 thermal establishments and thermal resorts across France.
- France is a key strategic member of the European Spas Association and a leader in the field of scientific thermal spa medicine, offering medical spa services of the highest European standard
- Aix-les-Bains was the ESPA Innovation Award Winner for Category I in 2026



ESPA President's meeting with Ekaterina Zaharieva

COMMISSIONER (2024-2029) | Startups, Research and Innovation

The Future of Balneology

1. Establishing a European Network of Multifunctional Knowledge Centers and Research Teams
2. Launching a European Satellite Research Project
3. Innovations in Rehabilitation: Integrating Natural Remedies with Robotics and VR Technologies
4. Assessing the Socio-Economic, Environmental, and Health Impacts of Balneology
5. Measuring Cost Efficiency in Prevention, Rehabilitation, and Workforce Retention
6. Incorporating a Holistic Approach to Longevity into the European Life Sciences Strategy 2030
7. Aligning ESPA Initiatives with EU Funding Frameworks
8. Balneology as a Driver for Regional Development and Sustainable Tourism
9. Contributions of Spa and Climate Resorts to the European Green Deal

30 YEARS ESPA
EUROPEAN SPAS ASSOCIATION

Policy & Legislative Integration

The European Spas Association proposed the following for the meeting with Commissioner **Raffaele Fitto:**

1. **Recognition of medical spas** within future EU Cohesion Policy (2028–2034) as contributors to prevention, rehabilitation, healthy ageing, regional competitiveness and social cohesion.

2. **Exploration of funding opportunities** for the modernisation of medical spas, health destinations — within existing and future regional investment programmes.

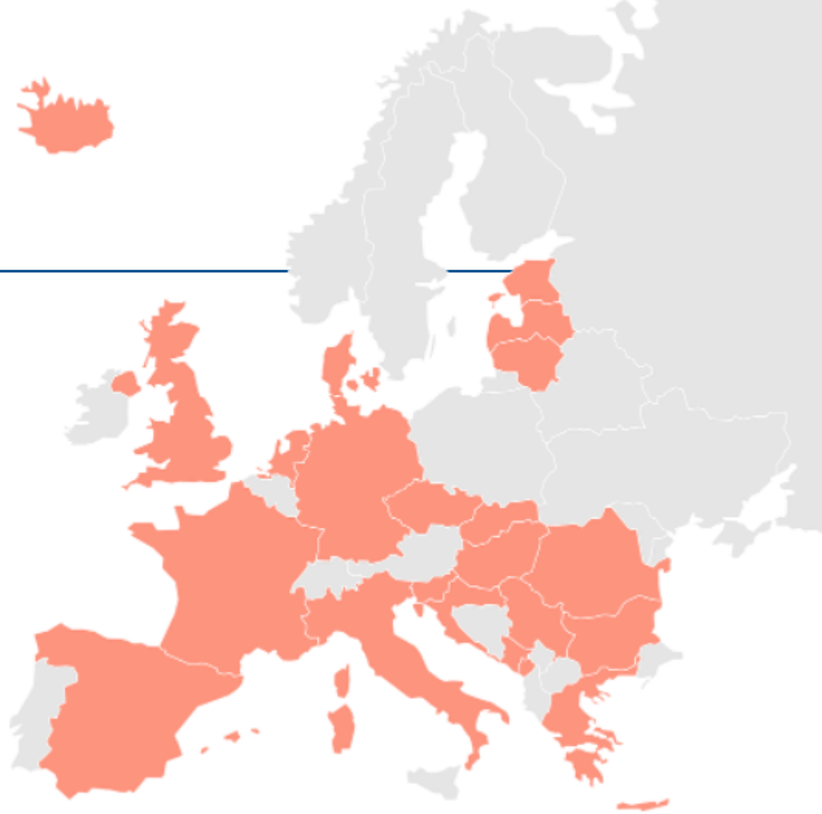
3. **Development of a European pilot initiative**, coordinated by ESPA, involving medical spa destinations in several Member States and combining healthcare, sustainability, innovation and regional development.

4. **A structured technical dialogue** between ESPA and DG REGIO to explore eligibility criteria, funding instruments and the potential development of the pilot project.



30 YEARS ESPA
EUROPEAN SPAS ASSOCIATION

How Balneology is Organized in Europe



- **Multi-Ministerial Governance:** Spas operate across intersections of Health, Tourism, Social Affairs, and Regional Authorities depending on the nation.
- **Regulatory Frameworks:** Governed through specialized Public Health Codes, Social Insurance Codes, or dedicated National Spa/Health Resort Laws.
- **Classification of Care:** Integrated primarily under medical rehabilitation, specialized outpatient care, or recognized healthcare institution frameworks overseen by qualified physical and rehabilitation medicine physicians.
- **Ecosystem Collaboration:** Uniting national associations, medical experts, universities, and research centers to uphold rigorous clinical and quality standards.

30 YEARS ESPA
EUROPEAN SPAS ASSOCIATION

How Balneology is Reimbursed in Europe

01 **Statutory Integration:** Inclusion of medical spa treatments within compulsory health insurance packages or national framework contracts (e.g., via statutory health funds or public pension systems).

02 **Structured Payouts:** Ranging from fully covered inpatient care (including treatment, accommodation, and medical supervision) to targeted co-payments or regional health authority allocations.

03 **Indication-Based Access:** Reimbursement tied strictly to clinical diagnoses, medical referrals, and approved chronic disease/rehabilitation indications (e.g., musculoskeletal, neurological, respiratory, and cardiovascular conditions).

30 YEARS ESPA
EUROPEAN SPAS ASSOCIATION

Leading Models of Public Reimbursement in Europe

- **Luxembourg:** Combines the Public Health Code for centre missions and the Social Insurance Code for funding. It features a robust national framework where the government covers **80%** of therapeutic treatment costs for a standard **three-week** cure on sick leave, with the remaining **20%** patient contribution frequently covered by supplementary health insurance.

- **Germany:** Governed permanently under the Social Insurance Code as a statutory mandatory, encompassing comprehensive coverage for outpatient prevention and stationary cures through direct supply contracts between sickness funds , members of GKV or PKV, and providers. **80-90%** of the medical treatment costs are covered once per year for a period of **2 to 3 weeks**. Accommodation, meals and transport may be covered under eligible schemes.

- **Italy:** Implements a highly decentralized model where public reimbursement is managed primarily through regional Local Health Services, underpinned by a predominantly private-sector spa infrastructure **(~80%).** Accredited thermal care cycles are **12 consecutive days** with up to one full cycle completed within a 60-day window if accessing state-subsidized care via a primary care physician's prescription. Intensive and extended programs last **7 to 21 days** depending on specific clinical protocols, mud therapy courses, or rehabilitation plans.

30 YEARS ESPA
EUROPEAN SPAS ASSOCIATION

Leading Models of Public Reimbursement in Europe

- **Czech Republic:** Features **5-year framework** contracts between spa facilities and health insurance companies covering 11 eligible disease indication groups and two levels of coverage: **100% covered treatment** including accommodation and meals, or with accommodation and meals paid by the patient, **treatment-only coverage.** Treatment can last **1 to 3 weeks.**

- **Slovenia:** Spa treatment remains a permanent statutory right within the Compulsory Health Insurance package, utilizing annual national agreements or government decrees administered via the Health Insurance Institute (ZZZS) to cover **100%** of medical rehabilitation costs for approved indications. Treatment generally lasts **14 days,** or **21 days for children**, and may be extended following approval.

- **Lithuania:** Operates under statutory health insurance coverage via the Compulsory Health Insurance Fund (PSDF) and specific Ministry of Health orders, offering multi-year provider contracts (**3-year terms**) for specialized medical rehabilitation and chronic care across a mix of public and private medical spa institutions. Treatments are covered at **100%** for eligible insured patients, while accommodation and transport are generally excluded, subject to exceptions.

30 YEARS ESPA
EUROPEAN SPAS ASSOCIATION

30 YEARS ESPA
EUROPEAN SPAS ASSOCIATION

Thank you for your attention



Ass. Prof. Dr. Siyka Katsarova
President of the European Spa Association

We wish you a successful Congress and thank you for the invitation

europeanspas.eu



Eric BRUT

- General Director of Thermauvergne
- Vice-President of the European Historic Thermal Towns Association (EHTTA)

DISCOVER EXCEPTIONAL THERMAL DESTINATIONS

EUROPEAN HISTORIC THERMAL TOWNS
Cultural route of the Council of Europe
Itinéraire culturel du Conseil de l'Europe
COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

A heritage. A network. Stronger together.

A European network connecting historic thermal towns through heritage, cooperation, tourism and shared development.

58
EUROPEAN DESTINATIONS
+ 2 INTERNATIONAL PARTNERS

22
COUNTRIES

since
2010
COUNCIL OF EUROPE CULTURAL ROUTE





NETWORKING

Peer exchanges, general assemblies and access to a trusted European network of historic thermal towns and regions.



PROJECTS & INITIATIVES

Opportunities for cooperation, study visits and good practice sharing to develop innovative and sustainable solutions.



EUROPEAN DIMENSION

Strong ties with the Cultural Routes, European institutions and stakeholders in tourism and heritage.



COMMUNICATION & TOURISM PROMOTION

Greater visibility through campaigns, trade fairs and European initiatives showcasing our thermal heritage.

@historicthermaltowns
www.historicthermaltowns.eu

SPECIFIC CONTEXT

French thermalism at a turning point

THERMAUVERGNE

PRÉFÈTE COORDONNATRICE DU MASSIF CENTRAL
Liberté
Égalité
Fraternité

1

A long-standing model in a changing landscape

- State-funded spa treatments – prescribed and reimbursed by the National Health Service – have formed the backbone of spa establishments' activity for decades.
- a healthcare system facing a significant deficit,
- an ageing population,
- and a rise in chronic conditions and long-term illnesses (ALD).

2

A model under scrutiny

- The Court of Auditors (April 2025) estimates expenditure on spa treatments at €250 million in 2023 and recommends that this funding be reviewed.
- In 2026, the HAS was asked to rule on the medical benefit of spa treatments.
- Government or parliamentary initiatives are introduced every year to reduce or abolish the reimbursement of spa treatments by the National Health Insurance scheme.

3

The sector's response

- Political lobbying
- SMR studies
- Demonstration of the sector's economic significance by the Economic Observatory for Spa Activity
- Call for a moratorium
- Ongoing diversification into health-related areas: preventive healthcare, health promotion, health and sport, etc.

€4.8 billion

in wealth generated by the French spa sector in 2024

25,030

FTEs, including 6,220 direct jobs

€233 million

cost to the social security system in 2023

≈ 466,000

approved spa guests in 2025, compared with
598,930 in 2018

PROFILE SHEET

France — profile sheet

Approved by the Chair of the Auvergne Thermale Economic Interest Group (GIE) · 6 sections, 33 indicators · figures verified at source

THERMAUVERGNE

PRÉFÈTE COORDONNATRICE DU MASSIF CENTRAL
Liberté Égalité Fraternité

Section 1 — Structure and visitor numbers

Population: ≈ 68.5 million.

Spa resorts: 87 active resorts (2024).

Establishments: 100 spa establishments (CNETh, 2025).

Visitor numbers: 471,615 visitors on the national health scheme (2024), ≈ 465,874 (2025); record of 598,930 in 2018; 3,901,700 wellness visits (2024).

Ratio: ≈ 6.9 spa guests per 1,000 inhabitants — the study's benchmark indicator.

Trend: 598,930 (2018) → 462,130 (2023) → 471,615 (2024) → ≈ 465,874 (2025).

Customer loyalty: High: annual repeat visits for chronic conditions; loyalty programmes from the 5th treatment course onwards.

Section 2 — Thermal resources

Water type: 5 recognised types: bicarbonate, chloride, sulphate, sulphurous, oligometallic.

Composition: Highly variable. Auvergne: bicarbonate (Vichy, Royat, Châtel-Guyon, La Bourboule); sulphurous, particularly in the Pyrenees (≈ 1/4 of the springs).

Temperature: From cold mineralised water to over 82 °C (Chaudes-Aigues).

Treatment: Baths, showers (including high-pressure showers), mud treatments, steam, inhalations and aerosols, drinking cures, underwater massages.

Health monitoring: Strict: recognition by the Academy of Medicine, authorisation by prefectural decree, accreditation by specialisation, ongoing monitoring by the Regional Health Agency (ARS).

Block 3 — Therapeutic approaches

Specialisations: 12 official therapeutic specialisations.

Dominant specialism: Rheumatology, by far.

Prevalence (2025): Rheumatology 81.69 per cent of prescriptions for the main specialism and 71.41 per cent of the total; pulmonology 5.7 per cent; phlebology 3.09 per cent; gastroenterology and metabolism 2.75 per cent.

Treatments: Rheumatology: baths, mud treatments, showers, aquatic gymnastics. Respiratory tract: inhalations, aerosols, nasal irrigation. Phlebology: walking trails.

Level of evidence: Among the highest in Europe. AFRETH (2004): over 60 funded trials (> €14 million), 35 publications; SMR demonstrated for over 90 per cent of indications (THERMARTHROSE, STOP-TAG, MA'thermes).

Block 4 — Format and medical setting

Duration: 18 consecutive days, set by the National Health Service and non-reducible.

Prescription: Compulsory (GP or specialist), from among the 12 treatment areas.

Intensity: 4 to 6 treatment sessions per day, at least 72 sessions over 18 days, 6 days out of 7.

ETP and prevention: Highly developed: programmes registered with the ARS, defined nationally by the CNETh (FIBR'Eaux for fibromyalgia).

Access to care: One spa doctor per resort (3 consultations); over 700 springs recognised by the Academy of Medicine.

Block 5 — Economic model

Reimbursement: ≈ 65 per cent of the spa package, supplemented by private health insurance; actual reimbursement ≈ 55 per cent of the invoiced price.

Accommodation, transport: Covered only subject to means testing.

Out-of-pocket costs: ≈ €1,932, or nearly 80 per cent of an estimated total cost of €2,414, excluding supplementary insurance.

Breakdown of turnover (2024): Spa and medical treatments 66.5 per cent, wellness 16.2 per cent, accommodation and catering 13.8 per cent.

Economic impact: €4.8 billion in economic output and 25,030 FTE (2024), including 6,220 direct jobs; €233 million for Social Security (2023).

Efficacy: Considered effective for rheumatology and anxiety disorders, though not officially validated by the HAS.

Block 6 — Complementary services

Short stays: Under development: 3 to 6 days without a prescription (Brides, Vichy, Vittel, Capvern, Contrexéville), ≈ €300 to €900 payable by the client.

Wellbeing and leisure: ≈ 3,901,700 visits (2024); thermal spas and weight-loss programmes (Grand Spa Thermal de Brides, 3 to 9 days).

Occupational health: Prevention and occupational therapy programmes are on the rise, but there are no spa treatment programmes funded by employers.

Rehabilitation: Scarce in health resorts: provided by post-acute care centres outside the thermal sector.

Other: Hire of facilities and technical equipment; development of digital post-treatment monitoring.

THERMAUVERGNE

PRÉFÈTE COORDONNATRICE DU MASSIF CENTRAL
Liberté
Égalité
Fraternité

Who funds the treatment, how, and under what conditions

Country	Who funds it	How is the treatment funded?	Under what conditions
France	National health insurance + supplementary insurance	65% of the spa package, 100% for long-term illnesses (ALD); actual reimbursement ≈ 55% of the invoiced price	Doctor's prescription, 18 days, one or two of the 12 treatment areas; accommodation and transport subject to means-testing
Germany	GKV (health insurance); DRV (pension insurance) for rehabilitation	Outpatient care: doctors' fees + 90 per cent of treatment costs. Inpatient stays and rehabilitation: full coverage	Prescription and approval from the health insurance fund; patient contribution ≤ €16 per day for outpatient care, €10 per day for inpatient stays
Italy	SSN (National Health Service)	Direct billing: the state covers ≈ 70–75 per cent of the cost, up to 98 per cent in the event of exemption	Prescription from the GP, approved facility, course of 12 treatment sessions; co-payment capped at €55
Austria	ÖGK (public health insurance)	Third-party payment: treatment, accommodation and full board covered at the Kurzentrum	Discretionary benefit subject to medical justification, approximately twice every five years; €11.06 to €26.87 per day depending on income (2026)
Poland	NFZ (National Health Fund) or ZUS (Social Insurance)	Treatment covered 100 per cent; accommodation and meals largely subsidised; transport covered under the ZUS scheme	e-prescription validated by an NFZ specialist; 21 days; room charge of €55 to €200
Latvia	National Health Service	Full coverage of prescribed rehabilitation treatments	Prescribed rehabilitation (post-acute, post-Covid); the remainder of the services is covered by private insurance packages
Lithuania	VLK (public health insurance)	100% for certain treatments: physiotherapy, occupational therapy, balneotherapy, electrotherapy	Reserved for prescribed intensive medical rehabilitation (post-operative, stroke, oncology); otherwise at the patient's expense
Hungary	NEAK (national health insurance)	Lump-sum subsidy per treatment: 15–30 per cent of the actual medical cost only	Prescribed balneotherapy, outpatient basis; 15-day course repeatable twice a year; accommodation 100 per cent at the patient's expense
Spain	IMSERSO (social services), outside the healthcare system	Social funding of the stay: accommodation, full board, medical examination and treatment included	Social rather than medical criteria (pensioners, aged 55 to 65 inclusive); 10 days; patient contribution ≈ €302 to €453 (2026)
Portugal	SNS (National Health Service)	35 per cent of prescribed treatments, a ceiling of €110 per patient per year, a national budget of €2 million	'Clássico' treatment prescribed by a GP, consultation with a hydrologist on arrival; cost of stay borne by the patient
Slovenia	ZZZS (compulsory health insurance)	100 per cent of the range of services since the 2024 reform, with no contribution from the patient	Referral by the GP followed by a decision by a doctor appointed by the ZZZS; 14-day inpatient stay, 10 days as an outpatient
Czech Republic	Public health insurance	KLP scheme: 100 per cent coverage of treatment, meals and accommodation. PLP scheme: 100 per cent coverage of treatment; hospital stay at the patient's expense	Referral from a specialist and approval from the insurer; 3 to 4 weeks; out-of-pocket costs ≈ €100 to €500

Three funding models coexist in Europe: health insurance (France, Germany, Italy, Slovenia, the Czech Republic), social insurance or pensions (Poland, Germany) and social welfare (Spain).

Five model categories, with France falling into two

a) Medical care funded by the state or its dedicated agencies

The twelve countries

b) Functional rehabilitation in a specialist centre

Poland, Lithuania, Latvia; partially Slovenia and the Czech Republic

c) Occupational health and prevention funded

Germany, Austria, Poland

d) Social spa care

Spain — the IMSERSO programme for older people

(e) Thermal leisure

The twelve countries

Key messages

France falls into only two of the five categories (medical care and thermal leisure).

France has the most heavily regulated spa model in Europe; it is among the least diverse and among the longest in duration (18 days of treatment).

Several neighbouring countries offer:

- shorter treatment programmes covered by national insurance
- treatments funded under occupational health schemes,
- Functional rehabilitation at a spa resort
- Access to spa treatments for those on low incomes

THERMAUVERGNE

PRÉFÈTE COORDONNATRICE DU MASSIF CENTRAL

Liberté Égalité Fraternité

FURTHER INSIGHT

The Präventionsgesetz of 2015: making prevention a collective and organised responsibility

THERMAUVERGNE

PRÉFÈTE
COORDONNATRICE
DU MASSIF CENTRAL
Liberté
Égalité
Fraternité

PRÄVENTIONSGESETZ · 1

A law that organises, funds and coordinates prevention

The law entitled “Gesetz zur Stärkung der Gesundheitsförderung und der Prävention (PrävG)” (Law to Strengthen Health Promotion and Prevention) was enacted on 17 July 2015 and came into force on 25 July 2015.
Under this Act, prevention must no longer be merely a series of individual actions but must become a coordinated policy involving the various stakeholders in the social protection system (pension funds, health insurance funds) and local authorities (local councils, businesses, etc.). **Prevention thus becomes a collective responsibility.**

The areas of activity covered are: physical activity, nutrition, stress management and the prevention of addictions.

The principle is to develop prevention wherever people live, work, learn and grow old.

It does not create a new programme: it amends the Social Security Code (SGB V) to make prevention mandatory, quantified and systematically managed.

1 A funding obligation

Minimum prevention budgets are imposed on health insurance funds.
.

2 Community settings as venues for prevention

Community settings: nurseries, schools, local authorities, healthcare and social care facilities, care homes for the elderly, etc.
Prevention takes place where people live.

3 The workplace as a strategic setting

The workplace = a prime setting for developing health promotion

4 National governance

Establishment of the National Prevention Conference, which brings together and coordinates the policies of social protection bodies: health insurance, pensions, occupational accidents and long-term care

THERMAUVERGNE

PRÉFÈTE
COORDONNATRICE
DU MASSIF CENTRAL
Liberté
Égalité
Fraternité

Next steps

1 – Set up a system to collate all European studies on hydrotherapy, thermal water and its effectiveness…

2 – Initiate discussions on the recognition of a new generation of functional rehabilitation combining thermal treatments, thermal water and physiotherapy.

3 – Create subsidised spa stays for people in work

4 – Initiate discussions with the Ministry for Solidarity and Older People (formerly the IMSERSO programme)

5 – More broadly, secure recognition of spa towns as authorised regional providers of preventive care

The proposals put forward, inspired by neighbouring countries, aim to extend the scope of existing expertise in thermal spas.

This requires:

- **genuine recognition of the expertise of spa establishments,**
- **dedicated funding for care and prevention pathways,**
- **better coordination between healthcare, prevention, occupational health and extended working lives,**
- **the inclusion of thermal establishments in regional health policies,**

and raising the question of the status of thermal establishments (ETs)?

THERMAUVERGNE

PRÉFÈTE
COORDONNATRICE
DU MASSIF CENTRAL
Liberté
Égalité
Fraternité



Dr. Lourdes MOURELLE MOSQUEIRA

External collaborating researcher with the FA2 Research Group, Department of Applied Physics, Faculty of Marine Sciences, University of Vigo, Spain

IMSERSO: Social Thermalism Program (ES)

www.federationthermale.org.com

M. Lourdes Mourelle, University of Vigo
Lidia Casás, University of Pau and the Adour Region
lmourelle@uvigo.es; lidia.casas@univ-pau.fr



Sommaire

IMSERSO: Social Thermalism Program ——— 03

Places and Investment ——— 04

Cost and Funding ——— 05



IMSERSO: SOCIAL THERMALISM PROGRAM

- Included within **active aging programs** (Ministry of Social Affairs).
- **Who participates in the program**? Social Security pensioners receiving retirement or permanent disability pensions, or widowhood pensions (if aged 55 or older); pensioners receiving other types of pensions or unemployment benefits/subsidies (if aged 60 or older); and Social Security insured persons or beneficiaries aged 65 or older.



PLACES AND INVESTMENT

Year	Places / Spots	Public investment (IMSERSO)
2016	206,100	36,170,643 €
2017	208,500	35,869,660 €
2018	208,500	35,869,660 €
2019	250,200	32,015,139 €
2020	Cancelled	Cancelled
2021	57,565 (Oct-Dec 2021)	10,596,940 €
2022	181,696	33,227,815 €
2023	192,000	33,557,275 €
2024	192,000	32,033,134 €
2025	197,000	34,033,134 €
2026	197,000	34,033,134 €
2027-2028	399,584 (199,792/y)	72,34 M€ total (~36.17 M€/year)

COST AND FUNDING

Year	User Contribution*(€)	IMSERSO Contribution *(€)	Total Cost *(€)	% IMSERSO Funding	% User Payment
2016	268.50 €	133.00 €	401.50 €	33.1%	66.9%
2017	272.10 €	134.80 €	406.90 €	33.1%	66.9%
2018	276.00 €	136.50 €	412.50 €	33.1%	66.9%
2019	280.50 €	139.00 €	419.50 €	33.1%	66.9%
2020	Cancelled	Cancelled	—	—	—
2021	285.20 €	141.50 €	426.70 €	33.2%	66.8%
2022	291.00 €	150.00 €	441.00 €	34.0%	66.0%
2023	302.50 €	160.20 €	462.70 €	34.6%	65.4%
2024	315.00 €	169.44 €	484.44 €	35.0%	65.0%
2025 / 2026	327.80 €	175.50 €	503.30 €	34.9%	65.1%

IMSERSO: Social Thermalism Program (ES)

Thank you for your attention! Q&A

www.federationthermale.org.com

M. Lourdes Mourelle, University of Vigo
Lidia Casás, University of Pau and the Adour Region
lmourelle@uvigo.es; lidia.casas@univ-pau.fr



Dr. Dora KODTADINOVA

- Vice-Rector for International Relations Accreditation and Quality at the Medical University of Varna (Bulgaria)
- Member of the Board of the European Health Management Association (EHMA)

The European Spas Magazine

ESPA Magazine – 30th Anniversary Edition
A European Insight into Medical Spas, Climate & Health

Connect with us on LinkedIn

Publisher
European Spas Association (ESPA)

Editor-in-Chief
Csilla Mezősi, European Spas Association, Secretary General

Co-editor
Gorazd Čad, Toleranca marketing d.o.o.

Editorial Coordination
European Spas Association (ESPA) Secretariat & Toleranca marketing d.o.o.

Contributing Editors & Authors
Leading experts, spa professionals, and wellness innovators from across Europe
(Special thanks to all ESPA members for their contributions)

Design & Layout
Barbara Dimec, Toleranca marketing d.o.o.

Proofreading & Language Editing
Jure Čad, Toleranca marketing d.o.o.

Photography & Visual Material
Photo credits: ESPA Image Archive, Slovenian Tourist Board, National members Associations, and individual contributors
Cover photo: Dean Dubokovič

Printing & Production
Birografika Bori, Ljubljana, Slovenia

Printed on FSC® certified paper using environmentally friendly inks.

Digital Edition / Online Availability
Digital edition available at www.europeanspas.eu

Special Acknowledgements
This celebratory edition of ESPA Magazine has been made possible through the support and collaboration of ESPA members, national spa associations, partner destinations, and our long-standing friends and colleagues who have shaped European spa culture over the past three decades.

Publication Date
September 2025

Contact
European Spas Association (ESPA)
7 Rue de Crayer
1000 Brussels, Belgium
E-mail: office@europeanspas.eu
europeanspas.eu

Copyright © 2025 European Spas Association (ESPA).
All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form without prior written permission from the publisher.

Colophon

A Word from the President

THE NEW HEALTH EQUATION: FROM RECOVERY TO RESILIENCE – MEDICAL SPAS IN EUROPE'S HEALTH FUTURE



This year, as we celebrate the **30th anniversary of the European Spas Association (ESPA)**, we feel both **proud and deeply humbled**. Proud, because today ESPA stands as a unique European community of **destinations, professionals, and innovators** - all united by a shared mission: to place **natural remedies and medical spa expertise** at the heart of modern healthcare and well-being.

Our **new ESPA President, Dr. Siyka Katsarova** assumes leadership at a moment when Europe's focus is shifting toward prevention, sustainability, and long-term health, ensuring that the principles of spa medicine remain relevant and forward-looking.

Our **First Vice-President's journey** began generations ago, when his family founded one of Europe's first mental health spas more than 160 years ago. Their pioneering vision continues to inspire him — and all of us — as we carry forward a tradition rooted in one timeless truth: the healing power of nature.

Over the past three decades, ESPA has become the unified voice of Europe's health destinations. Our Board reflects the diversity of our sector: doctors, spa-hotel and rehabilitation centre owners, health destination developers, and innovators. Each brings a unique perspective, yet we share the same challenges: supporting public health priorities, responding to private patient demand, and adapting to rapid demographic and societal changes.

The pandemic made our role undeniable. Patients deprived of medical spa therapies saw symptoms worsen, pain increase, and quality of life decline. This was not anecdote; it was evidence. Medical spas are not a luxury but represent frontline infrastructure for prevention, rehabilitation, and resilience. And yet, despite centuries of clinical practice and mounting scientific validation, they remain on the fringes of Europe's health strategies. Today, chronic and lifestyle-related diseases are the leading cause of death in the EU, responsible for **over 80% of premature mortality and 70–80% of health costs**. Climate change adds another urgent dimension: in 2022 alone, **more than 60,000 excess deaths in Europe were attributed to extreme heat**—a stark reminder that health systems must integrate climate adaptation and resilience. And mental health is now Europe's silent epidemic: it already costs **€600 billion annually**, and the WHO warns that by 2050, mental illness will be the most common disease worldwide. Therefore, it is of utmost importance to address it thoroughly, where balneology and spa medicine have already proven effective in prevention, recovery, and resilience.

> ***„Our spas and health destinations must be recognised not as tradition, but as the foundation of Europe's future health."***

Faced with this reality, Europe cannot afford to ignore proven, sustainable, and cost-effective solutions. Our spas, thalassotherapy centres, and health resorts already deliver evidence-based, person-centred care: from post-cancer recovery to cardiovascular rehabilitation, from stress and sleep disorders to healthy ageing. They also serve regions where health inequalities are deepest.

This is the moment for Europe to reset its health equation. Medical spas and health destinations must be recognised not only as places of care and recovery, but as strategic health infrastructures bridging prevention, rehabilitation, and resilience.

As we look to the future, ESPA's commitment endures — **to connect tradition with innovation, science with sustainability, and people with places that restore balance and health.**

Dr. Siyka Katsarova
President of ESPA

Thierry Dubois
First Vice-President of ESPA





Pr. Patrick CARPENTIER

- Professor Emeritus of Vascular Medicine at Université Grenoble Alpes
- Member of the AFREThScientific Council
- Chair of the ESPA Medical Commission

Building Scientific Collaboration in Balneology: the Journey of ESPA Medical Commission

www.federationthermale.org.com

Dr Patrick Carpentier
Professor Emeritus of Vascular Medicine
Université Grenoble – Alpes (France)



ESPA Medical Commission

Karlovy Vary – October 2023

Goal

Development
of a scientifically recognized
therapeutic and preventive balneotherapy
all over Europe

ESPA Medical Commission Members

24 members – 18 countries – monthly Zoom meetings

Pr Dr Patrick CARPENTIER, pdt	Grenoble (France)
Dr Tatyana ANGELOVA	Sofia (Bulgaria)
Dr Boriss BIRMANS	*Jumala (Latvia)*
Pr Dr Pedro CANTISTA	Porto (Portugal)
Dr Mihaela CUCU	Eforie Nord (Romania)
AssPr Dr Gabriela DOGARU	Cluj-Napoca (Romania)
Dr Begüm EROL FORESTIER	Aix-les-Bains (Turkey)
Pr Antonella FIORAVANTI	Levico Terme (Italy)
Pr Dr Benjamin FREY	Erlangen (Germany)
Dr Gergana GECHEVA	Pavel-Bania (Bulgaria)
Dr Max HAAG	Mondorf (Luxembourg)
Pr Dr Gisèle KANNY	Nancy (France)
MU Dr Alena KORENCIKOVA	Piestany (Slovakia)
Pr Dr Francisco MARAVER	Madrid (Spain)
Pr Dr Lolita RAPOLIENE	Klaipėda (Lithuania)
Dr Tanja RAUTER PUNGARTNIK	Ptuj (Slovenia)
Pr Dr Markus RITTER	Salzburg (Austria)
Ass Pr Dr Markos SGANTZOS	Larissa (Greece)
Dr Ladislav SPISAK	Karlovy Vary (Czech Rep.)
Dr Bogoljub STEPANOVIC	Kursumlija (Serbia)
Dr Ildiko Catalin TEFNER	Budapest (Hungary)
Pr Lorena VELA	Madrid (Spain)
Dr Enrico WEIDAUER	Wiesenbad (Germany)
Dr Janka ZALESAKOVA	Bratislava (Slovakia)

ESPA Medical Commission Survey

Section 1: General Perception of Spa Medicine/Balneology

1. How is balneology viewed in your country?
2. What is the attitude of the general population toward Spa Medicine/Balneology as a science and practice in your country?
3. What is the attitude of the medical profession toward Spa Medicine/Balneology as a science and practice in your country?

Section 2: National Healthcare Integration

4. Is balneotherapy covered by the national healthcare system?
5. Please specify, for which conditions is balneotherapy financially supported by the national healthcare system?
6. Are there any other compensation mechanisms for spa treatments provided by institutions or funds in your country?
7. Are there official statistical data about balneotherapy care in your country?
8. How many balneology patients/guests are treated in your country per year?
9. Do you have specific spa hospital beds recognized in your country?

Section 3: Standards and Guidelines

10. Are there any guidelines for balneotherapy in your country?
11. Is there a certification process for natural resources used in spa medicine/balneology in your country?

Section 4: Professionals – Prescriptions – Education

12. Who is authorized to prescribe balneotherapy in your country?
13. Is there a specific balneology medical practice in your country?
14. Is there a Balneology National Society in your country?
15. Balneology curriculum
16. There is balneology research conducted by?
17. Do you have balneology national or international collaborative research programs?

Section 5: Conclusions and Future of Balneology

18. What are the main strengths and weaknesses of Spa Medicine/Balneology in your country?
19. What is the potential for the development of balneology in your country?
20. In what ways do you think balneotherapy can complement other areas of healthcare in your country?

Survey Paper Preparation plan (Pr Lolita Rapoliene)



4. Submission and edition (July 2026):

Submission by chairpersons
Answers to reviewers by chairpersons and writing committee members
Final endorsement by all authors

2. Mapping of the paper (April 2026): Plan and main points in each part

- First outline: chairpersons
- Revision: discussed, enriched and pruned by writing committee members+ Final feedback by Medical Commission Members who wish to participate

3. Writing and editing the paper (May-June 2026): Martyr text technique

Draft (martyr text): chairpersons
Revision: discussed, enriched and pruned by writing committee members
+ Final edition by all authors

1. Sharing the information (March 2026):

1.1. Circulating the forms, additional data and preliminary ppt presentations to the writing committee members
1.2. Selecting the main references for the bibliography

!

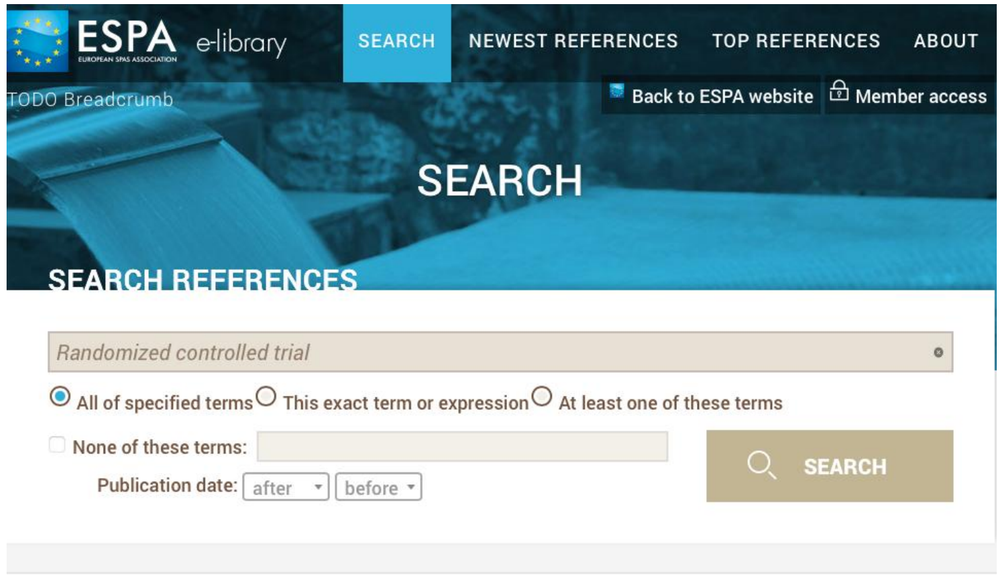
ESPA e-Library Project

What for?

- **We want to promote high quality balneology research**
  - Good research is based upon a thorough analysis of the existing data
  - Connecting with scientists with the same topic of interest
- **We need to have reliable information sources for Teaching**
  - Should be evidence-based and up to date
- **We have to promote National and International Guidelines / Standard of Practices**
  - Should be evidence-based and up to date

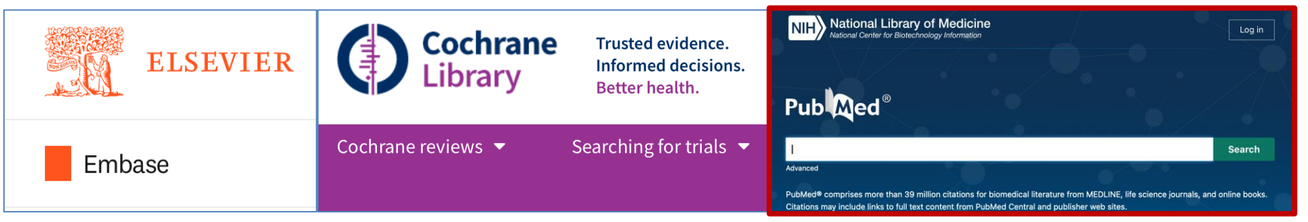
AND

- **Searching the balneology literature is not easy:**
  - Many journals, some good papers are not written in English
  - Many different key-words: balneology, balneotherapy, hydrotherapy, spa medicine, spa therapy, mineral waters, thermal medicine, health resorts…



- **2015:** Hand-pick of English language medical papers about balneology manually copied by a secretary (last database update = August 2022)
- **January 2026**: Migration to a new web-server and technical update
- **In progress**: development of an interface software allowing automatic up-load from **Zotero** an user-friendly bibliography software

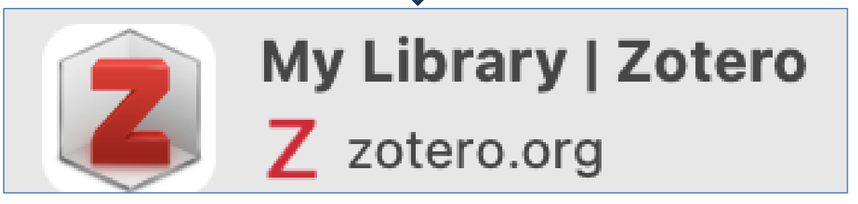
ESPA e-Library: from references to ESPA Website



Search algorithms (automatic)



Removal of duplicates (automatic) **and outliers** (2 persons)



Addition of notes (several persons)



Final check (1 person)



ESPA e-library: Building-up the Algorithm for PubMed

Balneology [all fields] OR Balneotherapy [all fields] OR Hydrotherapy [all fields]
OR “spa therapy” [all fields] OR “spa medicine” [all fields]
OR mineral waters [MeSH] OR “mineral water*” [all fields]
OR health resorts [MeSH] OR “health resort*” [all fields]
OR “thermal medicine” [all fields] OR “climatotherapy” [all fields]
OR “mud pack” [all fields] OR “mud therapy” [all fields]
OR “peloid*” [all fields] OR “peloid therapy” [all fields]
OR thalassotherapy [all fields] OR thalassotherapy [MeSH]
NOT
(newborn [all fields] OR Delivery,obstetric [MeSH] OR Labor,obstetric [MeSH]
OR water birth [all fields]
OR chlorhexidine [all fields]
OR (Therapeutic irrigation [MeSH] OR "therapeutic irrigation" [all fields]
NOT Nasal lavage [MeSH])
OR "root canal" [all fields] OR Root canal [MeSH])

Chronology of algorithm’s improvements:

December 11th **January 8th** **February 11th** **March 12th** **April 16th** **June 11th**

January 1st 2025 to June 4th 2026: 416 references

ESPA e-library: Manual final selection

Main Sample : January 1st 2025 to Feb 12th 2026 (361 references)

Bogoljub Stepanovic **X** Patrick Carpentier

- 157 Right x Right
- 138 Wrong x Wrong
- 59 Doubtful = might be interesting : potential indirect interest in balneology

Update and complements : Feb. 12th to June 4th data set (151 ref)

Bogoljub Stepanovic **X** Patrick Carpentier

- 81 Right x Right
- 64 Wrong x Wrong
- 6 Doubtful = might be interesting – potential indirect interest in balneology

Development of Prevention Programs in Balneology Resorts

The burden of CardioVascular Diseases

- **Cardiovascular diseases (CVDs) are the leading cause of death globally**: close to 18 million people died from CVDs in 2019 (32% of all global deaths)
- **Most cardiovascular diseases can be prevented by addressing behavioral and environmental risk factors** such as tobacco use, unhealthy diet and obesity, physical inactivity, harmful use of alcohol and air pollution.

WHO Report June 2021

Improve it is possible!

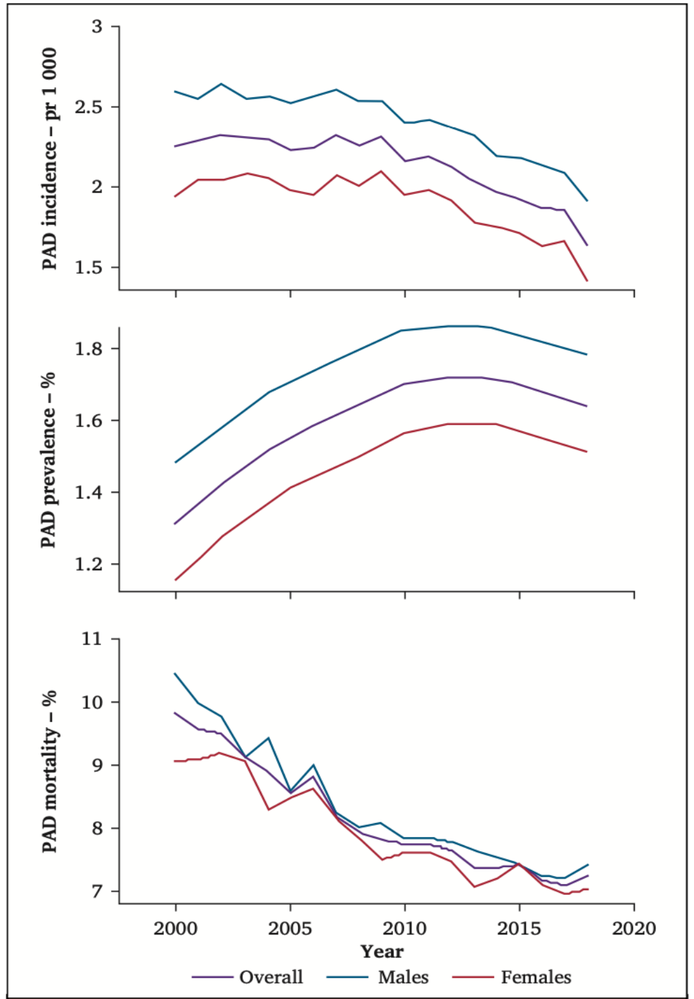


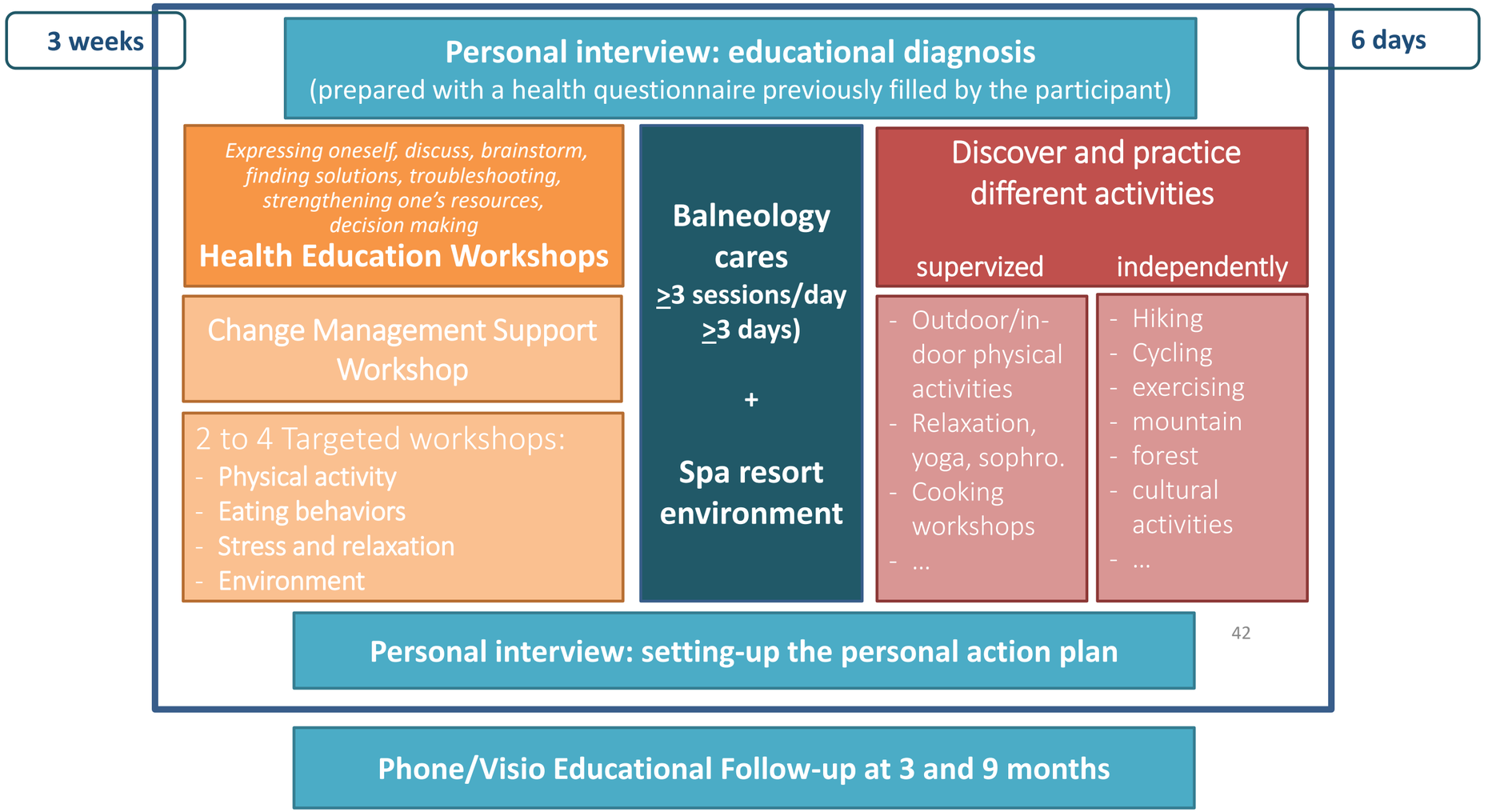
Figure 1. Peripheral arterial disease (PAD) in Denmark from 2000 to 2018. (A) Annual overall and sex stratified incidence; (B) Prevalence; (C) All cause mortality.

Søgaard M et al. Eur J Vasc Endovasc Surg 2023

How can we help?

- **Federating and stimulating the existing balneological prevention initiatives**
  - inventory of prevention initiatives
  - experience sharing
- **Developing and validating our own high quality prevention program**
  - Designing a reference program
  - Developing a derived tool kit
  - **Evaluate the impact+++**

Prevention Program Framework



Le Programme

12h30 12h45 jeudi 5	FEMTEC **Inauguration et photo FEMTEC** *Centre des congrès – Village des Partenaires*
12h00 – 14h00 jeudi 5	Pause déjeuner au sein du Village des Partenaires *Centre des congrès – Village des Partenaires*
14h00 – 15h30 jeudi 5	ANMCT **Réunion technique** *Centre des congrès – Niveau 1 – Salle 5*
14h00 – 15h30 jeudi 5	AFTH **Réunion technique** *Centre des congrès – Niveau 3 – Salle 31/32*
14h00 – 15h30 jeudi 5	FEMTEC **Scientific session** : Balneotherapy in France – From Historical Heritage to Contemporary Evidence and Clinical Practice *Centre des congrès – Niveau 2 – Salle 23-24*
15h30 – 16h00 jeudi 5	Pause au sein du Village des Partenaires *Centre des congrès – Village des Partenaires*
16h00 – 18h30 jeudi 5	Club des OT **Réunion technique** *Centre des congrès – Niveau 1 – Salle 5*



16h00 – 18h30 jeudi 5	FTCF **AGO + AGE** *Centre des congrès – Niveau 1 – Salle 4*
16h00 – 18h30 jeudi 5	AFTH **Réunion technique** *Centre des congrès – Niveau 3 – Salle 31/32*
16h00 – 17h30 jeudi 5	FEMTEC **Scientific session** : Hot Springs, Thermal Medicine and Wellness: Development Models and Perspectives. Q&A and moderated discussion *Centre des congrès – Niveau 2 – Salle 23-24*
17h30 – 18h00 jeudi 5	FEMTEC **Managing and Executive Board Meeting** *Centre des congrès – Niveau 2 – Salle 23-24*
18h00 – 18h30 jeudi 5	FEMTEC **General Assembly – first call** *Centre des congrès – Niveau 2 – Salle 23-24*
18h30 – 20h00 jeudi 5	**Visite des Thermes Chevalley** *Thermes Chevalley*
20h30 – 23h00 jeudi 5	**DÎNER ET SOIRÉE DE GALA AU CASINO** *Casino*

Pour vous inscrire à la visite des Thermes Chevalley Valvital:

Le Programme

