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European Hospital and
Healthcare Federation

Newsletter

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Trinity College Dublin, 11-13 June 2017

4th Joint European Hospital Conference
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Düsseldorf, 16 November 2017

European Alliance for
Personalised Medicine Inaugural Congress

Belfast, 27-30 November 2017

HOPE study tour on OuluHealth Ecosystem and Oulu University Hospital TestLab

1-2 June 2017, Oulu (Finland)

HOPE organises a study tour in Oulu (Finland) on 1 and 2 June 2017 to present the OuluHealth Ecosystem and Oulu University Hospital TestLab.

During the study tour, participants will have the possibility to understand the way the Healthcare Ecosystem is designed in order to meet the needs and challenges of the future, how the testing laboratory is connected to serve the University Hospital activity, and how the Oulu University Hospital will be renovated by 2030.

The OuluHealth ecosystem comprises several stakeholders from academia, the public sector, and the private sector. The principal idea is to facilitate open collaboration and to accelerate innovation by bringing together various partners able to contribute to the needs of the health care sector. The ecosystem approach enables the combination of expertise from wireless information technologies and life science to introduce smart ICT solutions for delivering advanced, personalised, connected health service solutions.

OuluHealth is located in Kontinkangas campus close to the centre of the Oulu city. The OuluHealth campus has developed around the Oulu University Hospital, opened in the 1970s, and is quite unique in the way that it compactly combines both public and private actors in the health care sector, ranging from Biocenter Oulu to a wide spectrum of small and medium-sized businesses.

Preliminary programme

Further information



HOPE Agora 2017: Organisational Innovation in Hospitals and Healthcare – Registration ongoing

The HOPE Agora 2017, the HOPE Exchange Programme closing event, will take place at the Trinity College in Dublin, from Sunday 11 to Tuesday 13 June 2017.

This year's HOPE Agora will be hosted by *the Health Management Institute of Ireland (HMI)*. Among the top-level speakers invited, the Minister for Health of Ireland and the Secretary General of the Department of Health will also take the floor at the Agora.

The main theme will be on innovations in organisation and management that the Exchange Programme participants have encountered during their stay in their host country. With such a broad theme, there are countless possibilities to be discovered. With innovations occurring in a diversity of areas, for example: patient care; clinical work; nursing; human resources; information systems; drug management; laboratory operations; finances; quality management and patient involvement, there will be significant scope for the transfer of learning.

120 healthcare professionals from 18 European countries participated on the 2017 programme. During the HOPE Agora, participants on the programme are due to report back the results of their 4-week stay abroad. Participants will focus on the elements of their stay they found inspiring and offer a comparative analysis with challenges faced by their home country.

Without judging the system of the visited country, participants will describe, based on their experience abroad, what they would like to see implemented in their own country, region, institution, or ward. As is customary, prizes will be awarded to the three best presentations as judged by the HOPE National Coordinators.

Registration available at this [link](#).

HOPE Agora website



Poland – Anna Szczerbak

The Health Care System in Poland

The Constitution of the Republic of Poland (art. 68)/OJ1997, No 78 item 483/ guarantees:

- “Everyone has the right to health care”;
- “Public authorities guarantee citizens, regardless of their material status, an equal access to health care services financed from public funds.”

The beginning of the system started in 1989 and then until 1998 the national health system was financed by state budget. From 1999 to March 2003 functioned the universal health insurance (17 sickness funds). Then between April 2003 and October 2004 was built National Health Fund (NHF). NHF is a key, national payer for health care serviced from public funds, the institution is supervised by Ministry of Health, acts not for profit, divided into 16 regional branches which were organizing contracting system.

Until now the system was based on Act of 27th August 2004 on health benefits finances from public funds, the Act of 30th August 1991 on health care institutions, the Act of 8th September on Public Emergency System.

For the past 13 years, health care system in Poland was realized on 4 main levels of health care:

- 1) Primary Health Care (Primary care physician acts as a “gate keeper” to higher levels of the health care system);
- 2) Specialised Out-Patient Care (a referral, exceptions oncologist, psychiatrist, dermatologist);
- 3) Inpatient Health Care:
 - Hospitals,
 - Long-Term Health Care Rehabilitation Hospitals, nursing and care related units, hospices,
 - Psychiatric Hospitals,
 - Health Resorts spa outpatient clinics, sanatorium;
- 4) Emergency Health Care.

In the last decade over 760 hospitals (with emergency care services) and several hundred of short stay / day surgery hospitals have been in operation in Poland. Most hospitals are public (90% of those with emergency care services) while most of the others are private. Most hospitals provide services financed from public funds.

In 2017, the health care system in Poland is changing. The national network of hospitals has been in plans for the past 10 years and has been finally voted on by the parliament in 2017. The new network will start on 1st October 2017.

The National Hospital Network, called officially the System of Fundamental Hospital Care Coverage divides hospitals into 6 levels, all providing emergency care services 24/7:

- 1) 1st level (with 4 basic units: surgery, internal diseases, gynecology and obstetrics - mainly county hospitals);
- 2) 2nd level (hospitals having 4 basic units plus 2 specialized units) – larger county and some city hospitals;
- 3) 3rd level (hospitals having 4 basic units plus 6-8 specialized units) – regional hospitals.

And 3 specialized levels:

- 1) Children's hospitals;
- 2) Oncological hospitals and Pulmonology hospitals;
- 3) Nationwide hospitals.

Additionally, oncology, which is the priority discipline for the state is going to be financed without any limits.

The list of hospitals, which are members of the Network will be presented on 27th of June 2017.

These hospitals will be financed by general budgets assigned to them by the National Health Fund – the institution, which will be replaced by 17 voivodeship (provincial) health departments supervised by Ministry of Health in 2018. Such budgets may be revised every 3 months.

Hospitals, which will exist outside the Network may apply for contracts with National Health Fund, but the amount of money dedicated for such contracting will be ca 9 % of total money in whole public financing for hospital care (currently 30 bln PLN). The 91% of hospital care budget will be dedicated to hospitals as a “lump sum”. The other change in Polish health care system is a ban on buying more than 51% of shares in public hospitals by private investors.

Healthcare experts anticipate that most private hospitals will not enter the Network and after that there will be 2 separate sectors of the healthcare system in Poland: public sector financed by public funds and private hospitals with no access to public funds.

The other reform of Polish health care system is introducing state owned providers as the only partners of the National Emergency Health Care System (Emergency care system established in 2006 allowed private companies operating in the system).

And finally, at the beginning of 2018 there will be an introduction of the e-prescription and at the same year e-medical work excuse. These are first symptoms of major information technology changes in the Polish health care system.

Presidency of the Council of the European Union – Estonian government approves preliminary programme

On 3 May 2017, the Estonian Government agreed in principle on the programme of the Estonian EU Council Presidency.

From 1 July, Estonia will be holding the rotating six-month presidency of the Council of the European Union. The final version of the Estonian Presidency programme is to be approved at the government meeting scheduled for 29 June. It will be based on 4 priorities, namely:

- an open and innovative European economy,
- a safe and secure Europe,
- a digital Europe and the free flow of data,
- an inclusive and sustainable Europe.

In the provisional programme, the four priorities have been divided into 18 sub-chapters. The programme includes nearly 80 legislative proposals for promoting these priorities.

Commenting on the priority for an open and innovative Europe, Prime Minister Jüri Ratas said: “A strong economy is based on an innovative and open economic model. Estonia aims to contribute to the stimulation of the European economy and the creation of jobs in new and growing industries.”

On the subject of a safe and secure Europe, the Prime Minister stressed that the Estonian Presidency wishes to offer concrete and modern solutions for improving safety and security in an open Europe. “In addition to modern IT solutions, Estonia will also promote the strengthening of cross-border cooperation, and prioritise increased defence cooperation.” Giving his view on the priority of a digital Europe and the free flow of data, the Prime Minister noted that a quick, high-quality and widely-available internet connection is a cornerstone of a smart and data-based economy.

Expanding on the priority of an inclusive and sustainable Europe, the Prime Minister noted that the foundation of social and economic success in the EU is its people. “In an inclusive Europe, Estonia will uphold the principle of ensuring equal rights for everyone.”

[Estonian Presidency website](#)

European Semester 2017 – Country specific recommendations released

On 22 May 2017, the European Commission published its proposal for the Country-Specific Recommendations (CSRs) 2017, as part of this year's European Semester of economic policy coordination. The CSRs will have to be approved in their final form by the Council.

The CSRs provide tailored guidance to individual Member States on how to boost jobs, growth and investment, while maintaining sound public finances. The recommendations adapt priorities identified at EU level in the Annual Growth Survey and at the euro area level in the recommendation for the economic policy of the euro area to the national level. They give guidance on what can realistically be achieved in the next 12-18 months to make growth stronger, more sustainable and more inclusive.

This year the Commission is putting increased emphasis on the multiannual dimension of the European Semester by providing data about the implementation of past Country-Specific Recommendations.

The general message passed through this year's CSRs is that Member States should use the window of opportunity offered by the economic recovery to pursue structural reforms, boost investment and strengthen their public finances. Priorities vary across the EU but further efforts across the board are essential to achieve more inclusive, robust and sustainable growth.

Nine EU countries received recommendations to improve their health and long term care systems, namely Austria, Bulgaria, Cyprus, Lithuania, Latvia, Portugal, Romania, Slovenia and Slovakia, 8 of which have been reconfirmed after receiving recommendation in the field of health in 2016. Austria is a new recipient of healthcare CSRs in 2017, while CSRs addressed to the Czech Republic, Estonia, Finland, Croatia, Ireland and Italy were not reconfirmed in 2017. Indeed, in 2017 the policy sector has been addressed in fewer Member States, with 9 CSRs issued against the 14 issued in 2016.

[Read more](#)

Structural reform support programme – Council adoption

On 11 May 2017, the Council approved a €142.8 million programme to help member states implement structural reforms.

The programme will contribute to institutional, administrative and structural reforms aimed at enhancing competitiveness, productivity, growth, jobs, cohesion, and investment. It will operate in support of the EU's economic governance processes, financing actions and activities of European added value.

The regulation was adopted at a meeting of the Agriculture and Fisheries Council, without discussion.

The European Parliament gave its approval on 27 April 2017 to the programme, which will cover the 2017-20 period. This follows an agreement with Parliament representatives reached on 8 February 2017.

Regulation



Public Health

Access to medicines – Six southern Member States sign the Valletta Declaration

On 8 May 2017, six southern member states (Malta, Cyprus, Greece, Italy, Spain, and Portugal) signed the Valletta Declaration, aiming to enhance their cooperation and jointly negotiate with the pharmaceutical industry on drug pricing.

The following day, EU health ministers met with the CEOs and heads of Europe-based pharmaceutical companies to discuss about how to improve the overall sustainability of healthcare as well as access to treatment for patients.

The ministers expressed concerns that the existing complex system of pricing might not be balanced, and that “it may not always promote the best possible outcome for patients and society”.

In addition, member states were encouraged to explore strategies to jointly negotiate prices with the pharma industry and urged them to exchange information in the phase preceding the launch of negotiations with drug makers.

Similar agreements have already been made by several EU countries; Benelux with Austria (Beneluxa), Bulgaria and Romania as well as Visegrád, with Croatia and Lithuania (Visegrad +2).

Read More

Vaccination – European Commission high level workshop

On 31 May 2017. The European Commission organised a high level workshop in Brussels with the aim of launching an action-oriented discussion to explore how cooperation at EU level can increase vaccination coverage, address shortages and strengthen routine immunisation programmes.

The outcomes of the conference will inform a Commission Report to be presented to the Health Council on 16 June 2017.

According to Vytenis Andriukaitis, European Commissioner for Health and Food Safety *“within the EU, there are ongoing measles and rubella outbreaks and we are even exporting measles to other parts of the world. This can and must be stopped! Vaccine hesitancy is without a doubt one of the key challenges as regards low acceptance and uptake in a number of EU countries, and it must be tackled head on”*.

The workshop gathered EU institutions and agencies, national authorities, healthcare professionals, patients, civil society, academics and the scientific community with a view to propose ideas for collaborative work and partnerships. The day was divided into three sessions as follows:

- Session 1: Vaccine hesitancy – new partnerships to tackle growing hesitancy in the EU;
- Session 2: Sustainable vaccine policies in the EU – promoting access;
- Session 3: Making vaccine research and development more effective in the EU.

Workshop agenda

Mid-term evaluation of the 3rd Health Programme 2014-2020 – Contributions to public consultation available

The Public Consultation on the mid-term review of the 3rd Health Programme 2014-2020 was open from 23 November 2016 to 23 February 2017. The preliminary results of the consultation have been made public on 24 May 2017.

The consultation was part of the mid-term evaluation of the third programme for the Union's action in the field of health (2014-2020). The objective of the consultation was to ensure that, in addition to the organisations and individuals directly involved in or benefitting from the activities of the Programme, wider stakeholder groups as well as the general public could have a say in its performance and future priorities.

The results of the public consultation will be used together with the other evidence to inform the mid-term evaluation of the Third Health Programme.

Read more

European Reference Networks – Third conference final report available

The 3rd official European Reference Network (ERN) conference took place in Vilnius, Lithuania, on 9 March 2017. The final report of the conference is now available on the European Commission dedicated webpage.

The event was well attended by around 600 healthcare providers, patient representatives, policy makers and health experts. The conference was an initiative of the European Commission, and was hosted by the Ministry of Health of Lithuania under the auspices of the Maltese Presidency of the Council of the EU.

Final report

EU cooperation on Health Technology Assessment (HTA) – Public consultation report

On 15 May 2017, the European Commission published the final report of the online public consultation on “strengthening EU cooperation on Health Technology Assessment (HTA).

In September 2016, the Commission launched a new initiative which addresses the question whether and how to continue HTA cooperation at EU level beyond 2020 (when the current EUnetHTA Joint Action 3 comes to an end). In this context, the Commission launched an open public consultation which ran from 21 October 2016 until 13 January 2017.

The aim of this public consultation was to collect all stakeholders' views on the EU HTA cooperation, encompassing their experience with the on-going cooperation mechanisms, their specific needs and their opinion on the proposed approaches described in the Inception Impact Assessment.

This report provides an overview of the responses received, grouping them by category of stakeholder.

Report

EU blood, tissues and cells legislation – Public consultation

The Commission seeks to gather views on the extent to which the **2002 Directive** setting standards of quality and safety for human blood and the **2004 Directive** setting standards for human tissues and cells, have met their original objectives and whether they remain fit for purpose. The consultation of citizens and stakeholders, launched today, will run until the end of August 2017. Interested parties are invited to participate online.

The results of the public consultation and views expressed by stakeholders in other forums will be reviewed and will feed into a final evaluation report on the EU Directives on blood, tissues and cells to be published towards the end of 2018.

The consultation was officially opened on 29 May 2017 and will close on 31 August 2015.

Read more

Integration cooperation and performance of health systems – CoR opinion

On 22 March 2017, the European Committee of the Region (CoR) adopted in Plenary an Opinion on the topic of Integration, Cooperation and performance of health systems. HOPE took part to the preparation of the study by means of replies to an interview.

The Opinion provides policy recommendations to other EU institution, summarised as follows:

- in order to achieve health equality, it is essential that everyone has access to healthcare and that jointly funded care is provided in accordance with needs;
- the European healthcare systems need to adapt to a new disease profile in which chronic diseases represent a very large proportion of the healthcare burden;
- greater emphasis should be placed on preventive action and health promotion, and that the primary care systems should be strengthened;
- mental health must be given the same priority as physical health;
- the EU needs to be more consistent in applying the principle of "health in all policies";
- support to the initiatives taken for voluntary cooperation between Member States on procurement, pricing and access to medicines, as well as more efforts to capture possible economic and qualitative advantages of cooperating in the field of cost-intensive and/or highly specialized medical equipment;
- the European Commission shall establish an Erasmus like programme for healthcare professionals;
- the CoR welcomes the new action plan to address antibiotic resistance that the Commission intends to publish, reminds the Member States of their commitment to have in place before mid-2017 national action plans against antimicrobial resistance and calls on the health ministries to involve local and regional authorities in the development and implementation of these plans.

The document follows a previous Committee Opinion on “effective, accessible and resilient health systems”.

Full Opinion



WiFi4EU – Political agreement on launch of the initiative

On 29 May 2017, negotiators from the European Parliament, the Commission and the Council reached an agreement to launch the WiFi4EU initiative and its funding, which supports installing free public Wi-Fi hotspots in local communities across the EU: in public squares, squares, parks, hospitals and other public spaces.

It aims at bringing high-quality wireless internet access to at least 6000-8000 local communities and has a total provisional budget of up to €120m until 2020.

The objective of the initiative is to set up a simple and fast financing mechanism that guarantees a safe and quality connection for at least 3 years, where no alternative free offer is already available. The pilot project is the first step towards a gradual reduction of the digital divide in Europe, fostering digital inclusion for all and access to new online services such as e-government or e-health. The text states in particular that rural communities may be eligible.

[Read more](#)

Digital Single Market Strategy – Commission Mid-Term review

On 10 May 2017, the Commission published the mid-term review of its Digital Single Market Strategy.

The review takes stock of the progress made, calls on co-legislators to swiftly act on all proposals already presented, and outlines further actions on online platforms, data economy and cybersecurity.

Since the launch of the Strategy in May 2015, the European Commission has delivered 35 legislative proposals and policy initiatives. The focus is now on obtaining political agreement with the European Parliament and the Council on all proposals.

In the mid-term review communication, the Commission has identified three main areas where further EU action is needed:

1. to develop the European Data Economy to its full potential,
2. to protect Europe's assets by tackling cybersecurity challenges, and
3. to promote the online platforms as responsible players of a fair internet ecosystem.

The Review maps out the way ahead in these three areas:

- On the data economy, the Commission is preparing a legislative initiative on the cross-border free flow of non-personal data (Autumn 2017) and an initiative on accessibility and reuse of public and publicly funded data (Spring 2018). In addition, the Commission will continue its work on liability and other emerging data issues.

- In cybersecurity, by September 2017, the Commission will review the EU Cybersecurity Strategy and the mandate of the **European Union Agency for Network and Information Security** (ENISA), to align it to the new EU-wide framework on cybersecurity. The Commission will also work to propose additional measures on cyber security standards, certification and labelling to make connected objects more cyber secure.
- In the area of online platforms, by the end of 2017, the Commission will prepare an initiative to address unfair contractual clauses and trading practices identified in platform-to-business relationships and has also taken recent competition enforcement decisions related to this. The Commission has developed several dialogues with online platforms within the Digital Single Market (e.g. EU Internet Forum, Code of Conduct on illegal online hate speech, and Memorandum of Understanding on the Sale of Counterfeit Goods over the Internet) and plans to coordinate these better. One of the aims is to move forward with the procedural aspects and principles on removal of illegal content – notice and action – based on transparency and protecting the fundamental rights.

In addition, the Commission addresses the need for further investment in digital infrastructure and technologies in areas where investment needs to go far beyond the capacity of single Member States, such as high-performance computing.

Commission Communication



Internal market

Biosimilar Medicines – Third stakeholder event

On 5 May 2017, HOPE took part to the Stakeholder event on Biosimilar Medicinal Products organised in Brussels by the European Commission and stakeholder organisations active in this field.

This yearly event is aiming at increasing knowledge about biosimilars and foster take up of these products with a view to ultimately improve access to medicines and sustainability of healthcare systems, while at the same time respecting freedom of choice of healthcare professionals.

During the event the “Information guide for healthcare professionals” was presented. The guidelines were prepared jointly by the European Medicines Agency (EMA) and the European, with the support of EU scientific experts and organisations from across the EU representing doctors, nurses, pharmacists and patients. The objective of the guide is to provide healthcare professionals with reference information on both the science and regulation underpinning the use of biosimilars.

Additionally, main findings of the **QuintilesMS report** 2017 were presented during the event. The report, first published in 2015, shows a consistent average price reduction in therapy areas where biosimilars have been introduced. Increased biosimilar competition affects not only the price for the directly comparable product but for the whole product class. In some cases, the biosimilar version of a product ends up not getting sold. Even then it's likely to eventually be an essential step to a competitive environment, leading to lower prices. This year's event focused on healthcare professionals because of the important role they play in procurement processes and ensuring take up through switching from biological reference medicinal products to biosimilars medicines.

For this reason, the panels addressed the following topics:

- Biological medicines access mechanisms: balancing access and freedom of choice.
- Collaborative approach in the use of biosimilars medicines
- Building stakeholder confidence in biosimilar medicines through evidence-based information sharing.

EMA-EC guide

Excessive drug pricing - Commission opens first investigation

On 15 May 2017, the European Commission announced the opening of a formal investigation into Aspen Pharma's pricing practices for cancer drugs.

The Commission will investigate whether pharmaceutical company Aspen has abused a dominant market position in breach of EU antitrust rules.

The investigation concerns Aspen's pricing practices for niche medicines used for treating cancer, such as hematologic tumours. They are sold with different formulations and under multiple brand names. Aspen acquired these medicines after their patent protection had expired.

The Commission will investigate information indicating that Aspen has imposed very significant and unjustified price increases of up to several hundred percent, so-called 'price gouging'. The Commission has information that, for example, to impose such price increases, Aspen has threatened to withdraw the medicines in question in some Member States and has actually done so in certain cases.

The Aspen Pharma was previously involved in a scandal in Italy, where last October the Italian anti-trust authority issued the company with a EUR 5 million fine, accusing it of "blackmailing" the Italian medicines agency.

Read more



Migration and health – Kick-off meeting for MYHEALTH and MIGHEALTH projects

On 3 May 2017 in Luxembourg, the European Commission organised a meeting to launch two three-year projects on migrants' health:

1. MyHealth aims to improve healthcare access for vulnerable migrants and refugees, in particular women and unaccompanied minors, who have recently arrived in Europe. To this end the project partners, which include universities, research institutes and charities from seven EU countries, will develop and implement models to engage vulnerable migrants and refugees in their health through community empowerment and learning.
2. MigHealth brings together 14 partners from universities, national authorities and NGOs in 10 EU countries, to produce a roadmap for effective community-based care models to improve physical and mental health care services, support the inclusion and participation of migrants and refugees in European communities and reduce health inequalities. The project will include testing the feasibility of community-based care models in different settings and countries.

In addition to the above two projects, the Commission's Health programme is financing a number of other projects and actions related to refugees' health in 2017. The ORAMMA project, which aims to improve access and delivery of maternal healthcare for refugee and migrant women, has been signed earlier this year.

In addition, a direct grant has been awarded to the World Health Organisation (WHO) for the EC/WHO joint project MIHKMA – Migration and Health Knowledge management, and financial assistance has been granted for the training of first-line health professionals working with migrants and refugees.

Know more



TTIP – Commission update and new EU-US task force

The May update of the **overview document** on EU Free Trade Agreements negotiations confirms that the negotiation between the European Commission and the United States on the Transatlantic Trade and Investment Partnership (TTIP) has come to a standstill.

The document clarifies that *“Following three years of intense talks, TTIP negotiations are now effectively on hold. The EU stays committed to ensuring a strong trade and investment relationship with the US but the new US administration is still in the process of defining its trade policy and contacts between the US and EU are in an early stage. We need some more time to see where we are”*.

Nonetheless, on 25 May the European Union and the United States agreed to set up a joint delegation to increase trade cooperation.

Following the meeting with the President of the United States Donald Trump and the President of the European Council Donald Tusk, Commission chief Jean-Claude Juncker stated that the joint delegation from the US government and the EU executive would meet in the coming months to exchange points of view on trade matters *“because we estimated that there are too many divergences in approach and analysis between these two big economic blocs”*.

European Council President Donald Tusk said in a televised statement that trade was one of the issues that remained “open”.

[Read more](#)

European programmes and projects

Joint actions – Info day call 2017

Six Joint Actions have been planned for 2017 under the work programme 2017 adopted by DG SANTE on 26 January 2017:

- JA-01-2017 Joint Action on Health inequalities (€2,5 million EU co-funding);
- JA-02-2017 Joint Action - Innovative Partnership on Action against Cancer (€4,5 million EU co-funding);
- JA-03-2017 Joint Action on Vaccination (€3 million EU co-funding);
- JA-04-2017 Joint Action on preparedness and action at points of entry (air, maritime and ground crossing) (€3 million EU co-funding);
- JA-05-2017 Joint Action supporting the eHealth Network (€2,7 million EU co-funding)
- JA-06-2017 Joint Action on Health Information towards a sustainable EU health information system that supports country knowledge, health research and policymaking (€4 million EU co-funding);

Presentations of each Joint Action will be shared after the InfoDay organised on 7 June 2017. Deadline for submission of nomination was 11 May 2017.

[Read more](#)

eHealth Adoption Awards 2017

During the eHealth week 2017 held in Malta from 10 to 12 May 2017, “My Diabetes My Way”, the diabetes online platform created by University of Dundee for NHS Scotland, was given the eHealth Adoption Award.

The eHealth Adoption Awards recognise the work of adopters, and their technological suppliers, in implementing eHealth innovation for the benefit of patients. By promoting them as a reference in their sector, we hope to inspire other organisations to improve the delivery of health and care-related services with the support of innovative technology.

The selection of the finalist teams was based in the degree of innovation (how new it is), the impact on the delivery of health and care services for individuals, its effectiveness (how mature and successful the project is) and the scalability of the idea (how easy would be for other organisations to replicate).

Out of a total of 40 applications, the adoption-supplier teams that have been chosen for the final were:

1. MyDiabetesMyWay and NHS Scotland (UK), a diabetes platform, integrating both patient home-recorded data and data from primary and secondary care and laboratories. This online portal empowers and supports people with diabetes in self-

managing their disease. MDMW has been running since 2008, was developed by University of Dundee and funded by the Scottish Government.

2. NephroFlow and AZ Sint-Lucas (Ghent, Belgium). NephroFlow is the first dialysis information system that effectively bridges treatment planning and monitoring processes with an intelligent mobile workflow in the dialysis room. At the initiative of the AZ Sint-Lucas hospital in Ghent, the system transformed the way the nephrology ward delivers instructions to nurses, captures results during sessions and facilitates communication between the different team members.
3. Ergo/National Public Health System Ireland PISCES (Providing Individualised Services and Care for in Epilepsy) is a cloud based EHR solution, created by clinicians that are involved in the longitudinal care pathway for epilepsy. The solution offers the ability to store and represent the full sequenced genome as well as the geneticist's opinion of the epilepsy and the neurological conditions leading to the type of epilepsy.

[Read more](#)

EU health award – apply now

Applications for the EU Health Award for NGOs will be open until 30 June 2017.

The European Commission dedicates this year's EU Health Award to initiatives of non-governmental organisations (NGOs) that contributed or are contributing to high standards of public health in the European Union through vaccination.

The Award will recognise and reward non-governmental organisations that have contributed to a higher level of public health in the European Union through vaccination.

The call for applications targets initiatives focusing on (not exhaustive):

- Prevention: availability and access to vaccines
- Awareness and information: promoting vaccination/advocacy
- Surveillance
- Tackling vaccination from a specific disease perspective

With this award, the European Commission will highlight and reward outstanding initiatives of international, European, national or regional non-governmental bodies which have significantly contributed to higher levels of vaccination within the EU population.

Submit your initiative

CARRE Project – IT for patients with cardio-renal syndrome

The CARRE project investigated digital technologies for empowering patients with comorbidities and cardio-renal syndrome, by providing personalised health risk information to patients and health practitioners with the help of mobile devices.

The main challenge when trying to manage and prevent this particular health condition is the multitude of medical specialties it requires when addressing a chronic patient trying to lead a normal life.

The European Commission awarded 2,6 million euros to the CARRE project in 2013. This project provides dynamically interlinked clinical information personalised to the patient, using internet aware sensors and other sources of medical information, such as scales, activity trackers, blood pressure or glucose monitors and personal health records.

The information is then projected against current medical data, providing an interactive personalised graph which shows the particular health risks of an individual. This risk prediction model helps both the patient and the health practitioner to better plan and adapt lifestyle changes and personal treatment.

The CARRE project has succeeded to show the potential of semantic interlinking of heterogeneous data to construct dynamic personalised models of complex comorbid medical conditions with progression pathways and comorbidity trajectories.

Through these outcomes, CARRE facilitates the way to more effective prevention and decrease of the delay of recognition of signs of a worsening condition. Its approach, which puts the patient at the centre, corresponds to the European Commission's aim to support the EU-wide adoption of people-centric digital health innovation in the prevention of chronic diseases and to improve the quality of health and care services.

[Project website](#)

Reports

Portugal HiT 2017

European Observatory on Health systems and Policies

While overall health indicators for Portugal have notably improved in recent years, they still hide significant health inequalities, which are mostly related to health determinants, such as child poverty, mental health and quality of life.

Even though the Portuguese National Health Service (NHS) is universal, comprehensive and almost free at point of delivery, there are also inequities in the access to health care, mostly related to geography, income and health literacy. The so-called health subsystems, the special health insurance schemes for particular professions or companies that exist next to the NHS as well as private voluntary health insurance, provide easier access for certain groups.

Since the financial crisis, health sector reforms in Portugal are guided by the Memorandum of Understanding that was signed between the Portuguese Government and three international institutions (the European Commission, the European Central Bank and the International Monetary Fund) in exchange for a €78 billion loan agreed. Measures were implemented to contain costs, improve efficiency and increase regulation.

Still, financial sustainability of the Portuguese health system remains a challenge. Due to cuts in public workers' salaries the migration of health care workers risks to negatively affect the quality and accessibility of care. While several reforms are aimed at improving coordinated care and developing the use of Health Technology Assessment, there is still scope for increasing efficiency in the health system.

Full report

Obesity Update 2017 – OECD

Today, more than one in two adults and nearly one in six children are overweight or obese in the OECD area. The obesity epidemic has spread further in the past five years, although at a slower pace than before. Despite this, new projections show a continuing increase of obesity in all studied countries. Social disparities in obesity persist and have increased in some countries. A nearly tenfold variation in obesity and overweight rates can be seen across OECD countries. In the last few years, new policy strategies devised to fight obesity have emerged.

This Obesity Update focusses on a selection of those, specifically at communication policies aimed to tackle obesity, in particular by improving nutrient information displayed on food labels, using social and new media to sensitise the population, or by regulating the marketing of food products. Better communication helps empower people to make healthier choices. However, comprehensive policy packages, including not only communication but also broader regulatory and fiscal policies, are needed to tackle obesity effectively.

Full report

International Comparisons of Health Prices and Volumes: New Findings – OECD

Numerous studies have shown substantial variation in hospital expenditure across OECD countries. However, there is only limited understanding of the potential sources of this variation.

Explaining hospital (or more broadly health care) expenditure in terms of volumes and prices requires expenditure data to be converted using a common currency. Purchasing Power Parities (PPPs) are commonly used to convert national currencies to a common unit.

Therefore, when PPPs are used to convert expenditure to a common unit, the results are valued at a uniform price level and should reflect only differences in the volumes of goods and services consumed in countries.

An OECD Task Force on Health PPPs was set up in 2007 and established the methodological principles for the project. Since then, five pilot studies have been carried out between 2008 and 2012 which have confirmed the feasibility and the general suitability of the methodology. The main novel feature is the collection of comparable and output-based prices for hospital services that can then be applied to matching health accounts expenditure data so as to derive consistent price and volume comparisons of health and hospital goods and services consumed. The data is novel in that it reflects “quasi prices” (negotiated or administrative prices or tariffs) of hospital products, instead of prices of inputs such as wages of medical personnel.

The new methodology moves away from the traditional input perspective, thereby relaxing the assumption that hospital productivity is the same across countries. By end 2013, this new methodology has become an integral part of the Eurostat-OECD Purchasing Power Parity comparison, and hospital price levels for 2014 are for the first time publicly available for all OECD countries.

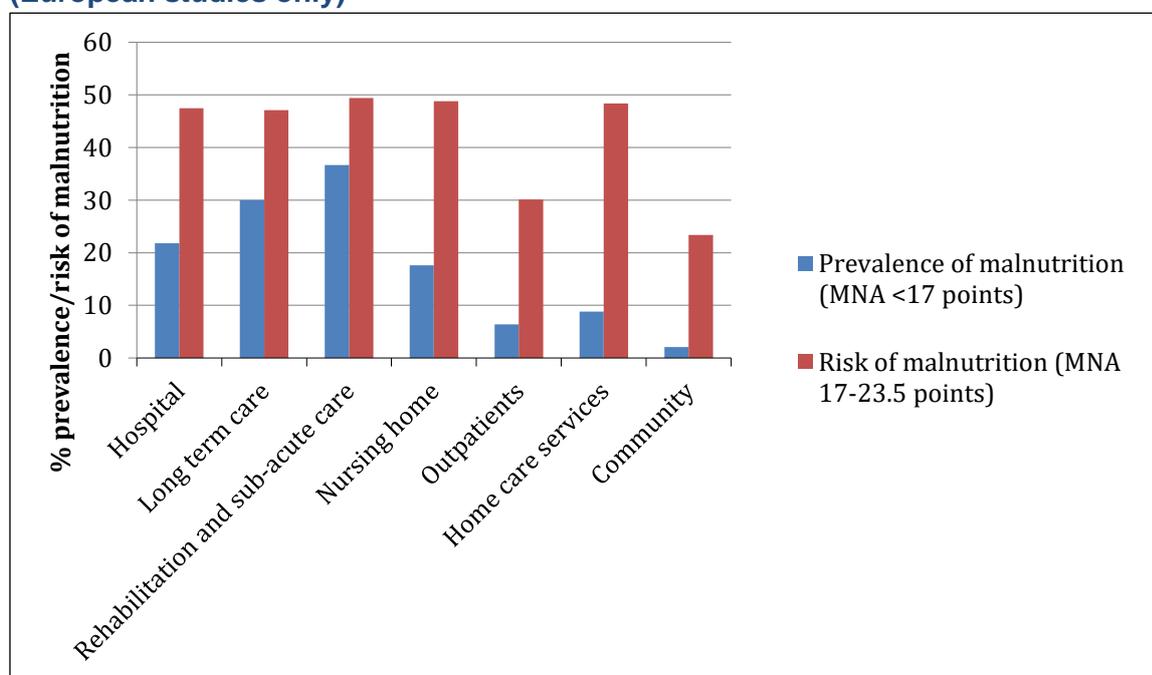
Full report

The prevalence of malnutrition in European healthcare settings

In a recent paper (Cereda E, Pedrolli C, Klersy C *et al.* (2016) Nutritional status in older persons according to healthcare setting: A systematic review and meta-analysis of prevalence data using MNA) researchers reviewed 240 studies from all continents providing a total of 258 setting-specific prevalence estimates of malnutrition, but the majority were conducted in Europe. Hospitals were the most frequently assessed setting in Europe although the majority of the patients assessed were in the community. Figure 1 shows the estimate of prevalence of malnutrition by setting from studies conducted in Europe. It is interesting to note that data reported in the same review for all continents combined gave a similar estimate.

The prevalence of *malnutrition* differed significantly across healthcare settings (range 3.1-29.4%) with the exception of long term and rehabilitation/sub-acute care, which showed comparable estimates. However, estimates of *risk of malnutrition* were comparable in most of the settings investigated, as prevalence was significantly lower only in free-living subjects and out-patients. In addition, both malnutrition and risk of malnutrition were found to be directly associated with the setting-related level of dependence ($p < 0.001$).

Prevalence and risk of malnutrition across care settings in older adult patients (European studies only)



The new regulatory tools of the 2016 Health Law to fight drug shortages in France – Health Policy Journal

François Bocquet, Albane Degrossat-Théas, Jérôme Peigné, Pascal Paubel

Drug shortages are becoming worrying for public health in the European Union. The French public authorities first took action against the causes of drug shortages in 2011 with a law, followed by a decree in 2012 to overcome the dysfunctions of the pharmaceutical distribution channel.

These texts would establish emergency call centres implemented by pharmaceutical companies for pharmacists and for wholesalers to inform of shortages, and would oblige pharmaceutical companies to inform health authorities of any risk of potential shortage situation. They would also reinforce the declaration regime of the territory served by wholesalers. Through the Health Law of January 2016, France acquired new regulatory tools in order to fight against these shortages and wanted to target the drugs for which they are the most detrimental: the major therapeutic interest (MTI) drugs.

Furthermore, this new text reinforces the legal obligations of pharmaceutical companies and of wholesalers for drug shortages and sets out the enforcement of sanctions in case of breach of these obligations. France's goal is ambitious: to implement coercive measures aiming at making the actors of the drug distribution channel aware of their responsibilities in order to take up the public health challenge triggered by drug shortages.

Full article

Sustainable Development Goal on Health (SDG3): The opportunity to make EU health a priority – European Policy Centre

Paula Franklin

European health systems face growing, common challenges: the increasing cost of healthcare; an ageing population associated with a rise in chronic diseases and multi-morbidity leading to a growing demand for healthcare; shortages and an uneven distribution of health professionals; and inequalities in access to healthcare.

Given the scale of the challenge, improving the performance and sustainability of health systems is crucial. All available tools should be used according to their specific functions, and the Sustainable Development Goal on Health (SDG3) provides an overarching framework to strengthen health for all.

Full article

Efficiency and productivity assessment of public hospitals in Greece during the crisis period 2009-2012 – BioMed Central

P. Xenos, J. Yfantopoulos, M. Nektarios, N. Polyzos, P. Tinios and A. Constantopoulos

This study is an initial effort to examine the dynamics of efficiency and productivity in Greek public hospitals during the first phase of the crisis 2009–2012. Data were collected by the Ministry of Health after several quality controls ensuring comparability and validity of hospital inputs and outputs.

This paper attempts to offer insights in efficiency and productivity growth for public hospitals in Greece. The results suggest that the average hospital experienced substantial productivity growth between 2009 and 2012. Almost all of the productivity increase was due to technology change which could be explained by the concurrent managerial and financing healthcare reforms. Hospitals operating under decreasing returns to scale could achieve higher efficiency rates by reducing their capacity. However, certain social objectives should also be considered. Emphasis perhaps should be placed in utilizing and advancing managerial and organizational reforms, so that the benefits of technological improvements will have a continuing positive impact in the future.

Full article

eHealth in the future of medications management: personalisation, monitoring and adherence – BMC Medicine

Josip Car, Woan Shin Tan, Zhilian Huang, Peter Sloot and Bryony Dean Franklin

Globally, healthcare systems face major challenges with medicines management and medication adherence. Medication adherence determines medication effectiveness and can be the single most effective intervention for improving health outcomes.

In anticipation of growth in eHealth interventions worldwide, authors explore the role of eHealth in the patients' medicines management journey in primary care, focusing on personalisation and intelligent monitoring for greater adherence. eHealth offers opportunities to transform every step of the patient's medicines management journey.

From booking appointments, consultation with a healthcare professional, decision-making, medication dispensing, carer support, information acquisition and monitoring, to learning about medicines and their management in daily life. It has the potential to support personalisation and monitoring and thus lead to better adherence. For some of these dimensions, such as supporting decision-making and providing reminders and prompts, evidence is stronger, but for many others more rigorous research is urgently needed.

Given the potential benefits and barriers to eHealth in medicines management, a fine balance needs to be established between evidence-based integration of technologies and constructive experimentation that could lead to a game-changing breakthrough. A concerted, transdisciplinary approach adapted to different contexts, including low- and middle-income countries is required to realise the benefits of eHealth at scale.

Full article

Fighting antibiotic resistance is in your hands: May 5, 2017 – the Lancet

The prevention of health-care-associated infections and reduction in their avoidable impact on health systems is crucial to make facilities safer for patients worldwide. Additionally, the increasing public health burden of antimicrobial resistance has driven WHO and the UN to take action. Strong political commitment was highlighted as key to the reduction of antimicrobial resistance at the UN General Assembly in September, 2016, in New York.

[Full article](#)

Migrants – RE-HEALTH Project

On 15 May 2017, HOPE attended the conference organised in Brussels by the Migration Health Division of the IOM Regional Office presenting the results of RE-HEALTH.

RE-HEALTH was launched in February 2016 by the Migration Health Division of the IOM Regional Office in Brussels. Co-funded by the European Commission Directorate General for Health and Food Safety (DG SANTE), through the Consumers, Health, Agriculture and Food Executive Agency (Chafea) under the amended EU Third Health Programme (2014-2020), the action aimed at: establishing links between key reception areas for refugees and migrants and the health systems; expand the use of the established Personal Health Record (PHR) and the accompanying Handbook for Health Professionals to evaluate the health status and needs of arriving refugees and migrants in Europe; ensure that health assessments and preventive measures are implemented, taking into account the needs of children and other vulnerable groups; and to ensure that data initially collected through the Personal Health Record is stored in a database so that it is available at transit and destination countries. The project contributes to EU's goal of improving the capacity of its Member States under migratory pressure to address health related issues of arriving migrants.

The objective of the concluding conference of the Re-Health project pilot phase was to present the outcomes of this action, introducing the methodology followed, and with a particular focus on the tools used, such as the electronic Personal Health Record and the training on migration and health for cultural and health mediators.

During the panel discussions, representatives from the EU Member States where the project has been implemented, provided further details on the implementation of the action, including first-hand experience from health professionals and mediators.

In addition to the concluding remarks of the pilot phase of this project, future steps were explored in the continue promotion and fostering integration of newly arrived migrants and refugees in the EU member states health systems through the utilization of the electronic Personal Health Record within the framework of the EU Health Programme.

[Read more](#)

European Week Against Cancer

From 25 to 31 May 2017, Europe is celebrating the European Week Against Cancer (EWAC) organised by the European Cancer Leagues (ECL), a member of All.Can.

Each year, EWAC is an opportunity to communicate the European Code Against Cancer, and this year marks its 30th anniversary.

During EWAC several communication activities have been put in place by All.Can. These include:

- Lieve Wierinck MEP distributed a letter and a copy of the All.Can policy report to each member of the MEPs Against Cancer (MAC) committee, to ask that they consider collaborating with All.Can.
- An article has been published in the Parliament magazine featuring the All.Can initiative.
- A new All.Can animation was launched on Tuesday 30 May.

[All.Can website](#)

Innovation for Health

WTC Rotterdam (the Netherlands), 1 February 2018

On 1 February 2018, the fifth edition of Innovation for Health will be organised in WTC Rotterdam, the Netherlands.

Within a short period of time, Innovation for Health has become Netherlands' premier Healthcare event, offering a stage for opinion leaders to share their ideas and creating a place where more than 800 key players come together and join in on the latest innovations.

By bringing together key players and stakeholders across the healthcare & Life Sciences spectrum, and fostering dialogue between research, markets, and policy makers, the event aims to contribute to the future of sustainable healthcare.

[Visit the website](#)

International Nurses' day – EFN calls for better conditions for nurses

At the occasion of the International Nurses' Day, celebrated each year on 12 May, the date of Florence Nightingale's birth, the European Federation of Nurses Associations (EFN) took the opportunity to advocate for better conditions for nurses in the EU.

According to EFN, although the **Council conclusions on Innovation for the benefit of patients** (2014) recognised that "*Innovations in healthcare can contribute to health and well-being of citizens and patients, (...) and can lead to more effective ways to organise, manage and monitor work within the health sector as well as to improve the working conditions for healthcare staff*", national governments within the EU Member States keep on cutting health budgets on the back of nurses' salary, on nurses' posts, thus compromising the quality of care and patient safety.

Furthermore, in many EU Member States (Malta, Cyprus, Czech Republic, Slovakia, Slovenia, Poland, ... and UK) governments are today replacing general care nurses – **DIR55** nurses – with cheaper, lower qualified nurses, with a lower salary, doing tasks outsourced from Registered Nurses (RN), but not complying with the **Directive 2013/55/EU**, preventing them to move freely in the EU based on mutual recognition of professional qualifications. The

EFN is therefore not surprised at all infringement procedures are to be launched, related to non-compliance with the Directive 55. Fortunately, nurses can rely on EU legislation, holding governments back from downgrading nurses.

Therefore, on the International Nurses' Day, the EFN called on the European Commission, the European Parliament and Council to support nursing as a profession, and value the work of 3 million nurses in the EU, highly valued by its citizens, but not by its politicians.

In the words of Dr. Paul De Raeve, EFN Secretary General, "*nurses are proud of being nurses, supporting the weakest in our society. Self-interest is not driving the nursing profession, instead, altruism keeps us going, keeps us smiling, keeps us advocating for those needing support and making sure health services are safe and of high quality. Thus, resilient health and social ecosystems need to support nurses, empower nurses, value nurses*".

EFN website

Audiovisual Media Services Directive – Health NGOs' Joint Open Letter to Ministers

On 15 May 2017, 16 health organisations sent an open letter to the Ministers regarding the ongoing revision of the Audiovisual Media Services Directive (AVMSD).

In May 2016, the European Commission adopted its proposal to revise this directive which includes provisions governing commercial communications for foods high in fat, sugar and salt, as well as alcoholic beverages to children and minors.

The health organisations urge Ministers to improve AVMSD in the light of the meeting of the European Council on Education, Youth, Culture and Sport on 22-23 May 2017. The open letter identifies three improvements to the European Commission's proposal for AVMSD to better achieve the objective to minimise children's exposure to HFSS food and alcohol marketing:

- Minimise children's exposure to the marketing of health-harmful products
- Exclude alcohol and HFSS food from product placement and sponsorship
- Ensure that Member States can effectively limit broadcasts from other countries on public health grounds

Full letter

BBMRI-ERIC Directory reaches 100m samples

The BBMRI-ERIC directory has reached 100m samples, making it the largest biobanking catalogue on the globe.

Having recently been upgraded to version 3.1, the BBMRI-ERIC Directory is a step forward in improving the findability and accessibility of biobanking resources in Europe and beyond.

It is connected to the BBMRI-ERIC Negotiator, a brand-new service that substantially simplifies the communication steps necessary to obtain information on the availability of relevant samples/data.

BioBank 3.1

Upcoming conferences



HOPE Agora 2017

Trinity College Dublin, 11-13 June 2017

This year's **HOPE Agora** will be hosted by *the Health Management Institute of Ireland (HMI)*. Among the top-level speakers invited, the Minister for Health of Ireland and the Secretary General of the Department of Health will also take the floor at the Agora.

The main theme will be on innovations in organisation and management that the Exchange Programme participants have encountered during their stay in their host country. With such a broad theme, there are countless possibilities to be discovered. With innovations occurring in a diversity of areas, for example: patient care; clinical work; nursing; human resources; information systems; drug management; laboratory operations; finances; quality management and patient involvement, there will be significant scope for the transfer of learning.

120 healthcare professionals from 18 European countries participated on the 2017 programme. During the HOPE Agora, participants on the programme are due to report back the results of their 4-week stay abroad. Participants will focus on the elements of their stay they found inspiring and offer a comparative analysis with challenges faced by their home country.

Registration are now open at this [link](#).

Programme

Speakers



PREVIOUS NOTICE

16 NOVEMBER 2017

4th EUROPEAN HOSPITAL CONFERENCE

Chances and Challenges of E-Health

4th Joint European Hospital Conference

Düsseldorf, 16 November 2017

On 16 November 2017, the European Hospital and Healthcare Federation (HOPE), the European Associations of Hospital Managers (EAHM) and the European Association of Hospital Physicians (EAHM) will held the 4th Joint European Hospital Conference (EHC) from 10.00 am to 4.30 pm.

The 4th EHC is planned to address the general theme of “Changes and Challenges of E-Health”. The event will take place as part of the 40th German Hospital Conference and the world’s biggest medical trade fair MEDICA at the Düsseldorf Exhibition Centre.

European Alliance for Personalised Medicine Inaugural Congress

Belfast, 27-30 November 2017

Hospital is a major strand of the Inaugural Congress of the European Alliance for Personalised Medicine which will take place in the Waterfront Belfast from 27 to 30 November 2017.

The Congress theme is “Personalising Your Health: A Global Imperative!”.

Parallel Streams with a specific cancer focus include:

- Cancer: A Paradigm for Personalised Health
- Big Data for Better Health
- Driving the Innovation Agenda
- Keeping the Person in Personalised Health
- Personalised Health and the policy Agenda

The congress will host the following key speakers:

- Alberto Bardelli, President, European Association for Cancer Research, Torino, Italy;
- Eva Weinreich-Jensen Vice-President, HOPE & Senior Advisor, Danish Regions;
- Denmark Alexander Eggermont, Director General, Institute Gustav Roussy, Paris, France;
- Denis Lacombe, Director General, European Organisation for Research and Treatment of Cancer, Brussels, Belgium;
- Martine Piccart, Director of Medicine, Jules Bordet Institute, Brussels, Belgium;
- Lillian Siu, Professor of Medicine, Princess Margaret Cancer Centre, Toronto, Canada;
- Richard Sullivan, Director, Institute of Cancer Policy, London, UK.

Latest Programme

Early Bird Registration

Submit an abstract