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Save the Date

Düsseldorf, 16 November 2017

European Alliance for
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Belfast, 27-30 November 2017

HOPE Agora 2018

Stockholm, 3-5 June 2018

26th International Conference on
Health Promoting Hospitals and Health Services

Bologna, 6-8 June 2018

HOPE Agora 2017:
Organisational Innovation in Hospitals and Healthcare

Dublin, 11 - 13 June 2017

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

This year's HOPE Agora was hosted by *the Health Management Institute of Ireland (HMI)* and focussed on the topic of "Organisational Innovation in Hospitals and Healthcare".

During the two-day conference, the 2017 HOPE Exchange Programme participants presented the main findings and lessons learned during their stay in their host country. The conference was enriched by the presence of high level speakers, such as:

- Jim Breslin, General Secretary, Department of Health of Ireland.
- Dr. Aine Carroll, National Director of Clinical Strategy and Programmes, Health Service Executive;
- Richard Corbridge, Chief Information Officer, Health Service Executive and Chief Executive Officer, eHealth Ireland;
- Deirdre Glenn, Director, Lifesciences & Food Commercialisation and Lifesciences Sector Manager, Enterprise Ireland;
- Karin Jay, Senior Director, Senior Director, International Business Development and Operations, Planetree;

The speakers' presentation and the HOPE Exchange Programme participants' country presentations are now available online on HOPE Agora website.

HOPE Agora website

Pictures of the Agora

HOPE Exchange Programme 2018

The HOPE Exchange Programme 2018 will focus on the topic "*Improving the quality of healthcare using the experiences and competencies of patients: Are we ready?"*

The exchange period for 2018 starts on 7 May and ends on 5 June 2018.

Additional information and the documents to apply for the Exchange Programme 2018n are now available on **HOPE website**.

HOPE Board of Governors elects new
HOPE President and Vice-President

From left to right: Mr. Pascal Garel, HOPE Chief Executive, Mrs. Eva Weinreich-Jensen, HOPE President, Mrs. Dr. Sara Pupato Ferrari, HOPE outgoing President, Dr. Urmas Sule, HOPE Vice-President.

On 13 June 2017, HOPE Governors met at the closing of the Agora 2017 devoted to Organisational Innovation in Hospitals and Healthcare.

On this occasion, a new President and a new Vice-President were elected for three-year term. Mrs. Eva Weinreich-Jensen, Danish regions, became President, while Dr. Urmas Sule, Estonian Hospital Federation was elected Vice-President.

Special thanks to HOPE outgoing President, Mrs. Dr. Sara Pupato Ferrari. She is currently a member of the HOPE Presidents' Committee as past-President and back to her position as HOPE Governor for Spain.

The agenda of the Board meeting covered major issues of the European healthcare as well as the European Union agenda. The Board adopted its vision of the future, a comprehensive document that covers all the challenges hospitals and healthcare services are facing today and will in the future.

This was an opportunity as well to give first results on two current research: hospital and healthcare groupings; capital investment in Europe. HOPE is trying as in other fields to close the existing information gap.

During the Board, the annual report for 2016 was approved by the Governors and it is now available on HOPE website.

HOPE Annual Report 2016

Impact of the digital healthcare revolution – Public hearing at ECSC

HOPE was invited to speak at the European Economic and Social Committee on 15 June 2017 for a public hearing under the responsibility of Martin Siecker, President of the Section for the Single Market, Production and Consumption.

The meeting was chaired by the rapporteur, Mr Alain Coheur who presented he preliminary draft opinion on the Impact of the digital healthcare revolution on health insurance.

The first panel was looking at the impact of the digitalisation on health insurance with the views of a Belgian Mutual Health Insurance, a French one and a German one.

The second panel on the Impact of the digitalisation on medical professions and patient communities started with a challenging presentation Pr. Philippe Coucke, radiotherapist at the academic hospital of Liège, Belgium. His views on the determinism of technologies were particularly provocative.

HOPE Chief executive raised the key issues for the workforce: new workforce skills and competences to interpret, communicate and act on health data, working more in a team due to more data, capacity building with education and continuous professional development around those two issues as well as on the relation patient/family/carers and health and social care professionals. He took as examples two current EU projects in which HOPE is involved: ICT4LIFE and MedEye.

The views of the European Commission were both from Directorate General CONNEXT and Directorate General SANTE mentioning in particular a public consultation soon to be published.

eStandards Final Conference - Standards and profiles in action for large-scale eHealth deployment in Europe and beyond

On 26 and 27 June 2017, the Horizon 2020 eStandards project held its final conference in Brussels, at CEN premises. As member of the Consortium, HOPE was invited to speak at the event about best practices in the implementation of large scale eHealth deployment projects from the end-users' point of view.

During the conference, the participants were invited to think of a global eHealth ecosystem where everyone enjoys timely safe and informed health anytime and anywhere and where interoperability assets fuel creativity, entrepreneurship and innovation.

The project eStandards nurtures large-scale eHealth deployments with Trust and Flow to strengthen Europe's voice and enable co-creation in interoperability where trusted dialogs on health, costs, and plans meet great expectations.

Agenda

United Kingdom – Sarah Collen

The NHS had a wake-up call after the WannaCry cyberattacks – what is Europe doing to respond?

On 12 and 13 May, staff in a number of NHS organisations were greeted by a red screen saying their files – including patient medical records – had been encrypted.

The recent global cyberattack, using ransomware called WannaCry, infected 200,000 computers in at least 150 countries and exposed costly flaws in hospital IT systems.

The ensuing disruption of NHS services after the attack was particularly acute as patient records could not be accessed by hospitals and GPs, meaning that appointments and operations had to be cancelled and rescheduled, and patients transferred to hospitals that were not affected.

This is not the first time the NHS has been hit by cyberattacks.

In October last year, for example, the North Lincolnshire and Goole NHS FT shut down most of its network and cancelled appointments and routine surgery at three hospitals after a computer virus hit its IT system.

However, the cyberattack from 12 May was of unprecedented scale, bringing down interior ministry computers in Russia, railway ticket machines in Germany and parts of the FedEx network in the US.

Addressing the European Business Summit in Brussels recently, the UK's European Commissioner responsible for security in the union, Julian King, said the attacks should serve as a wake-up call. "What was once the preserve of specialists is now the stock in trade of criminals and crooks who have the ability, as shown last week, to touch the lives of all of us."

The NHS is particularly vulnerable to cyber security incidents due to a number of reasons:

- **The volume of information and the connection with patients means that the use of automation and IT is necessary** – for the NHS, this means electronic patient health records, such as **summary care records**.
- **The diverse nature of healthcare information systems enables different devices to access the internet, thus making them easy targets** – nowadays, many medical devices run on the internet by communicating with servers. Furthermore, hospitals don't buy new CAT scanners or MRI machines every three years, meaning much medical equipment is likely to run antiquated systems that are open to attack delivered through the internet.
- **Many outdated applications and systems don't include security as a priority** – government guidance to NHS organisations is that they should move away from unsupported software such as Windows XP, but that is far easier said than done. Many

machines that run XP do so because it can interface with older equipment. Developing new software or buying new machines running modern, less vulnerable software can cost thousands or millions of pounds. The reality is that investment in IT has frequently been deprioritised, and decisions around levels of IT investment are made all the more difficult with enormous pressure to reduce deficits.

Combining these reasons with the fact that a breach of security can impact large parts of the population means it is critical that the NHS increases its cyber security measures.

In July 2016, the European Union approved new legislation on **cyber security**, which EU member states will have to implement by May 2018 (the UK will still be a member of the EU). This legislation identifies healthcare as an 'essential service' and requires healthcare providers to take "appropriate and proportionate technical and organisational measures to manage the risks posed to the security of network and information systems which they use in their operations."

A lot of this chimes with recommendations of Dame Fiona Caldicott's *Review on data security, consent and opt-outs*, so we could expect guidance on how to comply with this to be issued by government alongside this package of reforms.

The WannaCry cyberattack is the first time EU member states have shared information formally through the mechanism created to implement the new EU cyber security law. Set up in 2004, ENISA, the EU Agency for Network and Information Security, acts as a shared knowledge base and works closely with member states and the private sector to deliver advice and solutions. It has produced **recommendations and a technical note** on the WannaCry virus.

On the back of the attack, the EU is considering how to further improve the EU's resilience, response capacity and cooperation in this field, including by jointly working to improve criminal justice in cyberspace.

ENISA also brings together a technical group of eHealth security experts giving the agency the opportunity to listen to experiences, good practice and ideas. Participants of the group address important issues relating to the security and resilience of the eHealth systems and infrastructures.

ENISA has published two studies of particular interest to the NHS:

- **Cyber security and resilience for smart hospitals** (November 2016)
- **Security and resilience in eHealth infrastructures and services** (December 2015)

Both reports highlight the most important security challenges, crucial security requirements and identify relevant good practice. According to these publications, the risk posed by human error is as great, and perhaps even greater, than malicious actions.

The **Wachter review** on harnessing the power of health information technology in the NHS calls not only for the prioritisation of IT at both national and local level, but also recommends the development of the NHS workforce, including trained clinician informaticians in NHS trusts, giving them appropriate resources and authority.

With Brexit negotiations now underway between the UK government and EU negotiators, how closely the UK will seek to align itself to standards for cyber security and how far it will invest into shared agencies and knowledge sharing with European counterparts on this issue is unclear.

What is certain is that the recent attacks require a consolidated effort in preparing the NHS to face the challenges of future cyberattacks.

This article was originally published **here**.

Main outcomes of the Maltese Presidency

Following the EPSCO meeting of European Health *and Social affairs ministers,* Chris Fearne, Malta's Minister for Health, released an interview to take stock of the main achievements of the Maltese Presidency.

The Minister proudly described the main outcomes of the Presidency with regard to health-related issues, incliding the signature of the Valletta declaration between eight member states pledging to work more closely together to cooperate in the improving access to medicines for their citizens. He also speaks about Malta's commitment on the topic of childhood obesity and voluntary cooperation between health systems, which led to the adoption of two council conclusions on the above-mentioned topic on 16 June 2017 (more information in the section "Public Health" of this Newsletter).

Full interview

Digital Health Society Declaration – High-level conference and public consultation

As part of the Presidency programme, supporting digital innovation in healthcare will be one of the priority topics, in line with the overall agenda of the Digital Single market in Europe and the Free Flow of Data. In preparation for this, the Estonian Ministry of Social Affairs in collaboration with the European Connected Health Alliance (ECHAlliance) will organise an event planned for October 2017 in Tallinn to present the Declaration.

The Ministry of Social Affairs of Estonia and ECHAlliance have launched the Digital Health Society (DHS) Declaration, as a call for actions about the strategies and actions to achieve the digital transformation of healthcare systems. This initiative is developed collectively with the EU key stakeholders representing policy-makers, citizens, health professionals, scientists, companies and payers.

The DHS Declaration will be officially presented and signed during the eHealth conference which will take place in Tallinn next 16-18 October, and it will also be the support document for EU council recommendations to be published in December 2017.

Additionally, ECHAlliance organised a webinar on 4 July 2017 to present:

- the main objectives of the Estonian EU Presidency for health and social care;
- the outline programme of the Digital Health Society conference on 16-18 October in Tallinn and how to contribute to the agenda;
- the content, topics and the consultation process of the Digital Health Society Declaration.

The consultation is now open at **http://echalliance.com/?page=digitalhealthsociety**.

Participants are invited to contribute to the Declaration, expressing their point of view and sharing ideas and experiences about the opportunities, the barriers to overcome and the existing (implemented) solutions that will allow the development of a real Digital Health Society and of the Free Flow of Data in Europe.

The deadline to take part in the consultation is 30 August 2017.

A recording of the webinar is being made available to download following to the event.

Free movement of health records – Report

The Government Office of Estonia commissioned the report "Mapping out the obstacles of free movement of electronic health records in the EU in the light of the single digital market". The study was funded by the Operational Programme for Cohesion Policy Funds 2014-2020 and was initiated and conducted in cooperation with the Estonian Ministry of Social Affairs.

The report shows that necessary preconditions for seamless and safe movement of health data across the borders of member states exist in the EU. "The basic premise - digital health records - exist in Estonia as well as in the European Union. Now, that electronic health data exists, we have to focus on developing services that would benefit people, public services as well as private," said Juta Saarevet from KPMG Baltics. "The more services there are, the more these services are used and the better will be the quality of the data and the more we can develop better services."

The report concludes that the main barriers to free movement of health data are not information technology or legislation, but rather so-called soft aspects such as people's attitudes, awareness and cooperation. Indeed, the study shows that health data is already moving between member states in Europe, but in most cases, the patient takes them along on paper. The survey points out that although many countries have regulated and enabled also the secondary use of data, for example in statistics, research or for the development of health services, they are still very little used.

Supporting the principles of the digital single market, free movement of personal data and digital innovation to support healthcare is one of the priorities during the Estonian Presidency of the Council of the EU. "Our goal is to reach an agreement on the Council of the EU conclusions that give states broad policy guidelines for the e-health policy and planning for the coming years, in order to accelerate and expand the use of health data across borders," said Aaviksoo. "In addition, we hope to agree on 7-9 joint large impact digital project commitments that would be carried out and funded by the member states in cooperation with the European Commission."

Full report

Public Health

Future of DG SANTE – Interview with EU Commission's Director General for Health and Food Safety Xavier Prats Monné

In an interview held in June 2017, the EU Commission's Director General for health and food safety, Xavier Prats Monné, affirmed that the EU will not step back from health, and reaffirmed the bloc's wide role in drugs, disease control, the environment and food policy areas.

The interview follows rumours of a rollback of EU involvement in health started flying in March after the Commission published the white paper "The Future of Europe". The White Paper outlines five possible scenarios for the future of Europe, one of which depicts public health as an area of "limited added value".

In an interview with Science|Business however, Prats Monné said the white paper does not put forward any proposal on health - or on any other policy area, for that matter: on the contrary, he said, "It is an invitation to member-states and citizens to reflect on possible scenarios for the future of Europe. In fact, there is a broad consensus among governments that Brussels should continue to fulfil its responsibilities across a broad canvas of policy areas, and it would be difficult to claim that Europe cares about its citizens but does nothing about their health or the safety of their food."

Prats Monné added that the EU would continue to authorise drugs through the European Medicines Agency and promote cooperation among healthcare specialists via the European Reference Networks.

White paper on the Future of the European Union

EPSCO Council – Health issues main results

On 16 June 2017, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) met in Luxembourg to discuss about a number of health-related issues, including: childhood obesity, voluntary cooperation between health systems and the European Pillar of social rights.

Childhood obesity

The Council adopted **conclusions** calling on member states to tackle childhood obesity by addressing both the lack of physical activity and unhealthy diets. EU countries are invited to promote physical activity in schools and leisure clubs. They should also reduce the advertising and sponsorship of sugary and fatty foods targeted at children and adolescents.

Chris Fearne, the Maltese Health Minister and President of the Council, stated that "Childhood obesity is an increasingly widespread health challenge that has to be taken very seriously. Overweight persons have an increased risk of diabetes, asthma, hypertension and cardiovascular disease. What makes it worse is that overweight children are the overweight adults of tomorrow. It is therefore important to take early action".

Voluntary co-operation between health systems

The Council also adopted **conclusions** encouraging a voluntary cooperation between Member States' health systems. This could result in better outcomes for patients and health care professionals and increase the efficiency of health systems.

Voluntary cooperation can help improve patients' access to treatment, in particular those patients suffering from rare diseases. It may increase expertise within member states and access to innovative health technologies.

It was agreed that the exchange of information on national pricing and reimbursement policies and sharing of information on pricing agreements on pharmaceutical products could improve transparency and member states' leverage in negotiations with industry, and might make medicinal products more accessible.

European pillar of social rights

EU health minsters welcomed the Commission's proposal for a European pillar of social rights. They agreed with the objective of providing timely access to affordable, preventive and curative health care of good quality, provided that member states' competencies in health policy are respected. Ministers emphasised the importance of taking into account different national traditions and specificities when selecting indicators for member states' health systems.

Read More

Antimicrobial Resistance – New EU One Health Action Plan 2017

On 29 June 2017, the Commission published the new EU One Health Action Plan against AMR.

It was requested by the Member States in the **Council conclusions** of 17 June 2016. It builds on the 2011 action plan, its **evaluation**, the feedback received on a **European Commission Roadmap** on AMR and an **open public consultation**.

This new plan supports the EU and its Member States in delivering innovative, effective and sustainable responses to AMR; strategically reinforce the research agenda on AMR and enable the EU to actively promote global action and play a leading role in the fight against AMR. Its overarching goal is to preserve the possibility of effective treatment of infections in humans and animals. It provides a framework for continued, more extensive action to reduce the emergence and spread of AMR and to increase the development and availability of new effective antimicrobials inside and outside the EU.

The key objectives of this new plan are built on three main pillars:

1. Making the EU a best practice region;
2. Boosting research, development and innovation;
3. Shaping the global agenda.

The new plan contains concrete actions with EU added value that the Commission will develop and strengthen as appropriate in the coming years for a more integrated, comprehensive and effective approach to combating AMR.

The Commission has also adopted the first deliverable of the plan: the **EU Guidelines on the prudent use of antimicrobials in human health**. The guidelines aim to reduce inappropriate use and promote prudent use of antimicrobials in people. They target all actors who are responsible for or play a role in antimicrobial use.

The links to the materials published:

- **Action Plan**
- **Action Plan in all EU languages**
- **Summary Action Plan Factsheet**
- **Questions & Answers**
- **Results of the open public consultation**
- **Video in 23 languages**

Antimicrobial Resistance - Event at the European Parliament

On 28 June 2017, HOPE attended the meeting held at the European Parliament entitled "scientific, human health, husbandry and socio-economic aspects of antibacterial resistance: time to act".

The topic of resistance to antibiotics has been addressed from different angles, in accordance with the "One health" approach adopted by the European Commission.

The conference, co-hosted by the MEP Adina-Ioana Valean, Chair of the ENVI Committee of the European Parliament, MEP Pavel Poc and MEP Frederick Federley, was enriched by keynote speeches from renowned experts in the field of AMR. These incude: Marc Sprenger Director World Health Organisation AMR secretariat, the Director and Deputy Director of the institute of animal sciences at the Chinese academy of agricultural sciences, Zhang Junmin, and Chen Jilan and Diederik Standaert, head of management office, DG animal, plant and nutrition, Belgian Health Ministry, and Former Belgian national representative to the standing committee on plants, animals, food and feed and many more.

During the conference, commissioner Andriukaitis presented EU activities against AMR, including the new EU One Health Action Plan on Antimicrobial Resistance, to be launched the following day, on 29 June 2017.

Read more

Antimicrobial resistance – Luxembourg government launches first national plan 2018-2022

On 2 June 2017, the government of Luxembourg launched the first national plan 2018-2022 to tackle antimicrobial resistance.

The action plan embraces the "One health" approach promoted by the European Commission in the battle against the spread of resistant bacteria. The plan aims to consider the multiple dimensions of this matter - human, veterinary and environmental - including all the stakeholders.

Following the joint efforts of the Ministries of Health and Agriculture, Viticulture and Consumer Protection, the National Antibiotic Plan (2018-2022) was under development since the beginning of 2017. As ministers for health, Lydia Mutsch, and agriculture, Fernand Etgen, have stressed: "It is essential that everyone contributes to solving this problem by applying the principle of the rational use of antibiotics."

More information (FR)

European Commission's Scientific Panel for Health Forum

The European Commission's Scientific Panel for Health (SPH) organised on 9 June 2017 in Brussels a forum on "Health Research in a Connected and Participative Society".

The European Commission's Scientific Panel for Health (SPH) is a science-led expert group based on the provisions of the Horizon 2020 Specific Programme, which is tasked with helping to achieve better health and wellbeing for all.

The Panel's main roles are to provide foresight and overall vision and strategy, as well as to identify bottlenecks to innovation and propose solutions in the area of health and biomedical research.

The Scientific Panel for Health has set out a vision for the future of health and biomedical research including input received during the 2016 forum 'Better Research for Better Health' organized by the European Commission and the Scientific Panel for Health.

The forum was in particular addressing the participation of society in health research and policy, and the synergies between health research and health care.

Read more

Study on cross-border health services: potential obstacles for healthcare providers

On 9 June 2017, the Commission published the final report and the executive summaries (EN and FR) of the *Study on cross-border health services: potential obstacles for healthcare providers.*

Last year HOPE attended the stakeholder review meeting of the report organised by Ecorys, the organization mandated by the Commission to conduct the study together with the Erasmus University of Rotterdam and the Spark Legal Network and Consultancy Ltd.

Final report and executive summary

Mental Health – Second EU mental health compass Forum

The second EU Mental Health Compass Forum took place on 8 and 9 June 2017 in Luxembourg.

The purpose of the Forum was to discuss the implementation of policy recommendations of the Joint Action European Framework for Action on Mental Health and Well-being and the outcomes of activities related to the work of the EU Compass during 2016-2017, focussing on Mental Health at Work, Mental Health at Schools, and Prevention of Suicide.

The EU-Compass for Action on Mental Health and Wellbeing is a web-based mechanism used to collect, exchange and analyse information on policy and stakeholder activities in mental health. Between 2015-2018 the Compass will communicate information on the European Framework for Action on Mental Health and Well-being. It will monitor the mental health and wellbeing policies and activities of EU countries and non-governmental stakeholders through:

- the identification and dissemination of European good practices in mental health;
- the collection of data on stakeholders' and national activities in mental health through three annual surveys;
- the organisation of three annual reports and forum events;
- holding mental health workshops in each EU country and in Iceland and Norway.

The main outcomes and video recording of the meeting are now available at this **link**.

EU Health Policy Platform – call for national and regional users to join thematic Network on AMR

Discussions under the Thematic Network (TN) on Antimicrobial Resistance (AMR) kicked off in early June 2017. The Thematic Network aims at the production of a statement/call to action that will be drafted by the European Public Health Alliance (EPHA) on behalf of the group. The statement will primarily be in relation to the implementation of the European Commission's upcoming follow-up Action Plan on AMR.

The group wishes to address issues that can support policymakers and other stakeholders working at the national and regional level to create an ambitious vision for tackling AMR. National and regional stakeholders are kindly asked to join the TN on AMR to achieve a balanced composition of the TN and ensure that key challenges are addressed in the statement.

Register to the Health Policy Platform

Read More

European Commission high level workshop on Vaccinations – material available

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.

The commission has now published the video recorded during the web-streaming of the event, presentations, background papers, participants list and minutes to the workshop at this **link**.

 Communications networks, Content and Technology

Access for public bodies to privately-held data of public interest – Commission Workshop

On 26 June 2017, the European Commission held a workshop on the topic of access for public bodies to privately-held data of public interest.

This workshop responds to the mid-term review of the Digital Single Market strategy which calls for the need to further explore the issue of public bodies' access to privately held data which are of public interest.

The Mid Term Review of the Digital Single Market Strategy mandated to explore further the issue of public bodies' access to privately held data of public interest. In a number of scenarios, public sector bodies could significantly improve their decision making if they were able to use commercially-held information, notably for the purpose of public health policy, spatial and urban planning, natural and technological risk management, managing energy supply grids or protecting the environment.

The objective of the workshop was to discuss with stakeholders from both the demand side (public sector bodies) and supply side (data-holding companies) the needs for access to privately-held data and the conditions under which such access could possibly be granted.

Three specific sessions discussed access:

- Access to data for official statistics;
- Access to data for specific purposes in the healthcare sector;
- Access to data in the context of smart cities.

Mid-term review of the Digital Single Market Strategy

Digitisation – success stories in Europe

In June 2017, the European Commission published a series of success stories in relation to the implementation of the Digital Single Market Strategy. The strategy, presented in May 2015, included concrete EU actions to support projects related to jobs, employability, training, and social issues.

Among the success stories reported below, the Commission also highlighted positive examples of innovation for active and healthy ageing:

1. Digital skills: Coursedot **factsheet** and **video**.
2. Internet of Things and Smart Cities: Antwerp, City of things - **factsheet** and **video**.
3. Access to culture online: MultiDub.com **factsheet.**
4. Platform-based collaborative economy projects: La ruche qui dit oui! **factsheet.**
5. Innovation for active and healthy ageing across Europe: Digital care for elderly people in Puglia **factsheet.**
6. Digitisation of a traditional company and IT partnership: Podoactiva and Ingecontrol - **factsheet** and **video**.

Additionally, in May 2017, the European Commission published a concept paper and its **factsheet** with a view to capture some of the challenges and the benefits of the digitisation for employment and inclusiveness. The paper acknowledges that there is a need to accompany people through this transition.

Concept paper

Social affairs

EPSCO Council – Main results on social policy

On 15 June 2017, the discussions at the EPSCO Council in Luxembourg focussed on Employment and Social policy.

The Council discussed the European Semester 2017 and approved the employment and social policy aspects of the country specific recommendations. The overall objective of the 2017-2018 recommendations is to deliver more jobs and faster growth, whilst taking better account of social fairness.

The Council reached **agreement** on a directive which seeks to protect workers against carcinogenic substances in the work place.

Helena Dalli, Minister for EU affairs and equality, President of the Council affirmed that "with this agreement, we can better protect millions of EU workers from cancer-causing chemical substances in the work place. This is particularly important given that cancer is the first cause of work-related deaths in the EU."

The Presidency informed the Council about the outcome of the lunch debate on the European Pillar of social rights. The core element of the Pillar is a set of 20 key principles and rights to support fair and well-functioning labour markets and welfare systems.

The Council adopted **conclusions on "Making work-pay strategies"** and on the European Court of Auditors' **report entitled "Youth unemployment - have EU policies made a difference?** An assessment of the youth guarantee and the youth employment initiative".

Read more

European Health Insurance Card - 40% of insured Europeans have it

More than 200 million Europeans have the European Health Insurance Card (EHIC), which is around 40% of the total insured population in the reporting Member States, according to the latest available figures for 2015. The card is valid in the 28 EU countries plus Iceland, Lichtenstein, Norway and Switzerland.

The EHIC, available free of charge, confirms that a person is entitled to receive medical treatment that becomes necessary on a temporary stay abroad from the host country's public healthcare system on the same terms and at the same cost as nationals of that country. The EHIC cannot be used to cover planned medical treatment in another country.

Hospitals that provide public health services are obliged to recognise the EHIC. In the vast majority of cases, patients presenting the EHIC receive the necessary healthcare and are reimbursed without any problems. The European Commission continues to raise awareness about the card, and encourages Member States to do the same.

EHIC promotional video

Energy efficiency – ITRE committee in the European Parliament presents report on proposed directive

On 22 June, the rapporteur, Mr Adam Gierek (S&D), presented his draft report on the Commission's proposal for the revision of Directive 2012/27/EU on Energy Efficiency. The proposal is part of the legislative package 'Clean Energy for all Europeans' that the Commission presented on 30 November 2016. It is an important step towards the achievement of the EU commitments made in the framework of the Energy Union and the global climate agenda established by the Paris Agreement of December 2015 (COP21). The Commission proposes a 30% binding energy efficiency target for 2030 at EU level. The rapporteur's draft report contains 82 amendments.

The rapporteur takes a holistic view on energy efficiency, including the stages of primary energy extraction and transport, the conversion of primary energy to electricity and/or heat, transmission and distribution to final consumers, and, equally important, measures to reduce the final energy demand. The rapporteur is also proposing a more ambitious energy efficiency target of 35% for 2030 at EU level.

Defective vaccines - Judgment in Case C-621/15 N. W and Others v Sanofi Pasteur MSD and Others

The Court of Justice of the European Union has ruled on 21 June 2017 in relation to the case C-621/15 N. W and Others v Sanofi Pasteur MSD and Others.

The Court judged that where there is a lack of scientific consensus, the proof of the defect of the vaccine and of a causal link between the defect and the damage suffered may be made out by serious, specific and consistent evidence.

The temporal proximity between the administering of a vaccine and the occurrence of a disease, the lack of personal and familial history of the person vaccinated and the existence of a significant number of reported cases of the disease occurring following such vaccines being administered may, where applicable, constitute sufficient evidence to make out such proof.

Press release

Judgement: Tillotts Pharma v EUIPO - Ferring (OCTASA)

On 20 March 2009, the applicant, Tillotts Pharma AG, filed an application for registration of an EU trade mark with the European Union Intellectual Property Office (EUIPO) pursuant to Council Regulation (EC) No 40/94 of 20 December 1993 on the Community trade mark (OJ 1994 L 11, p. 1), as amended (replaced by Council Regulation (EC) No 207/2009 of 26 February 2009 on the Community trade mark (OJ 2009 L 78, p. 1)).

Judgement

Horizon Prize to develop a tactile display for the visually impaired

On 8 June 2017, the European Commission launched a new Horizon Prize, challenging innovators to develop the most affordable, internet-enabled, full-page tactile display.

The €3 million prize will be awarded to the innovator that will come up with the best solution, able to make digital information understandable and easily accessible for visually impaired users. The winning solution should convey digital information in braille, and by using touch to illustrate graphics and charts, mathematical and spatial information and maps.

Beyond its social inclusive role, this device would have an important role in supporting literacy among blind students, as well as helping to tackle some of the challenges around the employability of people with visual impairments.

Read more

eHealth - 2017 Connecting Europe Facility Telecom Call (CEF-TC-2017-2)

The 2017 Connecting Europe Facility (CEF) Telecom eHealth call makes an indicative €9 million of funding available in this area.

The eHealth call is one of the 2017 CEF calls open together with those on cybersecurity eDelivery and eProcurement.

Read more

Call for INNOLABS external experts

INNOLABS team invites independent experts to participate in the evaluation of projects and ideas submitted to INNOLABS actions. The experts selected will contribute with knowledge and expertise to empower SMEs and start-ups capacity to deliver new solutions into the Health sector.

NNOLABS project aims to foster collaboration, transfer of knowledge and opportunities among SMEs from different countries and sectors in order to develop, improve and deliver disruptive technologies mainly related to mHealth, personalized healthcare and ageing populations. INNOLABS will select more than 100 innovative project ideas to accelerate and further support monetarily and with innovation services.

Starting on the 1st of January 2017, the project has a duration of 2,5 years and is supported by Horizon 2020, the EU Framework Program for Research and Innovation.

INNOLABS Experts and Evaluators will be selected by the INNOLABS Project Management Committee according to the proposed challenges and regarding the following criteria:

- Highly qualified expertise in: health, e-health, m-health, ICT for health, biotechnology, medicine
- Availability for occasional, short-term assignments

Appointed experts will be asked to sign a declaration of honor and a statement of non-conflict of interest. A contract with the project coordinator will be signed stating obligations and compensation.

Selected experts will be informed:

- Two weeks after the Open Call has been closed
- One month before the Hackathon will take place

A travel compensation will be also provided if selected to be part of our Jury team.

Apply here

Reports

Continua Adoption Playbook - Deploying Interoperable Connected Health in Your Health System

Personal connected health is all around us: fitness trackers, smart watches, step counters, glucose meters etc. have become ubiquitous and generate vast amounts of data. But they remain locked in silos, until we find ways to integrate them in the healthcare systems. The key is data interoperability: the devices need to send their data formatted along open, international standards, so GPs, hospitals, telemonitoring services and others can receive it, process it and use it for diagnostics and treatment.

The standard is there, but people do not use it (yet). But help is on the way. A number of healthcare systems, especially in the Nordics and some other countries, are now setting up their technical infrastructures so that their healthcare systems get ready for personal connected health. Almost all of them are championing the Continua Guidelines, the only open, international interoperability framework for personal connected health. The Continua Adoption Playbook discusses these actions and offers suggestions for other healthcare systems to join.

Full report

Future trends in health care expenditure: A modelling framework for cross-country forecasts – OECD Publication

Alberto Marino, David Morgan, Luca Lorenzoni, Chris James

Across the OECD, healthcare spending has typically outpaced economic growth in recent decades. While such spending has improved health outcomes, there are concerns about the financial sustainability of this upward trend, particularly as healthcare systems are predominantly funded from public resources in most OECD countries. To better explore this financial sustainability challenge, many countries and international institutions have developed forecasting models to project growth in future healthcare expenditure. Despite methodological differences between forecasting approaches, a common set of healthcare spending drivers can be identified. Demographic factors, rising incomes, technological progress, productivity in the healthcare sector compared to the general economy (Baumol's cost disease) and associated healthcare policies have all been shown to be key determinants of healthcare spending.

Full report

Eurohealth Observer, Vol. 23, N°2, 2017 - European Observatory on Health Systems and Policies

The Summer issue of Eurohealth Observer features two articles that explore central issues related to measuring the performance of health systems. In a complementary article, the authors look at the significant challenges involved in attempting to use international comparisons of various aspects of efficiency.

The topic of big-data is presented in the *International* section. The focus is on how big-data may have some potential to change the ways in which treatment is provided and transform health systems. Authors argue that despite some good case examples, the use of big data in health is a new science with many obstacles yet to overcome. Partners of the EU funded project "Sustainable integrated chronic care models for multi-morbidity: delivery, financing and performance" (SELFIE), present their framework. They assert that by better understanding integrated care programmes and facilitating a dialogue around continuation, implementation and financing, this type of care can benefit patients with multi-morbidity.

Turning to *Health in All policies* an article addressed the challenge of implementing effective health promotion and protection actions beyond the health sector. Some perspective is presented on the new draft EU Directive which proposes imposing a proportionality test to the regulation of professions, including health professions. With a spotlight on Romania, the Health Systems and Policies section highlights some of the latest health system strategy being employed under the country's recently enhanced health budget.

Full study

Articles

The Directorate-General for Health and Consumers 1999–2014: An assessment of its functional capacities

Timo Clemens, Kristine Sørensen, Nicole Rosenkötter, Kai Michelsen, Helmut Brand

Capacity assessment has become a popular measure in the health sector to assess the ability of various stakeholders to pursue agreed activities. The European Commission (EC) is increasingly dealing with a variety of health issues to coordinate and complement national health policies.

This study analyses the functional capacity of the Directorate-General for Health and Consumers (DG SANCO) between 1999 and 2004. It applies the UNDP Capacity Assessment Framework and uses a literature review, a document review of EU policy documents and expert interviews to assess the capacity of DG SANCO to fulfil its mandate for public health and health systems. The results suggest that DG SANCO has established capacities to engage with stakeholders; to assess various health issues, to define issue-specific health policies and to collect information for evaluative purposes. In contrast, capacities tend to be less established

for defining a clear strategy for the overall sector, for setting priorities and for budgeting, managing and implementing policies. Authors conclude that improvements to the effectiveness of DG SANTE's (the successor of DG SANCO) policies can be made within the existing mandate. A priority setting exercise may be conducted to limit the number of pursued actions to those with the greatest European added value within DG SANTE's responsibilities.

Full article

Health decentralization at a dead-end: towards new recovery plans for Italian hospitals

Marianna Mauro, Anna Maresso, Annamaria Guglielmo

The recent introduction by the central government of recovery plans (RPs) for Italian hospitals provides useful insights into the recentralization tendencies that are being experienced within the country's decentralised, regional health system. The measure also contributes evidence to the debate on whether there is a long-term structural shift in national health strategy towards more centralised stewardship.

The hospital RPs aim to improve the clinical, financial and managerial performance of public-hospitals, teaching-hospitals and research-hospitals through monitoring trends in individual hospitals' expenditure and tackling improvements in clinical care. As such they represent the central governments recognition of the weaknesses of the decentralisation process in the health sector. The opponents of the reform argue that financial stability will be restored mainly through across-the-board reductions in hospital expenditure, personnel layoffs and closing of wards, with considerable negative effects on the most vulnerable groups of patients. While hospital RPs are comprehensive and complex, unresolved issues remain as to whether hospitals have the necessary managerial skills for the development of effective and achievable plans. Without also devising an overall plan to tackle the long-standing managerial weaknesses of public hospitals, the objectives of the hospital RPs will be undermined and the decentralisation process in the health system will gradually reach a dead-end.

Full article

The role of the European Structural and Investment Funds in Financing Health System in Lithuania: Experience from 2007 to 2013 funding period and implications for the future

Liubove Murauskiene, Marina Karanikolos

European Structural and Investment Funds (ESIF) are a major source of investments in the newer EU member states. In Lithuania's health sector, the amount for the 2007–2013 funding period reached more than €400 million. This paper is aimed at identifying the key areas in the health sector which were supported by ESIF; determine the extent to which ESIF assisted the implementation of the ongoing health system reform; and assess whether the use of funds has

led to expected improvements in healthcare. Authors review the national strategic documents and legislation, and perform calculations to determine funding allocations by specific area, based on the available data. They analyse changes according to a set of selected indicators. They find that implementation of programmes funded by the ESIF lacks formal evaluation. Existing evidence suggests that some improvement has been achieved by 2013. However, there are persisting challenges, including failure to reach a broad agreement on selection of health and healthcare indicators, lack of transparency in allocations, and absence of coherent assessment measures of healthcare quality and accessibility.

Full article

Understanding perspectives on major system change: A comparative case study of public engagement and the implementation of urgent and emergency care system reconfiguration

Conor Foley, Elsa Droog, Orla Healy, Sheena McHugh, Claire Buckley, John Patrick Browne

Major changes have been made to how emergency care services are configured in several regions in the Republic of Ireland. This study investigated the hypothesis that engagement activities undertaken prior to these changes influenced stakeholder perspectives on the proposed changes and impacted on the success of implementation. A comparative case-study approach was used to explore the changes in three regions. These regions were chosen for the case study as the nature of the proposals to reconfigure care provision were broadly similar but implementation outcomes varied considerably.

Documentary analysis of reconfiguration planning reports was used to identify planned public engagement activities. Semi-structured interviews with 74 purposively-sampled stakeholders explored their perspectives on reconfiguration, engagement activities and public responses to reconfiguration. Framework analysis was used, integrating inductive and deductive approaches. Approaches to public engagement and success of implementation differed considerably across the three cases. Regions that presented the public with the reconfiguration plan alone reported greater public opposition and difficulty in implementing changes. Engagement activities that included a range of stakeholders and continued throughout the reconfiguration process appeared to largely address public concerns, contributing to smoother implementation. The presentation of reconfiguration reports alone is not enough to convince communities of the case for change. Genuine, ongoing and inclusive engagement offers the best opportunity to address community concerns about reconfiguration.

Full article

Primary Health Care Advisory Group

20-21 June 2017, Almaty, Kazakhstan

On the basis of its work on integrated care, HOPE was recently invited as the voice of European hospitals and healthcare services by WHO/Europe to join the primary health care advisory group under the leadership of the Division of Health Systems and Public Health.

The WHO Regional Director for Europe established the Primary Health Care Advisory Group (PHCAG) based on a commitment to continuing the advancement of primary health care (PHC). Its membership was carefully developed to convene renowned experts on PHC and representatives of interest groups. The newly established WHO European Centre for Primary Health Care (WECPHC) in Almaty, Kazakhstan, serves as its secretariat.

The PHCAG functions as a source of expert advice and advocacy to champion PHC. It also serves as a platform for exchanging expertise to inform a vision for the continued innovation of PHC. This is key to working towards integrated health services and people-centred health systems in the WHO European Region.

On 20 and 21 June 2017, WHO/Europe officially launched and welcomed the members of the PHCAG. In the context of implementing the European Framework for Action on Integrated

Health Services Delivery, the guiding theme for the meeting will be exploring the readiness of PHC for managing future needs.

The meeting was aiming at getting reflections and expert advice from its members to help define the conditions for PHC readiness, assess its current status and flag critical considerations that address the following questions: is PHC ready for the future? What must PHC look like in order to respond to the needs of the future?

The main objectives of the meeting were then:

1. to launch the work of the PHCAG;
2. to discuss and debate the responsiveness of PHC, including acute and chronic care needs, services delivery processes and system enablers for integrated health services delivery;
3. to provide advice on pertinent topics related to the international conference planned to celebrate the 40th anniversary of the Declaration of Alma-Ata.

Read more

Societal Impact on Pain Symposium 2017

The Societal Impact on Pain Symposium 2017 took place in Malta on 8 and 9 June 2017. The "Societal Impact of Pain" (SIP) is an international platform created in 2009 as a joint initiative of the European Pain Federation (EFUC) and the pharmaceutical company Grünenthal GmbH. It aims for

raising awareness of the relevance of the impact that pain has on our societies, health and economic systems; exchanging information and sharing best-practices across all member states of the European Union; developing and fostering European-wide policy strategies & activities for an improved pain care in Europe.

The 2017 symposium made possible with the support of the Maltese Ministry for Health and financial support provided by the Maltese Ministry for Finance. SIP 2017 was officially part to the Maltese agenda calendar. One session was devoted to pain as a quality indicator for healthcare systems, part of the discussion on the indicators of a renewed collaboration between the OECD and the European Commission, the initiative of the "State of Health in the EU". At the informal Council of EU Health Ministers in Milan, 22 September 2014, national governments committed to the use of quality indicators on pain management. The European Commission should follow up on this to facilitate the sharing of best practice. The European Commission announced during the symposium that a mechanism to collect good practices will be created as part of the European Health Policy Platform.

HOPE was invited on this occasion to give a prize during the award ceremony European Civic Prize on Chronic Pain - Collecting Good Practices". HOPE had been part of the jury.

More information

European Brain Council conference on the Value of Treatment for Brain Disorders

On 22 June 2017, the European Brain Council organised a medical conference to release a new report on "The Value of Treatment for Brain Disorders".

The report highlights the need for more investment into research on neurological and mental diseases and the wide disparities between and within countries relating to treatments, detection and intervention.

Results show that more than 165 million Europeans are living with brain disorders such as epilepsy, Alzheimer`s disease, depression and multiple sclerosis; the burden on national health budgets is staggering – rising to more than 800 billion euro a year in direct and indirect costs such as lost earnings and lost tax revenues.

EBC says the European Commission has significantly increased funding for research on brain diseases, with 5.3 billion euro ear-marked between 2007 and 2017. This sum, shared between the 165 million sufferers in Europe, works out at just over 3 euro per person per year.

Full report

Health Data – EFPIA Conference

HOPE attended in Brussels on 7 June a conference on "How to create an ecosystem which unlocks the full potential of health data?" organised by the European Federation of Pharmaceutical Industries and Associations (EFPIA).

The objective of this session was to create some awareness on the benefits of health data for different stakeholders and to discuss the conditions for building a collaborative health data ecosystem in order to realise the full potential of this data. During the event, the report undertaken by RAND Europe and commissioned by EFPIA was presented.

The RAND report presents the potential to offer significant benefits for public health, healthcare delivery and healthcare systems as well as R&D and innovation. It considers that in order to unlock the full promises of this data, an effective and sustainable data ecosystem is needed to facilitate the use and exchange of health data for a range of appropriate purposes, such as improving the quality of care provided, reducing health inequalities, generating savings for the health system, facilitating outcomes-based payments models, and fostering the development and adoption of innovative medicines.

The report

Upcoming conferences

Safer Europe without Falsified Medicines

Tallinn (Estonia), 8-9 November 2017

The Estonian State Agency of Medicines and the Association of Pharmaceutical Manufacturers in Estonia are honoured to host the international Conference together with the Ministry of Social Affairs during the period Estonia is holding the presidency of the Council of the EU.

The main focus of the Conference will be the implementation of safety features appearing on the packaging of medicinal products for human use in the European Union that come into effect February 2019 (Commission Delegated Regulation (EU) 2016/161). The practical aspects of the preparations made by governments and stakeholders, also including the legal and IT aspects and challenges that need to be solved in Member States, will be discussed.

In the conference, the following topics will be covered:

- Overview of the situation concerning falsified medicines in the European Union and worldwide, and the requirements in the EU;
- The stakeholders' model for the implementation of safety features – European and national repositories, verification organisations, readiness of involved users;
- The main challenges facing the implementation of safety features for Member States and how to get the most value from the new system: future developments, additional applications, co-operation of the Member States;
- How the implementation of safety features will influence the availability of medicines.

The Conference will be organised in co-operation with: Ministry of Social Affairs, Estonian State Agency of Medicines (SAM), Association of Pharmaceutical Manufacturers in Estonia (APME), European Federation of Pharmaceutical Industries and Associations (EFPIA), European medicines verification organisation (EMVO), European Healthcare Distribution Association (GIRP), Pharmaceutical Group of the European Union (PGEU), European Association of Euro-Pharmaceutical Companies (EAEPC), Medicines For Europe (MfE), Estonian Pharmacies Association (EAÜ), Estonian Association of Pharmaceutical Wholesalers (RHL).

Participation in the Conference will be free of charge for all the stakeholders.

For more information on the Conference, visit the website www.fmdconference2017.eu or e-mail info@fmdconference2017.eu.

The online registration is open: **www.fmdconference2017.eu**.

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

Registration

HOPE Agora 2018

The HOPE Agora 2018 will be held in Stockholm, Sweden, from 3 to 5 June 2018. The Agora closes the HOPE Exchange Programme for healthcare professionals and next year will be around the topic "*Improving the quality of healthcare using the experiences and competencies of patients: Are we ready?*"

More information on the HOPE Exchange Programme and the HOPE Agora 2018 will be made available **here**.

26th International Conference on
Health Promoting Hospitals and Health Services

Health promotion strategies to achieve change: evidence-based policies and practices

Bologna, 6-8 June 2018

The annual International Conference on Health Promoting hospitals and Health Services (HPH) is the main event of the international HPH network. It is a forum of learning and exchange on health promotion in and by health services for health practitioners, consultants, scientists and politicians and hosts 500 delegates on average every year.

2018 Partners