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2 nd Lean Health Meeting 2017	Lisbon, 2-3/11/2017
Safer Europe without Falsified Medicines	Tallinn, 8-9/10/2017
4 th Joint European Hospital Conference	Düsseldorf, 16/10/2017
European Alliance for Personalised Medicine Inaugural Congress	Belfast, 27-30/11/2017
9th European Conference on Rare Diseases & Orphan Products (ECRD 2018)	Vienna, 10-12/05/2018
HOPE Agora 2018	Stockholm, 3-5/06/2018
26th International Conference on Health Promoting Hospitals and Health Services	Bologna, 6-8/06/2018

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 2018 are available on [HOPE website](#).

eStandards final conference – Report and material available

The eStandards project funded by the European Commission 2015-2017, is a partnership of HL7 Europe with CEN/TC 251, the European Standardization Institute, IHE Europe, and eHealth competence centres in Europe. It aims at advancing eHealth interoperability and global alignment of standards. HOPE is a member of the eStandards Consortium.

Bringing together actors involved in standards and specifications in Europe and globally, eStandards compiled a roadmap to accelerate knowledge sharing and promote collaborative standards development and alignment for sustainable eHealth deployment. The roadmap was presented during the project final conference, held on 26 and 27 June 2017 in Brussels.

The final report and additional material of the final conference are now available on the project website.

[Read the report](#)

ICT4Life – Smart Indoor Event and Activity Recognition Workshop 2017

ICT4Life partners organized and participated to the Smart Indoor Event and Activity Recognition Workshop (SIEARW 2017). The workshop has been organized in conjunction with the IEEE AVSS 2017 on 29 August 2017 in Lecce, Italy.

The scope of the Workshop was to bring together researchers and developers working in the area of human activity analysis and event prediction in indoor environments, also leveraging on the results of the ICT4Life project.

In the paper on “Multimodal monitoring of Parkinson’s and Alzheimer’s patients using the ICT4Life platform”, the overview of the project scope was included. The study presents ICT4Life platform, starting from low-level data capturing and performing multimodal fusion to extract relevant features. Additionally, high-level reasoning is performed to provide relevant

data regarding the monitoring and evolution of the patients, and triggering proper actions for improving the quality of life of the patient.

Then, the study on “ICT4Life Open Source Libraries supporting Multimodal Analysis of different diseases” introduces a set of libraries for acquiring and processing data from different sensors, machine learning algorithms for activity recognition, as well as fusion methods of multiple modalities either at an early or at a late stage. The main purpose of the introduced system is to enable an easy customization of patients’ monitoring using different types of sensors. Furthermore, by allowing an easy integration of new sensors or types of activities, the proposed subsystem supports the development of new solutions for different diseases, than the ones considered in the ICT4Life project.

A novel multi-modal method for person identification in indoor environments is introduced in the paper “Person Tracking Association Using Multi-modal Systems”. The proposed approach relies on skeleton data from a Kinect device which is matched with wearable devices equipped with inertial sensors. Movement features such as yaw and pitch changes are employed to associate a particular Kinect skeleton to a person using the wearable, and the experimental results showed a high accuracy in the association process. Finally, the contribution “Prediction of learning space occupation through WLAN access point data using Kalman filter and Gradient Boosting Regression” employs Machine Learning techniques on WLAN access point data for predicting learning space usage and enabling students to make proper choices. The promising results obtained on real application environments proved the suitability of the presented approach.

[Learn more](#)



France – Cédric Arcos, Clara Podolak

Strong measures for health

Following the election of the new President, Emmanuel Macron, and of the National Assembly, the Government unveiled its roadmap for health policy. It focuses on prevention but several measures might also influence healthcare policy.

Emmanuel Macron denounced the fact that the French health system is too focused on healing and Prime Minister Edouard Philippe added that prevention "will be the backbone of the national health strategy". The Government wishes to create for example a health service for students and schools and want enterprises to carry out "preventive actions".

The Prime Minister firmly committed to several decisions. The vaccines recommended for early childhood will become mandatory next year. The Government also wants to fight against the leading cause of preventable mortality in France by gradually increasing the price of the package of cigarettes to 10 euros.

Edouard Philippe also wants to "break up with the vicious circle of renouncing care", by implementing a 100% refund of eyeglasses, dental care and hearing aids by the end of the quinquennium. From this perspective, the fight against medical deserts is also a priority for France and telemedicine appears as a solution.

Regarding social measures, Edouard Philippe announced a strengthening of actions to fight poverty, "especially for families with young children", as well as the increase in the activity premium paid to workers with low income. The Prime Minister did not give more details on the increase. Simplifying the procedures for benefiting from social minima is also on the agenda.

Emmanuel Macron has also prioritized assistance for the disabled persons. Edouard Philippe declared that "the inclusion of persons with disabilities is one of the priorities of the five-year plan". The main measure announced is the upgrading, from 2018, of the disabled adult allowance. The Government also intends to upgrade the old-age minimum and improve the pension system, making it more legible and efficient. Agnès Buzyn, Minister of Solidarity and Health, announced in this line that she wanted to improve maternity leave.

The Government has also announced the objective of achieving balance in the budget for Social Security by 2020. In order to prepare for the future, one of the measures of the program is the launch of a major investment plan of 50 billion euros in various fields, especially health. It remains to be seen how this will be financed.

Finally, the organization of the care system is also at the heart of the guidelines. Yet, the Government would like to review this by promoting "the interconnection of health professionals", a measure found in the platform of proposals for 2017-2022 of the French federation hospital.

The French hospital Federation defends the values of the public hospital service through its lobbying work and accompanies its members to modernization of the health system. It takes part in the legislative debate by means of amendments or proposals, particularly in the framework of the PLFSS 2018.

Luxembourg – Laure Pellerin, Danièle Welter

Focus: The government bill on “Hospitals and hospital planning” ready for the Council of State’s approval

The Luxembourgish Parliament’s Health committee has adopted in June 40 amendments concerning the government bill on « Hospitals and hospital planning » after a 6-month examination period.

Luxembourgish hospitals were governed since almost twenty years by the “Hospital law”, which dates back to 1998 and has been amended in 2010. This government bill *-still under scrutiny* - aims at offering a new framework to hospitals and their hospital planning.

The adopted amendments take into account the more or less severe remarks of the Council of State, which had delivered several formal oppositions in its former notice of December 23, 2016. Concerns regarding to the management, the governance and the attributions of the medical director or the absence of list of equipment governed by the hospital planning bodies were listed.

Among the expressed major principles:

- The adjustment of the offer as closely as possible to the demand, according to the sanitary map updated by the Luxembourg Institute of Health (LIH) in 2015;
- The distribution of the services according to the concept of "Not doing everything everywhere", while dedicating the presence of standard services in every hospital;
- The shift to ambulatory care - even if the Council of State emits “doubts” in particular on the financial incentive that the CNS (national financial body) has to set;
- Finally, the documentation for hospital activities that will be achieved by a compulsory codification of the medical records will allow a better follow-up of patients and modernise the functioning of hospitals. Moreover, it is also a key element of the comparability of the Luxembourgish healthcare system with its foreign peers and will later allow assessing the Luxembourgish hospitals in international rankings.

Discussions held with various stakeholders of the healthcare sector also change the course of some provisions

Physicians will benefit from two representatives within the hospital board of directors, among which one having full voting right and the other one participating in an advisory capacity. The same principle has been adopted for staff representatives.

Members of parliament also followed the remarks of the Council of State and professional organisations by giving up the creation of a National Ethics Committee. Every hospital will keep its own Ethics Committee to have the necessary reactivity when questions arise. To complete

the framework, it has been suggested that national recommendations could be emitted by the National committee of ethics for life sciences and health.

In Short: Stay in touch with what's happening in Luxembourg

Collective wage agreement for the hospital sector: the FHL and the trade unions signed the renewal of the collective wage agreement in June. The latter takes into account the last reform of the Public service and career upgrading for health care professionals i.e. taking into account the value of their diploma according to the Bologna process (until then, the high school diploma of nurses wasn't recognised). The financial impact is substantial: increase of about 10,5% of the Human Resources Budget in 2017 and another 7,5% in 2018.

General Data Protection Regulation: the elaboration of a Data Protection Officer (DPO) profile, in compliance with EU directive 2016/679, allowed the hospitals to claim the aforementioned position within the framework of their budgetary negotiations. The position will be financed starting from 2018. The recruitment has already started as the profile is quite specific and the potential candidates not abundant.

Documentation of hospital activities: the implementation of the hospital documentation in Luxembourg is a key element in the modernisation of the healthcare sector. The need of having reliable data on medical and healthcare activities is a recurring request from both parts, providers (hospitals) and regulatory bodies (the Ministry of Health and the CNS). From now on, this activity is performed in every hospital by the DIM¹ specialists (ADIM) co-ordinated by a DIM physician. First datasets will be analysed in 2018.

Dose Archiving and Documentation System: within the framework of the « Cancer Plan », the FHL Medical Physics unit was appointed to study the implementation of a national Dose Archiving and Communication System (DACCS). This tool will help medical imaging specialists (such as Physicians, Medical Physics Experts and Radiographers) to set up a common approach for the traceability, justification and risk management.

¹ DIM: Database Information Management

The Presidency Programme for the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO)

On 1 July 2017, Estonia took on the Presidency of the Council of the European Union. The Presidency programme in relation to health-related issues focuses on the following priorities:

- E-health development, use and integration. The Estonian government will lead action to create better condition for eHealth development with a view to improve public health and make health systems more manageable and sustainable. The main focus in this field will be on creating the preconditions for wider use and cross-border movement of health data, also as a consequence of the increased role of smart devices and mobile applications in our everyday lives.
- Tackling harmful use of alcohol. The focus will be on cross-border issues which have clear impact on Member States capability to control harmful use of alcohol.
- Human medicines, with a special attention on accessibility of medicines.
- Antimicrobial Resistance (AMR) and the new EU action plan, national action plans and assessment of the status of AMR and/or effect of action plans/recommendations/conclusions.
- Sustainable HIV prevention and treatment as part of health systems.

Among the employment and social issues included in the Estonian Presidency programme, the following will also have an impact on health systems and hospitals:

- The European Commission's proposal on the European pillar of social rights. The Estonian government wishes to move forward with the discussions on approving the pillar at the political level in the Council of the EU.
- Updating and simplifying social security coordination regulations continuing the work started during the Maltese Presidency, with a special focus on the electronic exchange of social security data between Member States.
- Draft accessibility act. The legal framework that will be created with the directive will help the EU and the Member States to meet their obligations arising from the UN Convention on the Rights of Persons with Disabilities.
- Modernisation and improvement of the management of various EU agencies (Cedefop, EU-OSHA and Eurofound).
- Support to EPSCO on the activities related to the European Semester process.

[Read more](#)



Informal meeting of health ministers (EPSCO)

The Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) met on 20 and 21 July 2017 in Tallinn, Estonia.

On 20 July, the health ministers discussed the topic of digital innovation in health, including free movement of data. Digital Europe and Free Movement of Data is one of the overall priorities of the Estonian Presidency. Greater access to and secure use of health data together with new technologies and processes can positively impact citizens' health and support value-based and sustainable healthcare systems.

On 21 July, ministers discussed the main topic of the meeting, that is tackling harmful use of alcohol.

[Read more](#)

Blood, Tissues and Cells – Public consultation deadline postponed

The public consultation launched by the European Commission on blood, tissues and cells on 29 May 2017 will be open for answers by the general public and all stakeholders until 14 September 2017.

The purpose of this consultation is to support a comprehensive evaluation of the Union legislation on blood and tissues and cells - Directives 2002/98/EC and 2004/23/EC respectively and their implementing (technical) Directives, examining their functioning across the EU.

In particular, the consultation aims to gather views on the extent to which the Directives have met their original objectives and whether they remain fit for purpose. The evaluation is expected to provide a sound evidence base which will be used to consider the need for any changes to the legislation.

[Read more](#)

European Reference Networks – Video testimonials

The European Commission has released four videos of patients explaining how the European Reference Networks (ERNs) will help them.

In March 2017, over 900 highly-specialised medical teams from all over Europe joined forces to tackle rare or complex diseases within 24 European Reference Networks (ERNs). The ERNs are a ray of hope for many patients, their families and their doctors.

[Watch the videos](#)

Added benefits of the EU on public health – Presentations available

On 25 April 2017, the ENVI Committee held a Public Hearing on Added benefits of the EU on the environment, public health and food safety. The European Parliament published the presentations by Geert Dancet (European Chemical Agency, ECHA), Guido Rasi (European Medicines Agency, EMA), Monique Goyens (the European Consumer Organisation, BEUC), Pieter de Pous (European Environmental Bureau, EEB).

The aim of the hearing was to take stock and highlight the added value of the EU, its institutions and agencies and the important work they carry out to ensure high environmental standards and a high standard of living for European citizens.

[Download the presentations](#)

Health tourism – European Parliament study

The European Parliament Committee on Transport and Tourism (TRAN) has produced in August 2017 a research paper on health tourism in the 28 EU countries.

This study defines and explores health tourism and its three main components: medical, wellness, and spa tourism. Medical tourism involves people travelling expressly to access medical treatment. People travel for wellness tourism to maintain or enhance their personal health and well-being. Spa tourism focuses on healing, relaxation or beautifying of the body that is preventative and/or curative in nature.

Due to limited, fragmented and often unreliable data, as well as varying definitions of health tourism and its components, it is difficult to estimate the size and growth of health tourism as a market but the report tried to do so.

Within the EU28 the report estimates to 56 million domestic and 5.1 million international trips in total were recorded for 2014. Health tourism's share of these trips is small at 4.3% of all arrivals. 5.8% of all domestic arrivals and only 1.1% of all international arrivals are health tourism trips, according to the report.

Health tourism revenues total approximately €34 billion, which represents 4.6% of all tourism revenues, Health tourism helps counter seasonality in tourism. The share of health tourists arriving from outside the EU amounts to an estimated 6%.

Health tourism will develop at an average 2% growth per year, equal to overall growth in EU28 tourism. Wellness tourism accounts for roughly two-thirds to three-quarters of all health tourism.

France, Germany, Italy, Sweden and Poland are economically important destinations for health tourism. Finland, Bulgaria, Germany, Spain and Ireland all have a relatively high supply of wellness facilities in their accommodations, while the highest geographical densities of health and wellness facilities are found in Central and Eastern Europe and the Spanish and southern Baltic coasts.

The largest source and destination markets are France, Germany and Sweden.

The lack of clear and unified definitions of health tourism makes it difficult to include health tourism in tourism statistics. Generally, national or local tourism statistics fail to accommodate health tourism. Even economic tourism statistics do not define or distinguish health tourism. This makes it difficult to assess the importance, growth, impacts and effects of health tourism.

The report figures have to be taken with care as they both include domestic and international health tourism figures and rely on printed sources rather than new material.

EU policies exist for patient mobility, but not for health tourism as such. The European Regional Development Fund funds several health tourism projects. Health tourism policies (as part of tourism, or health policies, or as a separate policy) on a national and regional level are common in EU countries.

There are doubts about the governmental support to sustain medical tourism. Even though Italy and France each have the ambition to become a medical tourism destination, this desire has not materialised in their policies. Often, there is a sense of distrust and an inability to cooperate according to the report.

The report makes some tentative policy recommendations:

- Increase the number of member states that include spa treatments in their national healthcare system and policies;
- Remove upfront payments in the case of cross-border healthcare, as this is a barrier for low-income patients;
- Improve the effectiveness of the cross-border healthcare directive in its implementation in national healthcare systems;
- Consider the benefits of a joint EU promotion of wellness and spa tourism;
- Regulate procedures in medical tourism to prevent undesirable incidents such as in cosmetic surgery, as this generates negative press and creates a problematic image for all medical tourism

Full report



European Medicines Agency relocation

Discussions over the post-Brexit relocation of the European Medicines Agency, currently located in London, continued during summer 2017.

The European Medicines Agency (EMA) is responsible for the scientific evaluation, supervision and safety monitoring of medicines in the EU. The EMA is essential to the functioning of the single market for medicines in the EU.

The applications will be assessed on the basis of six criteria agreed by the 27 Member States:

- guarantees that the agency will be operational when the UK leaves the EU;
- accessibility of the location;
- schools for the children of the staff;
- access to the labour market and health care for the employees' families;
- business continuity;
- geographical spread.

The procedure

The Commission will publish an assessment of the offers based on the agreed criteria by 30 September 2017. Ministers will have a political discussion based on the Commission's assessment in October 2017 in the margins of the General Affairs Council (Art. 50).

The decision will be taken in the margins of the General Affairs Council (Art.50) in November 2017 by a vote of the 27 ministers. All offers will be submitted to the vote unless they are withdrawn by the countries concerned. The vote will consist of successive voting rounds as needed, with the votes cast by secret ballot and each of the 27 Member States having the same number of votes.

As on 1st August 2017, 19 cities proposed to host the EMA: Amsterdam (The Netherlands), Athens (Greece), Barcelona (Spain), Bonn (Germany), Bratislava (Slovakia), Brussels (Belgium), Bucharest (Romania), Copenhagen (Denmark), Dublin (Ireland), Helsinki (Finland), Lille (France), Milan (Italy), Porto (Portugal), Sofia (Bulgaria), Stockholm (Sweden), Malta (Malta), Vienna (Austria), Warsaw (Poland), Zagreb (Croatia).

[Read more](#)

Application of State Aid rules – EESC Opinion

On 6 July 2017, the European Economic and Social Committee (EESC) adopted in Plenary the Opinion “Application of State aid rules for compensating the provision of services of general economic interest (Decision 2012/21/UE and Community Framework)”.

Amongst the main messages of the opinion, the EESC appreciates the implementation of the services of general economic interest (SGEIs) package, which brings legal certainty for public service providers. The package strikes the right balance between the need to foster and support SGEI and the objective of preventing potential distortions of competition.

However, the EESC shows concern about issues experienced by stakeholders at regional and local level in the current rules that create unnecessary obstacles or a lack of legal certainty. Therefore, the EESC calls upon the Commission to take the measures needed to improve the current rules and their practical application, to provide guidelines, to create a best practices compendium and where necessary – to examine the need to update and amend the package.

The EESC notes that the European Parliament and the Council have not enacted regulations setting the principles and conditions governing the services of general economic interest, in particular in the economic and financial field. Therefore, it calls on the Commission, the Parliament and the Council to examine ways to fulfil this mandate of Article 14 of the Treaty on the Functioning of the European Union, without prejudice to the competence of Member States and the Treaty rules referred to in that Article.

Opinion



Communications networks, Content and Technology

Digital transformation on health and care – Public consultation

On 20 July 2017, the European Commission launched the public consultation on digital transformation on health and care. This consultation seeks the input from patients, stakeholders, health care professionals, public authorities and others working on digital health.

The answers to the consultation will inform the policy Communication that is expected to be adopted by the end of 2017.

The public consultation is open until 12 October 2017.

Read more

Transforming eHealth into a political and economic advantage – European Parliament report

The study “Transforming eHealth into a political and economic advantage”, commissioned by MEP Michał Boni, explores the eHealth development rate among European countries and the various ways eHealth and mHealth solutions can contribute to more cost-efficient healthcare systems. It was presented at the European Parliament on 8 June 2017.

The study notes a lack of harmonisation of eHealth implementation within the EU and unsatisfactory access to cross-border healthcare. According to the authors, the implementation

of electronic health records, ePrescriptions and national eHealth programmes varies significantly across Member States. "Denmark, Iceland, Finland, Spain and Sweden have the most developed eHealth solutions. Countries with poor results are Belgium, Germany, France and Italy. eHealth is the least developed in Albania, Montenegro, Bulgaria, Poland and Cyprus. Austria, Ireland and Hungary also have a relatively low score."

The authors project that "on average these solutions could reduce the health expenditures of most European countries by 0.31% GDP or 5% less spent on health by the taxpayer. A more conservative assumption connected only with eHealth usage as ePrescriptions, ICT systems and fraud control could lower the expenditures of about 0.13% GDP, which saves about 2% on the health budget (or makes these funds available for other treatments)."

The study makes several recommendations, such as ensuring the universal deployment of standardised electronic health records, the creation of European registers of chronic diseases and the improvement of research data exchange between EU Member States.

[Read more](#)



Thematic Network Migration & Health call for action

On 4 August 2017, the EU Health Policy Platform hosted the second webinar of its series lead by the Thematic Network Migration & Health. The two organisations leading the production of this Joint Statement, PICUM and IRCT, presented the key issues and areas of actions identified so far and called for collaboration.

The joint policy statement is available [here](#) on the EU Health Policy Platform, free for access previous registration.

Presentations



Environmental sustainability of health systems in Europe

Ministerial representatives from the 53 countries of the WHO European Region and NGOs met in Ostrava (Czech Republic) on 14 and 15 June 2017 during the 6th Ministerial Conference on Environment and Health.

This was part of the European Environment and Health Process, now running for 27 years. The ministerial conferences bring together inter-sectorial players to discuss key policy strategies, to shape and support the implementation key policies, and to forge actions on environment, health, and well-being across the WHO European Region.

According to the WHO almost 1.5 million (16%) of all deaths across the WHO Euro region are due to environmental risks factors. Participants of the sixth ministerial conference gathered to discuss strategies for responding to these environmental challenges.

At the conference, Member States adopted the Ostrava Declaration that has undergone a long process of negotiations between Member States and relevant stakeholders. The declaration includes an action plan for its implementation after 2017.

The European Environment and Health Process is non-binding while the environment and health outcomes achieved by the 28 European Union Member States not have been achieved only on a voluntary agreement.

Read more

EURO-CAS project at eHealth Forum 2017

Athens (Greece), 21 October 2017

EURO-CAS will present its initial work and results on 21 October 2017 in Athens, Greece, as part of the programme of the **eHealth Forum** held 19-24 October 2017. At this event, almost one year into the project, speakers from the consortium will present the outline and elements of the eHealth Conformity Assessment Scheme for Europe (CASforEU), which will assist public authorities, industry and users in testing eHealth solutions against identified eHealth standards and profiles.

This session will cap some intense research work over the last seven months. One group (WP2) led by Medcom (DK) has been researching other conformity assessment schemes and what can be learned from them. Another group led by OFFIS (DE) queried national, regional and local eHealth initiatives, competences centers, eHealth vendors, healthcare providers and other end users about their existing conformity assessment procedures, and about their needs and wishes regarding the CASforEU.

More details about the timing and content of the EURO-CAS session will be available soon on www.euro-cas.eu.

Silver Economy Awards

The Silver Economy Awards is a new initiative open to public authorities and non-for-profit or for-profit organisations to reward ICT-based innovative solutions that improve the lives of European seniors and support the growth of the European Silver Economy.

Applications are open until 15 November 2017.

Organised by the EU-funded SEED project, the awards aim to:

- Improve the quality of life for older people in Europe;
- Support local and regional authorities to deliver better services for older citizens, and;
- Highlight the business opportunities connected with the ongoing demographic change.

Applicants will have the chance to promote their innovations and be further promoted by SEED partners and exchange with public and private investors, local and regional authorities, users and innovators. The winners and the finalists will showcase their product or service at the Awards Ceremony in spring 2018.

Read more and apply

Calls for proposals – IMI launches calls focusing on Alzheimer’s disease, big data, vaccines

On 19 July 2017, the Innovative Medicines Initiative (IMI) launched two new Calls for proposals with topics on Alzheimer’s disease, big data, vaccines, autoimmune disease, the blood-brain barrier, drug development, and the exploitation of IMI project results.

The total budget for the two Calls stands at just over EUR 130 million. Around half of this comes from the European Commission’s Horizon 2020 programme. The other half comes from EFPIA companies as well as IMI Associated Partners.

More information on the Calls for proposal are available on IMI website.

IMI2 - Call 11

IMI2 – Call 12

eHealth interoperability – Denmark integrates EU-funded Antilope project results

On 24 May 2017, MedCom’s quality management system for test and certification of Health Care IT vendors’ implementation of MedCom interoperable standards passed the ISO9001:2015 requirements. MedCom is the first European Competence Center to follow this ISO standard in the process for testing and certification of Health Care IT-systems, resulting in high quality and uniform test and approval of systems.

MedCom’s quality management system is based on guidelines provided by the EU funded **Antilope** project of which MedCom was coordinator in 2013-2015. This is a demonstration that the results of international cooperation in an EU funded project can directly lead to improvements of MedCom’s procedures which will benefit the Danish health care system. Furthermore, a number of projects funded under the Horizon 2020 framework is building upon the Antilope results.

Antilope was a thematic network funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme (CIP).

Antilope project

EIB finances the modernisation of Dutch hospitals

The European Investment Bank (EIB) and ETZ Hospital (Elisabeth-TweeSteden Ziekenhuis) signed in July 2017 a EUR 43m credit agreement to support the modernisation of the hospital's sites in Tilburg and Waalwijk.

The funding will be used to modernise the existing buildings and facilities, and to introduce a new electronic patient record (EPR). This will enable the ETZ to work more efficiently, and will contribute to the bundling of care. Birth care will be concentrated in a new Mother and Child Centre at the ETZ Elisabeth site in Tilburg.

The deployment of the EPR at all hospital sites ensures that healthcare providers have better and easier access to information, resulting in a more efficient workflow. The ETZ's buildings will also be more energy-efficient after the renovation works.

Read more

European Investment Project Portal

The European Commission has launched the European Investment Project Portal (EIPP). It allows project promoters based in the EU to reach potential investors worldwide. Additionally, it is also a useful instrument for investor looking for investment opportunities in areas such as energy efficiency, transport, healthcare, renewable energy, broadband infrastructure or in financing SMEs.

Register your project in the European Investment Project Portal (EIPP) and boost its visibility to a large network of international investors! Start today by submitting your project below.

Registrations for projects and investors are available [here](#).

The Health Programmes Database

In August 2017, the European Commission's Consumers, Health, Agriculture and Food Executive Agency (Chafea) opened access to a new database collecting information about projects financed under the Health Programme.

The European Union funds projects to improve public health, to prevent illness, and to eliminate threats to physical and mental health in European countries. To date, approximately 820 projects and actions, in conjunction with 7249 organisations across Europe, have been funded by its three multiannual health programmes.

Database

Frailty Prevention through FrailSafe Platform

Many health specialists often compare frailty to a popular game called Jenga. The aim is to pull out one block at a time from the tower until the structure is too fragile to remain standing. As we grow older, our body does not recover as quickly as before and each infection, fall or hospital admission can be represented by one missing block on the Jenga tower, weakening the whole structure until it eventually collapses. As each and everyone of us age differently, with different genes and lifestyles, detecting the point of no return becomes extremely difficult.

In order to better understand where this point lies and how to delay it, FrailSafe medical and technical partners are working together to set up a system that collects data from ICT devices (ex: tablet, mobile phone, beacons, dynamometer, and smart vest) then analyses the collected data to draw some patterns that will help physicians, practitioners and carers prevent frailty through early detection.

This will be made possible thanks to the FrailSafe Platform (in particular the **Virtual Patient Model**), where collected and analysed data will be gathered. Based on them, the older person and the carers will receive tailored frailty-preventive recommendations (ex: physical activity).

The latest achievements of the project, technological and medical-wise, are described in the newsletters [here](#). For any further details, please contact Vasileios Megalooikonomou: vasilis@ceid.upatras.gr.

[Learn more](#)

Emerging and re-emerging diseases platform COMPARE

COMPARE is a EU-funded multidisciplinary research network that has the vision to become the enabling analytical framework and globally linked data and information sharing platform for the rapid identification, containment and mitigation of emerging infectious diseases and food-borne outbreaks.

The **COMPARE system** sets out to integrate state-of-the-art strategies, tools, technologies and methods for collecting, processing and analysing sequence-based pathogen data in combination with associated (clinical, epidemiological and other) data, for the generation of actionable information to relevant authorities and other users in the human health, animal health and food safety domains.

[Read more](#)

Reports

Integrated analysis of the consumption of antimicrobial agents and occurrence of antimicrobial resistance in bacteria from humans and food-producing animals – ECDC, EFSA, EMA Report

The Joint Interagency Antimicrobial Consumption and Resistance Analysis (JIACRA) report highlights that there are still important differences across the EU in the use of antibiotics in animals and humans. Reducing their unnecessary use will have an impact on the occurrence of resistance.

Overall antibiotic use is higher in food-producing animals than in humans, but the situation varies across countries and according to the antibiotics.

In particular, a class of antibiotics called polymyxins – which includes colistin – is used widely in the veterinary sector. It is also increasingly used in hospitals to treat multidrug-resistant infections.

Other antibiotics are more often used in humans than in animals. These include third- and fourth-generation cephalosporins and quinolones, antibiotics that are also considered critically important for human health.

The report notes that resistance to quinolones, used to treat salmonellosis and campylobacteriosis in humans, is associated with use of antibiotics in animals. The use of third- and fourth-generation cephalosporins for the treatment of infections caused by *E. coli* and other bacteria in humans is associated with resistance to these antibiotics in *E. coli* found in humans.

Full report

European Dementia Monitor 2017: Comparing and benchmarking national dementia strategy and policies – Alzheimer Europe

In a report presented on 26 June 2017 at a lunch debate hosted by Deirdre Clune, MEP (Ireland) in the European Parliament, Alzheimer Europe highlighted the existing inequalities in access to dementia care and treatment across Europe.

The objective of the report entitled “European Dementia Monitor” was to provide a benchmark of national dementia policies in order to compare and rate the responses of European countries to the dementia challenge. The survey covered all Member States of the European Union (with the exception of Estonia), as well as Albania, Bosnia & Herzegovina, Jersey, Israel, Monaco, Norway, Switzerland and Turkey.

Jean Georges, Executive Director of Alzheimer Europe, stated: “Our organization has been lobbying for the recognition of dementia as a public health priority and called on European governments to develop national dementia strategies. The aim of the European Dementia Monitor is to assess which countries provide the most dementia-friendly policies and guarantee the best support and treatment of people with dementia and their carers”.

The European Dementia Monitor compares countries on 10 different categories. According to the findings of the European Dementia Monitor, no country excelled in all ten categories and there were significant differences between European countries.

Full report

Expert group meeting to enhance Health 2020 monitoring and reporting: piecing together the health information puzzle (2017) – WHO Europe

The WHO Regional Office for Europe convened the first meeting of the expert group on enhancing Health 2020 monitoring and reporting on 1–2 September 2016. In adopting the Health 2020 policy framework, Member States in the WHO European Region incorporated well-being and other fundamental concepts into measurement and reporting activities. However, the practical application of these concepts is a complex and ongoing process. The aims of this meeting were to provide advice for further enhancing Health 2020 reporting on well-being, to identify priority concepts within Health 2020 for which additional monitoring and reporting are required, and to articulate mixed-methods approaches to gathering health information. This report outlines the recommendations made by the expert group in relation to these objectives.

Full report

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. In this paper, authors aim to identify 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.

They review the national strategic documents and legislation, and perform calculations to determine funding allocations by specific area, based on the available data. Furthermore, authors analyse changes according to a set of selected indicators. One of the findings was 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

Time-driven activity-based costing in health care: A systematic review of the literature

George Keel, Carl Savage, Muhammad Rafiq, Pamela Mazzocato

Health care organizations around the world are investing heavily in value-based health care (VBHC), and time-driven activity-based costing (TDABC) has been suggested as the cost-component of VBHC capable of addressing costing challenges.

The aim of this study is to explore why TDABC has been applied in health care, how its application reflects a seven-step method developed specifically for VBHC, and implications for the future use of TDABC. This is a systematic review following the PRISMA statement. Qualitative methods were employed to analyse data through content analyses. TDABC is applicable in health care and can help to efficiently cost processes, and thereby overcome a key challenge associated with current cost-accounting methods. The method's ability to inform bundled payment reimbursement systems and to coordinate delivery across the care

continuum remains to be demonstrated in the published literature, and the role of TDABC in this cost-accounting landscape is still developing. TDABC should be gradually incorporated into functional systems, while following and building upon the recommendations outlined in this review. In this way, TDABC will be better positioned to accurately capture the cost of care delivery for conditions and to control cost in the effort to create value in health care.

[Full article](#)

Convergence and determinants of health expenditures in OECD countries

Son Hong Nghiem, Luke Brian Connelly

This study examines the trend and determinants of health expenditures in OECD countries over the 1975-2004 period. Based on recent developments in the economic growth literature authors propose and test the hypothesis that health care expenditures in countries of similar economic development level may converge.

They hypothesise that the main drivers for growth in health care costs include: aging population, technological progress and health insurance. The results reveal no evidence that health expenditures among OECD countries converge. Nevertheless, there is evidence of convergence among three sub-groups of countries. The main driver of health expenditure is technological progress. Results also suggest that health care is a (national) necessity, not a luxury good as some other studies in this field have found.

[Full article](#)

The Brexit Health Alliance

The Brexit Health Alliance has been announced on 14 June at the NHS Confederation's conference in Liverpool

The new alliance has been formed to safeguard the interests of patients and the healthcare and research they rely on. The Alliance brings together the NHS, medical research, industry, patients and public health organisations. It will be co-chaired by Sir Hugh Taylor, the former permanent secretary of the Department of Health, and Niall Dickson, the Chief Executive of the NHS Confederation.

On 1st August 2017, the Alliance released a document summarising the 5 health priorities during Brexit negotiations, as listed below:

1. maximum levels of research and innovation collaboration;
2. regulatory alignment for the benefit of patients and population health;
3. preservation of reciprocal healthcare arrangements;
4. robust coordination mechanisms on public health and wellbeing;
5. a strong funding commitment to the health and public health sectors.

One-page summary

Patient safety – Member States initiative

The German Permanent Representation to the EU and the UK Permanent Representation to the EU invited HOPE to a Workshop on Patient Safety to discuss the Perspectives of European and Global Cooperation on 7 July 2017.

Germany and the UK share a strong political commitment for the subject of Patient Safety. Two Global Ministerial Summits on Patient Safety were organized so far, one hosted by the UK Government in London in 2016 and the second hosted by the German Government in Bonn in 2017. Host country for the third Summit in 2018 will be Japan. There is the idea of celebrating an "International Patient Safety Day" every year on 17 September as for now to ensure constant visibility of the issue.

In this workshop information was provided on the latest discussions on safe and high-quality care. Connections and interdependencies with other important issues were also discussed like the fight against antimicrobial resistance.

Presentations were given by Günther Jonitz, President of the Medical Doctor's Chamber of Berlin, Stephen Rippon, Patient Safety and Quality at the UK Department of Health and Jasna Mesarić, Agency for Quality and Accreditation in Healthcare of Zagreb.

New Ethical MedTech online portal

On 4 July 2017, MedTech Europe, the European trade association representing the medical technology industries, launched the **Ethical MedTech** online portal to bolster ethical and compliance initiatives of the sector.

Ethical MedTech paves the way for the phasing out of direct support to Healthcare Professionals (HCPs) attending Third Party Organised Educational Events, due to enter into force on 1 January 2018. This is one of the key changes introduced by MedTech Europe's new **Code of Ethical Business Practice**, a stringent self-regulation effective since January this year. The Code substitutes this direct support with a system of Educational Grants that includes solid transparency rules.

The Ethical MedTech launch took place on 4 July, in Brussels, and was preceded by an interactive workshop which enabled Healthcare Organisations (HCOs) and Professional Conference Organisers (PCOs) to discuss how the Code impacts them and to offer insights into our latest initiative - the Ethical Charter.

The **Ethical Charter** is a voluntary certification system showing third parties' commitment to comply with MedTech Europe's ethical standards when interacting with the industry. This will facilitate industry support to independent medical education.

Meanwhile, Transparent MedTech provides a centralised European platform that medical technology companies must use to publicly disclose their financial support for independent medical education as from 2018.

More information

Hospital Clawback in Greece – Consensus Statement

In June 2017, representatives of industry, leading Greek and pan-European patient, healthcare professional and health advocacy organizations joined forces to express their serious concerns over risks posed by the currently applied hospital clawback mechanism in Greece for patients with rare, life-threatening, chronic and genetic diseases.

According to the consensus statement produced, this arbitrary policy takes no account of patients' clinical need for medicines, and fear that in certain areas, most notably orphan drugs and plasma protein therapies/ blood derivative products, this could put the welfare of patients at risk.

The statement calls on the Greek government to:

- Ensure sustainable access to orphan drugs and plasma protein therapies/blood derivative products for Greek patients, whose life is dependent on these treatments;
- Consider the introduction of clawback exemptions for orphan drugs and plasma protein therapies/blood derivative products;

- Agree to dialogue with stakeholders to consider options for a sustainable long-term solution that will allow for the development of a stable and secure environment for medicinal products for rare, life-threatening, chronic and genetic diseases.

EPHA Campaign for a greater role of the EU on health

The European Public Health Alliance (EPHA) launched a campaign to call on the European Commission to step up coordinated EU action to tackle cross-border health challenges.

The campaign includes a petition aiming at showing support for the **letter** sent to Jean-Claude Juncker on this topic.

The campaign and the letter refer to the European Commission white paper on the future of Europe. The white paper outlines 5 scenarios, in which the option to “do less” after 2020 on some policy areas is contemplated, including health.

The European Public Health Alliance (EPHA), the European Patients' Forum (EPF) and a coalition of organisations have teamed up to express their concerns in a letter to European Commission President, Jean Claude Juncker.

With the campaign the signatories of the letter seek the support of organisations and Members of the European Parliament.

Read more

Interest Group on Access to Healthcare and PACT Meeting report

The Patient Access Partnership (PACT) and MEP Interest Group on Access to Healthcare organised a joint event at the European Parliament on 27 June. The event “Future Scenarios for the EU: What role for Healthcare?” addressed the role of healthcare in future scenarios for the EU. The meeting provided an opportunity to discuss EU involvement in the area of health, and come forward with views on how to strengthen and improve this.

A report from the event is now available **here**.

Illuminart and the virtual aquarium

In 2015, the association *Art dans la Cité* imagined and created the device Illuminart that wish to demonstrate the importance of the role of virtual artworks on the quality of care, and the soothing of pain, stress or anxiety in hospitalized patient. The techniques of entertainment and sensory stimulations are part of multimodal strategies to fight pain and anxiety.

Developed and tested during 2016, it is now technologically operational and offers a multi-sensory experience. Interactivity gives the apparatus an even more effective and more

sustainable way to improve well-being of the patient. The device can be installed in the waiting rooms, the socializing or resting spaces of the hospital but more specifically in the bedrooms. It allows the patient to contemplate, to dive or to interact according to his mood, his physical and psychic state with the program that suits him best. Broadcasted on walls or ceiling, it modifies the space with colours, sounds, movement and rhythms. It abolishes the walls of the hospital, moves away the medical environment and the disease.

A new programme called “Virtual aquarium” proposes the creation of a virtual aquarium in three hospitals: Hospital Armand Trousseau in Paris, Bonifacio Hospital in Corsica, and Aglaia Kyriakou Athens General Children Hospital in Greece.

This is an original project with therapeutic, entertaining and educational aims, which will have for backdrop the sea, the flora and fauna of the coral reefs, vectors of peace, serenity and well-being. It will allow the patient to populate a virtual aquarium with marine creatures of his choice. The project suggests a pleasant immersive experiment for the patients, susceptible to lower pain, anxiety or stress episodes and to increase well-being.

It is in the Hospital Armand Trousseau of the *Assistance Publique - Hôpitaux de Paris*, with the children of the orthopaedic surgery department that was born the idea since a tropical aquarium is already there and has been shown to have healing influences. It will finally be developed at Bonifacio's Hospital in Corsica with adults in a long-term care department. This hospital that faces the ocean as a spur on the Mediterranean Sea, will make the link with the theme of the maritime world and the marine creatures.

The virtual aquarium will be specially created by two young artists, authors of internationally rewarded stop-motion movies. Besides their creations, they will supervise workshops during which the patients in long stay can themselves realize their own «marine creatures» which will inhabit the virtual aquarium. Patient will therefore have the opportunity to define with the artists the universe of this aquarium. The principle of workshops is to involve patients in marine-creatures making, suggesting shaping and personalize them according to their mood of the moment, for example: the shy fish, the derisive, the agitated, the peaceful, the merry, the cheerful fish and other kinds of creatures populating sea bed. Then, integrated into the aquarium, the «marine creatures " can move of different manners, slowly, quickly, by making bubbles, by playing ... These animations will be accompanied by soothing and quiet sounds of water. The virtual aquarium so created will be integrated, with the already existing virtual artworks, in the device *Illuminart*. The three participating establishments, will receive 3 or 4 devices they can use in particular in bedrooms, so to allow several patients to be able to benefit of this new installation.

[Learn more](#) | [Watch the video](#)

Realising the Value from Health Data – Improving Care and Research

Madrid – 21-22 September 2017

The European Institute for Innovation through Health Data (i~HD) and the Innovative Medicines Initiative (IMI) European Medical Information Framework (EMIF) project will hold a joint conference on 'Realising the Value from Health Data - Improving Care and Research' in Madrid, Spain, on 21-22 September 2017.

There will be a strong focus on progressing towards value based healthcare, comparing health ministry, health insurer, policy experts, EFPIA pharmaceutical industry, and HTA perspectives. A major part of the conference will also be dedicated to patients' perspectives on reusing their health data for research.

Through presentations and panel discussions, participants will find out how hospitals are successfully reusing patient data as learning health systems, and improving their data quality. The conference will also showcase the state of the art in clinical research using big data, presenting research findings that could only have been discovered using large scale data, showcasing the latest in analysing high dimensional data. Speakers come from the Spanish and Estonian Health Ministries, the European Commission, patient associations, health insurers, policymakers, clinical research and the pharmaceutical industry.

i~HD is a not-for-profit European institute, with a mission to guide and catalyse the quality, interoperability and trustworthy uses of health data, for optimising health and knowledge discovery. It was born out of the IMI project EHR4CR. IMI's EMIF project is developing a technology and governance framework for the identification, assessment and (re)use of data for health research, and will showcase its final year results.

Participation is free, but **registration** is mandatory.

Conference programme

The future of healthcare professions

Esch-sur-Alzette (Luxembourg), 28 September 2017

The European Association of Hospitals Directors (AEDH-EAHM-EVKD) is organizing a thematic day in collaboration with IUIL and FHL on "The future of healthcare professions - What are the skills set needed in 2020-2025?".

The day is set for Thursday 28 September 2017 on the campus of Esch-Belval. Highly qualified speakers are expected. Interventions will be made in the three languages (French, German, English) thanks to a simultaneous translation service.

The registration fee is 100 € per person, including restaurant costs.

This event is organized in the framework of the training co-managed by the AEDH and the IUIL "Managing a hospital in Europe".

Upcoming conferences



2nd Lean Health Meeting 2017

Lisbon (Portugal), 2-3 November 2017

The 2nd Lean Health Meeting is an initiative organised by the Portuguese Association for Hospital Development (APDH) with Lean Health Portugal and the Virginia Mason Institute on 2 and 3 November 2017 in Lisbon.

During the meeting, the following topics will be addressed:

2 November -Top management; top health executives from hospitals and primary care and other healthcare units; Speaker - Henry Otero, MD (Virginia Mason Institute)

3November - Health Professionals willing to acquire skills in LEAN management

The sessions will have simultaneous translation (English-Portuguese/Portuguese-English). More information will be provided on APDH website [here](#).

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 have invited HOPE to speak at the international Conference organised 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 (EAEPIC), 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.



4th Joint European Hospital Conference

Düsseldorf (Germany), 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 (United Kingdom), 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.

Registration at a discounted rate of £100 to attend the congress is available at this [link](#). It is limited to 60 people and will expire on the 29th of September.

Programme

9th European Conference on Rare Diseases & Orphan products (ECDR) 2018

Vienna (Austria), 10-12 May 2018

The European Hospital and Healthcare Federation (HOPE) will be an official partner of the **9th European Conference on Rare Diseases & Orphan Products (ECDR 2018)** to be held at the Wien Messe Exhibition & Congress Center in Vienna, Austria from 10 to 12 May 2018.

The ninth edition of this important conference for the rare disease community will be organised by EURORDIS-Rare Diseases Europe, a non-profit alliance of over 700 rare disease patient organisations from more than 60 countries that work together to improve the lives of the 30 million people living with a rare disease in Europe.

ECDR 2018 will be supported by the EU Public Health Programme and AFM-Telethon.

The conference is estimated to gather over 800 participants: patient representatives, academics, health care professionals, industry, payers, regulators and policy makers.

The overarching theme of ECDR 2018 is: Rare Diseases 360° - Collaborative strategies to leave no one behind.

This theme symbolises the global scope of the topics to be discussed during the conference (research, diagnosis, product pathways to patients, the impact of the digital environment, quality of life, sustainability of health care systems and international policy).

For more information please visit EURORDIS- Rare Diseases Europe [website](#).

HOPE Agora 2018

Stockholm (Sweden), 3-5 June 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 (Italy), 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