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HOPE AGORA 2016: THE FUTURE OF HOSPITALS AND HEALTHCARE

HOPE STUDY VISIT FINLAND

HOPE organises a study tour in Oulu (Finland) on 26 and 27 May 2016 to present the OuluHealth Ecosystem and Oulu University Hospital TestLab.

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

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

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

OYS TestLab is a development and test environment for companies to test and develop their products and ideas in an authentic hospital environment and with genuine users. Oulu University Hospital uses the laboratory to develop their processes and to model and simulate building projects for the Future Hospital programme.

OYS TestLab locates within Oulu University Hospital. The laboratory covers 300 m2 on two floors. Various hospital units can be built into open spaces: an operating theatre, clinics, wards, control rooms, waiting areas etc. TestLab has a 3D virtual space and capacity for testing 5G network.

The deadline for application is 13 May 2016.

Programme:
http://www.hope.be/04exchange/studytours/studytours2016/HOPE_Study_visit_Finland_26-27_May_2016-Programme.pdf

Application form:
http://www.hope.be/04exchange/studytours/studytours2016/HOPE_Study_visit_Finland_26-27_May_2016-Application_form.doc

MEDICAL DEVICES AND IVD REGULATIONS – DUTCH PRESIDENCY INFORMATIVE MEETING

On 28 April 2016, the current Dutch Presidency of the Council of the EU invited stakeholders to an informative meeting at the Permanent Representation of the Netherlands to the EU. The meeting aimed at providing an update on the progress of the current negotiations with the European Parliament on the medical devices (MD) and in vitro diagnostic (IVD) devices regulations.

Ricco Buitink, Health attaché at the Permanent Representation of the Netherlands to the EU, and Danielle van Mulukum, Project Manager, provided a general overview of the current stage of the negotiations and answered to the questions raised from the audience.

After the hard work carried out by the Luxembourg Presidency in 2015 – with 5 trilogues and around 7 technical meetings taking place – the Dutch Presidency has participated to 3 trilogues, on 17 February, 16 March and 7 April 2016. Tentative agreements were reached with the European Parliament on a number of issues, including:

- Scrutiny of MD
- CMR and endocrine disruptors
- Liability insurance and information to patients
- Classification rules for MD
- Delegated and implementing acts
- Reprocessing of single-use MD
-

The next steps for the Dutch Presidency towards the conclusion of the legislative procedure include:

- 3 working parties on Pharmaceuticals and Medical Devices on 28 April, 4 May and 1 June 2016;
- 2 trilogues, which will take place on 11 May and 25 May 2016. In detail, while the first will focus on still pending outstanding political issues, including reprocessing, the latter will mainly focus on pending technical issues.

The aim is to close the first reading at the EPSCO Meeting in June. However, it is worth noting that at the current stage, even if the level of agreement on the MD Regulation is substantial, more work has to be done before that date with regard to the parallel IVD regulation.

Public health

DISRUPTIVE INNOVATION – EXPH ADOPTS FINAL OPINION

On 5 April 2016, the Commission's independent Expert Panel providing non-binding advice on matters related to "effective ways of investing in health" (EXPH) adopted its opinion on the implications of Disruptive Innovation for health and healthcare in Europe.

The final opinion reflects the comments received during the public consultation period, during which contributions were received from 25 parties. It aims to identify drivers and barriers for the implementation of disruptive innovation, assesses its relevance in the EU, and identify strategic areas of focus. By disruptive innovation, it means radical innovations resulting in new networks and new players, which displace older organisational structures, workforce, processes, products, services and technologies.

Key findings reported in the Opinion highlight that disruptive innovation can be an important mechanism for improving health and healthcare in Europe. Disruptive innovations provide new and different perspectives that, in the long run, tend to reduce costs and complexity in favour of improved access and the empowerment of the citizen/patient. Accordingly, policy makers should see disruptive innovations as possible new ways of developing sustainable European health systems. Nonetheless, according to the EXPH the implementation of any (disruptive) innovation should carefully address the issues of relevance, equity (including access), quality, cost-effectiveness, person- and people centeredness, and sustainability. Health policy should be designed to encourage enablers for developing and implementing disruptive innovations and reduce the potential barriers.

Final opinion available at:
http://ec.europa.eu/health/expert_panel/opinions/docs/012_disruptive_innovation_en.pdf

EXPERT GROUP ON EUROPEAN HEALTH WORKFORCE – MEETING PRESENTATIONS AVAILABLE

The Expert Group on European Health Workforce met on 17 March 2016 in Brussels. The discussions revolved around the topics of recruitment and retention of health professionals in Europe, continuous professional development and patient safety, and future cooperation activities such as the planning and forecasting of the Joint Action Health Workforce.

Presentations and programme of the meeting available at:
http://ec.europa.eu/health/workforce/events/ev_20160317_en.htm

EU HEALTH POLICY PLATFOM – PRE-LAUNCH MEETING

On 5 April 2016, the European Commission, DG Health and Food Safety, presented the EU Health Policy Platform (HPP) to the group of health stakeholders from the 52 EU-level umbrella organisations members of the Health Policy Forum. Following to the pre-launch meeting, the Platform has been formally open on 21 April 2016, during the DG SANTE conference on prevention and management of chronic diseases.

The Platform is a new IT tool aiming at building a more structured and regular dialogue between EU health policy actors. Its main objectives are to increase transparency and make the dialogue with stakeholders structured and effective. The HPP will also support information sharing, help to identify and encourage best practices, as well as provide information in line with "the health in all policies" approach. The Platform is developed on three levels:

1. The "Agora" is an open forum and the most flexible tool used for communication, information gathering and open consultations. It is accessible by stakeholders of a varied nature, from organisations to businesses, etc.
2. The "thematic networks" represent the level where most of the stakeholders' (EHPF members especially) work will be based. Thematic networks are based on stakeholders' proposals with the purpose to develop position papers, join statements and collaborative documents.
3. The "Network of EU experts and stakeholders groups" is exclusively accessible to Members. Its purpose is to have a continuity of the discussions between the planned meetings, drafting of the agenda of the next meetings and ensure further communication and dissemination of information and materials among Members.

Besides the existence of the Platform, the Commission has clarified that the EHPF face to face meetings will continue to be held in Brussels. However, their access will be less restricted. Every two years a high level conference will be organised, bringing together a large forum of stakeholders. The first of these conferences will be held in 2017. The EU Health Award – the last of which was assigned to NGOs working on the Ebola outbreak – will continue to be assigned.

Comments from the participants extensively focused on the real added value of the Platform and the level of openness of the discussions therein started and developed. According to DG SANTE representatives, however, the value of the statements will not disappear, although the governance of the tool will be as flexible as the mechanism itself. In particular, DG SANTE will be in charge of the moderation of the discussions at the Agora level. In the thematic networks the discussion will be moderated by the coordinator of the network, and the participants will be decided by the users.

Three thematic networks have been proposed during the information meeting. They address issues related to (1) Health Inequalities, (2) Patient Safety, and (3) the recognition of a Public Health Workforce. After registering to the Platform through the ECAS portal, it will be possible to:

- Start a discussion by uploading documents, pictures, links, etc.
- Create an event
- Post comments to the uploaded documents, thus starting or contributing to a discussion

More information on the EPHF meeting available at:
http://ec.europa.eu/health/interest_groups/docs/ev_20160405_flash_en.pdf

ZIKA VIRUS OUTBREAK – PARLIAMENT UPDATE ON RECENT DEVELOPMENTS

On 7 April 2016, the European Parliament Think Tank published an 'At a glance' notes updating the previous February edition.

The update presents an overview of the Zika Virus disease and its spread and outlines the EU's actions for preparedness and risk recommendations taken so far. These include: the activation of the Early Warning and Response System for medical emergencies as well as regular meetings of the Health Security Committee (HSC), bringing together EU Member States and the European Commission. A European Medical Corps – a platform capable of mobilising staff and equipment for health emergencies inside and outside the EU – was launched on 15 February 2016. So far, the platform has been joined by nine Member States. Moreover, the Commission has released €10 million for research into the Zika virus and is addressing broader issues of vaccines, vector control and infectious diseases through several ongoing projects, call for research under the Seventh Framework Programme and Horizon 2020, with a budget of over €50 million.

The European Medicines Agency (EMA) has set up a task force of experts specialising in vaccines and infectious diseases to provide pharmaceutical companies with scientific and regulatory advice on the development of medicines or vaccines against the virus.

According to the risk assessment provided by European Centre for Disease Prevention and Control (ECDC), in the 2016 summer season, local transmission of the virus is "possible" in areas where Aedes albopictus (the Asian tiger mosquito) is established – that is, in most areas around the Mediterranean coast.

More information available at: http://goo.gl/E72qEJ

SUPPORTING THE INCORPORATION OF RARE DISEASES INTO SOCIAL SERVICES AND POLICIES – RECOMMENDATIONS BY COMMISSION EXPERT GROUP ON RARE DISEASES

The Commission expert group on rare diseases published in April 2016 a set of recommendations aiming at supporting the incorporation of rare diseases into social services and policies.

Recommendations focus specifically on those RD that generate complex impairments. The combination of rarity, complexity and lack of effective treatment creates huge obstacles to the provision of holistic care and in many cases significant medical, psychological and social needs remain unmet.

Their aim is then to empower health services' attempt to facilitate integrated care provision to enable them to play the role they need to play in supporting the incorporation of RD specificities into mainstream social and support services, within a holistic and person-centred approach and a human rights perspective.

More information at:
http://ec.europa.eu/health/rare_diseases/docs/recommendations_socialservices_policies_en.pdf

ACCESS TO HIGH-PRICED MEDICINES IN HOSPITAL SETTINGS IN EUROPE – COMPARATIVE STUDY

Health Action International recently published "Access to High-priced Medicines in Hospital Settings in Europe - A Study in Four European Countries".

This study is looking at prices of drugs for cancer, rheumatism and hepatitis C in the hospitals of four EU Member States: Austria, France, Spain and Latvia.

The results of the research show that the prices of hospital drugs are not correlated to the per capita GDP since prices are higher in Latvia and Spain than in Austria and France. Prices in Latvia are even the highest of the four.

More information available at:
http://haiweb.org/publication/access-to-high-priced-medicines-in-hospital-settings-in-europe-a-study-in-four-european-countries/

CONTINUOUS PROFESSIONAL DEVELOPMENT OF HEALTH PROFESSIONALS IN THE EU – COMMISSION WORKSHOP

On 11 February 2016, the European Commission organised the workshop "Ticking the Boxes or Improving Health Care: Optimising Continuous Professional Development of health professionals in the EU". The workshop aimed at sharing and discussing national experiences on CPD of health professionals and approaches to improve quality of care and patient safety.

The workshop brought together 60 experts in the area of continuous professional development, including representatives of regulatory, professional and educational bodies and the European Commission. The experts discussed ways to optimise CPD of health professionals to improve quality of care and patient safety.

The first session was dedicated to the impact of CPD from the research, educational and clinical perspective followed by a session to present and discuss different national approaches to organise the CPD of health professionals. The workshop concluded with a summing up of lessons learned.

Workshop report available at:
http://ec.europa.eu/health/workforce/docs/ev_20160211_mi_en.pdf

TOWARDS BETTER PREVENTION AND MANAGEMENT OF CHRONIC DISEASES – COMMISSION MEETING

On 21 April 2016, HOPE attended the meeting organised by DG SANTE aiming at setting out a practical and effective approach towards better prevention and management of chronic diseases (CDs) at EU level. This approach would be complementary to that agreed to at the international level through the work of the WHO and the UN.

Representatives of Member States, international organisations and stakeholders took part to the discussion to work jointly on the implementation of activities with a potential to reduce the burden of chronic diseases, improving health outcomes and reinforce the stability of health systems.

The European Commissioner for Health and Food Safety, Vytenis Andriukaitis, clarified the definition of health as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*". Therefore, he stressed the importance of adopting the "health in all policy sectors" approach, as the instruments to be used to fight against risk factors are in the hands of different political levels and sectors. Consequentially, cooperation at EU level has been presented as the way to achieve the best results in these regards.

Commissioner Andriukaitis also reiterated its views about the industries earning money from risk factors by stating that most of the healthcare costs are created in particular by the consumption of tobacco and alcohol as well as unhealthy food. He also welcomed the fact that on 20 May the EU tobacco Directive will become law. These types of actions fall into the scope of an effective strategy for improving citizens health condition based on the so-called three Ps: Promotion of good health; Protection of citizens; Prevention of diseases.

Additionally, the economic burden of CDs was addressed. In the words of the Commissioner "*chronic diseases already account for up to 80% of European healthcare budgets, so the prize, even of modest progress, would be nothing short of enormous*".

During the morning session, the acting chair of the European chronic disease alliance (ECDA) called for a comprehensive EU framework on tackling chronic diseases and underlined the urgency of actions to be taken in this regard. Additionally, Martin Seychell, Deputy Director General at DG SANTE, presented the way forward towards better prevention and management of CDs. Such strategy implies:

- strengthening the impact of EU groups and structures through a systematic review;
- implementing a Health Programme for impact through already existing activities as well as the ongoing call for proposals for projects and a new Joint Action supporting MS on their management of national strategies for CDs;
- supporting Member States in implementing national strategies/action plans or in getting them operational;
- engaging with society through the new Health Policy Platform (formally launched during the conference);
- promoting cooperation across all policy areas.

With regards to funding sources, both the European Structural and Investment Funds (ESIF) and the European Fund for Strategic Investment (EFSI) provide tools at disposal of Member States and other actors for actions on CDs.

In conclusion, the attendees of the meeting agreed to push in the same direction to work collaboratively on this topic, rather than addressing the issue independently from different angles. Also, the need to concretely influence other policies at European level other than public health policy has been stressed and the re-launch of the EU Health Policy Forum through the platform has been welcomed by both the participants and the Commission.

More information available at: http://goo.gl/4RTVp6

QUALITY AND SAFETY STANDARDS FOR HUMAN BLOOD, TISSUES AND CELLS – COMMISSION REPORTS PUBLISHED

On 26 April 2016, the Commission published two reports on the implementation of EU legislation which sets standards of quality and safety for 1) human blood, and 2) human tissues and cells.

According to the legislation, donation of both human blood and human tissues and cells should be voluntary and unpaid. Both reports show that all EU countries have taken measures to encourage voluntary and unpaid donation, although the interpretation of what is considered compensation and incentive vary between Member States. Both reports reveal adequate compliance by EU countries and the EEA countries of the quality and safety requirements of the Directives. Significant progress has been made in many areas, boosted by the active support by EU Health programme funded projects and other initiatives.

The reports also point to some gaps and difficulties in applying and enforcing the rules. For both sectors, these difficulties relate to – inter alia - the definitions, the protection of donors, the inspections framework and testing and deferral criteria for new epidemiological and technological developments (e.g. testing for Malaria).

The Commission is considering the follow-up including an in-depth evaluation of the legal framework.

Full report on human blood available at:
http://ec.europa.eu/health/blood_tissues_organs/key_documents/index_en.htm#anchor2

Full report on human tissues and cells available at:
http://ec.europa.eu/health/blood_tissues_organs/key_documents/index_en.htm#anchor7

REVISION OF THE EUROPEAN INTEROPERABILITY FRAMEWORK – PUBLIC CONSULTATION

On 6 April 2016, the European Commission, DG DIGIT, opened a public consultation on the revision of the European Interoperability Framework (EIF). The consultation lasts 12 week and closes on 29 June 2016.

The consultation welcomes contributions from citizens, businesses and private organisations, public administrations, research centres, academic institutions, standardisation organisations and businesses supplying services to public administrations.

The general objective is to ensure that a coherent vision on interoperability exists in the EU in relation to interactions between the European public administrations and between them and citizens and businesses. This can be done through updating and extending the European Interoperability Framework (EIF) and updating the European Interoperability Strategy (EIS) by reviewing the current Communication "Towards interoperability for European public services", COM (2010)744.

The review is deemed necessary in order (a) to align with the recent policy development, i.e. the Digital Single Market (DSM) policy, the revised Directive on the re-use of Public Sector Information, etc., (b) to align with emerging technological trends (cloud computing, big and open data, etc.) and (c) to put more focus on the implementation of the EIF rather than the simple alignment with the national approaches on interoperability.

More information available at:
http://ec.europa.eu/isa/consultations/index_en.htm#c01

ICT STANDARDISATION PRIORITIES FOR THE DIGITAL SINGLE MARKET – COMMISSION COMMUNICATION

On 19 April 2016, the European Commission has adopted a Communication setting up ICT standardisation priorities for the Digital Single Market as part of the package on "Digitising European Industry".

The communication defines ICT standards as the cornerstone of the Digital Single market as common standards ensure the interoperability of digital technologies and are the foundation of an effective Digital Single Market.

The Communication proposes a two-pillar plan to prioritise and deliver an efficient and sustainable ICT standard-setting for the DSM, to address the challenges of the digitisation of the economy.

Firstly, it identifies a list of priority building blocks for the Digital Single Market where improved ICT standardisation is most urgent, such as 5G, IoT, Cybersecurity, Cloud and Big Data.

Secondly, the Commission proposes a high-level political process, to deliver and ensure leadership through standards, fostering a high-level commitment from a broad stakeholder base, including from industry, standard-setting organisations, and the research community, as well as from EU institutions and national administrations.

More information available at: https://goo.gl/tI6hth

IMPLEMENTATION REPORT ON THE ENERGY EFFICIENCY DIRECTIVE – ADOPTION OF DRAFT OPINION IN ENVI COMMITTEE

The draft opinion will feed into the INI report by the ITRE committee on the implementation of the Energy Efficiency Directive, which establishes binding measures to enable the EU to reach its 20% energy efficiency target by 2020. Under the Directive, all Member States are required to use energy more efficiently at all stages of the energy chain from its production to its final consumption. The transposition deadline for this Directive was 5 June 2014.

In his draft opinion, the rapporteur Peter Liese (EPP) stresses inter alia that the Directive has triggered many positive developments in the Member States, but that poor implementation is hindering its full potential.

116 amendments were tabled to the draft opinion and 9 compromise amendments have been drafted on the major issues raised by ENVI members.

More information at:
http://www.emeeting.europarl.europa.eu/committees/agenda/201604/ENVI/ENVI%282016%290426_1/sitt-2201608

DATA PROTECTION – COUNCIL ADOPTS POSITION AT FIRST READING

On 8 April 2016, the Council adopted its position at first reading on data protection reform, which paved the way for the final adoption of the legislative package by the European Parliament at its plenary session in April. This formal adoption comes after the compromise agreed with the European Parliament in December 2015.

Data protection reform is a legislative package aimed at updating and modernising existing data protection rules. It includes two legislative instruments: the general data protection Regulation (intended to replace directive 95/46/EC) and the data protection Directive in the area of law enforcement (intended to replace the 2008 data protection framework decision).

The European Parliament voted at its plenary session on Thursday 14 April 2016, thus approving the text without amendments and completing the legislative process. Shortly after, the legal texts will be published in the Official Journal of the EU.

Position of the Council on the data protection Regulation available at:
http://data.consilium.europa.eu/doc/document/ST-5419-2016-INIT/en/pdf

Position of the Council on the data protection Directive available at:
http://data.consilium.europa.eu/doc/document/ST-5418-2016-INIT/en/pdf

PUBLIC CONSULTATION ON WORK-LIFE BALANCE – PRELIMINARY SUMMARY OF THE RESULTS

The public consultation on possible action addressing the challenges of work-life balance faced by working parents and caregivers launched by DG Justice and Consumers together with DG Employment and Social Affairs received 785 contributions from across Europe. Between 18 November 2015 and 17 February 2016, 228 organisations and 557 individuals made online contributions.

An overwhelming percentage of the organisations (97.8%) agree with the description of the challenges laid out in the background document (either completely or partially), while 85% agree that the list of policy areas to focus on (childcare, long-term care services, family-related leave arrangements for both women and men, flexible working arrangements for both women and men, tax-benefit systems that make work pay for both partners) is accurate and wholly or partially complete.

When asked about the possible policy measures to improve work-life balance and female labour market participation in their country, organisations responded that the highest priority is the availability of childcare, followed by improving the possibilities and/or incentives for men to take up caring responsibilities and work-life balance measures and improving the possibilities and/or

incentives for parents and others with dependent family members to take up caring responsibilities and work-life balance measures. Individuals responded that the highest priority is improving the possibilities and/or incentives for parents and others with dependent family members to take up caring responsibilities and work-life balance measures, and improving the availability and affordability of childcare.

77% of respondents replied that there is a need for further EU-level action to address work-life balance challenges. However, when more detailed questions are asked, 61% of respondents support legislative options (question 7) and 71% support policy guidance (question 8). 72% support the development of EU-level benchmarks, 73% support increased monitoring by the EU (question 9) and an overwhelming 94% support the idea of more sharing of good practices (question 10).

As for benchmarks, 72% say these could be helpful; each of the possible areas suggested (childcare, flexible arrangements, long-term care services, tax-benefit systems, family-related leave) are supported more or less equally – all received between a 15% and 20% share of the vote. 90% of respondents say that more awareness-raising would be good, particularly amongst employers, followed by national authorities.

As concerns the expected effectiveness of new EU-level measures in addressing the challenges of WLB, in each case there was large support for the measures, with them being labelled potentially effective or very effective.

Finally, when asked if the current EU-level funds and regulations are effective in supporting work-life balance, the majority of participants answered that they don't know (55%), followed by no (29.5%). The vast majority of participants (73%) of participants then responded that it would be useful for the EU to provide clearer guidance to national/regional/local authorities on how EU-funds could be used to financially support work-life balance.

More information on the consultation available at: http://goo.gl/hxbS2k

PHARMACEUTICAL INDUSTRY – MULTI-STAKEHOLDERS WORKSHOP

A multi-stakeholders workshop on the pharmaceutical industry took place in Amsterdam on 22 March 2016.

This was the third multi-stakeholders meeting organised by DG Internal Market, Industry, Entrepreneurship and SMEs (DG GROW), as a response to the requests of stakeholders who see these meetings as an opportunity to meet and exchange views with Member States representatives. It is noted that pricing and reimbursement decisions regarding pharmaceuticals are a national competency but at the same time many economic operators or other organisations such as patients, health professionals, insurers and industry are all affected by these decisions.

DG GROW reiterated its commitment to further support the multi-stakeholders dialogue in line with stakeholders' desire for open minded discussions on a broad spectrum of aspects relating to access to medicines, to research and innovation, to the competitiveness of our industry as well as sustainability of health systems. The fact that issues related to pricing and reimbursement of pharmaceuticals is relevant to Directive 89/105/EEC (Transparency Directive) was also highlighted. The agenda of the meeting was developed in collaboration with the Presidency, some Member States, industry associations and other Commission services.

The meeting was also an opportunity for a presentation of the BENELUX collaboration on reimbursement of medicines by R. De Ridder, Director General of Healthcare Department INAMI, Belgium. This was followed by a description of the Study on enhanced cross-country coordination in the area of pharmaceutical product pricing by S. Vogler, Gesundheit Österreich GmbH / Austrian Public Health Institute. The study was commissioned by the European Commission (DG SANTE), through the EU Health Program with the aim to examine EPR (external price referencing) in Europe, explore possible coordination mechanisms at EU level and to develop possible improvements to these EPR schemes; another aim was to analyse how DP (Differential Pricing) schemes could possibly be designed and used in EU countries. The study also addressed possible constraints of EPR and DP.

DIFFERENCES IN THE PROVISION OF HEALTHCARE TO MIGRANTS ACROSS THE NINE MEMBER STATES – FRA SUMMARY REPORT

In the latest FRA summary report of migration-related fundamental rights, the European Union Agency for Fundamental Rights (FRA) presented data regarding the provision of healthcare from the nine Member States most affected by the migration flows.

More in detail, FRA found differences in the provision of healthcare across the nine Member States covered by its monthly data collection. These include differences in:

- the target of health screenings, as in most Member States they target asylum seekers, while in a few Member States they target all newly-arrived migrants;
- the type of diseases targeted by health screenings, as in some Member States, the health screening only identifies cases of communicable diseases; in others it also identifies individual health needs and people belonging to vulnerable groups.

Moreover, no Member State collects systematic data on the health of newly-arrived migrants and asylum seekers and on their use of the healthcare system and most Member States do not have specific mechanisms in place to prevent violence against women in reception or detention centres.

Under EU Directives, Member States should provide necessary healthcare which includes, at least, emergency care and essential treatment of illnesses. According to the data collected, a number of healthcare challenges in reception centres were identified. These included: limited entitlements to healthcare; practical/administrative barriers; cost of treatment and/or medicines; limited availability of healthcare professionals; poor sanitation conditions and overcrowded spaces; lack of interpreters.

The data also revealed that the main health issues are skin infections, respiratory diseases, colds and psychological issues. A few countries reported specific health problems affecting migrant children. Maternity care was also an issue in some Member States.

More information available at: http://fra.europa.eu/en/theme/asylum-migration-borders/overviews/focus-healthcare

THE RIGHTS OF LIVE-IN CARERS – PUBLIC HEARING AT THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE

HOPE was invited to the Public Hearing taking place on 25 April 2016 at the European Economic and Social Committee.

The session was presided by Krzysztof Balon, President of the EESC Study Group on "Long-term social care, labour supply and mobility" and by Adam Rogalewski, Rapporteur of the EESC opinion on the subject.

Several speakers presented a rather dramatic picture of those professionals with a lot of them in illegal situation: International Labour Organisation (ILO), Platform for International Cooperation on Undocumented Migrants, the trade unions, the European Federation for Family Employment & Home Care (EFFE), and the European Federation of Retired and Older Persons (FERPA).

The session was closed by Fritz Von Nordheim, European Commission, DG EMPL and by Adam Rogalewski, Rapporteur of the EESC opinion on "Long-term social care, labour supply and mobility".

More information: ***http://www.eesc.europa.eu/?i=portal.en.soc-opinions.38046***

12TH ROUND OF NEGOTIATIONS FOR THE TRANSATLANTIC TRADE AND INVESTMENT PARTNERSHIP (TTIP) – PUBLIC REPORT

In March 2016 the Commission published the report of the discussions held during the 12th round of negotiations on the Transatlantic Trade and Investment Partnership (TTIP), which took place in Brussels between 22 and 26 February and covered all three pillars of the agreement – i.e. market access, the regulatory cluster and rules.

More in detail, the regulatory cooperation aims to greater convergence of EU and US regulations by setting up cooperation forums in which European and national authorities will be consulted when developing new regulations or re-examine existing rules. Sanitary, phytosanitary, medical devices or pharmaceuticals are directly concerned.

More information and full report available at:
http://trade.ec.europa.eu/doclib/docs/2016/march/tradoc_154391.pdf

STATE OF PLAY ON TTIP NEGOTIATIONS – COMMISSION REPORT

The Commission has today published a report which presents a detailed break-down of progress made in the ongoing negotiation of a trade agreement between the EU and the United States, the Transatlantic Trade and Investment Partnership (TTIP).

The report shows that negotiators are making good progress in many TTIP chapters, while significant strides remain to be made in some areas in order to have the main elements of a deal finished this year.

The negotiations are currently in their 13th round, which is taking place in in New York this week. Also this week, during the Hannover industrial fair, Commissioner Cecilia Malmström met the US Trade Representative Michael Froman to take stock of the progress made so far in the negotiations.

Report available at: http://trade.ec.europa.eu/doclib/docs/2016/april/tradoc_154477.pdf

MAXIMUM ANNUAL AMOUNT OF FREE ALLOWANCES FOR GREENHOUSE GAS EMISSIONS 2013-2020 – JUDGEMENT

On 28 April 2016 the European Court of Justice (CJEU) delivered a judgement on the cases C-191/14, C-192/14, C-295/14, C-389/14, C-391/14, C-392/14, C-393/14 Borealis Polyolefine.

With this judgement, the Court declares invalid the maximum annual amount of free allowances for greenhouse gas emissions determined by the Commission for the period 2013-2020. The Commission is granted 10 months to establish a new amount, it being understood that the previous allocations of allowances cannot be called into question.

So far as concerns the period up until this judgment, the Court declared, in order to avoid serious repercussions on a high number of legal relations entered into in good faith, that the annulment of the correction factor is not to affect definitive allocations which have already taken place in the Member States on the basis of rules deemed to be valid. In respect of the period following the date of delivery of the judgment, the declaration of invalidity creates a temporary legal vacuum which is liable to interrupt the implementation of the allowance trading scheme and, consequently, the attainment of the objectives pursued by the directive. The Court thus declares that its judgment will not produce effects until ten months following the date of delivery of the judgment so as to enable the Commission to adopt the necessary measures.

More information available at: http://goo.gl/QwonLX

EUROPEAN REFERENCE NETWORKS – INFO DAY ON THE CALL FOR APPLICATIONS 2016

On 7 April 2016, HOPE attended the Info Day organised by DG SANTE together with the Consumer, Health, Agriculture and Food Safety Executive Agency (CHAFEA) aiming at explaining the call for applications for European Reference Networks (ERNs) to the potential interested applicants. The event has been web streamed in order to allow participation to any other interested stakeholders.

The call for interest was launched on 16 March 2016 and is addressed to highly specialised healthcare providers. It is organised around a two-step process. Networks participating to the first wave of the call (from March to June 2016) will have the possibility to apply to be recognised as an ERN and at the same time to apply for funding schemes provided by CHAFEA. The applications submitted during the second stage (from June to July 2016) will allow participants to establish Networks, although without disbursement of a grant.

Following to the approval of ERNs foreseen for October and/or November 2016, ERNs without grant will be established during the month of December, while those with grant in February 2017.

The assessment of ERNs is crucial for the establishment of the Network. It is performed mainly by two bodies: the Board of the Member States (MS) and independent assessment bodies. Moreover, the members of the networks are also required to self-assess their proposals.

More in detail, the board of the MS is composed by all the EU countries plus Liechtenstein and Norway. It is in charge of the approval of Networks proposals and healthcare provider's membership applications included in a Network proposal, as well as the approval of healthcare providers wishing to join an existing Network. It also decides on the termination of a Network and loss of membership. The Board of MS published a strategic paper setting the criteria to establish ERNs. Networks proposals should avoid fragmentation and too limited scope, but also overlapping themes. Additionally, Networks should be manageable, which means that they should be built on a few solid thematic networks. Cooperation among applicants would help to avoid such outcomes.

Preparatory activities for the submission of successful proposals include the creation of multidisciplinary networks, based on mature types of diseases with a clear added value for the EU. This also implies avoiding fragmentation by grouping diseases. Moreover, it is crucial for potential networks to identify the actors involved in the process at EU and national level, liaise with national authorities and contact ERN board representatives at national level. The definition of patient pathways, referral criteria and clinical decision tools is also recommended, as well as the implementation of self-assessment exercises.

Governance should be transparent, flexible and effective. The Board can include, in an advisory capacity, representatives of scientific societies, patient organisations and academic institutions.

At the current stage, DG SANTE has identified 50 interest groups and from 20 to 22 potential applicants. Among them, 13 Networks have been defined as relatively mature, while others are currently lacking of clarity.

More information on and link to the Call for applications available at:
http://ec.europa.eu/health/ern/implementation/call/index_en.htm

Recording of the event available at:
https://scic.ec.europa.eu/streaming/info-day-ern-call-for-proposal

EUROPEAN REFERENCE NETWORKS – NEW ENDORSEMENT PROCEDURE FOR POLAND AND BELGIUM

On 25 April 2016, DG SANTE notified the publication of new information regarding endorsement procedure for potential ERNs candidates regarding Poland and Belgium.

Networks wishing to apply to be recognised as European Reference Networks have to obtain the assessment of the Board of Member States in order to further proceed with their proposal (see article above).

More information available at:
http://ec.europa.eu/health/ern/board_member_states/index_en.htm

EUROPEAN REFERENCE NETWORKS – ASSESSMENT GUIDE

The PACE-ERN consortium held its last management meeting with the European Commission on 11 April 2016.

The consortium was created by EURORDIS, HOPE and Accreditation Europe to answer and win the tender to create the Assessment Manual & Technical Toolbox for the European Reference Networks.

The creation of European Reference Networks is an innovative large scale development which has never been done before. It was born out of 10 long years in the development of the Cross Border Healthcare Directive. The rare disease community developed this concept that was accepted into legislation in 2011.

PACE-ERN has taken the first step for the European Commission in moving from legislation to implementation.

The first call and the AMT and supporting documents available at:
http://ec.europa.eu/health/ern/implementation/call/index_en.htm

EUROPEAN REFERENCE NETWORKS – MEETING FOR AN ERN ON RARE ADULT SOLID CANCERS

HOPE was invited to the meeting discussing a European Reference Network for rare adult solid cancers on 26 April 2016 at the Institut Jules Bordet in Brussels.

After a presentation of the European Reference Network development and relevant trends in quality and cancer service organisation from institutional by the Organisation of European Cancer Institutes (OECI), several organisations presented their perspectives: RareCarenet; the European Society for Paediatric Oncology (SIOPE); the European Hematology Association (EHA); RARECANCERSEUROPE for rare adult solid cancers; and the European Cancer Patient Coalition (ECPC).

Before the discussion Enrique Terol (DG SANTE) presented the view of the European Commission on the European Reference Networks development in the rare cancer field.

The meeting successfully managed to gather consensus for a single ERN for rare adult solid cancers, less than seven weeks before the closing of the call.

More information about ERNs available at:
http://ec.europa.eu/health/rare_diseases/european_reference_networks/erf/index_en.htm

eHEALTH JOINT ACTION (JAseHN) – 21 MEMBER STATES SUBMIT PROPOSAL REQUESTING FUNDING FROM THE CONNECTING EUROPE FACILITY (CEF)

On 15 March 2016, 21 EU Member States submitted a proposal requesting altogether €13.1 million EU funding from the eHealth call of the Connecting Europe Facility (CEF) Telecom programme. The MS acted within the framework of the Joint Action to support the eHealth Network (JAseHN). The evaluation of the submitted proposals will be done by the EC's agency INEA together with the support of external experts. This process is expected to be concluded by June 2016. The CEF telecom call 2015 launched the opportunity for the eHealth Digital Service Infrastructures. The call was prepared to enable the set up of a cross-border network to exchange Patient Summaries and ePrescriptions, by focusing on the following objectives:

- enable seamless cross-border care and secure access to patient health information between European healthcare systems, particularly with respect to the exchange of Patient Summary and ePrescription;
- contribute to patient safety by reducing the frequency of medical errors and by providing quick access to patient health information, as well as by increasing the accessibility of a patient's own prescriptions, also when abroad;
- provide medical personnel with life-saving information in emergency situations and reduce the repetition of diagnostic procedures.

Currently, JAseHN is focusing on preparing additional documents for the upcoming 9th eHealth Network meeting that will take place on 7th June 2016 in Amsterdam.

More information on the eHealth Joint Action JAseHN available at: http://jasehn.eu/

ACTIVE AND HEALTHY AGEING – CALL FOR COMMITMENTS AND REFERENCE SITES

The Commission received at the closed of the Calls for Commitments and Reference Sites on 15 April over 850 commitments from 28 Member States and total of 78 Reference Site applications (from 22 Member States), representing regional and national alliances of stakeholders invested in the scaling up of innovation for active and healthy ageing.

At the 2015 Conference of Partners of the European Innovation Partnership on Active and Healthy Ageing (9 December 2015), Commissioner Oettinger in his Opening Speech outlined how digital innovation, enabled by a functioning Digital Single Market, can transform demographic change into an opportunity for Europe's economy and society.

He presented new set of actions for 2016-2018, designed to support the Partnership's triple win ambitions; i.e. improving the health and quality of life of our ageing population, making our health and social care systems more sustainable, creating economic growth and jobs and unlocking investment in innovative products and services.

The set of actions announced by Commissioner Oettinger in December 2015 included:

- the opening of a new Call for Commitments to the Partnership, mobilising the growing number of stakeholders willing to commit specific actions meeting the needs of Europe's ageing population;
- the launch of a new Call for Reference Sites – a European award aimed at rewarding and recognising those alliances (that encompass government authorities, industry and start-ups, research organisations and civil society) able to demonstrate excellence in the implementation and scaling up of the most innovative products and services;
- and finally, Commissioner Oettinger invited all Partners to start working (with the European Commission), in the development of a "shared vision" – the creation of a Blueprint on Digital Innovation for Europe's Ageing Society- focused on how digital innovation can transform Europe's Ageing Society in the 21st Century.

Concerning the call for Commitments the Commission will now work with the Action Group coordination teams to develop the initial analysis of the commitments submitted, to understand how the commitments relate to the different activities of the existing EIP on AHA Action Groups, horizontal initiatives (such as the MAFEIP and the Innovative Practices Repository), if they point to new areas not yet covered and how they can contribute to the activities of the European Commission in the field of digital innovation for health and active ageing.

This analysis should be completed by end of June and each organisation responsible for a commitment will then be integrated into the activities of the relevant Action Groups.

Concerning the Reference Sites Call the Commission will immediately launch the "peer-review" process of the eligible applications received. The process will start with a briefing organised by the European Commission and the Reference Site Collaborative Network with all eligible applicants to provide them with the information needed to carry out the "peer-review".

By the end of June it is expected that the peer-review process will be completed.

From September 2016 and in close cooperation with the Reference Sites Collaborative Network (RSCN) the Commission will launch:

- the Communication campaign to showcase and support the Reference Sites' innovative work via our newsletter and media channels.
- a twinning support scheme supporting Reference sites with high potential for fast transferability (and adoption) of innovative solutions.

More information available at:
http://ec.europa.eu/health/ageing/innovation/eip_invitation_commitments_en.htm

JOINT ACTION ON EUROPEAN HEALTH WORKFORCE PLANNING AND FORECASTING – WP7 EXPERT WORKSHOP ON SUSTAINABILITY OPTIONS AND EXPERT GROUP ON EUROPEAN HEALTH WORKFORCE

16-17 March 2016, Brussels (Belgium)

On 16 March 2016 the Belgian Federal Public Service Health, Food Chain Safety and Environment hosted a meeting gathering diverse partners of the Joint Action on European Health Workforce Planning and Forecasting, in order to discuss about the sustainability strategy of the project results.

The discussion was led starting from the outcomes of a survey that was submitted by the partners and other experts in order to receive their feedback on how to ensure the sustainability after the end of the project. More in particular, the goal of the meeting was to share the Policy and Technical Recommendations and to adapt them to the feedback gathered from the participants. Then, the focus moved on the Sustainability Business Plan, containing a list of practical actions to put in place to reach the objectives set.

On 17 March, HOPE participated to the Expert Group on European Health Workforce which represented an opportunity for sharing ideas on future European cooperation on health workforce planning and policy. During this event, organised by the European Commission – DG SANTE, several information were presented to the audience and discussed with the attendants, such as: recruitment and retention, CPD and patient safety, activities to support health workforce policies and findings from WHO and OECD studies.

More information available at:
http://healthworkforce.eu/events/16032016-sustainability-workshop-brussels/
http://ec.europa.eu/health/workforce/events/ev_20160317_en.htm

JOINT ACTION ON EUROPEAN HEALTH WORKFORCE PLANNING AND FORECASTING – CLOSING EVENT

3-4 May 2016, Mons (Belgium)

The Joint Action on health workforce planning and forecasting will end in June 2016. The event "Towards a sustainable health workforce for Europe" is the closing event: it will present the results obtained through the three-year cooperation and give a vision for future cooperation.

About 200 participants are expected, including the partners of the Joint Action, policy-makers, stakeholders and academia in the field of health workforce planning.

The Commissioner for Health and Food Safety, Dr. Vytenis Andriukaitis, will open the event on the 3rd May, along with Belgian and Slovakian Ministry of Health representatives.

Programme available at:
http://healthworkforce.eu/events/closure-event-plenary-assembly/

MIGRATION AND HEALTH CONFERENCE – HEALTH PROGRAMME ACTION ADDRESSING MIGRANTS HEALTH NEEDS

12 -13 May 2016, Lisbon (Portugal)

The Migration and Health Conference organised by CHAFEA will be held in Lisbon on the 12-13 May 2016. It is organised to share good practices implemented in the framework of the Health Programme actions addressing Migrants health needs. The conference on migrants and health actions are funded under the Health Programme 2008-2013 and 2014-2020.

To start, on 11 May 2016, the International Organisation for Migration (IOM) will organise as a pre-event the final conference of the EQUI HEALTH project. This will be followed by the Migrant Health conference hosted by the Directorate General for Health (DGS) from Portugal, on 12-13 May 2016.
The joint conferences will take place at the Calouste Gulbenkian Foundation.

Registration available and programme available at:
http://ec.europa.eu/chafea/news/news448.html

BULGARIA: ASSESSING HEALTH-SYSTEM CAPACITY TO MANAGE SUDDEN, LARGE INFLUXES OF MIGRANTS (2015) – WHO EUROPE REPORT

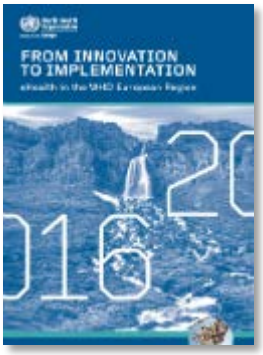
Health 2020, the European health policy framework, provides a comprehensive framework for action to respond to public health needs related to migration. The large numbers of migrants entering the WHO European Region from North Africa and the Middle East are posing new challenges to health systems in recipient countries, which must strengthen their capacity to respond appropriately to the needs of migrants, as well as the resident population. An efficient policy dialogue is needed between the main stakeholders involved in health and migration, who should share experiences and identify best practices. The WHO Regional Office for Europe provides technical assistance to countries in this area through the Public Health Aspects of Migration in Europe (PHAME) project.

WHO staff conducted an assessment mission to Bulgaria in February 2015, to strengthen the country's capacity to address the public health implications of sudden large-scale influxes of migrants. The WHO toolkit for assessing health systems' capacity to manage large influxes of migrants in the acute phase was used during interviews and field visits. This report summarises the results of the assessment.

Full report available at: http://www.euro.who.int/__data/assets/pdf_file/0009/300402/Bulgaria-Assessment-Report-en.pdf?ua=1

FROM INNOVATION TO IMPLEMENTATION – eHEALTH IN THE WHO EUROPEAN REGION (2016) – WHO EUROPE REPORT

This report describes the development of and emerging trends in electronic health (e-health) in the WHO European Region in 2016. Its content and key messages are based on data collected from the 2015 WHO Global eHealth Survey and the assistance of a number of key practitioners in the field. The report gives case examples to illustrate success stories in countries and the practical application of e-health in various settings. The key outcomes given provide evidence of an increasing appetite for e-health and indicate tangible progress in the mainstreaming of technology solutions across the European Region to improve public health and health-service delivery.



Together, the findings and analysis provided in this report offer a detailed insight into the development of e-health in Europe. Through the recommendations and proposed actions, WHO echoes its commitment to supporting Member States in developing their national e-health environments as a strategic component in the achievement of universal health coverage and the policy objectives of Health 2020 in the European Region.

Full report available at:
http://www.euro.who.int/__data/assets/pdf_file/0012/302331/From-Innovation-to-Implementation-eHealth-Report-EU.pdf

THE VENETO MODEL - A REGIONAL APPROACH TO TACKLING GLOBAL AND EUROPEAN HEALTH CHALLENGES (2016) – WHO EUROPE REPORT

Regions' performance and achievements in the area of health, and the factors promoting their success, have been little studied. Within the framework established by the Government of Italy, the Veneto Region has health-related responsibilities that include organising services to protect and promote health and providing health and social care. This publication is based on the key findings emerged during a conference held in Venice in December 2015. In this context, the Region examines how the various actors worked together at different levels – from European to local – in tackling health problems. It illustrates how the Veneto model was developed and how it is continuously adapted to meet ever-changing circumstances.

Full report available at:
http://www.euro.who.int/__data/assets/pdf_file/0019/303184/The-Veneto-model-report.pdf

THE CHANGING ROLE OF NURSING – EUROHEALTH OBSERVER

This Eurohealth Observer issue examines the changing role of nursing, including articles on the state of nursing in the European Union, nurse migration, EU accession and nursing, and whether there is an EU framework for nurse education. Other articles include: Health priorities of the Dutch EU Presidency; Implementation status of the cross-border care directive; Making sense of EU health law; Managed entry agreements in the Baltic countries (Estonia, Latvia and Lithuania); and Eurohealth Monitor.

Full report available at:
http://www.euro.who.int/__data/assets/pdf_file/0004/304393/EuroHealth_v22n1.pdf

NATIONAL DIABETES PLANS IN EUROPE - WHAT LESSONS ARE THERE FOR THE PREVENTION AND CONTROL OF CHRONIC DISEASES IN EUROPE? – CHRODIS POLICY BRIEF

The rising burden of diabetes poses important public health challenges to health systems today. Although countries in Europe have made progress towards developing a systematic policy response, there is still variation in the investment in and implementation of comprehensive strategies for the prevention and treatment of diabetes.

Drawing on a mapping of national diabetes plans (NDPs) in Europe that was undertaken as part of the EU Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS), this policy brief identifies a range of factors that appear to facilitate the development, implementation and sustainability of national diabetes plans. Making diabetes a political priority – either specifically or as part of broader non-communicable disease (NCD) strategies more broadly - has proven critical for the development and implementation of NDPs.

Policy brief available: http://goo.gl/Nfaf55

PHARMACEUTICAL EXPENDITURE AND POLICIES - PAST TRENDS AND FUTURE CHALLENGES – OECD PAPER

Across OECD countries, pharmaceutical spending reached around USD 800 billion in 2013, accounting for about 20% of total health spending on average when pharmaceutical consumption in hospital is added to the purchase of pharmaceutical drugs in the retail sector. This paper looks at recent trends in pharmaceutical spending across OECD countries. It examines the drivers of recent spending trends, highlighting differences across therapeutic classes. While the consumption of medicines continues to increase and to push pharmaceutical spending up, cost-containment policies and patent expiries of a number of top-selling products have exerted downward pressure on pharmaceutical expenditures in recent years. This resulted in a slower pace of growth over the past decade.

The paper then looks at emerging challenges for policy makers in the management of pharmaceutical spending. The proliferation of high-cost specialty medicines will be a major driver of health spending growth in the coming years. While some of these medicines bring great benefits to patients, others provide only marginal improvements. This challenges the efficiency of pharmaceutical spending.

Full paper available at: http://goo.gl/3CIcor

EUROPEANISATION OF HEALTH SYSTEMS: A QUALITATIVE STUDY OF DOMESTIC ACTORS IN A SMALL STATE – BMC PUBLIC HEALTH PUBLICATION

Health systems are not considered to be significantly influenced by European Union (EU) policies given the subsidiarity principle. Yet, recent developments including the patients' rights and cross-border directive (2011/24 EU), as well as measures taken following the financial crisis, appear to be increasing the EU's influence on health systems.

The aim of this study is to explore how health system Europeanisation is perceived by domestic stakeholders within a small state. A qualitative study was conducted in the Maltese health system using 33 semi-structured interviews. Inductive analysis was carried out with codes and themes being generated from the data. EU membership brought significant public health reforms, transformation in the regulation of medicines and development of specialised training for doctors. Health services financing and delivery were primarily unaffected. Stakeholders positively perceived improvements to the policy-making process, networking opportunities and capacity building as important benefits. However, the administrative burden and the EU's tendency to adopt a 'one size fits all' approach posed considerable challenges. The lack of power and visibility for health policy at the EU level is a major disappointment. A strong desire exists for the EU to exercise a more effective role in ensuring access to affordable medicines and preventing non-communicable diseases. However, the EU's interference with core health system values is strongly resisted.

Overall domestic stakeholders have a positive outlook regarding their health system Europeanisation experience. Whilst welcoming further policy developments at the EU level, they believe that improved consideration must be given to the specificities of small health systems.

More information available at: http://goo.gl/Tp1Ltw

EFFORT-REWARD IMBALANCE AND PERCEIVED QUALITY OF PATIENT CARE: A CROSS-SECTIONAL STUDY AMONG PHYSICIANS IN GERMANY – BMC PUBLIC HEALTH PUBLICATION

Work stress may impair physicians' ability to provide high quality patient care. Prior research remains however sparse and has insufficiently explored explanations for this relationship. It has been suggested that physicians' poor mental health is one potential explanatory factor. We drew on a well-established model to measure work stress in order to test this hypothesis. Further, to address another research gap and to potentially inform the development of better-targeted interventions, authors aimed to examine associations of individual ERI constructs with the quality of care.

Cross-sectional data had been collected in 2014 among 416 physicians in Germany. Physicians' perceptions of quality of care were assessed by a six-item instrument inquiring after poor care practices or attitudes. Both an increasing ERI ratio and increasing effort were associated with poorer quality of care while increasing rewards were related to better care. Physicians' depressive symptoms did not affect these associations substantially. Associations with overcommitment were

weak and attenuated to non-significant levels by correction for depressive symptoms. The level of over-commitment did not modify associations between the ERI ratio and quality of care.

The study suggests that high work-related efforts and low rewards are associated with reports of poorer patient care among physicians, irrespectively of physicians' depressive symptoms. Quality of patient care may thus be improved by concurrently reducing effort and increasing rewards among physicians.

More information available at:
http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3016-y

REDUCING THE HEALTH CARE BURDEN FOR MARGINALISED MIGRANTS: THE POTENTIAL ROLE FOR PRIMARY CARE IN EUROPE – HEALTH POLICY PUBLICATION

There is a growing interest in the health of migrants worldwide. Migrants, particularly those in marginalised situations, face significant barriers and inequities in entitlement and access to high quality health care. This study aimed to explore the potential role of primary care in mitigating such barriers and identify ways in which health care policies and systems can influence the ability of primary care to meet the needs of vulnerable and marginalised migrants.

The study compared routinely available country-level data on health system structure and financing, policy support for language and communication, and barriers and facilitators to health care access reported in the published literature. These were then mapped to a framework of primary care systems to identify where the key features mitigating or amplifying barriers to access lay. Reflecting on the data generated, authors argue that culturally-sensitive primary care can play a key role in delivering accessible, high-quality care to migrants in vulnerable situations. Policymakers and practitioners need to appreciate that both individual patient capacity, and the way health care systems are configured and funded, can constrain access to care and have a negative impact on the quality of care that practitioners can provide to such populations. Strategies to address these issues, from the level of policy through to practice, are urgently needed.

More information available at:
http://www.healthpolicyjrnl.com/article/S0168-8510%2816%2930074-4/abstract

THE 2015 HOSPITAL TREATMENT CHOICE REFORM IN NORWAY: CONTINUITY OR CHANGE? – HEALTH POLICY PUBLICATION

In several European countries, including Norway, policies to increase patient choice of hospital provider have remained high on the political agenda. The main reason behind the interest in hospital choice reforms in Norway has been the belief that increasing choice can remedy the persistent problem of long waiting times for elective hospital care. Prior to the 2013 General Election, the Conservative Party campaigned in favour of a new choice reform: "the treatment choice reform".

This article describes the background and process leading up to introduction of the reform in the autumn of 2015. It also provides a description of the content and discusses possible implications of

the reform for patients, providers and government bodies. In sum, the reform contains elements of both continuity and change. The main novelty of the reform lies in the increased role of private for-profit healthcare providers.

More information available at: http://goo.gl/s9PCyP

THE HEALTH CARE STRENGTHENING ACT: THE NEXT LEVEL OF INTEGRATED CARE IN GERMANY – HEALTH POLICY PUBLICATION

The lack of integration of health-care sectors and specialist groups is widely accepted as a necessity to effectively address the most urgent challenges in modern health care systems. Germany follows a more decentralised approach that allows for many degrees of freedom. With its latest bill, the German government has introduced several measures to explicitly foster the integration of health-care services.

This article presents the historic development of integrated care services and offers insights into the construction of integrated care programmes in the German health-care system. The measures of integrated care within the Health Care Strengthening Act are presented and discussed in detail from the perspective of the provider, the payer, and the political arena. In addition, the effects of the new act are assessed using scenario technique based on an analysis of the effects of previously implemented health policy reforms. Germany now has a flourishing integrated care scene with many integrated care programs being able to contain costs and improve quality.

Although it will be still a long journey for Germany to reach the coordination of care standards set by leading countries such as the United Kingdom, New Zealand or Switzerland, international health policy makers may deliberately and selectively adopt elements of the German approach such as the extensive freedom of contract, the strong patient-focus by allowing for very need-driven and regional solutions, or the substantial start-up funding allowing for more unproven and progressive endeavors to further improve their own health systems.

More information available at: http://goo.gl/3vbc5u

HEALTHCARE AND FRAUD – AIM AND EHFCN SEMINAR

The Association Internationale de la Mutualité and the European Healthcare Fraud & Corruption Network (EHFCN) organised on 16 March 2016 a seminar on healthcare fraud.

According to EHFCN, the estimated amount of healthcare fraud in 2014 was € 46,3m in France, €18,7m in the Netherlands, €4,6m in Portugal, €0,8m in Lithuania, €8,3m in Belgium and €20m in Czech Republic. In 2013, the global amount of healthcare fraud was estimated to be 6.19% of healthcare expenditure worldwide (5.65€ trillion). The WHO considers fraud as one of the 10 leading causes of inefficiency in health systems.

AIM members briefly presented their anti-fraud systems before hearing about corporate compliance and risk management in insurance companies and Fraud and error in the field of European social security coordination.

The working group released a press release calling all stakeholders as well as national and EU institutions to strengthen the efforts to fight fraud in healthcare.

More information:
http://www.aim-mutual.org/communication/news-list/?tx_ttnews%5btt_news%5d=608

WORKING WITH SOCIETY – WHO WORKSHOP

HOPE was invited in Brussels on 19 April 2016 to join the workshop "Working with society" organised by the World Health Organisation and the WHO Observatory.

This workshop aimed at getting feedback from European leading civil societies organisations on preliminary results of the study "Working with society". Insights and first hand experiences was asked on experiences regarding dialogue and collaboration with governments; instruments used when engaging with governments; how can contexts be made more conducive to government-CSO collaboration; trends across Europe when working with governments.

Civil society organisations (CSO) make a huge contribution to the health of the population. They tackle a large variety of health issues and represent the interest of different constituencies including citizens, patients and stakeholders. Some of them are operational only locally and time limited, while others are operating at the national or even global level for decades. Civil society organisations are undoubtedly a very productive force able to perform a large variety of activities. They have the potential to add value since they may possess analytical insights, intimate local

knowledge and peer group credibility. Some governments that are aiming to improve the health of the population by strengthening public health and health systems are therefore eager to reach out to civil society. This is, however, not for all governments the case and there are stark differences across the region with regard to government CSO dialogue and collaboration. But dialogue and collaboration between governments and CSO on health matters varies greatly across the European Region. Attitudes, contexts, legal frameworks and sometimes even the terminology vary from country to country. This is why WHO together with the European Observatory on Health Systems and Policies is conducting a study that is developing conceptual frameworks and evidence supporting dialogue and collaboration between governments and CSOs for health and health systems.

The workshop was led by the three editors of the study: Scott Greer, Professor, Michigan University/Senior Expert European Observatory on Health Systems and Policies; Monika Kosinska, Programme Manager Policy and Governance for Health and Well-being, WHO Regional Office for Europe; Matthias Wismar, Senior Health Policy Analyst, European Observatory.

More information on WHO Europe available at: http://www.euro.who.int/en/home

HEALTHCARE DATA – PANEL DISCUSSION BY CENTER FOR DATA INNOVATION

HOPE was invited on 26 April 2016 by the Center for Data Innovation to a panel discussion on Using Data to Deliver Medical Breakthroughs at the Frontier of Science.

From sequencing the DNA of patients to analysing massive data sets containing information about the human brain, data-driven innovation is at the forefront of efforts to development new medical treatments and cures. Pioneering initiatives developed by Europe's public health systems in partnership with researchers and pharmaceutical companies are using data analytics to improve diagnosis and treatment and deliver personalised health care. If European policymakers continue to support these efforts, they are poised to revolutionise medical science, unleash innovative treatments, and improve health care for millions.

Speakers included: Terje Peetso, Programme Officer, Health and Well-Being Unit, European Commission DG Connect; Michael Seewald, Vice President and Global Head of Real World Evidence, Novartis; and Dr. Jacqueline Whyte, Senior Scientific Officer, Life and Medical Sciences, Science Europe.

More information available at: https://www.datainnovation.org/

CC4HCA STUDY WORKSHOP

On 6 and 7 April 2016, HOPE took part to a workshop aimed at exploring the desirability and potential content of a Common Training Framework (CTF) for health care assistants (HCAs) in Europe.

The participants attending the event were representatives of competent authorities of the 28 EU Member States and relevant national and European stakeholders. A CTF is defined as a legal

construct aimed at expanding the system of automatic recognition across EU countries to new professions.

Given the importance of the topic, many activities were performed in order to investigate further on it. One of this is a Delphi consultation whose results set the scene to start the discussion. The points considered to this extent reflected the complexity of the topic and regarded: the requirements contained in the CTF; the main points concerning CTF of the Directive 2013/55/EU and the advantages and disadvantaged of CTF at the national ad European level.

NHS CONFEDERATION ANNUAL CONFERENCE AND EXHIBITION

15-17 June 2016 – Manchester (UK)

The 2016 NHS Confederation conference will focus on the huge effort that is underway in the NHS, and wider UK health and care system, to transform care for patients.

The programme, made up of plenary sessions, panel discussions, debates, seminars and workshops, will showcase the transformation already taking place across the country. It will also build on the momentum for change by helping to strengthen emerging solutions, new ways of working and shared plans for achieving more integrated, effective and sustainable care.

The core conference themes are:

- building a culture with patients and individuals at the centre of care delivery;
- delivering new models of care to meet people's needs;
- developing the workforce as our greatest asset to drive change;
- ensuring sustainable services fit for future generations;
- strengthening system leadership to help improve care locally.

For more information and to participate please contact Michael Wood at the NHS Confederation European Office

More information and the programme of the event available at:
www.nhsconfed.org/2016

TEACH SUMMER SCHOOL – EUROPEAN ALLIANCE FOR PERSONALISED MEDICINES

3-7 July 2016 – Cascais (Portugal)

The European Alliance for Personalised Medicine organises a Summer School for young healthcare professionals titled 'TEACH' (Training and Education for Advanced Clinicians and HCPs). The Summer School aims at bringing young HCPs up-to-date with developments in the field.

Aimed at young healthcare professionals aged 28-40, TEACH will cover topics such as monoclonal antibodies, inhibitory drugs and putting the patient at the centre of his or her own care - all within the context of personalised medicine.

Over the course of the four-day school, a 20-strong faculty of experts will oversee plenaries, group discussions and interactive role play sessions involving the HCPs enrolled on the course.

Agenda available at: http://euapm.eu/pdf/EAPM_summer_school_agenda.pdf
Registration available at: http://euapm.eu/pdf/EAPM_Registrartion_Form_-_Summer_School.pdf

19TH EUROPEAN HEALTH FORUM GASTEIN – 2016 MAIN THEME

28-30 September 2016 – Bad Hofgastein (Austria)

The 19th European Health Forum Gastein (EHFG) will address the theme of "Demographics and Diversity in Europe - New Solutions for Health".

Europe faces unprecedented demographic change, and new solutions are needed to maintain sustainable health systems. Some of the underlying trends are increased life-expectancy, changing fertility patterns, and internal and external migration. Therefore, discussions at the EHFG 2016will revolve around how these and other demographic challenges can be turned into opportunities.

The EHFG provides a platform for discussion where various stakeholders from the field of health policy making come together to discuss next steps for a healthier Europe. Over the years, the conference has become the leading annual health policy event in the EU. Participants and speakers come from government and administration, business and industry, civil society, and science and academia.

More information on the EHFG 2016 available at: http://www.ehfg.org/ehfg-conference.html

10TH EUROPEAN HEALTH AWARD 2016 – CALL FOR APPLICATIONS

19th European Health Forum Gastein, 28-30 September 2016 – Bad Hofgastein (Austria)

The call for applications for the 10th European Health Award presented at the 19th European Health Forum Gastein (EHFG) is open. The award honours initiatives aiming to improve public health or healthcare in Europe. It was established in 2007 to promote cross-border cooperation, multi-country working and the development of sustainable, innovative and transferable initiatives which address current challenges such as disparities in health status, access to services and the provision of treatment within Europe.

Applications for the Award will close on Friday 27 May 2016 and will then be evaluated by a renowned jury. The European Health Award is sponsored by the Austrian Federal Ministry of Health and FOPI, the Association of the Research & Development based Pharmaceutical Industry in Austria.

More information and application form available at:
http://www.ehfg.org/award.html

14TH CONGRESS OF THE EUROPEAN NURSE DIRECTORS ASSOCIATION (ENDA)

12-14 October 2017 – Opatija (Croatia)

The 14th biannual congress of the European Nurse Directors Association (ENDA) will be developed around the motto "Nursing: build it, live it, share it". The topics addressed will include: ethic in the workplace, effective team work, the use of social media to reach out the community, globalisation in nursing, connecting and sharing knowledge in nursing.

ENDA was founded in 1992 in Geneva, Switzerland for the purpose of building a network between nurse directors throughout Europe. Its main objectives are:

- to strengthen the nursing contribution to policy making in the context of healthcare management in Europe;
- to establish formal links between Nurse Directors and Nurse Leaders across Europe to support a communication network of experts;
- to further the development of the art and science of nursing leadership and management in Europe.

More information available at:
http://www.enda-europe.com/en/

AGENDA

UPCOMING HOPE CONFERENCES

PATIENT MOBILITY

24-26 May 2016 – Madrid (Spain)

HOPE is organising a session on the Cross-border Directive and the results of the HoNCAB project during the IMTJ Medical Travel Summit.

The IMTJ Medical Travel Summit takes place from 24 to 26 May 2016 at the Hotel Meliá Avenida América in Madrid, Spain. The IMTJ Summit is a high level event aimed at senior decision makers involved in the medical tourism and international patient market.

HOPE is offered the same rate as Spanish delegates which equates to a discount of around 40-45% discount.

More information available at: https://summit.imtj.com/summit-agenda/

8TH EUROPEAN CONFERENCE ON RARE DISEASES & ORPHAN PRODUCTS

26-28 May 2016 – Edinburgh (United Kingdom)

The European Conference on Rare Diseases & Orphan Products (ECRD) is organised in partnership with HOPE from 26 to 28 May 2016 in Edinburgh. It is the unique platform/forum across all rare diseases, across all European countries, bringing together all stakeholders - patients' representatives, academics, researchers, healthcare professionals, industry, payers, regulators and policy makers.

ECRD provides the state-of-the-art of the rare disease environment, monitoring and benchmarking initiatives. It now brings together over 80 speakers and more than 800 participants, covering six themes of content over two days: from the latest research, to developments in new treatments, to innovations in healthcare, social care and support at the European, national and regional levels. Registrations for ECRD 2016 will be opening at the end of November.

Patient groups, academics, healthcare professionals and all other interested parties having conducted research or studies on rare diseases or public health projects are encouraged to submit a poster abstract to the ECRD 2016.

More information available at: www.rare-diseases.eu

More information on the call for posters: http://www.rare-diseases.eu/abstracts/

HOPE AGORA 2016
THE FUTURE OF HOSPITALS AND HEALTHCARE

6-8 June 2016 – Rome (Italy)

HOPE will celebrate its 50th anniversary on 6, 7 and 8 June 2016 in Rome, the city where it was founded. This celebration will engage hundreds of healthcare professionals, HOPE Board members, Liaison Officers and National Coordinators.

Throughout its 50th anniversary HOPE will be hosting in the Agora 2016 a diverse mix of events: meeting former Presidents and the former Secretary-General, listening to the views on the future of key European associations, discussing with healthcare professionals, learning from each… These events will review past achievements while focusing on the present and future role of healthcare services. HOPE Agora 2016 wants to bring to surface different perspectives in an open and stimulating exchange with representatives from national governments, European institutions, national competent authorities, industry, healthcare professionals, academia and patient groups, with the objective of working towards a shared vision for the future.

HOPE Agora will also conclude the HOPE Exchange Programme, which in 2016 will reach its 35th edition. This 4-week training period starting on 9 May 2016 is targeting hospital and healthcare professionals with managerial responsibilities. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working. The topic of the HOPE Exchange Programme 2016 is "Innovation in hospitals and healthcare: the way forward". The topic of 2016 is a follow up of the Programme 2015 "Hospitals 2020: hospitals of the future, healthcare of the future", which was all about innovations in management and organisation of hospitals and healthcare services.

Visit the Agora website