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European Hospital and Healthcare Federation

# Newsletter

**Newsletter N. 139 – July/August 2016**

## In this issue:

*[Click on one of the titles below to go directly to the related article]*

### Communications networks, Content and Technology

74 European regions recognised as Reference Sites of the European Innovation Partnership on Active and Healthy Ageing

Strengthened collaboration on eHealth IT between EU and US

### Internal market

Publication of the consolidated texts and translations of the MD and IVD Regulations

### Social affairs

A New Start for Social Dialogue – EU Vice-President Dombrovskis and Commissioner Thyssen's joint statement

Consultation on European Pillar of Social Rights – EU Survey

EU's options for improving access to medicines – Opinion of the EP Committee on Employment and Social affairs

Healthy Workplaces – OSHA tailored campaign

## European programmes and projects

RegioStars Awards 2016 –
Jury selects finalists as Europe most outstanding regional projects

High Level Group on maximizing the impact of EU Research and Innovation programmes - Call for expression of Interest

## Reports and publications

### Reports

Better Ways to Pay for Health Care – OECD publication

Targeting innovation in antibiotic drug discovery and development: the need for a One Health-One Europe-One World Framework – European Observatory on Health Systems and Policies

Transparency in drug regulation: public assessment reports in Europe and Australia – EMA and TGA

Pharma pollution: Shut the back door on superbugs – EPHA and Changing Markets briefing

### Articles

Ethical priority setting for universal health coverage: challenges in deciding upon fair distribution of health services – BMC article

Lessons for major system change: centralization of stroke services in two metropolitan areas of England - Journal of Health Services Research & Policy

Evaluation of public involvement in research: time for a major re-think? - Journal of Health Services Research & Policy

Peer counselling for doctors in Norway: A qualitative study of the relationship between support and surveillance –
Social science and medicine article

Does migration 'pay off' for foreign-born migrant health workers? An exploratory analysis using the global Wage Indicator dataset –
BMC article

## Other news – Europe



## Upcoming conferences

## HOPE Exchange Programme 2017 – Organisational Innovation in Hospitals

In 2017, HOPE will organise its 36th Exchange Programme starting on 15 May. The Agora 2017 will take place in the week of 12 of June and its exact time and location will be notified soon. The main topic for 2017 will be around organisational innovation in hospitals and healthcare. Organisational innovation is a broad topic that in the context of the Exchange Programme shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

For more information on the HOPE Exchange programme, please contact the **National Co-ordinator** of your country.

More information on HOPE Agora:

**www.hope-agora.eu**


*Picture from the HOPE Agora 2016 held in Rome.*

## Better regulation

On 1st July 2016, the Commission launched a new four-week consultation tool for draft secondary legislation.

The Commission unveiled a brand new consultation mechanism. Fulfilling a commitment made in the Better Regulation Communication of May 2015, the reform means that draft measures drawn up by the Commission to amend, supplement or give effect to EU primary legislation will be published online and submitted for public comment for a period of four weeks.

The tool applies to all three types of EU secondary legislation – delegated acts, implementing acts and measures under the pre-Lisbon Regulatory Procedure with Scrutiny (RPS).

The set-up of the webpage is relatively user-friendly, each measure having its own page where citizens and stakeholders can access the draft as well as information like the responsible Commission Directorate-General and the deadline for comment. Users must register in order to give their input on texts, though contributions can be left anonymously.

Seven drafts had already been made available for feedback until 28 July including one regarding scientific criteria for endocrine disruptors.

The new tool will help to inject some transparency into the black box that is post-Lisbon comitology.

## Adaptive pathways - EMA publishes report on pilot project

The European Medicines Agency (EMA) has published a final report on the experience gained during its pilot project on adaptive pathways, a product development concept for medicines that address patients' unmet medical needs.

In March 2014, EMA launched a pilot project to explore the practical implications of the adaptive pathways concept with medicines already under development. EMA invited companies to submit ongoing medicine development programmes which fulfil the characteristics of adaptive pathways: a staggered approval from very small, restricted patient populations to increasingly wider populations; a binding plan of post-licensing evidence gathering; and involvement of key stakeholders in the process.

The pilot project, which has now ended, showed that adaptive pathways can bring multiple stakeholders together – regulators, health technology assessment (HTA) bodies, healthcare professionals and patients – to agree on a prospective plan to generate data on a medicine across its lifespan in areas of unmet medical need. Adaptive pathways can support medicine development in therapeutic areas where evidence generation is challenging, such as infectious diseases, Alzheimer's disease, degenerative diseases, and rare cancers.

**Full report**

## Mobilising funds for the Health sector – EFSI fact sheet

On 18 July 2016, the European Commission published a fact sheet summarising the ways of supporting investment in innovative health solutions, new effective medicines and social infrastructures through the European Fund for Strategic Investments (EFSI), cornerstone of the Investment Plan.

The document outlines the opportunities and benefits provided through the Fund, as well as how to access these financial resources, also through complementary sources of funding.

**Read More**

## 9th meeting of the eHealth Network

The meeting document of the eHealth Network held in Amsterdam on 7 June 2016 are available. During the meeting the following topics were discussed:

- Implementation of the eHealth Digital Service Infrastructure (eHDSI);
- Identification for the exchange of personal health data;
- Legal aspects of cross-border exchange of health data;
- Implementation of the Digital Single Market strategy;
- Standardisation and Interoperability;
- mHealth;
- eHealth Strategies and projects;
- Other eHealth-related developments.

More information and meeting documents available **here**.

## Amendment to Directive 2005/62/EC on quality system standards and specifications for blood establishments

On 25 July 2016, the Commission adopted the Directive (EU) 2016/1214 amending Directive 2005/62/EC as regards quality system standards and specifications for blood establishments.

The new Directive is directed to Member States and shall enters into force on the twentieth day following that of its publication in the Official Journal of the European Union.

**Read more**

## Proposals for draft EU guidelines on the prudent use of antimicrobials in human medicine – ECDC public consultation

On 26 July 2016 the European Centre for Diseases Prevention and Control (ECDC) published the draft technical report proposing EU guidelines on the prudent use of antimicrobials in human medicine.

The development of this technical report has been requested by the European Commission in the context of on-going work against the rising threats from antimicrobial resistance and given the role of antimicrobial misuse and overuse in the emergence and spread of resistance.

The draft guidelines, which will support the European Commission in its aim to produce the final EU guidelines on this topic, was open to public consultation until 5 September 2016.

The purpose of this draft technical report is to provide guidance on generic elements of good practice on prudent and appropriate use of antimicrobial agents in human medical practice in the EU, including good clinical practice and resources, as well as systems and processes that different authorities and actors should consider in the development and implementation of strategies for EU health systems to support and promote the prudent use of antimicrobials.

**Draft technical report**

## Similar medicinal products in the context of the orphan legislation – Public consultation

On 29 July 2016, the European Commission launched a public consultation to review the concept of 'similar medicinal products' in the context of the orphan legislation. The aim is to improve the implementation of the regulatory framework and to adapt the text to technical progress.

The public consultation will last until 4 November 2016. Contributions may be sent by e-mail to SANTE-PHARMACEUTICALS-B5@ec.europa.eu. The consultation document is available **here**.

**Read more**

## Implementation of pharmacovigilance legislation – European Commission report

On 8 August 2016, the European Commission published its three-year report on the implementation of pharmacovigilance legislation.

The legislation allowed closer collaboration between the European Medicines Agency (EMA), the European Commission and the EU Member States and has enhanced the monitoring of the safety of human medicines throughout their life cycle, for the benefit of patients.

The report describes the activities of the EU system for monitoring and managing the safety of human medicines from the time the new pharmacovigilance legislation came into effect in July 2012, until July 2015.

The analysis shows that the new system has been successful at detecting safety issues more quickly, thus enabling regulators to take rapid action when needed and provide advice and warnings to users of medicines. This system effectively engages patients and healthcare professionals, who report suspected side effects, contribute to the decision-making process in case of safety concerns and add the invaluable perspective of the people most affected by diseases and their treatment.

The report and an accompanying, more detailed working document are now published on the website of the European Commission.

**Read More**

**Full Report**

**Staff Working Document**

## 74 European regions recognised as Reference Sites of the European Innovation Partnership on Active and Healthy Ageing

74 European regions have been recognised as Reference Sites of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) for their commitment to excellence in investing and scaling up innovative digital solutions for active and healthy ageing. The Reference Sites range from Oulu, Finland, to Heraklion-Crete, Greece and from Andalucia, Spain to Olomouc, Czech Republic. Together, they commit to investing more than €4 billion in digital innovation for active and healthy ageing, which is expected to benefit over 5 million people in the next 3 years.

The title of "Reference sites" means that regional alliances – that encompass government authorities, industry and start-ups, research organisations and civil society – are recognised for demonstrating excellence in the implementation and scaling up of the most innovative products and services designed to meet the needs of their ageing populations.

In December, Gunther H. Oettinger, European Commissioner for the Digital Economy and Society, will host a special ceremony in Brussels, at the second European Summit on Active and Healthy Ageing, to hand the Reference Site award to these standout regions excelling in innovation for active and healthy ageing.

**Read more**

## Strengthened collaboration on eHealth IT between EU and US

The European Commission's Directorate General for Communications Networks, Content and Technology (DG CONNECT) and the United States Department of Health and Human Services (DHHS), after consulting with stakeholders, have updated the roadmap for their Memorandum of Understanding on eHealth/Health information technologies.

The Memorandum of Understanding for transatlantic Cooperation on eHealth/Health IT was first signed in December 2010 between the US Department of Health and Human Services (HHS) and the European Commission's DG CONNECT.

At the end of 2015, DG CONNECT and the US HHS agreed to revise the roadmap involving stakeholders in the process.

The draft revised roadmap was the subject of a consultation carried out from 22 December 2015 to 15 March 2016. The results from that consultation and the final version of the revised roadmap, as well as its annex indicating specific deliverables and milestones, is now available online.

### Revised roadmap

### Results of the consultation

## Publication of the consolidated texts and translations of the MD and IVD Regulations

The Council recently published the new consolidated versions of the draft texts of the Medical Devices (MD) and In vitro Diagnostic (IVD) medical devices Regulations. Additionally, translations of the consolidated texts published on 27 June 2016 are also available.

The draft texts published and their translations are not final versions published on the Official Journal of the European Union, thus legally binding, but are the texts produced as a result of the agreement between the Council and the European Parliament on the new Regulations. However, only minor changes associated to typos or inconsistencies in the texts are expected to be implemented in the coming months before their adoption and publication of the final texts presumably in late 2016 or early 2017.

Different versions of the texts and their translations are available **here**.

## A New Start for Social Dialogue – EU-Vice-President Dombrovskis and Commissioner Thyssen's joint statement

On 27 June 2016, the Vice-President for the Euro and Social Dialogue Valdis Dombrovskis together with Commissioner for Employment, Social Affairs, Skills and Labour Mobility, Marianne Thyssen, signed on behalf of the Commission a statement on a 'new start for social dialogue'.

The statement was co-signed by the European cross-industry social partners (ETUC, BUSINESSEUROPE, UEPME, CEEP) and by the Netherlands Presidency of the Council of the European Union.

**Learn more**

## Consultation on European Pillar of Social Rights – EU Survey

The European Commission has launched in March a public consultation to increase stakeholders' involvement in the process of shaping the European Pillar of Social Rights.

The Pillar will identify a number of essential principles to address the challenges in the field of employment and social policies. The project aims to contribute to the development of Europe's "social *acquis*" which guides Member States in developing their national social and employment policy.

Contributions from citizens, social partners, organisations and public authorities will be welcome until the end of 2016.

**The survey**

## EU's options for improving access to medicines – Opinion of the EP Committee on Employment and Social affairs

On 8 July 2016, the Committee on Employment and Social Affairs in the European Parliament published a draft opinion for the Committee Environment, Public Health and Food Safety to incorporate the suggestions included therein into a motion for a resolution on improving access to medicines.

**Read the opinion**

## Healthy Workplaces – OSHA tailored campaign

The European Agency for Occupational Safety at work launched in August 2016 the Healthy Workplaces Campaign.

Different professional figures can be involved, whether they are workers, employers, occupational safety and health professionals, HR managers, researchers or policy-makers.

Tailored resources are made available to each of these groups, such as campaign materials, case studies, publications, and practical tools and guidance, including an e-guide on managing safety and health at work for an ageing workforce.

**Learn more**

## RegioStars Awards 2016 – Jury selects finalists as Europe most outstanding regional projects

On 8 July 2016 the European Commission, DG REGIO, announced the finalists for the 2016 edition of the RegioStars Awards, the yearly competition honouring Europe most inspiring and innovating regional projects supported by EU Cohesion Policy Funds.

An independent RegioStars Awards Jury, led by MEP Lambert Van Nistelrooij as Jury President, selected 23 finalists from 104 entries on the basis of four key criteria: innovation, impact, sustainability and partnership.

The 23 selected finalists come from regions and cities in 14 Member States: Austria, Belgium, Croatia, Denmark, Germany, Ireland, Italy, Lithuania, The Netherlands, Poland, Portugal, Spain, Sweden and the United Kingdom.

Five categories were selected, namely:

1. **Smart Growth** - Emerging opportunities in the global economy;
2. **Sustainable Growth** - Circular Economy;
3. **Inclusive Growth** - Integrated living, building inclusive communities;
4. **CityStar** - Innovative solutions for sustainable urban development;
5. **Effective management -** Making a difference by managing differently.

Winners will be announced on Tuesday 11 October in Brussels, during the RegioStars Award Ceremony.

**Read more**

## High Level Group on maximizing the impact of EU Research and Innovation programmes - Call for expression of Interest

In accordance with the Regulation establishing Horizon 2020, the Commission, assisted by independent experts selected on the basis of a transparent process, shall carry out by the end of 2017 an interim evaluation of Horizon 2020. This interim evaluation will address questions of efficiency, effectiveness, EU added value, relevance and coherence.

The Commission will invite a High Level Group of personalities and authoritative experts to draw strategic conclusions on maximising the impact of EU Research

and Innovation programmes in the future and formulate a vision for future EU Research and Innovation.

The High Level Group is expected to start its work in January 2017 for a period of 6 months. Its final report should be transmitted to the Commission by the end of June 2017. The High Level Group will consist of up to 12 personalities, including a chair and a rapporteur.

The Commission has now published an announcement inviting interested personalities and authoritative experts to express their interest in becoming a member of this High Level Group (HLG).

**More information**




# Reports

## Better Ways to Pay for Health Care – OECD publication

In nearly all industries, payments for services or products reflect short-term performance or long-term value. Yet in healthcare, most payments to health providers have done neither. Instead, they have often simply rewarded greater volume of services whether needed or not. Recently attention has moved from rewarding volume of healthcare to quality and efficiency. Changing epidemiology and care models for an ageing population, managing of patients with complex health needs and scarce resources, all make it imperative to change how we pay for health services.

This publication considers payment innovation in OECD Countries. These include different new models: "add-on payments", including pay-for-performance, whereby healthcare providers are rewarded for delivering more co-ordinated, safer and effective care; "bundled payments", whereby payments for all services provided to a patient with a medical problem are pooled together, and "population-based payments", whereby the payment covers most care needs of patients. The analysis shows that all three payment innovations show promise. Many patients are starting to experience improved quality care and improved health outcomes as a result.

**Full report**

## Targeting innovation in antibiotic drug discovery and development: the need for a One Health-One Europe-One World Framework – European Observatory on Health Systems and Policies

Antimicrobial resistance (AMR) is a global crisis with a death toll set to rise exponentially by 2050. Spurring global innovation of new antibiotics, alternative therapies and diagnostics tools is integral to effectively combating this challenge. But, as this study shows, the response to date has been belated, poorly coordinated and lacking in focus.

The authors make 16 key policy recommendations to reinvigorate the response to the global AMR threat.

**Full study**

## Transparency in drug regulation: public assessment reports in Europe and Australia – EMA and TGA

Openness and transparency are important considerations for medicines regulators, where public health is of paramount concern. As part of their commitment to transparency, the European Medicines Agency (EMA) and Therapeutic Goods Administration (TGA) in Australia publish information relating to their evaluation of medicines via public assessment reports. European Public Assessment Reports (EPARs) and Australian Public Assessment Reports (AusPARs) provide information about the considerations that led the regulator to approve or refuse the application. The reports summarise assessments by each regulator of the information provided on the quality, safety, and efficacy of the medicine under evaluation. The reports also describe the experiences of two established medicines regulators in publishing public assessment reports, and reflect on their future role in communicating medicines information.

**Full reports**

## Pharma pollution: Shut the back door on superbugs – EPHA and Changing Markets briefing

This EPHA and Changing Markets briefing unveils the pharmaceutical industry's role in contributing to the spread of antimicrobial resistance (AMR) via pollution of the environment.

The failure to produce drugs responsibly and ensure transparency and respect for environmental standards in global supply chains is contributing to the proliferation of drug-resistant infections.

The briefing summarises key information about pollution in global pharmaceutical supply chains for health professionals and purchasers of medicines. The briefing reiterates the findings previously been released in the 'Bad Medicine' report by SumOfUs in 2015 that investigated polluting antibiotics factories in China. This has been complemented by a focused on-the-ground investigation of polluting factories in India commissioned by the investment bank Nordea in early 2016.

The briefing targets healthcare professionals and policy makers across Europe to alert them to the role of outsourced drug manufacturing in fuelling the rise of AMR around the world. It also calls major purchasers of medicines in EU countries, including the UK NHS, to blacklist pharmaceutical companies with manufacturing practices that contribute to the spread of AMR, and to implement procurement policies that include environmental criteria.

**Full Briefing**

## Ethical priority setting for universal health coverage: challenges in deciding upon fair distribution of health services – BMC article

Priority setting is inevitable on the path towards universal health coverage. All countries experience a gap between their population health needs and what is economically feasible for governments to provide. Can priority setting ever be fair and ethically acceptable? Fairness requires that unmet health needs be addressed, but in a fair order. Three criteria for priority setting are widely accepted among ethicists: cost-effectiveness, priority to the worse-off, and financial risk protection.

Thus, a fair health system will expand coverage for cost-effective services and give extra priority to those benefiting the worse-off, whilst at the same time providing high financial risk protection. It is considered unacceptable to treat people differently according to their gender, race, ethnicity, religion, sexual orientation, social status, or place of residence. Inequalities in health outcomes associated with such personal characteristics are therefore unfair and should be minimized. This commentary also discusses a third group of contested criteria, including rare diseases, small health benefits, age, and personal responsibility for health, subsequently rejecting them. In conclusion, countries need to agree on criteria and establish transparent and fair priority setting processes.

**Full article**

## Lessons for major system change: centralization of stroke services in two metropolitan areas of England - Journal of Health Services Research & Policy

The aim of this work was to identify the factors influencing the selection of a model of acute stroke service centralization to create fewer high-volume specialist units in two metropolitan areas of England (London and Greater Manchester). It considers the reasons why services were more fully centralized in London than in Greater Manchester.

In both areas, authors analysed 316 documents and conducted 45 interviews with people leading transformation, service user organizations, providers and commissioners. Inductive and deductive analyses were used to compare the processes underpinning change in each area, with reference to propositions for achieving major system change taken from a realist review of the existing literature (the Best framework), which we critique and develop further. In

London, system leadership was used to overcome resistance to centralization and align stakeholders to implement a centralized service model. In Greater Manchester, programme leaders relied on achieving change by consensus and, lacking decision-making authority over providers, accommodated rather than challenged resistance by implementing a less radical transformation of services. A combination of system (top-down) and distributed (bottom-up) leadership is important in enabling change. System leadership provides the political authority required to coordinate stakeholders and to capitalize on clinical leadership by aligning it with transformation goals. Policy makers should examine how the structures of system authority, with performance management and financial levers, can be employed to coordinate transformation by aligning the disparate interests of providers and commissioners.

**Full article**

## Evaluation of public involvement in research: time for a major re-think? - Journal of Health Services Research & Policy

The way public involvement in research has been evaluated as a complex intervention has derailed the development of an evidence base. Two alternative approaches are available for constructing and evaluating patient involvement, each of which requires us to revisit the purposes and values that underpin it in each stage of the research process.

**Full article**

## Peer counselling for doctors in Norway: A qualitative study of the relationship between support and surveillance – Social science and medicine article

This article focuses on how the peer support programme in Norway addresses these considerations. Based on organisational theory, two "ideal types" of counsellors were identified from the data, and these were then used to reanalyse the text. Authors found that the organisational framework is associated with the peer counsellors' role conception and thereby the relationship between the counsellor and the help-seeking doctor. The relationship between informal frameworks like collegiality, confidence and discretion, and more formalized incentive-driven frameworks, appear to influence the accessibility to peer support, the mandate to provide relevant help and the understanding of what peer support represents.

The study showed the need for a continuous awareness of a balance between the informal and the more formalized elements in the framework for peer support. This is of importance for how the service can contribute to better health among doctors and to secure quality and safety in the treatment of patients. The analysis can also be used to demonstrate the consequences of how the peer support program is designed – such as the degree of formalisation and the balance between "hard" and "soft" ways to regulate the interaction between peer counsellors and doctors – for the ability to achieve the stated objectives of the service.

**Full article**

## Does migration 'pay off' for foreign-born migrant health workers? An exploratory analysis using the global Wage Indicator dataset – BMC article

This study used the global WageIndicator web survey to answer the following research questions: What are the migration patterns of health workers? What are the personal and occupational drivers of migration? Are foreign-born migrant health workers discriminated against in their destination countries? Migration generally seems to 'pay off' in terms of work and labour conditions, although accrued benefits are not equal for all cadres, regions and routes. Because the WageIndicator survey is a voluntary survey, these findings are exploratory rather than representative.

**Full article**

## European Conference on rare diseases

The European Conference on Rare Diseases & Orphan Products 2016 took place on 27 and 28 May in Edinburgh, Scotland, UK. It was organised for the first time in partnership with the European Hospital and Healthcare Federation (HOPE).

The programme was structured around six game changers: research, diagnosis, drugs, care provision, social policy, global society.

Developments in technologies for sequencing and bioinformatics continue to be the major game changer in research. The idea of moving from gene identification and diagnostics to therapy development is currently playing out in many rare diseases. Within the sessions of the theme, participants addressed the move from research to diagnosis of these new technologies and considered the patient at the centre of new developments. There was also discussion around funding streams for rare diseases research. Participants also considered how the delivery of new therapies to patients can be enabled in a sustainable manner.

Without a diagnosis families and the clinicians who support them are in the dark and possibly missing out on interventions that might improve their situation; the possibilities for research and development are limited; the development of therapies rarely gets off the ground; and the provision of truly integrated, multi-disciplinary and inter-institutional care seems virtually impossible to achieve. A diagnosis allows a family to understand their situation, opens up access to interventions that may improve the prognosis for their child or affected family member, and allows them to build peer-to-peer support networks, rather than being pushed by external events over which they have no control. This situation is changing rapidly thanks to progress in research. But much remains to be done before we can confidently expect every person living with a rare disease to speedily get a diagnosis.

Drug development, authorisation and access is no longer a linear path, but more of a cycle of evidence generation and review. Over the course of the past 15 years, since the adoption of the EU Regulation on Orphan Medicinal Products, opportunities for collaboration have been established at various different points on this cycle. Some of these are already working well, with a solid body of experience behind them. Others are in earlier phases of development. Building on collaborative approaches that have delivered progress to date in the field of rare diseases, theme 3 participants considered which stages in the process need the most attention to ensure patients' access to the medicines they need.

Participants in theme 4 considered whether European Reference Networks (ERN), with the objective to connect the pockets of experts and highly specialised services across Europe so that the whole rare disease community can benefit, are the next big game changer in healthcare in Europe. The rare disease community has been waiting ten years for the concept of an ERN (born in the 2011 directive on patients' rights in cross-border healthcare) to now be 'germinated' with the submission deadline for ERN applications in June 2016.

People living with a rare disease and their families face significant social and daily life challenges, which affect their autonomy, their dignity and their fundamental human rights. Integrated care provision in coordination between health, social and local support services, via multidisciplinary care pathways and innovative care solutions, is a crucial game changer to tackle the unmet social needs of people living with rare diseases. Taking the new recommendations of the European Commission Expert Group on Rare Diseases to support the Integration of are diseases into social services and social policy, this theme looked both at the current policy scenario as well as at innovative care solutions from across Europe.

Theme 6 drives home the message that rare diseases are truly global. This is the first time the ECRD devotes an entire theme to the global dimension of rare diseases. By connecting globally, we can accelerate advances in knowledge, public awareness and drug discovery and development, but most importantly we can connect patients to professionals, the public, and each other on an international level.

**Know more about the conference**

## European Health Parliament – Closing plenary session

On 29 June 2016, HOPE attended the closing session of the European Health Parliament (EHP) held at the European Parliament in Brussels.

The EHP is a platform of 55 young professionals from across Europe, who worked together during a six-month period to deliver recommendations on how to improve Europe's healthcare systems. Partners of the initiative include industry, mass media, the College of Europe and EU40, the network of young members of the European Parliament.

The EHP work was organised around five committees addressing the following topical issues in current health policy:

- Digital skills for the medical profession;
- Antimicrobial resistance;
- Climate change and healthcare;

- Prevention and self-care;
- Migration and health challenges.

The different panels of the plenary addressed the topics above and were aimed at presenting the policy recommendations produced in this regards by the EHP.

The tight agenda of the meeting saw the intense, although very brief interventions of the EU Commissioner for Health Andriukaitis, as well as Maggie De Block, Belgian Minister of Social Affairs and Health, ENVI Committee Chairman Giovanni la Via and the EU Parliament vice-President Mairead McGuinness. Also, several MEPs attended the five sessions and endorsed the policy driven recommendations produced by the EHP.

During his **opening speech**, Commissioner Andriukaitis addressed three of the Commission political priorities in the healthcare sector, namely antimicrobial resistance, eHealth and Migration. He also endorsed the EHP-created concept "imageneering" and defined it as refreshing and inspiring.

The European Health Parliament policy recommendations 2016 are available **here**.

## Integrated care – SmartCare Project

On 6 July 2016, the final conference of the SmartCare project took place in Trieste (IT).

The SmartCare project aims at formalizing two care pathways and support their implementation and piloting in ten European regions. The individual pathway steps are described in local care plans, which make use of modern ICT tools to allow health and social care professionals to deliver the best possible care to citizens and patients.

During the conference, the SmartCare partners presented the project outcomes: the results of the evaluation of the SmartCare services, piloted in nine European regions; the lessons learned by the people developing, implementing and operating the frontline; the socio-economic and business aspects of up-scaling integrated care; and the project guidelines for the implementation of integrated e-care services.

**Know more about the project**

## Mental health and brain disorders – Meeting at European Parliament

On 13 July 2016, the co-chairs of the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders, the Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe) and the European Brain Council (EBC) co-organised a meeting on "Mental health and brain disorders: Ensuring joint EU and national level action".

The meeting had been organised following the end, earlier this year, of the European Joint Action on Mental Health and Well-being, resulting then in a Framework for Action on mental health across the EU. In order to provide a follow-up to the Joint Action, the Commission has announced the "stronger involvement" of the EU-Compass for Action on Mental Health and Well-being, which identifies and disseminates European good practices in mental health and organise reports and events.

While GAMIAN-Europe and the EBC warmly welcomed this planned follow up, some critical questions remain as to how the Compass will implement practical change, good policy and practice development. Concrete policies and strategies now need to be put in place at national level for this purpose.

GAMIAN-Europe and the EBC believe that, through the various actions already that have already taken place – not only in the Joint Action but also in the area of EU-funded research – the foundations have been laid for more ambitious and structured actions, which will actually engage the relevant policy makers as well as other stakeholders (e.g. patients). Both organisations are advocating specific national activities in their (complementary) fields of interest It is therefore essential to work together to this end, in order to find the synergies and amplify each other's voice.

The objectives of the meeting were threefold:

- To raise awareness of the need for specific national action on mental health and brain disorders;
- To be informed of the activities of the EBC with respect to National Brain Plans and GAMIAN-Europe's outline for a EU Action Plan on Mental health;
- To have an exchange of views between stakeholders on how to ensure that mental health and brain Disorders can be further advanced at EU and national levels.

**Read More**

## Tackling Antimicrobial Resistance (AMR) – Event at Bruegel

On 14 July 2016, HOPE attended the event "Tackling Antimicrobial Resistance (AMR)" organised by the Brussels-based think-tank Bruegel.

The event brought together policymakers and representatives of industry and international organisations to focus on the issue of antimicrobial resistance and explore effective ways to tackle it. During the debate the Chairman of the Review on Antimicrobial Resistance, Mr. Jim O'Neill, presented the results of the study "Tackling Drug resistant infections globally: final report and recommendations" commissioned by the UK Government in 2014. The review has the particular added value of having extensively contributed to the definition of AMR not only as a health issue, but also as an economic problem as it affects global development trends and prosperity. The estimated total GDP loss from 2014 to 2050 as a consequence of AMR would be indeed of $ 100.2 trillion.

The Review has developed a ten-point plan for tackling AMR, putting special emphasis to the importance of raising public awareness on the issue. The other points of the plan focus on the necessity to reduce the demand of antimicrobials, also by stopping using antibiotics in agriculture, environment and food processing. However, they also underline the importance of re-invigorate the supply of new antimicrobials through delivery of incentives for developing new antibiotics. For the purpose, the international community should act in a coordinated and strategic way.

Also the European Commission's Director General for Health and Food Safety Xavier Prats-Monné agreed on the necessity of acting at European level and clarify which roles the EU could play in order to influence global action and become a best-practice region in the fight against AMR. The DG Prats-Monné was also particularly critical about the importance of finding an answer on how important AMR should be in the EU policy agenda and the need to overcome national agendas on an issue of cross-border global scale.

As for EU action in the field of AMR, Jim O'Neill recommended that the EU should set target reductions for all EU Member States, set a mandatory policy for prescribing antimicrobials, and take advantage of the existence of huge European events such as the Eurovision Song Contest for campaigning and raising awareness among the public on the issue.

**Full report**

**Prezi presentation**

## WHO Conference on Health and Climate 2016

HOPE was invited by the World Health Organization and the Government of France to attend the Second Global Conference on Health and Climate - Building Healthier Societies through implementation of the Paris Agreement.

The Paris Agreement, adopted on 12 December 2015, marks the beginning of a new era in the global response to climate change. The world now has a global climate agreement - that will have a major public health policy impact as countries take action. As stated in the agreement, "the right to health", will be central to the actions taken.

The Agreement not only sets ambitious aims to curb greenhouse gas emissions to keep global warming well below 2°C, it also commits countries to strengthen adaptation. This includes implementing plans that should protect human health from the worst impacts of climate change, such as air pollution, heat waves, floods and droughts, and the ongoing degradation of water resources and food security. It commits countries to finance clean and resilient futures in the most vulnerable countries.

Through monitoring and revision of national contributions every five years, the world will begin to see improvements not only in the environment, but also in health, including reductions in the more than 7 million deaths worldwide that are attributed to air pollution every year.

To build on this historic opportunity, WHO, and the Government of France, holding the Presidency of the Conference of Parties to the UN Framework Convention on Climate Change, jointly hosted the Second Global Conference on Health and Climate: "Building Healthier Societies through implementation of the Paris Agreement".

The Conference showcased how the public health community will support the implementation of the Paris agreement.

The conference took stock of and addressed three main topics: addressing health risks and opportunities, ensuring support for health and climate action, and measuring country progress.

Addressing health risks and opportunities is looking at increasing health resilience to climate risks, including ensuring access to sustainable, safe, clean energy for the health sector as well as Gaining the health "co-benefits" of climate mitigation measures, particularly through reducing the seven million annual deaths from air pollution.

Ensuring support for health and climate action aimed at presenting a new approach to link health economics and climate change, and facilitating access to climate finance to scale up health resilience to climate change. It was as well to

start engaging the health community and civil society in communicating and preventing climate risks, and in taking advantage of opportunities for health.

Finally, the third element was of measuring the progress that countries are making in protecting health from climate change, reporting through the WHO/UNFCCC climate and health country profiles and Sustainable Development Goal indicators, and Assessing the health gains that countries can expect through implementing their Nationally Determined Contributions to the UNFCCC, and the potential for greater health gains through more ambitious action.

**Read More**

## EAPM summer school for young healthcare professionals – report

The Brussels-based European Alliance for Personalised medicine (EAPM) held its first TEACH Summer School in Cascais, Portugal, from 3-7 July 2016, on "How to communicate to patients on personalised medicine".

TEACH stands for Training and Education for Advanced Clinicians and Healthcare professionals (HCPs), and was aimed at young professionals aged 25-40.

Based on information circulated through the Summer school report, attendees from more than 20 countries (including the UK, as well as Germany, Netherlands, Italy, France, Bulgaria, Spain and more) gathered at the Cultural Centre in Cascais, and the faculty put in place by EAPM and its stakeholders also had a similar EU-wide spread.

The summer school was centred around the concept of personalised medicine, which refers to innovative medical interventions tailored to the specific needs of individual patients, thus providing better treatment and preventing undesirable adverse reactions while fostering a more efficient and cost-effective healthcare system, and how to communicate with patients on the topic of personalised medicine.

Topics and specialised areas on personal medicine covered across the week included respiratory diseases, oncology, urology, hemathology, pathology, imaging, cardiology, use of monoclonal bodies for diseases and imaging and pathology, inhibitory drugs, pharmacogenomics and biobanking. These were chosen to cover the majority of specialties, both on a clinical and biological side that may at some time be required to explain to a patient.

According to EAPM, if personalised medicine is to be in line with the EU and Member State principle of universal and equal access to high quality healthcare, then clearly it must be made available to many more citizens than it is now. Part

of what is required is a long-term approach to education to ensure the translation of new therapies from laboratories to patients.

This means that all HCPs in close contact with patients or their patients' families need to be up-to-date with the current aspects of personalised medicine and its latest breakthroughs in order to better understand their patients' concerns.

This inaugural summer school recognised that the patient is at the centre of his or her own treatment and health-related decisions, and focused heavily on training in "how to communicate with patients" in several key areas.

**Learn more about the TEACH Summer school**

## Alliance to save our antibiotic – new members

The Alliance to Save Our Antibiotics enlarged its network. The campaign is made up of 54 supporting members which represent a further 500+ organisations. Members span a wide range of medical, health, agricultural, environmental, consumer and animal welfare sectors from across the EU.

The Alliance offers a multi-disciplinary platform from which to raise the profile of human and animal antibiotic resistance at policy, industry and public levels.

**More information**

## Healthy prices – EPHA campaign

Some medicines cost more than gold. The European Public Health Alliance campaign "healthy prices" aims at raising awareness about the problem and make the topic a trend to demand affordable medicines for all.

The campaign is particularly critical towards pharmaceutical companies, representing one of the most profitable businesses of the world, and attempt to shed light on the actual cost of developing new medicines and investment trends of the pharmaceutical industry.

**Learn more**

## 19th European Health Forum Gastein

**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.

**Learn more about the EHFG 2016**

## 10th European Health Award

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

The 10th European Health Award will be presented at the 19th European Health Forum Gastein (EHFG) in Bad Hofgastein, Austria.

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 closed on Friday 27 May 2016. 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.

**Read More**

## 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.

**Read More**


## Health Promoting Hospitals 2017

**Vienna, 12 - 24 April 2017**

The 25th anniversary of the International HPH Conferences with HOPE as part of the Scientific Committee will be held in Vienna at the University of Vienna, from 12 to 14 April 2017.

Details will be available soon at: **www.hphconferences.org/vienna2017**

## HOPE Agora 2017

**12 – 14 June 2017**

The HOPE Agora 2017, the Organisation annual congress, will take place in the week of 12 of June and its exact time and location will be notified soon.

The main topic for 2017 will be organisational innovation in hospitals and healthcare. Organisational innovation is a broad topic which shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

The HOPE Agora is also the closing event of the HOPE Exchange Programme for Healthcare Professionals. Since its creation in 1981, the programme aims to lead to better understanding of the functioning of healthcare and hospital systems within the EU and neighbour countries, by facilitating co-operation and exchange of best practices.

For more information on the HOPE Exchange programme, please contact the **National Co-ordinator** of your country.

More information on HOPE Agora:

**www.hope-agora.eu**