



NEWSLETTER

N° 130 – October 2015

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EUROPEAN HOSPITAL CONFERENCE

24-25 November 2015 – Brussels (Belgium)

COCIR eHEALTH SUMMIT

6-8 June 2016 – Rome (Italy)

HOPE AGORA₂₀₁₆

INNOVATION IN HOSPITALS AND HEALTHCARE: THE WAY FORWARD



CROSS-BORDER COOPERATION FOR HIGH-COST CAPITAL INVESTMENTS

On 13 October 2015, DG SANTE invited HOPE and a few other stakeholders to comment the results of the study on “better cross-border cooperation for high-cost capital investments in health”.

Gesundheit Österreich Forschungs- und Planungsgesellschaft mbH (GÖ FP, Austria), together with SOGETI (Luxembourg) have been commissioned to perform this study running from January 2015 until December 2015. The general objective was to contribute to effective cross-border cooperation between EU Member States to pool resources for high-cost medical equipment investments. This should have been done for cases where overall efficiency gains are expected from the public payer’s perspective, taking into account possible impacts on health service accessibility.

Six specific objectives were defined:

- a high-level assessment of efficiency gains at play from the perspective of public payers in a set of selected cases (medical equipment devices);
- a list of candidate devices (cost-intensive and highly specialised medical equipment) where cross-border investment resource pooling may be recommendable. Also upcoming technologies (horizon scanning) should be included;
- an overview of available evidence per candidate device as relevant to determining public budgets and indicated patient groups (patient numbers, ideally by clinical indication);
- a gap analysis summarising missing data, which should be completed ideally through EU-level HTA cooperation;
- a proposal for cross-border cooperation mechanisms to pool resources for high cost medical equipment investments with a roadmap with time-bound milestones.
- a consultation of key stakeholders on the proposed mechanism: patients, public payers, healthcare providers and the medical industry.

The aims of the stakeholder workshop was to disseminate the results of the study and to receive feedback on preliminary conclusions and getting further suggestions to overcome possible barriers in cross-border cooperation for high cost-medical devices and what can be done at European Level.

Apart from a presentation on a successful cooperation on radiotherapy in Germany/Denmark (Carmen Timke), the meeting was disappointing as the results shown were very limited.

The final results should be published next year.

INNOVATE HEALTH PROCUREMENT – 24 NOVEMBER 2015, MANCHESTER (UK)

The first European Assistance for Innovative Procurement (*eaqip*) workshop will be jointly organised on 24 November 2015 in Manchester by the European Commission with NHS England, focusing on innovation procurement of ICT-based solutions in the healthcare sector.

The European Commission is supporting public procurers to start and implement more and better innovation procurements of ICT-based solutions across the EU thanks to this three-year initiative.

Through this official European Commission initiative, *eaqip* will provide support to EU public procurers in the design and implementation of innovation procurement of ICT solutions in the healthcare sector.

The workshop will provide procurers with access to good practices and hands-on support:

- concrete cases of new procurement needs identified by the participating key procurers;
- the different steps of designing and undertaking a PCP or PPI procurement;
- networking and experience exchange.

More information:

<http://eaqip.eu/events/workshops/1st-eaqip-workshop-health-and-innovation-procurement/>

MEDICAL DEVICES – COUNCIL ENDORSES POSITION

On 5 October 2015, the Employment, Social Policy, Health and Consumer Safety Council adopted its negotiating position on the two draft Regulations on medical devices and in vitro diagnostic medical devices. With this adoption, the Council confirmed the agreement of the Council's Permanent Representatives Committee of 23 September 2015 (see HOPE newsletter, September issue).

The two Commission's proposals were published in September 2012. The aim of both proposals is to address inconsistencies in interpretation by the Member States of the current rules, increase patient safety, remove obstacles to the internal market, improve transparency with regards to information to patients, and strengthen the rules on traceability. The necessity of revision of the current EU rules particularly emerged following the scandal of defective breast implants produced by the French PIP company.

The adoption by the Council marks the start of trilogues between the Luxembourg Presidency of the Council, the European Parliament and the European Commission. The first of five pre-scheduled trilogues took place on 13 October.

STANDARDISATION IN HEALTHCARE – PARLIAMENTARY QUESTION

On 24 September 2015, a parliamentary question was tabled by German MEPs Andreas Schwab (PPE), Angelika Niebler (PPE) and Peter Liese (PPE). The question asked the Commission to confirm that health services and medical care cannot be subject to standardisation as they are part of Member States' competence regarding the organisation of health policy and services. The question

also asked which measures the Commission is envisaging in order to prevent standardisation in healthcare.

In reply to the question, Commissioner for Health and Food Safety Vytenis Andriukaitis reaffirmed that, in accordance with article 168 TFEU, each Member State is responsible for its healthcare policy and the implementation of healthcare services.

Commissioner Andriukaitis stated that the regulation (EU) No 1025/2012 on standardisation establishes the legal basis for the Commission to request the European Committee for Standardisation (CEN) to draft a standard or European standardisation deliverable in the area of health services, while fully respecting the distribution of competences between the EU and the Member States. However, the Commission does not plan to ask CEN to draft standards in this area in the near future.

Moreover, the Commission stated that the European Committee for Standardisation (CEN) and national standardisation bodies are independent from the Commission and establish their agenda on their own. It is therefore not the competence of the Commission to prevent any voluntary standardisation from taking place.

More information:

Parliamentary question:

<http://www.europarl.europa.eu/sides/getDoc.do?type=WQ&reference=E-2015-011516&language=EN>

Commissioner Andriukaitis' answer:

<http://www.europarl.europa.eu/sides/getAllAnswers.do?reference=E-2015-011516&language=EN>

2ND CONFERENCE ON EUROPEAN REFERENCE NETWORKS

On 8 and 9 October 2015, HOPE attended the 2nd Conference on European Reference Networks (ERNs), in Lisbon (Portugal). The conference was organised by the European Commission DG Health and Food Safety and hosted by the Ministry of Health of Portugal under the auspices of the Luxembourg EU Presidency.

This conference followed a first one, which took place in Brussels in June 2014. It aimed to discuss and raise awareness on the state of the art on the organisation of highly specialised networks and centers of expertise across the EU, helping healthcare providers to prepare for the call for proposals of ERNs that the Commission will launch in February 2016. Audience of the conference was composed of highly specialised healthcare providers, experts, national authorities, decision-makers, patient and professional organisations.

The conference started with an overview of the timelines and milestones in the implementation process of ERNs. Directive 2011/24/EU on the application of patient's rights in cross-border healthcare (Article 12) provides cooperation between highly specialised healthcare providers across the EU by establishing a system of ERNs. This cooperation is supported by the European Commission and is based on voluntary participation from Member States. To implement this provision of the Directive, in 2014 the Commission adopted Delegated and Implementing Decisions

listing the criteria and conditions to be fulfilled by healthcare provider applicants and the ERNs as well as criteria for their assessment.

An important element in the implementation process of ERNs is the development of an Assessment Manual and Toolbox, which will provide applicants with tips and tools for developing their application and Independent Assessment Bodies with methods and procedures for completing the independent assessment of networks and healthcare provider applicants. The draft content of such documents, which is currently developed by the PACE-ERN consortium of which HOPE is partner, was presented during the conference.

During the first day, a Ministerial high-level roundtable represented the opportunity to hear about the strategic value of ERNs from the Member States' perspective. Speaking first, the newly appointed General Director of Commission's DG SANTE mentioned the challenges ERNs will have to face such as sustainability, avoid duplication of efforts and enable the exploitation of the knowledge and expertise produced. Besides these challenges, ERNs also have an important strategic value for the EU as they can contribute to speed innovation in medical science, allow a real application of the multidisciplinary approach and foster improvement in health technology assessment.

Paulo Macedo, Minister of Health, of Portugal stated that ERNs represent a way to increase healthcare quality and safety as well as EU consolidation. ERNs are also seen by the Portuguese government as a way to allocate resources in the most efficient way. Lydia Mutsch, Minister of Health of Luxembourg affirmed that one of the main benefits of ERNs will be improvement in the diagnosis and treatment of patients affected by low prevalence complex diseases. ERNs can be an important solution for small countries where the critical mass of patients cannot be attained.

The afternoon session featured three roundtable discussions. The aim of the first roundtable was hearing from experiences from already functioning networks such as EUCERD Joint Action on rare diseases and Expo-R-Net addressing paediatric oncology.

Annex I, article 4 of the Commission delegated decision states that ERNs must develop and implement clinical guidelines and cross-border patient-pathways and design and implement outcomes and performance indicators.

The second afternoon roundtable provided insights on the contribution of guidelines in improving care and the added value of their implementation at ERNs level. A database (<http://www.rbpguidelines.eu/>) containing appraised guidelines on rare diseases was also presented.

The first day concluded with a discussion about ERNs challenges related to eHealth and IT solutions. It featured presentations of the SIOPEL Virtual Consultation (an IT system which supports the collaborative review of complicate rare cases) and EXPAND project (<http://www.expandproject.eu/>).

The second day started with an overview and presentation of the assessment process and tools. Such process is described in depth in the Assessment Manual and Toolbox, a draft version of which is currently available (http://ec.europa.eu/health/ern/assessment/index_en.htm#fragment6). The manual and toolbox will be finalised by the end of 2015.

The two-day event concluded with four parallel workshops where participants debated how to prepare a successful proposal; how to develop, use and appraise clinical decision making tools; the added value of ERNs for clinical research and lessons learned from rare diseases networks.

More information and presentation are available at:

http://ec.europa.eu/health/ern/events/ev_20151008_en.htm#d

Frequently asked questions on European Reference Networks:

http://ec.europa.eu/health/ern/docs/faq_establishing_ern_en.pdf

UPDATE OF EUROPEAN CORE HEALTH INDICATORS

In October 2015, the European Commission reported the update of the European Core Health Indicators (ECHI) on several indicators.

This includes the total fertility rate (updated with 2013 data, ECHI 4), hospitals day cases, limited diagnosis (ECHI 68), the average length of stay (ALOS) limited diagnosis (ECHI 70), hospitals in-patient discharges, limited diagnosis (ECHI 67) and physiological and sensory functional limitations (ECHI 36).

The establishment of the European Core Health Indicators has been an on-going process since 1998 and it received first funding by the EU Health Programme. The ECHI aimed at creating a comparable health information and knowledge system to monitor health at EU level.

This work was achieved in cooperation with Member States, the European Commission, Eurostat, WHO, OECD and other international organisations and gave light in 2012 to a list of 88 health indicators.

Definitions and data collection are now in place for over 50 of 88 ECHI indicators. They are grouped under 5 main chapters:

- demography and socio-economic situation;
- health status;
- determinants of health;
- health intervention: health services;
- health intervention: health promotion.

Indicators are at the crossroad of policy questions and data sets. That is why DG Health and Food Safety also presented other European health indicators that are not part of the ECHI but are considered useful to stakeholders.

More information (including the list of the ECHI):

http://ec.europa.eu/health/indicators/echi/list/index_en.htm#id4

SAVE THE DATE: EUROPEAN ANTIBIOTIC AWARENESS DAY 2015 – 18 NOVEMBER



The European Antibiotic Awareness Day takes place every year around 18 November to raise awareness about the threat of antibiotic resistance and the prudent antibiotic use and it is coordinated by the European Centre for Disease Prevention and Control (ECDC).

In 2015, the European Antibiotic Awareness Day will focus on the global health challenges of antibiotic resistance and on how different organisations and stakeholders are responding to the issue.

To achieve this objective, the ECDC will produce this year a short video message (following the format of a “pledge”, 30 seconds to 1 minute long), where the ECDC Director will state ECDC commitment to tackle antimicrobial resistance. Member States and other stakeholders are also encouraged to produce a similar video message. The videos will be shared on social media.

Furthermore, a EU-level stakeholder event will take place in Brussels on 16 November 2015. ECDC will launch on this occasion the latest EU-wide data on antibiotic resistance and consumption, as well as the results of the EuSCAPE project, which aims at improving the understanding of the spread of carbapenemase-producing Enterobacteriaceae (CPE) and carbapenem-resistant *Acinetobacter baumannii* (CRAB) in Europe, public health response and available national guidance for the detection, surveillance, prevention and control.

In addition, on 18 November 2015, ECDC will host a Twitter chat joining forces with partners such as WHO Regional Office for Europe, the European Commission and other EU Agencies. Experts on antimicrobial resistance and consumption will be available on Twitter to answer questions. The European Twitter chat will make part of a global conversation, with participants from the U.S., Canada, Australia and New Zealand, amongst others. To contribute to the Twitter chat, follow the EAAD Twitter account @EAAD_EU and include the hashtag #EAAD in all tweets related to the European Antibiotic Awareness Day.

ECDC also produced related materials, available for download at <http://antibiotic.ecdc.europa.eu>. Materials also include a Toolkit of briefing materials aimed at hospital prescribers: <http://bit.ly/1NavQUv>.

This initiative is becoming global as WHO announced the first World Antibiotic Awareness Week, which will take place from 16 to 22 November 2015. The week aims to increase awareness of global antibiotic resistance and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance.

More information on European Antibiotic Awareness Day:
<http://ecdc.europa.eu/en/eaad/Pages/Home.aspx>

More information on World Antibiotic Awareness Week:
<http://www.who.int/mediacentre/events/2015/world-antibiotic-awareness-week/en/>

CHAFEA WORKSHOP ON BRINGING EPIDEMIOLOGY TO PUBLIC HEALTH SECURITY POLICY – 10 NOVEMBER 2015, STOCKHOLM

Chafea, the Consumer, Health, Agriculture and Food Executive Agency will organise a workshop on *Bringing epidemiology to public health security policy* on 10 November 2015.

This workshop is a pre-event in view of the European Scientific Conference on Applied Infectious Diseases Epidemiology (ESCAIDE Conference) organised by the European Centre for Disease Prevention and Control (ECDC) from 11 to 13 November 2015 in Stockholm.

The aim of this pre-event is to offer experts, project partners and other conference participants the opportunity to exchange information on their work in the field of preparedness and response and demonstrate how the outputs of the Health programme have been adopted at national/regional level.

More information, agenda and registration to the Chafea pre-event:
<http://ecdc.europa.eu/en/ESCAIDE/programme/Pages/side-events.aspx>

ESCAIDE conference website:
<http://ecdc.europa.eu/en/ESCAIDE/programme/Pages/overview.aspx>



27 PROFILES AND STANDARDS RECOGNISED WITHIN THE FRAMEWORK OF EUROPEAN eHEALTH INTEROPERABILITY

The European population is ageing and Member States are trying to find solutions to adapt their health systems to new needs. eHealth is seen as a useful tool to adapt the system while keeping it financially sustainable.

In 2012, the European Commission launched a common European Interoperability Framework. After evaluation and consultation, the Commission has approved 27 IHE ('integrating the Healthcare Enterprise') profiles for procurement. These profiles allow the exchange of data between Member States, in order to achieve the Digital Single Market. They were also used in the framework of the epSOS project (<http://www.epsos.eu/>), which allows the exchange of patients' summaries and ePrescriptions for patients travelling across Europe. This recognition will accelerate the development of eHealth for Member State that have already started to use those mechanisms.

Experts working on eHealth projects should build or extend their interoperability specifications by referencing and building upon these approved profiles, and select those that meet their interoperability use cases. Such shared specifications will not only reduce the project specification efforts, but also facilitate implementation by vendors through software and significantly reduce the testing efforts both for the software developers and the eHealth projects.

These test tools are available (http://wiki.ihe.net/index.php?title=IHE_Test_Tool_Information) and support developers for implementing the 27 IHE profiles in their products or projects.

Furthermore, the yearly IHE-Europe Connectathon event (<http://connectathon2014.ihe-europe.net/>) allows project makers to confront their results with international standards and exchange their experiences with others. This will increase the interoperability knowledge sharing and therefore ensure the development of eHealth in Europe. The next annual Connectathon will take place on the 11-15 April 2016 in Germany.



BIOSIMILAR MEDICINAL PRODUCTS – WORKSHOP

HOPE was invited to the workshop organised by the European Commission Directorate General for the Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) organised on 6 October 2015 in Brussels on the access to and uptake of biosimilar products.

The Commission was gathering stakeholders to present a yearly report on the market penetration and uptake of biosimilars in the EU prepared by IMS Health in close cooperation with the stakeholders.

The workshop will be replicated yearly to facilitate a multi-stakeholder exchange of information, experiences and reflection on the state of play, on this sensitive issue but with a big financial and healthcare outcomes impact.

The Commission published in 2014 a consensus document on the issue.

More information: <http://ec.europa.eu/DocsRoom/documents/8242>



HEALTH AND SAFETY AT WORK – COUNCIL CONCLUSIONS

On 5 October 2015, the Employment Social Policy, Health and Consumers Affairs Council adopted conclusions on a “New agenda for health and safety at work to foster better working conditions”.

The conclusions follow the adoption of the EU Strategic Framework on Health and Safety at Work 2014-2020 and the Council conclusions adopted in March 2015 on the “EU Strategic Framework on Health and Safety at Work 2014-2020: Adapting to new challenges”.

In its conclusions, the Council invites the European Commission to consider improvements in the legislation on carcinogens and mutagens by reviewing the existing binding occupational limit values and adding new ones. The adopted text also calls on the Commission to review and consider an update of the existing directives related to musculoskeletal disorders and to prepare an operational management plan of action in the context of its role of monitoring the implementation of the EU Strategic Framework on Health and Safety at Work 2014-2020.

Finally, the conclusions also invite Member States to provide adequate training for labour inspectors and develop a framework for intensified dialogue between labour inspectors or other competent authorities and enterprises with the aim of motivating them and helping them to prevent and tackle health and safety at work related incidents.

The Council conclusions are available at:

<http://data.consilium.europa.eu/doc/document/ST-12765-2015-INIT/en/pdf>



FREE TRADE AGREEMENTS AND HEALTHCARE SERVICES

The Belgian Intermutualist College invited Pascal Garel, HOPE Chief Executive, to contribute to the debate organised on 1st October 2015 in the European Parliament around « Free trade agreements: which challenges for mutualities and healthcare services? ».

The guest MEP Maria Arena warned about the risk of the negative approach followed for the TISA (Trade In Service Agreement), and envisaged for the TTIP (Transatlantic Trade and Investment Partnership), that includes in the agreement everything that is not explicitly excluded.

Mutualities complained about the lack of clarity concerning the exclusion of several services in the agreement, despite being services of general economic interest.

The European Commission reiterated its wish to exclude explicitly social protection.

HOPE reminded that the diversity of healthcare systems makes them difficult to be dealt with in an agreement such as the TTIP.

The initial opacity of negotiations did not facilitate a clear analysis of the risks of TTIP for healthcare services. However, the worries expressed in several countries, such as the imposition of privatisation or liberalisation of public health services and the risk of not being able to come back on decisions made on privatisations did not appear in already adopted agreements for Canada and Korea.

In any case the needed exclusion of healthcare services of the TTIP is not sufficient if the impact on health and on medicines and medical devices is not objectively analysed. HOPE has reminded the similar debate ten years ago during the services directive debate.

HOPE is questioning the balance to be found on several topics.

- Medical devices (more safety or quicker access)
- Clinical trials (maintain the transparency obtained with the new regulation or coming back)
- Pharmaceuticals (keep the control on evaluation, prices and reimbursement or liberalise it)
- Intellectual property rights (transfer of for the benefit of industry or cheaper prices)
- Professional qualifications (a perspective of recognition as in the agreement with Canada)
- Health of citizens

More information on TTIP: http://ec.europa.eu/trade/policy/in-focus/ttip/index_en.htm



DATA PROTECTION – JUDGEMENT

The Court of Justice of the European Union (ECJ) delivered on 6 October 2015 its judgement on the case C 362/14 Schrems vs. Facebook.

This ruling is of particular importance, especially in light of the current revision of the EU General Data Protection Regulation. Indeed, the Court declared the principle of Safe Harbour (i.e. arrangement used to facilitate data transfers to the US) invalid. The Court stated that there is no general privacy law or other measures enacted in the US that shows the US offers "an adequate level of protection" for personal data relating to European data subjects. There is therefore no sufficient guarantee that EU citizens' data transferred to the US are not used for disproportionate or incompatible purposes. Such ruling might also have an impact on transfers to the US of research data.

Replying to the ECJ ruling, the European Commission affirmed there is the need to ensure citizens' data enjoy sufficient safeguards when transferred to the US. The Commission also stressed the importance for the EU economy that these transatlantic data flows continue and the necessity to work with national data protection authorities and the US to find a solution allowing the transfers of data.

In the meantime, transfer of data can pursue as EU data protection rules provide for several other mechanisms that provide safeguards for international transfers of personal data, for instance through standard data protection clauses in contracts between companies exchanging data across the Atlantic or binding corporate rules for transfers within a corporate group.

The judgement is available at:

<http://curia.europa.eu/juris/document/document.jsf?text=&docid=169195&pageIndex=o&doclang=en&mode=req&dir=&occ=first&part=1&cid=81678>



HEALTH OF REFUGEES AND OTHER MIGRANTS – CALLS FOR PROPOSALS LAUNCHED

On 28 October 2015, the European Commission amended the 3rd Health Programme Annual Work Plan for 2015.

In view of an unprecedented influx of migrants, the amendment was needed in order to provide support to countries under particular migratory pressure and to non-governmental organisation working in those Member States to help address the health related issues of arriving migrants while preventing and addressing possible communicable diseases and cross-border health threats.

Following this amendment, new calls for proposals for projects on "Support Member States under particular migratory pressure in their response to health related challenges" have been launched by the Consumer, Health Agriculture and Food Executive Agency (Chafea).

The expected results of the projects financed under these calls are a re-enforced response capacity of the Member States under particular migratory pressure to provide the arriving refugees and migrants with initial health assessments and preventive measures, including for children and other vulnerable groups, and thus contributing to combating cross-border health threats.

The total budget available is EUR 4,000,000. Given the nature of the refugee crisis, the EU financial contribution may be up to 80% of eligible costs.

The deadline to submit applications is 12 November 2015, at 17.00 (Brussels time).

Furthermore, the Executive Agency is organising an info session on 30 October in Brussels with the objective to provide information about the content and the process for the calls for proposals to potential applicants and generally anyone interested in the calls for proposals. For those not able to attend, the info session will also be broadcasted live.

More information on the amended Work Plan 2015:

http://ec.europa.eu/health/programme/events/adoption_workplan_2015_en.htm

The calls for proposals are available at:

<http://ec.europa.eu/chafea/health/projects.html>

More information on the info session:

http://ec.europa.eu/health/programme/events/ev_20151030_en.htm

HORIZON 2020 – CALLS FOR PROPOSALS LAUNCHED

On 13 October 2015, the final version of the Horizon 2020 Work Programme 2016-2017 under the theme Health, Demographic Change and Wellbeing was published. A total budget of 935 million euro has been assigned under this period.

The challenges associated to health, demographic change and wellbeing derive from the ageing of European population and lifestyle patterns, which, if not actively managed through a life course approach, will increase the burden of chronic diseases on individuals, on existing health and care systems and on society. This will also result in increase of public expenditure coupled with labour force and productivity loss.

Under this theme, the main research priorities for 2016-2017 cover the following topics:

- personalised medicine;
- promoting healthy ageing;
- human biomonitoring;
- health ICT;
- infectious diseases;
- maternal and child health.

Some calls for proposals have also been launched. These cover the areas of personalised medicine, eHealth, vaccine development, new therapies for chronic diseases, international cooperation, just to mention a few ones.

The Work Programme 2016-2017 for the theme Health, Demographic Change and Wellbeing is available at:

http://ec.europa.eu/research/participants/data/ref/h2020/wp/2016_2017/main/h2020-wp1617-health_en.pdf

The calls for proposals are available at:

<http://bit.ly/1Lkl7SW>

ACCESS AND QUALITY OF HEALTH SERVICES FOR MIGRANTS

The EU co-funded project "Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma (MEM-TP)" was presenting on 2 October 2015 its results.

MEM-TP has received funding from the European Union, in the framework of the Health Programme (2008-2013) first to review migrant and « ethnic » minorities situation in the EU and an analysis of the existing training programmes and materials. The project has then developed a first training package on sensitivity and awareness of cultural and other forms of diversity; a second on knowledge about migrants and their health; a third on professionals' skills; and the fourth one on knowledge application. They have well developed specific modules on target groups and one on specific health issues.

The goal of the project is on how to make it mainstream, in the under graduate and in the post-graduate. Two related projects were presented as well C2ME targeting medical students and EQUI Health project working on a sensitive scale on responsiveness for cultural competence and diversity sensitivity.

More information:

<http://www.mem-tp.org/course/view.php?id=38>

<http://www.mem-tp.org/course/view.php?id=39>

EUROPEAN REFERENCE NETWORKS – EXTENDED DEADLINE OF CALL FOR TENDER FOR THE SELECTION OF INDEPENDENT ASSESSMENT BODIES

The European Commission has extended the deadline of a recently published call for tender concerning the selection of the independent assessment/evaluation bodies in charge of the assessment of the applications of European Reference Networks (ERNs) and membership proposals.

ERNs are meant to improve access to and provision of high-quality healthcare to all patients who have conditions requiring a concentration of specialised resources or expertise and could also act as focal points for medical training and research, information dissemination and evaluation, especially for rare diseases.

The technical assessment of ERN proposals will be performed by contracted institutions or entities with a solid background and experience in the field of accreditation/ certification. Thus, the purpose of this call for tender is to conclude Multiple Framework Contracts with reopening of competition with Independent Assessment Bodies capable of performing the technical assessment of European Reference Networks proposals and healthcare provider's applications under the framework of Article 12 of Directive 2011/24/EU on patients' rights in cross-border healthcare.

The deadline to submit proposals has been extended to 23 November 2015.

More information: http://ec.europa.eu/chafea/health/tender-09-2015_en.html

PASQ – EXCHANGE MECHANISM MEETING IN MADRID

The European Union Network for Patient Safety and Quality of Care, PaSQ Joint Action is co-funded and supported by the European Commission within the Public Health Programme.

Its focus is to improve patient safety and quality of care through sharing of information, experience, and the implementation of good practices. These platforms are organised around PaSQ National Contact Points (NCPs), who are also the contact persons for PaSQ matters in their respective countries.

On 21 October 2015, HOPE was invited to an exchange mechanism (i.e. a meeting to foster the exchange of good practices and experiences) organised in Madrid by the Spanish Ministry of Health, Social Services and Equality on the theme “Implementation of safe clinical practices”.

The main aim of this meeting was to share experiences and knowledge at EU level regarding the implementation of the safe clinical practices (SCPs) selected by PaSQ Work Package 5 and to hear from the 12 most relevant Spanish experiences when implementing these practices.

As co-leader of Work Package 5 dedicated to patient safety initiatives implementation, HOPE presented the work carried out for the implementation of the selected four safe clinical practices (WHO surgical safety checklist, Medication reconciliation, Multimodal intervention to increase hand hygiene compliance and Paediatric Early Warning Scores) as well as the results of this process.

A total of 220 healthcare organisations from 18 countries took part in the implementation, the majority of which were from Spain (81 organisations out of 220). Implementation support tools such as toolboxes and webinars were provided to the healthcare organisations for each of the selected practices to support them throughout the implementation process. These tools are still available free of charge on PaSQ website and can be used by all organisations willing to start or deepen the implementation of these practices in their institutions. The results of the one year implementation process monitored and assessed within Work Package 5 were overall positive, showing a progress in the implementation of all four SCPs.

The meeting was also dedicated to hear from the experiences of 12 Spanish healthcare organisations having implemented the SCPs. For the hand hygiene good practice, organisations presented some promotional materials used in Canary Island, an action plan implemented in the university hospital of Salamanca which also included a study on the acceptance of different hand hygiene products by healthcare professionals and the experience of the *Marqués de Valdecilla* University Hospital in Cantabria region.

For the practice Medication Reconciliation, organisations presented the implementation of this practice in different settings: secondary healthcare centres and nursing homes. A focus was also put on the importance to reconcile medication discrepancies especially for patients older than 75 years and patients presenting multimorbidity.

Participants agreed that a particularly interesting experience in the implementation of the Paediatric Warning Scores was offered by the *12 de Octubre* University Hospital of Madrid, as the chart for the monitoring of the sick patient was integrated in the electronic medical record. The

experience of the Fuenlabrada University Hospital in Madrid also illustrated the importance to adapt the chart to the local context and institution's needs.

Finally, regarding the implementation of the WHO surgical safety checklist, interesting experiences were illustrated showing how the checklist was adapted (e.g. through the introduction of additional items and colour codes indicating responsible person). It was also stressed how training of professionals and involvement of all staff members is fundamental for the correct implementation of this practice.

The meeting ended with the official award of the 12 Spanish organisations by José Javier Castrodeza, Ministry's General Director of Public Health, Quality and Innovation.

In the framework of PaSQ, the Spanish Ministry of Health, Social Services and Equality is organising another exchange mechanism meeting on 23 November in Madrid entitled "Second and Third victims of the adverse events in the European Union".

More information on PaSQ: <http://pasq.eu>



Spanish Ministry of Health, Social Services and Equality's representatives José Javier Castrodeza, (General Director of Public Health, Quality and Innovation) and Yolanda Agra, (Head of the Patient Safety Unit) award the 12 most relevant Spanish implementation experiences.

NEW ADVANCEMENTS IN PROJECT FOR NON-INVASIVE CANCER TREATMENT

The research on non-invasive cancer treatment has been successful with, among others, the development of high-intensity Focused Ultrasound (FUS) under guidance of magnetic resonance imaging (MRI) which has become a successful and widely used tumour therapy, especially for fibroids and bone metastases.

Recently, the research took a step further in those treatments by finding a way to treat tumours in moving organs in the abdomen. Indeed the FUSIMO project, and its successor, TRANS-FUSIMO developed and validated a computer support system allowing the FUS technique to be successful on tumours in moving organs in the abdomen. The software created a patient-specific model to simulate the outcome of the therapy. That allows for safe, effective and efficient FUS therapy of abdominal organs.

The TRANS-FUSIMO project was showcased at ICT2015, a conference organised by the European Commission in Lisbon from 20 to 22 October and focusing on new policies and initiatives with regard to R&I in ICT.

More information on TRANS-FUSIMO: <http://www.trans-fusimo.eu/index.php?id=10>

ERASMUS+ INFODAY ON KNOWLEDGE ALLIANCES AND SECTOR SKILLS ALLIANCES – 23 NOVEMBER 2015, BRUSSELS

The European Commission and the Education, Audiovisual and Culture Executive Agency are organising an Infoday in Brussels on 23 November to explain the funding opportunities available under "Knowledge Alliances" and "Sector Skills Alliances".

This initiative is very much of interest also for those involved in the setting up of European Reference Networks (ERNs) as some of the key goals and activities of ERNs (training, transfer of knowledge and exchange of expertise) are strongly in line with the approach taken by Knowledge Alliances and Sector Skills Alliances.

Knowledge Alliances are transnational, structured and result-driven projects, notably between higher education and business. Knowledge Alliances are open to any discipline, sector and to cross-sectoral cooperation. The partners share common goals and work together towards mutually beneficial results and outcomes.

Knowledge Alliances implement a coherent and comprehensive set of interconnected activities which are flexible and adaptable to different current and future contexts and developments across Europe. The following list provides examples of group of activities:

- boosting innovation in higher education, business and in the broader socio-economic environment;
- developing entrepreneurship mind-set and skills;
- stimulating the flow and exchange of knowledge between higher education and enterprises.

Knowledge Alliances may organise mobility activities of students, researchers and staff in so far as they support/complement the other activities of the Alliance and bring added value in the realisation of the project's objectives.

Sector Skills Alliances shall aim at tackling skills gaps, enhancing the responsiveness of initial and continuing Vocational Education and Training (VET) systems to sector-specific labour market needs and demand for new skills with regard to one or more occupational profiles. Sector Skills Alliances will work to design and deliver joint VET programmes and teaching and training methodologies. A particular focus is to be put on work-based learning, providing learners with the skills required by the labour market. Each Sector Skills Alliance shall implement a coherent, comprehensive and variable set of interconnected activities, such as:

- defining skills and training provision needs in a given specific economic sector;
- designing joint curricula;
- delivering joint curricula.

More information on the Infoday, agenda and registration are available at:
https://eacea.ec.europa.eu/erasmus-plus/events/erasmus-plus-infoday-2015-knowledge-alliances-and-sector-skills-alliances_en

EU HEALTH AWARD 2015 – PRIZES AWARDED TO NGOS FIGHTING AGAINST EBOLA

The winners of the EU Health Award 2015 were announced and awarded with prizes by Vytenis Andriukaitis, European Commissioner for Health and Food safety, Christos Stylianides, European Commissioner for Humanitarian Aid and Crisis Management and Lydia Mutsch, Health Minister for Luxembourg, in Luxembourg on 12 October. Three NGOs (Alliance for International Medical Action, Concern Worldwide, Spanish Red Cross) were recognised for their significant contribution in fighting against Ebola in West Africa and promoting higher levels of public health in Europe.

The first prize worth 20 000€ was awarded to *Alliance for International Medical Action (ALIMA)* for the 'Emergency medical response to the Ebola Virus Disease' initiative. The NGO's regional intervention led to the opening of a 40-bed Ebola Treatment Centre and outreach activities in Forested Guinea, infection and prevention control measures in Mali and Senegal, and conducting of a clinical trial on anti-Ebola treatment with the French public research institute INSERM.

The second prize of 15 000€ was awarded to *Concern Worldwide* for their initiative 'Safe and Dignified Burials Programme, Freetown, Sierra Leone'. Concern Worldwide, as part of a consortium took over the management of 10 burial teams from the government of Sierra Leone in October 2014. Concern worldwide transported over 5.500 deceased bodies from the community and the health facilities and managed to bury 97% of them within 24 hours of being reported.

The third prize of 10 000€ was awarded to the *Spanish Red Cross* for their initiative 'West Africa Ebola outbreak relief operation'. The Spanish Red Cross, among others, supported the creation and management of two Ebola treatment centres in Sierra Leone, provided psychosocial support to the population affected by the outbreak and helped monitor the health of irregular migrants travelling to the EU. Moreover, they developed several activities to inform the Spanish population about Ebola and reduce the stigma.

REPORTS AND PUBLICATIONS



A COST/BENEFITS ANALYSIS OF SELF-CARE SYSTEMS IN THE EUROPEAN UNION – EUROPEAN COMMISSION PUBLICATION

Most of the current healthcare systems in Europe are built to face acute care and not exactly to provide care to patients with chronic or self-limiting diseases for which other concepts of care might be more suitable as well as less costly. One of those alternatives is self-care. This concept on the one hand helps people with chronic conditions monitor their day-to-day health and, on the other hand, helps patients with self-limiting diseases handling their diseases without risks.

This study was being conducted in the framework of the objectives of the Commission's strategy to enhance self-care and its implementation across the EU. It explored the added value of self-care systems in Europe in order to provide a basis for assessing the economic and societal impact of self-care and to offer guidance on how to implement those systems elsewhere.

Self-care is defined as what individuals, families and communities do to promote, maintain and restore health with or without the support of health professionals. It includes but is not limited to self-prevention, self-diagnosis, self-medication and self-management of illness and disability.

The study shows that there is an added value to self-care in cases of athlete's foot, cold, cough and heartburn. However, no evidence was found of effectiveness in cases of urinary tract infection (UTI).

The authors of the study analysed 7 self-care initiatives in 4 EU Member States. Out of those initiatives, 4 UK-based initiatives were identified as best practices and cost/benefit analysis were therefore conducted for 3 of those: Minor ailment schemes (MAS), Non-medical prescribing (NMP) and NHS Choices.

The analyses were performed from the perspectives of the patient, of the provider, of the system and of society. The MAS initiative prove to have the biggest positive societal net benefit (27.5%) whereas the NHS Choices initiative has a positive net societal benefit of 4.4% and the NMP does not have any. The two former initiatives therefore appear to be favourable policy options.

The study then went on to assess the transferability of best-practices and assessed 3 aspects of the initiative:

- favourable conditions: factors supporting policy success in the exporting setting;
- relevance: assessment of the success factors' relevance in the exporting setting;
- feasibility: assessment of the situation in relation to the success factors in the importing setting.

Based on those assessments, policy-makers can decide if and how a best practice initiative should be implemented in their country.

Some prerequisites to self-care implementation are political will (like seen in the UK) and a change in culture. Indeed, the patients need to be empowered and take responsibility for their own health. Clear communication is therefore crucial to help them make the difference between serious cases requiring medical attention and minor ailments that could be treated with self-care.

Healthcare professionals' involvement should also be reassessed. For instance, there should be more cooperation between physicians and pharmacists.

More information:

http://ec.europa.eu/health/patient_safety/docs/2015_selfcaresystemsstudy_en.pdf

SCOPING STUDY ON COMMUNICATION TO ADDRESS AND PREVENT CHRONIC DISEASES: FINAL REPORT – EUROPEAN COMMISSION PUBLICATION

Considering that chronic diseases (such as heart diseases, diabetes and chronic obstructive pulmonary disease) are the leading cause of mortality and morbidity in Europe and that those diseases are the result of an interaction of generic, social and environmental factors, a healthy lifestyle is crucial in their prevention.

Communication plays, in this case, a key role in the multi-faceted response of the EU, adding value to Member States' policies. Communication campaigns' goal usually is to change behaviour, by preventing the adoption of a harmful behaviour or by modifying an existing one. Moreover, communication campaigns have evolved overtime with the evolution of technology.

This study was conducted by ICF International, in partnership with the European Centre for Social Welfare Policy and Research, LAMA Development and Cooperation Agency and independent experts in communications and was commissioned by the European Commission DG SANTE. The goal was to enlighten DG SANTE regarding its future cross-border campaigns.

In order to achieve this goal the study provided an overview of the key issues on communication to tackle chronic diseases; identified differences in communicating about major risk factors; identified the characteristics of existing good practices and developed a set of Key Design Principles (KDPs) to underpin future campaigns. The study focused on the 4 main risk factors of chronic disease: smoking, unhealthy eating, sedentary lifestyle and alcohol consumption and analysed behavioural changes. It included mental health as a chronic disease but also an outcome resulting from the risk factors. Furthermore, it covered EU and cross-border communication.

More information:

http://ec.europa.eu/health/major_chronic_diseases/docs/2015_chronic_scopingstudy_en.pdf

STUDY ON SOUND EVIDENCE FOR A BETTER UNDERSTANDING OF HEALTH LITERACY IN THE EUROPEAN UNION – EUROPEAN COMMISSION PUBLICATION



Health literacy is a multidimensional concept encompassing basic/fundamental literacy; communicative/interactive literacy and critical literacy. It allows people to make relevant and informed choices regarding their healthcare. Health literacy, before considered as an individual skill, is now perceived as a complex concept composed by, among others, the social support of an individual and the context in which those skills are used. Health literacy has been shown to have an impact on health inequalities as its lack is associated with worse health outcome and excessive use of healthcare service.

This study is one of the first to tackle health literacy in the European Union. It indeed produces insight regarding many fields such as intervention studies on health literacy within Member States, policies, programmes and actions started within the EU Member States and a model that predicts the health literacy of a country.

The study concluded that overall, health literacy has improved, especially in Germany, Ireland, Italy, Portugal, Spain, Austria and the UK. However, in Bulgaria, Cyprus, Estonia, Greece, France, Hungary, Lithuania, Poland, Romania and Slovakia, the concept is not as concrete and is less commonly discussed. Moreover, health literacy has just recently been on the mind of Member States. Indeed, the study found that ten Member States had no policy of health literacy and eight only had an early agenda on the topic. However, those actions are neither coordinated nor evaluated, thus not allowing the study to draw concrete conclusions about the effectiveness of those policies. However, action is being taken anyway as the study found that despite the absence of policy sixteen Member States had initiatives on health literacy.

The study highlighted two best practices: interventions should be tailored to the needs of the patient(s) with adequate health literacy and they should target critical and/or inactive skills.

More information:

http://ec.europa.eu/health/health_policies/docs/2015_health_literacy_en.pdf

EUROPEAN GUIDELINES FOR QUALITY ASSURANCE IN CERVICAL CANCER SCREENING – SUPPLEMENTS TO SECOND EDITION

The current supplements to the second edition of the European guidelines for quality assurance in cervical cancer screening have been developed in a time of transition when primary testing for oncogenic human papilloma virus (HPV) types and vaccination against infection with the HPV types that cause most cases of cervical cancer have become complementary approaches to cervical cancer prevention in Europe.

By focusing on the core topics of quality assurance in primary HPV testing, organisation of HPV-based and cytology-based screening programmes, and implementation of HPV vaccination programmes, the supplements lay the



foundation for further development of the comprehensive European Guidelines in the coming years.

The original volume of the second edition was published in 2008.

More information: <http://bookshop.europa.eu/en/european-guidelines-for-quality-assurance-in-cervical-cancer-screening-pbEWo115451/?CatalogCategoryID=OG4KABst1uEAAAEjnZAY4e5L>

MENTAL HEALTH AND WORK – AUSTRIA – OECD PUBLICATION



The OECD has been recognising the impact of mental health on social and labour market policies as mental illnesses affect employees and their well-being, companies, productivity and the economy.

A specific study has been recently published on mental health and work in Austria. Austria has seen an increase in sickness and disability benefit claims as well as unemployment benefit for mental health problems over the past 20 years. Despite the strong and developed Austrian labour market, the federal structure of the Austrian government, with 9 regions having a strong say in health and education policies, does not allow for a coherent occupational health policy. The authors argue that, in order to achieve this coherent policy, all the institutions involved in

the field should co-ordinate closely and the 2013 disability benefit reform is a good example of such co-ordination. Moreover, some improvements would be needed in the fields of employers' and employees' need for support.

More information:

http://www.keepeek.com/Digital-Asset-Management/oecd/employment/mental-health-and-work-austria_9789264228047-en#page1

HEALTH DATA GOVERNANCE, PRIVACY, MONITORING AND RESEARCH – OECD PUBLICATION

Data collection by governments is a valuable resource that can be used to improve health outcomes of patients and the healthcare system itself, especially with the ageing population problem OECD countries are facing. However, while some countries have advanced data management tools and innovative privacy policies, others have insufficient data or do not use it properly. However, the protection of patients' privacy is an issue. The authors of this report feel that international cooperation and an exchange of best practices in that field could help improve this issue of data management.

This study was conducted with the collaboration of Health Ministries and data privacy protection experts in OECD countries. Its aim was to understand the current situation and establish the different practices in the OECD countries and to identify the best practices to be shared. 22 states participated in the study and some had good

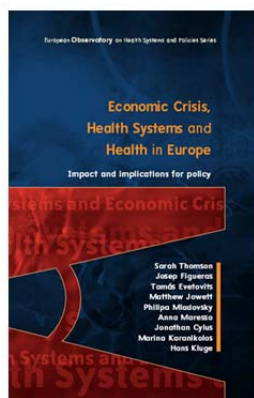


practices to share in terms of health data governance (Denmark, Finland and Iceland). The study examined all the health data governance of the OECD countries and pinpointed the fields where data could be used to maximise social benefits while minimising risks of using the data. The existence of mechanisms such as the OECD Privacy Framework and the European Data Protection Directive should allow governments to develop governance frameworks and reform their legislative landscape to include the treatment of health data. The authors of the study have identified 8 mechanisms that would help governments manage health data in a safe and efficient way. Moreover, international cooperation and exchange of best practices remain a very important part of the improvement of health data governance.

More information:

http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/health-data-governance_9789264244566-en#page1

ECONOMIC CRISIS, HEALTH SYSTEMS AND HEALTH IN EUROPE – IMPACT AND IMPLICATIONS FOR POLICY



Economic shocks threaten health and health systems' performance by increasing people's need for healthcare and hindering access to care: a situation compounded by cuts in public spending on health and other social services. Timely public policy action, however, can prevent these negative effects. While important public policy levers lie outside the health sector, in the hands of those responsible for fiscal policy and social protection, the health system's response is critical.

This book looks at how health systems in Europe reacted to pressure created by the financial and economic crisis that began in 2008. Drawing on the experience of over 45 countries, the authors: analyse health systems' responses to the crisis in three policy areas (public funding for the health system, health coverage and health-service planning, purchasing and delivery); assess the impact of these responses on health systems and population health; identify policies most likely to sustain the performance of health systems facing financial pressure and explore the political economy of implementing reforms in a crisis.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0008/289610/Economic-Crisis-Health-Systems-Health-Europe-Impact-implications-policy.pdf?ua=1

ECONOMIC CRISIS, HEALTH SYSTEMS AND HEALTH IN EUROPE: COUNTRY EXPERIENCE



The financial and economic crisis has had a visible but varied impact on many health systems in Europe, eliciting a wide range of responses from governments faced with increased financial and other pressures.

This book maps health system responses by country, providing a detailed analysis of policy changes in nine countries and shorter overviews of policy responses in 47 countries. It draws on a large study involving over one hundred health system experts and academic researchers across Europe. Focusing on policy responses in three areas – public funding of the health system, health coverage and health service planning, purchasing and delivery – this book gives policymakers, researchers and others valuable, systematic information about national contexts of particular interest to them, ranging from countries operating under the fiscal and structural conditions of international bailout agreements to those that, while less severely affected by the crisis, still have had to operate in a climate of diminished public sector spending since 2008.

Along with a companion volume that analyses the impact of the crisis across countries, this book is part of a wider initiative to monitor the effects of the crisis on health systems and health, to identify those policies most likely to sustain the performance of health systems facing fiscal pressure and to gain insight into the political economy of implementing reforms in a crisis.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0010/279820/Web-economic-crisis-health-systems-and-health-web.pdf?ua=1

EXPERT OPINION ON THE PUBLIC HEALTH NEEDS OF IRREGULAR MIGRANTS, REFUGEES OR ASYLUM SEEKERS ACROSS THE EU'S SOUTHERN-EASTERN BORDER – ECDC PUBLICATION

This study was ordered by the Directorate-General for Health and Food Safety of the European Commission to assess the health needs of incoming migrants (particularly irregular migrants and asylum seekers coming from Africa or the Middle East) and the way to address them while preventing and controlling communicable diseases. In order to complete this study, the European Centre for Disease Prevention and Control (ECDC) conducted interviews with experts from Member States as well as an assessment of ECDC's Risk Assessments and publications suggested by experts.

The ECDC came to the conclusions that there should be reception centres assuring health assessments upon arrival, shelters ensuring sanitation and hygienic condition and avoid crowding.

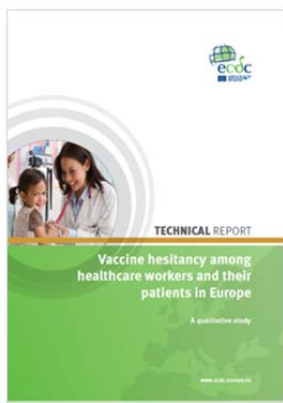


Moreover, several tools such as health education could prove useful in the prevention of disease spreading. Overall, several public health measures are to be taken by Member States. One of the most prominent mechanisms to use is the disease screening. Moreover, a syndromic surveillance should be established or widened by Member States. The ECDC has a project starting in autumn 2015 that will develop a protocol to assist with the implementation of such surveillance in migrants' reception centres.

In this logic, a follow-up system, tracking migrants for health purposes (including vaccinations for several diseases) should be established. Finally, the ECDC advises for an access to healthcare, free of charge, for the diagnosis and treatment of communicable diseases, including primary and emergency healthcare.

More information: <http://ecdc.europa.eu/en/publications/Publications/Expert-opinion-irregular-migrants-public-health-needs-Sept-2015.pdf>

VACCINE HESITANCY AMONG HEALTHCARE WORKERS AND THEIR PATIENTS IN EUROPE – ECDC PUBLICATION



Vaccination is considered as one of the greatest public health achievement of the 20th century. Indeed, since its first use in 1796 against smallpox, morbidity and mortality from vaccine-preventable diseases were considerably reduced. However, with the growing success of vaccines, the concern about public health also grew. This concern, called 'vaccine hesitancy', needs to be addressed in order to avoid an under-vaccinated population that would lead to an outbreak. Healthcare workers are the most trusted by patients when it comes to vaccines. However, some are also reluctant to consider vaccination, be it for themselves, their families or their patients and this number is growing. Those healthcare workers' concern can lead to them not recommending vaccines to their patients.

This study is part of the European Centre for Disease Prevention and Control (ECDC) project 'Comprehensive expert opinion on motivating hesitant population groups to vaccinate'. Its goal was to assess potential concerns among hesitant healthcare workers in Europe by trying to understand why healthcare workers and patients both have doubts regarding vaccines and the influence healthcare workers have on their patients. In order to achieve these objectives, the authors performed a qualitative study, mainly based on interviews, in collaboration with research teams from various EU Member States. The study confirmed the existence of vaccine hesitancy within healthcare workers in the EU. However, this hesitancy is not uniform and is country and context specific. Healthcare workers have expressed a lack of trust in health authorities and some expressed a mistrust of vaccines in general. The study therefore concluded that any strategy to improve confidence in vaccines should focus on these concerns and not be uniform.

More information:
<http://ecdc.europa.eu/en/publications/Publications/vaccine-hesitancy-among-healthcare-workers.pdf>

FROM MARKET ACCESS TO PATIENT ACCESS: OVERVIEW OF EVIDENCE-BASED APPROACHES FOR THE REIMBURSEMENT AND PRICING OF PHARMACEUTICALS IN 36 EUROPEAN COUNTRIES – HEALTH RESEARCH POLICY AND SYSTEMS PUBLICATION

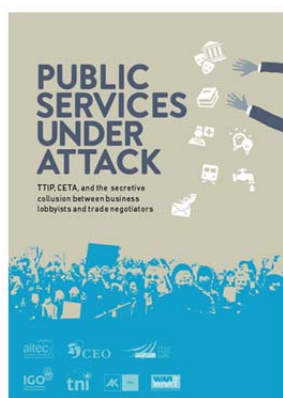
The study aimed first at identifying institutions in 36 European countries in charge of determining the value of pharmaceutical for pricing and reimbursement purposes and to map their decision-making process and second at examining the different approaches and establishing whether a supranational possibility would be best.

The authors established this list of institutions through their websites, Ministries and literature. They gathered the information on those institutions via their websites. Furthermore, they found out that there is a range of institutions responsible for the pharmaceutical coverage decisions. The scientific decisions are usually taken by another committee, independent from the first institution and the recommendations on value are normally issued by a specific committee commissioned by the decision-makers on reimbursement level and price.

In all countries, the manufacturer applications are used as the main source of information. The authors noticed that there should be more transparency in the coverage decisions. Finally, they concluded that international collaboration could facilitate the exchange of information, improve efficiency and strengthen new or developing systems.

More information: <http://www.health-policy-systems.com/content/pdf/s12961-015-0028-5.pdf>

PUBLIC SERVICES UNDER ATTACK – JOINT STUDY ON TRADE AGREEMENTS



On 12 October 2015, a group of NGOs and trade unions, under the direction of EPSU (European Federation of Public Services Unions) and the Corporate Europe Observatory published a report on the impact of CETA (Comprehensive Economic Trade Agreement) with Canada and TTIP (Transatlantic Trade and Investment Partnership) on public services in Europe, such as healthcare.

The report denounces several points of the CETA and TTIP agreements. Firstly, the commercialisation of public services that would happen without government's regulation. Secondly, the systemic collusion between big business and European negotiators shows the power of lobbyists in pushing for a corporatisation of public services.

Finally, the report denounces the 'submission' of European negotiators in front of the industry in both the CETA agreement (concluded at the end of 2014) and in the TTIP talks.

More information:

<http://corporateeurope.org/sites/default/files/attachments/public-services-under-attack.pdf>

THE IMPACT OF THE EU DIRECTIVE ON PATIENTS' RIGHTS AND CROSS-BORDER HEALTHCARE IN MALTA

A paper recently published in the Health Policy Journal seeks to analyse the underlying dynamics of the EU cross-border directive on the Maltese healthcare system through the lens of key health system stakeholders. Thirty-three interviews were conducted. Qualitative content analysis of the interviews reveals six key themes: fear from the potential impact of increased patient mobility, strategies employed for damage control, opportunities exploited for health system reform, moderate enhancement of patients' rights, negligible additional patient mobility and unforeseen health system reforms.

The findings indicate that local stakeholders expected the directive to have significant negative effects and adopted measures to minimise these effects. In practice the directive has not affected patient mobility in Malta in the first months following its implementation. Government appears to have instrumentalised the implementation of the directive to implement certain reforms including legislation on patients' rights, a health benefits package and compulsory indemnity insurance.

Whilst the Maltese geo-demographic situation precludes automatic generalisation of the conclusions from this case study to other Member States, the findings serve to advance authors' understanding of the mechanisms through which European legislation on health services is influencing health systems, particularly in small EU Member States.

More information:

http://ac.els-cdn.com/S0168851015002195/1-s2.0-S0168851015002195-main.pdf?_tid=48009236-65c5-11e5-b81d-00000aacb35f&acdnat=1443433549_e4116d7a8425e00dbb960e2413fbdd38

CROSS-CHECKING TO REDUCE ADVERSE EVENTS RESULTING FROM MEDICAL ERRORS IN THE EMERGENCY DEPARTMENT: STUDY PROTOCOL OF THE CHARMED CLUSTER RANDOMISED STUDY – BMC EMERGENCY MEDICINE PUBLICATION

The rate of medical errors and preventable adverse events occur in, reportedly, around 5 to 10% of visits, especially in emergency departments (ED). The shortness of visits is a factor to be taken into consideration. However, it appears that it is the handling of the case by a single physician that is one of the biggest risk factor. Indeed, in other departments where patients are dealt with several physicians, during staff meetings and ward rounds, the medical errors and preventable adverse events risk is lower.

The authors of the study decided then to establish a system of cross-checking between physicians in the ED and assess its impact on the medical errors and preventable adverse events rate. This system, called CHARMED (Cross-checking to reduce adverse events resulting from medical errors in the emergency department) will be randomised and assessed against a control group. Both medical

error rates will then be compared and analysed. The hypothesis is that the rate of medical errors will be reduced from 10 to 6%. The study will include 1,584 patients. This study will be the largest study that analyses ED charts for medical errors. The author's theory is that it will provide evidence that frequent systematic cross-checking will reduce the incidence of severe medical errors.

More information:

<http://www.biomedcentral.com/content/pdf/s12873-015-0046-1.pdf>

COSTS OF TREATING CARDIOVASCULAR EVENTS IN GERMANY: A SYSTEMATIC LITERATURE REVIEW – HEALTH ECONOMIC REVIEW PUBLICATION

This study evaluated the cost of treatment of cardiovascular events (namely myocardial infarction, unstable angina, heart failure, stroke and peripheral artery disease) in Germany after 2003. The authors assessed the cost of treatment of these events from the perspective of the payer. In order to achieve this result, the authors systematically analysed the literature of several databases from January 2003 to October 2013.

The authors discovered that, for newly occurred events, the average hospitalisation cost were between €6,790 and €8,918 per admission. In the first year after an event, the direct medical cost rose to €13,838 - € 14,792 per patient. The cost of chronic heart failure patients were found to be between €3,417 and €5,576 per patient per year. Moreover, they found that the costs overall decreased with the disease treatment. Indeed, the initial treatment cost for the hospitalisation of a peripheral artery disease patient in the acute phase was found to be around €4,963 per admission. This cost then decreased to €2,535 during the first 6 months after the initial hospitalisation and shrank again to €1,601 during the second part of the first year. The cost kept decreasing to reach €1,390 during months 13-18. For strokes, the authors found that the total treatment cost during the first year amounted to €13,273 per patient. For ischemic strokes, the cost even rose to € 17,399-21,954 per patient. This cost was split between the first year of treatment (which cost around €6,260) and the next 4 years (which cost €6,496 in total).

The researchers found that myocardial infarction, unstable angina, heart failure, stroke and peripheral artery disease have a considerable impact on the German healthcare system. Moreover, it turns out that the acute phases of the diseases are the most costly. The cost then decreased over time. Furthermore, hospitalisation and rehabilitation costs were found to be major cost drivers while medication represented only a small part of the overall cost.

More information:

<http://www.healtheconomicsreview.com/content/pdf/s13561-015-0063-5.pdf>

IMPLEMENTATION OF THE WHO "SAFE SURGERY SAVES LIVES" CHECKLIST IN A PODIATRIC SURGERY UNIT IN SPAIN: A SINGLE-CENTER RETROSPECTIVE OBSERVATIONAL STUDY – PATIENT SAFETY IN SURGERY PUBLICATION

The World Health Alliance for Patient Safety has developed a Surgical Safety Checklist in order to assist health professionals in their attempt to improve patient safety. This tool was implemented in the field of podiatric surgery and its impact was evaluated on safety standards and post-surgical complications. The implementation of the Surgical Safety Checklist was done over a period of 10-months. 134 patients operated in the University of Seville's podiatric clinic were used as a sample. The authors divided this sample into three groups: 65 subjects represented the process before the implementation of the Surgical Safety Checklist, 35 patients represented the post-implementation period but were not submitted to the Surgical Safety Checklist and finally the 34 last patients represented the post-implementation period and were submitted to the Surgical Safety Checklist.

The authors found out that the Surgical Safety Checklist improved compliance with the safety protocols recommended by the scientific community and reduced complications related to surgery while improving patient safety during elective podiatric procedures.

More information:

<http://www.pssjournal.com/content/pdf/s13037-015-0075-4.pdf>

WORKING TIME – THE LANCET STUDY AND TUC ANALYSIS

On 20 August 2015, the article "Long working hours and risk of coronary heart disease and stroke: a systematic review and meta-analysis of published and unpublished data for 603 838 individuals" was published on The Lancet journal.

The rationale for the study carried out was that long working hours might increase the risk of cardiovascular disease, but prospective evidence is scarce, imprecise, and mostly limited to coronary heart disease. Authors therefore aimed to assess long working hours as a risk factor for incident coronary heart disease and stroke.

Findings of the study show that employees who work long hours have a higher risk of stroke than those working standard hours while the association with coronary heart disease is weaker. Authors conclude that these findings suggest that more attention should be paid to the management of vascular risk factors in individuals who work long hours.

In September, the British Trade Union Council (TUC) also published an analysis on the number of employees working excessive hours. According to this analysis, the number of people working more than 48 hours per week has increased by 15% since 2010. The TUC also reaffirmed the fact that working overtime is linked to an increased risk of coronary heart disease and stroke. The TUC therefore urged the UK government to revise its implementation of the EU Working Time Directive (Directive 2003/88/EC).

The study published on The Lancet journal is available at:

[http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)60295-1.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60295-1.pdf)

TUC press release is available at: <https://www.tuc.org.uk/node/123508>



WHICH PRIORITIES FOR A EUROPEAN POLICY ON MULTIMORBIDITY? – CONFERENCE

On 27 October 2015, HOPE attended in Brussels a conference organised by the European Commission DG SANTE on the topic of multimorbidity. The meeting aimed at raising awareness on the relevance and urgency to deal with multimorbidity, sharing experiences and practices in the management of multimorbidity, learning from innovative healthcare approaches, exploring how to address the barriers to develop a common framework on multimorbidity and at creating a common engagement across stakeholders addressing the issue at European level.

Multimorbidity is defined as having two or more chronic diseases at the same time. Today, it affects already 50 million people in the EU. Moreover, considering the fact that 25% of EU citizens will be over 60 by 2020, multimorbidity will be much more common than it is today. That is why Xavier Prats Monné, Director-General of DG SANTE highlighted in his introductory speech the importance of raising awareness around it.

During the opening session, several speakers shared their experience of dealing with multimorbidity. José Valderas from the Hospital of Exeter highlighted the importance of empowering patients by giving them the tools to measure their own health and quality of life through a patient-generated index. Through this empowerment, patients get to determine their goal and therefore receive individualised care. Mieke Rijken from NIVEL (Netherlands institute for health services research) emphasised the need to find a holistic approach to multimorbidity, based on daily-individualised primary care, instead of a disease specific approach, the goal being to increase the overall health for patients with multimorbidity. Graziano Onder from CHRODIS Joint Action highlighted the need to identify a target population for intervention on multimorbidity, to review healthcare packages and to develop a common model on multimorbidity. Finally, Regina Roller-Wirnsberger from the European Union Geriatric Medicine Society talked about the need to achieve integrated care and to see it as a whole instead of having a divided care.

The rest of the day was composed of interactive brainstorming sessions on the building of a common framework and on working together to tackle multimorbidity. The overall conclusion of those breakout sessions is that there is a need to shift away from a disease-oriented approach to a patient-oriented one. This shift of paradigm is highly expected and has proven to be efficient and to improve the overall health and quality of life of patients. However, this change of mind-set needs to come together with a better education (of both patients and doctors) in order to build trust between both parties.

In his closing speech, Martin Seychell, Deputy Director General of DG SANTE, highlighted the fact that a common framework on multimorbidity would bring a clear added value to the current situation and that would help us adapt to the growing of this condition in Europe. He put an emphasis on the fact that there is evidence of a better health outcome when patients are part of the

decision-making process, which is a positive thing for both patients and the healthcare system. Mr Seychell declared that the Commission was willing to be involved in those projects, through funding from the Health Programme and Horizon 2020.

EUROPEAN SEMESTER – EUROPEAN PARLIAMENT INTEREST GROUP ON CARERS

HOPE was invited on 20 October 2015 by the European Parliament Interest Group on Carers and the Board of Eurocarers to a meeting on “Carers in the European Semester Process”.

The Co-chairs of the Interest Group on Carers and Eurocarers (European Association Working for Carers) wanted to explore how this European Semester Process can be strengthened in terms of its focus on long term care and discuss what could be done in practice to facilitate this.

Long-term care is increasingly becoming an important issue on the Member States’ health and social policy agendas. One of the findings of summer 2015 Social Protection Committee report addressing long term care is that even though Long-Term Care is an area in which diversity amongst Member States is greatest, all Member States face the same challenges: a growing demand, declining supply of potential (professional and informal) carers, the quality challenge and the financing challenge. Long-term care involves the provision of both formal (paid) care as well as informal (unpaid) care and the focus of the meeting was mainly on informal care provision.

While the EU cannot legislate in this area, it can facilitate discussion and exchange of good practice and experience. The area of long-term care seems to lend itself well for this type of informal cooperation. Since 2011, the European Commission's country-specific recommendations for economic reforms in Member States – as part of the European Semester process - are increasingly targeting health and long-term care systems, with financial sustainability as the key words. Therefore, the European Semester Process could potentially influence an EU-level as well as national focus on long term care. During the discussion Christoph Schwierz (European Commission, DG ECFIN) did indeed present it as a “Trojan horse” in healthcare care systems.

CALL TO ACTION ON FAMILIAL HYPERCHOLESTEROLEMIA – EUROPEAN PARLIAMENT EVENT

On 20 October 2015, HOPE attended in Brussels the launch event of the Call to action on Familial Hypercholesterolemia (FH) held at the European Parliament.

The event was hosted by MEPs Karin Kabendach (S&D, Austria) and Cristian Silviu Busoi (EPP, Romania) and organised by the European Atherosclerosis Society. 15 organisations and MEPs came together to elaborate this call to action and make sure something is done about FH.

The overall event was a call to action on FH to the EU in order to raise awareness on the condition and the necessity to develop timely diagnosis and treatments. The main ways to do so are to develop a EU strategy, to share best practices and to develop research, mainly through funding.

Studies on FH showed that it is much more common than expected. Indeed, instead of the 1/500 ratio expected, studies showed that FH affects one in 230 people. One of the objectives of the call to action is the establishment of an international registry on FH with data from all over the world. Moreover, epidemiologic studies would help to provide the data needed to know more about FH.

Representatives of physicians and patients agreed to say that there is a need to raise awareness and that timely diagnosis and treatment are crucial. Indeed, FH being a genetic condition, diagnosis is very important for the patients but also for their families who should get tested.

Jules Payne, Chief Executive of HEART UK and representative of the patients argued for a genetic screening of babies to test for FH. Despite the controversial character of that measure, she asserted that it would be the best way to have the earliest diagnosis possible and avoid children dying of heart attacks at a young age.

Overall, the most important conclusion drawn from the event is that FH is a common condition that is poorly known, even by physicians. Raising awareness is therefore the first priority.

LABOUR MARKET SECTOR – EURES WEBINAR

HOPE was invited to speak on 14 October 2015 during the training seminar of EURES.

EURES is a cooperation network designed to facilitate the free movement of workers within the EU 28 countries plus Switzerland, Iceland, Liechtenstein and Norway. Partners in the network may include Public Employment Services (PES), Private employment services (PRES), trade unions, employers' organisations and other relevant actors in the labour market. The partners provide information, placement and recruitment services to employers and jobseekers whereas the European and National Coordination Offices oversee the organisation of the activities at European and national level respectively. Moreover, EURES has an important role to play in providing specific information and facilitate placements for the benefit of employers and frontier workers in European cross-border regions. In practice EURES provides its services through the portal and through a human network of around 1000 EURES advisers that are in daily contact with jobseekers and employers across Europe.

The webinar followed by 100 EURES advisers was devoted to four questions:

- the news trends;
- the job vacancies tendencies and the profiles most requested;
- the education and training system offered or dedicated to the health sector and the skills and competences offered;
- key points for a successful recruitment campaign for EURES advisors and challenges.

This was also a way to help EURES tailor the services offered taking into account the specificity of the sector presented.

More information on EURES: <https://ec.europa.eu/eures/public/en/homepage>

HEALTH TECHNOLOGY ASSESSMENT – TELEMONITORING AND HEART FAILURE

The Prospective Health Technology Assessment (ProHTA) Project in the Medical Valley, Erlangen-Nürnberg, Bavaria and St. Jude Medical invited HOPE on 14 October 2015 to an event on telemonitoring in Heart Failure.

The round table was more precisely on eHealth-solutions for better health and early benefit assessment of a pulmonary heart sensor in improving the patient pathway through patient monitoring in heart failure.

Heart Failure is one of the biggest health threats in Europe. It is the number 2 reason for hospital admissions, a great individual burden of the patients and a big economic burden of the healthcare systems in Europe. Each re-admission to a hospital due to a decompensation of the heart brings a patient closer to heart transplantation and is a very costly event for the payer. Early detection of a beginning decompensation and a better co-ordination of care are crucial for the survival of the patients, more quality of life and less financial burden of the healthcare systems.

Patient monitoring can play a leading role for a better co-ordination of care and a better treatment for patients with Chronic Heart Failure. The ProHTA project, funded by the German Federal Ministry of Education and Research (BMBF), evaluated a new technology for Heart Failure patient monitoring – the implantable passive sensor CardioMEMS. Patient monitoring based on CardioMEMS allows a daily measurement of the blood pressure in the pulmonary artery. The pressure values are transferred to a website after the patient did the measurement at home. Based on these pressure values an upcoming decompensation of the heart can be detected up to three weeks earlier compared to usual telemonitoring technologies. Hence the treatment of the patient can be adjusted in a very early stage of a decompensation. The ProHTA project developed an interdisciplinary calculation model based on a randomised control trial, which showed in the US a reduction of hospital readmissions by 39 percent after 15 months and formed the basis for the FDA approval of CardioMEMS. ProHTA calculated the potential benefit of CardioMEMS to the German healthcare system.

Following the presentation of CardioMEMS in the framework of the EUnetHTA-Shaping European Early Dialogue (SEED) approach the ProHTA-project-partners were invited to a broader policy dialogue discussing the value added of this technology to Heart Failure treatment in Europe.

The patients' need and want were presented by Nick Hartshorne-Evans from the Heart Failure Charity Pumping Marvellous Foundation. Dr Phil Adamson presented the results of the Champion randomised control trial and how telemonitoring improved Heart Failure management and quality of life of the patients in the US. Telemonitoring and CardioMEMS for the German healthcare systems through the government-funded ProHTA calculation model were presented by Prof. Peter Kolominsky-Rabas from the Medical Valley Erlangen-Nürnberg. The European Commission DG SANTE was represented by Jerome Boehm.

MENTAL ILLNESS DAY – TACKLING THE STIGMA OF BRAIN, MIND AND PAIN DISORDERS

On 14 October 2015, HOPE attended the meeting of the interest group on Brain, Mind and Pain at the European Parliament in Brussels, organised by GAMIAN (Global Alliance of Mental Illness Advocacy Networks-Europe).

The focus of the event was on stigma and its impact on people with brain disorder and was chaired by Ann Little, president of the European Federation of Neurological Associations (EFNA) and Marian Harkin, Member of the European Parliament.

The first session was a series of testimonies from patients, parents and children of people with brain disorders. They all talked about the difficulty they had to fight stereotype and to find their place in society. They mentioned the need for an early diagnosis and the importance to have the trust of the medical profession. The need for the public's awareness was also raised. Despite the fact that brain disorder affects so many people in Europe, the diseases are rarely known by the general public, which therefore creates stigma. The final thought was that the human rights and dignity of the patients must be respected.

The following session highlighted the concrete impact of stigma on neurological conditions of patients. Prof. Matilde Leonardi, Neurologist at the Besta Neurological Institute presented a study conducted by EFNA that analysed the perception of stigma by patients. The results of the study are staggering, showing that 57% of the patients do feel stigmatised at least occasionally, 9% of which declared feeling stigmatised almost always. The study examined different dimensions like workplace and social stigma and concluded that 17% perceived a bad overall well-being; stigma is a barrier that increases the disability. Some solutions presented to solve this stigma are to manage a proper and timely diagnosis and to put human rights and dignity of the patients first.

Paul Arteel, Executive Director of GAMIAN-Europe presented similar results from a series of yearly surveys GAMIAN has been conducting since 2010. The overall conclusions on the evolution of these surveys is that people are more empowered but that there is less acceptance in the workplace and that it is harder and harder to find a job. Moreover, 50% of the participants declared they would do anything to avoid their boss finding out about their disability. More importantly, the fear of stigma prevents a staggering 20% of patients from going to the doctor. That decreases the adherence to treatment and therefore the health and quality of life of patients.

The overall conclusions were that stigma is not a theoretical concept but it has a real impact on the daily life of people with brain disorder. The solution would be to raise public awareness, to educate healthcare professionals on stigma and how to avoid patronising behaviours and to get policy makers involved. 86% of healthcare costs in the EU are related to chronic diseases and a big proportion of that is brain disorders. This should be a strong incentive for policy makers to act.

Stigma is not a theoretical concept; it affects peoples' lives on a daily basis and across the board. It has a health, social and labour dimension. Moreover, even though the stigma is not the same for all the diseases, the general principles are the same and a unified action would be more efficient.

OUTSIDE IN: INNOVATIVE SOLUTIONS FOR AN AGEING SOCIETY – POLITICO EVENT

On 14 October 2015, HOPE attended an event organised by the newspaper POLITICO on the theme of ageing and the role of innovation.

The event offered the opportunity to hear representatives of the European Parliament, the European Commission, industry and health stakeholders about their views on how innovation can support the provision of better health for the ageing population.

Opening the debate, MEPs Heinz K. Becker (EPP, Austria) and Michał Boni (EPP, Poland) agreed on the need to adapt to an aging society but without creating an intergenerational gap. MEP Michał Boni also highlighted the need to pay attention to digital literacy of the elderly who do not necessarily know how to use the new technology. This need to make the technology user-friendly was also confirmed later by the other speakers of the panel.

Ms Nadia Frontigny, Vice President at Orange Healthcare presented her opinion of the healthcare system being today mainly focused on acute care as opposed to a system adapted to chronic diseases, which represent the majority of today's diseases. In her opinion, this system's focus is obsolete and should be fundamentally changed. Technology and digitalisation could help in that matter.

Mr Stecy Yghemonos, Director of Eurocarers, highlighted that 80% of carers in Europe are unpaid, informal carers such as family members and that they should be taken into consideration when elaborating new tools. Moreover, the new technology could help reduce the isolation of carers by giving them a support system.

Mr Andrzej Rys from the Commission DG SANTE reminded the audience that eHealth was made possible through the cross-border healthcare Directive and that there is a need to make innovation available to Member States through cooperation and partnerships. He affirmed that this problem is a priority for the Commission who is well aware of the fact that this could bring savings in health, pension and care systems.

Overall, it was agreed that there are many single projects happening all over Europe to help society adapt to its aging population. However, those bottom-up initiatives need top-down coordination. Technology will not work without information to the people concerned (healthcare professionals and patients).

In conclusion, more needs to be done to help aging populations live better and therefore grow the silver economy.

CROSS-BORDER HEALTHCARE – EULAR CONFERENCE

On 13 October 2015, HOPE attended in Brussels the conference "Toward more integrated healthcare in Europe: Strengthening patients' access to cross-border care and enhancing health professionals' mobility" organised by Eular, the European League Against Rheumatism.

The conference started by a presentation of Eular position paper on 'Access to healthcare for people with rheumatic and musculoskeletal diseases (RMDs)', result of last year's conference. The paper presents the advantages and challenges brought by Directive 2011/24/EU on cross-border healthcare. The morning kept going with several presentations on cross-border healthcare from different points of view, namely from people suffering from arthritis/rheumatism, the Luxemburgish presidency of the EU and the European Commission which gave an extensive presentation of the current legislation. The overall conclusion was that, despite some efforts by the EU there are still many barriers to cross-border healthcare (financial and non-financial), sometimes, as the operation report from the Commission suggests, voluntarily put into place by Member States. Another issue regarding cross-border healthcare is the information to patients (or lack thereof) which prevents them from exercising their rights.

The conference went on with a presentation by the European Commission on eHealth and cross-border healthcare, in the framework of the eHealth action plan 2012-2020. The Commission presented the current legislation and the fields in which eHealth could be developed. Potential risks and threats, among other the issue of data protection, were also raised.

Another point of view that was developed was the health professionals' mobility. The overall ideas were that mobility is a phenomenon that needs to be taken into consideration. Moreover, professionals' mobility should be facilitated but ways must be given to Member States to verify that the quality of care is ensured.

The afternoon sessions were dedicated to various workshops. The first one, 'Patient journeys in cross-border healthcare: challenges and policy options' called for facilitation mechanisms to overcome financial and non-financial barriers to cross-border healthcare that patients face. The second workshop called 'Policy issues in furthering the use of eHealth technologies for enhancing access to healthcare across border' called for a complete involvement of healthcare professionals and patients in the development of the technology. The third workshop called 'Challenges and policy options in health professionals' mobility' highlighted the need for a proper training of healthcare professionals, such as language courses. Finally the fourth workshop titled 'Addressing differences in standards of care in cross-border healthcare' concluded that there is a need to level the different standards in Europe and that the exchange of best practices would be an inclusive way to do it.

Finally, a panel discussion concluded that, even though the cross-border healthcare Directive was a big step forward in the standardisation of healthcare systems in Europe, there is still a lot to be done. Obstacles, sometimes voluntarily established by Member States, need to be removed and information needs to be brought to patients, among others by healthcare professionals, who are the first interlocutors of patients in need of treatment. In order to achieve this objective, representatives of the healthcare sector and of patients need to work together and educate themselves. It was also admitted that the possibility of having a healthcare single market in the near future was highly unlikely but that harmonised standards of care would be beneficial for all.

CROSS-BORDER HEALTHCARE – ACHIEVEMENTS AND CHALLENGES IN EU LEGISLATION

Dr Peter Liese, MEP and the European Confederation of Pharmaceutical Entrepreneurs (EUCOPE) invited HOPE to a Lunch Reception on 13 October 2015, in the European Parliament, to discuss the recently published report of the Commission on the cross-border directive.

The keynote speech was delivered by Yann Le Cam the CEO of EURORDIS, the patient-driven alliance of patient organisations representing people affected by rare diseases throughout Europe.

The Directive on Cross-Border Healthcare (Directive 2011/24/EU) entered into force on 24 April 2011. The aim was to enable patients to receive healthcare services throughout Europe and thus, it represents an important step towards patient empowerment through a greater choice between different treatments and healthcare services as well as the possibility to compare the different standards. It should furthermore improve the cooperation between the Member States on interoperable eHealth tools, the use of health technology assessment, and pooling of expertise.

The deadline for implementation was on 25 October 2013. This debate therefore focused on the state of play of the transposition of the Directive, which seems to be uneven. Patients are still confronted with bureaucratic burdens jeopardising an equal treatment. How to achieve the right balance between market and health as well as EU and Member States' competences remains one of the core challenges and will be discussed, next to the best practices in the Member States.

CHES POLICY DIALOGUE – PREPARING EUROPE'S HEALTH SYSTEMS FOR FUTURE CHALLENGES

On 28 September 2015, HOPE took part in Brussels in an event organised by European Policy Centre aimed at exploring the emerging trends and challenges that European Health Systems are facing and how best prepare for them. The topics discussed were related to the trends affecting Health Systems of the future and now; the new diseases, solutions and demands for innovation; changes in the access to healthcare services as well as the necessary actions to put in place in order to ensure quality, efficiency and sustainability.

The event started with a high-level discussion panel, centered on trends and challenges affecting Health Systems by 2040. Then, there were four workshops, which considered the importance of and responses needed in order to discuss about a societal approach to promoting health; the access to healthcare and the policies implemented to tackle health inequalities; the health technology and innovative solutions and the sustainability of healthcare systems with integrated services. The event finished with a panel discussion, during which the speakers reflected on the workshop discussions and made recommendations for policy-makers.

VALUE-BASED PROCUREMENT – LISBON WORKSHOP

HOPE was invited to join the workshop on value-based procurement held in Lisbon on 22 and 23 September 2015.

Co-hosted by SPMS, the Portuguese procurement authority, and chaired by the Conference Board of Canada, brought together representatives from leading procurement bodies, national authorities, the European Commission, medical devices industry and other stakeholders from 13 European countries. Participants discussed how to implement Most Economically Advantageous Tender (MEAT) value-based procurement throughout Europe to ensure the most economically advantageous tendering is performed, providing optimal value for money.

The Medical devices industry (MedTech Europe) had partnered with The Boston Consulting Group (BCG) to propose a new framework and a practical tool for Most Economically Advantageous Tender (MEAT) for medical technologies. The framework and tool were presented and discussed at the first European leaders' workshop.

Developed in partnership with a broad set of stakeholders, the MEAT value-based procurement framework and practical tool bring together best practices reported by leading procurement entities which include criteria on quality, value-based healthcare, value for money and life cycle costing in their procurement processes.

With this initiative, the medical technology industry is amongst the first industries to propose a framework as well as a practical and adaptable tool to leverage the new provisions of the EU Public Procurement Directive, which is currently being transposed into national law by Member States. The framework and tool aim to ensure best practice in value-based procurement becomes the common practice across Europe.

The project is now building a community of practice by having relevant stakeholders pre-testing the tool and continuing to share best practices. The aim is to have both the framework and tool ready by March 2016 for initial use in procurement practice.

COUNCIL OF EUROPE – RESOLUTION ON PUBLIC HEALTH AND THE INTEREST OF THE PHARMACEUTICAL INDUSTRY

On 14 September 2015, the Parliamentary Assembly of the Council of Europe adopted the Resolution "Public health and the interest of the pharmaceutical industry: how to guarantee the primacy of public health interests?" The report of Liliane Paury Pasquier, Swiss from the socialist group, denounced the high price of rare medications recently developed that have a real therapeutic advantage. She advocates for a real primacy of public health over the industrial interests of companies. She argued among other things that stricter policies should be established before a product is released and that there should be absolute transparency regarding real costs of research and development. The report even argues for a mandatory licence to make real innovations available to the patients who need them. The Resolution was adopted by 118 votes for, 8 against and 7 abstentions.

More information:

<http://assembly.coe.int/nw/xml/XRef/X2H-Xref-ViewPDF.asp?FileID=22154&lang=en>

HEALTH FORUM GASTEIN 2015 – KEY OUTCOMES

From 30 September to 2 October 2015, the 18th edition of GASTEIN's European Health Forum took place on the topic *Securing health in Europe, balancing priorities, sharing responsibilities*.

The forum explored the evolution of Europe in a constant context of crisis (financial or human). The conclusions of the forum are overall that more Europe is needed to solve European issues instead of letting single Member States handle the situation. This idea of cooperation applies to all levels of governance down until the stakeholders active in the healthcare field.

More information:

http://www.ehfg.org/fileadmin/ehfg/Programm/2015/EHFG_Gastein_Health_Outcomes_2015.pdf

AGENDA

UPCOMING CONFERENCES



EUROPEAN HOSPITAL CONFERENCE

19 November 2015 – Düsseldorf (Germany)

The 3rd Joint European Hospital Conference (EHC) will take place as part of MEDICA 2015 on 19 November 2015.

The EHC will address different political, medical and economic topics from across all of Europe. Dr Vytenis Andriukaitis, Commissioner for Health and Food Safety within the EU Commission, plans to participate in this conference.

High-ranking speakers from the European Hospital and Healthcare Federation (HOPE), the European Association of Hospital Managers (EAHM) and the Association of European Hospital Physicians (AEMH) will take a detailed stance on the topics:

- patient-oriented hospital care in the future;
- patient-oriented hospital care in the practice.

All presentations will be translated simultaneously into English, French and German.

More information:

http://www.medica.de/cipp/md_medica/custom/pub/content,oid,33332/lang,2/ticket,guest/sr_c,EHC2/~EUROPEAN_HOSPITAL_CONFERENCE.html

COCIR eHEALTH SUMMIT

24-25 November 2015 – Brussels (Belgium)

COCIR, the European Trade Association representing the medical imaging, health ICT and electromedical industries, is organising for the second year its annual eHealth Summit, which will take place on 24 and 25 November at the International Press Centre, Residence Palace, in Brussels.

Healthcare systems are suffering from high costs and high fragmentation, often resulting in poor medical outcomes and unjustified clinical variability in medical practices and decision making across the care providers. When looked at holistically, healthcare systems are declared “unsustainable”.

The aim of the Summit is to provide key EU and national policy makers and health stakeholders with a unique opportunity to discuss solutions on how to overcome these challenges and to achieve tangible outcomes that will provide a platform for action.

The first day, organised in partnership with HOPE, will focus on the European perspective and the role of Member States and Regions. HOPE Chief Executive Pascal Garel will participate to the panel debate dedicated to “*Mainstreaming innovation across health and care systems for successful scaling up of innovation*”.

The second day will represent the opportunity to discuss these issues from an international perspective and will feature the participation of international organisations such as WHO and the OECD.

More information:

<http://www.cocirehealthsummit.org/ehome/index.php?eventid=142013&tabid=323959&>

HOPE AGORA 2016
INNOVATION IN HOSPITALS AND HEALTHCARE:
THE WAY FORWARD

6-8 June 2016 – Rome (Italy)



In 2016, HOPE celebrates its 50th anniversary. To mark this occasion, HOPE Agora will be organised in Rome (Italy), the city where HOPE was founded in 1966.

HOPE Agora will take place from 6 to 8 June included and will 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. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. 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 will be **"Innovation in hospitals and healthcare: the way forward"**. The topic of 2016 will be 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. Innovations are taking place in all kinds of fields: patient care, human resources, information systems, finances, quality management, etc. Considering the enormous diversity of systems and practices in Europe, what is innovative in one place might of course be common practice in another.

More information on the HOPE Exchange Programme 2016:
<http://www.hope.be/o4exchange/exchangeprogramme2016.html>

More information on HOPE Agora: <http://www.hope-agora.eu/>

