



NEWSLETTER

N° 138 – June 2016

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HOPE ACTIVITIES

HOPE AGORA 2016 **THE FUTURE OF HOSPITALS AND HEALTHCARE**

6-8 June 2016 – Rome (Italy)



In 2016, HOPE celebrates fifty years of success in expanding access to quality and affordable healthcare services to millions of Europeans. Our strong and enduring mission is a testimony of the important past, present and future role of healthcare services to Europeans' health.

In Rome where HOPE was founded, the 50th anniversary celebration engaged on 6, 7 and 8 June 2016 hundreds of healthcare professionals, HOPE Board members, Liaison Officers and National Coordinators. HOPE Agora 2016 hosted a diverse mix of events: meeting Past-Presidents and the former Secretary-General, listening to the views on "The Future of Hospitals and Healthcare" of key European associations, discussing with healthcare professionals, learning from each...

These events reviewed past achievements while focusing on the present and future role of healthcare services. HOPE Agora 2016 has brought to surface different perspectives in an open and stimulating exchange with representatives from national governments, European institutions, national competent authorities, industry, healthcare professionals, academia and patient groups, with the objective of working towards a shared vision for the future.



HOPE Agora also concluded the HOPE Exchange Programme, which in 2016 reached its 35th edition. 134 healthcare professionals from 22 European countries participated on the 2016 programme. During HOPE Agora, participants on the programme reported back the results of their 4-week stay abroad. In their presentations, participants were asked to identify elements in the healthcare system of the host country which they found inspiring when looking at the challenges that they face at home in their own country. Without judging the system of the visited country, participants described, based on their experience abroad, what they would like to see implemented in their own country, region, institution, or ward.

The topic of the Exchange Programme 2016 being "Innovation in hospitals and healthcare: the way forward", presentations of the findings focused on innovations in organisation and management that the participants have come across. These innovations were recognised in the fields of patient care, clinical work, nursing, human resources, information systems, drug management, laboratory operations, finances, quality management, and patient involvement.

[Visit the Agora website](#)

hope
Agora 2016



Rome, 6-8 June

EU INSTITUTIONS AND POLICIES



BREXIT

A lot is being written on the "Brexit", and some of it concerning the National Health Service. Instead of taking the risk of providing an analysis, that might be quickly obsolete, HOPE recommends reading the following article and following this issue on the website of HOPE member for the UK.

<http://www.nhsconfed.org/blog/2016/06/brexit-what-now-for-the-nhs>



HEALTH TECHNOLOGY ASSESSMENT (HTA) NETWORK – 6TH MEETING

On 31 May 2016, the Directorate General SANTE published the meeting documents presented at the 6th meeting of the Health Technology Assessment (HTA) Network held in Brussels on 20 May 2016. During the meeting discussions focused on the following topics:

- Stakeholders' involvement in the HTA Network and EUnetHTA₃ (the third Joint Action on the topic kicked-off in 2016);
- HTA Network Multiannual work programme 2016-2020;
- Synergies between Regulatory issues and HTA;
- Update on other EU initiatives related to HTA;
- EUnetHTA Joint Action 3;
- Early Dialogues: reports from EMA and SEED ;
- Mapping of HTA in Europe: "HTA Regulatory and Reimbursement Atlas" (CIRS).

PowerPoint presentations addressing the topics listed above available at:
http://ec.europa.eu/health/technology_assessment/events/ev_20160520_en.htm

HTA NETWORK – MULTIANNUAL WORK PROGRAMME 2016-2020

During the 6th meeting of the Health Technology Assessment (HTA) Network, held in Brussels on 20 May 2016, the new Multiannual Work Programme 2016-2020 was presented and adopted.

The document presents the overall objectives of the Network, as well as the specific objective for the 2016-2020 programming period.

HTA Network Multiannual Work Programme available at:
http://ec.europa.eu/health/technology_assessment/docs/2016_2020_pgmnetwork_en.pdf

CLINICAL TRIALS – PUBLIC CONSULTATION ON RISK PROPORTIONATE APPROACHES

The Directorate General SANTE opened on 1 June 2016 the public consultation on risk proportionate approaches in clinical trials. The consultation will last until 31 August 2016.

With this public consultation the Directorate General for Health and Food Safety, DG SANTE, intends to seek the views of stakeholders – and other interested parties - on the document regarding "Risk proportionate approaches in clinical trials" which has been developed in preparation for the implementation for the Clinical Trials Regulation (EU) No 536/2014.

The main objective of these recommendations is to provide further information on how a risk proportionate approach can be implemented in clinical trials and also highlights the areas identified in the clinical trials Regulation which support and facilitate such adaptations.

Consultation document available at:

http://ec.europa.eu/health/files/clinicaltrials/2016_o6_pc_guidelines/gl_4_consult.pdf

PRIME SCHEME – FIRST STATISTICS RELEASED

The European Medicines Agency (EMA) on 1 June 2016 the outcome of the assessment of the first batch of applications received from medicine developers for its PRIME (PRiority MEdicines) scheme.

PRIME was launched on 7 March 2016 to foster research on and development of medicines that have the potential to address an unmet medical need, i.e. offer a major therapeutic advantage over existing treatments, or benefit patients with no current treatment options for their disease.¹⁸ applications for PRIME were received as of 6 April 2016 and subsequently assessed by EMA's Scientific Advice Working Party, Committee for Advanced therapies (CAT) and Committee for Medicinal Products for Human Use (CHMP). Four medicines have been accepted for PRIME.

EMA is making available detailed information on the applications that have been granted or denied access to PRIME, including statistics on the type of applicants, the therapeutic areas represented and the data supporting the applications. The names of the four active substances that will benefit from PRIME support are also released.

More information available at:

http://www.ema.europa.eu/docs/en_GB/document_library/Annex_to_CHMP_highlights/2016/06/WC500207736.pdf

MEDICAL DEVICES – COUNCIL ENDORSES POLITICAL AGREEMENT REACHED WITH THE PARLIAMENT

During the meeting held on 16 and 17 June 2016, the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council welcomed the political agreement reached with the European Parliament on new EU rules for medical devices and in vitro diagnostic medical devices.

Ministers thanked the presidency for its efforts and looked forward to the adoption of the two new regulations which is expected at the end of the year. The new EU rules are expected to provide positive results for patients and for companies: they help to ensure that medical devices are safe and allow patients to benefit from innovative health care solutions in a timely manner.

If the agreement is confirmed by the Parliament's ENVI committee, the Council will approve the agreement at ministers' level. This is planned for September, once the draft regulations have been translated into all official languages. Following their legal-linguistic review the two draft regulations will be adopted by the Council and the Parliament, probably at the end of the year. The new rules will apply three years after publication as regards medical devices and five years after publication as regards in vitro diagnostic medical devices.

More information available at:

<http://www.consilium.europa.eu/en/press/press-releases/2016/06/15-medical-devices/>

Agreed text of the Proposal for a Regulation of the European Parliament and of the Council on medical devices available at:

<http://data.consilium.europa.eu/doc/document/ST-9364-2016-REV-3/en/pdf>

Agreed text on the Proposal for a Regulation of the European Parliament and of the Council on in vitro diagnostic medical device available at:

<http://data.consilium.europa.eu/doc/document/ST-9365-2016-REV-3/en/pdf>

AFFORDABILITY OF MEDICINES – COUNCIL CONCLUSION ON STRENGTHENING THE BALANCE IN THE PHARMACEUTICAL SYSTEMS IN THE EU AND MEMBER STATES

The Council adopted conclusions calling for measures to ensure that patients have access to essential medicines at affordable prices.

The Council conclusion is due to market failures in the pharmaceutical sector, as patients' access to important medicines is sometimes put at risk due to very high prices, the withdrawal of off-patent products and because new products are not always introduced to all national markets. The Council invited the Member States to consider voluntary cooperation to address this problem. Additionally, the Commission was also invited to conduct an in-depth analysis of the existing EU legislation on pharmaceuticals, the related incentives and their impact on availability, accessibility and innovation.

Council Conclusion available at:

<http://www.consilium.europa.eu/en/press/press-releases/2016/06/17-epsco-conclusions-balance-pharmaceutical-system/>

STATE OF HEALTH IN THE EU – COMMISSION INITIATIVE

At the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council held in Luxembourg on 17 June 2016, the European Commissioner for Health and Food Safety, Vytenis Andriukaitis, announced the "State of Health in the EU" initiative for 2016-17.

The initiative aims at bringing together internationally recognised expertise to provide Member States with evidence on health that is relevant to their specific country context and that can help maximise the effectiveness, accessibility and resilience of their health systems.

The *State of Health in the EU* comprises four components with the following timeline:

1. November 2016: publication of the "Health at a Glance: Europe 2016" report prepared by the OECD in cooperation with the Commission.
2. November 2017: a set of 28 individual country health profiles developed by the OECD and the Observatory in cooperation with the Commission. These expert-driven, analytical documents will provide complementary data and indicators, and emphasise the particular characteristics and challenges of each Member State.
3. November 2017: a Commission analysis accompanying the 28 country health profiles, giving Member States a succinct overview of the information provided in the first two products, linking them to the broader EU agenda and emphasising cross-cutting policy implications.
4. From December 2017: exchanges between individual EU countries and the Commission, the OECD and the Observatory, to discuss concrete implications of country findings, and help Member States make the best use of gathered evidence.

More information available at: http://ec.europa.eu/health/state/summary/index_en.htm

ANTIMICROBIAL RESISTANCE – COUNCIL CONCLUSION ON MEMBER STATES EFFORTS AGAINST AMR

At the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council held in Luxembourg on 17 June 2016, the Council adopted conclusions calling upon Member States and the Commission to step up their efforts against antimicrobial resistance.

The Council invited member states to have in place before mid-2017 national action plans. These plans should include measurable goals to reduce infections in humans and animals, as well as the use of antimicrobials in both the human and veterinary sector.

The Council also called for a new EU action plan on antimicrobial resistance based on a one health approach covering all relevant areas: veterinary and human medicine, environment and other sectors. This action plan should help in taking further steps to prevent infections and set out the next stage in the development of new antibiotics.

Council conclusion available at:

<http://www.consilium.europa.eu/en/press/press-releases/2016/06/17-epsco-conclusions-antimicrobial-resistance/>

ANTIMICROBIAL RESISTANCE – PRESS RELEASE BY COMMISSIONER ANDRIUKAITIS ON THE NEED TO INTENSIFY EU ACTION

Following to the publication of the Eurobarometer survey on antimicrobial resistance (AMR), on 16 June 2016 the Commissioner for Health and Food Safety, Vytenis Andriukaitis, released a communication on the need to intensify EU action in the field.

According to the survey, lack of awareness among the EU citizens on the ineffectiveness of antibiotics against viruses and lack of knowledge on antimicrobials in general terms are an issue in the fight against AMR in the EU. In the press release Commissioner Andriukaitis also defines the following opportunities and next actions that will be taken by the European Commission against AMR:

- Evaluation of the Commission Action Plan on AMR (2011-2016), which, together with the Eurobarometer results, will feed into the ongoing work to identify value added EU Action in the fight against AMR as from next year and beyond;
- Implementation of activities in relation to the European Antibiotic Awareness Day (EAAD) organised yearly by the European Centre for Disease Prevention and Control (ECDC) on 18 November. The EAAD and the materials produced for this occasion aim at providing a platform and support for national campaigns about prudent antibiotic use, in line with the Commission "One-Health" approach to AMR.

More information on EU policies in the field of AMR available at:
http://ec.europa.eu/dgs/health_food-safety/amr/index_en.htm

EUROPEAN ANTIBIOTIC AWARENESS DAY– ECDC REVIEWING HOSPITAL PRESCRIBERS TOOLKIT

On 23 June 2016, the European Centre for Disease Prevention and Control (ECDC) organised a meeting of the Technical Advisory Committee to review and update the present European Antibiotic Awareness Day (EAAD) toolkit for hospital prescribers. HOPE was invited to join the meeting.

Since 2010 the ECDC has made available a toolkit for hospital prescribers providing key messages, tools (such as letter, leaflets, screensavers, etc.) and materials on the correct usage of antibiotic in hospital settings. In view of the European Antibiotic Awareness Day that will be held on 18 November 2016, the ECDC is preparing a renewed and updated set of materials to support the implementation of national campaigns aimed at raising awareness on Antimicrobial Resistance (AMR) in the Member States. The new key messages and materials provided will focus specifically on the different roles that healthcare professionals are playing in tackling AMR in hospitals. They will be also based on updated information resulting from the recently published Eurobarometer Survey on AMR in the EU countries.

More information on the European Antibiotic Awareness day available on the dedicated website:
<http://ecdc.europa.eu/en/eaad/Pages/Home.aspx>

Current toolkit for hospital prescribers available at: <http://goo.gl/jT97yh>

Eurobarometer survey on AMR results available at: <http://goo.gl/JDRdSI>



CODE OF CONDUCT ON PRIVACY FOR M-HEALTH APPS FINALISED

The Directorate General CONNECT, published on 7 June 2016 the Code of Conduct on privacy for mobile health apps.

The code has also been formally submitted for comments to the Art 29 Data Protection Working Party, an independent EU advisory group. Once approved, the Code will be applied in practice, thus App developers will be able to voluntarily commit to follow its rules, which are based on EU data protection legislation.

The Code has been drafted with the vision to be easily understandable, also for SMEs and individual developers who may not have access to legal expertise. It is expected to raise awareness of the data protection rules in relation to mHealth apps, facilitate and increase compliance at the EU level for app developers.

While waiting for the Opinion of the Article 29 Working Party, discussions are already taking place on the practicalities of the governance and on how to ensure a proper communication of the Code to app developers and the general public.

Draft Code of Conduct available at:

http://ec.europa.eu/newsroom/dae/document.cfm?action=display&doc_id=16125

SAFETY OF APPS AND OTHER NON-EMBEDDED SOFTWARE – PUBLIC CONSULTATION

On 9 June 2016, the Directorate General CONNECT, opened a public consultation concerning software and apps which are neither embedded, nor contained in a tangible medium at the time of their placement in the market, their supply to consumers or when they are otherwise made available to consumers (non-embedded software). The consultation will last until 15 September 2016.

Examples include health and well-being apps that can be used on a mobile device, digital models for 3D printing or apps controlling other devices (such as electronic appliances). However, this consultation will only look into the safety of apps and other non-embedded software which is not already addressed and foreseen by sector-specific legislation such as the Medical Devices Directives or the Radio Equipment Directive.

The consultation has as a purpose to gather views that will help to define potential next steps and future policies at the EU level including, if appropriate, possible revisions of existing horizontal and/or sector-specific EU legislation.

For the purpose of this consultation safety and safe use should be understood as freedom from unacceptable danger, risk or harm, including security-vulnerabilities and cover physical, economic as well as moral aspects.

This consultation does not prejudge any future decision on whether or not to propose legislation in this field and any new initiative will be subject to a more in-depth consultation process and political validation.

More information and link to the survey available at:

<https://ec.europa.eu/eusurvey/runner/Apps-safety>

M-HEALTH ASSESSMENT GUIDELINES – CONSULTATION ON SECOND DRAFT DOCUMENT

The Directorate General CONNECT, published the second draft of the mHealth assessment guidelines. The guidelines are open for input and comments through a Survey Monkey questionnaire. The deadline for responding is 31 August 2016.

The second draft incorporates feedback received during the first round of consultations and the open stakeholder meeting that took place on 4 May 2016 in Brussels.

The draft mHealth assessment guidelines were also presented and discussed at the eHealth Week in Amsterdam on 9th June. The presentations and a summary are available here.

The working group has started working on the next iteration of the draft which is expected by mid-October and will be followed by another round of comments. Feedback from the first round of consultations revealed that further work is needed, in particular on clarifying the scope and purpose of the guidelines, to define the areas where the guidelines can add most value, taking into account the existing legislative framework as well as other related initiatives, for example in the field of standardisation.

On the methodological approach the need for a risk categorisation of health apps still needs in depth discussions, as well as the recommended methodologies and tools for assessing validity and reliability of health apps (e.g check-list, scoring or other). For the next iteration, the working group will also have a close look at the targeting of the guidelines - how to make these useful and usable for different target groups and what the needs of different groups are.

Survey Monkey questionnaire available at: <https://www.surveymonkey.co.uk/r/TYRSX2K>

Second draft of the mHealth assessment guidelines available at:

http://ec.europa.eu/newsroom/dae/document.cfm?action=display&doc_id=16090

DIGITAL SKILLS AT THE CORE OF THE NEW SKILLS AGENDA FOR EUROPE

On 10 June 2016, the European Commission published the New Skills Agenda for Europe: working together for human capital, employability and competitiveness.

Its purpose is to improve the quality of skills development, make skills and qualifications more visible and comparable and improve skills intelligence for better career choices.

The Commission will address digital skills and learning with the new Digital Skills and Jobs Coalition initiative. It calls on Member States to develop comprehensive national digital skills strategies by mid-2017 on the basis of targets set by the end of 2016. It also invites Member States to establish national digital skills coalitions, involving governments, businesses, as well as education, training and labour market stakeholders. In addition, it calls for concrete measures to bring digital skills to all levels of education and training, supporting teachers and educators and promoting active involvement of business and other organisations. At the same time, the Commission calls on Member States and stakeholders, including social partners, to pledge action that supports life-long learning and to identify and share best practices, so that they can be more easily replicated and scaled up.

To help people make informed career and learning choices, the Commission will also improve skills forecasting and analysing skills needs. Web crawling tools and the analysis of big data will improve data on skills needs and trends, including on digital skills, while evidence from different sectors will be sought. Likewise, the Commission will continue monitoring progress annually through its Europe's Digital Progress Report (EDPR).

More information available at: <https://ec.europa.eu/digital-single-market/en/news/commission-releases-2016-european-digital-progress-report-unequal-progress-towards-digital>



EU STRATEGY ON HEATING AND COOLING – VOTE ON DRAFT OPINION IN PARLIAMENT ENVI COMMITTEE

The European Parliament ENVI committee voted on 21 June 2016 on a draft opinion prepared by rapporteur Christofer Fjellner (EPP) in relation to the EU strategy on heating and cooling.

The draft opinion will feed into the INI report by the ITRE Committee on the “EU Strategy for Heating and Cooling”. The Strategy published by the Commission on 16 February 2016 (COM(2016)0051) serves as an integral part of the Energy Union and is crucial to increase Europe's energy efficiency. It provides a framework for integrating efficient heating and cooling into EU energy policies by focusing action on stopping the energy leakage from buildings, maximising the efficiency and sustainability of heating and cooling systems, supporting efficiency in industry and reaping the benefits of integrating heating and cooling into the electricity system.

In his draft opinion, the rapporteur stresses inter alia the major importance of the heating and cooling sector in achieving the EU energy and climate objectives by 2020 and 2050, as well as the large share of heating and cooling in the EU's overall energy demand. In particular, he points at the importance of technology neutral and market based incentives in the transition to a low-carbon and secure supply of energy to the heating and cooling sector, and calls on the Commission to use the heating and cooling sector in achieving cost-efficient gains in energy efficiency by linking heat and power production, industrial processes, waste management and demand side management. There were 92 amendments tabled. The rapporteur prepared 10 compromise amendments, focusing, inter alia on well-balanced sustainability criteria for biomass, and on the need for a more integrated use of all available European structural and regional funds.

More information on the EU strategy for heating and cooling available at:
<https://ec.europa.eu/energy/en/topics/energy-efficiency/heating-and-cooling>



REGULATION OF PROFESSIONS – EC PUBLIC CONSULTATION ON MEMBER STATES' NATIONAL ACTION PLANS AND PROPORTIONALITY IN REGULATION

On 27 May 2016, the Directorate General GROW, published a public consultation on the regulation of profession and, more in detail, on Member States' National Action Plans and proportionality in regulation. The public consultation is accessible for a 12-week period, until 19 August 2016.

Over the past 2 years EU countries have been undergoing a 'mutual evaluation' to screen their regulatory arrangements for professions and ensure that they are 'proportionate' to legitimate public interest objectives, without creating unnecessary burdens. They then had to produce National Action Plans (NAPs) outlining any changes they proposed to make so as to ensure that their regulation is as effective as possible, for both professionals and consumers. The consultation invites to share views on these National Action Plans. Specifically:

1. On the specific changes proposed by the Member State;
2. Regarding any other changes that you think should be made but which were not proposed by the Member State;
3. Your views on if the Member State conducted a sufficiently robust review of their regulations and their effects in order to reach their conclusions when preparing their NAP.

The results will be used for:

- a report to be submitted to the European Parliament and the Council by January 2017;
- country and profession specific guidance for reform;
- an analytical framework proposing a more inclusive approach to proportionality assessment.

More information on the National Action Plans available at: <http://goo.gl/yfOP4j>

More information on the public consultation available at: <http://goo.gl/3oFS6S>

PUBLIC PROCUREMENT – COMMISSION REQUESTS 21 MEMBER STATES TO TRANSPOSE NEW EU RULES ON PUBLIC PROCUREMENT AND CONCESSIONS

On 26 May 2016, the European Commission requested 21 Member States to transpose in full one or more of the three directives on public procurement and concessions (Directives 2014/23/EC, 2014/24/EC, 2014/25/EC) into national law. All Member States were obliged to notify the transposition of the new public procurement rules by 18 April 2016.

Commission regularly sends letters of formal notice to those Member States that have failed to comply with their obligation to transpose EU directives into their national legal order in a timely manner.

The Commission's request takes the form of a letter of formal notice and it has been sent to **Austria, Belgium, Bulgaria, Croatia, the Czech Republic, Cyprus, Estonia, Ireland, Greece, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovenia, Finland, Spain and Sweden.**

The new directives make public procurement in Europe more efficient, with smarter rules and more electronic procedures. Authorities that have already made the transition to eProcurement report savings between 5 and 20%. With EU Member States spending yearly more than €1.9 trillion for procurement each 5% saved could return almost €100 billion to the public purse.

The new rules make it easier and cheaper for small and medium enterprises to bid for public contracts and respect the EU's principles of transparency and competition. Increased transparency improves accountability and helps combat corruption. The rules also allow the authorities to use public procurement to work towards broader policy objectives, such as environmental and social goals and innovation.

Overview of new EU procurement and concession rules introduced on 18 April 2016 available at: <http://ec.europa.eu/DocsRoom/documents/16349/attachments/1/translations/en/renditions/native>



LOW CARBON HOSPITALS – EUR 1 MILLION HORIZON PRIZE

Horizon prize for Combined Heat and Power (CHP) installation in a hospital using 100% renewable energy sources will reward a hospital that has an innovative and perfectly integrated combined CHP installation within its premises. The contest runs until the 2nd quarter of 2019.

The rewarded installation has to use at least three different European renewable energy technologies, include energy storage component(s) and be able to provide 100% of the hospital's annual needs for energy consumption. In this context any renewable energy source is allowed.

The prize aims at addressing the still unsolved technological problems linked to the security and reliability of energy supply and related costs faced in the integration and use of renewable energy in buildings for heat and power generation. This is due to the intermittent nature of some renewable energy sources, such as solar or wind. The challenge is even greater in cases where a 100% security of energy supply is essential such as for hospitals.

According to DG Research, promoting the Horizon Prize, installing this kind of integrated equipment in the ecosystem of a hospital would not only ensure the security of its energy supply, but it would also raise public awareness of the integration of renewable energies in everyday life.

Therefore, the prize also aims to mobilise and enhance private and public investments for the replication of similar solutions in Europe and worldwide and to contribute to energy union priority to make the EU the world number one in renewable energy and lead the fight against global warming.

More information on contest rules available at:

<https://ec.europa.eu/research/horizonprize/index.cfm?prize=photovoltaics&pg=rules>

More information on the schedule of the contest will be soon available.

E-STANDARDS FIRST CONFERENCE – NEXT STEPS TO STANDARDIZATION IN LARGE-SCALE E-HEALTH DEPLOYMENT

The eStandards project held his first Conference on 21 April 2016 in Berlin. HOPE is a partner of this Coordination and Support Action, together with partners from Belgium, the Netherlands, France, Denmark, Germany, Italy and Portugal.

During the conference, the project experts presented the draft eStandards roadmap: "Essential standards development: strategic options and policy instruments". It includes eleven recommendations and alternative options for proceeding with collaborative standards development.

The audience was asked to comment and vote on the draft recommendations, with a rating from 1 (strong disagreement) to 5 (strong agreement). The recommendation that scored the highest was:

"Localisation of standards sets should be supported by knowledge exchange and strengthened by conformance testing to prevent unintended adaptation of the underlying standards that "break" cross-border or cross-realm interoperability" (average rating 4.44).

The project also listened to the perspectives of health professionals and the industry, and reflected on the collaboration among Standard Development Organizations and competence centers to make interoperability affordable and sustainable for Europe and beyond.

A full event report and presentation slides are available at: <http://www.estandards-project.eu/index.cfm/first-conference/>

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING – ONLINE REPOSITORY OF INNOVATIVE PRACTICES LAUNCHED

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) launched on 8 June 2016 an online repository of innovative practices on Active and Healthy Ageing (AHA) on its portal.

The Repository will help to mobilise and gather resources and knowledge on Active and Healthy Ageing to deploy scalable, innovation-driven and digitally-enabled solutions. It is the basis for the European AHA scaling up strategy and constitutes another step in the development of the EIP on AHA to ensure the implementation of innovative solutions for active and healthy ageing on a European scale.

The Online Repository provides the chance to search innovative practices in the field of AHA from across Europe and allows actors involved to share their own practices.

The Online Repository is available at: https://ec.europa.eu/eip/ageing/repository_en

REPORTS AND PUBLICATIONS



SOCIAL MEDIA STRATEGY DEVELOPMENT: A GUIDE TO USING SOCIAL MEDIA FOR PUBLIC HEALTH COMMUNICATION – ECDC TECHNICAL DOCUMENT

This guide provides public health organisations and practitioners with a practical approach to strengthening the integration of social media into their overall communication activities. It focuses, in particular, on identifying effective ways to use social media to enhance crisis, risk and corporate communication related to communicable disease prevention and control.

Public health social media literacy and capacities vary widely between and within EU Member States. This guide provides a flexible approach that can be used to enhance existing strategies or serve as a basic resource for organisations just beginning to introduce social media into their communication activities. It addresses public health agencies and practitioners who are looking to start or are already engaged in social media.

Desktop research for this guide has revealed that many professionals do not follow a structured strategic approach to developing and delivering social media communication. This guide sets out a basic planning framework that professionals can use in a flexible way to inform their approach to integrating social media into their communication activities in a way that best meets their challenges and needs as well as their human and financial resources. A strategic approach will greatly enhance the impact of social media and other communication activities.

Report available at: <http://goo.gl/lu6J2M>

FUTURE SCENARIOS ABOUT DRUG DEVELOPMENT AND DRUG PRICING – KCE REPORT

Over the last decades the list prices of new medicines have increased significantly. Innovative drugs are often introduced on the market at a very high price. There are indications drugs companies pursue prices towards the upper limit of the “willingness to pay”.

Many purchasers (governments, health insurers, etc.) are not really armed to set limits to these prices, nor to set reasonable boundaries to the willingness to pay. A growing number of observers warn that the current trend of increasing drug prices is not sustainable in the long run. Local healthcare payers increasingly struggle to find the budgets needed to provide coverage for these expensive molecules. The patient and public health may not be well served as a consequence. Public payers are recurrently facing difficult moral dilemmas. Clearly, the problem with very high-cost medicines needs to be addressed in a more systematic way and a comprehensive solution is needed to preserve access to valuable drugs to all who need them.

This scenario project - initiated by the Belgian Healthcare Knowledge Centre (KCE) and Zorginstituut Nederland (Dutch Health Care Institute, ZIN) - is an attempt to create a space to freely explore a complex societal challenge. The project seeks to highlight creative scenarios to deal with this predicament. The objective is to explore new drug development and pricing models resulting in more sustainable pricing mechanisms and policies, in consultation with international stakeholders including patients, industry, academics, regulators, payers, government representatives from Europe and the US.

Full report available at: <https://kce.fgov.be/publication/report/future-scenarios-about-drug-development-and-drug-pricing>

VOLUNTARY HEALTH INSURANCE IN EUROPE: COUNTRY EXPERIENCE – WHO EUROPE REPORT

No two markets for voluntary health insurance (VHI) are identical. All differ in some way because they are heavily shaped by the nature and performance of publicly financed health systems and by the contexts in which they have evolved.

This volume contains short, structured profiles of markets for VHI in 34 countries in the WHO European Region. These are drawn from European Union Member States plus Armenia, Iceland, Georgia, Norway, the Russian Federation, Switzerland and Ukraine. The book is aimed at policy-makers and researchers interested in knowing more about how VHI works in practice in a wide range of contexts. Each profile, written by one or more local experts, identifies gaps in publicly financed health coverage, describes the role VHI plays, outlines how the market for VHI operates, summarizes public policy towards VHI, including major developments over time, and highlights national debates and challenges.

The book is part of a study on VHI in Europe prepared jointly by the European Observatory on Health Systems and Policies and the WHO Regional Office for Europe. A companion volume, "An introduction to voluntary health insurance in Europe", provides an analytical overview of VHI markets across the 34 countries.

Full report available at: <http://goo.gl/th7dUW>

SLOVENIA. HIGHLIGHTS ON HEALTH AND WELL-BEING (2016) – WHO EUROPE REPORT

Data from 2000–2010 show substantial and sustained health gain in Slovenia, which compares well with its neighbours, the 15 countries that joined the European Union before 1 May 2004 (EU15) and the wider WHO European Region. While decreases in early deaths from causes including heart disease and cancer have contributed to improvements in life expectancy, remaining areas of concern include deaths from falls and the comparatively lower proportion of healthy years of life for older people. There are many good elements in the health system, including a strong approach to universal health coverage and a national commitment to adopt a policy approach aligned with Health 2020, the health policy of the Region. Highlights on health and well-being give an overview of a country's health status, describing mortality, morbidity, exposure to key risk factors and trends.

The WHO Regional Office for Europe develops the highlights in collaboration with European countries. When possible, each report also compares a country to reference groups: in this report, the WHO European Region as a whole and the EU15. To make the comparisons as valid as possible, data as a rule are taken from one source to ensure that they have been harmonized in a reasonably consistent way. Whenever possible, the data in the report are drawn from the Regional Office's European Health for All database. These are collected from Member States on an annual basis and include metadata that specify the original source of data for specific indicators. Longer profiles accompany the highlights.

Full report available at: <http://goo.gl/P7rMzb>

TACKLING DRUG RESISTANT INFECTIONS GLOBALLY: FINAL REPORT AND RECOMMENDATIONS - THE REVIEW ON ANTIMICROBIAL RESISTANCE

This report outlines the Review's final recommendations. It first discusses the mounting problem of resistance and why action is needed to combat it and then provides an overview of the solutions that the Review thinks should be implemented to curtail unnecessary use and increase the supply of new antimicrobials. It then looks at the role of public awareness campaigns, the need to improve sanitation and hygiene, reduce pollution from agriculture and the environment, improve global surveillance, introduce rapid diagnostics and vaccines, the need to increase the number of people in this area, and use of market entry rewards and an innovation fund to generate more drugs. Finally the paper examines how these solutions can be funded and looks at ways to build political consensus around them.

Full report available at:

http://amr-review.org/sites/default/files/160525_Final%20paper_with%20cover.pdf

HOSPITALS IN RURAL OR REMOTE AREAS: AN EXPLORATORY REVIEW OF POLICIES IN 8 HIGH-INCOME COUNTRIES – HEALTH POLICY ARTICLE

This study reviewed policies in 8 high-income countries (Australia, Canada, United States, Italy, Spain, United Kingdom, Croatia and Estonia) in Europe, Australasia and North America with regard to hospitals in rural or remote areas.

Authors explored whether any specific policies on hospitals in rural or remote areas are in place, and, if not, how countries made sure that the population in remote or rural areas has access to acute inpatient services. Only one of the eight countries (Italy) had drawn up a national policy on hospitals in rural or remote areas. In the United States, although there is no singular comprehensive national plan or vision, federal levers have been used to promote access in rural or remote areas and provide context for state and local policy decisions. In Australia and Canada, intermittent policies have been developed at the sub-national level of states and provinces respectively. In those countries where access to hospital services in rural or remote areas is a concern, common challenges can be identified, including the financial sustainability of services, the importance of medical education and telemedicine and the provision of quick transport to more specialized services.

Full article available at: <http://goo.gl/wGU9yk>

PRIORITIES FOR HEALTH SYSTEMS STRENGTHENING IN THE WHO EUROPEAN REGION – QUARTERLY OF THE EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES

The WHO Regional Office for Europe supports Member States in strengthening their health systems to become more people-centred in order to accelerate health gain, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources.

The goals of these efforts are entrenched in Health 2020, the health policy and framework for the WHO European Region stressing a value-based approach to health systems. These values are entrenched in the Ljubljana Charter on reforming health care and the Tallinn Charter on Health Systems, Health and Wealth that were signed by the countries of the WHO European Region in 1996 and 2008 respectively, and which are central to the health systems work of the WHO Regional Office. This June, the 20th anniversary of the Ljubljana Charter recurs and in this occasion a series of articles from across the Region, reflecting specific initiatives or policy options pursued to strengthen their health systems, have been released.

Full article available at: <http://goo.gl/oOm1pf>

PUBLIC REPORTING ON QUALITY, WAITING TIMES AND PATIENT EXPERIENCE IN 11 HIGH-INCOME COUNTRIES – HEALTH POLICY ARTICLE

This article maps current approaches to public reporting on waiting times, patient experience and aggregate measures of quality and safety in 11 high-income countries (Australia, Canada, England, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland and the United States). Using a questionnaire-based survey of key national informants, authors found that the data most commonly made available to the public are on waiting times for hospital treatment, being reported for major hospitals in seven countries. Information on patient experience at hospital level is also made available in many countries, but it is not generally available in respect of primary care services.

Only one of the 11 countries (England) publishes composite measures of overall quality and safety of care that allow the ranking of providers of hospital care. Similarly, the publication of information on outcomes of individual physicians remains rare. Public reporting of aggregate measures of quality and safety, as well as of outcomes of individual physicians, remains relatively uncommon. This is likely to be due to both unresolved methodological and ethical problems and concerns that public reporting may lead to unintended consequences.

Full article available at: <http://goo.gl/Pg333H>

IS SINGLE ROOM HOSPITAL ACCOMMODATION ASSOCIATED WITH DIFFERENCES IN HEALTHCARE-ASSOCIATED INFECTION, FALLS, PRESSURE ULCERS OR MEDICATION ERRORS? A NATURAL EXPERIMENT WITH NON- EQUIVALENT CONTROLS - JOURNAL OF HEALTH SERVICES RESEARCH & POLICY

A wide range of patient benefits have been attributed to single room hospital accommodation including a reduction in adverse patient safety events. The aim of this study was to assess the impact on safety outcomes of the move to a newly built all single room acute hospital.

Five of 15 time series in the wards that moved to single room accommodation revealed changes that coincided with the move to the new all single room hospital. However, because the case mix of the older people's ward changed, and because the increase in falls and medication errors on the acute assessment ward did not last longer than six months, no clear effect of single rooms on the safety outcomes was demonstrated. There were no changes to safety events coinciding with the move at the new build control site. For all changes in patient safety events that coincided with the move to single rooms, we found plausible alternative explanations such as case-mix change or disruption as a result of the re-organization of services after the move. The results provide no evidence of either benefit or harm from all single room accommodation in terms of safety-related outcomes, although there may be short-term risks associated with a move to single rooms.

Full article available at: <http://hsr.sagepub.com/content/21/3/147.full.pdf+html>

A DESCRIPTIVE ANALYSIS OF MIDWIFERY EDUCATION, REGULATION AND ASSOCIATION IN 73 COUNTRIES: THE BASELINE FOR A POST-2015 PATHWAY – BMC ARTICLE

Education, regulation and association (ERA) are the supporting pillars of an enabling environment for midwives to provide quality care. This study explores these three pillars in the 73 low- and middle-income countries who participated in the State of the World's Midwifery (SoWMy) 2014 report. It also examines the progress made since the previous report in 2011. A self-completion questionnaire collected quantitative and qualitative data on ERA characteristics and organisation in the 73 countries. The countries were grouped according to World Health Organization (WHO) regions.

A descriptive analysis was conducted. Compared with the 2011 SoWMy report, there is evidence of increasing effort in low- and middle-income countries to improve midwifery education, to strengthen the profession and to follow international ERA standards and guidelines. However, not all elements are being implemented equally; some variability persists between and within regions. The education pillar showed more systematic improvement in the type of programme and length of training. The reinforcement of regulation through the development of legislation for midwifery, a recognised definition and the strengthening of midwives' associations would benefit the development of other ERA elements and the profession generally.

Full article available at: <http://goo.gl/9kLcFX>



INTEGRATED CARE – WHO WORKSHOP

HOPE was invited to speak at a workshop to review the draft European framework for action on integrated health services delivery organised on 2 and 3 May by the WHO Office for Europe.

The workshop brought together technical focal points and strategic national counterparts from countries, experts on integrated care and health systems, partners from other agencies, stakeholders from providers and professional associations and representation from WHO headquarters, WHO programmes, and geographically dispersed offices and country offices of the WHO Regional Office for Europe.

This document takes forward the priority of transforming health services delivery to meet the health challenges of the 21st century. It adopts the vision of Health 2020 to place the focus firmly on efforts across government and society. The document has benefited from input provided by the Twenty-third Standing Committee of the Regional Committee for Europe at its second session, held in Paris, France, in November 2015.

Its contents are coherent with other technical agenda items that were presented at the 66th session of the WHO Regional Committee for Europe in September 2016, specifically those on non-communicable diseases, women's health, reproductive health and disease-specific (HIV and hepatitis C) action plans in an effort to coordinate and complement actions proposed for the WHO European Region. The framework for action is aligned with the values, principles and strategies developed in the global framework on integrated, people-centred health services and the global strategy on human resources for health, considered by the Sixty-ninth World Health Assembly in May 2016, in adapting these policies to the context of the European Region.

According to the WHO, integrated health services delivery, anchored in the same principles as first set out in the health-for-all agenda and primary health care approach, is an approach to transforming services delivery and designing the optimal conditions conducive to strengthening people centred health systems: comprehensive delivery of quality services across the life-course, designed according to an individual's needs, delivered by a coordinated team of providers working across settings and levels of care, effectively managed to ensure the appropriate use of resources based on the best available evidence and to tackle upstream causes of ill health and well-being by intersectoral action.

More information available at: <http://goo.gl/iFTlOz>

CONFERENCE ON MIGRANTS AND HEALTH ACTIONS FUNDED UNDER THE HEALTH PROGRAMME 2008-2013 AND 2014-2020

On 12 and 13 May 2016, the European Commission, in collaboration with the International Organisation for Migration (IOM) and the Directorate General for Health (DGS) from Portugal, organised the conference entitled "Migrant and Health actions funded under the Health Programme 2008-2013 and 2014-2020". The conference aimed to share good practices implemented in the framework of the Health Programme actions addressing Migrants health needs.

The first day of presentations was mainly focused on provide the picture of the current situation of migrants and refugees in Europe, identify their emerging needs and solution strategies in ensuring migrants' access to health care in the host countries. In this context, the presentation of the WHO representative, Richard Alderslad, described the framework of the current situation, its size, the measures to be taken and action strategies to find effective solutions for migrants and refugees.

Key findings highlighted during the conference focused on the importance of implementing concrete actions for migrants and refugees in terms of:

- Intervention in public health;
- Provision of adequate and targeted care for the previously identified specific needs;
- Adaptation of health services to host and care;
- Training of health professionals;
- Assessment of health interventions
- Creation of a culture of integration and hosting
- Definition and implementation of policies appropriate for the various EU countries.

The second day of presentations addressed the need to consider the situation of migrants and refugees in Europe globally, namely ensuring that European countries have a common strategy and course of action considering the inevitable access to healthcare of migrants in an irregular situation in host countries.

Given the many differences between European National Health Services (NHS), also the way countries cope with user's health services and its citizens is necessarily different (e.g. legal system). This reality implies the need of a common language and taxonomy within European countries to address migrants and refugee needs; starting by the definition of refugee and migrant.

A substantial need to define a common language and terminology emerged specifically in the case of mental health, as problems associated to mental health (e.g. distress, anxiety) are particularly recurrent in migrant populations. Indeed, "mental health" may not have the same meaning between European countries – e.g. in Portugal the term is associated to a good state of mental health, while in the United Kingdom it defines mental health diseases.

To conclude, the conference results stressed the importance of the creation of a consensus document on access to healthcare for migrants in an irregular situation (including difficult curative and prevention actions), also considering primary health care and mental health problems as a priority.

Conference agenda available at:

http://ec.europa.eu/chafea/documents/health/migration-programme_en.pdf

E-HEALTH STAKEHOLDER GROUP – BRUSSELS MEETING, 18 MAY 2016

HOPE responded to the call for expression of interest establishing the eHealth Stakeholder Group and has been nominated as member of the group. The first meeting of all members took place in Brussels on 18 May 2016.

The first session was chaired by Paul Timmers, Director for Digital Society, Trust and Security, DG CONNECT who presented an update on the Digital Single Market Strategy and eHealth. This was followed by a presentation of the eHealth Action Plan intermediate evaluation with Information and update on the process.

Several mHealth policy actions were then covered: the Draft Code of Conduct on privacy for mobile health applications; the Public consultation on the safety of apps and other non-embedded software; the Draft Guidelines on the assessment of data validity and reliability of mHealth apps; the eHealth Network mHealth subgroup meeting summary.

This was followed by information on: the implementation of eHealth Digital Service Infrastructure under the Connecting Europe Facility (CEF), the Standardisation and interoperability in particular on the PHC-34 projects on interoperability and standards (eStandards, OpenMedicine, ValueHealth, AssessCT); the eHealth Network meetings feedback from the 8th eHealth Network Meeting (23 Nov 2015) and the 9th eHealth Network meeting (7 June 2016); Feedback from the Joint Action supporting the eHealth Network .

Finally several topics were quickly covered: Study on Big Data in Public Health, Telemedicine and Healthcare (launched by DG SANTE); Horizon2020 Work Programme 2018-2020; EU-US MoU Roadmap updates; eHealth Week 2016 Amsterdam.

More information on eHealth stakeholders group members available at:

<https://ec.europa.eu/digital-single-market/en/news/ehealth-stakeholder-group-members>

EVENT ON PROMOTION OF ELDERLY CARE ON THE EU AGENDA – EAHSA

On 27 May 2016 the European Association of Homes and Services for the Ageing (EAHSA) organised an event to discuss about EU issues, networks and policies and share ideas about promoting elderly care on the EU agenda.

EAHSA is the European integral platform of the providers of housing, services and care for the ageing sector. Members represent all types of organisations and individuals active for older persons and all types of ownership including for profit, not-for profit and governmental organisations. EAHSA members represent over 3.000 providers spread in 20 EU countries. It is EAHSA's ambition to shape an ageing-friendly society and to maximize independent living for older persons.

During the morning session a round table and discussions took place with Peter Wintlev Jensen (DG CONNECT), Gosia Kozłowska, Ettore Marchetti (DG EMPL) and Krzysztof Balon (European Economic and Social Committee) on the topic of elderly care on the EU Agenda.

PERSONALISED MEDICINE CONFERENCE 2016

HOPE was invited to the Personalised Medicine Conference 2016 organised in Brussels on 1 and 2 June 2016.

The conference explored the opportunities in the field of personalised medicine through a research policy lens. The conference aimed to showcase the current state-of-the-art in the area, best practices and also to address research and innovation challenges of making personalised medicine a reality. Member State funding organisations and policy makers have called for a coherent strategy for research funding in Europe. These conferences also officially launched the International Consortium for Personalised Medicine (IC PerMed).

The programme consisted of invited lectures, keynote presentations and panel discussions from European and global leaders in the field in a series of thematic sessions covering the various aspects of personalized medicine, from public and patient engagement and awareness, big data and ICT solutions, translating basic to clinical research and beyond to bringing innovation to the market and shaping sustainable healthcare.

More information available at:

<http://ec.europa.eu/research/conferences/2016/permed2016/index.cfm>

E-HEALTH WEEK 2016: A NEW FOCUS ON PATIENTS

The eHealth Week, Europe's leading eHealth event, took place in Amsterdam from 8 to 10 June 2016. The event revolved around patients, under the theme 'You – at the heart of transition'.

In the past, eHealth policies have mainly focused on institutions and IT systems, but this time the emphasis has been mainly on eHealth users.

The eHealth Week brought together government and ministerial delegations as well as the private sector. Its aims are to encourage productive discussions on how these two areas complement each other and to discover what lessons can be learned. Services and solutions will be on hand for testing and trying out.

Patients, consumers, doctors, nurses and informal carers have been given a prominent role in the conference, reflecting the emphasis on eHealth users in the Netherlands and elsewhere in Europe. In the opinion of Paul Timmers, Director of the Sustainable & Secure Society Directorate in the European Commission: 'Digital solutions can empower citizens to manage their health, while health and care systems can improve their efficiency and cope with increasing demand from an ageing population. eHealth saves time and costs, uses resources more efficiently and avoids duplication, and improves outcomes for patients.'

More information on the eHealth week available at:

<http://www.ehealthweek.org/ehome/index.php?eventid=128630&>

MAINSTREAMING PALLIATIVE CARE FOR AN AGE FRIENDLY SOCIETY – CONFERENCE AT THE COUNCIL OF EUROPE

HOPE was invited to the conference Mainstreaming Palliative Care for an Age-friendly Society on 15 June 2016.

The session was opened with a welcome speech by the Council of Europe Humbert de Biolley, Deputy Head of the Brussels Office of the Council of Europe and followed by a presentation of the PACE project. The first part of the conference covered the state of play, benefits and drivers of diversity the palliative care in Europe:

- The benefits of comprehensive palliative care delivery;
- The benefits of palliative care for older people living with dementia;
- Legislation and policy on palliative care in long term care facilities: A European perspective;
- The quality of dying, the availability of palliative care and the variability across Europe.

The aim was also to hear the perspectives of end-users and health and long-term care practitioners Session introduced with the results of the 1st PACE User Forum.

More information on the PACE project available at: <http://www.eupace.eu/>

BIOSIMILAR MEDICINAL PRODUCTS – STAKEHOLDER EVENT

The European Commission invited HOPE to the Stakeholder Event on Biosimilar Medicinal Products taking place in Brussels on 20 June 2016.

IMS Health presented the EC Report 2016 showing the impact of biosimilar competition. Speciality medicines now account for 35% of European medicine spend, this has risen rapidly. According to IMS health results the competition drives down the prices.

Across EU Member States, the translation of biosimilars into healthcare pathways and integration into treatment and procurement marks the progress of biosimilars in Europe. The first session gave an overview of developments regarding biosimilar competition, experiences with the use of biosimilar medicines at national level and initiatives undertaken to build understanding and share best practice. Panellists provided examples of how they have approached questions around training and education, patient consultation, switching, monitoring / registries and procurement, when incorporating biosimilars in their healthcare systems.

The opening presentation was done by Prof. Mondher Toumi, Aix Marseille University; followed by Dr Vito Annese, Careggi Hospital of Florence (Italy) on PROSIT-BIO study to date one of the largest studies on switching to biosimilar infliximab in patients with inflammatory bowel diseases. He stated that its scientific society is strongly against the automatic substitution and support the right and benefit to avoid the change of any biologic (either originator or biosimilar) when the patient is doing well, according to patient's and doctor's preference.

From The Netherlands came an Analysis of Information-Recording Systems in Clinical Practice and Spontaneous ADR Reports by Pieter Stolk and Kevin Klein, University of Utrecht. The case study presented by Fraser Cummings, consultant gastroenterologist, University Hospital Southampton NHS Foundation Trust United Kingdom was showing collaborative arrangements between

Commissioners and Providers in working together to create incentives. The case studies concluded with the Hungarian experience with the use of biosimilar infliximab in inflammatory bowel diseases. Dr. Krisztina Gecse, gastroenterologist, 1st Department of Medicine, Semmelweis University in Budapest.

The afternoon session dealt with information and communication needs of patients and healthcare professionals focusing on the individual/clinical practice but also on to the policy level, which includes professionals' education. Discussions were kicked off by short presentations and the session chair will ensure active participation by the audience:

- the patient's perspective with regard to information and communication needs in different healthcare settings by Salvatore Leone, EFCCA Vice President and CEO of the Italian IBD Association ;
- challenges and good practices for patient-healthcare professional communication in different settings: the patient-physician relationship by Prof. René Westhovens, Royal Belgian Society of Rheumatology ;
- challenges and good practices for patient-healthcare professional communication in different settings: the role of the (hospital or community) pharmacist by Jamie Wilkinson, Director of Policy PGEU;
- how patient organisations are contributing – example of communication activities and policy involvement by Dieter Wiek, Chair of the EULAR Standing Committee of PARE.

The clear conclusion of the day was that the lack of information is the most important obstacle and that a clear educational need for prescribers to update them on what is happening is needed.

IMS Report "Impact on biosimilar competition on price, volume and market share 2016" available at: http://ec.europa.eu/growth/tools-databases/newsroom/cf/itemdetail.cfm?item_id=8854

PAIN THERAPY AND THE DEGREE OF PATIENT'S PAIN IN THE AGE OF CROSS-BORDER HEALTHCARE

HOPE was invited to speak on 21 June 2016 in the European Parliament during a session of the Interest group on cross-border health care devoted to pain.

Article 8.5 of the Directive 2011/24/EU states that the degree of patient's pain must be taken into account in the application process of the cross-border healthcare Directive. In the transposition process at national level only few Countries have formally recognized the importance of the assessment of the degree of patient's pain as stated in article 8.5.

During the 2016 Societal Impact of Pain Symposium, held in Brussels in May 2016, detailed policy recommendations were set out as the result of collaboration between chronic pain patients, healthcare practitioners, researchers, scientists and other stakeholders involved in pain care. Starting from these recommendations, the event intends to open a debate on the topic, based on experiences, good practices and issues faced in the different EU Member States.

The welcome address and keynote presentation was delivered by MEP Patrizia Toia, S&D (Italy) followed by MEP José Inácio FARIA, ALDE (Portugal).

Several organisations were invited to answer how patients live with chronic pain, what may be suggested to the European Commission and Member States so that their rights are respected and which indicators are needed to set criteria for granting access to cross-border healthcare.

Pain Alliance Europe (PAE), European Headache Alliance (EHA), European Multidisciplinary Network in Pain, Research and Education (EMNIPRE) gave their views. They were followed by concrete example of Sine Dolore (Spain), Rede Integrada de Associações de Doença Crónica nos Açores (RIADCA) of Portugal, No Pain Foundation (Malta) and the Hellenic League Against Rheumatism (Greece)

Pascal Garel, Chief Executive of European Hospital and Healthcare Federation (HOPE) presented the Hospital Network for Care across Borders in Europe, created through the HoNCAB project.

More information on the HoNCAB project available at: <http://honcab.eu/>

Presentation of the HoNCAB network of Hospitals available at: <http://honcab.eu/cms/wp-content/uploads/European-Parliament-2016-06-21.pdf>

HEALTH PROMOTING HOSPITALS 2016

The 24th International Health Promoting Hospital Conference took place from 8 to 11 June 2016 in Yale (US). HOPE is part of the Scientific Committee.

The presentations given throughout the plenary program as well as during the several oral (mini) and poster sessions are available at:

<http://www.hphconferences.org/connecticut2016/proceedings/>

THE FUTURE OF PATIENT-CENTERED ONCOLOGY CARE IN EUROPE – ROUND TABLE MEETING

HOPE was invited on 22 June 2016 in Brussels to participate at the round table meeting “The Future of Patient-Centered Oncology Care in Europe”.

Advancements in both cutting-edge science and treatment outcomes are changing the profile of cancer from an acute to a chronic disease, transforming cancer care and most importantly increasing the number of cancer survivors. However, this innovation is often considered to be costly and several organisations have stated concerns with regard to the budget impact and sustainability of health systems in Europe.

15 of EFPIA's member companies (Amgen, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol-Myers Squibb, Celgene, Ipsen, Janssen, Lilly, Merck, MSD, Novartis, Pfizer, Roche and Servier) have funded a collaborative project to host a series of roundtable discussions with the objective to proactively discuss the future of cancer care in Europe. The discussions started with this European roundtable, followed by 10 national roundtables over the course of 2016 in Bulgaria, Germany, Italy, the Netherlands, Poland, Sweden, UK and three more to be confirmed.

The roundtable addressed two questions:

- How can we ensure equal patient access to optimal cancer care across Europe, in the context of varying levels of survival, health expenditure and medicine uptake?
- How should we make decisions about funding improvements to cancer services, including assessing the role of new medicines?

The Comparator Report on Patient Access to Cancer Medicines in Europe was presented by Professor Bengt Jönsson, Stockholm School of Economics and Dr. Nils Wilking, Skåne University Hospital and Karolinska Institute. Several European cancer organisations then followed: European Cancer Organisation (ECCO), European Cancer Patient Coalition (ECPC), Joint Action on Cancer Control (CANCON) and European Organisation for Research and Treatment of Cancer (EORTC).

PATIENT INVOLVEMENT IN RESEARCH – SEMINAR AT EUROPEAN PARLIAMENT

HOPE was invited to the seminar “Patient Involvement in Research, How and Why those with Brain, Mind and Pain Disorders must be involved” organised in Brussels on 22 June 2016 in the European Parliament.

The event was chaired by MEP Marian Harkin, co-chair of the European Parliament Interest Group “Brain, Mind and Pain” and organised by the European Federation of Neurological Associations.

The patient Involvement in Brain, Mind and Pain Research was addressed by Isabelle Abbey-Vital, Research Involvement Officer, Parkinson’s UK Patient and Public Involvement. The researcher was given by Prof. Dr. Judith Rosmalen, Professor in Psychosomatic Medicine, Departments of Psychiatry and Internal Medicine, University Medical Centre Groningen Case-Study: Exploring how patients contribute to better care for medically unexplained symptoms and the industry perspective by Prof. Dr. Rachel Schindler, Vice President of Clinical Research, Neuroscience, Pfizer. The keynote address was finally given by MEP Michal Boni, Intergroup on the Digital Agenda for Europe. This initiative was financed by Biogen, Grunenthal, Pfizer and Novartis.

More information on the European Parliament interest group Brain, Mind and Pain available at: http://www.pae-eu.eu/?page_id=833

PATIENT EMPOWERMENT – HIGH LEVEL POLICY ROUNDTABLE AT THE EUROPEAN PARLIAMENT

HOPE was invited to a high-level policy roundtable that took place in the European Parliament on 22 June 2016 to present the results of the Patient Empowerment Campaign organised by the European Policy Forum and to discuss further steps at policy level.

Hosted by MEPs Karin Kadenbach (S&D, Austria), Andrey Kovatchev (EPP, Bulgaria), and Roberta Metsola (EPP, Malta), the event presented the main achievements of the campaign and offered a platform for exchange of good practices and patients testimonials.

A debate followed where MEPs, officials from the European Commission and patient organisations discussed the next actions to promote and implement patient empowerment at European and national level.

The event was also an opportunity to officially present two milestones of the campaign: the Charter on Patient Empowerment and the Roadmap for Actions. The Charter defines the fundamental principles of patient empowerment from the patients' perspective, and the Roadmap turns these principles into eight priority action areas that need to be taken at different levels in order to apply the principles in policy and practice.

More information on the patient empowerment campaign available at: <http://www.eu-patient.eu/campaign/PatientsprescribE/>

JOINT ACTION ON CANCER CONTROL (CANCON)

HOPE is involved as collaborating partner in the Joint Action on Cancer Control (CanCon), which is an initiative co-funded by the European Union started in 2014 and running until 2017. Its objectives consist in:

- Improving the quality of cancer care among member states;
- Improving the quality of life of cancer patients and survivors;
- Ensuring reintegration and palliative care and a decrease in inequalities at various levels of the cancer control.

The main outcome of the project is the European Guide on Quality Improvement in Comprehensive Cancer Control, which gathered several experts who worked together with the aim of producing a key strategic tool for governments and policy makers. Moreover, a pilot model of Comprehensive Cancer Care Network (CCCN) has been set up in the Czech Republic. Such model covers all components of cancer care: from prevention and screening programmes through standard diagnostic and treatment procedures to follow up plans. Finally, CanCon will help member states to place cancer firmly on their national public health agendas and improve national situations by applying and adapting recommendations in the Guide.

More information on the project available at: <http://www.cancercontrol.eu/index.php>

More information on the pilot model in Czech Republic available at: <http://www.cancercontrol.eu/news/84/26/CCCN-Pilot-model-set-in-the-Czech-Republic/d,news>

IMPROVING OUTCOMES FOR CRITICALLY ILL CHILDREN: INNOVATION AND RESEARCH TRANSLATED TO SAVE LIVES

On 29 June 2016, HOPE attended a workshop at the European Parliament hosted by the Science and Technology Options Assessment Unit (STOA) aimed at founding solutions to improve outcomes for critically ill children.

During the event it emerged that 250,000 children across Europe suffer critical illness or injury each year. However, the quality of care when it can make a crucial – or critical – difference varies widely across Europe. The discussion was addressed to propose solutions to ensure that critically ill children, their families and wider society benefit from innovation and advances in paediatric research and care.

10TH EUROPEAN HEALTH AWARD

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

The award honours initiatives aiming to improve public health or healthcare in Europe. It was established in 2007 to promote cross-border cooperation, multi-country working and the development of sustainable, innovative and transferable initiatives which address current challenges such as disparities in health status, access to services and the provision of treatment within Europe.

Applications for the Award closed on Friday 27 May 2016. The European Health Award is sponsored by the Austrian Federal Ministry of Health and FOPI, the Association of the Research & Development based Pharmaceutical Industry in Austria.

More information available at: <http://www.ehfg.org/award.html>

TEACH SUMMER SCHOOL – EUROPEAN ALLIANCE FOR PERSONALISED MEDICINES

3-7 July 2016 – Cascais (Portugal)

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

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

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

Agenda available at: http://euapm.eu/pdf/EAPM_summer_school_agenda.pdf

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

19TH EUROPEAN HEALTH FORUM GASTEIN

28-30 September 2016 – Bad Hofgastein (Austria)

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

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

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

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

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

12-14 October 2017 – Opatija (Croatia)

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

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

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

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

AGENDA



UPCOMING HOPE CONFERENCES

HEALTH PROMOTING HOSPITALS 2017

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

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