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**2nd Multi-stakeholder Symposium on Improving Patient Access to Rare Disease Therapies**

**Brussels, 22-23 February 2017**

**Health Promoting Hospitals 2017**

**Vienna, 12-14 April 2017**

**HOPE Agora 2017**

**Dublin, 11-13 June 2017**

## HOPE Exchange Programme 2017 – Organisational Innovation in Hospitals

In 2017, HOPE will organise its 36<sup>th</sup> Exchange Programme starting on 15 May. The Agora 2017 will take place in Dublin from Sunday 11 June afternoon to Tuesday 13 June afternoon 2017. The main topic for 2017 will be around organisational innovation in hospitals and healthcare. Organisational innovation is a broad topic that in the context of the Exchange Programme shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

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

More information on HOPE Agora:

[www.hope-agora.eu](http://www.hope-agora.eu)



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

## HOPE Study Tour – Lean management in hospitals: the example of the Hospices civils de Lyon

**2-3 February 2017, Lyon (France)**

The Hospices Civils de Lyon and the French Hospital Federation organise on 2 and 3 February 2017 a HOPE study tour on Lean Management.

Created by Toyota in the 1970s, Lean Management is a method of organizing work that intends to improve production with fewer resources. To this end, Lean Management relies on the active participation of all stakeholders to optimize the overall performance of organizations and reduce waste.

While many French companies have already adopted lean management, what about the first experiments conducted in the French public hospitals?

This HOPE study tour is an opportunity for European professionals to discover a successful experience of Lean development in public hospitals on site.

Hospices civils de Lyon, the second largest university hospital in France, integrate all disciplines, and bring together 14 multidisciplinary or specialized establishments. They employ more than 22,000 professionals with the most advanced equipment.

In addition to meeting a number of management and field staff, this study tour will make it possible to understanding the contribution of Lean Management in hospitals and to cover the issues raised by its implementation in one of Europe largest university hospital group.

Fee: 350 euros/Person, accommodation and transport costs not included.

To get the application form please contact: [n.desjardin@fhf.fr](mailto:n.desjardin@fhf.fr).



### **The European Commission launches five calls for proposals on the Public Health topics**

On 28 October 2016, the European Commission launched five call for proposals related to rare diseases, mental health, chronic and rheumatic diseases, breast cancer:

- Pilot project — Establishing a Registry of Rare Congenital Malformations (as part of the Rare Diseases Registry), drawing on the structure, organization and experience of the Registry of Congenital Malformations;
- Pilot project — Mentally - access to mental health care and improving mental health literacy;
- Pilot project — Severe mental disorders and the risk of violence: pathways through care and effective treatment strategies;
- Pilot project — INTEGRATE: Development of integrated strategies to monitor and treat chronic and rheumatic diseases: the role of quality indicators and patient reported outcomes in addition to the physician evaluation of disease activity and damage;
- Pilot project — Primary prevention courses for girls living in areas with higher risk of breast cancer.

These grants are opened for public or private projects relating to Public Health and are awarded by the European Commission and the EU Consumer, Health, Agriculture, and Food Executive Agency (CHAFEA). To receive EU financial support for a project, i.e. to be a coordinator or other beneficiary, the organisation needs to be legally established in the European Union or in an EFTA country (Iceland, Norway).

**[Read more](#)**



## European Commission Work Programme 2017 – next year initiatives on Public Health and Social policies

On 25 October 2016, the European Commission adopted its annual Work Programme and then presented it to the European Parliament in Strasbourg.

The Work Programme sets out the Commission's plans for 2017. During next year, the Commission will continue its work on 10 priorities by putting in place 21 key initiatives. Moreover, it will publish 18 REFIT (Regulatory Fitness and Performance Programme) proposals to improve the quality of existing EU legislation to make sure that rules are fit for purpose. To ensure a focus on delivery, the Commission Work Programme identifies 34 priority pending proposals made in the past two years waiting for adoption by the Parliament and Council which could make a tangible impact on the ground.

As far as Public Health is concerned, no human health legislation is expected to enter into force during the year to come. However, the European Commission announces the launch of the several initiatives within the framework of the following policy sectors of interest to hospital and healthcare activities (**Annex I** to the Commission Work Programme 2017):

- **Youth Initiative:** the EC will propose the creation of the **European Solidarity Corps** (legislative/non-legislative) and priority measures to implement the youth aspects of the Skills Agenda, including a quality framework for apprenticeships (legislative);
- **Action Plan on Circular Economy:** including a strategy on plastic use, reuse and recycling (non-legislative); a regulation on minimum quality requirements for reused water and a REFIT revision of Drinking Water Directive, an initiative to address legal, technical or practical bottlenecks at the interface of chemical, product and waste legislation and a monitoring framework for the circular economy;
- **Single market strategy:** will include an initiative on coordinated health technology assessment (legislative/non-legislative, incl. impact assessment, Q4/2017);
- **European Pillar of Social Rights:** following the public consultation, the initiative will set out its proposal for a Pillar of Social Rights (Q1/2017) and will present related initiatives;
- **European Agenda for Migration:** more specifically, the EC envisages swift adoption of the legislative proposals for the Reform of Common European Asylum System (Annex 3 to the Work Programme, page 6, item 29).

**Read more**



## **Biosimilar medicinal products – Second multi-stakeholder event at European Commission**

On 20 June 2016, HOPE was invited by the European Commission to the second multi-stakeholder event on biosimilar medicinal products in Brussels.

Since 2010, a multi-stakeholder dialogue and co-operation at European level has been put in place under the Process on Corporate Responsibility / Access to Medicines in Europe and in this context, a multi-stakeholders workshop has been organised by the Commission in order to share experiences at national level with biological medicines including biosimilars and discussed the information and communication needs of patients and healthcare professionals. The meeting brought together more than one hundred participants aims to build a common understanding and trust between patients and doctors, payers and commercial operators in a context of pricing and reimbursement of medicinal issues.

The main objectives of the meeting are to present the update on the impact of biosimilars competition then to provide an opportunity for gathering all relevant interested stakeholders to facilitate an exchange of information and experiences and eventually to launch the updated version of the Question and Answers document on biosimilar medicinal products prepared for patients and doctors.

**[Read more](#)**

## **Signing Ceremony of the Memorandum of Understanding between the European Committee of the Region and the World Health Organization Regional Office for Europe – CoR and WHO event**

On 21 November 2016, HOPE was invited to the Signing Ceremony of the Memorandum of Understanding between the European Committee of the Region (CoR) and the World Health Organization regional office for Europe (WHO) in Brussels.

The ceremony provided the opportunity to CoR and WHO to reiterate their commitment to work closely in order to ensure that every human being can enjoy the highest attainable standard of health. The future partnership will not solely be focusing on specific issues but will tackle global health and social challenges in the European Union.

Priority areas covered by the new agreement include:

- investing in health through a life-course approach and by empowering people;
- tackling the challenges of noncommunicable and communicable diseases;

- strengthening people-centred health systems, public health capacity, and emergency preparedness, surveillance, and response;
- creating resilient communities and supportive environments.

The MoU and its accompanying action plan bring the collaboration between the 2 organizations in line with the goals and targets set out in Health 2020, the 2030 Agenda for Sustainable Development and the Commission for Natural Resources' annual work programmes of the Committee of the Regions.

### **Speech - Signing Ceremony for a Memorandum of Understanding between the European Committee of the Regions and WHO/Europe**

### **Substances of Human Origin (SoHO) – HOPE selected as stakeholder by the European Commission for ad-hoc meetings of the Expert Group**

On 15 November, HOPE has been selected by the European Commission as stakeholders for ad-hoc meeting related to blood, tissues and cells or organs.

On 21 October 2016, DG SANTE published a call for expressions of interest to establish a list of stakeholders interested in participating in ad-hoc stakeholder meetings with the CASoHO Expert Group. The list has been published on the European Commission website and will be reviewed and updated in line with further applications received.

The purpose of the stakeholders meeting is to provide an opportunity for an informal exchange of views and experiences in a dynamic setting between relevant stakeholders and representatives of Members of the Expert group, and the Commission services on the topic of mutual interest at the EU level.

It is up to national governments to organise healthcare and ensure that it is provided. The EU's role is to complement national policies by specific actions - as in the case of blood, tissues, cells and organs – when the EU provides laws & standards for health products and services (e.g. medicines, medical devices and eHealth) and patients (e.g. safety and health services involving more than one EU country)

### **List of stakeholder organisations**

### **Agenda of the first meeting**

## **State of Health in the EU cycle – Health at a Glance: Europe 2016 – European Commission/OECD joint report**

On 23 November 2016, European Commission and OECD released a joint report on the State of Health of the EU cycle entitled "Health at a Glance: Europe 2016"

The fourth edition of Health at a Glance: Europe presents key indicators of health and health systems in the 28 EU countries, 5 candidate countries to the EU and 3 EFTA countries.

This 2016 edition contains two main new features: two thematic chapters analyse the links between population health and labour market outcomes, and the important challenge of strengthening primary care systems in European countries; and a new chapter on the resilience, efficiency, and sustainability of health systems in Europe, in order to align the content of this publication more closely with the 2014 European Commission Communication on effective, accessible and resilient health systems.

This publication is the result of a renewed collaboration between the OECD and the European Commission under the broader "**State of Health in the EU**" initiative, designed to support EU member states in their evidence-based policy making.

### **Read the report**

## **Availability of Medicines - Slovak Presidency of the Council of the EU conference**

On 18 November 2016, the Ministry of Health of the Slovak Republic organised in Bratislava a conference on medicine shortages.

The Slovak ministry of Health brought together general Directors of Pharmacy Departments from EU countries, EU candidate countries and EFTA countries all together with Heads of Medicines Agencies and other important representatives of national medicines agencies and associations in Europe.

The program is built upon three working sessions. The first session is focused on the topic Medicine is not ordinary good/ Parallel export, the second session embraces Shortages due to GMP issues. The third session consists of the highly up - to - date issue Availability of innovative medicines.

According to Stanislava Luptáková, Ministry of Health of the Slovak Republic, one of the main objectives of the conference was to define a common approach among EU member states to join forces as one strong market to proceed further with this system.

### **Read more**

## European Semester 2017 – European Commission published the Autumn Package

On 16 November, the European Commission published the European Semester Autumn Package.

The **European Semester** is a cycle of economic and fiscal policy coordination within the European institutions and its Member States (MS). It is part of the EU economic governance framework. Being the focus of the cycle on economic and fiscal policies, also healthcare issues are usually mainly addressed through the lenses of their impact on public finances.

The autumn package officially starts the 2017 European Semester. It sets out the Commission's views on the EU economic and social priorities for the year ahead, building on the guidance from President Juncker's **2016 State of the Union** address and on the latest economic data from the **Commission's Autumn 2016 Forecast**.

The Annual Growth Survey 2017 (AGS) is a key document among those published within the framework of the autumn package. This year's AGS confirms the degree of attention devoted by the Commission to the sustainability of the healthcare sector with the "State of the Health in the EU" cycle and the **Joint Report on Health Care and Long-term care system and fiscal sustainability**. However, it sets a positive change in the way the Commission usually refers to it.

If in the previous **Annual Growth Survey 2016** reference to healthcare was mainly associated to the issue of the European ageing population, now this reference is more varied. There is a stronger reference to the social role played by high quality healthcare services to ensure a healthy and productive population. Social and health policies are openly addressed as a productive factor aiming at modernising the welfare state.

When it comes to fiscal policies, healthcare is still considered as a sector where there is still substantial room for improvement. The mantra of the importance of making health systems more effective, accessible and resilient is still present, but the AGS 2017 underlines its objective, namely to "support their positive contribution to population health and economic prosperity", rather than the way to achieve it, that is implementing cost-effective reform plans.

The words "fiscal sustainability" do not appear in the text in relation to health systems, even if they implicitly remain present in the document, being the topic addressed in the section devoted to sustainable fiscal policies.

**Read More**

**Annual Growth Survey 2017**

## European Antibiotic Awareness Day 2016

In occasion of the European Antibiotic Awareness Day (EAAD), celebrated each year on 18 November, the European Centre for Diseases Prevention and Control (ECDC) organised an event in Brussels gathering policymaking organisations and representatives of EU institutions working in the field of Antimicrobial Resistance. HOPE actively participated to the event, also through its communication channels and social media.

The European Antibiotic Awareness Day is a platform to support national campaigns and provide toolkits of briefing material aimed at different kind of audiences. The main theme of this year's EAAD conference was "The future is Now!". The aim of the 2016 campaign is indeed to underline the importance that the issues of antibiotic resistance and abuse and misuse of antibiotics both in animal and human health have already reached nowadays. To support this statement ECDC also published on the same day the latest EU-wide data on AMR, including a Policy brief entitled "Last-line antibiotics are failing: option to address this urgent threat to patients and healthcare systems".

Several high-level speakers took the floor during the event, including the ECDC acting Director Andrea Ammon, the Commissioner for health and food safety, Vytenis Andriukaitis and representatives of the European Commission, both from the Directorate General for Health and Food Safety and the Directorate General for Research and Innovation.

The overall goal of the conference was to clarify the current situation from a technical and scientific point of view thanks to presentations by representative of EU agencies active in the field (ECDC, EFSA, EMA) and WHO, as well as to present forthcoming programmes at European level to support Member States in their fight against AMR. This will include a new EC Action Plan on Antimicrobial Resistance starting next year, the publication of Guidelines for prudent use of antibiotics in human health that will follow the same line of the document already produced for animal health, and the launch of a Joint Action on Antimicrobial Resistance. HOPE expressed on this occasion its regret that European stakeholders are not involved in the preparation of the Joint action.

### **Policy Brief "Last-line antibiotics are failing"**

**Know more**



### **Digital Skills and Jobs Coalition – European Commission conference**

On 1 December 2016, the European Commission organized a high-level conference in Brussels to launch the Digital Skills and Job Coalition.

The Digital Skills and Jobs Coalition is a multi-stakeholder partnership aiming at tackling the lack of digital skills in Europe and the thousands of unfilled ICT-related vacancies across all industry sectors.

Developed on the positive outcomes of the Grand Coalition for Digital Jobs 2013-2016 and the EU e-skills strategy, and in coordination with the work under Education and Training 2020, the Commission will bring together Member States and stakeholders, including social partners, to pledge action and to identify and share best practices, so that they can be more easily replicated and scaled up.

**[Read more](#)**



### **Free movement of professionals – Commission urges Member States to transpose EU rules on recognition of professional qualifications**

The deadline for the transposition of Directive 2013/55/EU (DIR55) was 18 January 2016.

However, many Member States did not transpose the Directive into national legislation yet. As such, the European Commission has now published a Fact Sheet presenting the infringement procedures that it has decided to pursue in the coming months.

Those Member States who have not yet communicated to the Commission the complete transposition of the Directive into their national law have two months to notify it to the Commission, who will then verify the correctness of the implementation.

It is worth noting that Member States that have informed the Commission about their transposition have not necessarily implemented the Directive correctly.

#### **Press release**





### **Communication on Health and Safety at Work – Roadmap launched**

On 21 November 2016, the European Commission has launched a roadmap for Communication on Health and Safety at Work after the evaluation of 24 EU occupational Safety and Health (OSH) Directives.

The results of the assessment made in the context of the evaluation of 24 EU OSH Directives indicate that, in overall terms, the EU OSH legal framework remains relevant. On effectiveness, the evidence shows that the incidence of accidents at work and work related ill-health have considerably decreased over the evaluation period. One of the exceptions is the burden of work-related cancer which still seems to be very high in the EU. The main challenge identified by all stakeholders is compliance, notably by small and micro enterprises which have higher relative costs.

The Communication would focus on working with Member States on the implementation of EU and national regulation of occupational health and safety. This will be complemented with updating in a targeted way the existing EU acquis, mainly to remove obsolete provisions and update outdated ones plus subsequent comprehensive codification to produce a more accessible and clear set of provisions without additional changes of substance.

#### **Roadmap**



### **Cost of hospital care for refugees and migrants and the situation regarding pharmaceutical companies – Parliamentary question**

Members of the European Parliament Georgios Kyrtos (PPE) and Elissavet Vozemberg-Vrionidi (PPE) submitted a written question to the Commission regarding medical care for migrants and refugees provided by Greek hospitals, the cost of which is being met by Greek taxpayers and by pharmaceutical companies, which are required to pay excessive amounts under the agreed claw-back provisions.

Commissioner Andriukaitis answered stating that the Commission provides substantial funding to help Greece cope with the challenges posed by the migratory flows. These funding include a grant of EUR 24.2 million to the Greek Ministry of Health to provide primary healthcare services at refugee accommodation centres to strengthen the capacity of the public health system and epidemiological surveillance structures and EUR 3.3 million granted to enhance response to public-health challenges presented by the refugee crisis in the Eastern Aegean islands. Provision for medical and healthcare purposes is also included in other emergency assistance grants. The Commissioner also referred to the article 168 of the TFEU, stating that it is foremost for Member States to decide on how to ensure access to healthcare for their populations. Moreover, in the context of the Memorandums of Understanding, the capping target and claw-back for the pharmaceutical budget were legislated by Greece, together with measures aimed at reducing expenditure in excess of the claw-back ceiling, e.g. by implementing mandatory prescription guidelines to ensure cost-effective prescribing by the e-prescription system.

#### **Full question**

#### **Full answer**



### **Personalised medicine – European Commission conference**

On 1 and 2 June 2016, HOPE attended a conference on the theme of personalised medicine organised by the European Commission within its building in Brussels. Its results have just been published.

The Personalised Medicine Conference 2016 explored personalised medicine through a research policy lens. It aims to showcase the current state-of-the-art in the area and explore research and innovation challenges for advancing the field to the benefit of patients and citizens.

To address the challenges, several public health research funders and policy-making organisations, together with the European Commission, will work together on a new initiative called the International Consortium for Personalised Medicine, or "IC PerMed". Discussion and planning in the setting up of an IC PerMed is ongoing; the aim is to officially launch it by the end of 2016.

**[Read more](#)**

**[IC PerMed website](#)**

## **Fixed prices set in Germany for prescription-only medicinal products are contrary to EU law – Judgment**

The Court of Justice of the European Union (CJEU) delivered on 19 October 2016 a judgement on the case C-148/15 *Deutsche Parkinson Vereinigung eV v Zentrale zur Bekämpfung unlauteren Wettbewerbs eV*.

With this judgement, the CJEU clarifies the condition of application of the articles 34 and 36 TFEU on the setting, in German law, of fixed prices for the sale by pharmacies of prescription-only medicinal products for human use.

In the judgment, the Court replies that the legislation at issue constitutes an unjustified restriction of the free movement of goods. The imposition of fixed sales prices has a greater impact on pharmacies established in other Member States, a fact which could impede access to the German market for products from other Member States more than it impedes access for domestic products. The Court notes in this regard that (i), for foreign pharmacies, sale by mail order constitutes a more important – if not the only – means of accessing the German market directly and (ii), for mail-order pharmacies, price competition is liable to constitute a more significant factor of competition than for traditional pharmacies, the latter being better placed to offer patients individually-tailored advice provided by dispensary staff and to ensure the supply of medicinal products in cases of emergency.

The CJEU concluded that the legislation at issue constitutes an unjustified restriction of the free movement of goods.

### **Full judgment**



# European programmes and projects

## **3<sup>rd</sup> Health programme (2014-2020): European Commission launches public consultation on mid-term evaluation of the programme**

On 23 November 2016, the Commission opened a public consultation for the mid-term evaluation of the 3<sup>rd</sup> Health Programme (2014-2020).

The 3<sup>rd</sup> EU Health Programme is the main instrument that the Commission uses to implement the EU Health Strategy. Annual work plans of the Programme set out priority areas and the criteria for its funding actions. The total budget for the programme is € 449.4 million.

This consultation is an opportunity for any interested parties to express their views and opinions on the 3HP. It is a part of the ongoing mid-term evaluation of the 3HP. The consultation covers:

- The objectives and priorities of the 3HP, and the extent to which these are appropriate and in line with health needs in the EU
- The way the 3HP is implemented, and the extent to which this is effective and efficient
- The overall added value and usefulness of the 3HP

This public consultation will not only help to assess the relevance, effectiveness, efficiency, coherence, and the EU added-value as well other aspects of the programme, but also to shape the future of the Health programme if improvements are needed.

### **More information**

#### **Survey**

## EU Health Award 2016 – shortlisted NGOs announced on European Antibiotics Awareness Day

On 18 November 2016, the European Commission revealed the shortlisted initiatives of the EU Health Award for NGOs fighting Antimicrobial Resistance. These 8 shortlisted NGOs will be invited to a ceremony at a later date where the winners will be made public.

The 8 shortlisted NGOs and projects are the following:

- Alliance to Save our Antibiotics - *Alliance to Save our Antibiotics*
- The European Consumer Organisation (BEUC) - *Antibiotic Resistance: From Farm to You*
- Federation of Veterinarians of Europe - *FVE's multi-annual strategy and actions to fight AMR*
- Health Care Without Harm Europe - *Safer Pharma - reducing pharmaceutical pollution*
- Ordre National des Vétérinaires - *Ecoantibio Plan and building bridges between human health professionals and veterinarians*
- Patients' Organisations "Together with you" - *Rational Antibiotic Use in Children: Common Mission of Doctors, Patients, and Institution*
- Stichting Huize Aarde - *Green Healthcare Programme and its projects MEDUWA and SOSPharmaH*
- World Alliance Against Antibiotic Resistance (ACdeBMR / WAAAR) - *Acting to Preserve Antibiotics*

**[Read more](#)**

## Reports

### **Evaluating the European Commission's Action Plan Against Antimicrobial Resistance – Rand Europe report**

Antimicrobial resistance (AMR) is a naturally occurring phenomenon where micro-organisms evolve abilities to survive drugs intended to kill them or stop their growth. The use of antimicrobials can speed up the emergence of AMR, and the challenges AMR brings are now compounded by an increase in resistance and a lack of new antimicrobial agents being developed. To tackle this issue, the European Commission developed the 'Action Plan against the Rising Threats from Antimicrobial Resistance', which covered the period 2011-2016 and aimed to address the problem of antimicrobial resistance (AMR) at the European level using a holistic approach.

The Action Plan addressed the problem of AMR at European level across the following areas: monitoring and surveillance; appropriate use of antimicrobials; infection prevention; development of new antimicrobials, alternative treatments and diagnostic tools; improving understanding of AMR; and reinforcement and coordination of research efforts. The objectives also covered international cooperation and awareness, education and training. The evaluation objectives were to analyse whether the actions set out in the Action Plan were the most appropriate actions to be taken to combat AMR, and which elements worked well or not (and why). The objectives also included assessing whether the objectives were still relevant to the needs in tackling AMR and whether the approach was appropriately holistic.

#### **Full report**



## **Study on better cross-border cooperation for high-cost capital investments in health – European Commission report**

HOPE competence has been recently requested by the European Commission to participate as an expert organisation in a study on better cross-border cooperation for high-cost capital investments in health.

The general objective of this study was to contribute to effective cross-border cooperation between EU-Member States by means of pooling resources for cost-intensive medical equipment investments. This should be done for cases where overall efficiency gains are expected from the public payer perspective, taking account of possible impacts on health service accessibility.

This will be done through five specific objectives:

- An overview of available evidence per candidate device relevant for determining public budgets and indicated patient groups. A gap analysis summarizing missing data
- A list of candidate devices (cost-intensive and highly specialised medical equipment) where cross-border investment resource pooling may be recommendable. Also, up-coming technologies (horizon scanning) should be included.
- A high-level assessment of efficiency gains at play from the perspective of public payers in a set of selected cases
- A consultation of key stakeholders: patients, public payers, healthcare providers and the medical industry
- A proposal for a cross-border cooperation mechanism to pool resources for cost -intensive medical equipment investments (including a roadmap with time-bound milestones). According to the tender specifications the project consists of seven tasks in total.

### **Full report**

## **Legal report on access to healthcare in seventeen countries – *Médecins du Monde* report**

This legal report aiming to describe seventeen national healthcare systems was written using both legal expertise and feedback from the field. The public healthcare system of each country is described as it is foreseen by the national laws, completed by a description of the reality of access to healthcare. Several categories of people are highlighted as specific provisions apply to them, generally restricting their access to the public healthcare system.

Asylum seekers and refugees, EU citizens, undocumented migrants, pregnant women, migrant children, seriously ill foreigners, and prevention and treatment of infectious diseases are the seven categories studied in this report which covers data from Belgium, Canada, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Norway, Romania, Slovenia, Spain, Sweden and Switzerland.

## **Read the report**

### **International Network 2016 Observatory: access to healthcare for people facing multiple vulnerabilities in health in thirty-one cities in twelve countries – *Médecins du monde* report**

The *Médecins du Monde* International Network's report Access to healthcare for people facing multiple vulnerabilities in health, based on medical and social data collected throughout 2015 in 31 cities in 12 countries (Belgium, France, Germany, Greece, Luxembourg, the Netherlands, Norway, Spain, Sweden, Switzerland, Turkey and the United Kingdom), once more reveals exclusion from mainstream healthcare systems.

Within the data collected in face-to-face interviews with over 30,000 patients during 89,00 consultations, "only" the full interviews were analysed, including social and medical data of 10,447 patients seen in 38,646 consultations in 12 countries. Among those surveyed, 94.2% were foreign citizens, with 24.7% migrant EU citizens and 69.5% migrant citizens of non-EU countries. Half of patients seen had permission to reside in the country where we met them (50.6% in Europe).

Multiple barriers to accessing healthcare were described, including lack of health coverage for 67.5%, need for interpreting for 40.8% and financial barriers for 24.3%. In the previous 12 months, 21.5% had given up seeking medical care or treatment, 9.2% had been denied care in a health facility and 39.6% of the patients without permission to reside limited their movements for fear of being arrested.

As a consequence, most health conditions had not been treated properly before arriving at *Médecins du Monde* or a partner clinic, even if most patients had been living in the host country for a year or more.

## **Read full report**

## **Surgical site infection – ECDC annual epidemiological report**

Surgical site infections are among the most common healthcare-associated infections and are associated with longer post-operative hospital stays, additional surgical procedures, treatment in an intensive care unit, and higher mortality. These infections occur after an operation, in the part of the body where the surgical procedure was performed.

The latest ECDC annual epidemiological report on surveillance of surgical site infections in Europe show that hip prosthesis was the most frequently reported type of operation, representing 34% of all operations notified in that timeframe.

Overall, the trend analyses for the period 2011-2014 showed a statistically significant decreasing trend for four types of operations: coronary artery bypass graft, knee prosthesis, caesarean section, and colon surgery. These decreasing trends might suggest that the prevention of surgical site infections for these procedures has improved and that surveillance, by contributing to raising awareness about these infections and their prevention, might have contributed to the observed improvements.

An increase in the percentage of surgical site infections following cholecystectomy operations was observed during 2011-2014. Nonetheless, it is possible that this trend mainly reflects improvements, in some EU/EEA countries, in the surveillance of surgical site infections after discharge from the hospital.

One essential step in the prevention of surgical site infections is to implement a national system for their surveillance, as such a system provides an overview of the specific national situation and allows healthcare authorities to identify priorities and implement effective prevention measures. In 2017, ECDC will continue to provide support and tools, such as an updated protocol and a free software package, to those EU/EEA countries that wish to establish or improve their national systems and networks for the surveillance of surgical site infections.

The report contains data for 2013 and 2014, received from 15 EU Member States and one EEA country.

### **Report**

### **Global guidelines on the prevention of surgical site infection - WHO**

## **Pharmaceutical regulation in 15 European countries – Health Systems in Transition – European Observatory on Health Systems and Policies review**

In the context of pharmaceutical care, policy-makers repeatedly face the challenge of balancing patient access to effective medicines with affordability and rising costs.

With the aim of guiding the health policy discourse towards questions that are important to actual and potential patients, this study investigates a broad range of regulatory measures, spanning marketing authorization to generic substitution and resulting price levels in a sample of 16 European health systems (Austria, Belgium, Denmark, England, Finland, France, Germany, Greece, Ireland, Italy, the Netherlands, Poland, Portugal, Scotland, Spain and Sweden). All countries employ a mix of regulatory mechanisms to contain pharmaceutical expenditure and ensure quality and efficiency in pharmaceutical care, albeit with varying configurations and rigour. This variation also influences the extent of publicly financed pharmaceutical costs.

Overall, observed differences in pharmaceutical expenditure should be interpreted in conjunction with the differing volume and composition of consumption and price levels, as well as dispensation practices and their impact on measurement of pharmaceutical costs. No definitive evidence has yet been produced on the effects of different cost-containment measures on patient outcomes. Depending on the foremost policy concerns in each country, different levers will have to be used to enable the delivery of appropriate care at affordable prices.

### **Full review**

## **How OECD health systems define the range of goods and services to be financed collectively - OECD Health Working Paper**

Universal health coverage has been achieved in nearly all OECD countries, providing the population with access to a defined range of goods and services. This paper provides detailed descriptions of how countries delineate the range of benefits covered, including the role of health technology assessment and specific criteria to inform the decision-making process. Further, the paper examines the composition of assessment/appraisal and decision-making bodies across the different OECD health systems, highlighting the role of patients and public as well as transparency of decision-making processes. While the process of including new technologies to the range of benefits covered is structured and relies on a well-defined set of criteria, dynamic adjustments of the range of

benefits covered are less structured. The paper then looks at the boundaries of health care coverage and presents a set of services for which coverage varies greatly across the OECD countries.

## **Health Working Paper**

### **Challenges and opportunities in improving access to medicines through efficient public procurement in the WHO European Region – WHO Europe Report**

As the number of new medicines introduced in Europe rises, governments are finding it increasingly difficult to afford them. The introduction of new medicines and other medical technologies, rising expectations from patients and demographic changes are threatening the fiscal sustainability of health care systems. Countries across Europe face similar problems, but the challenge is even greater in those experiencing financial pressures. Ensuring affordable prices and supply security is important; therefore, procurement strategies must consider both.

This report reviews how different public procurement practices can influence prices and ensure supply security for pharmaceuticals. Further, it discusses the use of increased collaboration as a means to improve procurement outcomes. In particular, it seeks to provide insights into the following question: how can public strategic procurement and increased collaboration, within and across countries, contribute to improving access to high-cost medicines in Europe?

## **Full report**

## **Antimicrobial resistance – OECD Policy insights**

Antimicrobial resistance (AMR) is a complex issue of global concern. It occurs when microorganisms develop resistance to antimicrobials they are exposed to. The misuse of antibiotics in the medical, veterinary and agricultural sectors, which include the inappropriate prescribing of antibiotics, their overuse in the livestock sector, and insufficient hygiene practices in hospital, all contribute to the rise of AMR. Global trade and travel are also accelerating the spread. At the same time, the development pipeline of new antibiotics has slowed, mainly due to insufficient incentives, allowing microorganisms to outpace the development of new drugs. The rise of AMR may be reversible by reducing inappropriate use of antimicrobials.

AMR poses a significant burden on healthcare systems and national budgets. Hospitals spend, on average, an additional USD 10,000 to 40,000 to treat a patient infected by resistant bacteria in OECD. Social costs may be as high as healthcare costs, due to loss of productivity and income. More worryingly, with the rise of AMR, we are now heading towards a 'post-antibiotic era' where common infections may become, once again, fatal.

The OECD provides a forum for discussion and provide countries with the evidence to implement effective and cost-effective policies to tackle AMR, promote effective use of antimicrobials and incentivise research and development in the antibiotic sector.

### **Full report**

## **Interventions to reduce emergency department utilisation: A review of reviews – Health policy article**

This article aims to describe policy interventions that have the objective to reduce ED use and to estimate their effectiveness. It is a narrative review by searching three electronic databases for scientific literature review papers published between 2010 and October 2015. The quality of the included studies was assessed with AMSTAR, and a narrative synthesis of the retrieved papers was applied.

Twenty-three included publications described six types of interventions: (1) cost sharing; (2) strengthening primary care; (3) pre-hospital diversion (including

telephone triage); (4) coordination; (5) education and self-management support; (6) barriers to access emergency departments. The high number of interventions, the divergent methods used to measure outcomes and the different populations complicate their evaluation. Although approximately two-thirds of the primary studies showed reductions in ED use for most interventions the evidence showed contradictory results.

Despite numerous publications, evidence about the effectiveness of interventions that aim to reduce ED use remains insufficient. Studies on more homogeneous patient groups with a clearly described intervention and control group are needed to determine for which specific target group what type of intervention is most successful and how the intervention should be designed.

The effective use of ED services in general is a complex and multi-factorial problem that requires integrated interventions that will have to be adapted to the specific context of a country with a feedback system to monitor its (un-)intended consequences. Yet, the co-location of GP posts and emergency departments seems together with the introduction of telephone triage systems the preferred interventions to reduce inappropriate ED visits while case-management might reduce the number of ED attendances by frequent ED users.

**Read article**

## **Pay for performance in the inpatient sector: A review of 34 P4P programs in 14 OECD countries – Health Policy article**

Across the member countries of the Organisation for Economic Co-operation and Development (OECD), pay-for-performance (P4P) programs have been implemented in the inpatient sector to improve the quality of care provided by hospitals.

This paper provides an overview of 34 existing P4P programs in the inpatient sector in 14 OECD countries based on a structured literature search in five databases to identify relevant sources in Danish, English, French, German, Hebrew, Italian, Japanese, Korean, Norwegian, Spanish, Swedish and Turkish. It assembles information on the design and effects of these P4P systems and discusses whether evaluations of such programs allow preliminary conclusions to be drawn about the effects of P4P.

The programs are very heterogeneous in their aim, the selection of indicators and the design of financial rewards. The impact of P4P is unclear and it may be that the moderately positive effects seen for some programs can be attributed to side effects, such as public reporting and increased awareness of data recording. Policy makers must decide whether the potential benefits of introducing a P4P



program outweigh the potential risks within their particular national or regional context, and should be aware that P4P programs have yet not lived up to expectations.

## **Read the article**

### **Regional health workforce monitoring as governance innovation: a German model to coordinate sectoral demand, skill mix and mobility – Human Resources for Health article**

As health workforce policy is gaining momentum, data sources and monitoring systems have significantly improved in the European Union and internationally. Yet data remain poorly connected to policy-making and implementation and often do not adequately support integrated approaches. This brings the importance of governance and the need for innovation into play.

The present case study introduces a regional health workforce monitor in the German Federal State of Rhineland-Palatinate and seeks to explore the capacity of monitoring to innovate health workforce governance. The monitor applies an approach from the European Network on Regional Labour Market Monitoring to the health workforce. The novel aspect of this model is an integrated, procedural approach that promotes a 'learning system' of governance based on three interconnected pillars: mixed methods and bottom-up data collection, strong stakeholder involvement with complex communication tools and shared decision- and policy-making. Selected empirical examples illustrate the approach and the tools focusing on two aspects: the connection between sectoral, occupational and mobility data to analyse skill/qualification mixes and the supply-demand matches and the connection between monitoring and stakeholder-driven policy.

Regional health workforce monitoring can promote effective governance in high-income countries like Germany with overall high density of health workers but maldistribution of staff and skills. The regional stakeholder networks are cost-effective and easily accessible and might therefore be appealing also to low- and middle-income countries.

## **Full article**

### **3rd "Optimal Nutritional Care for All" conference – ENHA event**

On 21 and 22 November 2016, the third multi-stakeholders meeting on «Optimal Nutritional care for All» was organized in Madrid by the European Nutrition for Health Alliance.

Launched in 2014, the Optimal Nutritional Care for All (ONCA) campaign lead by ENHA is a multi-stakeholder initiative to facilitate greater screening for risk of disease-related malnutrition/undernutrition and nutritional care implementation across Europe. The campaign has appointed by a steering committee composed, notably, by HOPE and other representatives from ESPEN, EUGMS, PGEU, EFAD, EGAN and MNI.

The primary purpose of the conference is to establish multidisciplinary platforms in participating countries and to progressively implement the agreed ONCA strategy and programmes in all European countries by 2020. The conference will also discuss the status of the national nutritional care programmes.

**[Read more](#)**

### **EU nutrition policy**

### **World Antibiotic Awareness Week – WHO initiative**

The week of 14-20 November 2016 marks the second World Antibiotic Awareness Week.

This year the WHO leads initiative focused on healthcare workers and the essential role they play in raising awareness about antibiotic resistance and making sure that antibiotics will also be effective in the future. Healthcare workers are vital both when it comes to ensuring the prudent use of antibiotics and implementing good infection control practices, including hand hygiene as well as the screening and isolation of hospitalised patients with multidrug-resistant bacteria, in order to prevent their spread to other patients.

European Antibiotic Awareness Day (EAAD) partners with the World Antibiotic Awareness Week to increase global awareness about prudent use of antibiotics and antibiotic resistance.

### **Infographics**

### **Posters on human health**

## **Preventing sight loss in an ageing population – EFAB, ECV and EU-EYE event**

On 15 November 2016, HOPE was invited to “Preventing sight loss in an ageing population”, an event co-organised by EFAB, ECV and EU-EYE at the European Parliament and hosted by MEP Marian Harkin (ALDE) and MEP Heinz Becker (EPP).

In 2010, it was estimated that over 28 million people were visually impaired in the WHO European Region, with the most prevalent eye diseases being cataracts, eye-related macular degeneration. A panel of experts from across the eye health field such as Scientifics or NGO and institution representatives discussed how sight loss can be prevented through early detection of eye diseases and adequate treatment.

A position paper has been released and emphasized the need for further research and development, and a better access to treatment and services.

### **Agenda**

## **World Pancreatic Cancer Day- event at European Parliament**

On 15 November 2016, HOPE attended the conference “World pancreatic Cancer Day” organised by Pancreatic Cancer Europe in partnership with Mr Pavel Poc MEP in the European Parliament and held under the auspices of the Slovak Presidency in the Council of the European Union.

Pancreatic cancer is therefore one of the deadliest diseases known, it is currently the fourth leading cause of death by cancer in Europe. Due to severe underdiagnosis, the overall median survival for a person diagnosed with metastatic pancreatic cancer is 4.6 months. Patients affected with pancreatic cancer lose 98% of their healthy life expectancy at the point of diagnosis. Pancreatic cancer patients are usually diagnosed very late. It is on this point that all stakeholders have insisted, calling to better strategies to increase awareness of pancreatic cancer at national and European levels.

Knowledge is one of the best tools in the fight against pancreatic cancer. By providing education about the disease and increasing awareness of its devastating impact, the low life expectancy rate can change.

### **Read more on the ‘Fight Pancreatic Cancer’ campaign**

## **MEPs interest groups on fight against Cancer – Joint meeting with the Association of European Cancer Leagues and Lung Cancer Europe**

On 16 November 2016, HOPE was invited to the MEPs Against Cancer roundtable at the European Parliament. Hosted by the MEP Alojz Peterle and organised in collaboration with the Association of European Cancer Leagues and Lung Cancer Europe, the main theme of the conference was lung cancer in Europe.

Lung cancer is currently the leading cause of cancer in world and one of the major public health issues that requires a global solution. Even if diagnostic tools and therapies are more effective and safe, these advances are highly expensive and the costs and reimbursement represent a barrier to the implementation of innovative treatments, and even sometimes a barrier to patient access. The meeting was the opportunity to bring together all stakeholders at the European level such as MEPs, representatives of the European Commission or NGOs and to show the current situation of lung cancer in Europe from different perspectives.

The MEPs Against Cancer (MAC) group is an informal group of Members of the European Parliament (MEPs) at the European Parliament committed to actions against cancer.

### **Challenges in lung cancer in Europe – LUCE report on lung cancer**

## **Improving health system performance - Sharing experiences and tackling challenges – European Policy Centre Conference**

On 3 November 2016, HOPE attended the CHES Policy Dialogue organised by the European Policy Centre (EPC) on Improving health system performance – Sharing experiences and tackling challenges.

European health systems are faced with growing common challenges: the increasing cost of healthcare, an ageing population associated with a rise in chronic diseases and multi-morbidity leading to growing demand for healthcare, shortages and uneven distribution of health professionals, as well as inequalities in access to healthcare. Given the scale of the challenge, improving the performance of health systems is crucial. In that context, the European Commission is encouraging national authorities to develop Health Systems Performance Assessments (HSPAs) to identify where improvements are needed and to measure progress. During this event the state of play with regard to European health systems has been discussed.

This CHES Policy Dialogue reflected on the state of play with regard to European health systems, and how HSPA (health system performance assessment) can

support EU member states in improving their performance. Among the issues addressed was recent developments in the implementation of HSPAs, the challenges encountered, and the opportunities offered by them to measure progress, share “best practice”, and guide policy-making. The discussion also touched upon ways of using available data on European health systems to improve learning and exchange of experience among EU member states.

### **More information**

## **EPF conference on patient and family empowerment for better patient safety**

On 8 and 9 November, HOPE attended the European Patient Forum conference on “patient and family empowerment for better patient safety”.

The first day of the event was organised around two plenary sessions and a series of parallel workshop sessions. The first panel provided the definition and a general overview on the topic of patient empowerment in the context of patient safety. In the following panel a representative of the WHO patient safety programme and of the International alliance of patients’ organisations presented the existing challenges to the development of patient empowerment for patient safety.

In the afternoon, the conference featured three parallel workshops which aimed to address key aspects of patient and family empowerment in patient safety. Divided into groups and guided by a facilitator, participants discussed patient empowerment in acute settings, patient-professional communication as a critical safety factor, and patient and family involvement in aftermath of incidents. The results emerged from the workshops were later reported during the plenary sessions of the second day.

The conference was useful to identify key issues and opportunities from the patients’ perspective. Patients, while showing their willingness to actively engage and be empowered, demand a culture change and recognition that they and their families are equal and valued partners in care.

### **Agenda and speakers’ presentations**



# Upcoming conferences

## **2nd Multi-stakeholder Symposium on Improving Patient Access to Rare Disease Therapies**

**Brussels, 22-23 February 2017**

To mark the occasion of Rare Disease Day 2016, HOPE co-organize with Eurordis is holding a 2nd Multi-Stakeholder Symposium on Improving Patient Access to Rare Disease Therapies.

The event will take place from 22 to 23 February 2017 with the collaboration of a range of multi-stakeholder partners. Last year, Eurordis brings together an unique combination of nearly 300 patient advocates, academics, policymakers, industry representatives, payers and HTA bodies and aims to develop sustainable and durable solutions to improve patients access to rare disease therapies across Europe. This symposium will be a continuation of the discussion initiated last year.

More information available [here](#)

## **Health Promoting Hospitals 2017**

**Vienna, 12-14 April 2017**

The 25<sup>th</sup> 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](http://www.hphconferences.org/vienna2017)

## HOPE Agora 2017

**11-13 June 2017, Dublin (Ireland)**

The HOPE Agora 2017 will take place in Dublin from Sunday 11 June afternoon to Tuesday 13 June afternoon 2017.

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

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

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

More information on HOPE Agora:

**[www.hope-agora.eu](http://www.hope-agora.eu)**