



NEWSLETTER

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DANISH PRESIDENCY – HEALTH PRIORITIES

Since the beginning of January 2012, Denmark has been holding the Presidency of the EU Council of Ministers. Leading the work of the Council for the next six months, the Danish Presidency presented its key priorities in the field of health to the MEPs of the committee on environment, public health and food safety at the European Parliament on 25 January 2012.

Danish Minister for External Trade and Investment, Mrs. Pia Olsen Dyhr, replaced the Minister for Health, Mrs. Astrid Krag, who was unavailable that day, to announce the main areas the Danish Presidency will focus on in the field of health.

Innovation, with the “Smart health- Better lives initiative”.

Amongst other things, the Presidency seeks to improve the innovation framework on healthcare, start discussion on the revision of the directive on medical devices, and find a balance between patient’s health and innovation.

Chronic illnesses

Mrs. Pia Olsen Dyhr highlighted that, alongside the ageing of the European population, this type of illnesses represent a major challenge. She explained that the Presidency hoped to contribute to the debate on access to medicines and patient independence, and that it believed new technologies could have a positive contribution in increasing patient autonomy.

Antimicrobial resistance

The third area Denmark will focus on during its Presidency is antimicrobial resistance. The Minister for External Trade and Investment emphasized the need for collaboration between Member States and between human and veterinary medicine as well as the necessity for awareness raising. She added that the Presidency hoped to adopt conclusions at the council and reach political support on this topic.

In addition to these broad areas of work, the Danish Presidency also wishes to continue discussion on several issues and proposals of the Commission. Firstly, it seeks to work on tackling contagious diseases in order to achieve better crisis prevention, in relation to the Commission’s proposal on the matter. Secondly, the Presidency hopes to continue the work initiated by the Polish Presidency on the action plan for healthcare 2014-2020. In addition, it wants to continue the debate on these following topics: the monitoring and authorization of medicines, information to patients for medical prescriptions, and price transparency of medicines.

Following the breast implant scandal, a number of questions on the safety of medical devices have also emerged at the Parliament and some MEPs called on the Presidency to hold an in-depth debate on the subject.

Despite the fact that a large majority of MEPs approved the choices of the Danish Presidency in terms of priorities in the field of health, some of them raised other important issues that they wished to see addressed under the Danish Presidency. The raised issues were for example: the impact of

chemicals on health, endocrine disrupters, mental health, obesity, the protection of non-smokers, vaccines, and nuisances related to electromagnetic waves.

The Presidency welcomed these suggestions but reminded the MEPs that the Presidency had to stick to its limited objectives.

More information:

<http://www.europarl.europa.eu/news/en/pressroom/content/20120123IPR35956/html/Danish-Presidency-priorities-as-presented-in-EP-committees>



eHEALTH – NEW NETWORK FOR EUROPEAN COOPERATION

On 22 December 2011, the European Commission adopted a decision establishing an eHealth Network aiming at ensuring coordination, coherence and consistency of work on eHealth at EU level. This decision follows from the adoption of Directive 2011/24EU on Patients' Rights in Cross-border Healthcare of March 2011.

It is the first time that EU legislation includes provisions on eHealth. In 2009, Council Conclusions had called for an alignment of eHealth with eHealth strategies both at EU and at National level.

The network's prior mission is to guarantee EU wide interoperability of electronic health systems, ensure a wider use of ehealth and avoid duplication of work. The network's role will be to bring together the national authorities responsible for eHealth on a voluntary basis and work on a common orientation course for eHealth in Europe. Practically, these goals are set to be achieved through the drawing up of guidelines. These guidelines will focus on laying down a minimum set of common data to be included in patients' summaries; on setting methods to enable the use of medical information for public health and medical research; and on establishing common identification and authentication measures to ensure transferability of data in cross-border healthcare.

On 18 January 2012, the network launched its new website: www.healthyageing.eu. The website's watchword is ageing while staying healthy. It emphasizes the importance of prevention and brings attention to actions that promote good health.

The EuroHealthNet Network also published a report highlighting a series of programmes and good practices in relation to the promotion of the well-being of elderly people, with a special focus on socially deprived and migrant groups.

More information:

http://ec.europa.eu/health/ehealth/policy/index_en.htm

<http://eurohealthnet.eu/content/european-year-2012-launch-european-websi>

MEDICAL DEVICES – EXPERT GROUP MEETING

The medical devices expert group to which HOPE is now invited on a regular basis was meeting on 10 January 2012.

The meeting took place at the heat of the PIP breast implants affair. The Commission explained that the scientific expertise of SCENHIR would give advice on the basis of data provided by member states. This led to discussions on the consequences on the revision of the medical devices directive. Worries were expressed by the industry on the risk that this would increase un-necessarily increase the pressure on medical devices.

The other parts of the meeting were first on several legislative issues such as the Draft Commission regulation concerning particular requirements as regards the requirements laid down in Council Directives 90/385/EEC and 93/42/EEC with respect to active implantable medical devices and medical devices manufactured utilising tissues of animal origin. However, most of the attention was on the revision of the medical devices directives, the implantable medical devices directive and the in-vitro diagnostic (IVD) directive. The Commission adopted in November 2011 its work programme, including in annex 1 the medical devices directive as one 130 to be adopted. The intention of the Commission is to have two proposals: one on all medical devices except IVDs and one on IVDs. They would take the form of regulations with a communication explaining how this can help innovation. The impact assessment and report impact assessment board will be published with the proposal. Two more meetings of the medical devices expert group are planned for February 6 and 13, targeting issues to prepare the proposal.

Some time was also devoted to other Commission Initiatives Impacting Medical Devices, for example the Revision of the Euratom Directives on ionising radiation (96/29/Euratom, 97/43/Euratom and others). The direction taken may have impact on medical directives. It is planned that the recast of five directives will lead to one with in particular an article 21 that introduces a new procedure. There would be six month waiting to get approval for putting on the market a new device. Each competent authority will be allowed to have its own decision.

EUROPEAN REFERENCE NETWORK – WORKSHOP

HOPE was invited to the workshop on European Reference Networks that took place on 30 and 31 January 2012 in Brussels organised by Directorate General Health (DG SANCO).

The aim of the workshop was to exchange points of view, experiences and thoughts between experts and persons with very different backgrounds and expectations on the issue of Centres of Reference. By bringing together all these different perspectives it allowed a rich discussion on what the European Centres of Reference are or should be, how to define them, what added value they should bring, how they can work together and what should be the scope of their activities.

The outcome of the brainstorming will be used as input and support to the preparation of the Commission decision on criteria and conditions for the establishment of European Reference Centres. Article 12 of the Directive 2011/24/EU of the European Parliament and of the Council of 9

March 2011 on the application of patients' rights in cross-border healthcare (hereafter "the Directive") gives incentives to Member States to reinforce the continued development of European Reference Networks (hereafter ERN).

Recital 54 of the Directive further clarifies that the main added value of the ERN and therefore of the Centres of Reference is to facilitate improvements in access to diagnosis and delivery of high-quality, accessible and cost-effective healthcare in the case of patients who have a medical condition requiring a particular concentration of expertise or resources, particularly in medical domains where expertise is rare. It further clarifies that ERN could also be focal points for medical training and research, information dissemination and evaluation, especially for rare diseases.

Article 12.4(a) of the Directive requires the Commission to adopt, via delegated acts, a list of criteria that the networks must fulfil, and the conditions and criteria, which providers wishing to join networks must fulfil:

- have knowledge and expertise to diagnose, follow-up and manage patients with evidence of good outcomes, as far as applicable;
- follow a multi-disciplinary approach;
- offer a high level of expertise and have the capacity to produce good practice guidelines and to implement outcome measures and quality control;
- make a contribution to research;
- organise teaching and training activities;
- collaborate closely with other centres of expertise and networks at national and international level.

The Commission is also required to develop and publish criteria for establishing and evaluating European reference networks. It must facilitate the exchange of information and expertise on the establishment of the networks and of their evaluation. These two points are to be done via implementing acts.

It is important to point out that the Directive is not aiming to "create" new centres, but to identify already established centres of expertise and to encourage voluntary participation of healthcare providers in the future European reference networks.



MAGNETIC FIELDS – POSTPONEMENT OF DIRECTIVE TRANSPOSITION

On 16 January 2012, the European social partners agreed with the European Commission that the transposition of the directive on exposure of workers to magnetic fields should be delayed by two years.

On 14 June 2011, the European Commission had adopted a proposal for the revision of Physical Agents 2004/EC Directive. The Directive's aim was to restrict occupational exposure of workers to electromagnetic fields because of the related health and safety risks. In its 2011 proposal, the Commission included a derogation from limit values for medical and research-related uses of Magnetic Resonance Imaging (MRI). The revision of the 2004/40/EC Directive results from expressed worries that the Directive overly restrained the medical uses and applications of MRI.

In a letter addressed to Commissioner for Employment, Social Affairs and Inclusion, Laszlo Andor, representatives of the trade unions (ETUC), small businesses and crafts (UEAPME), public companies (CEEP) and of BusinessEurope expressed their shared opinion on the delay of the transposition of the directive, which according to them, is *“necessary from a practical point of view and to ensure legal certainty”*. The social partners, who expressed concerns over the fixed deadline of 30 April 2012 for the transposition of the many amendments that have been made to Directive 2004/40/ECT, explained that *“sufficient time is required by the Council and the European Parliament to find a satisfactory agreement”*.

HOPE attended the Alliance for MRI meeting of the 25 January 2012, during which MEP (member of the European Parliament) Morin-Chartier (PPE-FR) confirmed the postponement by two years of the transposition of the electromagnetic fields Directive. She stressed however that this decision did not mean that this issue would not remain a priority on the Council's and Parliament's agendas. On 24 January 2012, the MEPs on the ENVI Committee had expressed their support to the revision of the 2004/40/EC through a vote at the European Parliament.

In regards to the exposure limits mentioned in the 2004 Directive, the Alliance for MRI believes that *“these exposure limits are detrimental to patient care curtailing the use of MRI in therapeutic applications such as MRI-guided brain surgery or mapping of brain function”*.

A representative from the Commission, who was present at the event, added that there had been intense discussion about the revisal of the Directive at the European Council since July 2011, but that it was obvious that these discussions would not lead to an agreement by the initial deadline of 30 April 2012. The Commission put emphasis on the technicality of the Directive and that the reached decision would have to balance the safety of health workers and citizens and the possible medical applications of MRI.

The Danish Presidency, who also intervened in the meeting, reminded the audience once more that the postponement of the transposition of the Directive did not mean that the work on this topic

would be slowed and confirmed the Presidency's commitment to finding a balanced solution on this topic.

More information:

<http://www.ecco-org.eu/Public-affairs/Oncopolicy/Partnerships/Alliance-for-MRI.aspx>

ACTIVE AGEING – EUROBAROMETER

In line with the beginning of the European Year for Active Ageing and Solidarity between Generations, a Eurobarometer on active ageing was released on 17 January 2012.

Commissioned by the Directorate-General for Employment, Social Affairs and Inclusion, the Eurobarometer, conducted by TNS Opinion & Social from September to November 2011, aimed at understanding European citizen's views and attitudes towards older people, the contribution of older people in society and in the workplace, and how best to promote an active role of older people in society.

The report addresses the following themes:

- the overall perceptions of age and older people;
- older people in the workplace, the general attitudes towards them and the possible barriers to continuing work;
- retirement and pensions;
- voluntary work and support for elderly people;
- identifying and promoting age-friendly environments.

One of the main findings of the Eurobarometer is that there is no generation divide in opinions in most issues covered. Overall, older people and their contribution to society are seen in a positive light. The Eurobarometer, however, points to striking differences in attitudes across countries. Another major finding the publication sheds light on is the fact that while most Europeans do not believe increasing the retirement age is necessary, they seem ready to stay longer on the labour market, if they are offered the right opportunities to do so.

More information:

http://ec.europa.eu/public_opinion/archives/ebs/ebs_378_en.pdf

EUROPEAN YEAR OF ACTIVE AGEING – LAUNCH

On 18 January 2012, the European Year for Active Ageing and Solidarity between Generations was officially launched in Copenhagen, with a two day conference "Stay Active- what does it take".

The European Year's prior objective is to raise awareness about active ageing and promote independent living of older people. The European year will also be dedicated to encouraging stakeholders and policymakers to set commitments in this field and take concrete actions.

According to the European Commissioner for Employment, Social Affairs and Inclusion, László Andor, "Active ageing is about helping older people to stay in work and share their experience. It is about them continuing to play an active role in society and living as healthy, independent and fulfilling lives as possible. Active ageing is essential to reach our 75% employment target and to lift at least 20 million people out of poverty by 2020. The Year calls for action in different areas - employment, social protection, education and training, health and social services, housing and public infrastructure".

In his opening speech, Mr. Andor hailed Denmark as the example to follow, putting forward its high level of people aged between 55 and 64 in employment and its low level of youth unemployment. The European Commissioner also highlighted the fact that there was no universal, applicable strategy to tackle the societal and demographic challenge caused by the ageing of the European population.

More information: <http://europa.eu/ey2012/ey2012.jsp?langId=en>



WEEE DIRECTIVE – EUROPEAN PARLIAMENT ENDORSES REHASH

On 19 January 2012, the European Parliament endorsed the electrical and electronic waste collection and recycling targets set by the proposed revision of the Waste Electrical and Electronic Equipment Directive, putting an end to heated negotiations with the Council of Ministers.

EU legislation restricting the use of hazardous substances in electrical and electronic equipment and promoting the collection and recycling of such equipment has been in force since February 2003. However, in spite of the existence of such rules providing the creation of collection schemes where consumers return their used e-waste free of charge, only one third of all electronic and electrical waste in the European Union was reported as separately collected and appropriately treated.

This issue is what led the European Commission to propose the setting up of mandatory rules on the recycling of electronic and electrical equipment, with the objective of increasing the amount of appropriately treated e-waste and reducing the volume going to disposal.

The rehash of EU Directive 2002/96 or WEEE aims at making better use of resources and sets new rules, allowing for example, consumers to return small gadgets and other equipment to retailers for adequate disposal without having to buy a product in exchange.

The existing binding EU collection target is 4 kg of WEEE per capita, which represents about 2 million tons per year, out of around 10 million tons of WEEE generated per year in the EU. By 2020, it is estimated that the volume of WEEE will increase to 12 million tons. The new target endorsed by Parliament, an ambitious 85% of WEEE generated, aims to ensure that around 10 million tons, or roughly 20kg per capita, would be separately collected in 2020. Member States will be required to collect 45% of electrical and electronic equipment put on their markets by 2016, and then achieve

65% by 2019, or may opt alternatively for a target of 85% of waste generated. Some Member States will be able to derogate from these targets where justified by lack of necessary infrastructure or low levels of EEE consumption.

The new WEE Directive also provides tools for Member States to fight illegal export of waste more effectively and calls for greater harmonization of national registration and reporting requirements for producers of electrical and electronic equipment.

Rapporteur Karl Heinz-Florenz (EPP) declared himself *“very satisfied that we have agreed ambitious and achievable collection rates with Council. Europe will now recover more raw materials, which is excellent news for both the economy and for the environment”*.

The Council of Ministers is now expected to formally adopt the new rules.

More information:

http://ec.europa.eu/environment/waste/weee/index_en.htm



SGEI PACKAGE – COR RAPPORTEUR SAYS COMMISSION DOES NOT GO FAR ENOUGH

According to the First Minister of the German-speaking Community in Belgium, Karl-Heinz Lambertz (BE/PES), *“... much work remains to be done”* in regards to state aid rules for public services.

“The European Commission has taken some concerns of local and regional authorities on board, but it doesn't go far enough”, the Minister said. His reaction follows the adoption by the Commission of the revised package of EU aid rules for the assessment of public compensation for services of general economic interest (SGEI) on 20 December 2011.

Mr. Lambertz, who was Rapporteur on the topic for the Committee of the Regions (CoR), acknowledges that the adopted package includes significant improvements, such as the exemption of social services from state aid notification. Amongst other things, he also welcomes the fact that the Commission does not limit the exemption for state aid notifications to municipalities with less than 10.000 inhabitants or that *“the Commission has stepped backed from imposing efficiency criteria for public services at European level”*.

However, the CoR Rapporteur expressed his regrets that while the Commission proposes to raise the *“de minimis”* threshold to 500.000 EUR over three years, this is still far short of the 800 000 EUR per year proposed by the Committee of the Regions in its revised opinion of the proposal. *“The proposed new reference amount still covers too many local services provided by small municipalities”*, Lambertz said. As this issue is currently still undergoing a final round of consultation, Mr. Lambertz appealed to the Commission once again in order to revise the threshold upwards.

The First Minister of the German-speaking Community in Belgium also declared feeling worried about the overall approach for services of general interest: *"This Commission has now given its answer on how to deal with state aids in relation to public services. What lacks is an answer to the question on how to deal with the new Lisbon treaty provisions emphasising the importance of public services. Today's package cannot have been the Commission's last word for defending a vision on quality of public services and for defining concepts such as in-house provision. The Commission's line to consider that the best option is to tender at the cheapest cost only is blind reliance on the market forces"*.

More information:

<http://europa.eu/rapid/pressReleasesAction.do?reference=COR/11/66&type=HTML>



PUBLIC PROCUREMENT – MEPs BEGIN DISCUSSIONS

On 25 January 2012, MEPs on the internal market committee started discussing the legislative package amending directives on the awarding of public procurement contracts.

The Rapporteur for the European Parliament, Marc Tarabella (PES, Belgium), put emphasis on his intention to focus on one task at a time and prioritize *"this fundamental dossier"*. The Rapporteur aims to base his reflection on the latest EP resolution, which calls for rules to be simplified and for a better SME access in regards to public procurement contracts.

MEP Franck Engel (EPP, Luxembourg) supported the possibility of choosing the most advantageous offer in economic terms rather than the cheapest offer. The MEP also expressed his enthusiasm towards the introduction of innovation partnerships that will enable public buyers to jointly develop a product or service with a company.

Some MEPs recommended the adoption of a regulation that was directly and uniformly applicable throughout the EU. Heide Rühle (Greens/EFA, Germany) voiced her concern in regards to the two year delay for the transition to a fully electronic process. She called on the principle of subsidiary and sounded a note of caution against measures that would restrict the autonomy of regional authorities, predicting that this would entice reactions in Council. Malcom Harbour (ECR, UK) asserted his support for the simplification measures, which he thought were along the right lines.

Finally, a representative for the European Commission emphasized the fact that the generalisation of electronic markets did not mean that contracts were to be awarded in a fully electronic manner but that there should be at least dialogue between the adjudicating authority and those submitting tenders. For the very first time, this means that buyers will be able to take account of costs relating to the whole life cycle of a product or service.

MEPs will begin discussion on the other directive, the directive on concessions with the Rapporteur, Philippe Juvin (EPP, France) on 6 February 2012.



DATA PROTECTION – NEW COMMISSION PROPOSALS

On 25 January 2012, the European Commission released its proposal to reform the EU's 1995 data protection rules.

The proposal aims to strengthen online privacy rights, reinforce consumer confidence in online services and boost Europe's digital economy. It is based on the recognition that technological progress and globalisation have deeply changed the way data is collected, accessed and used. The proposal also results from the realization that Member States have implemented the 1995 rules on data protection in diverging ways, leading to a costly administrative burden and to a fragmentation in terms of enforcement. One of the reform's key objectives is therefore to reduce unnecessary paperwork and administrative costs and provide a single law, applicable across the EU.

The Commission's proposals to update and modernized the principles of the 1995 Data Protection Directive include a policy Communication, setting out the Commission's objectives, and two legislative proposals: a regulation establishing an overall EU framework for data protection; a directive on protecting personal data processed for the purposes of prevention, detection, investigation or prosecution of criminal offences and related judicial activities.

The following main changes will be brought by the reform:

- the setting of a single EU-wide set of rules on data protection and removal of unnecessary administrative requirements;
- increased responsibility and accountability for those processing personal data;
- the rapid notification of data breaches to national supervisory authorities;
- organisations will only have to deal with a single national data protection authority in the EU country where they have their main establishment;
- an easier access for people to their own data and the possibility to transfer personal data from one provider to another more easily;
- "the right to be forgotten": people will be able to delete their data if there are no legitimate grounds for retaining it;
- EU rules will have to apply if personal data is handled abroad by companies that are active in the EU markets and offer their services to EU citizens;
- the strengthening of independent national data protection authorities, for example by enabling them to fine companies that violate EU data protection rules;
- a new Directive, applying general data protection principles and rules for police and judicial cooperation in criminal matters.

Overall, European MEPs warmly welcomed the Commission's proposals, which were presented by Commissioner for Justice, Fundamental Rights and Citizenship, Viviane Redding, on 26 January 2012 at the European Parliament.

The EPP Group expressed their delight with the proposals. The ALDE Group also strongly supported these proposals for reform. It was especially enthusiastic about the Commission's will to strengthen internet users' rights and give them more control over their data, through the obligation for companies to have the explicit consent of internet users or the necessity of rapid reporting infringements of EU rules to the appropriate authorities. The S&D Group acknowledged the significant efforts made by the Commission to improve the rules in the area of data protection, and committed to closely examine the Commission's proposals.

However, the ALDE and S&D Groups expressed their worry in regards to internal affairs and police and legal co-operation, covered by a directive that replaces framework Decision 2008/977 /JHA. Both Groups declared that they would be extremely vigilant on that matter. The ALDE Group promised it would examine this new Directive in detail and analyse its compatibility with all laws and agreements passed by Member States following 11 September 2001, such as the Passenger Name Records (PNR) and the (SWIFT/TFTP) bank agreement with the United States.

On 26 January 2012, the US representation in Brussels said it would look at the implications of this new Directive on the transatlantic agreements concluded in the police and judicial field. Overall, the US mission declared that it welcomed the work undertaken by Commissioner Redding. The US, which has not expressed any particular objections to the new Directive, said that discussions would follow on "technical aspects". More informally however, certain Commission sources stated that "intensive lobbying" by Washington had been carried out during the preparation of the reform, especially with regard to the right of oblivion sought by the Luxembourg Commissioner.

More information: <http://ec.europa.eu/justice/data-protection/>

EUROPEAN PROGRAMMES AND PROJECTS

JOINT ACTION WORKFORCE

HOPE was invited to join the plenary meeting to prepare the Joint action on health workforce on 11 January 2012 in Brussels.

The call for proposal for the Joint Action on Health workforce planning was launch as part of the public health work programme 2012 end of December 2011. The final submission date for the proposal is set to 09 March 2012.

Besides presenting the status of the proposal the meeting gave a more detailed view on the activities in the Joint Action, followed by a job fair to present all roles that can be filled in by Member States or stakeholders.

Within the broad scope of action (see Problem analysis), this Joint Action will focus on Health Workforce Planning and Forecasting (HWFPF). From a strategic point of view HWFPF is also considered to be the major tool for evidence based policy action to tackle the challenge of expected health workforce shortage in the future. A European organisational structure to oversee the health workforce planning could therefore be an important requirement for success. The European Council invited therefore the European Commission to put in place a platform for collaboration on HWFPF (see Policy and context relevance). This will keep the momentum induced by the Green Paper on the European Workforce for Health (Commission, 2008).

The general objective of the joint action on health workforce planning is to put in practice a platform for collaboration of Member States in Europe to better prepare the future of the health workforce. This platform will support Member States and the European Union to take effective and sustainable measures in view of the expected shortage of health workforce on European and national level.

Such a platform will enable member states to:

- develop and reinforce health workforce forecasting and planning capacity in MSs and in Europe by providing expertise from MSs and stakeholders organisations;
- share and benchmark practices, results, knowledge and expertise from MSs at an European level;
- support evidence based decision making in MSs and at an European level;
- meet current and future challenges in health care by taking into account demand and supply;
- aim at sustainability of health systems.

The joint action will work towards:

- a knowledge base on health workforce forecasting and planning in Europe;
- tackling the future changes and challenges;
- common definitions and indicators for describing, monitoring and evaluating the health workforce;
- better access to timely data, focused on mobility and migration in the EU and Europe;
- better knowledge of calculation methods for predicting health workforce;
- a higher impact of health workforce planning and forecasts on policy decision making.

AGEING WELL

HOPE took part on 12 January 2012 in the kick off meeting of AgeingWell, a Thematic Network co-funded by the European Commission.

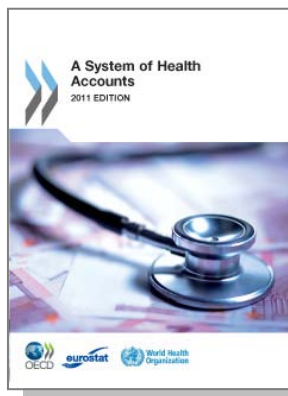
The aim of the AgeingWell Network is to build and animate a European network focused on improving the quality of life of Elderly People by promoting the market uptake of ICT solutions for Ageing Well. The AgeingWell Thematic Network (Grant Agreement no. 297298) is co-funded by the European Commission, Information Society and Media Directorate-General, under the ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme.

To achieve its aim, the five main objectives of the AgeingWell project are the following.

1. Develop guidelines for deployment and sharing of best practice between key competence centres
2. Build an ICT for Ageing Knowledge Centre with the aim to share the results with the Ageing Well Community
3. Develop an ICT for Ageing Society Strategic Agenda, with the aim of providing a study on options for future structure and implementation of EU innovation funding
4. Promote the European innovation reinforcement between innovative ICT industries & Ageing (in particular SMEs) and Venture Capital firms, Business Angels and other.
5. Raise awareness within the European community of ICT & Ageing stakeholders

The AgeingWell network is composed by experienced organizations in ICT for Ageing well, covering the industry, user organizations, public authorities, investors, housing and insurance companies and ICT solutions providers that will share and animate an interactive online platform, sharing a vision of "Market uptake of ICT for Ageing Well". The 16 founding members' expertise relates to all aspects of ICT and people's lives: ICT for health, health/medicine, community care, transport, the built environment, education, employment, pensions, social welfare, civic participation, new technologies, sporting and cultural activities, and elders as consumers.

REPORTS AND PUBLICATIONS



OECD, EUROSTAT AND WHO PUBLISH NEW MANUAL ON HEALTH ACCOUNTS

The OECD, EUROSTAT and WHO have been collaborating since 2006 to revise the System of Health Accounts methodology, aiming at bringing together the expertise and inputs of health accountants across the world.

In October 2011, they published a new manual: “*A System of Health Accounts 2011*”. This manual provides a refined conceptual framework and an extended and revised set of classifications included in the International Classification of Health Accounts (ICHA).

It has three key objectives:

1. improving the comparability of health expenditure across countries and over time;
2. providing better information of greater relevance for policy concerns;
3. providing better information on the role of the health sector within the national economy.

More information:

http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-30-11-270/EN/KS-30-11-270-EN.PDF



HEALTH SYSTEMS, HEALTH, WEALTH, SOCIETAL WELL-BEING – WHO PUBLICATION

The WHO European Observatory has just published the book “*Health systems, health, wealth and societal well-being. Assessing the case for investing in health systems*”.

The book examines the relationship between health systems, health and wealth, and review the existing evidence for drawing lessons.

Aiming to assist policy-makers as they assess the case for investing in health systems, the publication looks at health systems from a new perspective, reviewing the evidence on:

- the contribution of health systems to better health and to economic growth;
- the ways investment in better health can save future health costs and boost economic growth;
- how we can create equitable, sustainable health systems fit for the 21st century.

Finally, it argues that health systems need not be, as is often believed, simply a drag on resources but rather can be part and parcel of improving health and achieving better economic growth.

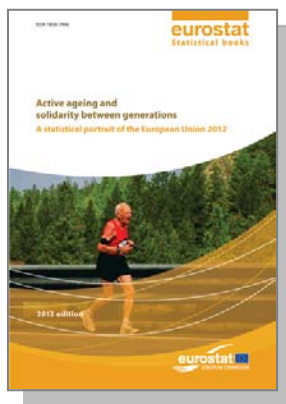
This book is addressed to researchers, policy-makers and practitioners keen to understand what can be done to create equitable and sustainable health systems fit for the 21st century and help finding answers to the following questions:

- How can we improve health, wealth and societal well-being by investing in health systems?
- How can we ensure that health systems are sustained in the future?
- How can we monitor, manage and improve performance so that health systems are as effective and efficient as possible?

The book can be ordered on the Open University Press website.

More information:

<http://www.euro.who.int/en/what-we-publish/abstracts/health-systems,-health,-wealth-and-societal-well-being.-assessing-the-case-for-investing-in-health-systems>



ACTIVE AGEING AND SOLIDARITY AMONG GENERATIONS – EUROSTAT PUBLICATION

Eurostat opens the 2012 European Year for Active Ageing and Solidarity between Generations by publishing the book “Active ageing and solidarity between generations, a statistical portrait of the European Union” which presents a set of data such as demography, healthcare, pensions, volunteering and adult learning.

Active ageing is defined by the World Health Organisation as the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.

In response to the demographic challenge which all EU Member States are facing, 2012 has been designed the ‘European Year for Active Ageing and Solidarity between Generations’ with the broader scope of rising awareness of these issues, identify and publicise good practices, while encouraging policymakers and stakeholders (at all levels of governance) to promote active ageing. Moreover, active ageing also features as part of the flagship policy – Europe 2020 – a strategy for smart, sustainable and inclusive growth, indeed, one of the five headline Europe 2020 indicators is to reach a EU27 employment rate of 75% for those aged 20-64 by 2020.

This publication is divided into six chapters that draw on a wide selection of official statistics, supplemented by opinion surveys and other sources. The first chapter provides details in relation to population ageing: setting the scene as regards the dynamics of demographic change, detailing the past, present and (projected) future structure of the EU’s population. The second chapter depicts the role and position of older people in labour market, while the third chapter examines the transition from work to retirement and receiving a pension. Chapter 4 presents information regarding the demand for healthcare services and analyses the budgetary implications faced by governments and populations as the last continue to age, since one of the main concerns of many older persons is the increased possibility of becoming sick or frail. Chapter 5 covers the aspect concerning the consumption patterns of older persons, after retirement, in fact, both levels of spending and the type of goods and services purchased change sometimes together with housing and living conditions.

With chapter 6 the publication closes with information relating to the active participation of older generations within society, with a particular focus on inter-generational issues.

The Eurostat publication has been produced in collaboration with the Directorate-General for Employment, Social Affairs and Inclusion and Eurofound, the European Foundation for the Improvement of Living and Working Conditions. Most of the data were extracted from Eurostat's online database that may be accessed at the following address: <http://ec.europa.eu/eurostat>.

Available at:

http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-EP-11-001/EN/KS-EP-11-001-EN.PDF

OTHER NEWS – EUROPE

INTEREST GROUP ON MENTAL HEALTH, WELL BEING AND BRAIN DISORDER

24 January 2012 - Brussels, Belgium

HOPE attended the latest meeting of the European Parliament Interest Group on Mental Health, Well being and Brain Disorder on 24 January 2012.

Chaired by MEPs Antonyia Parvanova (ALDE) and Nessa Childers (S&D), the meeting focused on the issue of depression in Europe and was launched by a short video of former Norway Prime Minister Kjell Magne Bondevik, who answered a few questions about his personal experience of depression. The former Prime Minister strongly highlighted the major role played by the stigma that affects citizens who suffer from depression or other mental illnesses and that often prevents them from seeking help and treatment.

Professor Charles Pull, from the University of Luxembourg, also mentioned stigma as one of the main challenges that were identified by the European Survey that was conducted on the state of health care services in the field of depression from July 2009 to February 2011. The survey also identified the disparity of health services for mental illnesses in Europe and the failure to diagnose depression as a major challenge to tackle depression at European level. According to Prof. Pull, half of Europeans who suffer from depression are not properly diagnosed.

The meeting also focused on the issue of the cost of depression and mental brain disorders. As stated by Prof. Cyril Höschl from the European Brain Council, over 33 Million people are affected by mood disorders in Europe, and the cost related to these disorders (including depression) is higher than the financial burden of cardiovascular diseases and cancer put together, amounting to 113 Billion Euros per year.

The event was the opportunity for the European Commission and the Expert Platform on Mental Health to give updates on their activities in regards to this topic. The Commission mentioned the recent activities related to the European Pact for Mental Health and Well Being, with a special focus on the Joint Action on mental health and well-being, which will start at the end of 2012 or at the beginning of 2013.

Throughout the meeting, the various speakers made several recommendations in regards to tackling the burden of depression and brain disorders in Europe. The necessity of improving the diagnosing of depression was brought forward by many speakers, as well as the importance of including the people who suffer from depression and mental disorders as well as their relatives in the initiatives aimed at addressing these issues. Finally, emphasis was put on the need to raise awareness and to identify and exchange best practises.

EUROPEAN HEALTH SUMMIT, NUFFIELD TRUST

24 January 2012 - Brussels, Belgium

Payment reform to achieve high-value, financially sustainable health care was the topic of the European Health Summit 2012 of the Nuffield Trust.

HOPE was invited to contribute to a forum of a select audience of around 40 experts from across Europe to examine recent innovations, future opportunities and challenges facing European health systems, and to debate how best to respond to these.

The aim was to provide the latest information and evidence on innovations on payment reform in Western Europe, to draw out cross-country learning, to identify the next steps required to reform payments in health care, to progress the agenda beyond the event to reach policy-makers, health professionals, and academics.

The meeting was being held by the Nuffield Trust, an independent foundation based in London focused on health policy analysis, and was supported by KPMG. A briefing paper for delegates *Reforming payment for health care in Europe to achieve better value* prepared the meeting. This briefing paper concerned the structure of payment for health care, principally to doctors and hospitals by payer bodies (not individual patients).

REDUCING THE BURDEN OF DIABETES IN EUROPE: POLICY LAUNCH AND DEBATE

25 January 2012 - Brussels, Belgium

The Danish Diabetes Association and MEP Christel Schalders hosted a conference and debate on the topic of the burden of diabetes in Europe at the European Parliament in Brussels, on 25 January 2012.

HOPE attended the event, which began by a speech of the Danish Minister for European Affairs, Nicolai Wammen, who reminded the audience of the Danish Presidency's commitment to one of its key priorities: chronic diseases and healthcare innovation. He emphasized the fact that although economic and financial considerations were at the forefront of European politics for the moment, the European Union had also been built to improve citizens' lives and the Danish Presidency. As the European population is ageing, the number of people suffering from chronic diseases is also becoming more and more significant, which is expected to have a burdening effect on healthcare systems. According to Nicolai Wammen, the Danish Presidency is aware that healthcare is one of the EU's greatest challenges, but that it is a challenge that could become a driver for innovation and turn costs into profits. The Minister for European Affairs strongly put forward the two goals of the Danish Presidency in regards to chronic diseases: prevention, caring for, and empowering people who suffer from chronic diseases.

The event was also an opportunity for the London School of Economics (LSE) to present the results of its study on diabetes expenditure, burden and management in France, Germany, Italy, Spain and the

UK. The aim of the study was to identify and compare evidence on the burden of disease, costs and outcomes of diabetes, focusing on complications in the five EU countries.

According to the study, 30 million people suffer from diabetes in the European Union and the cost (direct and indirect) approximately amounts to 190 Billion Euros per year. Professor Panos Kavanos, from the LSE, also mentioned that 75% of these costs were indirect costs, not related to medical issues, and that a significant amount was spent on complications. Another key element that was highlighted by the study was the incompleteness of the data and monitoring, and the disparity of situations across Europe.

In addition, Prof. Panos Kavanos presented the study's recommendations for policy options. The study emphasized the necessity to establish national registries to drive improvements in data collection, to shape holistic national policies such as National Diabetes Programmes and to extend prevention strategies. It also highlighted the need to develop screening programmes to identify high-risk patients at an early stage, to improve primary healthcare and to expand integrated multidisciplinary care. Regarding policies at European level, the study suggested facilitating the exchange of best practices between countries and the creation of a European Diabetes Observatory. The event ended by a debate and short presentations by Prof. Leszek Czupryniak, from the European Association for Diabetes Studies, Chris Delicata, President of the International Diabetes Federation, and Martin Soeters, President Europe of Novo Nordisk.

EUROPEAN REGIONAL HEALTH AUTHORITIES (EURHEGA)

27 January 2012 - Brussels, Belgium

HOPE was invited to speak at the Committee of the Regions during the launch of the European Regional and Local Health Authorities EUREGHA as a new legal entity.

Originally gathering a large group of regions, EUREGHA is now limited to very few founding organisations: Catalunya (ES), East of England (UK), Flanders (BE), NÖGUS (AT), North West Health (UK), Podlaskie Voivodship (PL), Skane (SE), Vastra Gotaland (SE), Veneto (IT), ECTC between Austria and Italy, Emilia Romagna (IT), German speaking community (BE), Vysocina (CZ) and Wallonia (BE).

The aim is that share information and being better heard needs resources. The regions are then invited to contribute with a €5000 fee. Activities will be to build a website, an eHealth database, meetings with EU presidencies and drafting answers to consultation.

Three working groups are already been constituted: mental health, cancer, cross border healthcare. A new one will be created on eHealth.

HOPE was invited to contribute on health Quality and Equity together with Fritz von Nordheim Nielsen, Policy Coordinator Unit Active Ageing, Pensions, Health and Social Services, Directorate General Employment.

OTHER NEWS – WORLD

WORLD HEALTH DAY 2012 – AGEING AND HEALTH

On 7 April 2012, World Health Day, activities and campaigns throughout the world will focus on ageing and health, raising awareness of what individuals and governments can do to promote active and healthy ageing.

The median age of the global population is steadily rising, with the number of people aged 60 years and more expected to triple between 2000 and 2050. In the WHO European Region, average life expectancy in many countries already exceeds 80 years for women and 75 for men. This achievement offers both opportunities and challenges for individuals, their families and society.

People are living longer, but their chances of spending these later years in good health and well-being vary within and between countries. For too many, old age brings a high risk of social isolation and poverty, with limited access to affordable, high-quality health and social services.

Strong public policies are thus needed to ensure that positive trends can be sustained and the benefits of a longer life can extend to everyone. WHO/Europe works with Member States and partners to promote good health throughout the life-course. This includes counteracting growing inequalities in old age, strengthening health systems to meet the changing needs of an ageing population and expanding the evidence base for health and social care policies for older people.

The objective is jointly to build the policy foundations for a WHO European Region where people of all ages:

- enjoy supportive, adapted social environments;
- have access to high-quality, tailor-made, well-coordinated health and social services;
- are supported in maintaining maximum health and functional capacity throughout their lives;
- are empowered to live and die in dignity.

More information:

<http://www.euro.who.int/en/who-we-are/whd/world-health-day-2012-ageing-and-health>

HOPE CONFERENCES AND EVENTS CO-ORGANISED BY HOPE

INNOVATION IN HEALTHCARE WITHOUT BORDERS

16-17 April 2012 – Brussels (BE)

The European Commission is organizing in collaboration with several European stakeholders a conference on innovation that aims to bring together the key stakeholders involved in the innovation process of the healthcare sector in view of Europe 2020 and the Innovation Union Plan.

The main objective of the conference is to act as an innovation in healthcare policy forum involving the key actors and policy-makers in order to:

- identify major challenges and build consensus to address them;
- develop initiatives and opportunities for Healthcare Innovation;
- provide continuity with previous events.

2012 Conference sessions will develop two tracks:

"Removing borders in the health supply chain"

assessing priorities achieved to date and areas where additional efforts are needed

"Inequality and solidarity"

exploring new challenges within EU and beyond.

Building on the events of May 2010 and March 2011, the 2012 conference is organized by the services of the European Commission (DG Research and Innovation, DG Enterprise and Industry, DG Health and Consumers, DG for Regional Policy), in consultation with other relevant DGs, major health associations and stakeholders.

Commissioner for Research and Innovation Máire Geoghegan-Quinn, Commissioner Antonio Tajani, responsible for Industry and Entrepreneurship, Commissioner for Health and Consumers John Dalli and Regional Policy Commissioner Johannes Hahn are invited to be among the speakers.

The programme of plenary and parallel sessions will allow a large space for debate and networking. It will be complemented by a small "fair" where associations and support structures will provide information to participants.

Information on the 2010 and 2011 conferences, including outcome reports, is available:

http://ec.europa.eu/research/health/innovation-in-healthcare-2011_en.html

Further information, including the draft programme and registration guidance at:

http://ec.europa.eu/research/health/events-13_en.html

**AGEING HEALTH WORKFORCE – AGEING PATIENTS:
MULTIPLE CHALLENGES FOR HOSPITALS AND HEALTHCARE IN EUROPE**

11-13 June 2012 – Berlin (DE)

In 2012, HOPE Exchange Programme will be organised for the 31st time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, an evaluation meeting and conference. “Ageing health workforce – ageing patients: multiple challenges for hospitals and healthcare in Europe” is the subject for 2012. HOPE German Member will organize the 31st edition of HOPE Agora in Berlin on June 11-13, 2012.

More information on HOPE Exchange Programme:

<http://www.hope.be/04exchange/exchangefirstpage.html>

Aging health workforce
– aging patients:
multiple challenges for
hospitals in Europe



FROM 11 TO 13 JUNE 2012 IN BERLIN, GERMANY

The European symposium on “Aging health workforce – aging patients”

Featuring the AGORA of HOPE Exchange Programme 2012

More information and registration:

<http://www.hospage.eu>