# NEWSLETTER

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## HOPE PUBLICATION
## PERSONALISED MEDICINE IN EUROPEAN HOSPITALS – A HOPE/PWC REPORT


HOPE and PriceWaterhouseCoopers have just published the report "Personalised Medicine in European Hospitals", which examines the strategies European hospitals are undertaking to adapt to a consumer-focused culture and identifies key elements in the development of personalised medicine in European hospitals.

Personalised medicine is still in its early stages of implementation in the European healthcare market, it can be defined as products and services that thanks to today's progresses in genomics and proteomics enable tailored approaches to prevention and care. Personalised medicine aims at providing timely, precise, personalised diagnosis and treatment of patients, with a particular emphasis on wellness and disease prevention.

The report outlines the move towards personalised medicine in six European hospitals located in Denmark, Finland, France, Hungary, Slovenia and Spain and compares the path each is taking.

The main findings highlight that most European hospitals focus on initiatives related to diagnostics and therapeutics, genetic screening is widely used for treatment in caner patients, stems cells programmes are ongoing but they are rarely applied to the clinical setting, while telemedicine services are largely but not fully deployed yet. Only a few European hospitals focus on nutrition and physical activities to encourage wellness and improve the treatment of patients, most do not tackle prevention as part of their approach. The development of relationships or affiliations with other sector organisations is a usual practice, since cooperation between the many stakeholders in the life science and medical sectors is essential in fostering innovation in the field of personalised medicine.

The report concludes identifying the main barriers for the implementation of personalised medicine within the European hospital environment: lack of research funding, lack of strong scientific evidence in some fields, lack of knowledge among doctors, and lack of a clear reimbursement system for related services.

Finally, it outlines that today hospitals have a clear opportunity to adapt to the new healthcare paradigm and provide services that are targeted to the individual patient, however, it is important to recognise that different hospitals require different models, hence personalised medicine must be designed and implemented according to each hospital needs, organisation and operational pattern.

The hospitals that have participated in the study are: Herlev Hospital/Copenhagen University Hospital – Denmark; Kuopio University Hospital – Finland; University Hospital of Dijon – France; Medical and Health Science Center University of Debrecen – Hungary; University Medical Centre Ljubljana (UMCL) – Slovenia; Hospital Clinic de Barcelona – Spain.

***More information:***
***http://kc3.pwc.es/local/es/kc3/publicaciones.nsf/V1/765DD8AB19C2C116C1257991002E2984/$FILE/Persmedicine.pdf***

## EU INSTITUTIONS AND POLICIES


### *PUBLIC HEALTH PROGRAMME 2014/2020 – COMMITTEE OF THE REGIONS*

HOPE was invited on 17 February 2012 to comment the draft opinion of the Committee of the Regions on the Proposal for a Regulation of the European Parliament and of the Council on "Establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020" {COM(2011) 709 final}.

With the third multi-annual programme of EU action in the field of health, the European Commission seeks to build on the content of the preceding programme. It also aims to sustain its contribution to securing efficient and adequate healthcare services in EU Member States over the long term.

The title "Health for Growth" is supposed to emphasise the tight link between health and economic development in the Member States. The Commission is requesting EUR 446 million for the programme.

The rapporteur on the opinion, Mr. Tilman Tögel (DE/PES), Member of the Saxony-Anhalt Landtag, had already drafted elements and wanted a feedback from stakeholders. He considers that in the EU, local and regional authorities bear almost exclusive responsibility – whether direct or indirect – for public health. According to him, they are responsible for securing adequate provision of preventative care, treatment, and public health-related services. The rapporteur then regrets that the draft regulation makes no mention of regions and municipalities

Very few stakeholders showed up but this was an opportunity of HOPE to present with in details not only its positions but also the messages developed within the European Health Policy Forum. The proposal of the Commission does not grasp the reality of the diversity of health system. It does not tackle inequalities and seems to be more interested to move towards more influence on healthcare than pursuing its public health goals.


## *PUBLIC PROCUREMENT – FIRST POSITION OF THE COUNCIL*

On 20 February 2012, Ole Sohn, the Danish Minister for the Economy presented the first position of the Council on the proposal of the Commission on public procurement.

He declared that Member States agreed on the abolition of differential treatment for so-called non-priority services, whilst keeping a lighter regime for services related to health as well education and culture.

More generally, he confirmed the European Union's Competitiveness Council's approval of the new competition procedure with negotiation that the European Commission put forward in its "public procurement" directive review. According to Mr. Ole Sohn, a majority of delegations from the Competitiveness Council wish for a greater access to competition procedures with negotiation, in spite of the fact that some countries are requesting safeguards for operators to be treated equally.

Competition procedure with negotiations would allow the adjudicating authorities to launch negotiation with selected contractors before introducing an initial written offer, in order to refine certain modalities, for example on legal and financial issues.

In its proposal, the European Commission also expressed its wish to discard the distinction between priority services in Category A and so-called non-priority services in Category B, which are currently subject to less strict rules. Only services related to health as well as culture and education will benefit from the lighter regime and services that have a threshold below 500,000 EUR will not be covered in the Directive's scope. Most Member States welcome the scrapping of this distinction between the two Categories, except for France and Cyprus, and to a lesser extent Belgium, who are questioning this removal.

Overall, Member States welcomed the Commission's new procedure and believe it to goes in the right direction. Several Member States (Austria, Belgium, France, Hungary, Lithuania, Poland, Netherlands, Portugal, Romania, United Kingdom, Slovenia and Sweden) however expressed their opinion that the new procedure could be more ambitious.

The Danish Minister for the Economy declared that the Council was committed to concluding negotiations on the legislative proposal by the end of 2012, in compliance with the objectives set by the European Council.

***More information:***
***http://ec.europa.eu/internal_market/publicprocurement/index_en.htm***

Justice

## *DATA PROTECTION – HEALTH IN THE COMMISSION PROPOSAL*

The proposal to reform the 1995 data protection rules presented by the Commission on 25 January 2012 (see HOPE Newsletter n°89) is tackling health data in a specific way.

Article 81, which addresses the issue of the processing of personal data concerning health, establishes that "suitable and specific measures" must be provided under Union law or Member State law to safeguard the data subject's legitimate interests. The Regulation stipulates that several reasons can be brought forth to justify the processing and extended retention of personal data:

- for the purpose of preventive or occupational medicine, medical diagnosis, the provision of care or treatment or the management of health-care services. In this case, the data has to be processed by a health professional subject to the obligation of professional secrecy or another person also subject to an equivalent obligation of confidentiality; or
- for reasons of public interest in the area of public health, such as the protection against serious cross-border threats or the ensuring high standards of quality and safety in regards to medicinal products or medical devices for example; or
- for other reasons of public interest such as social protection, especially in order to ensure the quality and cost-effectiveness of the procedures used for settling claims for benefits and services in the health insurance system.

Under article 18, the regulation also recognises the retention of personal data for patient registries as essential for improving diagnoses and differentiating between similar types of diseases and preparing studies for therapies. However, it subjects the processing of such data and other data that is deemed necessary for historical, statistical or scientific research purposes to several conditions and safeguards. Firstly, these purposes cannot be otherwise fulfilled by processing data, which does not permit or not any longer permit the identification of the data subject. Secondly, the data enabling the attribution of information to an identified or identifiable data subject must be kept separately from the other information as long as these purposes can be fulfilled in this manner. Bodies conducting historical, statistical or scientific research may publish or otherwise publicly disclose personal data only if:

- the data subject has given consent;
- the publication of personal data is necessary to present research findings or to facilitate research insofar as the interests or the fundamental rights or freedoms of the data subject do not override these interests; or
- the data subject has made the data public.

Finally, the Commission's flagship measure in its reform proposals is the right to be forgotten and to erasure. Its Regulation proposal however, allows the extension of the retention of personal data, if necessary "*for reasons of public interest in the area of public health in accordance with article 81*".

***More information:***
***http://ec.europa.eu/justice/newsroom/data-protection/news/120125_en.htm***

## *EUROPEAN PARLIAMENT SUPPORTS BINDING EFFICIENCY TARGETS*

On 28 February 2012, the European Parliament energy committee came to an agreement on its position towards the energy efficiency directive put forward by the European Commission in June 2011. The Directive seeks to help the EU achieve its set objective of achieving 20% primary energy savings by 2020.

After five months of negotiations, the energy committee finally decided to support rapporteur Claude Turmes (Greens, Luxembourg) by adopting his report on the draft efficiency directive and are calling on Member States to establish binding national energy efficiency targets, which were not included in the Commission's initial proposal. The targets to be set in place will be based on Member States specific reference values. The report was approved with 51 votes in favor, 6 votes against, and 3 abstentions.

"Five years after committing to a voluntary target of reducing energy consumption with 20% by 2020, EU Member States are way off track. To address this, MEPs have today voted to make the 20% target binding, with national sub-targets and trajectories for the member states. The European Commission will monitor everything. A healthy dose of flexibility has been added for energy-intensive industries", Claude Turmes said.

Buildings account for 40% of the EU's energy consumption and 36% of its $CO^2$ emissions. Under the new measures proposed by the energy committee, Member States would need to start renovating 2,5% of the total surface area of their public buildings when the total utilised surface area is over 250 $m^2$ by January 2014.

In regards to public procurement, the voted measures would also require Public bodies that purchase rent products, services, systems and buildings to set energy performance requirements as technical specifications, taking into account cost-effectiveness based on a whole life-cycle analysis and therefore ensuring that they buy or rent products with a high efficiency performance.

In addition, the amended text also makes it an obligation for energy companies to make 1,5% energy savings each year in all end-user sectors.

Finally, the text voted by the MEPs of the energy committee proposes to establish financing facilities for energy efficiency measures. These facilities would be funded by revenue from fines imposed for failure to comply with the directive and money from cohesion, structural and rural development funds.

The text adopted by the energy committee states that by June 2013, the Commission will need to verify whether Member States are on the right track to reach these targets, and that by June 2014, the Commission will have to come up with energy saving objectives for 2030.

The Energy Committee decided to give the rapporteur a mandate to proceed with the negotiations with the Council. The plenary vote will take place only after the end of these negotiations.

***More information:***
***http://www.europarl.europa.eu/meetdocs/2009_2014/organes/itre/itre_20120227_1500.htm***

## EUROPEAN PROGRAMMES AND PROJECTS

### *EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING*

On 29 February 2012, the Commission launched the "invitations for commitment" as a first step for putting the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing (EIPAHA) into action.

The pilot European Innovation Partnership on Active and Healthy Ageing aims to increase the average healthy lifespan in the EU by 2 years by 2020 pursuing three strategies:

- improving the health and quality of life of Europeans with a focus on older people;
- supporting the long-term sustainability and efficiency of health and social care systems;
- enhancing the competitiveness of EU industry through business and expansion in new markets.

This will be realised in the three areas of prevention and health promotion, care and cure, and active and independent living of elderly people.

In November 2011, the high level Steering Group, set up by the European Commission to assist with launch and implementation of the pilot partnership, adopted the Strategic Implementation Plan (SIP). The SIP outlines a common vision and a set of operational priority actions to address the challenge of ageing through innovation. The priority actions fall under three pillars reflecting the “life stages” of the older individual in relation to care processes:

- prevention, screening and early diagnosis;
- care and cure;
- active ageing and independent living.

All stakeholders who wish to be fully involved in carrying out the specific actions of the Plan will be invited to submit their contributions by filling in a form online. Each organisation will be asked to provide detailed information about its action, based on the principles and criteria defined in the Plan. These will assess, among other aspects, working in partnership with other stakeholders, contribution to the Partnership's objectives and headline target, and resource sufficiency for the delivery of the action.

The deadline for submission is 31 May 2012. The invitations for commitment will be re-opened on a regular basis, enabling other stakeholders to join the EIP at a later stage.

***More information:***
***http://ec.europa.eu/health/ageing/innovation/eip_invitation_commitments_en.htm***

## *E-HEALTH THEMATIC NETWORK – MOMENTUM KICK-OFF MEETING*

On 15 and 16 February 2012, a new Thematic Network on telemedicine, MOMENTUM, was launched in Brussels.

MOMENTUM aims to support the deployment of telemedicine in daily practices. Its objective is to create a platform across which the key players can share their experience and knowledge in deploying telemedicine practices into routine care, in order to build a body of good practices. It is funded under the European Union's Information and Communication Technologies Policy Support Programme.

MOMENTUM wishes to create a vibrant and sustainable network of telemedicine stakeholders. This network will be an open network, with the capacity to be expanded from its original partnership to a broader forum, gathering health authorities, professional national and international stakeholder groups, and networks of professional and patients.

These stakeholders' responsibilities will be to develop and maintain a European Telemedicine Deployment Blueprint that will achieve three results:

- it will assist countries and telemedicine practitioners in their telemedicine implementation, and validate the work of past initiatives;
- it will document the roadblocks that obstruct telemedicine implementation in daily practice- the lack of robust methods to support telemedicine implementation process being perceived as one of them;
- it will propose a set of policy recommendations: these will help to create the enabling environments needed to accelerate overall telemedicine deployment in Europe.

MOMENTUM's activities will be built on special interest groups (SIGs) and their workshops. A series of workshops will be held: they will bring together the network participants with a wider community of stakeholders. After the first plenary workshop, network participants will organise SIGs devoted to four specific work domains. The domains are: (1) telemedicine strategy and management, (2) organisational implementation and change management, (3) legal and regulatory issues, and (4) Technical infrastructure and market relations.

HOPE, who is a collaborative partner in MOMENTUM, attended the kick-off meeting in Brussels. The meeting was the occasion for partners to present their organisation and their telehealth and telemedicine-related activities. The European Health Telematics Association (EHTEL), who is the Coordinator of the Consortium, took the opportunity to introduce the aims, expected outcomes and main activities of MOMENTUM in the coming years. Each Work Package leader also gave short presentations of their Work Packages.

***More information:***
***http://ec.europa.eu/information_society/apps/projects/factsheet/index.cfm?project_ref=297320***

## *CIP WORKSHOP ON FUNDING OPPORTUNITIES IN ICT FOR HEALTH, AGEING WELL AND INCLUSION*

On 17 February 2012, HOPE attended the one day information and networking workshop dedicated to ICT for Health, Ageing Well and Inclusion.

The workshop was co-organised by European Dynamics and the European Commission in the frame of the Competitiveness and Innovation Programme and follows the Competitiveness and Innovation Framework Programme (CIP) Info Day, which took place on 3rd February 2012.

The event was the occasion for various stakeholders in the field of health, ageing well and inclusion to present their ideas and projects to other stakeholders and meet potential partners. It was also the opportunity for prospective programme applicants to put their questions directly to the European Commission.

The workshop was divided into information sessions, parallel showcasing sessions, networking opportunities and one-to-one meetings.

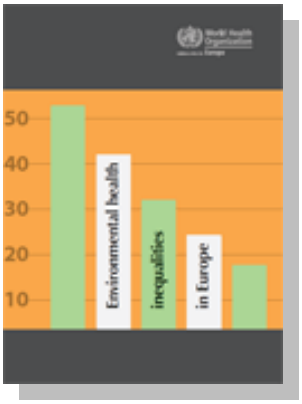
The parallel sessions addressed the following themes:

- Parallel session n°1: Wide deployment of integrated care services; towards open and personalised solutions for active and independent living; Large-scale deployment of telehealth services for chronic conditions management
- Parallel session N°2: Community Building on Active and Healthy Ageing; Adoption, taking up & testing of standards & specifications for eHealth interoperability ; Digital capacity and skills; Fall prevention network for older persons

***More information:***
***http://www.epractice.eu/en/events/2012-cip-workshop-health-ageing-inclusion***

## REPORTS AND PUBLICATIONS

### *ENVIRONMENTAL HEALTH INEQUALITIES IN EUROPE – WHO PUBLICATION*




The WHO Regional Office for Europe has just published the report "Environmental health inequalities in Europe", coordinated by WHO European Centre for Environment and Health, Bonn Office.

Recent debate on the social determinants of health has indicated that the unequal distribution of health and well-being in national populations is a major challenge for public health governance. In a time of financial constraints and broadening socio-demographic inequalities, a unique area of work of the WHO European Centre for Environment and Health (ECEH) is to offer countries new evidence and policy options to tackle the unequal distribution of environmental health risks. Thus, it has carried out a baseline assessment of the magnitude of environmental health inequality in the European Region based on a core set of 14 inequality indicators.

The main findings of the assessment report indicate that socioeconomic and demographic inequalities in exposure to environmental factors between the rich and the poor are present in all countries and need to be tackled throughout the Region.

For example, within the European Union (EU) alone, around 80 million people live in relative poverty: with incomes below 60% of the national median income level (1). Many of these people live in damp housing, with insufficient heating and inadequate sanitary equipment. In the new EU countries, the lowest-income population reports having no bath or shower at home 13 times more often than the richest, and almost 7 million poor people have this problem in the EU as a whole. Worse, however, over 16 million people in relative poverty cannot afford to heat their homes in winter. Similar results are found for exposure to noise and second-hand smoke, and the incidence of various injuries.

This new report enables countries, for the first time, to identify priorities for national action based on concrete data. However, it also demonstrates that each country has a specific portfolio of inequalities, documenting the need for country-specific inequality assessments and tailored interventions on the national priorities.

***More information:***
***http://www.euro.who.int/en/what-we-publish/abstracts/environmental-health-inequalities-in-europe.-assessment-report***

## *POLICY BRIEF: OBESITY UPDATE 2012 – OECD*

The Organisation for Economic Cooperation and Development (OECD) has just published the policy brief "OECD Obesity update 2012", which presents an update of analyses of trends and social disparities in obesity originally presented in OECD's report "Obesity and the Economics of Prevention: Fit not Fat", published in 2010.

There is some good news. New data for 10 countries show that over the past decade obesity rates slowed or stopped growing in England, Hungary, Italy, Korea and Switzerland, and grew only 2-3% in France and Spain. In Canada, Ireland and the US, however, they increased 4 - 5%. The rate of childhood obesity in England, France, Korea and the US has stabilised. Part of the reason could be that most governments have stepped up efforts to tackle the root causes of obesity, with some looking at taxing foods heavy in fat and sugar and several (e.g. Denmark, Finland, France, Hungary) passing new legislation in 2011.

OECD data show that obesity is also an inequality issue. The 10-years trend shows that women with low levels of education and income are 2 to 3 times more likely to be overweight than well-educated women in most countries, and no progress has been made in redressing these disparities. For men, money does not help – there is little difference in the obesity rates of the rich and the poor.

***More information:***
***http://www.oecd.org/document/10/0,3746,en_2649_37407_38334282_1_1_1_37407,00.html***

## OTHER NEWS – EUROPE


### *INTERNATIONAL CHILDHOOD CANCER AWARENESS DAY*

On the occasion of the International Childhood Cancer Day, Member of the European Parliament Mrs. Glenis Willmott invited HOPE to contribute to a multi-stakeholders meeting to raise awareness at EU level of the many challenges of these rare cancers and jointly identify a political pathway to instigate change.

The treatment of children with cancer can be considered a success story, with approximately 80% of young cancer patients surviving in Europe today, thanks to pan-European partnerships and quality-assured clinical care.

However, as a non-preventable and life-threatening disease, treatments are complex and require specialist input in order to counter long-term effects and provide a good quality-of-life for the increasing number of survivors.

Discussions centred on providing solutions for optimal clinical research through the revision of the EU Clinical Trials Directive, combating differences in outcome across Europe and improved diagnosis at an early stage, particularly for brain tumours.

Ensuring the best possible care and outcome for children and young people with cancer in Europe was the first topic presented by Assoc. Prof. Ruth Ladenstein, of St. Anna Children's Hospital Austria and SIOPE President. After an update on the revision of the EU Clinical Trials Directive by Patricia Brunko, of the European Commission, the current status and where to go with innovative drug development for children and adolescents with cancer was covered by Prof. Gilles Vassal of Institut Gustave Roussy, France. Accessibility to optimal treatment and care with a focus on Early Diagnosis Chair was the last session. Chaired by Alojz Peterle, MEP it was an opportunity to discover the Headsmart campaign introduced by Dr. Sophie Wilne, Children's University Hospital, Nottingham, UK Parent of childhood cancer survivor.

### *CLINICAL TRIALS DIRECTIVE – EUROPEAN SCIENCE FONDATION CALL*

On 31 January 2012, the European Science Foundation (ESF) and the European Medical Research Councils (EMRC) expressed their strong support for the revision of the Clinical Trials Directive, which is set to be presented in upcoming weeks by the European Commission.

The Directive on clinical trials was adopted in 2001 and establishes basic rules and principles for conducting medical clinical trials that ensure quality, the respect of human rights and dignity. The 2001 Directive had radically increased the quality of clinical trials in Europe, with a strong focus on

patient safety. Today's main research actors want to ensure that these high standards are maintained and that safety and quality remain top priorities.

The ESF and EMRC formulated a number of recommendations for the revision of the Directive: they call on the Commission to set up streamlining procedures, introduce a risk-based approach to authorising clinical trials and improve harmonisation in the implementation of EU rules at Member State level. According to the Chair of the EMRC, Liselotte Hojgaard "*Balancing these aims with the imperative of maintaining a high level of patient safety is the major challenge facing the revision.*"

The EMRC also strongly supports the setting up of a sliding scale of requirements depending on the risk involved in the clinical trial. This would mean that low-risk trials could benefit from a less restrictive framework than high-risk trials.

Finally, the ESF and EMRC call for more harmonisation and more cooperation between Member States in regards to the adoption and implementation of the directive at national level. "Excellence in clinical research requires a truly functioning harmonisation," Liselotte Hojgaard said. "We urge the Commission, European Parliament and the member states to enact a law that unifies clinical trials in Europe."

## *WHO EUROPEAN POLICY FOR HEALTH 'HEALTH2020' – PUBLIC CONSULTATION*

HOPE and its members have been invited by WHO Regional Directorate for Europe to take part in the written consultation on the European policy for health "Health 2020".

Health 2020 is the new European health policy, aiming to accelerate progress towards achieving the European Region's health potential by 2020. Its purpose is to strengthen health systems, revitalize public health infrastructures and institutions, engage the public and a range of health actors, and develop coherent and evidence-based policies and governance solutions capable of tackling health threats and sustaining improvements over time.

Three documents are now available for a written consultation:

- the short Health 2020 policy document which contains the key evidence, arguments and areas for policy action in the Health 2020 policy framework which addresses the public health challenges and opportunities for promoting health and well-being in the European Region;
- the longer Health 2020 policy framework and strategy document, which provides the contextual analysis and the main strategies and interventions that work to implement the Health 2020 policy;
- the European Action Plan for Strengthening Public health Capacities and Services, which is central to implement the Health 2020 strategy.

WHO Europe has identified a limited set of questions especially concerning the first two documents; however, a comprehensive response and general comments on any aspect of these documents are welcome.

HOPE will work with its members to reach a collective statement. It is of course possible for individual members to provide directly an answer to the WHO regional office for Europe.

Comments and suggestion must be submitted by the end of March 2012.

***The questions on the longer Health 2020 are available on***
***https://www.research.net/s/health2020longEN***

***The questions on the short Health 2020 are on available on***
***https://www.research.net/s/health2020shortEN***

## *WHO COLLABORATING CENTRE ON VULNERABILITY AND HEALTH*

WHO has designated the Department of Preventive Medicine in the Faculty of Public Health, at the University of Debrecen, Hungary, as a WHO Collaborating Centre on Vulnerability and Health.

Life expectancy among marginalized Roma communities is considerably lower than the average for the WHO European Region. The Centre will promote awareness, political commitment and action on the adverse social conditions (including poverty and social exclusion) that make certain groups (such as Roma and other ethnic minorities) vulnerable to ill health. This work is central to Health 2020, the new European health policy currently being developed.

Specifically, WHO's work with the collaborating centre will include:
- developing equitable and comparable research on Roma health;
- collecting evidence and disseminating information related to vulnerable groups; and
- developing materials and organizing events for policy-makers to build capacity in inclusive research methods and knowledge of existing research on Roma health, including the impact of housing policies.

The University of Debrecen is the second WHO collaborating centre in Hungary. The National Institute of Pharmacy in Budapest was first designated the WHO Collaborating Centre for Drug Information and Quality Control in 1982.

## *NEW WHO EUROPEAN CENTRE FOR ENVIRONMENT AND HEALTH (ECEH)*

The European Centre for Environment and Health (ECEH) is now located in Bonn, Germany. The Bonn office started operations in 2001, complementing the work of the office in Rome, Italy. Following the closure of the Rome office in 2011, it is expanding its scope in 2012 to cover a broad range of environment and health topics.

ECEH is part of the WHO Regional Office for Europe. It operates as a centre of scientific excellence of WHO/Europe, providing Member States with state-of-the-art evidence on the nature and magnitude of existing and emerging environmental health risks, and assisting them in identifying and implementing policies to address these risks. It develops policy advice and international guidelines, such as those on air quality and noise, to inform and support decision-making by governments, health professionals, citizens and other stakeholders.

Over the years, the Bonn office has coordinated the collection and analysis of scientific evidence on exposure to environmental risks and health effects, to underpin policy-making. Thanks to the additional funding from Germany, ECEH is broadening the scope of its work on four main areas:

- climate change and sustainable development;
- exposure to key environmental risks (air pollution, noise, chemicals, radiation, inadequate working conditions and poor housing);
- environmental health intelligence and forecasting;
- management of natural resources, including water and sanitation.

The programmes addressing these areas should strengthen their work on the nature and magnitude of current and emerging environmental health hazards, to assist European countries in making and carrying out policies to address them, including during environmental emergencies.

## *WHO/EUROPE STATISTICAL DATABASES UPDATE*

The European Health for All database (HFA-DB) and the European mortality database (MDB) were updated in January 2012.

HFA-DB provides a selection of core health statistics covering basic demographics, health status, health determinants and risk factors, and health-care resources, utilization and expenditure in the 53 Member States in the WHO European Region. It allows queries for country, inter-country and regional analyses, and displays the results in tables, graphs or maps, which can be exported for further use.

The data are compiled from various sources, including a network of country experts, WHO/Europe's technical programmes and partner organisations, such as agencies of the United Nations system, the statistical office of the European Union (EUROSTAT) and the Organisation for Economic Cooperation and Development.

HFA-DB is updated twice a year. This release incorporates replies from 48 countries to the annual HFA data request, as well as additional 30 country/years of mortality data.

Using the same user-friendly system as the HFA-DB, the MDB allows more in-depth analysis of cause-specific death rates. It also provides sub-national mortality data for 12 countries.

The January update added new data on causes of death at the national level for 30 country/years, and at the sub-national level for 6 country/years.

***More information:***
***http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-health-for-all-database-hfa-db2***

***http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/mortality-indicators-by-67-causes-of-death,-age-and-sex-hfa-mdb***

## *OBSERVATORY VENICE SUMMER SCHOOL 2012*

### *22-28 July 2012 – Venice (IT)*

The Observatory Summer School 2012 will take place in Venice from 22 to 28 July on the topic "Performance Assessment for Health System Improvement: Uses and Abuses". As every year, it is organised by the European Observatory on Health Systems and Policies and the Veneto Region of Italy, one of its Partners.

Health systems are coming under unprecedented pressures to constrain the relentless rise in health services expenditure while simultaneously improving health outcomes, responsiveness, and financial protection. Reconciling these conflicting performance pressures is a major preoccupation for many policy makers. Their task is made more challenging by the demands for transparency and accountability and the increasing availability of comparative data, the interpretation of which is rarely straightforward.

The themes addressed during the one-week Summer School are:

- the concept of performance assessment – scope, definition and dimensions/domains;
- measuring and reporting performance – data indicators and analysis;
- implementing performance assessment in different key areas, from integrated care and financial protection to hospital and ambulatory care;
- assessing the uses and abuses of performance assessment, comparing experiences within and across countries and drawing practical policy lessons;
- integrating performance assessment within health systems governance
- enhancing performance improvements – regulatory and financial incentives, institutional mechanisms etc.

This will include reviewing innovative approaches and identifying areas and strategies to improve performance, including financial, regulatory, managerial and information mechanisms.

The six-day course combines formal teaching with a highly participative approach involving participant presentations, round tables, panel discussions and group work. It draws on the latest evidence and a multidisciplinary team of experts from key organisations in the field including WHO, OECD and the EC.

The Observatory Summer School is primarily aimed at senior to mid-level policy-makers, with some junior professionals. Summer School 2012 is specifically targeted to:

- national and regional health policy-makers who wish to increase their understanding of health system performance and its implications for policy.
- professionals working in the health sector whose responsibilities address performance assessment and improving health system performance at both a policy and implementation level.

***More information:***
***http://www.observatorysummerschool.org/***

## *SUSTAINING AND IMPLEMENTING UNIVERSAL HEALTH COVERAGE - CONFERENCE*

The International Conference "Sustaining and Implementing Universal Health Coverage - Four Perspectives from Five Countries" was held on 10 February 2012 at the Bocconi University, Milan.

The Conference addressed the most challenging topics of universal health, including Global Health & Development; Health Care Management; Health Systems Planning & Governance; Pharmaceutical & Medical Technology. These four different perspectives will be exposed and discussed during the Plenary and the Round Table sessions by high level, worldwide Academics and prominent figures from all areas of Health Care, Policy, Management, Economics, Global and Public Health.

***More information at:***
***http://www.sdabocconi.it/en/universal_health_coverage/***

## OTHER NEWS - WORLD


### *WHO QUALITY RIGHTS PROJECT*

WHO has launched the "QualityRights Project", which aims to improve the quality and human rights conditions in mental health and social care facilities and empower civil society organisations to advocate for the rights of people with mental and psychosocial disabilities.

All over the world, people with mental and psychosocial disabilities experience a wide range of human rights violations, stigma and discrimination. The care available from many mental health facilities around the world is not only of poor quality but in many instances hinders recovery. In many cases, also people seeking care from outpatient and community care services are disempowered and experience extensive restrictions in their basic human rights.

The World Health Organization has developed QualityRights - a new project to unite and empower people to improve the quality of care and promote human rights in mental health facilities and social care homes. The specific objectives of the project are:

- improve the quality of services and human rights conditions in inpatient and outpatient mental health facilities;
- build capacity among service users, families and health workers to understand and promote human rights and recovery from mental disabilities;
- develop a civil society movement of people with mental disabilities to provide mutual support, conduct advocacy and influence policy-making processes in line with international human rights standards;
- reform national policies and legislation in line with best practice and international human rights standards.

In order to achieve the stated objectives visiting committees made by persons with mental disabilities and their families, mental health professionals and legal and human rights experts will be established in each country. After a period of training, these committees will undertake the assessment of quality and human rights conditions in mental health and social care facilities using the WHO QualityRights Tool Kit developed by the World Health Organization and will develop a plan to improve conditions in the facilities. In order to develop and implement the plan, members of the committee will have to work collaboratively with local service users, families and staff, to which they will also offer training on human rights.

In a second phase of the project, technical and administrative support will be provided to people with mental disabilities on how to set up self-advocacy groups and family associations, and on how to undertake advocacy and campaigning as well as participate in and influence decision making processes.

Moreover, policy and legislative reform, informed by the assessment of facilities, will be conducted in countries, in order to prevent violations, promote human rights, and encourage the development of high quality community services to support the recovery of people with mental disabilities.

The project is expected to produce long-term benefits. Not only does it provide training and develop skills for health care workers and mental health service users to improve services, it leaves a lasting legacy of respect for human rights.

***More information:***
***http://www.who.int/mental_health/policy/quality_rights/en/***

## 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***

## *AGING HEALTH WORKFORCE – AGING PATIENTS: MULTIPLE CHALLENGES FOR HOSPITALS 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. "Aging health workforce – aging patients: multiple challenges for hospitals in Europe" is the subject for 2012. HOPE German Member will organise 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

HOSPAGE

**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:**
**www.hospage.eu**