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HOSPITALS 2020: HOSPITALS OF THE FUTURE, HEALTHCARE OF THE FUTURE

ONLINE REGISTRATION OPEN UNTIL 20 APRIL
http://www.hope-agora.eu/?page_id=310

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HOPE MEETS THE EU COMMISSIONER FOR HEALTH AND FOOD SAFETY

On 26 March 2015, HOPE President Mrs Dr Sara Pupato Ferrari and HOPE Chief Executive Pascal Garel met Dr Vytenis Andriukaitis, the EU Commissioner for Health and Food Safety. Graduated in medicine and history, Dr Andriukaitis held the position of Minister of Health in Lithuania from 2012 to 2014 before being appointed EU Commissioner for Health and Food Safety in November 2014.

HOPE President presented the history of the federation, current activities and challenges ahead. The Commissioner recognised the importance of the hospital sector, which he knows very well as he worked for 23 years in hospitals as a surgeon.

Against raising cuts, the Commissioner stressed that hospitals and healthcare services should not be considered as a mere expenditure, but as an investment. They create added value for economic growth and the society, and represent a huge contributor to jobs creation. Hospital and healthcare services employ a high skilled workforce and are at the forefront in the use of the latest medical and technological innovations. It is not easy to find such a great value in other sectors: indiscriminate cuts are therefore not justified.

During the meeting, the Commissioner also discussed other relevant topics with HOPE, such as the need of promoting a more integrated and systematic approach between different levels of healthcare, the importance of prevention by fighting the threat of antimicrobial resistance, standardisation in health services, falsified medicines, and the new possibilities offered by eHealth and mHealth. Hospitals and healthcare services have a major role to play in these areas.

Dr Vytenis Andriukaitis, HOPE President Mrs Dr Sara Pupato Ferrari and HOPE Chief Executive Pascal Garel

Public Health

EU HEALTH POLICY FORUM

On 19 March 2015, HOPE attended the EU Health Policy Forum (EUHPF) in Brussels.

The EUHPF was created in 2001 and gathers today 52 umbrella organisations representing European stakeholders in the fields of public health and healthcare, including HOPE.

The intention of the Forum is to ensure that the European Commission's health policy is transparent and responsive to public concerns and during the past years it has served as an instrument for communication between the Commission and members and has provided useful feedback on the Commission's policy proposals and implementing actions.

The meeting started with an overview of the work done during the previous mandate of the EUHPF covering the period 2009-2013. The mandate has been largely achieved: inputs and outputs produced were of good quality and the Forum enabled collaboration among stakeholders. Some areas of improvement have been identified such as the need for a more high level participation, a clearer governance structure as well as a more transparent selection of priorities and agenda setting.

Finally, three aims of the EUHPF for the new term starting in 2015 have been proposed:

Public Health as a higher EU priority;

EUHPF as a more valuable resource, by involving other Commission's DGs, the European Parliament etc.;

Promote health in all policies and focus on prevention.

The EU Commissioner for Health and Food Safety, Vytenis Andriukaitis, took part to the meeting and stressed its commitment to ensure a high level of health protection for all EU citizens and the willingness to collaborate with all stakeholders to streamline efforts and achieve better results. The Commissioner also stressed that prevention, promotion, protection and participation are the priority areas on which the Commission will focus during the current mandate.

The European Commission also presented the new format of the EUHPF, which will be based on three main elements:

- An IT platform, composed of a publicly accessible webpage and of a collaborative platform for registered participants. The collaborative platform will feature an open area for discussion and specific thematic areas with identified Experts Groups. It will help in the preparation of

meetings' agendas by including the most relevant topics under discussion on the platform and by facilitating work on specific documents. The IT platform will be launched before the end of 2015;

Regular meetings and a biannual summit;

An annual health award to good practices that promote a healthier EU. The 2015 prize will be awarded to NGOs fighting against Ebola. Proposed topics for the coming years are: vaccination, nutrition, health workforce retention. The first prize is 20.000 Euros and the second prize 10.000 Euros.

The meeting was also an opportunity to hear about current initiatives. The Commission presented the implementation report on the "Commission Communication on a European initiative on Alzheimer's disease and other dementias" and ongoing initiatives in this area. A second Joint Action on dementia will start in 2015 for three-year duration under the lead of United Kingdom. It was also announced that dementia will be a priority of the upcoming Luxembourg and Dutch presidencies and that a European conference on dementia will be organised on 8-9 May 2016.

The last presentation provided during the meeting concerned the Ebola outbreak in West Africa. The Commission provided an overview of the EU's action since the beginning of the epidemic confirmed in March 2014. It was stressed that in the EU not all Member States dispose of the highest level of isolation to face the infection. Learn from the outbreak is key to better prepare to similar health crisis in the future. Thus, the Luxembourg presidency will initiate a reflection process on Ebola and in autumn 2015 the Commission will perform an evaluation of the EU's action during the outbreak.

More information:
http://ec.europa.eu/health/interest_groups/eu_health_forum/policy_forum/index_en.htm

Presentations are available at:
http://ec.europa.eu/health/interest_groups/events/ev_20150319_en.htm

HEALTH EFFECTS OF EXPOSURE TO ELECTROMAGNETIC FIELDS – SCENIHR OPINION

The Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) published in January 2015 its final opinion on potential health effects of exposure to electromagnetic fields (EMF).

The SCENIHR provides the Commission with scientific advices for preparing its policy and legislative proposals in the field of consumer safety, public health and environment. It particularly deals with issues of emerging or newly identified health and environmental risks.

Human exposure to EMF can come from many different sources and occurs from various situations in everyday life. Then, sources of EMF are found in in-house installations and household appliances, technological devices such as cellphones and laptops, but also close to MRI scanners used in hospitals and healthcare facilities.

When the levels of exposure to electromagnetic fields are below the levels recommended by the EU legislation, the opinion shows that there are no evident adverse health effects. In addition, while previous studies suggested EMF could be associated to risks of brain tumor, some type of cancers or Alzheimer's disease, new studies did not confirm such link.

Referring to epidemiological studies, the opinion shows that exposure to extremely law frequency fields, from long term living in close proximity to power lines, increases risks of childhood leukemia. However, there are still few data available on electromagnetic fields' health effects, and the present risk assessment remains to be deepened once new data will be available.

The final opinion is available at:
http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_041.pdf

BISPHENOL A IN MEDICAL DEVICES – SCENIHR OPINION

On 27 February 2015, the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) published its final opinion describing the risk assessment of exposure to bisphenol A via medical devices (implants, catheters, and most dental devices), focusing on vulnerable groups such as infants, pregnant and breast-feeding women.

The SCENIHR provides the Commission with scientific advices for preparing its policy and legislative proposals in the field of consumer safety, public health and environment. It particularly deals with issues of emerging or newly identified health and environmental risks.

The Committee carried out its risk assessment considering an evaluation of several exposure scenarios, taking into account the material used, the duration and frequency of a treatment as well as its toxicologically short and long term exposure.

As far as the oral route of exposure is concerned (via dental material), the SCENIHR concluded that the long term exposure to bisphenol A remains a negligible threat for human health.

However, concerning non-oral exposure routes, some risks for adverse effects may exist, especially for neonates in intensive care units, for infants undergoing prolonged medical procedures and for dialysis patients. These risks need to be balanced with benefits of medical devices containing bisphenol A. Indeed the survival of neonates, for instance, often depends on the availability of the medical devices which causes a relatively high bisphenol A exposure.

In its opinion, the Committee recommended that where practicable, medical devices that do not leach bisphenol A should be used. The efficiency in terms of treatment of devices not containing bisphenol A should be taken into account, together with the toxicological profile of the alternative materials used. Yet, there are still few data on exposure via medical devices and the present risk assessment remains to be deepened once new data will be available.

The final opinion is available at:
http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_040.pdf

HUMAN ORGANS, TESTING OF HUMAN TISSUES AND CELLS, HUMAN BLOOD – COMMISSION URGES MEMBER STATES TO COMPLY WITH EU LEGISLATION

On 26 February 2015, the European Commission took a wide range of infringement decisions in order to urge some Member States to comply with their obligations under European Union law concerning human organs, testing of human tissues ad cells and human blood.

EU Directives set out results that all EU Member States must achieve. National authorities then have the choice of form and method to meet these results. Each Directive contains a deadline by which Member States must adopt national transposition measures, which incorporate the obligations of the Directive into national law.

If Member States fail to comply with these obligations, the European Commission can start an *infringement procedure*. First, the Commission addresses to the concerned State a *reasoned opinion*, aimed at urging it to comply with the Directive and to correctly transpose its provisions under a certain time limit. If the State still does not comply with its obligations, the European Commission may refer the State to the Court of Justice of the EU, before which it may be exposed to various financial sanctions.

The wide range of infringement decisions to urge some Member States to comply with their obligations under European Union law includes the following reasoned opinions directly concerning health protection:

- The Commission required Estonia, Italy and Slovenia to notify its transposition measures for the information procedures for the exchange of human organs (Directive 2012/25/EU). The Directive contains procedures to facilitate cooperation between European States in order to exchange information on organs and donors characterisation, and to improve traceability and reporting of adverse events and reactions.
- Similarly, Denmark, Estonia and Italy were urged to notify the transposition of the Directive 2012/39/EU setting certain technical requirements dealing with the testing of human tissues and cells. In particular, the Directive addresses: (i) HTLV-I antibody testing requirements across the Member States and (ii) blood samples testing for donation by partners.
- The Commission also sent a reasoned opinion to Poland, urging to transpose European Directives on the quality and safety standards for human blood (2002/98/EC, 2004/33/EC and 2005/61/EC). Amongst other measures, the Directives set eligibility criteria for donors, conditions for importing blood from third counties, and reporting obligations of blood establishments. On eligibility of donors, the rules in Polish legislation on admissibility of minors are less protective than the EU rules, and certain technical requirements on the health condition of donors are less stringent than the EU rules. On blood imported from third countries, Polish law does not stipulate equivalent traceability and testing requirements to those applicable to blood collected in the EU. Finally, on reporting obligations of blood establishments, the required content of their annual activity reports is not fully reflected in the Polish legislation.

These Member States have now two months to comply with their obligations and inform the Commission about the measures taken. Failure to notify these measures could lead to the Commission referring the cases to the Court of Justice of the EU.

EUROPEAN ANTIBIOTIC AWARENESS DAY – EXPERT MEETING AT ECDC

Since 2008, the European Centre for Disease Prevention and Control (ECDC) is coordinating activities carried out in the context of the European Antibiotic Awareness Day (EAAD), which takes place every year around the 18 of November.

The European Antibiotic Awareness Day aims at raising awareness about the threat to public health of antimicrobial resistance (AMR) and prudent antibiotic use. Latest data confirms that resistance to antimicrobials is increasing in Europe, creating a concern for public health. Raising awareness on prudent use of antibiotics is key in order to stop resistant bacteria to develop.

The objective of the meeting was to review activities carried out in 2014 and start organisation of the 2015 edition of EAAD, by brainstorming on possible focus themes and disseminations tools.

Firstly, activities carried out in the context of the 2014 edition of EAAD were reviewed, including social media activities. In 2014, the EAAD topic was self-medication. Many Europeans still wrongly believe that antibiotics are effective against colds or flu. The ECDC prepared a toolkit which contains template materials and some suggested key messages focusing on self-medication with antibiotics. It also held a EU level launch event on 17 November in Stockholm and a Global Twitter conversation (#AntibioticDay). Over 40 countries participated to the EAAD 2014.

This presentation was followed by a review of stakeholders' involvement in 2014. HOPE presented its contribution in disseminating information about the EAAD, the toolkit produced and the two reports published by ECDC on surveillance of antimicrobial resistance and of antimicrobial consumption.

Experts discussed and agreed all together on the activities for 2015 and beyond. In 2015, the focus will be on the consolidation of the materials created on self-medication (e.g. by providing an editable video) and the creation with WHO Europe of a pledge to be launched on social media. ECDC aims also to perform a mapping exercise to collect information on good practices and campaigns carried out at national level. In 2016, it was agreed to work on a leaflet for pharmacists, to be distributed to patients who are prescribed or who request to be prescribed with antibiotics. Finally, in 2017 the focus will be on hospital prescribers, with the aim to refresh and expand the toolkit for hospitals prescribers, which dates back to 2010 but still contains valid information.

The meeting was also an opportunity to hear from current initiatives. In this regard, the ARNA project (Antimicrobial Resistance and causes of Non-prudent use of Antibiotics in human medicine) was presented. ARNA started in July 2014 and aims to assess the non-prudent use of antibiotics in the EU and to encourage policies that lead to a more prudent use of antibiotics. Progress so far includes the completion of a literature review to describe the volume and nature as well as determinants of non-prudent use of antibiotics for human use. In March 2015, a questionnaire on public health measures and legislation on non-prudent use of antibiotics in Europe will be circulated to Ministries of Health and stakeholders.

The European Commission provided an update on DG SANTE's activities in the area of antimicrobial resistance. Antimicrobial resistance is a priority for the European Commission. On 26 February 2015, the European Commission published a progress report on the Action Plan against the raising threats from antimicrobial resistance (see article on February newsletter). Recently, there has also been a proposal to create a Working Group on Antimicrobial Resistance, which would give inputs on new policies and where a key role will be played by ECDC and with WHO as an observer. The creation of this Working Group still needs to get the approval from the Health Security Committee. Finally, the Commission mentioned the future launch of a tender for an economic study on the costs of antimicrobial resistance, carried out in the context of the Health Programme 2015. It was also stressed that antimicrobial resistance will be a priority of the Dutch Presidency of the Council of the EU and that a conference on this topic will be organised in February 2016.

More information on the European Antibiotic Awareness Day:
http://ecdc.europa.eu/en/EAAD/Pages/Home.aspx

DATA PROTECTION – JHA COUNCIL

On 13 March 2015, the European Union's Home Affairs and Justice Ministers reached a partial agreement on specific issues concerning the draft Regulation on Data Protection during the meeting of the Justice and Home Affairs (JHA) Council.

The proposal for a Regulation on the protection of individuals with regard to the processing of personal data and the free movement of such data (General Data Protection Regulation) was issued by the Commission in January 2012. Since then, discussions are still on-going in the Council on the understanding that nothing is agreed until everything is agreed.

The draft legislation aims to strengthen current EU data protection rules and to ensure a more harmonised approach to data protection and privacy across the European Union. It contains provisions which could have an important impact on the provision of healthcare services and research.

The partial agreement reached concerned two main points of the draft Regulation:

- The one stop shop mechanism (Chapters VI and VII)
- The principles for protecting the personal data (Chapter II)

Concerning the one stop shop mechanism, the Council reaffirmed its support for a single supervisory decision meaning that businesses operating in several European countries would only have to deal with one data protection authority. This would reduce the administrative burden as well as the legal uncertainty that results from dealing with several national jurisdictions. However, this system would apply only in important transnational cases, ensuring a better cooperation and joint-decision making

between data protection authorities. These jointly agreed decisions should be adopted by the data protection authority best placed from the data subject's perspective.

As regards the general principles of data processing, the Council agreed on a set of principles for lawful, fair and transparent data processing and put emphasis on processing of special categories of personal data, including health data. The text includes also measures for processing on the basis of consent.

WORKING TIME DIRECTIVE – HOPE REPLIES TO PUBLIC CONSULTATION

In December 2014, the European Commission launched a public consultation on the review of the Working Time Directive (Directive 2003/88/EC). The Working Time Directive requires EU countries to guarantee minimum standards applicable throughout the EU with regard to workers' rights.

Working time is a long-standing issue at EU level. In September 2004, the European Commission published a proposal for the revision of the Working Time Directive. The need for a new Directive was caused by a number of European Court of Justice Rulings. This proposal was not adopted, since the European Parliament and the Council could not reach agreement during the last meeting of the Conciliation Committee, which took place in April 2009. Divergent views mainly concerned the issues of on call time (i.e. periods when the worker is required to be available to the employer at the workplace in order to provide his or her services in case of need), the opt-out clause relative to the 48 hours per week limit and multiple contracts.

The main purpose of this consultation was to gather insights and contributions from the public in the context of the ongoing European Commission's review and impact assessment process and possible changes to the Directive. HOPE replied to the consultation by providing indications for improvement of the current rules. Some suggestions proposed were:

- introduce a distinction between "active" and "inactive" on-call time, which would allow for a flexible organisation of working time that is suited to hospital requirements and at the same time prevent extended periods of on-call duty;
- allow Member States for the possibility of extension of the reference period;
- recommendation for the opt-out rule to remain in effect.

HOPE will continue monitoring future legislative developments in this area, to make sure a future possible revision of the Directive will pay attention to the real needs of the hospital and healthcare sector.

DAMAGE CAUSED BY DEFECTIVE MEDICAL DEVICES – JUDGEMENT

On 5 March 2015, the European Court of Justice delivered a judgment on the liability for damage caused by defective medical devices, interpreting the Product Liability Directive (85/374/EEC). The Product Liability Directive states that producers are liable for damage caused by a defect in his product.

After having conducted quality control checks, in 2005, a German company, importing pacemakers of a U.S. company, found out that those products might be defective and put at risk patients' health. It therefore recommended physicians to replace these devices with other pacemakers provided free of charge. At the same time, the manufacturer recommended treating physicians to deactivate a switch in the defibrillators. When German health insurers asked the manufacturer to cover the cost of surgery, the company contested payment.

The first question asked to the Court was to know, when it is found that a medical device belonging to the same model of products than some products having a potential defect, as for instance pacemakers or implantable cardioverter defibrillators, whether it is possible to consider such a product as defective, without there being any need to establish that the product in question has such a defect. In this respect, European judges observed that "*in the light of their function and the particularly vulnerable situation of patients using such devices, the safety requirements for those devices which such patients are entitled to expect are particularly high*".

Accordingly, the Court stated that if such medical device belongs to the same production series or group of products having a potential defect, it is then sufficient to consider that this product is also defective, without needing to show the defective character of this particular product.

Another question brought to the Court was to determine if the cost of replacing those products constitute damage for which the producer is liable. In this regard, European judges answered that "*damage caused by a surgical operation for the replacement of a defective product, such as a pacemaker or an implantable cardioverter defibrillator, constitutes a damage for which the producer is liable, if such an operation is necessary to overcome the defect in the product in question*". The manufacturer of such a defective device must then reimburse the costs relating to the replacement of the product where such replacement is necessary and to restore the level of safety which a person is entitled to expect.

The judgment is available at:
http://curia.europa.eu/juris/document/document.jsf?text=medical%2Bdevice&docid=162686&pageIndex=0&doclang=en&mode=req&dir=&occ=first&part=1&cid=567167#ctx1

WORKING TIME DIRECTIVE – COURT'S OPINION FOUND IRELAND IN BREACH OF EU LEGISLATION

On 19 March 2015, in case C-87/14 the Court's Advocate General Yves Bot found Ireland in breach of the EU Working Time Directive for not counting junior doctors' training time as part of their "working week".

The Working Time Directive (2003/88/EC) requires EU countries to guarantee minimum standards applicable throughout the EU with regard to workers' rights. In this regard, the directive provides for maximum duration of a working week at 48 hours. Then, it sets a minimum daily rest period of 11 consecutive hours per 24-hour period. In addition each seven-day period, workers shall be entitled to a minimum uninterrupted rest period of 24 hours.

In November 2013, the Commission referred Ireland to the Court of Justice of the EU because it observed various cases where junior doctors were often required to work continuous 36-hour shifts, and work more than 100 hours a week.

Delivering his opinion on the case, Advocate General Yves Bot stated that "*the two aspects of the activity performed by non-consultant hospital doctors - their provision of medical care and their training - are intrinsically linked*". Accordingly, he invited the Court to rule that Ireland has failed to comply with its obligations under the directive by excluding in practice the training hours of non-consultant hospital doctors from their working time.

Ireland will have to wait three to six months before getting a full judgement. If the Court follows the opinion of the Advocate General, Ireland will run the risks of paying a fine up to 100 million Euros.

The Opinion of the Advocate General to the Court is available at:
http://curia.europa.eu/juris/document/document.jsf?text=&docid=163068&pageIndex=0&doclang=en&mode=req&dir=&occ=first&part=1&cid=516870

PASQ – FIFTH COORDINATION MEETING

On 12 and 13 March 2015, PaSQ Joint Action (European Union Network for Patient Safety and Quality of Care) held its Fifth Coordination Meeting in Brussels. HOPE was responsible for the organisation of the meeting, which gathered around 120 participants representing experts in the area of patient safety and quality of care, national authorities, EU health stakeholders, representatives from the European institutions, international organisations, and healthcare professionals.

The meeting had as objectives to present the results of PaSQ Joint Action as well as other on-going initiatives in the areas of patient safety and quality of care and look into the future, by discussing next steps and future EU agenda in these areas.

The first day opened with a speech from Andrzej Jan Rys, Health Systems and Products Director at the Health and Food Safety Directorate General of the European Commission. Dr Rys highlighted that there are several initiatives currently taking place at EU level on patient safety and quality of care and stressed the critical issues which still need to be addressed: better coordinate patient-related policies, facilitate the move from policies to practical implementation and incorporate grass-root knowledge. Margaret Murphy, Patient Advocate and External Lead Advisor of the WHO Patients for Patient Safety Programme set also the scene for the two-day meeting by providing the patients' perspective on the issue of patient safety.

This was followed by presentations from the Work Packages constituting the Joint Action, illustrating the main results achieved by PaSQ. Among the main achievements are:

- the development of a network of 700 national stakeholders;
- the collection of 504 Patient Safety Practices from 23 countries, 146 Good Organisational Practices from 20 countries and the organisation of 35 Exchange Mechanisms (e.g. meetings, workshops, study tours etc.) attended by 1409 participants. The Exchange Mechanisms allowed participants to exchange information regarding clinical and organisational good practices and build relationship between experts and practitioners and decision makers to promote the implementation of good practices in different settings;
- the implementation of Safe Clinical Practices (i.e. WHO Surgical Safety Checklist; Medication Reconciliation; Multimodal intervention to increase hand hygiene compliance; Paediatric Early Warning Scores) in 220 Health Care Organisations in 18 countries.

The day concluded with a panel discussion with PaSQ National Contact Points (NCPs). NCPs from Denmark, Germany, Spain and Slovakia were invited to share their experience and lessons learnt as well as illustrate the benefits from participation to PaSQ.

The second day started with presentations from OECD and WHO about their current projects and activities, as well as possible synergies with PaSQ Joint Action. It followed a session dedicated to foster discussion about the future EU agenda on patient safety and quality of care. Peter Badura from the Slovak Ministry of Health and leader of Work Package 7 dedicated to the sustainability of PaSQ Joint Action, presented PaSQ proposal for network sustainability.

The two-day meeting ended with a panel discussion where EU stakeholders representing healthcare professionals (doctors, nurses, pharmacists), patients, and HOPE Chief Executive Pascal Garel illustrated their views regarding future actions to be taken at EU level in the areas of patient safety and quality of care. The panel called on the European Commission to make sure stakeholders and their contribution are not neglected in future activities taking place at EU level. It was also highlighted the importance to support mechanisms which will enable the involvement of people from the field, and what has proven to be useful such as the exchange of good practices.

PaSQ Fifth Coordination Meeting and HOPE Chief Executive Pascal Garel speaking during the panel discussion "Future EU agenda on patient safety and quality of care: views from stakeholders" on 13 March 2015

More information on PaSQ Joint Action: http://pasq.eu/
Presentations are available at: http://pasq.eu/Events/EventsChronologically/Events2015.aspx

JOINT ACTION HEALTH WORKFORCE PLANNING AND FORECASTING – SECOND PLENARY ASSEMBLY

On 23 and 28 March 2015, HOPE participated in Madrid to the Second Plenary Assembly of the Joint Action on Health Workforce Planning and Forecasting. This event was organised in order to disseminate and endorse the main results obtained through the participation of the partners so far.

During the first day the report on the applicability to EU of the WHO global code of practice on the international recruitment of health personnel was presented as well as the overall progress of the Joint Action. In particular, leaders of work packages 4, 5 and 6 presented respectively the Report on terminology mapping, the Handbook on planning methodologies and the User guidelines on qualitative methods in health workforce planning and forecasting. Furthermore, it was explained the state of the art and the future developments of the pilot study implemented in Italy and Portugal.

Finally, two parallel sessions were organised: a stakeholder forum on improving data collection and knowledge on planning methodologies to fill the needs of stakeholders and a country/regions representatives' forum on the further use of planning methodologies across EU.

The second day was aimed to clarify the state of the evaluation process, to present the sustainability options and the stakeholder analysis. As well as in the first day, participants were invited to give their contributions during two sessions, one on dissemination and dedicated to stakeholders, the other on data collection across EU and dedicated to country/regions representatives.

More information on the Joint Action Health Workforce Planning and Forecasting:
http://www.euhwforce.eu/

EMPOWERING PATIENTS IN THE MANAGEMENT OF CHRONIC DISEASES – EMPATHIE PROJECT REPORT

On 30 September 2014, the report summarising the main results of EMPATHiE project (Empowering patients in the management of chronic diseases) was released.

Financed under the EU Health Progamme (2008-2013), EMPATHiE aimed to achieve a common understanding of the concept of patient empowerment and identify good practices, success factors and barriers.The consortium united representative groups of research institutes, patients' organisations, doctors and other health experts, as well as public health policy stakeholders.

Chronic diseases represent a critical burden in Europe; they are connected to premature morbidity, loss of healthy life years and are responsible for 86% of all deaths. Accordingly, the fight against chronic diseases is a major issue and one of the main priorities of European health systems. In that respect, the Danish Presidency of the Council of the EU asserted that patient empowerment should be a keystone of the EU strategy to tackle chronic diseases.

Patient empowerment can be defined as a principle of patients making informed choices, as well as a prerequisite for the exercise of patients' rights. Besides being a core value of a modern patient-centered health system, patient empowerment is crucial in the fight against chronic diseases.
The main outcomes of EMPATHiE project can be listed as follow:

- a catalogue of best practices in patient empowerment and possible methods for its transferability;
- an analysis of barriers and facilitators of patient empowerment in EU Member States;
- possible scenarios for EU collaboration on patient empowerment.

A set of recommendations for policy agenda stemmed from this report, such as:

- focusing on better education of patients and public;
- improving education of healthcare professionals;
- setting up a central common electronic record accessible by patients and professionals;
- developing eHealth solutions such as telemedicine or remote monitoring.

Waiting for the formulation of a European Union strategy and action plan, current patient empowerment initiatives are already underway. For instance, we can refer to PaSQ Joint Action (European Union Network for Patient Safety and Quality of Care), or CHRODIS (Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle), in which HOPE is involved.

The EMPATHiE final summary report is available at:
http://ec.europa.eu/health/patient_safety/docs/empathie_frep_en.pdf

REPORTS AND PUBLICATIONS

FIT MIND, FIT JOB: FROM EVIDENCE TO PRACTICE IN MENTAL HEALTH AND WORK – OECD REPORT

The OECD recently published "*Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work*".

This report provides a policy framework to help us better deal with mental health and work and shows policy options to address these issues.

According to the study the costs of mental ill-health for individuals, employers and society at large are enormous. Mental illness is responsible for a very significant loss of potential labour supply, high rates of unemployment, and a high incidence of sickness absence and reduced productivity at work. Following an introductory report (Sick on the Job: Myths and Realities about Mental Health and Work) and nine country reports, this final synthesis summarises the findings from the participating countries and makes the case for a stronger policy response.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/employment/fit-mind-fit-job_9789264228283-en#page1

ADDRESSING DEMENTIA – OECD REPORT

The OECD recently published "Addressing dementia". The large and growing human and financial cost of dementia provides an imperative for policy action. It is already the second largest cause of disability for the over 70s and it costs $645bn per year globally, and ageing populations mean that these costs will grow.

There is no cure or effective treatment for dementia, and too often people do not get appropriate health and care services, leading to a poor quality of life. Our failure to tackle these issues provides a compelling illustration of some of today's most pressing policy challenges. We need to rethink our research and innovation model, since progress on dementia has stalled and investment is just a fraction of what it is for other diseases of similar importance and profile. But even then a cure will be decades away, so we need better policies to improve the lives of people living with dementia now.

Communities need to adjust to become more accommodating of people with dementia and families who provide informal care must be better supported. Formal care services and care institutions need to promote dignity and independence, while coordination of health and care services must be improved. But there is hope: if we can harness big data we may be able to address the gaps in our knowledge around treatment and care.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/addressing-dementia_9789264231726-en#page1

PROMOTING BETTER INTEGRATION OF HEALTH INFORMATION SYSTEMS: BEST PRACTICES AND CHALLENGES – WHO PUBLICATION

The WHO recently published "Promoting better integration of health information systems", a review of best practices and challenges.

It addresses the current trends in Member States of the European Union and European Free Trade Association (EFTA) in how to promote better integration of health information systems. To understand what better integration means from a pragmatic perspective, experts from 13 EU Member States were interviewed and the results combined with the findings from a literature search.

This synthesis report identifies the following policy options for further consideration:

- to continue the work on some basics (such as data availability and quality, inventories of data and registries, standardisation, legislation, physical infrastructure and workforce capacities) and on more "concept-driven" indicator sets;
- to define what better integration means and to demonstrate concrete benefits of integration;
- to build leadership for capacity building in further integration of health information systems;
- to pursue further international exchange about activities underway in this area.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0003/270813/Promoting-better-integration-of-health-information-systems-best-practices-and-challenges.pdf?ua=1

BUILDING PRIMARY CARE IN A CHANGING EUROPE – EUROPEAN OBSERVATORY PUBLICATION

The European Observatory recently published "Building primary care in a changing Europe".

For many citizens primary care is the first point of contact with their health care system, where most of their health needs are satisfied but also acting as the gate to the rest of the system. In that respect primary care plays a crucial role in how patients value health systems as responsive to their needs and expectations.

The volume analyses the way how primary care is organised and delivered across European countries, looking at governance, financing and workforce aspects and the breadth of the service profiles. It describes wide national variations in terms of accessibility, continuity and coordination. Relating these differences to health system outcomes the authors suggest some priority areas for reducing the gap between the ideal and current realities.

The study also reviews the growing evidence on the added value of strong primary care for the performance of the health system overall and explores how primary care is challenged by emerging financial constraints, changing health threats and morbidity, workforce developments and the growing possibilities of technology.

In a second, companion volume, that is available on-line, structured summaries of the state of primary care in 31 European countries are presented. These summaries explain the context of primary care in each country; governance and economic conditions; the development of the primary care workforce; how primary care services are delivered; and the quality and efficiency of the primary care system. This book builds on the EU-funded project 'Primary Health Care Activity Monitor for Europe' (PHAMEU) that was led by the Netherlands Institute for Health Services Research (NIVEL) and co-funded by the European Commission (Directorate General Health and Consumers).

More information:
http://www.euro.who.int/__data/assets/pdf_file/0018/271170/BuildingPrimaryCareChangingEurope.pdf?ua=1

REDUCING INEQUALITIES IN HEALTH AND HEALTH CARE – EUROHEALTH OBSERVER

The main focus of the first 2015 issue of Eurohealth Observer is health inequalities.

Eurohealth Observer is a quarterly publication of the European Observatory on Health Systems and Policies that provides a forum for researchers, policy-makers and experts to express their views on health policy issues and so contribute to a constructive debate on health policy in Europe.

Inequalities in health exist both within and between countries. They are both unnecessary and unjust. They also create a great cost to societies, not only through the direct costs of providing health care for those with avoidable illness but also the costs of reduced participation in the workforce and lower productivity.

In November 2014, these issues were presented in Glasgow for the 7th European Public Health Conference with the theme "Mind the Gap: Reducing Inequalities in Health and Health Care". It was fitting for such a conference to be held in Glasgow given that the World Health Organization report of the Commission on Social Determinants of Health had contrasted the very low life expectancy in one part of the city (Calton – 54 years) with that in a more affluent area nearby (Lenzie North – 82 years). Even more shocking, it showed that life expectancy in Calton lagged behind the average experience of some low income countries (India – 62 years, Philippines – 64 years).

More information:
http://www.euro.who.int/__data/assets/pdf_file/0005/272660/EuroHealth_V21n1_WEB_060315.pdf?ua=1

LITERATURE REVIEW OF BEST PRACTICES IN RANKING EMERGING INFECTIOUS DISEASE THREATS – ECDC REPORT

On the 16 February 2015, the European Centre for Disease Prevention and Control (ECDC) published a literature review of the best practices in ranking emerging infectious diseases threats.

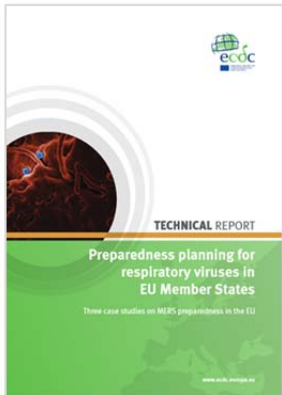
The ECDC is an EU agency aimed at protecting at best Europe from infectious diseases. Its main missions are to identify, assess and communicate current and emerging threats to human health caused by infectious diseases.

Considering the threat of serious cross-border infectious disease outbreaks in Europe, emergency preparedness is a real challenge. Indeed, causes of diseases depend on many changing factors, such as climate change, immigration patterns, environmental degradation, urban sprawl etc.

The ECDC literature review aimed at identifying and comparing the existing methods used to rank communicable disease threats for preparedness planning in order to evaluate which are the most promising methodologies.

More information:
http://www.ecdc.europa.eu/en/publications/Publications/emerging-infectious-disease-threats-best-practices-ranking.pdf

PREPAREDNESS PLANNING FOR RESPIRATORY VIRUSES IN EU MEMBER STATES – ECDC TECHNICAL REPORT



In February 2015, the European Centre for Disease Prevention and Control (ECDC) published a technical report on the preparedness planning for respiratory viruses in EU Member States.

The ECDC is an EU agency aimed at protecting at best Europe from infectious diseases. Its main missions are to identify, assess and communicate current and emerging threats to human health caused by infectious diseases.

In its Decision No 2119/98/EC on serious cross border threats to health of 22 October 2013, the European Parliament and the Council pointed out the need for a better multi-sectorial and cross border collaboration capacity in view of obtaining well-coordinated international public health response in the event of a public health emergency.

Within this context, the ECDC has produced a case study project to investigate the emergency preparedness status of the health and other sectors in EU Member States, with a particular focus on preparedness for a respiratory viral pandemic. The main goal of the study is to enable the sharing of good practices in this field as well as to analyse the strengths, risks, and vulnerabilities in preparedness.

The report presents findings on preparedness capacity for a respiratory virus pandemic in three EU Member States; the United Kingdom, Greece, and Spain. It also proposes a set of recommendations that could be used for implementing the EU Decision on serious cross border threats to health. Among these suggestions are an assessment of implementation challenges at the local level, the strengthening of multi-sectorial collaboration in public health emergency preparedness and of health communication, as well as the development of cross-border collaboration.

More information:
http://www.ecdc.europa.eu/en/publications/Publications/Preparedness%20planning%20against%20respiratory%20viruses%20-%20final.pdf

HEALTHCARE-ASSOCIATED INFECTIONS IN INTENSIVE CARE UNITS – ECDC PROTOCOL

On 18 March 2015, the European Centre for Disease Prevention and Control (ECDC) published a protocol having as objective to ensure the standardised collection and reporting of data on healthcare-associated infections (HAIs) in intensive care units (ICU) in Europe.

ECDC is an EU agency aimed at protecting at best Europe from infectious diseases. Its main missions are to identify, assess and communicate current and emerging threats to human health caused by infectious diseases.

In the hospital setting, the intensive care unit is often the epicentre of issues such as HAIs and antimicrobial resistance. Accordingly, patients admitted to intensive care units face 5 to 10 times higher risks of acquiring an infection. This link can be explained by the fact that patients may be immunodeficient while arriving in ICU, and because of extrinsic factors such as the use of mechanical ventilation.

This protocol (HAI-Net ICU protocol, version 1.02) aims at describing methods for the participating ICUs and the national coordinating centres for the surveillance of healthcare-associated infections. Differences between versions 1.01 (December 2010) and 1.02 are purely editorial.

More information: http://ecdc.europa.eu/en/publications/Publications/healthcare-associated-infections-HAI-ICU-protocol.pdf

TUBERCULOSIS SURVEILLANCE AND MONITORING IN EUROPE – ECDC REPORT

On 17 March 2015, the European Centre for Disease Prevention and Control (ECDC), jointly with the World Health Organisation regional office for Europe, published a surveillance report on tuberculosis.

The European Centre for Disease Prevention and Control is an EU agency working for the protection against infectious diseases in Europe. The ECDC identifies, evaluates and disseminates current and emerging threats to human health posed by infectious diseases.

"*Every day, 1000 people get sick with tuberculosis in Europe*". Tuberculosis is the world's second most deadly infectious disease after AIDS. In addition, Zsuzsanna Jakab, WHO regional director for Europe affirmed that *"Multi-resistance tuberculosis is still ravaging the European region, making it the most affected area of the entire world".*

The ECDC report aims at assessing the present state of tuberculosis's progression in Europe, as well as proposing some monitoring recommendations for the elimination of this disease.
The report starts by listing a set of current available information on tuberculosis such as the burden estimates, the origin of the case or drug resistance, etc.

Then, the ECDC provides some recommendations to Member States on the monitoring of the disease. In this regard, Member States are called to enhance their efforts concerning the measuring of the adequacy of their strategy against tuberculosis, its full implementation and sustainability as part of an analysis at national level. In addition, European health authorities were also recommended to increase and improve the reporting of treatment outcomes and surveillance.

More information: http://ecdc.europa.eu/en/publications/Publications/tuberculosis-surveillance-monitoring-Europe-2014.pdf

EU COUNTRY SPECIFIC RECOMMENDATIONS FOR HEALTH SYSTEMS IN THE EUROPEAN SEMESTER PROCESS: TRENDS, DISCOURSE AND PREDICTORS – ARTICLE

In the framework of "Europe 2020", European Union Member States are subject to a new system of economic monitoring and governance known as the European Semester. A recently published paper seeks to analyse the way in which national health systems are being influenced by EU institutions through the European Semester. A content analysis of the Country Specific Recommendations (CSRs) for the years 2011, 2012, 2013 and 2014 was carried out.

This confirmed an increasing trend for health systems to feature in CSRs which tend to be framed in the discourse on sustainability of public finances rather than that of social inclusion with a predominant focus on the policy objective of sustainability. The likelihood of obtaining a health CSRs was tested against a series of financial health system performance indicators and general government finance indicators.

The European Semester process is a relatively new process that is influencing health systems in the European Union. Its effect on health systems merits further attention. Health stakeholders should seek to engage more closely with this process which if steered appropriately could also present opportunities for health system reform.

More information: ***http://ac.els-cdn.com/S016885101500010X/1-s2.0-S016885101500010X-main.pdf?_tid=8224a4b6-d470-11e4-92d0-00000aab0f26&acdnat=1427454221_7d2e1d538c49a4232262d6015a2b094f***

SETTING HEALTHCARE PRIORITIES IN HOSPITALS – A REVIEW OF EMPIRICAL STUDIES

Priority setting research has focused on the macro (national) and micro (bedside) level, leaving the meso (institutional, hospital) level relatively neglected. This is surprising given the key role that hospitals play in the delivery of healthcare services and the large proportion of health systems resources that they absorb. To explore the factors that impact upon priority setting at the hospital level, authors conducted a thematic review of empirical studies.

A systematic search of PubMed, EBSCOHOST, Econlit databases and Google scholar was supplemented by a search of key websites and a manual search of relevant papers' reference lists. A total of 24 papers were identified from developed and developing countries. They applied a policy analysis framework to examine and synthesise the findings of the selected papers.

Findings suggest that priority setting practice in hospitals was influenced by contextual factors such as decision space, resource availability, financing arrangements, availability and use of information, organisational culture and leadership, priority setting processes that depend on the type of priority setting activity, content factors such as priority setting criteria and actors, their interests and power relations. Authors observe that there is need for studies to examine these issues and the interplay between them in greater depth and propose a conceptual framework that might be useful in examining priority setting practices in hospitals.

More information: ***http://heapol.oxfordjournals.org/content/30/3/386.full.pdf+html***

A ROADMAP FOR SUSTAINABLE HEALTHCARE – CONFERENCE

On 19 March, the "Roadmap for sustainable healthcare" multi-stakeholder debate took place in Brussels. The European Steering Group on Sustainable Healthcare (ESG) organised this high level conference in order to launch their White Paper on Sustainable Healthcare.

The ESG on Sustainable Healthcare was established in 2014, financed by the industry and brings together expertise from the policy makers, as well as from the civil society, healthcare professionals, scientific society, academics and industry. The outcomes of this stakeholders' collaboration have been compiled in the European White Paper on Sustainable Healthcare.

By 2050, more than 35% of the population will be 60 years old or more in Europe. This ageing demographic trend occurs while we are observing a process of decreasing public investment in the healthcare sector. In addition, the rapid evolution of new technologies appears as a major opportunity for healthcare management, whilst it also raises some issues such as privacy protection. In this context, there is a real need for an adaptation of European healthcare system. The White Paper on Sustainable Healthcare, together with 31 white papers published at national level, proposed a set of three main actions including 18 recommendations:

- Action 1: Investing in prevention and early intervention
- Action 2: Empowering citizens and making them more responsible
- Action 3: Reorganising care delivery

The use of technology and data to prevent, treat and deliver care was promoted as a major opportunity to increase hospital efficiency, by reducing financial wastes and improving equity of access to healthcare thanks to the use of eHealth and mHealth as well as ICT.

In this respect, Sören Olofsson, chairman of the Swedish government's commission on eHealth advocated the need to focus on interoperability. He called for an EU strategy to work on common technical communication standards, as well as on a common legal framework for patientsafety and privacy integrity.

The sharing of decision making between doctors and patients was also advocated as a means to improve healthcare systems' efficiency. Frank Goodwin, Adviser of Eurocarers, affirmed the need to develop patients and informal carers' education for a better patient follow-up.

Finally, Vytenis Andriukaitis, the EU Commissioner for Health and Food Safety, affirmed that we should switch from the consideration of health as a mere cost to a promising investment for the future of European healthcare systems.

The full version of the White Paper is available at: http://goo.gl/cWKPCo

HEALTHY INDOOR CLIMATE – PANEL DEBATE

On 24 March, a Breakfast panel debate took place in Brussels, focusing on health aspects of indoor environment. "*Europeans spend 90% of their lives inside buildings*". The debate was organised by MEP Christel Schaldemose (S&D, Denmark) and supported by the Velux Group, gathering representatives of the European Parliament and Commission, scientific researchers, industrials and environmental organisations.

This event aimed at raising awareness on the importance of healthy homes as an essential component of the EU health and energy agenda. This debate marked the official launch of the Healthy Homes Barometer, a survey on Europeans' perceptions towards home comfort, energy consumption and environmental impact. The panel also addressed the issue of how EU legislation can both support the need for reducing the energy consumption of buildings, at the same time improving the indoor health and well-being in Europe.

Professor Gunnar Grün, from the Fraunhofer Institute for Building Physics, explained how common adverse living conditions impact on Europeans' health and well-being. For instance, living in a damp dwelling multiplies by two the risk of having asthma. In addition, the lack of daylight in a building is a contributing factor to depression.

However, the current survey on Europeans' perception of healthy indoor climate shows that Europeans tend to consider first energy cost and comfort rather than health implications when buying a home. Besides, within the current EU legislation, there are only few references about healthy buildings.

Accordingly, MEP Christel Schaldemose (S&D, Denmark) pointed out the importance of taking health into consideration when building or renovating buildings. She advocated the need for a holistic approach involving stakeholders from different sectors such as energy, environment and health.

Finally, the main recommendations for a EU strategy on healthy indoor climate were:

- raising citizens' awareness on the effect of indoor climate on their health;
- developing health indicators for buildings;
- setting guidelines on buildings' renovation;
- supporting research on epidemiology and measures for healthy buildings.

The Healthy Homes Barometer is available at: http://goo.gl/5hi245

STUDY ON EFFECTIVE HEALTH WORKFORCE RECRUITMENT & RETENTION STRATEGIES – WORKSHOP

HOPE was invited to attend the final workshop related to a study on effective health workforce Recruitment & Retention strategies, on 10 and 11 March 2015 in Leuven.

The study related to this event was produced under the EU Health Programme (2008-2013) and involved several partners, such as: the KUL – Catholic University Leuven, IHMT – Institute of Hygiene and Tropical Medicine, KCL – King's College London and KIT – Royal Tropical Institute. The

event brought together several participants including policy makers, health managers, health professionals, representatives from professional organisations, researchers and stakeholders.

The aims of the workshop were sharing the findings and recommendations of the study with a broad audience; exploring the way to build consensus and create alignments to tackle Recruitment & Retention issues; discovering how to support countries to deal with Recruitment & Retention initiatives and considering how to best disseminate the learning according to key target audiences.

The first day, was devoted to presenting the context and the outline of the study as well as findings on the topic from the literature review and case studies. Furthermore, policy recommendations were introduced and discussed by panellists. Finally, participants were divided in groups of ten and invited to give inputs on how increasing agreement between the different stakeholders involved in the topic and how can cooperation among them be facilitated. At the end of this session, a representative of each group presented the results of the discussion. During the second day, participants were grouped again in order to talk about on how the impact of recommendations could be maximised for policy makers (at national and European level), health professionals and managers and on which tools should be used to achieve this goal. The outcomes emerged from the workshop will be disseminated soon.

EUROPEAN SUMMIT ON INNOVATION FOR ACTIVE AND HEALTHY AGEING

On 9 and 10 March 2015, the European Summit on Innovation for Active and Healthy Ageing took place in Brussels. This summit organised by the European Commission was attended by 1200 people representing European institutions, national ministries, regional authorities, leaders from industry, and civil society.

While European population is the most ageing population in the world, the aim of the summit was to promote innovation as a mean for turning ageing into an opportunity for the economy, as well as maintaining seniors' health and their active engagement in the society.

Günther Oettinger, European Commissioner for Digital Economy and Society, presented the Commission's European Innovation Partnership on Active and Healthy Ageing and called the present stakeholders to take their responsibilities in this project at local level. He pointed out that as far as innovation is concerned, Europe is not top ranking in the world. However, bringing innovation in a field such as active and healthy ageing is a great opportunity for Europe to assert itself as a top ranking continent in a new kind of innovation: humanism innovation.

The summit focused on innovation under three main points of view:

- health and well-being in relation to ageing;
- active ageing as a driver of economic growth;
- new policies and regulations to reach the identified needs.

First, the use of innovation for improving seniors' health and well-being was the main study topic of this event, where a diverse range of innovative solutions were presented together with good practices in this field. For instance, robots and fall detection systems were introduced for enabling

seniors to live autonomously at home while feeling safe and secured. Besides, designing and architecture methods were promoted to improve the quality of care facilities.
Then, innovation was also envisaged as a key factor for developing the silver economy as well as the role of seniors in the labour market. In this ways, many sectors such as ICT and tourism are progressively elaborating new products targeting seniors' specific needs.

Finally, this summit was an opportunity for the stakeholders to express specific needs and calls for new policies. In this respect, the need for more cross border and multi-level collaboration was constantly stressed. In addition, Dr Martin Seychell, Deputy Director General from DG SANTE observed that there is an important mismatch between ageing needs and current health care systems, notably resulting in financial wastes. Accordingly, he advocated a shift from hospital care to integrated care, for more cost efficient and patient centred systems.

More information on the European Innovation Partnership on Active and Healthy Ageing:
http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing/

More information on the summit:
http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=2015-summit

THE FUTURE OF COLLABORATIVE BRAIN RESEARCH – EUROPEAN BRAIN COUNCIL SEMINAR

On 3 March 2015, HOPE attended the European Brain Council's Seminar on the future of collaborative brain research. This event gathered representatives of a wide range of stakeholders: EU institutions, neurology academics, pharmaceutical industry, as well as patients' organisations.
The European Brain Council is a coordinating council representing European organisations in neurology, neurosurgery, psychiatry and neuroscience, patient organisations, as well as pharmaceutical and biotech industries.

While a better understanding of the brain is seriously needed to stimulate innovation for better medicines and treatments, it is essential to discuss the possible policies in this field. In addition, European brain research is lagging far behind the USA innovation and research output. The European Council Brain's Seminar precisely focused on current challenges that brain researchers are facing in Europe, while trying to determine what kind of possible remedies could be found in order to tackle these issues.

Throughout the event, all of the speakers stressed the fact that collaborative brain research should be a new model for promoting a cutting edge research in Europe, yet they also noticed many obstacles to such collaboration. Indeed, brain scientists need to cooperate with other stakeholders in order to generate a higher research input, notably by disseminating the results of their research to a non-expert public.

A better collaboration between researchers and patients was unanimously recommended. For instance, Professor Oertel, Chair of European affairs sub-Committee in the Academy of Neurology proposed the sharing of patients' electronic health records on a European platform. On his side, Pedro Montellano, President of the patient organisation GAMIAN (Global Alliance of Mental Illness

Advocacy Networks-Europe) advocated for the development of dissemination programs aimed at increasing patients' knowledge and involvement on the progress of their disease's research.

The development and strengthening of existing collaborations between brain research academia and private sector, as well as joint efforts between researchers coming from different scientific areas were also recognised as key.

Finally, European brain research stakeholders called for a European Union response to the need for a better brain research collaboration. In this regards, some issues remain to be tackled, such the necessity to protect researchers' intellectual property, insufficient EU funding as well as the absence of a European framework for team works evaluation.

More information on the European Brain Council: http://www.europeanbraincouncil.org/

AGENDA

UPCOMING CONFERENCES

HOPE AGORA 2015

HOSPITALS 2020: HOSPITALS OF THE FUTURE, HEALTHCARE OF THE FUTURE

1-2 June 2015 – Warsaw (Poland)

The closing conference of the 34th HOPE Exchange Programme will be held in Warsaw on 1-2 June 2015 around the topic **HOSPITALS 2020: hospitals of the future, healthcare of the future**.

The topic for the HOPE Exchange Programme 2015 is all about innovations in management and organisation of hospitals and healthcare services. Innovations are taking place in all kinds of fields: patient care, human resources, information systems, finances, quality management, etc. Considering the enormous diversity of systems and practices in Europe, what is innovative in one place might of course be common practice in another. The year 2020 is getting very close but has been taken as a target in several documents such as the WHO strategy "Health 2020" and the more general "Europe 2020" strategy.

More information: www.hope-agora.eu

ONLINE REGISTRATION OPEN UNTIL 20 APRIL
http://www.hope-agora.eu/?page_id=310

NHS CONFEDERATION ANNUAL CONFERENCE & EXHIBITION 2015

3-5 June 2015 – Liverpool (United Kingdom)

The NHS Confederation conference is the largest and most influential annual meeting point for the NHS and UK health and care sector.

This year it will bring together 2700+ senior health and care leaders, decision-makers, partners and stakeholders at a critical juncture for health and care in the UK, just three weeks after the general election.

Over three days of learning, discussion and debate, delegates will address the big strategic issues facing the sector including funding and finance; innovation and new models of care; quality and outcomes; and public health.

The issues, challenges and opportunities will be common to healthcare systems across Europe and the conference offers a valuable opportunity to share ideas, knowledge, innovations and solutions with peers in the UK.

If you are interested in attending and want to find out more then please contact Michael Wood (Michael.Wood@nhsconfed.org) at the NHS Confederation European Office for all the details.

Information about the event including the programme can be found on the conference website: www.nhsconfed.org/2015

HPH CONFERENCE 2015

PERSON-ORIENTED HEALTH PROMOTION IN A RAPIDLY CHANGING WORLD: CO-PRODUCTION – CONTINUITY – NEW MEDIA & TECHNOLOGIES

10-12 June 2015 – Oslo (Norway)

The Health Promoting Hospitals (HPH) conference of 2015 will be held in Oslo, Norway, on 10-12 June 2015, with the title "**Person-oriented health promotion in a rapidly changing world: Co-production – continuity – new media & technologies**". With this general theme, the conference will pay special attention to the comprehensive somato-psycho-social health needs of patients and their families, but also those of healthcare staff and community members.

There will be four sub-themes:

- addressing people's comprehensive health needs;
- co-producing health – healthcare for people by people;
- continuity of care for people by strengthening individuals and improving cooperation between healthcare services and other institutions;
- using new media & technologies to address people's health needs.

More information: http://www.hphconferences.org/oslo2015.html