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European Hospital and Healthcare Federation

Newsletter

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Intellectual Property and Access to medicine in Europe

Upcoming HOPE (and co-organised) conferences and events

HOPE Agora 2018	**Stockholm, 3-5/06/2018**
26th International Conference on Health Promoting Hospitals and Health Services	**Bologna, 6-8/06/2018**
European Association of Hospital Managers Congress	**Cascais, 26-28/09/2018**
7th International Congress of Hospitals – Citizen involvement and accountability in the National Health Service	**Lisbon, 21-23/11/2018**

Health Technology Assessment - Meeting with Commissioner Andriukaitis

HOPE was invited at a roundtable meeting with Commissioner Andriukaitis organised with nine European organisations of health providers on 3 May 2018.

The Commissioner was looking forward to meeting all relevant stakeholders for an exchange views on the Commission proposal on HTA.

Each organisation was invited to present the key points particularly on two main areas of the HTA proposal: the production of joint clinical assessments and the governance, including the involvement of stakeholders.

This was an opportunity for HOPE to present the first elements of discussion within its members.

More on HTA

18th International Conference on Integrated Care - "Value for People and Populations: Investing in Integrated Care"

HOPE took part in the 18th International Conference on Integrated Care "Value for People and Populations: Investing in Integrated Care" in Utrecht (The Netherlands) on 23 – 25 May 2018. The event was organised by the International Foundation of Integrated Care (IFIC) in partnership with RIVM and Vilans with the support of HOPE.

On 25 May, HOPE had the opportunity to present ICT4Life project. A cluster of five H2020 projects -ICT4Life, Polycare, CONNECARE, ProACT and CAREGIVERSPRO-MMD- presented together a panel on "Digital health and ICT tools for the future: what's the added value for integrated care?". The focus was put on four key dimensions:

1. Enhancing the value of care to people: how innovations meet end-users' needs in integrated care contexts
2. Professionals', carers', and patients experience while using the devices
3. Methodologies and processes to improve integrated care system efficiency and health outcomes
4. Cost-efficiency of integrated care ICT based solutions and their exploitation

In 2015, the European Commission funded five projects under the H2020 call SC1-PHC25. The aim of the call was to develop innovative solutions to improve and advance home-based integrated care for people suffering from chronic conditions, including co-morbidities. The solutions produced by the five funded projects -ICT4Life, Polycare, CONNECARE, ProACT

and CAREGIVERSPRO-MMD- address this call by increasing citizen's autonomy and quality of life, allowing them to remain at home supported by families, care-givers and health professionals, thanks to digital integrated care tools.

To open the session, the presenter Jose Ignacio Aznar Baranda from Polycare submitted to the 38 participants a set of four questions. The two first aimed at introducing the topic and revealed that in 2016, the amount of elderly (65 or over) in the total population of the European Union (28 Member States) was 19,2%, and that 45% of them used internet at least once a week.

The two other questions aimed at collecting the audience opinion on two issues: "Which characteristic do you consider a must for digital IC solutions to cover end-users needs?" and "According to your opinion, how can digital tools best improve integrated care?".

The results revealed that the majority of the participants value first a "Customized and tailored to patients' needs" digital tool (52.7%) and solution that are "Kept simple" (41.6%). The aspects "Safe to use" and "Compatible with other devices/applications" respectively scored 5.5% and 0%.

According the majority of the audience, digital tools can best improved integrated care by giving more autonomy to the patient to self-manage (48%) and by easing the communication between all the involved actors (45.5%), far ahead of "securing patient and carers thanks to remote monitoring" (6%). The answer "None of the previous ones" was not chosen by any participant (0%).

After this introduction, the four aforementioned dimensions were developed, and HOPE had the opportunity to present key aspects of ICT4Life platform.

- ICT4Life adopts a people-centered approach to enhance users' experience and to efficiently target their needs, providing tailored solutions adaptable to flexible contexts.
- Iterative testing lead from October 2016 to December 2017 and involving 315 users revealed a high acceptance and satisfaction towards ICT4Life components thanks to the good usability of the interfaces. The tests also revealed a high correlation between the acceptance of the tools and the following factors: age, previous use of ICT tools, type and stage of disease.

The conference brought together researchers, clinicians and managers from around the world who are engaged in the design and delivery of integrated health and social care. They shared experience and the latest evidence about integrating Public Health, Health and Social Care and the New roles and Possibilities for Hospitals, producing Positive and Curative Integrated Mental and Physical Care, mobilising key enablers like policy making and Mobile and Digital Health Solutions, and investment in an Integrated Care Workforce, clinical leadership and coproduction with individuals, careers, communities and populations.

Read more

FEAM European Biomedical Policy Forum on "Biomedical and health research: developing a vision for Europe" - Report available

Horizon Europe, the 9th EU Framework Programme for Research and Innovation, is under discussion.

To contribute to this debate, the FEAM European Biomedical Policy Forum held an annual lecture on 21 March 2018 in Brussels (Belgium) dedicated to the topic: "Biomedical and health research: developing a vision for Europe".

The event brought together policy-makers and high-level representatives from across different biomedical sectors to present their vision for the future of biomedical and health research. Among the topics discussed were: thematic priorities for future research; linkage with the UN Sustainable Development Goals (SDGs); research missions; current gaps in support; and how to improve coordination and consolidation of research programmes across Europe.

The current debate on the next EU Framework Programme for Research and Innovation (FP9) offers the opportunity to articulate a long-term vision for biomedical and health research, and to address current gaps in support of excellent science. Developing such a vision for Europe is important to make sure that future research will continue to improve citizens' health and quality of life.

Report

9th European Conference on Rare Diseases & Orphan products 2018

The 9th edition of the European Conference on Rare Diseases & Orphan Products (ECRD) took place on 10 – 12 May in Vienna, Austria at the Wien Messe Exhibition & Congress Centre.

The European Hospital and Healthcare Federation (HOPE) was an official partner of this event -the largest multi-stakeholder rare disease gathering in Europe in 2018, organised by EURORDIS-Rare Diseases Europe, a non-profit alliance of over 700 rare disease patient organisations from more than 60 countries, and co-organised by Orphanet and the DIA.

ECRD 2018 Vienna gathered all stakeholders shaping the rare disease environment: patient representatives, policy makers, researchers, industry, regulators, EU Member State representatives, academia, health care professionals and payers.

The overarching theme for the conference was “Rare Diseases 360° – collaborative strategies to leave no one behind” and sessions focused on topics covered by six themes:

- Structuring the research & diagnosis landscape;
- Breakthrough medicines on the horizon: regulators, Health Technology Assessment (HTA) experts and patients working together;
- The digital patient;
- Quality of life: making what matters, matter;
- Economical perspectives in rare diseases;
- Global rare equity: Are we there yet?

ECRD 2018 Vienna was an opportunity to discuss and reach solutions on how to improve the lives of the estimated 30 million people living with a rare disease in Europe and 300 million worldwide in the future.

Read more

Portugal: Patient Care Centralization at IPO Porto

Integrated Practice Units 10 years of implementation – Breast Clinic case

The Portuguese Institute of Oncology of Porto Francisco Gentil was the winner of the 11th Edition of the Best Practices in Health Award 2017

Treating complex diseases, such as cancer, requires the intervention of multiple specialties in an integrated way. Thus, for breast disease, IPO Porto implemented in 2007 an organizational structure following Porter's methodology of IPUs (Intelligent Planning Units), with a model of patient-centered care supported by adequate technical conditions, namely the physical space called Breast Clinic.

The underlying principle in this organization is allowing, through centralization, the professionals movement around the patient, ensuring more efficient and cost-effective healthcare by creating synergies between the various services and professionals that participate in the patient treatment cycle and guarantee homogenous, specialized and individualized care, reducing fragmentation, duplication and redundancy. The main activities for successfully implementing this project were:

- Defining core specialties in breast disease treatment;
- Implementing multidisciplinary group appointments in the treatment cycle;
- Guidelines, standards for clinical diagnosis and staging, Treatment Protocols and Therapeutic Guidance Guides (based on accumulated know-how of professionals and national/international referents) definition, allowing the homogenization of plans for diagnosis, treatment, and follow-up;
- Elaborating the architectural project that allows the centralization of necessary technical and human resources for the treatment;
- Rehabilitation of physical space;
- Referral/teaching this new organizational structure to patients.

They estimate the costs to be mainly the restructuring works affected to the clinic, technical equipment and diverse furniture. As for gains, patients visit the institution less frequently now, for several acts are carried out on the same day. The personalization and proximity of care allow the patient to contact the doctor responsible for their treatment/follow-up, a member of the nursing team, a social worker, a psychologist and a nutritionist, and members of volunteer associations, without the need of moving within the hospital.

As proof of success in activity and cost reduction, they highlight: + 25% new patients, + 39% surgeries, - 45% waiting time, + 44% multidisciplinary medical appointments, - 68% on appointment costs, - 41% in medication cost per patient.

Integrated Care Program to Complex Chronic Patients in Lisbon Region

Leitão A, Ferreira N, Russo J, Carvalho T, Lourenço C, Magueja C, Costa A, Campos L.

In 2016, the Regional Health Administration of Lisbon and Vale of Tejo (ARSLVT), the West Lisbon Hospital Center - Internal Medicine Service of the Hospital of São Francisco Xavier (CHLO-HSFX) and the Group of Health Centers of Western Lisbon and Oeiras (ACES Lisboa e Oeiras), began the implementation of an Integrated Care Management Program for Complex Chronic Patients (PRO-GIC). Along the first year, the partners developed the plan and the design of the program, focused on the high user patients, with four or more Emergency Department (ED) visits, aged 65 years or older, with one or more chronic diseases and belonging to three health units of primary care.

The main areas of the interventions are the education of the patient and caregiver with a focus on improving levels of health literacy and empowerment, prevention of acute exacerbations, social work actions, therapeutic adjustments, interaction with different health services and professionals, and centralization of the patient's care response in the primary health care.

The first evaluations of the patients integrated in the PRO-GIC started on June 2017. For the initiation phase of the PRO-GIC program 146 complex chronic patients were identified. From this group of patients, 61.8% (81) agree to participate on the program. All patients were first evaluated by the hospital team. The medical and nurse's consultation included an interview, comprehensive geriatric assessment with validated tolls for Portuguese population (functional capacity for daily living activities, fall risk; mood disorders, social and financial support, nutritional status, chronic medical illness severity), clinical observation and elaboration of an individual care plan. All information was recorded in medical electronic patient form. Average follow-up was 160 days (min 31; max 300).

After evaluation, the hospital team discussed the Personal Individualised Care (PIC) with family care team through video conference. The interventions needed for the resolution of clinical and social problems identified in this population were promptly implemented with the collaboration of hospital, primary care and home care network. All patients were follow-upped by the hospital team and the family/care team to ensure the individual plan care application, their clinical and social condition and outcomes.

Through the monitoring of the PRO-GIC program, they expect, at the end of the first year of implementation, to obtain the reduction of inappropriate admissions in the emergency department, avoid inpatient hospital admissions and also decreased morbidity and mortality, which can contribute for the increase of these patients' quality of life.

Public Health

Health policies in the future EU budget (2021-2027)

Following the adoption of the new Multiannual Financial Framework for the period 2021-2027 on 2 May 2018, the Commission adopted on 30 May the legislative proposal for a new European Social Fund Plus (ESF+) Programme.

The health strand of the ESF+ Programme would support public health policies and access to medical products. It would fulfil this objective by ensuring a high level of health protection in the Union including through the reduction of inequalities in public health capacity among and within Member States and, in complement to other ESF+ actions, addressing the health challenges identified in the European Semester.

With this programme, the EU would be able to:

1. Improve crisis-preparedness, management and response in the EU to protect citizens from cross-border health threats.
2. Strengthen health systems, by supporting the digital transformation of health and care, developing a sustainable EU health information system, and supporting national reform processes for more effective, accessible and resilient health systems addressing, in particular, the challenges identified in the European Semester
3. Support EU health legislation, and
4. Support integrated work, (e.g. ERNs, HTA and implementation of best practices for the promotion of health, prevention and management of diseases).

The legislative proposals of other funding mechanisms to finance health projects, such as the European Regional Development Fund, Horizon Europe or Digital Europe will be adopted next week by the European Commission to be proposed to the European Commission and Parliament.

More information:

EU budget for health policies

ESF+ legal text and factsheet

Blood, tissues and organs: Statement on a proposed concept of global kidney exchange

European Union National Competent Authorities on Organ donation and transplantation

On 25 May 2018, the European Union National Competent Authorities on Organ donation and transplantation issued a statement on a proposed concept of global kidney exchange. This follows a recommendation issued by the Council of Europe Committee on Organ Transplantation (CD-P-TO), with the support of the Council of Europe Committee on Bioethics (DH-BIO), to the Member States of the Council of Europe, as well as health authorities, hospitals and professionals not to engage in Global Kidney Exchange (GKE) programmes and hence not to consider the inclusion of "financially incompatible" donor-recipient pairs in any kidney exchange programme.

The EU legislation requires that all transplant activities in the EU are carried out under the oversight of the National Competent Authorities (NCA). This legislation requires that any exchange of organs with non-EU countries is authorised by the NCA of the EU Member State concerned. The NCAs of the 28 EU Member States have discussed the Global Kidney Exchange (GKE) concept presented by Dr Rees of Toledo/US and Professor Roth of Stanford/US during a meeting of NCAs in Rome on 15 January 2018. The GKE concept is presented as a way to increase live kidney transplant opportunities at both High-Income Countries (HIC) and Low and Middle-Income Countries (LMIC) and was further described in the American Journal of Transplantation. In their review of the GKE concept, EU NCAs expressed concerns that the concept as currently presented may not be in line with the principles of organ donation and transplantation defined in EU legislation and practice.

They consider that:

- GKE has the potential to infringe the fundamental principle of the non-payment for human organs, as it would provide funding for a kidney transplant procedure (surgery and related medical treatment) to a recipient from a LMIC in exchange for a donor who would facilitate a chain of transplants in a HIC;
- does not provide clear and adequate mechanisms to ensure the protection of the donor from the LMIC, neither during the selection process nor in the long-term, or the care of the recipient after the transplantation procedure has taken place and the recipient returns to their home LMIC;
- implies a risk of coercion of potential donors in LMIC, as they might be offered a direct or indirect financial gain in exchange for their kidney;
- may have a negative impact on the development of local sustainable donation and transplantation programmes in LMIC as well as on initiatives to build ethically sound kidney exchange programmes with robust regulatory oversight.

In the light of the concerns listed above, the NCAs consider it inappropriate for any transplant centre in the EU to participate in the proposed GKE scheme as currently defined.

Read more

Communicable diseases in prison settings: Public Health Guidance

On 23 May 2018, the European Center for Disease Prevention and Control (ECDC) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) issued a Public Health Guidance on high-burden Communicable Diseases in prison settings. This document provides EU/EEA Member States with evidence-based scientific advice on active case finding options. These options can be applied to the planning and implementation of interventions that promote the early diagnosis of communicable diseases in prison settings.

Compared with the general public, people in prison in the EU/EEA have a higher burden of communicable diseases such as human immunodeficiency virus (HIV), hepatitis B, hepatitis C, syphilis, gonorrhoea, chlamydia and tuberculosis (TB). Increased disease prevalence in this population is recognised as a significant public health concern, both for people living and working in prisons and for the general population at large because the vast majority of people held in prisons eventually return to their communities.

Yet, incarceration may represent a unique opportunity to make adequate healthcare services available to people and target groups that are usually hard to reach when in the community. Active case finding is one of the key measures for the prevention and control of communicable diseases that should be considered for broader implementation in prison settings. It supports early diagnosis, ensures that infected people can receive early treatment and care, and thus contributes to prevent onward disease transmission. The successful implementation of evidence-based interventions in prison settings requires an in-depth knowledge of structural hurdles, individual barriers, and the characteristics and behaviours of the prison population.

The target audiences for this guidance are national policymakers, professionals and institutions responsible for the planning of healthcare services in the national/subnational custodial system, professionals and entities responsible for the planning and provision of healthcare services in prison institutions, civil society organisations, and nongovernmental organisations with an interest in prison health.

Access the Public Health Guidance

Vaccination programmes and health systems in Europe: Request for a mandate to the Expert Panel on Effective ways of Investing in Health

On 26 April 2018, the European Commission released a Request for a mandate to the Expert Panel on Effective Ways on Investing in health on Vaccination programmes and health systems in Europe.

Targets for elimination of some of the vaccine preventable diseases were already set up for 2000. However, the EU is facing considerable outbreaks of vaccine preventable diseases and fatal cases of measles and diphtheria have been reported. As the vaccine preventable diseases are a cross border health threat, it seems rationale that an EU action involving a more coordinate approach is developed.

The Commission has taken the initiative to present a proposal for a Council Recommendation to Strengthen cooperation against vaccine preventable diseases Vaccination programmes vary considerably between and within countries. These variations are often due to differences in the way the healthcare systems are organized at national or regional level. While there is a lot of evidence about the various core components of an immunization system, there is a need to better understand how these components can be effectively integrated within the larger service delivery area within the health system.

The purpose of this opinion is to review information on the effectiveness and efficiency of different vaccination programmes in relation to the organization of the health system in general and the organization of the vaccination programmes in particular; to identify and characterize the main factors (enablers and obstacles) influencing the outcomes to vaccination uptake; and to select and assess measures and actions that can be expected to improve vaccination coverage.

The expert panel will be able to work on the basis of information and analysis, collected and prepared by the European Observatory on Health Systems and Policies, on the organization of vaccination programmers in the EU Member States, including decision, delivery, financing and results obtained expressed as coverage for different vaccines.

Read more

Internal market

Medical Devices Coordination Group Meeting

HOPE attended the meeting of the medical devices coordination group (MDCG) that took place in Brussels on 5 March 2018, of which the minutes have been released.

The MDCG met with the representatives of the competent authorities and the stakeholders which had attended the already existing Medical Devices Expert Group and stakeholder group under the Medical Device Directives. The purpose of the meeting was to update the stakeholders on the ongoing implementation work with regard to Regulations (EU) 2017/745 (Medical Devices Regulation) and 2017/746 (InVitro Diagnostic Regulation).

Stakeholders stressed that sufficient time should be given to respond to consultations and that the relevant documents need to be available on the Commission website. They emphasised the need to have sessions for stakeholders more frequently.

The Commission presented the state of play of the implementing acts. The Implementing Regulation on the codes to be used by notified bodies when applying for designation has been smoothly adopted in time by the end of November 2017. Another implementing act on the application for designation as a notified body has been dropped due to technical difficulties.

The Commission considered that implementing act on reprocessing of single-use devices was making good progress. Other implementing acts are in preparation, including the one on expert

panels and reference laboratories. The implementing act on the so-called Annex XVI products has made good progress regarding the general requirements which are applicable to all six product groups. The development of product-group specific requirements takes more time. Stakeholders will be consulted as soon as possible regarding both the implementing act on reprocessing and the implementing act on Annex XVI products.

Stakeholders inquired whether there is a room for giving input to Commission regarding the structure of the Implementing Acts and whether stakeholders could take part in drafting. The Commission explained that due to the many drafting constraints, it is too time consuming and a waste of resources to involve stakeholders at the stage of drafting, but the Commission will duly integrate their input and proposals.

The Commission presented the state of play of the Eudamed implementation. Important progress has been made for the first set of modules (Actors, UDI/Devices and Certificates), especially for the actor registration and Notified Bodies & Certificates.

Unique Device Identification

HOPE was invited to join the Meeting of the "European UDI Working Group" on 25 May 2018 for a presentation and discussion on the future unique device identification: Guidance on systems/procedure packs, Guidance on software, Guidance on Unique Devices Identification (UDI) related obligations associated with Article 16 of the Medical Devices Regulation, Guidance on specific device types (contact lenses), Additional considerations on language in the UDI database.

On 5 May 2017, the new Medical Device Regulations were published and introduced the Unique Device Identification system based on a unique device identifier. The new UDI system will facilitate easier traceability of medical devices, significantly enhance the effectiveness of the post-market safety-related activities for devices and allow for better monitoring by competent authorities. It will also help to reduce medical errors and to fight against falsified devices. The use of the UDI system finally should also improve purchasing and waste disposal policies and stock-management by health institutions and other economic operators.

The new system will be applied to all medical devices placed on the EU market except custom-made devices and is based on internationally recognised principles including definitions that are compatible with those used by major trade partners. Article 27 of Medical Devices Regulation 2017/745 (and Article 24 of Regulation 2017/746) lays down what the UDI system shall consist in.

The deadline for the UDI and Basic UDI assignment and submission of UDI core data elements to the database is the date of application of the new Regulations – 25 May 2020 for medical devices and 26 May 2022 for in-vitro diagnostic medical devices - (unless EUDAMED is not functional by that date).

Read more

Completing a trusted Digital Single Market: Commission Communication to EU leaders

On 15 May 2018, the European Commission presented a set of concrete actions suggested to European leaders to protect citizens' privacy and complete the Digital Single Market. The Communication was presented one day before an informal discussion that EU leaders hold in Sofia.

Three years after adopting the Digital Single Market Strategy, the Digital Single Market has progressed, with 12 legislative proposals agreed by the European Parliament and Council out of the 29 tabled by the Commission since May 2015. Major new laws on data protection, cybersecurity, and the end of mobile roaming charges are either already in place or in process. The objective of the Commission in this communication is to invite EU leaders to ensure that national authorities put in place all the remaining steps to prepare for the application of the new rules in all Members States.

Alongside the General Data Protection Regulation, the ePrivacy Regulation proposed in January 2017 is currently under negotiation in the European Parliament and the Council. The Commission communication aims at urging the Council to agree on its negotiation position on the ePrivacy Regulation, so that negotiations with the European Parliament can start by June 2018, with a view to the adoption by the end of 2018.

Moreover, in relation with the completion of the Digital single Market, the Commission is inviting EU leaders to discuss and give their strategic orientation with a view to:

- Mobilising the necessary public and private investments to deploy artificial intelligence, 5G connectivity networks, high-performance computing.
- Ensuring that the Regulation on free flow of non-personal data, designed to further develop the European data economy, is agreed by co-legislators by June 2018.
- Similarly, the Electronic Communications Code, aiming at boosting investment in high-speed and high-quality networks across the EU, should also be finalised by June 2018.
- Helping Member States equip Europeans with the digital skills they will need in today's and tomorrow's digital economy and society.

Read more

European Silver Economy Study

On 3 May 2018, a report was commissioned by the European Commission to support the development of Silver Economy in Europe. Technopolis Group in partnership with Oxford Economics conducted the study which provides an overview of the potential of Europe’s Silver Economy through to 2025.

Several sectors are projected to grow strongly, even assuming current dynamics. However, there are evident sticking points, which are acting as a brake on market-led developments, and which warrant a coordinated policy response, in order to support new approaches and fully realise the economic potential for Europe.

The main objective of this report is to capture the potential of the Silver Economy in Europe and to provide the European Commission with key information and a reference framework for the development of a Silver Economy strategy for Europe. The strategy will seek to boost economic growth in Europe by focusing on those particular market opportunities where there are evident barriers, and there is a potential for policy makers to help overcome those failures.

This report presents:

- A baseline estimation of the potential size of the European Silver Economy and its projected expansion over the 10-year period 2015-2025, in terms of the value of overall consumption and how this contributes to economic activities in various sectors
- A review of the challenges and opportunities for growing the Silver Economy in Europe
- A summary of 10 case studies (eight sectoral and two cross-cutting initiatives) of areas where there is a potential for strong growth going forward, subject to further policy support to help overcome evident market failures
- Conclusions and recommendations for the Commission and other stakeholders, setting out a series of suggestions as to how best one might foster the Silver Economy This main report is supplemented by an annex, which presents
- An overview of Silver Economy-related policy initiatives across Europe
- 10 case studies

Access the report

General Data Protection Regulation takes effect

The General Data Protection Regulation (GDPR), adopted in April 2016, applies fully since Friday 25 May 2018. The rules aim to protect all EU citizens from privacy and data breaches in an increasingly data-driven world, while creating a clearer and more consistent framework for businesses. It gives consumers more power over their digital presence, including the right to information about how their data is used, and to delete content they no longer want visible online.

New rights for citizens:

- a citizen has to give their "clear and affirmative consent" for their data to be processed;
- the right to receive clear and understandable information about who is processing the data, what data and why;
- the right to be forgotten: a citizen can ask for his/her data to be deleted;

- the right to transfer data to another service provider (e.g. when switching from one social network to another);
- the right to know when data has been hacked.

The new rules apply to all companies operating in the EU, even if these companies are based outside of the EU. Furthermore, it will be possible to impose corrective measures, such as warnings and orders, or fines on firms that are breaking the new rules. The maximum ceiling for fines in the most serious infringement cases is 4 % of the company total worldwide annual turnover.

The General Data Protection Regulation will replace the EU data protection directive, which dates back to 1995. The GDPR was adopted in April 2016 as part of a wide-ranging reform package, which also includes a directive on data processing for law enforcement purposes. A set of new rules on e-Privacy is also currently being considered.

What could personal data include?

- *a name and surname, a home address, an email address, an identification card number*
- *location data (for example the location data function on a mobile phone)*
- *an Internet Protocol (IP) address*
- *a cookie ID*
- *the advertising identifier of your phone*
- *data held by a hospital or doctor, which could be a symbol that uniquely identifies a person*

Read more

Ebola outbreak: EU releases emergency aid and starts humanitarian flight service in Democratic Republic of Congo

On 18 May 2018, the European Commission has announced a package of urgent humanitarian aid to help contain an outbreak of Ebola in the Democratic Republic of Congo.

An initial €1.5 million will provide logistics support to the World Health Organization (WHO), and a further €130,000 offered to the International Federation of the Red Cross for life-saving interventions by the Congolese Red Cross. Moreover, the Commission's humanitarian air service ECHO Flight' is due to transport medical experts and emergency staff as well as equipment to the affected areas. The EU also stands ready to deploy the European Medical Corps, a voluntary pool of European specialist teams and medical assets if requested.

The EU funding announced will ensure deployment of relevant surge capacity to the affected areas, surveillance and contact tracing of Ebola victims as well as active case finding for early

detection of those infected. It will also cover communication with affected communities on risks and what behaviour to take to prevent the spread of the disease including psycho-social support and preparedness for safe and dignified burials. The EU's Copernicus Satellite will also provide emergency mapping services to assess the terrain and transport network in the area around Mbandaka and Bikoro.

Background

The EU has been providing humanitarian assistance to the Democratic Republic of Congo since 1994. Over the last past 5 years, the Commission alone supported humanitarian aid operations with more than €200 million. €620 million in development funding has also been allocated for the period 2014-2020, focusing mainly on health, environment and sustainable agriculture, infrastructure, as well as governance and the rule of law.

The Commission operates a dedicated humanitarian air service called 'ECHO Flight' in African countries, with hubs in the Democratic Republic of Congo, Kenya, Uganda and Mali. The service is free of charge for humanitarian partners and aid organisations and it guarantees safe and fast transports of humanitarian personnel and supplies to remote locations.

More about ECHO Flights & **More about the European Medical Corps**

European Semester: Commission proposes health recommendations to 12 EU countries

On 23 May 2018, the Commission has adopted proposals for country specific recommendations, including on health as part of its ongoing assistance to Member States in implementing their health systems reforms in the light of an ageing population and a number of other challenges.

The Commission recommends that the governments of 12 Member States take better care of their national health systems and improve their effectiveness, increase accessibility and strengthen their resilience, with the following specific recommendations:

Austria	Ensure the sustainability of the health and long-term care systems.
Bulgaria	In line with the National Health Strategy and its action plan, improve access to health services, including by reducing out-of-pocket payments and addressing shortages of health professionals.
Cyprus	Take measures to ensure that the National Health System becomes fully functional in 2020, as planned.
Finland	Ensure the adoption and implementation of the administrative reform to improve cost-effectiveness and equal access to social and healthcare services.
Ireland	Increase the cost-effectiveness of the healthcare system.
Latvia	Increase the accessibility, quality and cost-effectiveness of the healthcare system.

Lithuania	Improve the performance of the healthcare system by a further shift from hospital to outpatient care, strengthening disease prevention measures, including at local level, and increasing the quality and affordability of care.
Malta	Ensure the sustainability of the healthcare system.
Portugal	Strengthen expenditure control, cost effectiveness and adequate budgeting, in particular in the health sector with a focus on the reduction of arrears in hospitals.
Romania	Improve access to healthcare, including through the shift to outpatient care.
Slovenia	Adopt and implement the healthcare and health insurance act and the planned reform of long-term care.
Slovakia	Implement measures to increase the cost effectiveness of the healthcare system and develop a more effective healthcare workforce strategy.

The adoption each May of proposals for country specific recommendations is a key step in the European Semester, the EU yearly cycle of economic and social policy coordination. Although Member States are responsible for their own health policy and the organisation and delivery of care, in the context of the European Semester the EU can give a recommendation on certain aspects of its health system to an EU country. The rationale is that EU governments spend an average of 15% of their budgets on health, making it one of the largest and fastest growing areas of expenditure. However, health is also an investment. The health sector is a major source of employment, and timely access to high quality healthcare contributes to social inclusion.

The Commission's above proposal for country-specific recommendations will now be discussed in the Council, where EU countries have until early July to vote on their final adoption. If approved, their implementation will be monitored and reported on in the Commission's country reports (due February/March 2019) and in the Members States own National Reform Programmes (April 2019).

See all recommendations

The 2018 Ageing Report: Economic and Budgetary Projections for the EU Member States (2016-2070)

The sustainability of public finances in the EU can be better monitored and safeguarded if its analysis banks on reliable and comparable information on possible challenges, including the expected strains caused by the demographic changes ahead.

For this reason, the ECOFIN Council gave a mandate to the Economic Policy Committee (EPC) to produce a new set of long-term budgetary projections by 2018, on the basis of new population projections to be provided by Eurostat. The EPC and the Commission services (Directorate-General for Economic and Financial Affairs - DG ECFIN) agreed on a work programme with broad arrangements to organise the budgetary projections and reach an agreement on its assumptions and methodologies to discharge this mandate (see the overview of the projection exercise for details).

The long-term projections show where (in which countries), when, and to what extent ageing pressures will accelerate as the baby-boom generation retires and as the people in the EU are

expected to live longer in the future. Hence, the projections are helpful in highlighting the immediate and future policy challenges for governments posed by projected demographic trends.

The report, released on 25 May 2018, provides a very rich set of information at the individual country level which covers a long time-span (until 2070), compiled in a comparable and transparent manner.

The projections feed into a variety of policy debates and processes at EU level, including the overarching Europe 2020 strategy for smart, sustainable and inclusive growth. In particular, they are used in the context of the European Semester so as to identify policy challenges, among others in setting the medium-term budgetary objectives (MTOs), in the annual assessment of the sustainability of public finances carried out as part of the Stability and Growth Pact, and in the analysis on the impact of ageing populations on the labour market and potential economic growth.

Report

Energy

Energy efficient buildings: Council adopts revised directive

On 14 May 2018, the Council adopted a revised directive on the energy performance of buildings, so completing the final stage in the legislative procedure. The directive improves energy efficiency in buildings and encourages building renovation.

Decarbonising the existing, highly inefficient European building stock is one of its long-term goals. It promotes cost-effective renovation work, introduces a smartness indicator for buildings, simplifies the inspections of heating and air conditioning systems and promotes electro-mobility by setting up a framework for parking spaces for electric vehicles.

The review of the energy performance of buildings directive amends Directive 2010/31/EU and complements measures under the energy efficiency directive as well as EU legislation on energy efficiency of products. It is part of the Clean Energy package presented by the Commission on 30 November 2016. The Council agreed on a negotiating position on the directive in June 2017. Negotiations between the Estonian Presidency and the European Parliament led to a provisional agreement on 19 December 2017 which was confirmed by the EU ambassadors on 31 January 2018.

Following this formal approval of the regulation by the Council, which is the final step in the legislative process, the directive will be published in the Official Journal of the EU and will enter into force twenty days later. The transposition period for this legislation is 20 months.

Revised regulation

Crossborder Care – Upper Rhine Region

The Regierungspräsidium Karlsruhe and TRISAN organise a conference "TRISAN – Health without borders New paths for health care in the Upper Rhine region" in Brussels on 13 June 2018.

TRISAN is a tri-national centre of excellence with the aim to optimise the cross-border co-operation in the areas of emergency and care services, as well as between hospitals.

The INTERREG Project in the Upper Rhine region was set up by Germany, France and Switzerland to foster cooperation in the health care sector, to promote cooperation projects und to facilitate networking between the various stakeholders.

In the course of this event, the TRISAN team will present the work of the centre of excellence. In a follow-up discussion, representatives from the EU Commission, the Committee of the Regions and participating countries will examine the experiences made so far and consider further opportunities for cross-border cooperation.

First European Silver Economy Awards Ceremony

Powered by the EU-funded SEED project, the European Silver Economy Awards aimed to celebrate innovative ICT related products or services, designed to improve the quality of life of senior citizens. The event took place in Brussels, on 3 May 2018, gathering national and European policy makers, NGOs and SMEs.

The Awards Ceremony was the opportunity to learn more about the nine finalists who presented their solutions and to award the three winning applications from:

- public authorities
- non-for-profit organisations
- profit stakeholders.

The winner for the category “public authorities” is the **Generic Telemedicine Platform (GTP)** developed for the Region of Southern Denmark. The tool allows for a quick transition for pilot projects - from idea to testing - making it possible to collect useful experience and patient reported outcome on sharing and usage of home monitoring.

Data collected in the homes of the citizens will be visible through the GTP for all relevant partners involved in the treatment of the patient since hospital, municipalities and general practitioners all have access to the same information. GTP is integrated to the health information system of the Region of Southern Denmark, which makes it possible to go from project idea to testing quickly without making the clinicians use a different system.

GoLive Solutions won for the category non-for-profit organisations. The solution was developed in partnership between Fraunhofer Portugal AICOS and the Dutch company Gociety Solutions, having in mind the health and safety of the general population and of seniors in particular. The two partners worked together towards developing a tool directed to enable seniors to not only perform common mobile phone tasks, such as sending messages, but also to provide a companion that supports their daily activities.

RAY is the solution awarded in the category profit stakeholders. It provides accessible smartphone interfaces that are easy to use and intuitive to operate. RAY users are elderly people that suffer from sight problems, dyslexic, and cognitive difficulties that prevent them from using standard interfaces.

The event is an opportunity to enhance networking among the different actors of the Silver Economy at EU level and to provide with matchmaking opportunities.

Read more about the Silver Economy Award

More about RAY

Reports

➢ *World Health Organization (WHO)*

Organization and financing of public health services in Europe: country reports (2018)

What are “public health services”? Countries across Europe understand what they are, or what they should include, differently. This study describes the experiences of nine countries, detailing the ways they have opted to organize and finance public health services and train and employ their public health workforce. It covers England, France, Germany, Italy, the Netherlands, Slovenia, Sweden, Poland and the Republic of Moldova, and aims to give insights into current practice that will support decision-makers in their efforts to strengthen public health capacities and services.

This study is the result of close collaboration between the European Observatory on Health Systems and Policies and the WHO Regional Office for Europe, Division of Health Systems and Public Health. It accompanies two other Observatory publications “Organization and financing of public health services in Europe” and “The role of public health organizations in addressing public health problems in Europe: the case of obesity, alcohol and antimicrobial resistance” (both forthcoming).

Report

Health system performance assessment in the WHO European Region: which domains and indicators have been used by Member States for its measurement? (2018)

Health systems performance assessment (HSPA) varies across the WHO European Region. This review summarises HSPA domains and indicators used by Member States in their HSPA or health system-related reports. Thirty Member States published in English and from their latest documents, 1485 distinct indicators were extracted. The number of indicators reported per Member State ranged from 9 to 146, with a mean of 50. Among the 14 domains of the WHO 2007 framework, service delivery and improved health were covered by all Member States analysed (30 and 29, respectively). Coverage varied for the other 12 domains, with health workforce and financing having good coverage (25 and 26, respectively) but others, such as safety, efficiency, coverage or responsiveness, covered in only 20–30% of documents.

Further refinement of frameworks, both in clarity on scope and function and in the conceptual robustness of domains, is warranted and further standardization of generic sets of indicators should be sought.

Report

Culture and reform of mental health care in central and eastern Europe (2018)

The WHO Regional Office for Europe, the WHO Collaborating Centre on Culture and Health at the University of Exeter (United Kingdom) and the National Institute of Mental Health (Czech Republic) convened a workshop on culture and reform of mental health care in central and eastern Europe on 2–3 October 2017 in Klecany, Czech Republic. The aim of this workshop was to improve understanding of the key cultural aspects that impact and drive mental healthcare reform in the central and eastern European region. This report outlines the key points and recommendations made by participants in relation to this objective.

Report

➢ *Organisation for Economic Cooperation and Development (OECD)*

OECD Reviews of Health Systems: Lithuania 2018

The report analyses the performance of Lithuania's health system which has been long characterised by its institutional stability and the steady pursuit of a policy agenda aimed at adapting it to the evolving burden of disease. Today, even if total spending on health is low and out-of-pocket payments represent nearly a third of it, the system ensures fairly equitable access to care. The main challenge to the system is that health outcomes still place Lithuania among the lowest ranked in the OECD. Efforts need to be geared more systematically towards strengthening public health and improving the quality of the services delivered at primary and hospital care levels.

Report

➢ *European Center for Disease Prevention and Control (ECDC)*

Rapid risk assessment: Hospital-acquired malaria infections in the European Union

Between January 2016 and April 2018, six sporadic hospital transmissions of malaria were identified in the European Union (EU). Although uncommon, hospital transmission of malaria has been described previously. While the countries reporting these six cases (i.e. Germany,

Greece, Italy and Spain) have not observed an increase in the number of sporadic hospital-acquired cases of malaria since January 2016, the concomitant occurrence of these cases in four countries makes the overall event unusual. The mode(s) of transmission have not been determined for any of the cases. This rapid risk assessment presents the context, details investigations into the cases and offers options for prevention and control.

Report

Communicable Diseases Threats Report: Measles cases increase in the EU/EEA in April – significant outbreaks ongoing

Measles cases continue to increase in a number of EU/EEA countries according to the most recent measles data collected by ECDC through epidemic intelligence and published in the Communicable Diseases Threats Report (CDTR) on 18 May 2018.

The highest number of cases to date in 2018 were in Romania (2 712), France (2 173), Greece (1 948) and Italy (805) respectively. Twenty-two deaths have also been reported by these countries in 2018. Additionally, there is an ongoing outbreak in England, UK with 440 confirmed measles cases reported this year. Most of the cases have been in individuals over 15 years, highlighting the need for young adults who may have missed vaccination to check their vaccination status and get vaccinated.

ECDC also publishes its ECDC's monthly measles and rubella monitoring report which gives more information on age and distribution of cases as well as vaccination coverage rates.

In order to reach elimination and protect those most vulnerable to severe complications and death from measles such as infants, 95% of the population needs to be vaccinated with two doses of measles-containing vaccine. Only five EU/EEA countries reported at least 95% vaccination coverage for both doses of measles-containing vaccine according to the most recent data collected (WHO 2016), showing that further sustained action is needed.

Report

➢ *Other*

Mapping and Understanding Exclusion in Europe

Mental Health Europe and the University of Kent-Tizard Centre launch their "Mapping and Understanding Exclusion in Europe" report, a unique study which looks at the state of mental health services across Europe (35+ countries) and provides data and testimonies about European mental health systems, ongoing human rights violations and the changes on the horizon.

The report shows that institutional care, the use of coercion, forced medication, loss of rights and reliance on involuntary hospitalization of people living with mental ill health are not only a Central and Eastern European problem. The study also points to more modern and progressive approaches and successful examples of community-based services.

A unique feature of Mapping and Understanding Exclusion is the inclusion of the voices of people who have been forcibly treated. This chapter of the report helps people understand what coercive measures can do to a person, how isolating those experiences can feel and how it can impact upon their recovery.

The report also includes recommendations for the EU going forward and urges the European Union to keep financing deinstitutionalization post 2020 and extend funding to all EU Member States with institutional care and better monitor how its money is spent.

Translated version country reports are also available for some countries.

Report

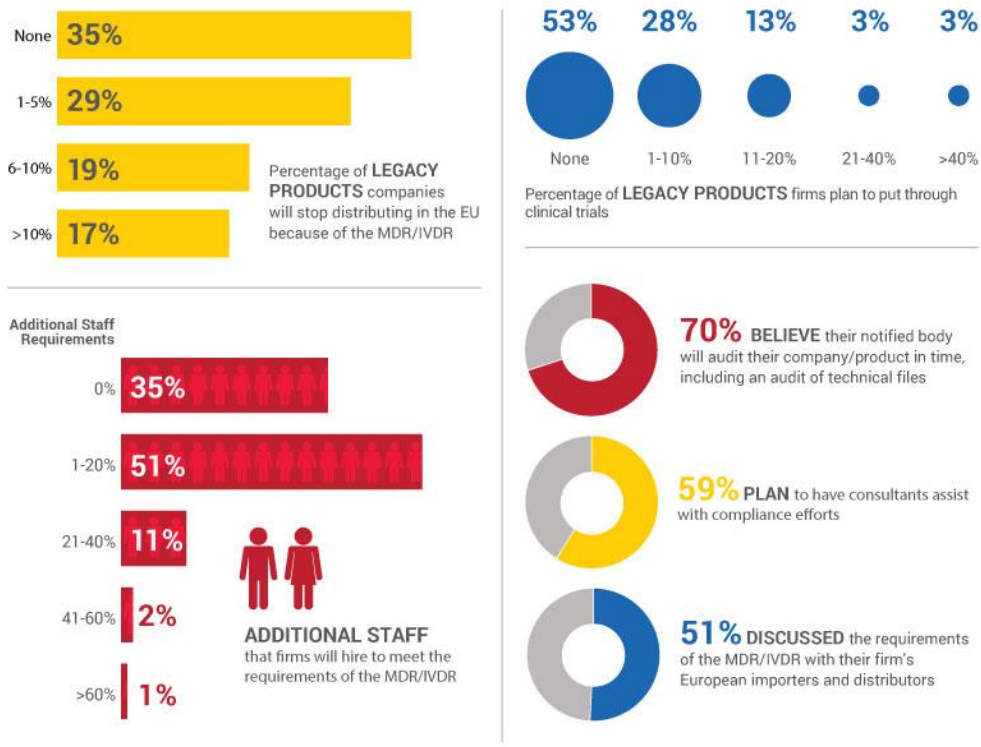
Medical Devices and In Vitro Diagnosis Regulations Survey

On 23 May 2018, MedTech published a survey of 169 professionals working in quality and/or regulatory roles in medical device and IVD firms. The flash survey was composed of 9-questions, conducted in March and April 2018 and was coordinated by Cincinnati's Xavier University, Compliance-Alliance, FOI Services and the Georges Washington University School of Medicine and Health Sciences.

It showed that most manufacturers plan to stop selling at least one legacy product in the European Union after the EU's new Medical Device and IVD Regulations (MDR/IVDR) go into effect. 65% of respondents said the impending implementation of the MDR/IVDR will be the impetus for pulling select legacy devices and *in vitro* diagnostics from the market.

Legacy products are products that are made and sold under the EU current directives (the Medical Device Directive, the Active Implantable Medical Device Directive and the IVD Directive); they must comply with the MDR/IVDR in 2020 and 2022, respectively. Manufacturers will have four years after the MDR/IVDR implementation dates to ensure the products' compliance. The MDR/IVDR calls for companies to update clinical data, labelling and technical documentation for legacy products, and firms must review risk management and quality assurance activities related to those products.

For many firms, it is not worth the added investment in time and money to bring older products up-to-date with the MDR/IVDR. The survey indicated that 53% of firms do not plan to put legacy products through new clinical trials to conform to the regulations.



The recent survey also revealed that:

- 65% of firms are hiring at least one new worker to help with the transition to the new regulations;
- 51% of respondents said they would increase their staff by 1% to 20%;
- 70% of respondents fully expect their notified bodies to audit their facilities before MDR/IVDR implementation, including an audit of technical files;
- 51% of firms have already discussed MDR/IVDR requirements with importers and distributors.

Find here the **Source**

Articles

Socioeconomic status and waiting times for health services: An international literature review and evidence from the Italian National Health System

Health Policy Volume 122, Issue 4, April 2018, Pages 334-351

In the absence of priority criteria, waiting times are an implicit rationing instrument where the absence or limited use of prices creates an excess of demand. Even in the presence of priority criteria, waiting times may be unfair because they reduce healthcare demand of patients in

lower socio-economic conditions due to high opportunity costs of time or a decay in their health level. Significant evidence has shown a relationship between socioeconomic status and the length of waiting time.

The analysis found heterogeneous results for different types of service. Individuals with lower education and economic resources have a higher risk of experiencing excessive waiting times for diagnostic and specialist visits. For elective surgery, socioeconomic inequalities are present but appear to be lower.

Link

Hospital centralisation and performance in Denmark—Ten years on

Health Policy Volume 122, Issue 4, April 2018, Pages 321-328

Denmark implemented a major reform of the administrative and political structure in 2007 when the previous 13 counties were merged into five new regions and the number of municipalities was reduced from 271 to 98. A main objective was to create administrative units that were large enough to support a hospital structure with few acute hospitals in each region and to centralise specialised care in fewer hospitals. This paper analyses the reorganisation of the somatic hospital sector in Denmark since 2007, discusses the mechanisms behind the changes and analyses hospital performance after the reform.

Overall, indicators point to a successful reform. However, it has also been criticised that some people in remote areas feel “left behind” in the economic development and that hospital staff are under increased workload pressure. Concurrent with the centralisation of hospitals municipalities strengthened their health service with an emphasis on prevention and health promotion.

Link

Control of hospitals and nursing homes in France: The 2016 reform may indirectly improve a dysfunctional system

Health Policy Volume 122, Issue 4, April 2018, Pages 329-333

In France, the supervisory bodies require hospitals and nursing homes to undergo various control procedures. A stack of legislation and control measures has piled up, with no provision for their interconnection being included in any of the legislation. The purpose of the article is to point to the prospects for better control opened-up by the legislation modernising the health system adopted on 26 January 2016. In hospitals, the reform will improve the interconnection of control of quality/control inspections/control of strategy using a common medical project and pooling certain cross-cutting functions, and implementing the control of quality for the new local hospital groupings as a whole. In nursing homes, the generalisation of multi-year aims and means contracts would allow a better interconnection of the control of strategy and of quality.

This is possible since it provides managers with the means of constructing projects for the evolution of their establishments over a period of time, and accompanies changes in the socio-medical offer to improve the provision of care.

Link

Patient and public involvement in hospital policy-making: Identifying key elements for effective participation

Health Policy Volume 122, Issue 4, April 2018, Pages 380-388

The involvement of patients and the public in healthcare decisions becomes increasingly important. Although patient involvement on the level of the individual patient-healthcare worker relationship is well studied, insight in the process of patient and public involvement on a more strategic level is limited. This study examines the involvement of patient and public (PPI) in decision-making concerning policy in six Flemish hospitals. The results of this study indicate that: (1) PPI on hospital level should include the possibility to choose topics, like operational issues; (2) PPI-stakeholders should be able to have proper preparation; (3) PPI-stakeholders should be externally supported by a patient organisation; (4) more autonomy should be provided for the stakeholder committee. Additionally, the study indicates that the influence of national legislation on stakeholder initiatives in different countries is limited. In combination with the growing importance of PPI and the fact that the recommendations presented are not claimed to be exhaustive, more transnational and conceptual research is needed in the future.

Link

Assessing the effect of standardised cost systems on financial performance. A difference-in-differences approach for hospitals according to their technological level

Health Policy Volume 122, Issue 4, April 2018, Pages 396-403

Promoting the improvement of standardised cost systems (CS) is one of the measures available to health policy makers for the purpose of improving efficiency in hospitals over the long-term. Data from 242 Spanish hospitals has been used in order to explore the determinants of the cost per adjusted patient day, and the association between advanced CS and unit cost has been investigated. Results show that hospitals with more advanced CS contained their costs better. However, the latter effect of advanced CS is lower in hospitals with a greater endowment of high technology. Results suggest that health authorities should support the development of CS, particularly in high-tech hospitals, which are usually larger and more complex hospitals that tend to accumulate a greater portion of NHS hospital sector expenditure.

Link

Participants, Physicians or Programmes: Participants' educational level and initiative in cancer screening

Health Policy Volume 122, Issue 4, April 2018, Pages 422-430

This study is an in-depth examination of at whose initiative (participant, physician or screening programme) individuals participate in cervical, breast and colorectal cancer screening across the EU-28. Special attention is paid to the association with educational attainment and the country's cancer screening strategy (organised, pilot/regional or opportunistic) for each type of cancer screened. Surprisingly, even in countries with organised screening programmes, participation in screenings for cervical, breast and colorectal cancer was most likely to be initiated by the general practitioner (GP) or the participant. The results also revealed differences between educational groups with regard to their incentive to participate in cervical and breast cancer screening and, to a lesser extent, in colorectal cancer screening. People with high education are more likely to participate in cancer screening at their own initiative, while people with less education are more likely to participate at the initiative of a physician or a screening programme. Albeit, the results varied according to type of cancer screening and national screening strategy.

Link

The missing link in the EU's plan on digital health: citizens' empowerment and endorsement

European Policy Centre

The Commission recently presented its long-overdue communication on the digital transformation of health and care. In line with the Digital Market Strategy, the communication identifies action areas to ensure the secure and free movement of health data within and between EU member states. Although the Commission's plan succeeds in addressing the major technical and market-related barriers to digital innovation in healthcare, it fails to include a critical precondition for a swift deployment of digital health solutions: citizens' ability and willingness to engage in the transition.

This commentary argues that it is essential to develop a comprehensive approach that not only takes into account the secure and free movement of health data, but also the development of digital infrastructures and the need for education and trust. This transformation will require political commitment, stakeholder engagement, capacity building, and, not least, sustained investments. In short, it calls for a bold political and financial commitment.

Link

Financing Integrated Care and Population Health Management

HOPE was invited to a Pre-conference event of ICIC18 (18th International Conference on Integrated Care) untitled “Financing integrated care and population health management” that took place on 22 May 2018 in The Hague (NL).

This was organised as a follow-up to the seminar "Strategic investments for the future of healthcare", which the European Commission DG SANTE held in February 2017.

Moving away from the traditional hospital-centred model requires "softer" investments too, not just in physical infrastructure. But strategies for such investments are lacking. In addition, while investments in physical infrastructure can be "tangible and attractive" to investors, investments in services are seen as "intangible and less attractive".

The discussions emphasised on:

- the range of investments needed for integrated care: infrastructure/facilities (such as primary care & community care centres to host multi-disciplinary care teams), technologies (such as diagnostics, eHealth/mHealth tools, decision support systems), and services (such as prevention programmes, workforce skills, organising partnerships and patient pathways etc.)
- the difficulties/practical problems in investing in any (and all) of these elements
- the possibilities related to EIB financing, EFSI (European Fund for Strategic Investments), ESIF (Structural Funds), social impact investments, venture/private capital, philanthropy funds etc.

The need for capacity building and technical assistance to health authorities to invest in health – including awareness and ability to manage various financing sources and instruments was mentioned as a key challenge. The need for better data on the impact of innovative health solutions, to help build stronger investment propositions was also expressed as well as the need to share lessons from good investment examples and the need for connecting investment plans to contracting and payment models.

Ernst van Koesveld, Deputy Director-General for Long-Term Care and Director of the Health Insurance Department, Ministry of Health, Welfare and Sports of the Netherlands spoke on the health reforms in the Netherlands and the plans to finance these. He said that the five Dutch (care and cure) systems are not integrated enough. He regretted the medicalisation syndrome considering that social issues are more important the medical ones and the hospitalisation syndrome considering that care should be done more at home.

Martin Seychell, Deputy Director-General for Health, DG Health and Food Safety, European Commission was asked to deliver a keynote speech on the requirements (the know-how and the financing) for the successful transitioning to the healthcare models of the future but in reality he presented the different tools of the Commission.

Gregg Meyer, Chief Clinical Officer, Partners Healthcare System in Boston, Massachusetts, (USA) made a presentation about the variety of investments required for the implementation of integrated care/population health management. He showed that using all kind of tools his healthcare group was able to reach a 7% cost reduction and 4% lower mortality with 20% less hospitalisation and 25% lower emergency department visits

Lieve Fransen, from the think tank European Policy Centre, presented the main messages and recommendations regarding investments in the health and long-term care sector from the report of the High-Level Task Force on Investing in Social Infrastructure in Europe. She mentioned an investment gap of at least 50 billion euros in health.

Volker Amelung, German Managed Care Association, presented the German Innovation Fund, how it finances and incentivises new care models, and its opportunities and pitfalls. He explained that the German healthcare system has far too much money and that there is then no need, nor motivation for process changes.

Dana Burduja (European Investment Bank / European Investment Advisory Hub) presented how to use European Investment Bank and European Fund for Strategic Investment, the concept of investment platforms, and the advisory/technical assistance services of the European Investment Advisory Hub.

Madeleine Clarke (European Venture Philanthropy Association, Belgium and Ireland) presented examples of philanthropy investments in health and social care, explaining how such investments can be attractive in these domains, with whom philanthropy investors collaborate and where they see the return on their investment.

Finally, Thomas Kergall, Council of Europe Development Bank showed examples of infrastructure and services that received financial help.

Multiplier Event Teddy Bears in Pairs

On 29 – 30 May HOPE took part in this event organised by E-Seniors which was aimed at presenting the results of EU funded initiatives on active and healthy ageing, focused on social inclusion of elderly people through e-learning. These initiatives are enhancing the development of new-skills and competences of older adults to increase their participation in the civil society and to better manage their health conditions.

The event focused on the Teddy Bears in Pairs project coordinated by the municipality of Mikolow (Poland) and involving four additional partners from Spain, Italy, Slovenia and France. The main outcome of the Teddy Bears project is to develop an e-learning platform targeting seniors to make them become independent ICT user. Moreover, Teddy Bears in Pairs has an intergenerational dimension since the ICT training should be provided by younger adults. It means that the project promotes a blended learning approach: face-to-face learning session during which younger adults support on autonomous use of ICT tools.

Link

All.Can-ICHOM Improving Value in Cancer Care study

All.Can and ICHOM have launched in May 2018 a study on Improving Value in Cancer Care.

All.Can is an international multi-stakeholder initiative set up to identify ways to optimise the efficiency of cancer care by focusing on improving outcomes for patients. The International Consortium for Health Outcomes Measurement (ICHOM) is a non-profit organization with the purpose to transform health care systems worldwide by measuring and reporting patient outcomes in a standardized way.

ICHOM has selected the organisations that will be part of the study:

- Centre Léon Bérard (France, breast & lung);
- Institut de Cancerologie de l'Ouest (ICO) (France, Breast) ;
- Elsan (France, Lung);
- Antwerp University Hospital (Belgium, Lung);
- AZ Delta (Belgium, Lung);
- Basque Regional Service Osakidetza (Spain, Breast & Lung);
- Servicio Madrileño de Salud (SERMAS) (Spain, Breast & Lung);
- University Hospital Basel (Switzerland, Breast);
- Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori-IRST (IRCCS) (Italy, Breast & Lung);
- Abertawe Bro Morgannwg University Health Board (Wales, Breast);
- Instituto Português de Oncologia do Porto FG (IPO) (Portugal, Lung).

The launch event for the study will take place on 18 June at the Hospital Universitario 12 de Octubre in Madrid.

Read more

MedTech Europe code training for Healthcare Organisations

On 2 May 2018, MedTech Europe organised another Compliance Training dedicated to Healthcare Organisations and Professional Congress Organisers in Paris (alongside the Global MedTech Compliance Conference). A dozen organisations from all over the world joined the training and had the opportunity to ask their questions on Educational Grants, transparency, etc.

The training focused on the MedTech Europe Code of Ethical Business Practice, with a particular focus on the Conference Vetting System (**CVS**) and the **Ethical Charter**—which is available to Healthcare organisations and Professional Congress Organisers.

Read more

Environment – CleanMed Conference

CleanMed Europe 2018 will be held at Radboud University Medical Center, Nijmegen (The Netherlands) from 10 to 12 October 2018.

CleanMed Europe is Europe leading conference on sustainable healthcare. The conference addresses the environmental impact of the healthcare sector on a local, regional, and global level and is organised by Health Care Without Harm Europe.

It showcases cutting-edge practices in sustainable healthcare and is the ideal venue for healthcare innovators to gather and share ideas, finding new ways to inspire their organisations and communities.

CleanMed Europe provides the optimal platform to hear about the latest industry trends, discuss diverse topics, and network with international thought-leaders.

Read more

Pharmaceutical Pollution

The joint declaration on pharmaceuticals in the environment led by the European Federation of Pharmaceutical Industries and Associations (EFPIA), published in May 2018 comes not long after the European Commission consultation on views on possible actions to address the risks from pharmaceuticals in the environment.

Representing 40 pharmaceutical companies and 33 national associations, EFPIA opened their recent joint declaration on pharmaceuticals in the environment with the following: *"We confirm our commitment to take actions in the areas where we can make a difference in order to reduce the presence of pharmaceuticals in the environment."*

Whilst declaring they will take action where they can make a difference, they only make reference to disposal - shifting the responsibility to patients. At the EU level, however, pharmaceuticals in the environment are mainly addressed in legislation on veterinary medicinal products and are not fully tackled in legislation on medicinal products for human use. The European Commission long awaited Strategic Approach on pharmaceuticals in the environment is meant to cover this legislative gap.

Two reports published by Deloitte for the European Commission (**2013** and **2016**) clearly provide evidence that even low concentrations of pharmaceuticals can pose environmental risks e.g. antimicrobial agents, pharmaceuticals with endocrine-disrupting effects, some anti-parasitic and anti-inflammatory drugs.

According to the NGO "Health Care Without Harm" this industry-led declaration is a smokescreen that unfairly puts the onus on patients by only focusing on one pathway of pharmaceuticals into the environment: disposal. This moves the focus away from the fact that

pharmaceutical companies should be cleaning up their own production and supply chains and investing in biodegradable pharmaceuticals for safer excretions (two pathways that they should take responsibility for). Solely focusing on one pathway as the EFPIA declaration suggests, will not ensure long-term protection of the environment - it will not sufficiently reduce the number of pharmaceuticals entering the environment.

Access the joint declaration

European Health Award 2018: Call for application

The European Health Forum Gastein is welcoming applications for the European Health Award. The winner of the Award will receive a prize of € 10.000 at the 21st European Health Forum Gastein, this year themed "Health and Sustainable Development – Bold political choices for Agenda 2030 ", which will take place in Bad Hofgastein, Austria, from 3 to 5 October 2018.

The European Health Award was initiated in 2007 to promote health policy initiatives with a cross-border European scope which contribute to meeting European health challenges including health inequalities and disparities in health status, access to health services and/or the provision of treatment.

The European Health Award is kindly sponsored by the Austrian Federal Ministry of Labour, Social Affairs, Health and Consumer Protection. Applications for the Award will close on 7 June 2018 and will then be evaluated by a renowned jury.

More information

Observatory Venice Summer School 2018

On 22-28 July 2018, in Venice, Italy, the European Observatory on Health Systems and Policies in collaboration with the European Commission, World Health Organization and the Veneto Region organises a Summer School on *"Quality of care: Improving effectiveness, safety, and responsiveness".*

The Observatory Venice Summer School 2018 is a short, intensive course. It is a week of learning, interacting, studying, debating, and sharing experiences with other policy makers, planners and professionals to understand, discuss and improve quality-of-care strategies and policies.

Who should attend: The course is aimed at senior and mid-level policy makers, civil servants and professionals, involved in steering health care services or are looking at measuring, assuring or improving quality of care at international, national or regional level.

Objectives:

- Understand the underlying concept of 'quality of care' and its various dimensions as well as ways to measure and compare quality;
- Provide evidence-based country experiences of different approaches and innovative models of assuring and improving care;
- Systematize and interpret the effectiveness of quality of care approaches such as evidence-based pathways, accreditation, audit and feedback, patient safety measures, public reporting or pay-for-quality;
- Review how such approaches can be combined into national strategies to enable that health systems fulfil their roles and continuously improve their performance.

The six-day course includes formal teaching but has at its core the experiences of participants in practice. A highly participative approach emphasizes group work that cuts across themes, participant presentations, round tables and panel discussions. It mobilizes the latest evidence and a multidisciplinary team of experts with a track record in the analysis, implementation and evaluation of defining, measuring and improving quality of care. Course participants will also be able to share perspectives with and gain insights from key international organizations including the European Commission, OECD and WHO as well as relevant professional and governmental organizations and to engage in political dialogue with senior policy makers. They will be part of the Summer School tradition, which fosters evidence-based policy-making and encourages European health policy debate by raising key issues, sharing learning and building lasting networks.

More information

Mobile Health for Ageing (mAgeing) handbook released by the World Health Organisation

On 20 April 2018, the World Health Organisation (WHO) released a handbook on Mobile Health for Ageing.

Health information, advice and reminders delivered through mobile phones can encourage healthy behaviours and help older people to improve and maintain their intrinsic capacity. The WHO mobile health for Ageing (mAgeing) programme has been developed as one of the tools to support the implementation of WHO guidelines on community-level interventions to manage declines in intrinsic capacity – also known as the ICOPE Guidelines. The mAgeing programme can support routine care offered by health care professionals by supporting self-care and self-management.

The newly published Handbook helps countries develop, run, monitor, and evaluate the mAgeing programme within their own contexts, using basic technology common to most mobile phones. Messages within the handbook are based on the latest WHO guidelines on

community-level interventions to manage declines in intrinsic capacity (ICOPE guidelines) and built on behavioural change theory. The handbook was developed by the Be He@lthy, Be Mobile initiative, a partnership led by WHO and the International Telecommunications Union (ITU), and developed in consultation with a wide range of external stakeholders.

mAgeing handbook

Mental Health, Well-being and Brain Disorders Interest Group meeting

On 16 May 2018, HOPE was invited by the European Parliament Interest Group on Mental Health, Well-being and Brain Disorders and the Global Alliance of Mental Illness Advocacy Networks (GAMIAN-Europe) to participate in the Interest Group meeting addressing empowerment of patients affected by mental health conditions and their self-management of care and treatment.

The meeting took place in the European Parliament and was the occasion for the launch of a Call to Action on the topic above as developed by GAMIAN-Europe with input from a wide variety of (mental) health stakeholders.

This Call to Action highlights what can be done to empower patients and to engage them as partners in care. It underlines that patients should be seen as resource in this respect; and empowering patients will ensure the best possible 'use' of that resource, while putting patients at the heart of care provision.

Read more

Antimicrobial Resistance Prevention Roundtable

On 3 May 2018, HOPE attended the roundtable on Antimicrobial Resistance (AMR) Prevention held at the Permanent Representation of the Netherlands to the European Union. The event was organised by the Counsellors for Health from The Netherlands, Sweden and the United Kingdom with the support of MedTech Europe.

The discussions focused on how to implement the EU Action plan at national level and on exchanging best practices in the prevention of AMR.

MedTech Europe and Vaccines Europe presented respectively the role of medical technologies and vaccines in preventing AMR. They stressed out that, in the context of likely increase of AMR phenomenon, diagnostics and medical devices could be useful to prevent resistance from developing and spreading, detect bacteria and resistant strains, monitor and track resistance and increase patient compliance.

The Netherlands was put forward as an example: their experience in implementing drastic and cost-effective measures has led to a reduction of resistance levels. They have a 5-year national

action plan -the One Health approach- which addresses all domains where human health is threatened by antibiotic resistant bacteria and focuses on a set of measures to tackle AMR: Hygiene and infection prevention, prudent use of antibiotics, monitoring and enforcement, Innovation (new antibiotics, alternatives to antibiotics and diagnostics tools), communication and awareness campaigns.

In the Dutch healthcare system, the responsibility for prudent use of antibiotics and prevention of transmission of infections is at the level of the healthcare professionals and requires their commitment to be efficient. The development of these guidelines is financially supported by the Dutch government and the guidelines are enforced by the healthcare inspectorate.

An example was developed to show that the costs linked to the control of a resistant bacteria outbreak in a hospital was much higher (in this case eight times) than the costs for a yearly routine outbreak prevention. In addition, routine outbreak prevention reduces the risk of multi-resistant bacteria to become endemic, preventing additional downstream costs.

To control the spread of antimicrobial resistance, the Dutch government has made an antimicrobial stewardship team (A-team) mandatory for every hospital. A successful antimicrobial stewardship team has four key elements:

- The stewardship team performs active surveillance by monitoring antimicrobial use and resistance hospital-wide;
- The stewardship team provides tailored feedback on antimicrobial therapy. The recommendations are based on clinical guidelines and patient diagnostics.
- The stewardship team provides continuous education and training to healthcare professionals about appropriate antimicrobial use.
- The stewardship team is multidisciplinary, preferably consisting of clinical microbiologists, infectious disease physicians, hospital pharmacists, and a quality assurance professional.

This has a cost but also lead to a reduction of: antimicrobial resistance rates, use of expensive restricted antimicrobials (e.g. switching from *intravenous therapy* to oral treatment), and of the length of hospital stay (thanks to more appropriate treatment).

These developments were the basis of further discussion regarding the exchange of best practices among European countries and on the Commission One-Health Action plan and how it could be improved.

Brexit and the European Medical Profession: Keeping Europe Healthy

On 23 May 2018, HOPE attended the British Medical Association conference “Keeping Europe Healthy: Brexit and the European Medical Profession” at the European Parliament. The event was hosted by MEP Wajid Khan (S&D, United Kingdom) who pointed out in his opening remarks that Brexit will impact healthcare across Europe and not only the UK. The damages that a badly-shaped Brexit could have on EU health workforce have to be considered, as well as the need to ensure that patients will not suffer from Brexit.

Dr Jacques de Haller, President of the Standing Committee of European Doctors (CPME) addressed the key concerns on Brexit. Among these can be pointed out the need after Brexit for clarity and legal certainty for medical students, for continued recognition of professional qualification for doctors, for continued mobility and residency rights, and for the coordination of health protection and security. According to him, Brexit should not endanger healthcare in EU and the UK, the topic at stake should therefore be considered as beyond political negotiations.

Dr Kitty Mohan, European Junior Doctors President stressed out that the free movement of doctors is of utmost importance as they are a very mobile category of professionals. When discussing the pan-European medical workforce, the following points should be kept in mind:

- About the current medical workforce, one must wonder why doctors move abroad or why they remain in their country;
- The non-British doctors working in the UK are not essentially young doctors. Indeed, more than 25% of them have more than 20 years of experience and have therefore often dependencies and families in the UK;
- Beyond 2019, the future medical workforce will depend on the number of applications for UK medical schools, but also on the conditions of installation for EU practitioners (VISA facilitation, possibilities of exercising in the country of origin...).

Addressing the Irish Question, Pr Trevor Duffy (Chair of the Irish Medical Organisation International Affairs Committee) then stressed out the current importance of the transborder cooperation on health between Northern Ireland and the Republic of Ireland and the complementarity of both countries health systems.

Dr Miguel Reis Ferreira, clinical research fellow in uro-oncology at the Institute of Cancer Research and the Royal Marsden, further developed the features of Medical Research in a post-Brexit Europe. Among the multiple challenges ahead, can be highlighted the role of the EU in funding R&D, the significance of competition in research and the strong sectoralisation of healthcare science.

MEP Digestive Health Group launched

On 15 May 2018, MEP Nessa Childers (S&D, Ireland) and MEP Pavel Poc (S&D, Czech Republic) officially launched the MEP Digestive Health Group, a platform for joining forces in addressing digestive disorders related issues and ensuring it remains part of EU health agenda. HOPE attended this event organized by the United European Gastroenterology and untitled “Tackling digestive diseases for better quality of life”.

MEPs Pavel Poc and Alozj Peterle (EPP, Slovenia) introduced the Digestive Health Group and the MEPs Against Cancer Group, outlining the socio-economic effects of digestive diseases such as cancer, and stressing out the need to set up a parliamentary force across the political spectrum at both European and Member States levels.

Marcus Peck-Radosavljevic (United European Gastroenterology) stated the different types of digestive disorders as well as their causes, focusing on obesity, overweight and alcohol consumption. He then emphasized that patients can be hit by these disorders from a very young age, leading to consequences on children mental health and education.

John F. Ryan (Director, DG SANTE, Directorate C) from the European Commission presented the best practices portal launched recently (see newsletter n°157- April 2018) and how it could be a powerful tool in fighting non-communicable diseases. He said this platform can gather a cluster of EU member States that are necessitating the implementation of such practices and further encouraged them to apply for EU funds.

Pr Hans Törnblom (European Society of Neurogastroenterology and Motility) gave an overview of the socio-economic cost of digestive diseases, focusing on functional digestive disorders. He expressed concerns on the connections between digestive health and mental health, and thus the costs of these diseases for society, being direct ones (healthcare, medication) or indirect ones (sick leave, productivity loss).

The concluding remarks were delivered by MEPs Nessa Childers and José Inàcio Faria (EPP, Portugal) who stressed out the importance of political and preventative measures addressing the problem of non-diagnosed people whilst engaging with risk factors, notably nutrition and alcohol consumption.

Read more

2nd EU stroke summit - Launch of the Stroke Action Plan for Europe

On 23 May 2018, HOPE took part in the 2nd EU stroke summit organized by the European Stroke Organization and Stroke Alliance for Europe in Brussels. Hosted by MEP Elena Gentile (S&D, Italy), this event launched the Stroke Action Plan 2018-2030.

In her opening words, MEP Gentile stressed out the importance of raising awareness and address with seriousness the issue of cardiovascular diseases to reduce the incidence of strokes in the EU. The speakers from the two successive panels explained the existing types of strokes and the usual symptoms and costs and reviewed the topics of disparities in facilities between countries, collaborative transnational research, rehabilitation and life after stroke.

Read more on the Stroke Action Plan 2018-2030

European Patients' Rights Day 2018

On 23 May 2018, HOPE took part in the European Patients' Right Day 2018, organized by Active Citizenship Network, supported by MSD, Merck, Bayer, GAFPA and Boehringer Ingelheim, and untitled "Therapeutic adherence: value the impact for patients and healthcare system".

After opening remarks from MEP David Borrelli (NI, Italy), Commissioner Vytenis Andriukaitis, and Mariano Votta (Active Citizenship Network), three panels covered various aspects of this topic. The first one focused on therapeutic adherence and its implication of patients and healthcare systems, the second one dealt with empowering the patient: dispelling the myths

and identifying opportunities, while the third and final one discussed a collaborative approach from the therapeutic adherence to the therapeutic alliance.

Event page

Intellectual Property and Access to medicine in Europe

On 16 April 2018, HOPE took part in the meeting “Intellectual Property and Access to Medicines in Europe: Revisiting the Incentives Framework” held by Health Action International.

This event hosted by MEPs Nessa Childers (S&D, Ireland) and José Inàcio Faria (EPP, Portugal) covered the topic of the Supplementary Protection Certificates regime currently required by the Trade-Related aspects of Intellectual Property (TRIPS) agreement. It has been stated during the meeting that the EU has a very strong system of incentives for pharmaceuticals. This has consequences on the price of introduction of medicines, on the balance between commercial interests and public interests across European countries and beyond, or on whether generic medicines can access the market. Thus, access to medicines is directly influenced by intellectual property rights.

Taking into account the current medical prices crisis, experts agreed on the necessity of a greater flexibility within the TRIPs agreement.

Read more

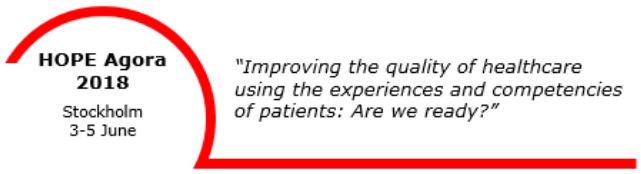
HOPE Agora 2018

From 3 to 5 June 2018, the Swedish Association of Local Authorities and Regions (SALAR) welcomes the HOPE Agora 2018 in Stockholm. The conference closes the 2018 HOPE Exchange Programme.

The focus of the conference will be on patient involvement as a tool for improving healthcare. The participants in the HOPE exchange programme will show how the quality and efficiency of healthcare can be improved by using the experiences and competencies of patients and their relatives. But the participants are also supposed to point at factors that stimulate or constrain patient involvement in healthcare. In addition to these presentations made by the HOPE exchange programme participants, some invited speakers will also give their perspectives on the topic.

The HOPE Exchange Programme lasts for four weeks. At the end of the programme, all participants are invited to share their results at the HOPE Agora. The theme of this year is *"Improving the quality of healthcare using the experiences and competencies of patients: Are we ready?"*. Participants will investigate how this topic is developed in their host country and present their findings at the event.

More information and registration



26th International Conference on Health Promoting Hospitals and Health Services

Bologna (Italy), 6-8 June 2018

The annual International Conference on Health Promoting Hospitals and Health Services (HPH) is the main event of the international HPH network. It is a forum of learning and exchange on health promotion in and by health services for health practitioners, consultants, scientists and politicians and hosts 500 delegates on average every year.

The 2018 edition will be held in Bologna, Italy, on 6 - 8 June and will focus on the main theme "Health promotion strategies to achieve change: evidence-based policies and practices".

Read more

European Association of Hospital Managers Congress

Cascais (Portugal), 26 - 28 September 2018

In September 2018, the Portuguese Association of Hospital Managers (APAH) and the European Association of Hospital Managers (EAHM) will organize the 27th edition of the EAHM Congress in Cascais, Portugal.

The congress theme "Redefining the Role of Hospitals – Innovating in Population Health" will explore the possibility of integrating innovation and technology to positively change how we can deliver our services and define the role of hospitals into the future. Aligned with the theme of the event, the following key topics will be discussed: People centeredness; Integration of care; Innovative provision models; Financial sustainability; and Population Health Management.

For European hospital managers and indeed hospital managers worldwide, the EAHM congress is an excellent forum to discuss issues that impact hospitals and public health and also an opportunity share good practices and expertise with colleagues.

Read more

7th International Congress of Hospitals – Citizen involvement and accountability in the National Health Service

Lisbon (Portugal), 21-23 November 2018

APDH is organizing the 7th International Congress of Hospitals – Citizen Involvement and accountability in the National Health Service", on 21 - 23 November in Lisbon, Portugal.

The Portuguese Association for Hospital Development - APDH is a non-profit association, and it has collective (hospitals) and individual members from all over the country. Being the representative of HOPE - European Hospital and Healthcare Federation and IHF - International Hospital Federation in Portugal, its basic goals are to encourage cooperation between the Portuguese hospital institutions and the foreign ones, in order to promote and develop innovation in the hospital management sector.

Read more