hope
European Hospital and Healthcare Federation

Newsletter

Newsletter N° 162 – October 2018

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EURO-CAS Project Final Conference	**Brussels, 21/11/2018**
7th International Congress of Hospitals – Citizen involvement and accountability in the National Health Service	**Lisbon, 21-23/11/2018**
Conducting change in Psychiatry and Mental Health	**Marseille, 21-23/11/2018**
19th International Conference on Integrated Care	**San Sebastian, 1-3/04/2019**
HOPE Agora 2019	**Ljubljana, 2-4/06/2019**

Precise medicine for better patient outcomes – A HOPE roundtable

On 27 September 2018, in Estoril (Portugal) during the 27th European Association of Hospital Managers Congress, HOPE was organising a session "Precise medicine for better patient outcomes", chaired by HOPE President, Eva M. Weinreich-Jensen with speakers from Denmark (Erik Jylling), Estonia (Andres Metspalu), Belgium (Pascal Verdonck) and France (Guillaume Mercy).

Eva M. Weinreich-Jensen introduced the speakers explaining that the session was wanted to bring forth four different perspectives on the topic of precision medicine: regions, hospital federations, managers, and researchers. To shine a light on the various ways that precise medicine affects how we work and what we need to do to make the most of the new possibilities, in order to make the newest possibilities available to our patients.

Erik Jylling, Executive vice president of Danish Regions presented "From Precision Medicine to Personalized Health. The Future Healthcare - New paradigm - New tools", showing first the disruptive forces leading to basic change in health care conditions. In this context new technologies represent a great potential but need the creation of a balanced ecosystem centred around the patients' needs, balancing security, trust and transparency. The first step is an outpatient strategy so that patients stay at home; diagnostics and treatment take place in the patient's home; the GPs are responsible for treatment of the big chronic diseases and the patient's empowerment is strengthened. "Same day surgery" when possible cut down

overtreatment and hospitals change from outgoing to outreach. While telemedicine is technology as “compensation for distance to hospital”, coproduction health service model (“Teamwork”) is technology taking “advantage of distance to hospital”.

There are many considerations for delivering precise personalized medicine/healthcare: a health care system infrastructure (governance), a technology infrastructure (electronic patient record, information systems), a legislative framework (GDPR, Data-ownership), patient consent, patient empowerment (self-management, wearables...), and a digital health strategy. This includes initiatives like: The Virtual Doctor, digital tools for rehabilitation, better citizen control and overview over health data, Digital Pregnancy Journal, digital workflows between different health sector professionals, continuous work on home monitoring, data security and IT, infrastructure optimization and so on. It needs an infrastructure for personal health and new legislation concerning (among others) genomics data and citizen consent concerning the use of health data.

So, in short, the big picture is that the vast new variety of data and information available – with some of them coming directly from patients’ wearables – means that we have a much higher possibility of treating the patients individually. If we – as hospitals - manage to catch the information, work closely with the patients and consider their input valuable, we can get better results. But as simple as it sounds it will challenge the way we usually have been thinking of health care and how to deliver it.

Andres Metspalu, Professor at The Estonian Genome Centre, Institute of Genomics, University of Tartu, presented “From Biobanking to Precision Medicine”. The Estonian Biobank has worked on a prospective approach, longitudinal, volunteer-based with 52,000 participants (5% of the adult population of Estonia) on health records, diet, physical activity, but also on DNA, plasma and cell samples. It was based on the Estonian Human Genes Research Act that includes a broad informed consent and open for research with clear access rules. In 2018, an additional 100 000 people will be added to the biobank and all will be genotyped with GSA array. The system moved from questionnaires to national registries providing disease trajectories and treatment history for all 50000 people. He then presented the case of familial hypercholesterolemia and of breast cancer. Considering that on average 5.5% of individuals in the population use at least one of the 32 drugs associated with the studied genes on a daily basis, the pharmacogenetic feedback is now based on (semi-)automatic decision support system. He concluded that large prospective biobank cohorts make it possible to move towards personalised risk prediction and to use it in general medical practice, however, there are still many challenges on this road.

Pascal Verdonck, Chairman, AZ Maria Middelares, presented the perspective of a hospital manager on precision medicine. In the health continuum technology is the “driver” and according to him, precision medicine is data-driven medicine. Precision medicine is a medical concept/process that customize healthcare, with medical decisions, treatments, practices, or products being tailored to the individual patient. Precision medicine is "an approach” for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person. According to him, it is not completely new. A person who needs a blood transfusion is not given blood from a randomly selected donor, but the donor’s blood type is matched to the recipient to reduce the risk of complications.

Diagnostic testing is employed for selecting optimal therapies based on the context of a patient's genetic content or other molecular or cellular analysis. He mentioned the tools employed in precision medicine: molecular diagnostics, imaging, and data analytics. Concluding on the challenges and requirements, he said that smart infrastructure is needed as well as standardization of the collection of clinic and hospital data. There is a need to design databases to store large amounts of patient data efficiently. Scale is needed because sequencing large amounts of DNA are expensive to carry out. There are ethical, social, and legal issues: privacy and security.

Guillaume Mercy, Fund for Research and Innovation Project Manager, at the French Hospital Federation presented "The Role of Hospital Federations for Precision Medicine." He first listed the current limits to precision medicine: lack of skills, economic challenges (highly specific therapies), storage capability (digital data and biological sample), security (sample contamination, cyber-security, …), philosophical and ethical, scientific and technical. The hospital federations can manage the lack of skills and lower the cost for precision medicine by sharing resources, best practices and organization (white paper), by providing recommendation for new production structure, by anticipating innovation for rapid adaptation (business intelligence tools). Hospital federations have the potential to organise the innovation to facilitate deployment of new technologies. They can manage and secure data by providing structuration and collection tools for genomic data, by identifying vulnerabilities in the system to correct them. Hospital federations can organise social debates and **support research**: creating an ecosystem with common values and complementary goals, being a meeting place where skills, knowledge and resources can be shared, mixing different actors to develop new approaches.

Summing it all up in short: we need to think health care and the role of hospitals in a new way, if we want to take advantage of the possibilities precise medicine offers. Even if the citizens are ready to share the data, we must be ready to get their consent, opinion and have the infrastructure ready to manage the huge amount of data that are possibly accessible, not just for patient treatments but for research purposes, too. And that we take both hospital managers, hospital staff, hospital federations, patients, citizens and many more to succeed with that.

ICT4Life Project Final Conference: Meeting the Challenges of Digital Health Innovation for Integrated Care in the EU

On 18 October 2018, the ICT4Life Final Conference was held at ICAB – Business & Technology Incubator in Brussels. The event was entitled "Meeting the Challenges of Digital Health Innovation for Integrated Care in the EU" and aimed at discovering how the ICT4Life platform responds to the needs of integrated care systems and provides tailored solutions for diverse regional contexts. A specific session addressed the pilots and the strategic approach based on end-users' feedback. The event gathered experts from other EU-funded projects to discuss the challenges faced by digital health innovators when it comes to exploiting in the market H2020 projects' results.

The event started with a projection of ICT4Life video and an introduction of "**What is ICT4Life**" by the project coordinator **Alejandro Sánchez-Rico de las Heras**. He stressed out the context in which ICT4Life platform has been developed: a context of ageing population in which integrated care allows for a better continuity of care. In such context, ICT4Life ambition is to promote patients' empowerment, training and improved care support and enhanced communication and social interaction thanks to personalised interfaces. This support will be sustained by a multimodal data collection as well as advanced monitoring for activity analysis.

The **first session** focused on "**Integrated care in the EU**" was opened by Pascal Garel, Chief Executive of HOPE (the European Hospital and Healthcare Federation). He stressed out that the continuity of care with social care implied by the development of integrated care solutions goes together with new roles and skills for healthcare professionals. For this reason and despite that some evidences are still needed, he advocated that we must bring all stakeholders to undertake the transformational change required. He discussed evidences of good practices underlining that there is not a single solution or approach, but things are moving forward in many EU countries like Denmark, Malta and Finland among others.

Frédéric Destrebecq, Executive Director of the European Brain Council, presented its approach on "**Integrated care for brain disorders in Europe**". He stressed out that prevention and risk reduction, timely intervention, reduction of stigma and research are key elements in mental health care. He used the example of the need of coordinated care in cases of stroke to show the need to transform our health and care systems to address the challenges posed by brain disorders and that digital solutions hold the key to this shift.

Eloisa Vargiu from the H2020 project CONNECARE, presented the **H2020 EU-funded projects** response to integrated care challenges. In 2015 the European Commission funded five projects under the H2020 call SC1-PHC25, which aim was to develop innovative solutions to improve and advance home-based integrated care for people suffering from chronic conditions, including co-morbidities. The solutions developed by the five funded proposals (Polycare, CONNECARE, ICT4Life, CAREGIVERSPRO-MMD, ProACT) address this call to advance digital integrated care increasing citizen's independence and quality of life.

The second session explored how end-users contribute to digital health innovations. First, **Marie Bourcy** and **Julie Dujardin** from Belgium Alzheimer Association presented the **patients' perspective** and the potential impact that the disease can have on day-to-day life at its different stages. The patients can be helped to maintain their autonomy and the key aspect is the focus of attention (on medicine, meals, home routine, riskless mobility etc). Following this presentation, **Mirela Popa**, Post-Doctoral Researcher at the Department of Data Science and Knowledge Engineering at Maastricht University, showed that ICT4Life project demonstrated how technology can be integrated in the daily life of patients for improving their well-being, safety feeling and contributing at timely prevention of health issues. Indeed, abnormalities or emergency issues are timely detected, and the caregivers and professionals are informed by automatic alerts. Moreover, ICT4Life event summarisation and analysis, regarding the user's behaviour patterns during months, support the professionals in the health diagnosis process, inform the caregivers and motivate the patients to make healthy changes.

Then, the **perspective of carers** was addressed by **Stecy Yghemonos**, Secretary General of Eurocarers. He stressed out that being an informal carer can have a negative impact on professional life, social life, health and well-being. One of the key claims of carers is related to training and support that are perceived as not sufficient. **Laura Carrasco**, Director of Madrid Parkinson Association showed how ICT4Life platform answers to these challenges by helping carers to have the situation under control remotely. It allows to connect and maintain social relationships as well as to help directly with the caring tasks thanks to tools like reminders and agendas. Communication tools used by all the actors involved in the caring process and access to professionals (especially physicians) are the key aspects of the carers' support.

The **health professionals' perspective** was also addressed. **Annabel Seebohm**, Secretary General of the Standing Committee of European Doctors (CPME), stressed out that integrated care leads to better communication and coordination while fostering patient autonomy. However, any application in integrated care needs to provide the evidence as to safety, effectiveness, costs and privacy, as well as equity in access to high quality care. Then **Federico Álvarez** from the Polytechnic University of Madrid showed ICT4Life added-value: the use of novel technologies to facilitate data access to health professionals providing relevant results. Data are used particularly to monitor patients' health status evolution, assess the impact of treatments and understand symptoms correlation.

Finally, **the third session** addressed the following topic: "From pilots to exploitation: how to bring EU funded initiatives results into the real world" and started with **Ariane Girault** from the Association E-Seniors, who presented ICT4Life Fieldwork and how it developed tailored solutions in diverse regional contexts. She revealed the results of ICT4Life testing and survey, showing that even though the users involved in the fieldwork were coming from diverse regional contexts, the feedback collected was homogenous and particularly regarding the very good acceptance of cognitive games and the fact that sensors system and Kinect camera were well integrated in a daily routine. In general, the devices implying a passive behaviour (cameras, bands and sensors) are more appreciated than the app which required an active behaviour.

Isabella Notarangelo from HOPE (the European Hospital and Healthcare Federation), presented **ICT4Life exploitation** and the development of a strategic approach based on iterative testing and end-users' feedback. Iterative testing results are similar in the countries

where it has run (France, Hungary and Spain). However, they are part of territorial and complex ecosystems changing from country to country in terms of governance, funding systems and provision of care models. These differences are essential to consider in the integration of the ICT4Life platform into the market.

Finally, **Andrew Pomazanskyi** from the H2020 Project SmartLife addressed the exploitation challenges of H2020 projects' results focusing on an **SME perspective**. He stressed the specific hindrances related to eHealth, like high costs or the lack of universally accepted practices and protocols as well as more general health challenges like the fact that it is a compartmentalised sector (ambulatory care, hospital care, prescriptions etc) with a diverse and complicated system of financing and reimbursement across the EU.

The event was closed by Pascal Garel reminding that our common objective is to improve the quality of care in the European Union and H2020 projects provide for opportunities to innovate and explore in the field of digital health.

Event page and speakers' presentations

Editorial "Brexit and shortages" published by the European Journal of Hospital Pharmacy

On 25 October 2018, the European Journal of Hospital Pharmacy published an editorial "Brexit and shortages" written by HOPE CEO Pascal Garel.

On 29 March 2017, the United Kingdom (UK) submitted the notification of its intention to withdraw from the European Union (EU). This means that unless a ratified withdrawal agreement establishes another date, all EU primary and secondary law ceases to apply to the UK from 30 March 2019 and the UK becomes a 'third country'.

The regulation of goods is managed by EU-wide systems, facilitating trade under the single market. This means that products are regulated to make sure that they are safe before they can be placed on the EU market. They are also closely monitored after being placed on the market to ensure continued safety. Any changes to this regime may have an impact on supplies across Europe. […]

Read more

Cross-Border Healthcare Directive - EPP Group hearing

HOPE CEO was invited by Ivo Belet MEP (Vice-coordinator of the EPP Group in ENVI Committee of the EP and the EPP Group rapporteur on the Cross-border Healthcare Directive) to speak on 17 October 2018 in a European Parliament hearing on the implementation report on the quality of care and patient safety under the cross-border healthcare directive.

Following a welcome statement by Françoise Grossetête MEP, Vice-Chair of the EPP Group in the European Parliament a first panel on patients' rights in cross-border healthcare context gathered Kaisa Immonen Director of Policy, European Patients Forum, Cristina Ferrer, Puigcerda Hospital, Cerdanya (Spain) and Dr Michael Callens, Head of Unit Research & Development Belgian Christian Mutualities.

The Panel 2 was devoted to eHealth, funding and cross-border healthcare in the future with a presentation by Dr Andrzej Jan Rys, Director for Health Systems, Medical Products and Innovation in DG SANTE and Marcel Floor, Dutch Ministry of Health, Welfare and Sport (Programme Manager eHealth).

This was an opportunity for Pascal Garel, Chief Executive of the European Hospital and Healthcare Federation to present the history of HOPE involvement in and its views on the cross-border care. He went back on the different kind of flows, the continuity of care and the wrong assumptions of the cross-border directive. Concerning digitalization, he mentioned the position paper adopted by HOPE in June 2018 and concluded with the three digital projects in which HOPE is involved: EURO-CAS, MedEye and ICT4life.

Read more on cross-border healthcare Directive

2018 European Commission report (available in all EU languages)

EULAR World Arthritis Day Annual Conference

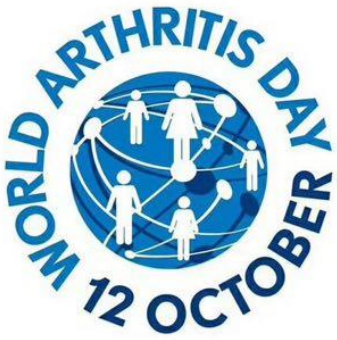
EULAR (**European League Against Rheumatism**) organised in Brussels on 9 October 2018 its annual conference entitled « Bringing chronic diseases to the forefront of health innovation: From the lab to individualised health care ».

The opening session chaired by Lieve Wierinck (Member of the European Parliament) and Pierre Meulien (Executive Director, Innovative Medicines Initiative), was followed by several keynote speeches: Analysing the impact of research and innovation in reducing the burden of chronic diseases in Europe by Prof. Stephen Hanney, Health Economics Research Group (Brunel University) ; Innovation in basic science by Prof. Timothy R.D.J. Radstake (Utrecht University) ; Barriers, challenges and opportunities for biomedical research & innovation in Europe – A policy view by Barbara Kerstiens (Head of Unit, Non-communicable diseases and the challenge of healthy ageing, DG Research and Innovation, European Commission).

A Panel debate “How to foster European innovation to tackle chronic diseases?” followed with panellists Barbara Kerstiens (DG Research and Innovation, European Commission), Prof. Rik Lories (EULAR / KU Leuven), Carolina Rubio Miner (Savana Médica) and Gerlinde Bendzuck (Deutsche Rheuma-Liga Bundesverband e.V.).

HOPE CEO was invited to speak on Challenges and opportunities of implementing innovative solutions in health care services during the plenary session “Promoting innovation in health care Innovative solutions in the diagnosis and treatment of chronic diseases: Trends and challenges” together with Valentina Laurenzia Ancona (Senior Manager Government Affairs, MedTech Europe); Prof. William Dixon (Manchester University) and Andrzej Rys (Director for Health systems, medical products and innovation, DG SANTE, European Commission). He then co-chaired the workshop “Organisational and human challenges in the introduction of digital solutions in health care services” with Prof. Laure Gossec (EULAR & Université Pierre et Marie Curie).

Both the plenary and the workshop gave an opportunity to present current HOPE projects ICT4life and MedEye.



United-Kingdom – National Health Service

Latest updates on UK-EU withdrawal negotiations

No agreement was reached between the UK and the EU at the latest European Council Summit on 17 October 2018. Both sides agreed that much work has been done over the last weeks and maintain that a deal is still possible, but despite intensive negotiations, the Ireland/Northern Ireland border remains unresolved. Mr Michel Barnier, Chief Brexit Negotiator, again stressed the need for a legally operational backstop in the Withdrawal Agreement.

It is likely that negotiations will continue well into December before further progress is announced. However, EU Council members declared their readiness to convene a European Council, if and when the Chief Brexit Negotiator Mr Michel Barnier reports that decisive progress has been made.

The UK Government has published several in a series of papers setting out how the UK plans to deal with a range of issues, including health, in the event that we leave the EU in March 2019 without an agreement.

The papers stress that both the EU and the UK are working hard to negotiate a positive deal and that “no deal” is unlikely. However, they point out that until they can be certain of the outcome of negotiations, as a responsible Government they have a duty to prepare for all eventualities, however unlikely, and to ensure business continuity.

Read more

European Council
Council of the European Union

Finnish Presidency of the European Union (July-December 2019)

The recent policy proposals and research of international organizations from the perspective of wellbeing economy - Report

Wellbeing policies and economic policies are closely intertwined and mutually reinforcing. Economic growth improves people's wellbeing, while wellbeing and health of the population enhance economic growth and stability. From the policy perspective the wellbeing economy provides a holistic and horizontal approach which can:

- Increase our understanding of how different kind of investments in welfare and wellbeing sector enhance productivity and economic growth and cut back public expenditures in the long run by enhancing cost-effectiveness of services;
- Highlight the importance of evaluating how different policy measures affect the wellbeing of people;
- Explain how the wellbeing sector can benefit from and contribute to the other sectors of the economy and areas of society.

In recent years this kind of view has become more common globally and the two-way relationship between wellbeing and economic growth is recognized in many analysis and policy proposals. This report which was produced for the Finnish Ministry of Social Affairs and Health as a part of the preparation for the Finland's EU presidency in 2019 will examine how different international organizations from the sectors of economy, health and development have been articulating the view of wellbeing economy in their policy proposals and research during the last five years. It will particularly focus on three aspects that are most relevant in the context of wellbeing economy:

- investing in wellbeing and in the wellbeing sector,
- inclusion in economic and societal development and
- wellbeing as a factor of economic growth

Access full report

Public Health

Health Technology Assessment (HTA) voted in European Parliament Plenary

On 3 October 2018, the European Parliament (EP) adopted in Plenary session the Report drafted by MEP Cabezón Ruiz on a proposal for a Regulation on Health Technology Assessment: 576 MEPs voted in favor, 56 against and 41 abstained.

Since the beginning of the discussions, in contrast to Member states, the EP expressed its support to the Commission's proposal to establish a framework for mandatory European joint clinical assessments and a ban of duplication of assessments at Member state level (article 8).

On 3 October 2018, the European Parliament adopted several amendments that ENVI Committee promoted to address Member State concerns. While still calling for a mandatory system based on nonduplication, the EP provides Member states with greater flexibilities to conduct complementary clinical assessments addressing national specificities. Moreover, it limited the role of the Commission to an administrative function and extended the transition period for medicinal products to four years and to seven years for medical devices.

The proposal is now in the hands of the Council which will try to reach an agreement. The Strasbourg vote will serve as the basis for negotiations with Member States. Any agreement will require a qualified majority in the Council - which means that 55% of the 28 Member States must vote in favour and represent at least 65% of the EU population.

After four working parties under the Austrian Presidency, the first article-by-article examination of the entire text was completed in mid-October. Member States were also invited to submit written comments. On the basis of the written contributions and the group's discussion, the Presidency team prepared a compromise proposal on Articles 1 to 8, to be discussed on 30 and 31 October.

The working party scheduled for 13 and 14 November 2018 will be decisive whether the adoption of a partial general approach at the Council meeting in December will be possible. In any case, it is quite unlikely that the negotiations on the proposal can be concluded before the EP elections in spring 2019.

More on HTA

European Antibiotics Awareness Day (EAAD) 2018

The European Antibiotic Awareness Day is an annual European public health initiative that takes place on 18 November to raise awareness about the threat to public health of antibiotic resistance and the importance of prudent antibiotic use. The latest data confirms that across the European Union the number of patients infected by resistant bacteria is increasing and that antibiotic resistance is a major threat to public health.

Prudent use of antibiotics can help stop resistant bacteria from developing and help keep antibiotics effective for the use of future generations. In 2018, the EU-level launch event celebrating the 11th anniversary of the European Antibiotic Awareness Day initiative will take place 15 November (09:00 –13:00), in Brussels.

This year, the European Centre for Disease Prevention and Control (ECDC) will publish the results of two-point prevalence surveys on healthcare-associated infections and antimicrobial use in European acute care hospitals and in long-term care facilities. This is the Centre contribution to the human health aspect of the event, which will provide an umbrella for topics related to the One Health approach.

ECDC will also launch a survey of healthcare workers' knowledge about antibiotics and antibiotic resistance.

Read more

Steering Group on Health Promotion discusses research and health investments

On 28 September 2018, the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases held an extraordinary meeting to discuss the current and future research programmes and other health investments as part of the next multiannual financial framework.

The discussions also focused on the governance of the health strand in the Commission's new European Social Fund+ proposal. Article 29 of the proposal states: "The Commission shall consult the health authorities of the Member States in the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases or in other relevant Commission expert group or similar entities on the work plans established for the Health strand and its priorities and strategic orientations and its implementation, and also on the health policy

perspective of other policies and support mechanisms, thus increasing their overall coordination and added value."

Senior level representatives of the Member States health ministries, Commission services including DG Research and Innovation, DG Employment, the Structural Reform and Support Service, DG Energy, DG Connect, the Joint Research Centre, Eurostat and the European Investment Bank all took part and contributed to the discussions.

Read more

Evaluation of the legislation on medicines for children and rare diseases - Public Consultation

On 12 October 2018, the European Commission opened a public consultation on the evaluation of the legislation on medicines for children and rare diseases (medicines for special populations).

A rare or orphan disease has been defined in the EU as a disease that affects no more than five in 10,000 people. This consultation concerns both medicines for rare diseases and paediatric diseases that qualify as rare. Other medicines treating diseases that do not qualify as "rare" are out of the scope of this consultation. A study to support the evaluation shall also take into account the links between the areas of orphan and paediatric medicines, as a considerable number of paediatric diseases also qualify as a rare disease.

The EU legal framework for medicines for human use is intended to ensure a high level of public health protection and to promote the functioning of the internal market and includes measures that encourage innovation. Medicines need an authorisation before they can be marketed in the EU. This can be a national or an EU authorisation.

With this open public consultation, the European Commission asks private citizens and healthcare professionals to share their experiences with and perspectives on access to orphan medicines in general, and on the role the EU Orphan Regulation plays in the development of orphan medicines.

More on the legal framework for orphan medicines and on the EU Orphan Regulation (No 141/2000) and **Inventory of rare diseases**

Falsified Medicines Directive: Letter to stakeholders regarding the implementation of safety features

In the frame of the Falsified Medicine Directive, the Commission Delegated Regulation (EU) 2016/161 details the characteristics of the safety features, how medicine authenticity should be verified and by whom. The delegated Regulation, and the new medicine verification system it lays down, will apply as of 9 February 2019. There are currently no plans to exempt additional prescription medicines or product categories from the requirements to bear safety features.

In October 2018, the European Commission together with European Medicines Agency and Heads of Medicines Agencies announced an important message to all stakeholders regarding the implementation of safety features under the Falsified Medicines Directive 2011/62/EU. The letter to stakeholders released deals with marketing authorisation holders, wholesale distribution, software providers among other issues.

Read more

Vaccination: three reports released by the European Commission

➢ The organisation and delivery of vaccination services in the European Union

This report was prepared by the European Observatory on Health Systems and Policies, on the request of the European Commission. It begins with the recognition that the design and operation of health systems can influence vaccine uptake, while noting that there are also many factors relating to individuals who chose to, or not to, be vaccinated.

The report has three components. The first is a review of the current situation within the EU on vaccine uptake and vaccine-preventable disease. The second is an umbrella review of systematic reviews on health system related factors influencing vaccine uptake. The third is a summary of country fiches that describe the organization and delivery of vaccination programmes in EU Member States. These were commissioned by the European Observatory in May 2018 and drafted in May-September 2018. The country fiches are included in the Appendix of this report.

Report

➢ State of Vaccine confidence in the EU

This report was prepared for the European Commission by The European Observatory on Health Systems and Policies. This report assesses the overall state of confidence in vaccines among the public in all 28 EU member states and among general practitioners (GP) in ten EU member states. As vaccine confidence varies by vaccine, confidence is assessed for vaccines in general as well as for the measles and seasonal influenza vaccines, in order to reflect vaccines targeting different population groups. Confidence in (and demand for) vaccines is influenced by a number of factors, including the importance, safety, and effectiveness of vaccines. To examine the extent of public and GP confidence in vaccines, the largest ever study on attitudes to vaccines and vaccination in the EU has been conducted. A range of novel EU-wide and country-specific insights into vaccination behaviours that may immediately impact on public policy were found.

Report

➢ "Vaccination Programmes and Health Systems" of the Expert Panel on effective ways of investing in Health

On 26 September 2018, the Expert Panel on effective ways of investing in health released the report "Vaccination Programmes and Health Systems in the European Union".

Vaccination is one of the most cost-effective public health interventions available and the main tool for primary prevention of communicable diseases. However, the EU is facing increasing outbreaks of vaccine preventable diseases, while some fatal cases of measles and diphtheria have been reported. This opinion identifies the main factors (enablers and obstacles) influencing vaccination uptake, and assesses measures that can be expected to improve vaccination coverage. After providing a systems approach to national vaccination programmes (including an appropriate legislative framework, governance arrangements, existence of a register of the target population, funding mechanisms and monitoring), a range of obstacles and enablers of high rates of vaccination coverage are identified.

Report

eHealth Stakeholder Group meeting

On 12 October 2018, HOPE was took part in the 6th eHealth stakeholder (eHSG) group meeting organized by the Directorate-General for Health and Food Safety and the Directorate-General Communications Network of the European Commission.

In the morning session, the Members of the eHSG had the opportunity to share their view on eHealth and reveal which are for them the current main issues in this area with a tour de table and update. One of the most pressing concerns regarding e-Health dimension for healthcare practitioners is the gap between technologists/regulators – the entities responsible for developing the IT systems and how to implement them –and healthcare personnel, as stressed by UEMO (European Union of General Practitioners). According to them, e-Health must support the relation between healthcare professionals and patients.

The start of a new Joint Action eHAction was also covered during the stakeholder meeting. The members debated upcoming deliverables for the e-Health network and state of play from the Working Group on electronic health record exchange format and common semantic strategies. Also, a market study on telemedicine was discussed.

In the afternoon session, various topics the stakeholder group has been working on were discussed, in particular: interoperability and standards, care continuum, citizens and data, reimbursement and new and shifting balances.

Then, the EESC opinion on Digital transformation of health and care that was adopted on 19 September 2018 was presented, as well as the European Commission Recommendation on the Technical Specifications for a European electronic health record exchange format.

Two documents produced by the eHSG of some of its members were reviewed and commented: 'Proposed Guiding Principles for Reimbursement of Digital Health Products and Solutions' and 'Citizens and Health Data'.

DG CONNECT representatives also brought to the table specific topics that needed to be discussed, according to them. First, the state of play on a new call for mandate of the eHealth Stakeholder Group, as the current mandate will end in Spring 2019. Second, the upcoming H2020 calls and the state of play on the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).

Then, BEUC (the European Consumer Organisation) presented its position paper on eHealth including a set of recommendations and principles addressed to the Commission. Moreover EMSA (the European Medical Students' Association) presented the results and recommendations from a survey they carried on.

Linking genomic health data across borders: The Netherlands as the 18th Member State to join EU cooperation

The Netherlands has recently signed the declaration "Towards access to at least 1 million sequenced genomes in the EU by 2022", thus becoming the 18th EU Member State to participate in the joint European effort to deliver cross-border access to genomic health data.

The Declaration on linking genomic health data across borders is a mechanism of cooperation between the EU signatory countries, which are committed to collaborate on the secure and authorised access to national and regional banks of genetic and other health data. Having a larger cohort of genomic data, will allow for more clinically impactful research. This would contribute to better health and care delivery to European citizens and ensure Europe leading place in health research. It would also contribute to better prevention of diseases and more accurate personalised treatments, in particular for cancer and brain related diseases, as well as for rare diseases.

The signatory Member States cooperate closely in order to overcome data silos, lack of interoperability and fragmentation of smaller national initiatives. Investments in sequencing, bio banking and data infrastructure will be maximized. The right to data privacy will be secured, while giving citizens an active role in their personalised treatment and putting their needs at the centre of healthcare innovation.

Read more

Digital Health Agenda for the EU: Roundtable meeting with the Health Tech Industry

On 15 October 2018, a high-level roundtable discussion on the agenda for action set out by the Commission recently adopted Communication on the "Enabling the Digital Transformation of Health and Care the Digital Single Market" took place in Brussels. Its core objective was to exchange views on the vision for the future with regard to a fully digitally transformed health and care in the EU.

In particular, the participants addressed the challenges and opportunities of interoperability and the Commission plans for its forthcoming Recommendation to set out a Format for an Electronic Health Record Exchange. The participants also discussed the potential for health of key technologies like artificial intelligence and high-performance computing which can help design new healthcare products, provide faster diagnosis and better treatments.

Digital technologies have become a reality in current societies. They are bringing the opportunity to revolutionise the entire healthcare sector, putting patients at its centre. Speakers and participants agreed that digital solutions for health and care offer great opportunities to increase the well-being of citizens and radically change the way health and care services are delivered to patients.

It was highlighted that these transformations not only will benefit people but also the sustainability of healthcare systems. However, citizens cannot yet fully benefit from the digital single market in this area. Market fragmentation and lack of interoperability across health systems stand in the way of this transformation. Moreover, the uptake of digital solutions for health remains slow and varies greatly across Member States and regions.

During the event, business and organisations committed themselves to working together to make sure that Europe does not lag behind on connectivity, digital infrastructures, research and ultimately, digital health and care to the benefit of citizens.

Read more

Large-scale sustainable deployment of digitally-enabled innovation for health and care delivery to the ageing population – Study

On 19 October 2018, "Large-scale sustainable deployment of digitally-enabled innovation for health and care delivery to the ageing population", a study prepared for the European Commission DG Communications Networks, Content & Technology by European Connected Health Alliance (ECHAlliance) was published. This study analyses the nature and barriers to investments by EU regions and local authorities to support the deployment and implementation of large-scale, sustainable, digitally-enabled innovative solutions for active and healthy ageing (AHA). The objective of the European Commission is to achieve more than 50 EU regions active in the field improving the lives of at least 4 million citizens by 2019.

Read more

Digital health for all

On 25 October 2018, several European regions gathered to present their experience during a conference “Digital health for all” organised in the Committee of the Regions.

This was taking place in the context of the European Commission Digital Market Strategy and the publication of the Communication on Digital Transformation of Health and Care in the Digital Single Market in April 2018 and in particular with the discussion on the European electronic health record exchange format.

The document was discussed using examples from Reference Sites and other Institutions and Stakeholders participating in the European Innovation Partnership on Active and Healthy Ageing.

The conference was supported by the Reference Sites Collaborative Network and WE4AHA and organised by the Regional Ministry of Health of Andalusia (Andalusia Reference Site) in collaboration with the Andalusian Delegation in Brussels, this workshop included participants from public institutions, academia, industry partners, and civil society, in order to boost synergies in the main areas included in the EC Communication.

Access to Electronic Health Records was presented with the examples of Clic Salud + in the Andalusian Health Service, in Spain. The region has an impressive system of personal health record with a communication with health professionals both on web and mobile.

eHAction was then presented by the Serviços Partilhados Ministerio da Saude, Portugal. Shared Services in Ministry of Health, Portugal, with an electronic health record patient portal, including the possibility for healthcare professional to consult from abroad. The example of the coordinated vaccine card was shown.

The Citizen empowerment followed with Scotland initiative. Technology Enabled Care and Digital Healthcare Innovation with NHS National Services Scotland; the Andalusian mHealth strategy.

The third session was on Better data to advance research, disease prevention and personalised health and care with the Northern Ireland Initiative; the Big Data strategy in Catalunia and the Andalusian population health database (BDP).

Ensuring more transparent and predictable working conditions: draft report

An employer's obligation to inform their employees on the conditions applicable to their contracts is regulated by Directive 91/533/EEC. The European Commission has launched a proposal aimed at updating and extending the information on employment-related obligations

and working conditions, and at creating new minimum standards for all employed workers, including those on atypical contracts.

On 15 October 2018 the European Parliament Committee for Employment and Social Affairs (EMPL) published a draft report focused on the scope of the directive, on employees' working hours and the conditions for making information available to them, and on employers' responsibilities.

Read more

European Pillar of Social Rights

The European Economic and Social Committee invited HOPE to the public hearing on “Delivery of essential services in conjunction with the European Pillar of Social Rights” taking place in Brussels on 3 October 2018.

The rights and principles forming the European Pillar of Social Rights fall into three areas, one of which is social protection and inclusion, which is to say everything touching upon living conditions in our society. The 20th and final principle of the European Pillar of Social Rights deals with "access to essential services". This principle establishes the right to essential services of good quality and gives a non-comprehensive list of those services most important to people's daily lives. However, it raises more questions than it brings answers to the challenges.

First of all, the concept of essential services does not exist in the Treaties and therefore has no legal value. Why should a new concept be proposed instead of taking over that of *services of general interest* which is included in the Treaty as services of *non-economic services of general interest (NESGI) and services of general economic interest (SGEI)?*

The examples cited by the European Commission to illustrate this principle, namely water, transport, energy, electricity, are SGEIs which are treated by Protocol 26 annexed to the Treaty, which goes beyond the concept of *essential services*, which speaks of a "right of access to quality services", while the said Protocol also speaks of affordable prices, security, equal treatment, universal access and user rights.

The notion of "essential services" exists with certain international organizations, hence the question whether the European Commission intends to be part of a more global framework beyond that of the EU or not was raised during the hearing.

Event page

Budget

Multiannual Financial Framework 2021-2027: ENVI Committee Opinion

On 18 October 2018, the Committee on the Environment, Public Health and Food Safety (ENVI) has released its Opinion on the interim report on the MFF 2021-2027 – Parliament's position in view of an agreement. Three key points directly relate to health:

- ENVI welcomes the proposed increase in the budget earmarked for Horizon Europe and, in particular, the dedicated envelopes for research and innovation in Health (EUR 6.83 billion). It reiterates, however, its call for the 9th Framework Programme to be financed more heavily with a budget of at least EUR 116.895 billion, while increasing the share of the Health cluster to at least 9.7% in line with the 8th Framework Programme. It calls, furthermore, for significant funding to be allocated to fundamental research in this field.
- ENVI expresses serious concern over the proposed reduction in funding for the health programme; reiterates its call for the health programme to be restored as a robust stand-alone programme with increased funding in the next MFF 2021-2027, in order to implement the SDGs on public health, health systems and environment-related problems, and ensure an ambitious health policy with a focus on cross-border challenges, including, in particular, a thorough increase in common Union efforts in the fight against cancer, the prevention of chronic diseases, combating anti-microbial resistance and ensuring easier access to cross-border healthcare.
- ENVI is concerned about the proposed 5% decrease in financial resources for the decentralised agencies under the remit of the Committee on the Environment, Public Health and Food Safety (the European Chemicals Agency (ECHA), the European Centre for Disease Prevention and Control (ECDC), the European Environment Agency (EEA), the European Food Safety Authority (EFSA) and the European Medicines Agency (EMA)); calls for the decentralised agencies to be allocated more financial and human resources, at least at the level of 2014-2020 in real terms, where appropriate and based on their individual needs, in particular if new tasks are allocated, such as in the case of the ECHA and EEA. It highlights the importance of sufficient funding for these agencies to strengthen science-based regulation and improve public confidence in Union policy-making;

On 5 November 2018, the Committee on Budgets will vote on the draft interim report on the multiannual financial framework (MFF) 2021-2027 and own resources, prepared by the co-rapporteurs, Jan Olbrycht (EPP), Isabelle Thomas (S&D), Janusz Lewandowski (EPP) and Gérard Deprez (ALDE). The report will be put to the vote in the first plenary session in November 2018.

Read more

Revised Energy Efficiency Directive briefing

On 24 October 2018, the European Parliament released a 'EU Legislation in Progress' briefing on the revised Energy Efficiency Directive. These briefings are updated at key stages throughout the legislative procedure.

Context:

On 30 November 2016, the European Commission presented a proposal for a revised Energy Efficiency Directive, as part of the Clean Energy package. This aims to adapt and align EU energy legislation with the 2030 energy and climate goals and contribute towards delivering the energy union strategy. The Commission proposes a 30 % binding EU energy efficiency target for 2030, to be achieved by means of indicative national targets. The revised directive proposes to extend beyond 2020 the application of the energy savings obligation scheme, which requires utility companies to help their consumers use 1.5 % less energy each year. It also aims to make the rules on energy metering and billing clearer. Trilogue negotiations started in February and resulted in an agreement on 19 June 2018. The agreed text was endorsed by Coreper (29 June) and the ITRE committee (10 July). The text now needs to be approved in a vote in Parliament plenary session and then by the Council.

Access the briefing

Active and Assistive Living (AAL) Challenge Prize awards three innovative solutions for active and healthy ageing

The three winners of the 2018 Smart Ageing Prize were announced during the first day of the Active and Assistive Living (AAL) Forum on 24 September 2018 in Bilbao.

The Smart Ageing Prize, a collaboration between the Active and Assistive Living (AAL) Programme and Nesta's Challenge Prize Centre, recognizes the issue of social isolation and loneliness among older adults, seeking digital technologies that facilitate real world interactions to improve their quality of life, while ensuring that they are designed and promoted appropriately for the aspirations of this consumer group.

Five finalist teams had the opportunity to pitch their aspirational and innovative projects on stage at the AAL Forum in Bilbao on the 24 September 2018, after which the results were announced.

KOMP, the one-button computer connecting generations, was proclaimed the overall winner of the challenge, winning the top prize of €35,000, while PlaceCal, the social network designed to facilitate real world interactions, came away with the second place's prize of €10,000. The smart application building confidence and supporting people with memory loss Refresh by How Do I, came in 3rd place, winning €5,000.

Read more

Big Data Symposium

The Innovative Medicines Initiative Big Data for Better Outcomes Programme organised a symposium "In data we trust: towards outcomes-based healthcare in Europe", taking place on 11 October 2018 in Brussels.

Data sources are often siloed and represent only a partial record of a patient's experience in the healthcare system. But when such different data sources are linked together, they offer a richer, more complete source of clinical patient data and have a potential to make healthcare delivery more efficient, personalised and to improve health outcomes.

The symposium was then raising several questions: is there enough trust from all stakeholders to realise the full potential of Big Data? How can Big Data make healthcare systems sustainable? What steps can be taken to ensure that the use of Big Data will meet the expectations patients and citizens have of their healthcare system and improve health outcomes?

There is huge potential for the use of Big Data in healthcare and several opportunities to realise this potential. But this needs several steps: increasing transparency and improving understanding of how patient data is used; protection from the wrongful use and data privacy breaches; better governance, with a future-proof policy framework for big data and an interoperable health data infrastructure; developing consumer digital skills.

Several speakers had to answer: What more can be done to build trust and safeguard the use of big data? How can stakeholders across Europe effectively leverage the opportunities to establish trust in using Big Data for healthcare? Monika Lanzenberger (the European Commission, CG CONNECT, Head of Sector for Research Coordination, Unit H3 E-Health, Well-Being and Ageing), Natacha Bolaños (Regional Coordinator, Lymphoma Coalition Europe – (Harmony), Jacques Demotes (Director, European Clinical Research Infrastructure Network), and Nigel Hughes (Scientific Director, Janssen Clinical Innovation, the coordinator of EHDEN).

The session on the future vision started on the assumption that Big Data has the potential to transform healthcare across the entire treatment pathway, and for every stakeholder, with the ultimate outcome of improved patient care and value. Two questions were asked: What is the collective vision of a healthcare system that utilises the full potential of Big Data in order to improve outcomes? What are the roles of stakeholders in realising this ambition? Michał Boni (MEP, EPP, Poland), Andrzej Rys (Director for Health Systems, Medical Products and Innovation, EU Commission), Pieter van Galen (European Multiple Sclerosis Platform Belgium), Salah-Dine Chibout (Global Head of Discovery & Investigative Safety / Global Head of Therapeutic Areas, Novartis Pharma AG, Chair EFPIA InnoMeds Priority Working Group), and Sofia Wallström (Director-General, The Dental and Pharmaceutical Benefits Agency (TLV), Sweden) gave their views.

Read more

Reports

➢ *World Health Organization (WHO)*

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

This study, released in October 2018, 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*.

How are public health services in Europe organised and financed? With European health systems facing a plethora of challenges that can be addressed through public health interventions, there is renewed interest in strengthening public health services. Yet, there are enormous gaps in our knowledge. How many people work in public health? How much money is spent on public health? What does it actually achieve? None of these questions can be answered easily.

This volume brings together current knowledge on the organisation and financing of public health services in nine European countries and an in-depth analysis of the involvement of public health services in addressing three contemporary public health challenges (alcohol, obesity and antimicrobial resistance). The focus is on four core dimensions of public health services: organisation, financing, the public health workforce, and quality assurance. The questions the volume seeks to answer are:

- How are public health services in Europe organised? Are there good practices that can be emulated? What policy options are available?
- How much is spent on public health services? Where do resources come from? And what was the impact of the economic crisis?
- What do we know about the public health workforce? How can it be strengthened?
- How is the quality of public health services being assured? What should quality assurance systems for public health services look like?

Link

The role of public health organizations in addressing public health problems in Europe: The case of obesity, alcohol and antimicrobial resistance (2018)

This study, released in October 2018, 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*.

Growing levels of obesity (including among children), continued harmful consumption of alcohol, and the growing threat of antimicrobial resistance (AMR) are some of the greatest contemporary challenges to the health of European populations. While their magnitude varies from country to country, all are looking for policy options to contain these threats to population health.

It is clear that public health organisations must play a part in any response, and that intersectoral action beyond the health system is needed. What is less clear, however, is what role public health organisations currently play in addressing these problems.

This is the gap that this volume aims to fill. It is based on detailed country reports from nine European countries (England, France, Germany, Italy, the Republic of Moldova, the Netherlands, Poland, Slovenia and Sweden) on the involvement of public health organisations in addressing obesity, alcohol and antimicrobial resistance.

These reports explore the power and influence of public health organisations vis-a-vis other key actors in each of the stages of the policy cycle (problem identification and issue recognition, policy formulation, decision-making, implementation, and monitoring and evaluation).

A cross-country comparison assesses the involvement of public health organisations in the nine countries covered. It outlines the scale of the problem, describes the policy responses, and explores the role of public health organisations in addressing these three public health challenges.

Link

Embedding a cultural contexts of health approach across the WHO European Region (2018)

This report, published in October 2018, outlines the recommendations made at the fourth meeting of the expert group supporting WHO Regional Office for Europe in the project *The cultural contexts of health and well-being* (CCH). The meeting was held in April 2018 at Wellcome Trust in London. This transformative initiative acknowledges the role and significance of cultural contexts (including value systems, traditions and beliefs) in shaping health outcomes. The project places cultural contexts at the heart of achieving better health outcomes for all. Supported by an expert group, the Regional Office has made considerable steps in clarifying key CCH concepts and supporting CCH research and analysis. The meeting

was convened to take stock of existing progress and to reflect on the future strategic direction of the CCH project, focusing in particular on its stated aim to break new ground practically as well as conceptually.

Link

What is the evidence on the policy specifications, development processes and effectiveness of existing front-of-pack food labelling policies in the WHO European Region? (2018)

Interpretive front-of-pack food labelling (FOPL) is a policy priority for promoting healthy diets. Research evidence indicates that consumers have a reasonable understanding of interpretive FOPL systems and their understanding improves with label familiarity and consistency within the market. A government-endorsed interpretive FOPL policy was found in 15 Member States of the WHO European Region, and this report released in October 2018 summarises the evidence on their development and implementation to support policy-makers in navigating these processes. Most existing policies have been implemented under voluntary arrangements, with variable penetration into the marketplace. Policy development that is led by government and based on formative research, and that engages stakeholders and the public, is most likely to lead to acceptable, credible and effective policies. FOPL implementation is best supported by policy provisions that encourage widespread uptake of the system and allow for formal evaluation of both implementation and impact.

Link

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

Children & Young People's Mental Health in the Digital Age. Shaping the Future (2018)

Almost half of the world is connected to the internet, and in countries that are members of the OECD almost everyone is online (Echazarra, 2018). For children and young people today, being online and using social media have become an integral part of their lives.

This reliance on digital technology has fuelled concerns from parents, teachers, governments and young people themselves that digital technologies and social media are exacerbating feelings of anxiety and depression, disturbing sleep patterns, leading to cyber-bullying and distorting body image. In response to these and other concerns, some countries are taking action. Legislation prevents Korean children from playing online games that require a resident registration number between midnight and 6 am without parental permission; while the Government of the United Kingdom is reviewing how social media affect children's wellbeing, as well as how much screen time is healthy.

As the mass availability and use of digital technologies is a relatively recent phenomenon, there is limited hard evidence available to date on whether digital technologies, including social media, cause mental health problems in children and young people. But associations do exist between internet use and mental wellbeing.

This publication, released in October 2018, provides evidences and recommendations to support decision-makers in taking actions and managing the phenomenon.

Link

➢ *WHO European Observatory on Health Systems and Policies*

Austria HiT (2018)

On the occasion of Austria EU Presidency, the European Observatory on Health Systems and Policies has released a new (HiT) health system review, in October 2018. It highlights reforms that aim to improve governance, increase healthy life expectancy and improve quality and efficiency of service delivery.

Health status threatened by unhealthy lifestyles

The Austrian population has a good level of health. Life expectancy at birth is above the EU average and low amenable mortality rates indicate that health care is more effective than in most EU countries. Yet, the number of people dying from cardiovascular diseases and cancer is high compared to the EU28 average. Tobacco and alcohol represent the major health risk factors. Unlike in most other EU countries tobacco consumption has not declined over the last decade and lies well above the EU28 average.

Risk of growing inequalities in access to care

The Austrian health system provides good access to health care services. Austria's residents report the lowest levels of unmet need for medical care across the EU. Virtually the whole population is covered by social health insurance and enjoys a broad benefit basket. Yet, rising imbalances between the numbers of contracted and non-contracted physicians may contribute to social and regional inequalities in accessing care.

Changing the model of care

The Austrian health system is relatively costly. It has a strong focus on inpatient care as characterised by high hospital utilisation and imbalances in resource allocation between the hospital and ambulatory care sector. In recent years important steps have been taken to strengthen primary care and improve skill mix within the health workforce. At the same time efficiency of inpatient care has improved over the reform period, although utilisation remains excessively high.

Containing costs and strengthening governance

Reforms aim to contain publicly financed health expenditure growth by imposing a global budget cap, reducing over-utilisation of hospital care, and increasing transparency and accountability. Despite efforts to strengthen coordination and cooperation between different levels of government and self-governing bodies by promoting joint planning, decision-making and financing, the Austrian health system remains complex and fragmented in its organisational and financial structure.

Link

Bulgaria HiT (2018)

In October 2018, The European Observatory on Health Systems and Policies has released a new (HiT) health system review on Bulgaria with a special focus on the developments and health system reforms since 2012.

Health status low, health inequalities high

Despite marked and notable progress in some health indicators such as infant mortality, Bulgaria lags behind EU averages. This derives from unsteady improvement patterns and a steeper increase in, for example, life expectancy in other countries, therefore, Bulgaria records a relatively low-level life expectancy. This situation is further exacerbated by large socioeconomic and regional health inequities.

Problems of financial protection, accessibility and quality

Poor health status is also partly related to the underperformance of the Bulgarian health system, which is demonstrated by high levels of amenable mortality. While the share of gross domestic product spent on health expenditure has increased (up to 8.2% in 2015), the Bulgarian social health insurance system provides an insufficient degree of financial protection. Out-of-pocket spending represents nearly half of health spending (47.7% in 2015), which is three times higher than the EU average. Accessibility and quality of care is also threatened by imbalances in the allocation of resources. Health professionals are concentrated in urban areas and still too many interventions are performed in hospital settings.

Reform

A lot of these problems have been acknowledged in various reform initiatives and particularly in the 2015 National Health Strategy, however, only a few have been successfully implemented. A political vision and broad consensus among all stakeholders is needed to end the standstill.

Link

Estonia HiT (2018)

In October 2018, The European Observatory on Health Systems and Policies has released a new (HiT) health system review of Estonia. This analysis reviews recent developments in organisation and governance, health financing, health-care provision, health reforms and health system performance. In 2017, the Estonian government took the historic step of expanding the revenue base of the health system, which has been a longstanding challenge. However, in terms of percentage of gross domestic product (GDP) it remains a small increase and long-term financial sustainability could still pose a problem. That said, if these additional funds are invested wisely, they could play a positive role in further improving the health system.

Although Estonia has made remarkable progress on many health indicators (e.g. the strongest gains in life expectancy of all European Union (EU) countries, sharply falling amenable mortality rates), there are opportunities for improvement. They include overcoming the large health disparities between socioeconomic groups, improving population coverage, developing a comprehensive plan to tackle workforce shortages, better managing the growing number of people with (multiple) noncommunicable diseases and further reaping the benefits of the e-health system, especially for care integration and clinical decision-making.

In terms of quality, large strides have also been made, but the picture is mixed. Avoidable hospital admissions are among the lowest in the EU for asthma and chronic obstructive pulmonary disease (COPD), about average for congestive heart failure and diabetes, but among the worst for hypertension. Moreover, the 30-day fatality rates for acute myocardial infarction and stroke are among the worst in the EU. These outcomes suggest substantial room to further improve service quality and care coordination. The new national health policy, which is currently being revised, will play a crucial role in the success of future reform efforts.

Link

Spain HiT (2018)

Spain HiT last update was released in October 2018. The underlying principles and goals of the Spanish national health system continue to focus on universality, free access, equity and fairness of financing. The evolution of performance measures over the last decade shows the resilience of the health system to macroeconomic conditions, although some structural reforms may be required to improve chronic-care management and the reallocation of resources to high-value interventions.

Overall health status continues to improve

Life expectancy in Spain is the highest in the European Union (EU). Inequalities in self-reported health have also declined in the last decade, although long-standing disability and chronic conditions are increasing due to an ageing population.

After decreasing in 2009–2015, public health-care spending is on the rise

Public expenditure in health prevails, with public sources accounting for over 71.1% of total health financing. Yet private spending, mainly related to out-of-pocket payments, has increased over time, and it is now above the EU average.

Service provision characterised by the strength of primary care

Primary care remains the core element of the health system. Public health efforts over the last decade have focused on increasing health system coordination and providing guidance on addressing chronic conditions and lifestyle factors such as obesity.

Resilient health system despite economic crisis

Health system-specific measures to maintain the sustainability of the Spanish health system were implemented in the last decade, with no short-term impact on health outcomes. Structural measures, however, are needed to improve resource allocation and technical efficiency, as well as patients' participation in decisions on their care.

Link

Will population ageing spell the end of the welfare state? A review of evidence and policy options (2018)

This brief serves as an overview and introduction to the Economics of Healthy and Active Ageing series. Published in October 2018, it reviews the main evidence on the health and long-term care costs associated with ageing populations to better understand the expected cost pressures due to changing demographics. At the same time, the brief explores how older populations can and do contribute meaningfully both in economic and societal terms, particularly if they are able to remain healthy and active into later life.

The brief concludes by reviewing selected policy areas that have been shown to either support the health and activity of older people or which otherwise reinforce sustainable care systems more broadly in the context of population ageing.

Link

Ensuring access to medicines: How to stimulate innovation to meet patients' needs?

This policy brief, released in October 2018, is one of a series on addressing market and policy failures in the pharmaceutical sector that was prepared for the Austrian EU Presidency.

It aims to inform discussions about stimulating more meaningful productivity in terms of R&D. More specifically, it explores how R&D efforts can be steered to areas of unmet clinical needs and how efficiency in the R&D process can be increased. It also explicitly considers concrete options for strengthening cooperation between EU Member States in this context.

The brief shows how only a comprehensive approach that combines initiatives to guarantee funding for R&D, optimise evidence generation and align regulatory requirements can effectively tackle innovation deficits. An overall vision with greater policy coherence and backed by strong political commitment and transparency is needed.

Link

Ensuring access to medicines: How to redesign pricing, reimbursement and procurement?

This policy brief, published in October 2018, is one of a series on addressing market and policy failures in the pharmaceutical sector that was prepared for the Austrian EU Presidency.

It explores the most frequently applied policies for new high-priced medicines as well as some alternative approaches. In each case, the strengths and limitations are assessed and options for improvement are studied.

The brief shows that the lack of transparency on real prices and development costs for medicines is a key limitation to many policies and argues that improving transparency and cooperation, both within countries and among EU Member States, is the way forward.

Link

Eurohealth. Quarterly on the European Observatory on Health Systems and Policies. Observatory 20th Anniversary Special Issue

This special issue of Eurohealth, released in October 2018, marks the 20th anniversary of the European Observatory on Health Systems and Policies. Written by the staff of the Observatory, it offers a range of reflections arising from the Observatory experience in assessing health systems, working with policy makers and, ultimately, with striving to address the very complex interface between evidence and policy practice.

Link

Articles

Strengthening primary care: The Veneto Region's model of the Integrated Medical Group

This paper, published online in October 2018, aims to illustrate the development of the Veneto Region (Italy) new primary care model and to report on the preliminary results. Achieving integrated management and continuity of care are the two main aims of the Veneto Region health planning legislation for 2012-2016. Under this framework, and to meet new emerging population needs, it has become necessary to adopt a new primary care model that embraces multi-professional teams. In response the Veneto Region has developed the Integrated Medical Group, launched in 2016.

The Integrated Medical Group is an innovative model at both the regional and national level and represents a key element of the health care system. It has several goals: it provides more effective care than in the past; guarantees services within the region while optimising the use of resources, through integrated patient care and its accompanying care pathways; it builds dialogue between hospitals and community based primary care services; develops relationships of trust between doctors and patients, pursuing shared team goals and enhances the different skills and roles of their constituent members.

Link

Leveraging EUnetHTA conceptual framework to compare HTA decision drivers in France, Italy, and Germany

This article, published on 21 September 2018 on BioMed Central Health Economics Review, reveals that Health Technology Assessments (HTA) procedures differ substantially across the various European countries. The authors reviewed recent appraisals of a pharmaceutical manufacturer in three major European markets (France; Italy; Germany) and identified and categorised related decision drivers.

- *Methods:* New marketing authorisation between January 2011 and August 2017, and Roche being the Marketing Authorisation Holder, were included. Outcome of HTA appraisals by the Haute Autorité de Santé (HAS), Agenzia Italiana del Farmaco (AIFA), and Federal Joint Committee (Gemeinsamer Bundesausschuss, G-BA) were reviewed. Respective decision drivers were identified and commonalities and differences across the three countries were determined leveraging the EUnetHTA (European Union Network on Health Technology Assessment) conceptual taxonomy (i.e. the 9 domains of the EUnetHTA core model).
- *Results:* Within that time period Roche received European marketing authorisation for eight new molecular entities (10 indications, respectively). Outcome of HTA appraisals was heterogeneous across the three countries. However, the four clinical domains of the EUnetHTA core model were driving the national HTA appraisals, with the clinical effectiveness domain being of most importance. Important drivers related to the other three clinical domains included the target patient population (subgroups, Germany), the current management of the condition (unmet need, Italy), the regulatory status (Orphan

Designation, Germany), as well as safety considerations (all three countries). Average time between EMA approval and full commercial availability of new medicines was 63 (Germany), 459 (Italy), and 557 days (France).

- *Conclusions:* The clinical domains of the EUnetHTA framework are mainly driven by national HTA appraisals, providing a suitable starting point for further developing a joint European view on value and evidence. Underlying topics and issues still reveal considerable differences

Link

Volume-outcome relationship and minimum volume regulations in the German hospital sector – evidence from nationwide administrative hospital data for the years 2005–2007

This paper, published in Health Economics Review on 26 September 2018, analyses the volume-outcome relationship and the effects of minimum volume regulations in the German hospital sector.

- *Methods:* The authors use a full sample of administrative data from the unselected, complete German hospital population for the years 2005 to 2007. They analysed the association between volume and hospital quality and measured hospital quality with a binary variable, which indicates whether the patient has died in hospital. Using simulation techniques, they examine the impact of the minimum volume regulations on the accessibility of hospital services.
- *Results:* According to the results, there is a highly significant negative relationship between case volume and mortality for complex interventions at the pancreas and oesophagus as well as for knee replacement. For liver, kidney and stem cell transplantation as well as for CABG findings suggested a weak association between volume and quality. Access to hospital care is only moderately affected by minimum volume regulations.
- *Conclusion:* The effectiveness of minimum volume regulations depends on the type of intervention. Depending on the type of intervention, quality gains can be expected at the cost of slightly decreased access to care.

Link

European Civic Prize on Chronic Pain Collecting Good Practices Second edition 2018-2019

The Application period for the second edition of the bi- annual research-project at the European level “EU Civic Prize on Chronic Pain - Collection of good practices” has started. Applicants can now enter their good practice by completing an **on-line form**. The award is open to any healthcare stakeholder: patients’ associations, health professionals, private and public hospitals, universities, etc.

Project will be considered for a public European celebration when the prizes are awarded and will represent the recognition of ongoing excellence. A representative from each of the entries that have been short-listed will be invited to this event. This will foster the formation of a network of good practice practitioners, able to share information, advice and practical help with each other. This the second of a series of prizes –awarded every two years – celebrating progress in the treatment and manage of chronic pain. Closing date for receiving submissions is 31 December 2018.

Good practices are actions whose very nature have a positive impact on the quality of services, the protection of citizens' rights, the promotion of civic participation, and the enhancement of human resources. In particular, they are very successful initiatives aimed at improving the efficiency (cost) and the effectiveness (as a way to meet, in an appropriate manner, the needs and expectations of citizens) of the management and provision of services.

The types of good practice to be identified will be classified as follows:

- Patients’ empowerment
- Innovation
- Clinical practices

Read more in the Guidelines 2018-2019

Decisive Referendum on Macedonia name failed

A referendum was held in the Republic of Macedonia on 30 September 2018, with voters asked whether they support EU and NATO membership by accepting the agreement struck between the Republic of Macedonia and Greece in June 2018. It is related to the 27-year long dispute between Republic of Macedonia and Greece over the former's name, an issue which has prevented the accession of Macedonia to the European Union and NATO.

The government had carried out a social media campaign about the issue of the referendum. The proposal ultimately failed on a constitutional ground because the turnout of eligible voters was not over 50 percent, according to the election commission. This led the opposition to claim

victory, while the government did as well by arguing that the result being non-binding meant the turnout requirement was pointless in the first place. Being non-binding, as well as including constitutional changes, its result will still need to be approved by two-thirds of parliament. Macedonian Prime Minister Zoran Zaev has vowed to push forward with the changes in parliament.

Read more

Antimicrobial Resistance (AMR): one of the main themes of the G20 Health Ministers meeting and the World Health Summit

At the G20 meeting of Health Ministers that took place on 4 October 2018 in Argentina, Ministers of Health stated that they await the recommendations of UN Interagency Coordination (IACG) on AMR with anticipation and acknowledged the commitment made at the UNGA High-level meeting on ending TB to treat 1.5 million people with multi-drug resistant TB as the first global AMR target. Ministers also commended the progress made by the international community in developing One Health action plans on AMR and welcomed further inter-sectoral collaboration and involvement of all stakeholders.

Download the G20 Declaration

AMR was also one of the main themes discussed at the **World Health Summit** which took place on 14 -16 October 2018 in Berlin. The keynote session on AMR was hosted by the German Federal Ministry of Education and Research (BMBF), the German Center for Infection Research e.V. (DZIF) and the Robert Koch Institute. The discussion was quite pharmaceuticals-oriented and highlighted the importance of supporting sustainable investments in antimicrobials R&D and ensuring appropriate access to antimicrobials while tackling excess use and abuse of antibiotics.

One of the winners New Voices in Global Health 2018 initiative was Dr Connor Rochford from the University of Oxford, who presented his work on 'A One Health Approach to the Global Governance of Antimicrobial Resistance – review of evidence and three possible models'. Dr Rochford discussed the importance of enhancing governance arrangements to improve the global coordination of AMR and proposes three models that could facilitate reaching this objective: i) a corporate voluntary code of conduct on AMR; ii) a multi-stakeholder protocol or iii) an inter-governmental treaty.

Read more on the World Health Summit

Working Time Directive

The European Confederation of Independent Trade Unions organised on 26 September 2018 a lunchtime debate 'CESI@noon' entitledBottom of Form "What constitutes working time under EU law?"

This edition was devoted to the interpretation of working time legislation and more specifically on possible impacts of the 'Matzak' judgment of the European Court of Justice (CJEU) of February 21 2018 which had ruled that, under EU law, stand-by time of a worker at home who is obliged to respond to calls from the employer within a short period must be regarded as 'working time'.

The event was composed of two parts, the first one consisting of an internal meeting among CESI affiliates to discuss the major conflictual aspects of the judgment and the subsequent situation experienced at national levels.

The second part was a public event, attended by a variety of stakeholders and interested parties. The panel included the lawyer of plaintiff Rudy Matzak, Pierre Joassart; a legal officer from the European Commission, Andrea Grgic; the Vice-President of Avenir Secours and CESI affiliate Alain Laratta; the President of the Luxembourgish trade union FGFC and member of CESI Marco Thomé; and the Vice-President of the justice sector of the Spanish trade union CSIF and CESI member Javier Jordán de Urríes.

The moderator, Pierre Baussand, led a discussion that focusing on the different professions that would be impacted by the judgment. It appeared that not only firefighters could expect changes, but also any professions that are using the on-call working time can expected to be re-thought, or at least considered as being impacted by the ruling, including the health and social care sector.

The cumulation of working hours as a result of people pursuing different jobs at different employers and the exemptions of the EU working time directive in this regard were an unavoidable part to the debates. The discussion also addressed in particular the need for an organisational change of the national voluntary firefighting systems. It was mentioned that voluntary firefighters often accumulate more than 100 hours per week next to their main job, if their on-call home-based working time is to be indeed considered as working time. How could this possibly be reconciliated with legislation?

This also brought up the question of responsibility and remuneration. How will on-call time be financially compensated? Who is to be held accountable for the breach of the 48 hours per week limit under the EU working time directive, and how will it be possible for local authority to bear additional staff costs?

Article by Pierre Joassart

Further information is also available in the **press release** of the ECJ on the case.

The full judgment is available **here.**

Women in Science

HOPE was attending on 25 September 2018 a seminar on “Women in Science” organised by MEP Soledad Cabezón Ruiz and MEP Dan Nica.

The key-note speech of the Inauguration: “A vision for Women in Science” was delivered by Carlos Moedas, EU Commissioner for Research, Science and Innovation.

A session on “Access to higher education science: what opportunities for girls and young women?” aimed at analysing the access to scientific education for girls and young women and encourage them to pursue a scientific career. Lorena Fernández Álvarez, Director of Digital Identity of the University of Deusto presented “Women in STEM careers, from school to the lab”. “Implicit bias in academia: A challenge to the meritocratic principle and to women's careers” was presented by Katrien Maes, Deputy Secretary-General of the League of European Research Universities (LERU) and « STEM for All” by Gülsün Sağlamer, President of Women Rectors Association (EWORA) concluded the session.

The session on gender, culture and leadership in science tried to understand the opportunities and pitfalls; building on the experience of inspiring female scientists. What common grounds with men?

Speakers included: Barbara Casadei, President of the European Society of Cardiology on “Role models and leadership skills for female scientists”; and Rosa Menéndez López, President of the Spanish National Research Council (CSIC), Science Europe Vice-President “Breaking the glass ceiling for women and girls in science”.

The third session on “Scientific research & gender: way for improvement?” looked at promoting the role of women in (EU funded) research programmes and improve the participation of women in experimentation and in clinical trials. “Gender differences in health and disease” was presented by Lina Badimon, Director Program ICCC-Institut Català de Ciències Cardiovasculars IR - Hospital de la Santa Creu i Sant Pau, Barcelona; “Gender perspective in EU Science and Innovation programmes” Mina Stareva, European Commission’s DG RTD Head of Gender Sector; and “Gender equality in the ERA community to innovate policy implementation” Marcela Linkova, GENDERACTION Coordinator.

Presentations

European Patient Forum 2019 European Elections Campaign Launch

HOPE was invited on 9 October 2018 to attend the European Patient Forum 2019 EUROPEAN Elections campaign launch.

EPF has defined five priorities: Accessing the healthcare needed with no discrimination; Being empowered; Driving the development of digital health; Being a partner in driving better research; Helping make better health policy.

Following the presentation of the EPF Campaign, Camilla Holm Krogh, Co-Design Advisor, Aalborg University Hospital, Denmark presented “The patient’s voice – Why patient

empowerment matters" and Elizabeth Vroom, Duchenne Parent Project, The Netherlands presented "The patient's voice – What patients expect from EU policy".

European Patients Forum

Health Technology Assessment and Access to Innovative Oncology Drugs in Europe - Event

HOPE took part at the event HTA & Access to Innovative Oncology Drugs in Europe, organised by the European Cancer Patient Coalition (ECPC) and hosted by Elisabetta Gardini MEP (EPP, Italy) on 25 September 2018 at the European Parliament.

The meeting provided an opportunity to highlight the impact of a HTA regulation on the lives of people with cancer. MEPs exchanged views patients, researchers, oncologists, industry and other stakeholders to ensure that the current mandatory cooperation proposal translates into a tangible patient-centred legal framework.

Innovative diagnostics, drugs and therapies offer the potential to improve the lives of millions of people living with cancer, yet significant differences in time-to-access across the EU remain. While HTA is increasingly being performed by Member States, the variety of methodologies results in differences in how data and evidence are assessed.

The proposed EU regulation presents an opportunity to address the fragmentation of HTA systems, as well as reducing disparities in access to innovative treatments and diagnostics. Mandatory cooperation and uptake of Joint Clinical Assessment (JCA) reports is the best approach for successful cooperation in this field, in order to provide equal and timely access to valuable cancer therapies.

The European Commission Report of the Expert Panel on Innovative Payment Models for High-Cost Innovative Medicines confirms that HTA has become a widely accepted methodology to identify and assess the value of new medicines. HTA is an important tool to support healthcare payers' decision-making, clarifying when benefits from new products are significant, and when to exclude products with non-significant benefits.

The European Commission's proposal also seeks to dismantle barriers to involving patients in HTA, by establishing methods for providing patient evidence.

The policy discussion was organised by ECPC and forms part of the two-day Multi-Stakeholder Workshop on "Biomarkers and Patients' Access to Personalised Oncology Drugs in Europe" organised by the Cancer Drug Development Forum in collaboration with ECPC.

Read more

Innovation in oncology - Can science make cancer a manageable disease?

The Media group EURACTIV organised in Brussels with the financing of the pharmaceutical company Novartis on 15 October 2018 a workshop on Innovation in oncology - Can science make cancer a manageable disease?

The workshop was aimed at exploring what should be done further to improve access to innovation and how health systems should develop in the coming years. Questions included:

- How could the EU Framework improve in order to make room for innovative solutions?
- How to standardise an access strategy for all patients to innovative treatments?
- What are the barriers to further stimulate progress in tackling the disease?
- How have cancer patient outcomes improved over the past years? What more can be done?
- How are health systems dealing with new discoveries and how quickly are they coming to market?

Rare Cancers Europe

Rare Cancers Europe organised on 25 September in Brussels a workshop on “Rare Cancers Europe: 10 years of cooperation to improve care for cancer patients.”

It took place in the European Parliament hosted by MEPs Alojz Peterle and Lieve Wierinck, to discuss the state-of-play of the European reference Networks, and the role of the Commission proposal on health technology assessment (HTA) in promoting access to therapies for rare cancer patients.

Rare Cancers Europe, a multi-stakeholder initiative, founded by the European Society for Medical Oncology (ESMO) in 2008, works to overcome the challenges faced by the rare cancers community from the perspectives of patients and their caregivers, physicians, researchers, governments and the industry. Its parent organization, ESMO, is Europe’s leading non-profit medical society, representing over 18,000 members from over 150 countries.

The event highlighted the EU milestones in addressing rare cancers and particularly the establishment of the Joint Action on Rare Cancers and of the European Reference Networks on cancer while presenting the role of Rare Cancers Europe in the process that leads to these achievements. Specific attention was given to addressing the problems of generating and exploiting evidence on rare cancers and the potential impact of the EU draft Regulation on health technology assessment (HTA) on improving treatment options for rare cancer patients while helping safeguard the sustainability of healthcare systems.

Read more

Cancer-Associated Thrombosis – Conference

“Saving lives by increasing awareness of cancer-associated thrombosis (CAT)” was organised on 16 October 2018 at the European Parliament in Brussels.

Co-host MEP Nessa Childers (S&D, IE) delivered opening remarks, in which she welcomed participants and speakers to the event and stressed the importance of tackling cancer-associated thrombosis. MEP Childers stated her support for improving communication to patients about the risks of cancer-associated thrombosis. She acknowledged that, while other cancer-related conditions are relatively well-known to patients, cancer-associated thrombosis is unfairly left out.

Cancer-associated thrombosis patient Sara Heyward followed MEP Childers’ remarks with a testimony about the impact that cancer-associated thrombosis has had on her life. Dr Anna Falanga, Chair of the European Thrombosis and Haemostasis Alliance (ETHA) then delivered her remarks on the burden of cancer-associated thrombosis: there are 544,999 venous thromboembolism-related deaths every year in Europe, and thrombosis significantly increases the likelihood of death in cancer patients. She then outlined the role that ETHA plays in working to help Member States prepare for the challenge of ageing populations by advancing the understanding and treatment of bleeding and clotting diseases. Dr Falanga stressed how important it is that Europe continues its investment in health research to address the effects of chronic disease and an ageing European population.

Following Dr Falanga’s remarks, Lydia Makaroff, Director of the European Cancer Patient Coalition (ECPC) presented the findings of her organisation ground-breaking new study on patient awareness of cancer-associated thrombosis. The findings demonstrate that the levels of awareness of cancer-associated thrombosis among cancer patients are low and further encourages a renewed call to action about raising awareness of CAT. 72% of the respondents were not aware that cancer patients have higher risks of developing thrombosis before taking part in the survey, and (of the 28% respondents aware of the risks of cancer-associated thrombosis), 26% became informed only after they were diagnosed with the condition. Only 12% received information from their hospital doctors, compared with 10% who looked for information online. Ms Makaroff called for policy steps to be taken, including the introduction of harmonized EU guidelines on prevention, early diagnosis and treatment of cancer-associated thrombosis, and the inclusion of cancer-associated thrombosis as an integral part of national cancer plans.

MEP Lieve Wierinck, who is also an ex-cancer-patient herself, shared her perspective on how supportive care could improve cancer patient outcomes and how cancer-associated thrombosis needs to be addressed in this regard. She explained the steps that she is taking in the European Parliament to promote this, and she set out how she hopes that having an EU framework for cancer – which addresses thrombosis – could greatly improve cancer care. MEP Wierinck said that she is very hopeful about the prospect of making cancer care part of the mainstream policy.

Moderator of the event Dr Fionnuala Ní Ainle, Member of the World Thrombosis Day Steering Committee, then gave her presentation on the role that her organization plays in raising awareness of cancer-associated thrombosis. World Thrombosis Day is a truly global campaign

and works to galvanise action on thrombosis. This year the global campaign World Thrombosis Day had over 10,000 activities all around the world that promoted awareness of this condition. She set out a call to action that patients must not first hear about cancer-associated thrombosis when they get it, adding that more needs to be done to ensure that risk factors are recognised more prominently.

- **ECPC Cancer-Associated Thrombosis Survey Report**;
- **Whitepaper on Cancer-Associated Thrombosis**;
- **Cancer-Associated Thrombosis patient leaflet** – available in several languages;
- **Online information for patients and healthcare professionals**;
- **Supportive Care Report**

European Cancer Leagues – Let's talk access!

HOPE was invited on 10 October 2018 to attend the launch of the European Cancer Leagues white paper on tackling challenges in access to medicines for all cancer patients in Europe.

Four key topics are developed in the white paper: Flawed Innovation Models; Regulatory and Systemic Issues; High Prices of Medicines; Disparities in Availability of Cancer Treatments.

A Multi-Stakeholder discussion was organised chaired by MEP José Inácio Faria (EPP, PT): Linda Aagaard Thomsen, Danish Cancer Society; Dimitri Kohler, Swiss Cancer League; Ward Rommel, Kom op tegen Kanker; Eveline Scheres, Dutch Cancer Society

White Paper on tackling challenges in access to medicines for all cancer patients in Europe

Healthier Solutions for Access to Medicines

BEUC (European Consumers Association) and the Permanent Representation of Portugal to the European Union organised in Brussels on 23 October 2018 a conference "Healthier Solutions for Access to Medicines".

This conference shed light on what needs to happen to develop truly innovative medicines and keep them affordable. Many people struggle to get the medicines they need. High costs and drug shortages do affect European patients – and are a huge strain on people's private and the public purse. An increasing number of new medicines, sold at high prices, do not offer sufficient benefits compared to those which already exist on the market.

Rui Santos Ivo, Vice-President of the Executive Board of INFARMED I.P., the Portuguese National Authority of Medicines and Health Products in his welcoming words explained the three items of the conference: Health technology has to be truly innovative and effective; The

role of national and EU public subsidies for research and development; Excessive pricing: competition enforcement and its impact on prices.

Monique Goyens, Director General of the European Consumers Organisation, said that issues of availability and affordability are not only an African issue as perceived sometimes. She gave several examples of anti-competitive policies. She raised the issue of the legacy of high profit from the pharmaceutical industry.

A keynote speech on Public Return on Public Return on Public Investment: Myth or Reality? was delivered by Professor Suerie Moon, Director of Research at the Global Health Centre, Graduate Institute of International and Development Studies, Geneva and Adjunct Lecturer on Global Health at the Harvard T.H. Chan School of Public Health. She looked at the issue of fair price and showed that there is no clear idea. She took the example of hepatitis C.

It was followed by a panel discussing the initiatives taken since the Dutch Presidency in 2016: Marcel van Raaij, Director Pharmaceuticals and Medical Technology Department, Ministry of Health, Welfare and Sports, The Netherlands; Sarah Mörtenhuber, Economist, Main Association of Austrian Social Security Institutions; Saoirse Fitzpatrick, Senior Advocacy Advisor, STOPAIDS and Julian Perelman, Professor of the National School of Public Health and Vice-President of the Health Technology Assessment Committee, Portugal. For Marcel van Raaij: “the industry is out of control”.

A second panel was organised on Health Technology Assessment: Is there an EU way forward? It included the following panellists: Rui Santos Ivo, Vice-President of the Executive Board of INFARMED I.P.; Beate Wieseler, Head of Department, IQWiG; Martine van Hecke, health expert, Test Achats / Test Aankoop; Frank Hulstaert, Senior Researcher, KCE; and Milena Richter, Head of EU office, Sanofi.

Event Page

EURO-CAS Final Conference

Brussels (Belgium), 21 November 2018

With so many Member State and regional eHealth projects and programmes in operation across Europe, ensuring interoperability among healthcare ICT systems is a major challenge. This is why the EURO-CAS Project has developed the Conformity Assessment Scheme for Europe (CASforEU). It will allow the conformance of eHealth devices and IT systems with eHealth standards and profiles across different European countries. This will be facilitated seamlessly, ensuring interoperability across borders and avoiding the costly and time-consuming need for testing across different countries and regions.

The EURO-CAS Project will host a one-day conference on November 21, 2018 in Brussels. During the conference the Conformity Assessment Scheme for Europe (CASforEU) will be presented along with the next steps for its adoption and implementation throughout Europe as well as the benefits it will bring to stakeholders, including patients, healthcare professionals, vendors, procurers, healthcare providers and national/regional health authorities. The keynote talk will present the European Commission perspective on Digital transformation in health care in the digital single market and its relation to EURO-CAS and will be provided by Dr. Ceri Thompson, Head of Policy sector at DG CNECT eHealth, Well-Being and Ageing Unit, European Commission

The conference is open to all and registration is free.

Event page

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

7º CONGRESSO INTERNACIONAL DOS HOSPITAIS
"ENVOLVIMENTO E RESPONSABILIDADE DO CIDADÃO NO SNS"

Lisbon (Portugal), 21-23 November 2018

APDH is organizing the 7th International Congress of Hospitals – Citizen Involvement and accountability in the National Health Service", for 21 to 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

Conducting change in Psychiatry and Mental Health

Marseille (France), 21-23 November 2018

The ADESM (French Association of Mental Health Institutions) organises with the support of HOPE from 21 to 23 November 2018 in Marseille (France) a conference “Conducting Change in Psychiatry and Mental Health”.

Considering the health systems of European countries are confronted in different ways and rhythms to converging evolutionary and transformation factors, the congress will look at the trends bringing European societies closer and at the main external influences to consider the grounds and the nature of this phenomenon. Change and progression of science and medical knowledge concerning psychiatry or disrupting the larger field of neuroscience will also be covered.

The main goal of the conference will be to enable the members of congress to gain tools of thought, conception and action in order to help them in defining, driving, and implementing their own local project of change in their own care projects by medical teams, nurses and managers. The main theoretical and academical models concerning transformation of care organisation and the implementation of change in mental health will be presented.

It will be followed by a confrontation of actual down to earth experiences, regional, territorial or carried out by health establishments, adapting or transforming health supply offered to the citizens.

Read more

19th International Conference on Integrated Care

San Sebastian (Spain), 1-3 April 2019

HOPE joins the organisation of the 19th International Conference on Integrated Care which will take place in San Sebastian, the Basque Region, Spain, from 1 to 3 April 2019.

The overarching theme of the 19th International Conference is **'**Evaluating and implement models of integrated people-centred services'**,** and will specifically focus on the areas of:

- Integrated health and social care for people at home
- Engaging and empowering people and communities to become equal partners in care
- Creating shared cultures, norms and values across organisations, professionals and people
- Building a stronger integrated primary care
- Models of care for people
- Defining measures and outcomes that matter to people
- Impact of Digital Health

The Scientific Committee is now welcoming abstracts of good practice, projects, development of policy and research and theory in the areas of the conference themes. The international committee is made up of recognized experts in the field of integrated care from around the world and they support the development of the programme that reflects of the challenges and opportunities experienced by people and organisations that are working towards more coordinated and people-centred services. All accepted abstracts will be published in the **International Journal for Integrated Care.**

Read more

HOPE Agora 2019

Ljubljana (Slovenia), 2-4 June 2019

The HOPE Agora 2019 will take place on 2-4 June 2019 in Ljubljana, Slovenia, and will discuss the topic "Evidence-informed decision-making in healthcare management". It will close the HOPE Exchange Programme 2019 which will run from 6 May 2019 to 4 June.

Every year HOPE runs an exchange programme to promote the sharing of knowledge and expertise within Europe and to provide training and experience for hospital and healthcare professionals.

Read more