



# NEWSLETTER

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## HOPE PUBLICATION

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### MEDIATION IN HEALTHCARE

Mediation  
in  
Healthcare



HOPE just published a report entitled Mediation in healthcare, which presents the results of a survey aiming at comparing the scope and methodology of conflict resolution in the healthcare sector in the different EU Member States.

In case of conflicts occurring at any level of the society, mediation is becoming a quite diffused method of Alternative Dispute Resolution, both because of its effectiveness and because its efficiency. Indeed, it is proven that this method allows reaching a more satisfying agreement between the conflicting parts, saving time and money, but also in many cases reducing the factors of stress.

The specific aim of the survey was to collect information on characteristics and use of models of mediation in healthcare matters in the Member States of the European Union. Answers were received from 12 countries: Belgium, Estonia, Finland, France, Hungary, Latvia, Luxembourg, Malta, Slovenia, Spain, Sweden and the United Kingdom.

After a general overview, the report is divided in three sections that, following the structure of the questionnaire, investigate the typologies of mediation services, analyse and the features of healthcare mediation services, conclude with an assessment of the future of mediation, highlighting the raising importance of mediation in healthcare.

**More information:**

[http://www.hope.be/05eventsandpublications/publications\\_chronologicallist.html](http://www.hope.be/05eventsandpublications/publications_chronologicallist.html)



### **CLINICAL TRIALS – DRAFT REPORT PRESENTED**

On 19 February 2013, Glenis Willmott (S&D, UK) presented the draft report on clinical trials on medicinal products for human use to the Environment, Public Health and Food Safety Parliamentary Committee (ENVI).

The Commission's proposal aims to boost clinical research in Europe by simplifying the rules for conducting clinical trials. Once adopted, the proposed Regulation will replace the "Clinical Trials Directive" of 2001, which had placed a strong focus on high-level patient safety, but whose divergent transposition and application had led to overly heavy regulatory framework.

The Rapporteur welcomed the Commission's proposal. Nevertheless, she believes some points should be improved and she proposes 74 amendments. Among others, she reinforces transparency by requiring the publication of the clinical study report via the EU portal and in the EU database, and calls for fines to be imposed in case sponsors do not comply with those requirements. She also proposes to clarify the role of the ethics committees, and to set up a voluntary platform for their enhanced cooperation and sharing of best practices.

The draft report will be voted in ENVI Committee on 24 April 2013.

*The draft report is available at:*

<http://www.europarl.europa.eu/committees/en/envi/draft-reports.html?linkedDocument=true&ufolderComCode=&ufolderLegId=&ufolderId=&urefProcYear=2012&urefProcNum=0192&urefProcCode=COD#menuzone>

### **TRANSPARENCY DIRECTIVE - VOTE IN PLENARY**

On 6 February 2013, during the plenary in Strasbourg, MEPs voted the report by Antonia Parvanova (ALDE, Bulgaria) on the transparency of measures regulating the prices and their inclusion in the scope of public health insurance systems. The report was adopted by 559 votes to 54, with 72 abstentions.

The Parliament proposed a 60-day limit for deciding on the pricing and reimbursement of generic medicines, instead of the 30 days of the Commission's proposal, published in March 2012. Equally, for new medicines, the Commission's proposal of 120 days has been rejected by MEPs, who think that the current deadline of 180 days should be maintained. Furthermore, the provisions on the remedies procedure contained in Article 8 have been softened and article 16 on the notification of

national measures has been deleted.

Negotiations with the Council will now start. This will be the hardest step since Member States have already expressed reservations, judging that the proposal violates the principles of subsidiarity and proportionality.

*The report is available at:*

<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2013-39>

## **HUMAN TISSUES AND CELLS – COMMISSION'S REASONED OPINION TO POLAND**

On 24 January 2013, the European Commission sent a reasoned opinion to Poland, calling on the country to transpose in full all directives relating to human tissue and cells.

European legislation lays down rules guaranteeing the quality and harmlessness of tissue and cells, in order to give European citizens the assurance that they are receiving safe and viable materials, but leaving it up to national legislation to define the use these may be put to.

According to the Commission, Poland has failed to transpose all directives in this area. It does not apply the quality and safety rules listed for three categories of tissue and cells covered by European legislation: reproductive cells, embryonic tissue and foetal tissue.

The Polish authorities will have two months to take the necessary measures and to inform the Commission of these. If they fail to do so, the country could be brought before the Court of Justice of the EU.

## **HUMAN TISSUES AND CELLS - NEW RAPID ALERT PLATFORM**

On 1<sup>st</sup> February 2013, the European Commission launched a web-based Rapid Alert system for Tissues and Cells (RATC). A significant volume of tissues and cells are donated and transplanted every year in the EU. Only in 2011, more than 130 000 units of tissues and cells were donated and over 60 000 transplants performed.

National health authorities can now use this new secure platform in case of alerts relating to human tissues or cells transferred across borders, improving the safety of patients. The RATC will be used in parallel with existing national vigilance systems, which collect and manage alerts on tissues and cells donated and used within a Member State.

In addition to quality and safety defects of tissues and cells, the RATC can also be used to raise the alarm on illegal and fraudulent activities in this field, as well as on developing epidemiological situations (e.g. disease outbreaks) which may have cross-border implications.

*More information:* [http://ec.europa.eu/health/blood\\_tissues\\_organs/tissues/index\\_en.htm](http://ec.europa.eu/health/blood_tissues_organs/tissues/index_en.htm)

## **HEALTH PRIZE FOR JOURNALISTS - WINNERS**

On 30 January 2013, the EU Commissioner for Health and Consumer Policy, Tonio Borg, announced the names of the winners of the fourth edition of the EU Health Prize for Journalists.

The prize is awarded to stimulate high-quality journalism that raises awareness of issues related to healthcare and patients' rights. It rewards journalists who have contributed in a significant way to help citizens understand health issues, and through their work reflect the thoughts and expectations of patients and health workers.

The first prize (€6000) went to Petr Třešňák, a Czech journalist writing for "Respekt" magazine, for his article showing the situation in psychiatric hospitals and the vital role nurses can play in helping the recovery of difficult cases.

Irish journalist, Ailbhe Jordan, working for the Medical Independent was awarded the second prize (€2500) for her article presenting an objective and timely look at the cost effectiveness of cancer screening programmes, which is particularly pertinent given the current economic context.

The third prize (€1500) was awarded to the Italian journalist Daniela Cipolloni, for her article published in "Oggi Scienza magazine", which contributes to the debate on umbilical-cord blood banks and the use of stem cells, which is especially valuable as this area is subject to different approaches and divergent views across the EU.

*More information:* [http://ec.europa.eu/health-eu/journalist\\_prize/index\\_en.htm](http://ec.europa.eu/health-eu/journalist_prize/index_en.htm)

## **MEDICAL DEVICES – EUROPEAN PARLIAMENT WORKSHOP**

On 26 February 2013, HOPE participated to the workshop "*Improving the regulatory framework for medical devices in the EU: new challenges ahead*", organised by Dagmar Roth-Behrendt (S&D, Germany), Rapporteur for the proposed regulation on medical devices.

The workshop was an opportunity for the Rapporteur to discuss and exchange views with experts in view of preparation of the draft report which will be presented in April to the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI).

In the first part of the workshop, the debate focused on the system of approval of medical devices. Issues such as pre-market authorisation, scrutiny mechanism, classification system and the traceability of medical devices were discussed. Different opinions emerged, especially on pre-market authorisation system: some stakeholders and the Rapporteur believe this is essential at least for high risk medical devices while others think this system will be detrimental to innovation, will imply higher costs and will cause inappropriate delays, not necessarily increasing patient safety.

During the second part of the workshop, experts representing health professionals, health services providers, patients and the industry discussed the issues of reprocessing and the definition of single-use devices.

This session was an opportunity for HOPE's Governor for Germany Marc Schreiner to highlight the benefits that reprocessing, when done in a safe way, brings to patients, making possible for them to access very expensive medical devices in times of austerity no longer available for all. The Rapporteur agreed with some of the points highlighted, in particular with the need to clarify definitions and the necessity for manufacturers to provide reasons when the reprocessing of the product is not possible so to avoid mislabelling. Moreover, the Rapporteur highlighted the necessity to define EU guidelines and standards describing the conditions and circumstances at which a medical device can be re-used.

The third session focused on the issue of notified bodies. From the debate emerged that notified bodies do not often have the expertise and the competences to fulfil their obligations. The regulation should then try to find new ways to strengthen their competences and rationalise their structure.

Another workshop will be organised by the Rapporteur on 19 March.



### **STATE AID- UPDATED GUIDE ON SGEI**

On 18 February 2013, the European Commission published an updated guide to explain how EU rules in the fields of state aid, public procurement and the internal market apply to services of general economic interest (SGEI).

The guide, which is composed of seven chapters, provides simple and comprehensive answers to the most frequent questions asked by public authorities, service users and providers and other stakeholders. Under the third chapter, a section is dedicated to *Hospitals and social services*.

After an introduction, in the second chapter the Commission provides clarifications of the concepts introduced by the SGEI legislative package, such as the concepts of SGEI and social services of general interest (SSGIs). The third chapter is the larger and deals with the changes brought about by each of the four texts that make up the State Aid SGEI package.

The fourth chapter addresses questions relating to the application to SSGIs of the rules on public procurement. Finally, the last three chapters deal with the State Aid SGEI package's interactions with the public procurement and concessions directives as well as the Services Directive and aspects related to freedom of establishment and freedom to provide services.

The guide will be translated soon in all European languages.

*The guide is available at:*

[http://ec.europa.eu/competition/state\\_aid/overview/new\\_guide\\_eu\\_rules\\_procurement\\_en.pdf](http://ec.europa.eu/competition/state_aid/overview/new_guide_eu_rules_procurement_en.pdf)



## ***SOCIAL INVESTMENT PACKAGE – INVESTING IN HEALTH***

On 20 February 2013, the European Commission adopted the Social Investment Package for growth and cohesion. The initiative aims to help Member States to use their social and health budgets more efficiently and effectively, by promoting best practices and providing guidance.

*"Investing in Health"* is a key component of the Package and it follows on from the 2013 Annual Growth Survey, which recognises the contribution of the healthcare sector to prepare a job-rich recovery.

The document recommends reforming health systems to ensure their cost-effectiveness and sustainability and assessing their performance against the twin aims of providing access to high-quality healthcare and using public resources more efficiently.

According to the Commission, Health is a precondition for economic prosperity and it influences economic outcomes in terms of productivity, labour supply, human capital and public spending. However, the relatively large share of healthcare spending in total government expenditure, combined with the need for budgetary consolidation across the EU, requires more efficiency and cost-effectiveness to ensure the sustainability of current health system models.

*More information:* [http://ec.europa.eu/health/strategy/docs/swd\\_investing\\_in\\_health.pdf](http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf)

## ***HOME AFFAIRS - STUDY ON CORRUPTION IN HEALTHCARE SECTOR***

HOPE was invited to contribute to the work the research and consultancy company Ecorys Netherlands BV in partnership with the European Healthcare Fraud & Corruption Network (EHFCN) are currently carrying out the "Study on corruption in the healthcare sector" for the European Commission Directorate General (DG) Home Affairs.

The purpose of this study is two-fold:

- enable a better understanding of the extent, nature and impact of corrupt practices in the healthcare sector across the EU (+ Croatia);
- assess the capacity of the Member States to prevent and control corruption within the healthcare system and the effectiveness of these measures in practice.

For the purpose of this study, healthcare is meant as an economic and social sector concerned with the provision, distribution and consumption of healthcare services and related products. Corruption is meant as the abuse of power for private gain. Mention should be made that this wide definition also encompasses aspects that go beyond the criminal law aspects, thus including situations such as conflict of interest, favouritism, etc.

The study is focusing on the following priority areas of corruption:

- Service delivery: i.e. various forms of informal payments;
- Procurement and authorisation of pharmaceuticals;
- Procurement and certification of medical equipment.

In the first phase of this study ECORYS aims to have explorative interviews with various European umbrella organisations in the health care sector. In this way ECORYS aims to gain a better understanding and a general picture of the nature and impact of corrupt practices (as described above) as well as existing policy mechanisms within the EU.



## **RESEARCH – FUTURE OF EUROPEAN PUBLIC HEALTH RESEARCH**

HOPE was invited by the Directorate General Research to "Consultation on the future of European Public Health research", a workshop held on 30 and 31 January 2013 in Brussels.

The workshop was part of the ongoing work of the Expert Group, whose purpose is to take stock of the impact, challenges and limitations of EU-funded public health research, and to identify priorities for future research together with mechanisms for funding, in the context of Horizon 2020 and beyond.

The focus of the workshop was the future of European public health research, and the objective was to discuss the following points:

- What should the future thematic priorities within Horizon 2020 be?
- How to better structure European public health research in the future?
- How to develop stronger links and synergies between national research activities and policy agendas and EU funded research?
- How to improve the uptake of evidence generated from public health research in development of public health policy?

## **APPORT – PROJECT ENTERS INTO OPERATIONAL PHASE**

APPORT is a project co-financed by the European Regional Development Fund (ERDF) aiming at helping the preparation of operational programmes to prevent cross-border risks. In order to better prevent emergencies and threats, the project will test alert procedures and cooperation schemes to assess the preparedness of emergency infrastructures and services.

The geographical area currently covered by the project encompasses zones in the Belgian province of Hainaut (Ath, Mons, Mouscron, Thuin, Tournai) and the French North Department (Avesnes-sur-Helpe, Lille, Valenciennes, Vervins, Charleville-Mézières)

On 28 February 2013, the project will enter into its operational phase thanks to a simulation of intervention. A traffic accident requiring a cross-border joint intervention and involving several vehicles including one transporting dangerous goods will be simulated.

The project also produced a "map of the risks" allowing emergency services to elaborate joint response programmes. Furthermore, a fire station was opened in Belgium with the aim to provide training for Belgian and French ambulance drivers, firemen and policemen increasing their preparedness in case of cross-border emergency situations.

*More information:*

<http://www.interreg-appoint.eu/apport/template/template.asp?page=accueil>

## **RE-CO PROJECT– FIRST RESULTS**

Re-co (Retro-Commissioning) project is a systematic approach to examine existing building equipment systems, their operation and maintenance procedures and interactions with building occupants. It started in 2011 and it is co-funded under the EU Intelligent Energy Programme.

The main goal of the Re-Co project is to reduce energy consumption and cost through optimization of existing building technology systems and user behaviour. 15 pilot projects in hospitals, universities and public buildings have been initiated with the aim to achieve 10% final energy savings by implementing no-or-low-cost energy efficiency measures.

A short market survey about Re-Commissioning was performed in spring 2012. Findings show that Re-Commissioning approach is not widely known and that the main areas to be addressed by Re-Commissioning are users' behaviour, heating, cooling, ventilation and building envelope. The results of the survey also show that 79% of the respondents would recommend the implementation of Re-Co project to the decision maker in their organisation.

Another result of the project is the Triple C Concept (Creating Commitment to Change), a guidance paper that intends to help Re-Commissioning service providers to create sustainable buildings by managing change projects and initiating user commitment. The first part of the paper ("Create energy efficient buildings") explains technical features of energy sources in buildings and describes which parties can actually influence energy consumption. The second and third parts explain how to manage change projects from a macro and micro level perspective. Full paper on organizational and psychological aspects with further useful information on how to get a Re-Co project started and how to be successful in it is available on RE-CO website.

*More information: <http://www.re-co.eu/>*

## **DUQUE – CONSORTIUM MEETING**

On 14 and 15 February the DUQuE (Deepening our understanding of quality improvements in Europe) consortium met in Barcelona to present the work already done in the last months and discuss next steps.

DUQuE is a research project financed by the EU 7th Research Framework Programme and led by a consortium of prestigious research centres and universities in the field of health care quality in Europe. The project provides promising theoretical insights and evidence-based toolkits related to improving the effectiveness of quality improvement systems in hospitals.

The consortium has recently released a [benchmarking platform](#) for participating hospitals to compare performance data collected in 2011 and 2012. The platform was designed for contributing organisations to provide comparative performance data on a selected set of indicators in four domains: Governance, quality management and culture; Clinical effectiveness outcomes; Patient involvement outcomes; Mortality outcome.

The platform is based on the responses of about 10,000 professionals that contributed to surveys on governance, quality management and hospital cultures and more than 9,000 and 6,500 patients that contributed data for chart reviews and patient surveys, respectively. It is expected that the platform contributes to initiating discussions and reflections on the extent the hospital engages in quality management and improvement, and on the patient level outcomes that are achieved.

During the meeting, updates were also provided on the development of appraisal schemes for hospital managers and purchasers, which constitutes one of the key products of the DUQuE project. The general aim of these schemes is to provide decision makers with an overview on the effectiveness of quality and safety strategies in order to facilitate decision making.

The consortium is also currently working on the final recommendation from the project, intended for EU policymakers and relevant stakeholders, which will be published in the forthcoming months.

*More information on DUQuE project: [www.duque.eu](http://www.duque.eu)*

### ***MOMENTUM– SIG REVIEW WORKSHOP***

On 6 February 2013, HOPE attended the Special Interest Group (SIG) Review Workshop organised by MOMENTUM, the Thematic Network for Mainstreaming Telemedicine Deployment in Daily Practice.

MOMENTUM is about creating a platform across which the key players can share their knowledge and experience in deploying telemedicine services into routine care so as to build a body of good practice. One of the outcomes of the project will be the development of a Blueprint that validates a consolidated set of methods supporting the telemedicine service implementation process.

The workshop held in Brussels was an opportunity to coordinate the work of the four Special Interest Groups, each responsible for a different section of the Blueprint and respectively dedicated to telemedicine strategy and management (SIG1), organisational implementation and change management (SIG2), legal and regulatory issues (SIG3) and technical infrastructure and market relations (SIG4). HOPE is involved in the work of SIG1 and SIG2.

A first draft of the Blueprint will be discussed in a workshop to be held in April.

*More information: <http://www.telemedicine-momentum.eu>*

## REPORTS AND PUBLICATIONS



### **BUILDING EUROPEAN REFERENCE NETWORKS IN HEALTH CARE – BOOK**



The European Observatory on Health Systems and Policies has recently published a book entitled *"Building European reference networks in health care. Exploring concepts and national practices in the European Union"*. The book is edited by Pascal Garel and a team of Observatory staff, including Willy Palm, Irene A. Glino, Reinhard Busse, Bernd Rechel and Josep Figueras.

Under the European Directive on the application of patients' rights in cross-border health care, the development of European reference networks was promoted as one of the prime areas for cross-border cooperation among Member States. These networks are meant to improve access to and provision of high-quality specialized health care to those patients who need it, and to act as focal points for medical training and research, information dissemination and evaluation, especially for rare diseases. The idea of pooling resources in this way parallels moves to concentrate specialized health care services driven by financial constraints, workforce shortages and growing attention to quality and safety.

This book examines the ways in which reference networks have developed in European countries, for what kind of medical conditions or interventions, the motivations behind their establishment, the regulatory and administrative processes involved, and the financial arrangements needed. This study outlines the key policy implications and challenges of developing the concept of reference networks at national and European levels, and will assist policy-makers, health professionals, administrators and others involved in implementing the directive.

#### **More information:**

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0004/184738/e96805.pdf](http://www.euro.who.int/_data/assets/pdf_file/0004/184738/e96805.pdf)

### **HEALTH SPENDING GROWTH AT ZERO. WHICH COUNTRIES, WHICH SECTORS ARE MOST AFFECTED? – OECD WORKING PAPER**



For the first time since records began in 1960, health spending growth in real terms in 2010 was on average zero in the OECD area. Since the onset of the economic crisis in 2008, health spending has stalled in many OECD countries after many years of continuous growth; and preliminary estimates for 2011 for a limited number of countries suggest that the slowdown continued.

The paper describes in detail the recent observed trends in health spending, identifying where the greatest falls in expenditure have

taken place, both with respect to OECD countries and the main sectors of health care spending. Then, using the current evidence available, certain countries and groups of countries are identified according to the principal types of policy instruments that have been adopted during the economic crisis. In addition, the paper tries to assess the short-term prospects for health spending trends.

Given that public funds account for around three-quarters of total spending on health on average across the OECD, and in the context of strong pressures to cut public deficits, countries have adopted various measures to increase efficiency or adjust the resource allocations to health coming from the public budget. Governments, for the most part, wield a great deal of control over the supply and cost of health services and goods. Measures that control inputs, set caps to budgets, or freeze prices, can lead to significant cost savings or strongly contain the rate of growth in health spending. These tools have been utilised widely, albeit to varying degrees over time and across countries. Reflecting the differences in health care systems across the OECD and the extent to which a country is affected by the economic downturn, a vast range of policy instruments have been implemented since the onset of the crisis. In some cases, countries were relatively unaffected or made commitments to ring-fence existing health spending - at least initially. In other cases planned reforms were accelerated or intensified in the face of a worsening fiscal situation.

**More information:** [http://www.oecd-ilibrary.org/social-issues-migration-health/health-spending-growth-at-zero\\_5k4dd1st95xv-en](http://www.oecd-ilibrary.org/social-issues-migration-health/health-spending-growth-at-zero_5k4dd1st95xv-en)

## **WAITING TIME POLICIES IN THE HEALTH SECTOR - OECD BOOK**



Over the past decade, many OECD countries have introduced new policies to tackle excessive waiting times for elective surgery with some success. However, in the wake of the recent economic downturn and severe pressures on public budgets, waiting times may rise again, and it is important to understand which policies work. In addition, the European Union has introduced new regulations to allow patients to seek care in other member states, if there are long delays in treatment.

This book provides a framework to understand why there are waiting lists for elective surgery in some OECD countries and not in others. It also describes how waiting times are measured in OECD countries, which differ widely, and makes recommendations for best practice. Finally, it reviews different policy approaches to tackling excessive waiting times.

Some countries have introduced guarantees to patients that they will not wait too long for treatment. These policies work only if they are accompanied by sanctions on health providers to ensure the guarantee is met or if they allow greater choice of health-care providers including the private sector. Many countries have also introduced policies to expand supply of surgical services, but these policies have generally not succeeded in the long-term in bringing down waiting times. Given the increasing demand for elective surgery, some countries have experimented with policies to improve prioritisation of who is entitled to elective surgery. These policies are promising, but difficult to implement.

**More information:**  
[http://www.keepeek.com/oecd/media/social-issues-migration-health/waiting-times-for-elective-surgery-what-works\\_9789264179080-en](http://www.keepeek.com/oecd/media/social-issues-migration-health/waiting-times-for-elective-surgery-what-works_9789264179080-en)

## ***MENTAL HEALTH AND WORK IN BELGIUM, DENMARK, NORWAY AND SWEDEN – OECD REPORTS***



Throughout the OECD, mental ill-health is increasingly recognised as a problem for social and labour market policy; a problem that is creating significant costs for people, employers and the economy at large. This study focuses its attention on the relation between mental health and employment policies in four countries: Belgium, Denmark, Norway and Sweden.

The institutional set-up in Belgium has great potential in addressing the challenges of mental ill-health and work. System strengths include an advanced labour legislation with strong focus on the prevention of mental ill-health at work; the strong recourse to unemployment benefit rather than more passive benefits by people with mental disorders; and the integrated sickness and disability benefit scheme. However, the current system is poorly implemented, passive and reactive and is not used to prevent labour market withdrawal of people with mental illness.

In Denmark, Norway and Sweden this report looks at how the broader education, health, social and labour market policy challenges identified in *Sick on the Job Myths and Realities about Mental Health and Work* (OECD, 2012) are being tackled in a number of OECD countries. Labour system in Denmark has a number of strengths that have yet to be used in a more effective way, but also that quite a few changes are needed in order to raise the labour market participation of people with mental ill-health.

In Norway the report faces a unique situation whereby a generous welfare system stimulates large-scale labour market exclusion and significant socio-economic inequalities of people with a mental disorder, and hindering better outcomes of its employment and vocational rehabilitation programmes.

In Sweden, policy makers recognise the need to take steps to tackle mental ill-health and its labour market implications, but that a more comprehensive reform effort and a long-term commitment to it is needed in order to prevent problems from arising in the first place and respond more effectively when they do occur.

### ***More information:***

***<http://www.oecd.org/employment/emp/theoecdmentalhealthandworkproject.htm>***



## **EXPLAINING THE AMOUNT OF CARE NEEDED BY HOSPITALISED SURGICAL PATIENTS - A PROSPECTIVE TIME AND MOTION STUDY**

Hospitals provide care for patients with a variety of diseases, co-morbidities and complications. The actual amount of care these patients need is unclear. Given the recent developments such as ageing, multi-morbidity and budgetary restraints, a practical explanatory model would avail healthcare professionals and managers in determining the demand and costs for clinical care.

Six surgical wards in a Dutch university hospital participated in this prospective time and motion study. The investigators extracted possible determining characteristics from a previous systematic review and expert focus group. Total amount of care needed by the patients was expressed as costs involved in medical and nursing time, surgical interventions and diagnostics. The investigators developed a model that explains the total demand and costs of care needed for surgical patients in a university hospital. The input for this instrument can be derived from readily available data in hospital databases. This makes it a relatively easy instrument to help healthcare professionals and managers appreciate the amount of care needed on (surgical) wards and may be used to appreciate trends in time.

More information: <http://www.biomedcentral.com/content/pdf/1472-6963-13-42.pdf>

## **EFFECTIVE RISK COMMUNICATION FOR THE PREVENTION AND CONTROL OF COMMUNICABLE DISEASES – ECDC REPORT**



The European Centre for Disease Prevention and Control (ECDC) has recently published a technical report entitled "*A literature review on effective risk communication for the prevention and control of communicable diseases in Europe*".

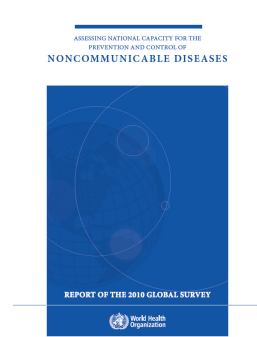
This review brings together the current body of literature on risk communication (focused on communicable diseases) in a concise reference document, which can be used to inform the development of evidence-based risk communication strategies and approaches.

The review demonstrates that there is an impressive body of literature on risk communication relevant to the prevention and control of communicable diseases. This literature is complicated, however, by blurred definitions and overlap between risk communication and crisis communication. It is also widely dispersed across academic disciplines, lacking rigorous empirical evidence to demonstrate effectiveness, challenged by the complex and unpredictable ways that individuals perceive risk and the environmental, social, cultural and linguistic factors through which risk communication is viewed.

More information:

<http://ecdc.europa.eu/en/publications/Publications/risk-communication-literary-review-jan-2013.pdf>

## **ASSESSING NATIONAL CAPACITY FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES - WHO REPORT**



Noncommunicable diseases (NCDs) are currently responsible for over 60% of global deaths. This burden is one of the major public health challenges facing all countries, regardless of their economic status. NCDs threaten economic and social development and, without concerted efforts at country level, are predicted to increase in the coming decade.

80% of countries in the WHO European Region have a unit, branch or department in their ministry of health with responsibility for non-communicable diseases (NCDs). Over 90% of countries in the Region have funding for the treatment and control, and surveillance, monitoring and evaluation of NCDs. In 2010, WHO conducted a global country capacity survey (CCS) to assess the capacity of countries to respond to NCDs. The recently released report analyzes the survey results in the areas of NCD infrastructure, policies, surveillance and health system capacity. Offering a global overview, some results are also provided in a regional breakdown.

### ***More information:***

***[http://www.who.int/cancer/publications/national\\_capacity\\_prevention\\_ncds.pdf](http://www.who.int/cancer/publications/national_capacity_prevention_ncds.pdf)***

## OTHER NEWS – EUROPE



### **STRENGTHENING HEALTH PROTECTION IN TIME OF ECONOMIC CRISIS: INCREASING THE EVIDENCE BASE – CONFERENCE**

On 21 February 2013, HOPE participated to the conference “Health Protection in time of economic crisis: Increasing the evidence base”, organized by STOA Science and Technology Option Assessment in collaboration with European Observatory on Health System and Policies.

The ongoing financial and economic crisis impacts on health in various ways. Not only does it affect the factors determining health but also the financial capacity for public policies to intervene and support population’s health and social well-being. Within a context of austerity it is all the more important that policy makers in health dispose of good information systems and effective policy instruments to anticipate and mitigate the negative health effects of the crisis. Although the evidence base on the health impacts of economic downturn and what measures work best has significantly improved, there is still a need to better communicate and directly link to policy design and implementation.

This workshop aimed to explore the role of science and research in strengthening and promoting an evidence-based approach to protect public health in the context of the economic crisis. Next to documenting the importance of population’s health for economic recovery, it identified and explained determining factors for social vulnerability or resilience in order to support and guide policy makers in selecting and implementing the most effective policies to address these factors.

### **RE-THINKING ALZHEIMER’S: A NEW APPROACH FOR BETTER DIAGNOSIS – CONFERENCE**

On 18 February 2013, HOPE participated to the conference “Re-thinking Alzheimer’s: a new approach for better diagnosis”, organized by European Voice, in which were presented by Professor Bruno Dubois the elements of a new diagnostic framework that his team developed to capture the earliest stages of the disease, before the final stage of Alzheimer’s is reached.

Alzheimer’s disease became a political priority for Europe, where the ageing population is growing rapidly in the last year. The incidence of neurodegenerative diseases such as Alzheimer’s, is strongly linked with age.

The EU has made the fight against neurodegenerative disease associated with ageing, and in particular, Alzheimer’s disease and this has translated into increased support for research initiative and specific policies in many Member States. Research efforts have benefited from funding through

successive research Framework Programmes and the Innovative Medicines Initiative. In February 2012, the EU launched a Joint Programming initiative on neurodegenerative diseases to further improve coordination of national research efforts. Thanks to research efforts in the public and private sectors, understanding of the brain has progressed rapidly in recent years.

The main criteria used to diagnose Alzheimer's disease today were established decades ago. While these criteria were an important step forward at the time, they have failed to keep pace with the unprecedented growth of scientific knowledge about the disease. Distinctive and reliable biomarkers for Alzheimer's are now available through structural brain imaging with new techniques such as magnetic resonance imaging (MRI), molecular neuroimaging and cerebrospinal fluid analysis. This technological progress has provided an impetus to rethink diagnostic criteria for the disease.

### **THE FINANCIAL CRISIS IN THE EU: IMPACT ON THE HEALTH SECTOR - CONFERENCE**

On 4 February 2013, HOPE participated to the conference "The financial crisis in the EU: impact on the health sector", hosted by OSE *Observatoire Social Européen*, in which were discussed the results of a research conducted to understand which were the consequences of the financial crisis on health sector and policy responses among the European countries.

The global financial crisis can be classified as a health system shock, originated by "outside", which had a large negative effect on the availability of health care resources. Health care policy makers had to face three main challenges: first, health systems require predictable sources of revenue with which planning investments, determining budgets and purchasing goods and services; second, cuts to public spending on health made in response to an economic shock, typically come at a time when health systems may require more resources; third, arbitrary cuts to essential services may destabilize the health system if they erode financial protection, equitable access to care and the quality of care provided, increasing health costs in the long term.

The results of the survey suggest that the response to the crisis across the European Region varied considerably across health system: some countries introduced no new policies, while others introduced many. Some health care systems were better prepared than others due to fiscal measures they had taken before the crisis. The crisis has had bad consequences for some countries, particularly the ones which were affected by high level of pre existing debt and deficit, which have found difficult sustaining public spending and as a consequence health care expenditure.

The result of the survey highlights that policy responses to the financial crisis differs across health care systems of European Region: some countries "used" the crisis to increase efficiency (particularly in hospitals and pharmaceutical sectors), although little has been done to enhance value through policies to improve public health.

The breadth and scope of statutory coverage have been largely unaffected. Some countries have expanded benefits for low – income groups, to strengthen access to health care. However, several countries have lowered coverage depth by increasing user charges for essential services. The international evidence suggests that user charges disproportionately affect low – income groups and regular users of care, and are unlikely to reduce public or total spending on health in the longer term due to reduced use of necessary care and, increased use of fee but more resource - intensive services such as emergency care.

## **HEALTHCARE COALITION ON DATA PROTECTION – JOINT STATEMENT PRESENTED**

The Healthcare Coalition on Data Protection brings together several key stakeholders active in the healthcare and related sectors in Europe, including HOPE. It aims to raise awareness of the essential role the processing and sharing of personal data plays in improving effective, sustainable and innovative healthcare while supporting health research of significant public interest.

On 29 January 2013, the Coalition published a joint statement highlighting the role of personal data in delivering high quality, patient-centred healthcare and conducting effective clinical and public health research, while expressing concerns on the potential negative impact of the proposed EU General Data Protection Regulation in these areas.

The joint statement proposes five key recommendations to improve the General Data Protection Regulation:

- Maintain provisions for data processing for healthcare, research and ultimately patient safety;
- Clarify definitions for data concerning health to allow a workable and effective data protection regime;
- Consider the potential unwanted consequences of the Right to be Forgotten;
- Avoid excessive administrative burden linked to impact assessment obligations;
- Clarify rules and definitions around the concept of consent.

A copy of the statement has been sent to MEPs in key Parliamentary Committees and to EU Commissioners Tonio Borg, Máire Geoghegan-Quinn and Neelie Kroes respectively responsible for health and consumer policy, research, innovation and science and digital agenda.

*The joint statement is available at:*

[http://www.cocir.org/uploads/documents/85-85-healthcare\\_coalition\\_on\\_data\\_protection\\_-\\_joint\\_statement\\_29\\_january\\_2013\\_final.pdf](http://www.cocir.org/uploads/documents/85-85-healthcare_coalition_on_data_protection_-_joint_statement_29_january_2013_final.pdf)

## **ORPHAN MEDICINAL PRODUCTS – CALL FOR AN INCREASED EU COORDINATION**

On 21 February 2013, a press conference was held in Paris to launch the sixth Rare Disease Day which takes place every year on 28 February. The press conference focused on discussions underway with the European Commission and other stakeholders to accelerate access to medicines for rare diseases and to streamline national processes for pricing and reimbursement decisions.

Rare disease patient organisations affirmed that, in order to allow a faster access to innovative treatments, there is a need for more collaboration between the European Medicines Agency (EMA), the Health Technology Assessment (HTA) agencies and the national competent payers. This would allow national agencies evaluating the clinical added value of orphan medicines to cooperate early in the regulatory process and to agree on the necessary post-marketing studies.

A possible mechanism to coordinate pricing and reimbursement processes between EU Member States is already moving forward, with 12 countries participating in the project on “Corporate Responsibility in the field of Pharmaceuticals” lead by the European Commission. Within such mechanism, a company planning to introduce an orphan medicinal product would negotiate the price with the 12 participating countries simultaneously, together with medical experts and patient representatives, in order to evaluate the value of the product, define the volume of patients in all countries and confirm its agreement on the post-marketing research activities.

Another proposition raised during the press conference concerned the need for changes in the clinical evaluation of medicines for rare diseases. For studies involving very small numbers of patients, grouping Phase I and II studies could be more efficient. Furthermore it could be considered to place products on the marketplace with a conditional marketing authorisation at the end of Phase II, allowing in this way faster access to medicines. This licensing would be revised annually and would be accompanied by precise plans for post-marketing research studies.



### **PROMOTING ACCESS AND MEDICAL INNOVATION – NEW STUDY LAUNCHED**

On 5 February 2013, the World Health Organization (WHO), the World Intellectual Property Organization (WIPO) and the World Trade Organization (WTO) launched a new study on the linked roles that public health policies, intellectual property and trade can play in advancing medical technology and ensuring it is available equitably to all who need it.

The study entitled "*Promoting access to medical technologies and innovation: intersections between public health, intellectual property and trade*" aims to assist policy-makers by providing an overview of the interplay between public health, trade and intellectual property, information on legal and policy options, and empirical data.

More information: [http://www.wto.org/english/tratop\\_e/trips\\_e/trilat\\_outline\\_nov11\\_e.pdf](http://www.wto.org/english/tratop_e/trips_e/trilat_outline_nov11_e.pdf)

### **PROFESSIONAL MIGRATIONS: BILATERAL AGREEMENTS**

The International Labour Organisation Office in Manila (ILO), the United Nations' international organisation responsible for drawing up and overseeing international labour standards, is currently undertaking a study entitled "Assessment of Philippines' Bilateral Labour Arrangements on Healthcare Professional Migration".

The study is part of the European Union funded project on circular migration of health professionals – "Decent Work Across Borders: A Pilot project for Migrant Health Professionals and Skilled Workers". The study covers bilateral agreements concerning health professionals' migration with five receiving countries the Philippines are part of. These are the following (available at [http://www.poea.gov.ph/lmi\\_kiosk/labor\\_agreements.htm](http://www.poea.gov.ph/lmi_kiosk/labor_agreements.htm)): Philippines-UK, Philippines-Norway, Philippines-Spain, Philippines-Bahrain and Philippines-Japan.

The study aims at: describing the context leading to the negotiation of bilateral arrangements between origin and destination countries, describing and analysing the process and actors involved throughout the process of negotiation of bilateral arrangements, as well as analysing the effect and impact of the bilateral arrangements on recruitment of health professionals, their employment and development (including return and reintegration).

For this purpose, about 30 interviews with stakeholders from both the Philippines and the receiving countries are being conducted. The interviews are to be conducted with representatives of government authorities, professional associations, trade unions, employers and recruitment agencies in order to gain insights on the implementation, functioning and the effectiveness of the bilateral arrangements concerning migration of health professionals from the Philippines. The survey results will be aggregated and reported at a high level so that no particular comments will be attributable to specific interviewees.

HOPE was invited to cooperate and contributed with its experience in the field of professional mobility and migration.



## AGENDA

### UPCOMING CONFERENCES



#### *HPH CONFERENCE 2013*

##### *TOWARDS A MORE HEALTH-ORIENTED HEALTH SERVICE*

*22-24 May 2013 – Gothenburg (Sweden)*

The 21st International Conference of the Health Promoting Hospitals Network (HPH) will be held from May 22-24, 2013, in Gothenburg, Sweden.

The programme will highlight innovative themes with a high potential for HPH. Under the working title "Towards a more health-oriented health service", the conference will focus on:



- WHO Euro's health 2020 strategy
- Patient-reported health outcomes as promising tools
- Findings from neuropsychimmunology and consequences for health promotion
- Health impacts of environment and design
- Patient empowerment
- Health system support for health promotion

*More information:* <http://www.hphconferences.org/gothenburg2013>

The Call for Papers will be open until 31 January 2013 on:

<http://www.hphconferences.org/gothenburg2013/abstract-submission/about-submission.html>

## **1<sup>ST</sup> EUROPEAN FORUM OF PUBLIC PROCUREMENT OF INNOVATION FOR HEALTH**

### **"HOSPITAL PURCHASERS: RELEVANT STAKEHOLDERS OF THE EUROPEAN INDUSTRIAL INNOVATION"**

**30 May 2013 – Paris (France)**

The first European Forum of Public Procurement of Innovation for health will be organised by Resah-idf in partnership with HOPE and with the support of the European Commission within the Salons de la Santé et de l'Autonomie from 28 to 30 May 2013 in the Parc des Expositions, Porte de Versailles in Paris. Simultaneous interpretation (French/English) will be available.

Hospital Procurement, with a 120 billion euro volume of expenses European wide, has a major role to play in the enforcement of competitive and innovation capacity, at the regional, national and European level.

The one-day conference will focus on:

- Horizon 2020 and the European policy for demand-driven innovation;
- the role of hospital purchasers in the process of industrial innovation, with learning of success stories from several European countries;
- the legal "toolbox" of Public Procurement of Innovation (Pre-commercial procurement, Intellectual Property issues, cross-border call for tenders, etc.);
- industry expectation, especially SMEs, toward hospital buyers.

*For further information please contact: [contact@resah-idf.com](mailto:contact@resah-idf.com)*

## **CONFERENCE FLEMISH HOSPITALS: TOGETHER WE CARE**

**30-31 May 2013 – Ghent (Belgium)**



Flemish hospitals: Quo vadis? That is the main question Zorgnet Vlaanderen wants to address at its conference with and for Flemish hospitals. What can and will the Flemish hospitals mean for the patient of tomorrow?

All care providers are ready to agree that Flemish health care is in need of a fundamental reorganisation. The challenges ahead are enormous, while the financial and human resources are shrinking every day. If we want to safeguard the quality of care provided by our health care system, it desperately needs to be redefined.

The main message should be clear: now and in the future, the patient is central. This means that his/her needs are the main focus and that care providers need to work in multidisciplinary teams, even looking beyond hospital walls, to answer these needs. Hospitals are just one link in this chain of care providers.

Zorgnet Vlaanderen wishes to think about the ways in which this message can be translated into a

future-oriented health care and hospital policies by purposefully go beyond borders to find solutions and formulate recommendations for government policy.

*More information and a detailed program to follow soon: [www.zorgnetvlaanderen.be](http://www.zorgnetvlaanderen.be)*

### **HOPE AGORA 2013**



### **PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE**

***10-12 June 2013 – The Hague (The Netherlands)***

In 2013, HOPE organises its exchange programme for the 32<sup>nd</sup> time. The HOPE Exchange Programme starts on 13 May and ends on 12 June 2013.

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

Each year a different topic is associated to the programme, which is closed HOPE Agora, a conference and evaluation meeting. The 2013 HOPE Agora will be held in Den Haag (The Hague, The Netherlands) from 10 to 12 June 2013 around the topic "Patient Safety in Practice - How to manage risks to patient safety and quality in European healthcare".

***More information on the HOPE Exchange Programme:***  
***<http://www.hope.be/04exchange/exchangefirstpage.html>***

***More information on HOPE Agora:***  
***<http://hope-agora.eu/>***



The conference “Equip’aid. Sharing for better healthcare” to be held in Chamonix Mont-Blanc (Haute-Savoie, France) from 19 to 20 November 2013 will bring together participants from Northern countries, countries in transition and developing countries.

This will be the first international meeting of reference devoted to the improvement of medical equipment support projects of healthcare facilities in the field of international aid. The term “medical equipment support projects” is defined as an international aid project aiming to improve the healthcare facility of a health care structure through the reinforcement of its pool of medical equipment, through financial contributions or supply of equipment/equipment supply.

The conference will have the following objectives:

- Sharing information and experiences, by promoting dialogue between the stakeholders of medical equipment support projects,
- Identifying synergies, by examining the various practices and policies to transfer medical equipment and to make it available,
- Facilitating research work and transversal thinking about the issues of the sector, with the aim of improving practices over time,
- Developing a common vision around the orientation for thinking chosen for this first edition: “Sharing for better healthcare”.

The Equip’aid conference organisers are issuing a call for papers. Proposals of oral presentations, posters or audio-visual projections must focus on one or several of the topics listed above (see “Organisation of the conference”).

As detailed in the call for papers, contributors are invited to send to [equipaid@alterna-com.com](mailto:equipaid@alterna-com.com) by email before 30 April 2013. The form for submission is available on [www.equipaid.org](http://www.equipaid.org)

For further information or to pre-register, please consult the website : [www.equipaid.org](http://www.equipaid.org)