



NEWSLETTER

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IRELAND'S PRESIDENCY OF THE COUNCIL OF THE EUROPEAN UNION

WEBSITE LAUNCHED



The official website of the Irish Presidency January-June 2013 has recently been launched.

It will provide the latest news, information, features and videos throughout Ireland's Presidency and will keep visitors up to date on the key priorities, policy areas and meetings.

A full programme of the Presidency will be presented in January 2013.

www.eu2013.ie



HEALTH PROGRAMME 2014-2020 – STATE OF PLAY

During several trilogues among the Commission, the Council and the Parliament (the last one was held on 27 November) some progress was made with regard to the proposal for a Regulation establishing the third multiannual programme of EU action in the field of health for the period 2014-2020.

An agreement on the text of the proposal as well as on the title has been reached. The compromise text of the title, taking inspiration from the current programme, reads "The third Programme of the Union's action in the field of health (2014-2020)".

Nevertheless, on the following issues a compromise has not been found and discussions will have to continue:

- article 7 (3)(c), regarding the co-financing rate for Joint Actions to create incentives for Member States whose gross national income per inhabitant is less than 90 % of the Union average;
- the budget envelope for the Health Programme, which the European Parliament would not like to see lower;
- the modalities for the adoption of Annual Work Programmes and the issue of implementing acts vs. delegated acts. The Presidency set out clearly the position of the Council on the need for implementing acts for the adoption of the annual work programmes. However, the Parliament has a fundamentally different view, advocating for the necessity of delegated acts.

ANTIMICROBIAL RESISTANCE – VOTE IN PLENARY

The European Parliament adopted a non-legislative resolution on antimicrobial resistance during the plenary session in Strasbourg on 11 December 2012.

The text drafted by MEP Anna Rosbach (ECR, Denmark) was voted with 588 votes in favour, 16 against and 23 abstentions.

The non-binding resolution calls for prudent-use of antibiotics to reduce non-essential exposure to them in human and veterinary medicine, agriculture and aquaculture.

In particular, it stresses the importance of a more cautious and responsible use of drugs and the need for better education and training of healthcare professionals. It also recommends to focus on disease prevention rather than prophylactic use and to stimulate research and innovation of new antimicrobials, fostering international cooperation and the development of new business models.

More information:

<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2012-0483&language=EN&ring=A7-2012-0373>

eHEALTH – ACTION PLAN 2012-2020

On 7 December 2012, the European Commission unveiled an action plan to address barriers to the full use of digital solutions in Europe's healthcare systems.

It aims to improve healthcare for the benefit of patients, give patients more control of their care and reduce costs.

The action plan seeks to promote these improvements by:

- clarifying areas of legal uncertainty;
- improving interoperability between systems;
- increasing awareness and skills among patients and healthcare professionals;
- putting patients at the centre with initiatives related to personal health management and supporting research into personalised medicines;
- ensuring free legal advice for start-up eHealth businesses.

By 2014, the Commission will also publish a mHealth (Mobile Health) Green Paper addressing quality and transparency issues.

Members of the new eHealth network, set in place by the directive on cross-border health care, will contribute to implementing the action plan and will constitute a direct link between the authorities and national ministries responsible for health in each country.

More information:

<http://ec.europa.eu/digital-agenda/en/news/putting-patients-driving-seat-digital-future-healthcare>

CROSS-BORDER HEALTH THREATS – EPSCO COUNCIL

On 7 December 2012, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) took stock of progress made by the Cyprus Presidency on a draft decision aimed at strengthening EU capacities and structures for effectively responding to serious cross-border health threats.

Good progress has been achieved by the Cyprus Presidency. However, further discussions are needed in order to reach agreement in the Council on the whole proposal.

In particular, Member States' position remains divided over two articles:

- article 4(5), which authorises the Commission to adopt implementing acts to define the procedures needed for setting in place coordination between the Member States concerning their capacity for surveillance, early warning, evaluation and intervention regarding cross-border health threats;
- article 12, which authorises the Commission to adopt common and temporary public health measures by way of delegated acts.

The Irish Presidency will continue discussions with a view to reach a first reading agreement during the first half of 2013.

More information:

<http://register.consilium.europa.eu/pdf/en/12/st16/st16570.en12.pdf>

ORGAN DONATION AND TRANSPLANTATION – COUNCIL CONCLUSIONS

On 7 December 2012, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) adopted conclusions on organ donation and transplantation.

The conclusions focus on three main challenges: increasing organ availability, enhancing the efficiency and accessibility of transplant systems and improving quality and safety.

The Council welcomes the measures taken by Member States to increase organ availability (such as the development of national programmes to improve performance in the deceased donation process) and recalls the importance of encouraging people to commit to becoming organ donors after death.

Regarding efficiency and accessibility, it underlines the benefits of bilateral and multilateral agreements to exchange organs and the importance to combat organ trafficking.

Finally, on quality and safety, the Council invites Member States to share their national procedures for authorisation of procurement organisations and transplantation centres and stresses the need to improve knowledge on health outcomes in transplanted patients.

More information:

http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lsa/134095.pdf

HEALTHY AGEING ACROSS THE LIFECYCLE – COUNCIL CONCLUSIONS

On 7 December 2012, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) adopted conclusions on healthy ageing across the lifecycle.

Council conclusions on healthy ageing across the lifecycle invite Member States to step up their efforts to foster health promotion, disease prevention and early diagnosis.

They call upon the Member States to make the issue of healthy ageing across the lifecycle one of their priorities for the coming years and to promote strategies for combating risk factors such as tobacco use, alcohol related harm, illicit drugs, unhealthy diet and lack of physical activity as well as environmental factors.

More information:

http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lisa/134097.pdf

CYPRUS PRESIDENCY – REPORT ON OPEN INNOVATION IN HEALTHCARE

“Building an Open Innovation ecosystem in Europe for healthcare” is a report prepared under the aegis of the Cyprus Presidency of the EU and launched last 29 November during an event in the European Parliament hosted by the Romanian MEP Petru Luhan.

Its central thesis, which is based on the outcome of the iNOVAHEALTH Conference in Larnaca, Cyprus, last October, is that an open innovation culture will promote economic growth, increase employment and reduce healthcare costs. Furthermore, open innovation can also help creating the right conditions for personalised medicine.

In particular, the report highlights the need for:

- a new public-private partnership under Horizon 2020 to bring together industry, scientists, policy-makers, and patients to promote radical change and innovation in healthcare;
- a new task force within the European Commission to promote open innovation within healthcare;
- adaptation of EU industrial policies to develop lead markets for life-science innovation.

Work on this theme will be further developed under the Irish Presidency in the first half of 2013.

More information:

http://www.innovahealth.ws/material/presentations/iNOVAHEALTH_Final_Report

NEW EU COMMISSIONER FOR HEALTH AND CONSUMER POLICY



On 28 November 2012, the Council endorsed the nomination of Tonio Borg as new EU Commissioner for Health and Consumer Policy. He was nominated by the Maltese Government, following the resignation of John Dalli in October. He will remain in his position until the end of the Commission mandate (31 October 2014).

Tonio Borg's priorities include new legislation on tobacco products, cloning of animals for food, novel foods, product safety, plant and animal health.

PROCESS OF CORPORATE RESPONSIBILITY IN THE FIELD OF PHARMACEUTICALS – NEXT STEPS

The process on corporate responsibility in the field of pharmaceuticals facilitated discussions on ethics and transparency of the sector but also on non-regulatory conditions for better access to medicines after their marketing authorisation. The process comprised three independent platforms, composed of several project groups.

The Platform on Access to Medicines in Europe was composed of five project groups on facilitating supply in small markets, good governance for non-prescription drugs, managed entry agreements, coordinated access to orphan medicinal products, and on access and uptake of biosimilars. All final deliverables of these five project groups will be formally adopted in a Steering Group meeting in April 2013.

Concerning the Platform on Ethics and Transparency, the text "List of Guiding Principles Promoting Good Governance in the Pharmaceutical Sector" will be distributed in 2013.

For the Platform access to medicines in the developing countries with a focus on Africa, the project group on patent information system is currently running a pilot in order to gain more information on feasibility and gaps while the project group on local capacity building will prepare the EU-Africa B2B Forum in June 2013.



TRANSPARENCY DIRECTIVE – ADOPTION OF DRAFT REPORT

On 18 December 2012, the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI) adopted a draft report on transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of public health insurance systems.

The Commission's proposal, published in March 2012, updates the current Directive 89/105/EEC and aims at clarifying its scope, shortens time limits for decisions and increases its effectiveness by proposing stronger enforcement measures.

With their vote on the report by Antonyia Parvanova (ALDE, Bulgaria) MEPs recommended a 60-day time limit to decide on the pricing and reimbursement of generic medicines, against the 30 days proposed by the Commission. Decisions concerning new medicines will have to respect the current timeline of 180 days, contrary to the 120 days of the initial proposal. These deadlines include all the procedural steps and any applicable health technology assessment.

The report introduces new elements to the proposal such as the disclosure of the names and the declarations of interests of the experts in charge of pricing and reimbursement decisions. It also calls on Member States to ensure that elements assessed for the marketing authorisation, such as quality, safety, efficacy, bioequivalence and biosimilarity, are not re-assessed during the pricing and reimbursement process.

ENVI Committee will discuss in January 2013 the possibility to open negotiations with the Council on this dossier.



DATA PROTECTION – PROGRESS DISCUSSED IN COUNCIL

On 7 December 2012, the Council (Justice and Home Affairs) took note of a progress report prepared by the Cyprus Presidency and held an orientation debate on the proposal for a regulation on the protection of individuals with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation).

The orientation debate was based on three questions already raised during the informal ministerial meeting in July and subsequently debated in the Council preparatory bodies: delegated and implementing acts, the administrative burdens and the need for flexibility for the public sector.

During the discussion, there was a large consensus that in order to reduce the administrative burden and more generally the compliance costs on companies, a more risk-based approach should be followed.

Regarding the question of deletion and appropriate alternatives to empowerments for delegated and implementing acts, the Council agreed that a decision will follow completion of the first examination of the draft regulation's text. The same decision also concerned the question as to whether and how the regulation can provide flexibility for the Member States' public sector.

The proposal will be one of the key dossiers of the forthcoming Irish Presidency.

More information:

<http://register.consilium.europa.eu/pdf/en/12/st16/st16525-re01.en12.pdf>



HORIZON 2020 – DRAFT REPORTS ADOPTED

On 28 November 2012, the Parliamentary Committee on Industry, Research and Energy (ITRE) adopted six draft reports on the European Union's future framework research programme, Horizon 2020. It will succeed the current Seventh Framework Programme in 2014 for a period of seven years and it will focus on three priorities, namely generating excellent science, fostering industrial leadership and tackling societal challenges.

The Horizon 2020 package adopted by ITRE Committee is composed of six legislative proposals, three on the framework programme, two on the European Institute of Innovation and Technology (EIT) and one on the Euratom research programme.

The new proposals seek to simplify rules (e.g. simplified cost reimbursement system) to make it easier to take part in the programme. Horizon 2020 also reserves a higher percentage of the total budget to SMEs and maintains rules on stem cell research applied under the Seventh Framework Programme.

On the budget, the Parliament recommended an envelope of €100 billion, considering the €80 billion proposed by the Commission as a minimum. Negotiations with the Council and the Commission will start in January 2013 in parallel with the EU Budget negotiations for 2014-2020 that will set the overall budget for Horizon 2020.

The adopted reports will be voted in plenary next spring 2013.

More information:

http://ec.europa.eu/research/horizon2020/index_en.cfm?pg=home&video=none



EU SKILLS PANORAMA – WEBSITE LAUNCHED

On 7 December 2012, the European Commission launched a new website presenting quantitative and qualitative information on short and medium-term skills needs, skills supply and skills mismatches. Drawing on data and forecasts compiled at EU and Member State level, it highlights the fastest growing occupations as well as the top “bottleneck” occupations with high numbers of unfilled vacancies. The website provides access to key indicators of skills and employment trends for all or particular professions and sectors, including health.

The EU Skills Panorama shows that shortages most frequently reported concern biologists, pharmacologists, medical doctors and related professionals, nurses, ICT computing professionals and engineers. It also indicates that the strongest mismatch between skills and labour market needs exists in Lithuania, Bulgaria, Belgium, Hungary and Ireland, whereas in Portugal, Denmark and the Netherlands the situation is much better.

More information: <http://euskillspanorama.ec.europa.eu/>

ELECTROMAGNETIC FIELDS – DRAFT REPORT ADOPTED

On 6 December 2012, the Parliamentary Committee on Employment and Social Affairs (EMPL) adopted a draft report on minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields). The draft by the Rapporteur Elisabeth Morin-Chartier (EPP France) was adopted with 36 votes in favour, two against and no abstentions.

The new text seeks to strengthen protection against exposure to electromagnetic fields at the workplace while also allowing some flexibility to take account of the specific needs of certain sectors such as magnetic resonance imaging (MRI) and military applications. As maximum exposure limits are likely to restrict the use of these technologies, the text voted by the Committee allows exemptions under certain conditions.

The new directive proposed by the Commission addresses the short-term impact on health but not the long-term effects. However, the report calls on the Commission and the Member States to speed up research and the compilation of data on the long-term impact of exposure to electromagnetic fields and to table new legislation tackling the long-term health effects as soon as conclusive scientific proof is available.

Next steps include informal negotiations with the Council with a view to reach an agreement at first reading.



PUBLIC PROCUREMENT – DRAFT REPORT ADOPTED

On 18 December 2012, the Parliamentary Committee on Internal Market and Consumer Protection (IMCO) adopted the draft report of Marc Tarabella (S&D Belgium) on public procurement with 23 votes in favour, 8 against and 7 abstentions.

The report calls for greener and more socially responsible public procurement. Instead of simply accepting the lowest bid, public authorities should go for the "most economically advantageous tender" which could also include environmental considerations such as sustainability and life cycle costs or social objectives.

The report also wants to make it easier for smaller firms to bid. To cut red tape, especially for small and medium-sized enterprises, MEPs propose to establish a "procurement passport" to show that a firm fulfils the criteria without having to send in documentation every time they make a bid. It also proposes simplified rules enabling public authorities to subdivide contracts into lots, to enable small firms to bid for them.

IMCO Committee coordinators will decide in later stage whether to open negotiations with the Council for a first-reading agreement on the Public Procurement Directive.

INTERNAL MARKET INFORMATION SYSTEM – NEW REGULATION ENTERS INTO FORCE

On 4 December 2012, the new Regulation on administrative cooperation through the Internal Market Information System (EU) N° 1024/2012 entered into force.

The Internal Market Information System (IMI) is an online application that allows national, regional and local authorities to communicate quickly and easily with their counterparts abroad, using pre-translated sets of standard questions and answers.

The use of IMI currently covers the Services Directive and the Professional Qualification Directive. Next year the use of IMI will be extended to the Directive on the application of patients' rights in cross-border healthcare and for notifications under the Service Directive and the e-commerce Directive.

More information:

http://ec.europa.eu/internal_market/jimi-net/index_en.html



CASE C-219/11, BRAIN PRODUCTS GMBH V BIOSEMI VOF, 22 NOVEMBER 2012

- Judgment of the Court
- Reference for a preliminary ruling - Directive 93/42/EEC – Medical devices

In case C-219/11, the European Court of Justice clarified the concept of “medical device”, by interpreting the third indent of Article 1(2)(a) of Council Directive 93/42/EEC of 14 June 1993 concerning medical devices, as amended by Directive 2007/47/EC of the European Parliament and of the Council of 5 September 2007.

It determined that the concept of “medical device” covers an object conceived by its manufacturer to be used for human beings for the purpose of investigation of a physiological process only if it is intended for a medical purpose.

More information:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:62011CJ0219:EN:HTML>



HEALTH PROGRAMME – ANNUAL WORK PLAN 2013

The 2013 Annual Work Plan for the Health Programme was adopted on 28 November 2012.

The mission of the programme of Community action in the field of health is “to complement, support and add value to the policies of the Member States”. It aims at contributing to solidarity and prosperity in the EU by protecting and promoting human health and safety and by improving public health.

The €55.509.000 budget for the 2013 public health work programme represents a slight increase from last year’s budget, which amounted to €51.130.200.

With regard to grants, the 2013 work plan dedicates a budget of €12.330.900 for project grants, €5.000.000 for operating grants, €800.000 for conference grants (€200.000 for Presidency conferences, €600.000 for other conferences) and €1.200.000 for direct grants with international organisations.

Finally, budget for Joint Actions presents this year a slight increase, with an amount of €13.800.000, compared to the €8.950.000 of the 2012’s grant.

The work plan still pursues the three main objectives of the second programme of Community action in the field of health:

- improve citizens’ health security;
- promote health, including the reduction of health inequalities;
- and generating and disseminating health information and knowledge.

Relevant actions under the **first objective** include:

- good practices in the field of blood transfusion, whose objective is to ensure the efficient use of blood and blood components and to help hospitals reach self-sufficiency therein through the implementation of best practices;
- patient safety taxonomy guide (WHO is considered the most suitable institution to carry out this action which aims to develop a minimal toolkit including a set of terms for the most common types of adverse events).

To meet the **second objective**, the Programme will finance actions on the following themes:

- addressing chronic diseases and promoting healthy ageing across the life cycle;
- European Innovation Partnership on Active and Healthy Ageing, support to the priorities;

- improve access to and quality of health services for migrants and ethnic minorities through the development of training packages for health professionals;
- support effective use by Member States and regions of Cohesion and Structural Funds for health investments;
- information to citizens and stakeholders on the transposition of the Directive on the application of patients' rights in cross-border health care;
- HTA, early dialogue pilots on pharmaceuticals and medical devices. The aim is to facilitate cooperation national authorities and bodies responsible for HTA through the conduct of early dialogue pilots on pharmaceutical and medical devices;
- conduct a study that will provide an overview of the legal framework for electronic health records in the Member States;
- empowering patients in the management of chronic diseases. The action will help understand the concept of patient empowerment and will map existing initiatives on self-management of chronic diseases;
- pilot networks of cooperation under Directive 2011/24/EU (the actions seeks to set up two pilot networks, one paediatric oncology centres and one on highly specialised neurology, clinical neurophysiology and neurosurgery centres);
- overview of education and training programmes for health professionals in the EU;
- review and mapping of the continuous professional development of health workers;
- effective recruitment and retention strategies for health workers. The objective is to provide a comprehensive analysis of recruitment and retention strategies to assist and enhance the development of human resource policies in Member States;
- development of a European guide on quality improvement in comprehensive cancer control;
- scoping study on communication action addressing chronic diseases, in order to better communicate and raise awareness of health determinant and EU action to prevent chronic diseases.

Finally, relevant actions supported under the third objective include:

- conduct a study on the economics of primary health care financing schemes;
- conduct a study on existing pricing and tariff system in Member States in order to define cost-intensive health care;
- provide a health system cost-effectiveness assessment across Member States;
- conduct two Eurobarometer surveys, one on patient safety and one on antimicrobial resistance.

More information:

http://ec.europa.eu/health/programme/docs/wp2013_en.pdf

http://ec.europa.eu/health/programme/how_does_it_work/call_for_proposals/index_en.htm

CIP INFORMATION DAY – SPECIFIC WORKSHOP ON HEALTH, AGEING WELL AND INCLUSION

On 15 January 2013, the European Commission will hold an information day on Call 7 of the Competitiveness and Innovation Programme ICT Policy Support Programme (CIP ICT PSP).

The morning session of the information day will provide an essential overview of the programme's objectives and instruments. In the afternoon session, the European Commission is organising an information and networking workshop dedicated to Objectives 3.1 – 3.3 (ICT for Health, Ageing Well and Inclusion). The workshop will provide an opportunity for prospective programme applicants to put their questions directly to the European Commission, present their ideas to stakeholders and meet potential partners.

More information:

<http://ec.europa.eu/digital-agenda/en/news/news-update-cip-information-day-specific-workshop-health-ageing-well-and-inclusion-objectives>

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING – VIDEO

In November 2012, during the first conference of partners of the European Innovation Partnership on Active and Healthy Ageing, six action groups presented their plans to tackle specific challenges: adherence to treatment, falls prevention, frailty, integrated care, independent living and age friendly environments.



The video illustrates these six actions plans and provides a brief description of their aims and objectives.

More information:

http://ec.europa.eu/health/ageing/videos/index_en.htm

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING – ROADMAP FOR THE ACTION GROUPS

After the presentation of the Action Plans at the Conference of Partners on 6 November 2012, the six Actions Groups on adherence to treatment, falls prevention, frailty, integrated care, independent living and age friendly environments have now to enter into the implementation phase.

Next steps for the Action Groups will include three core meetings organised throughout 2013 on:

1. thematic cooperation (January/February 2013). It will be the first meeting focusing on the implementation of the set targets of the Action Plan;
2. expanding through synergies (April/May 2013). The second meeting will focus on expanding the scope of the activities, by seeking synergies in a growing network. This will be the first opportunity for the new members of the Action Groups to join the work;
3. measurement of added value and dissemination (September/October 2013). The meeting will be an opportunity to take an inventory of the work done and to examine the achievements of the delivery targets set for 2013, as well as to measure the added value of the actions and the efforts of the Action Groups.

An Invitation for Expression of Commitment will also be opened at the end of December 2012 and will close on 15 February 2013. It will address all interested stakeholders, which will be invited to express their commitment in the form of a measurable and concrete engagement in support of a specific Action Plan.

More information: <https://webgate.ec.europa.eu/eipaha/>

PARENT – STAKEHOLDERS FORUM MEETING

On 7 November 2012, HOPE attended the first Stakeholders Forum Meeting organised by the Joint Action on cross border patient registries initiative (PARENT). The aim of the meeting was to present the Joint Action to stakeholders and discuss possible collaborations. PARENT is a Joint Action co-funded by the European Commission, started in May 2012. The overall objective is to support Member States in developing comparable and coherent patient registries in fields of identified importance (e.g. chronic diseases, rare diseases, medical technology) with the aim to rationalize and harmonize the development and governance of patient registries, thus enabling analyses of secondary data for public health and research purposes.

The three main deliverables will consist in:

1. the design and development of a pilot registry of patient registries;
2. the development of methodological and governance guidelines for Member States for setting up of registries and maintenance of them;
3. ensuring sustainability and future implementation of cross-border directive.

More information: <http://www.patientregistries.eu/>

COST – ENHANCING THE ENGAGEMENT OF DOCTORS IN THE MANAGEMENT OF EUROPEAN HEALTH SYSTEM

On 6 December 2012, HOPE participated to COST Action ISOg03 “Enhancing the engagement of doctors in the management of European Health System”, in which have been presented the first results of an international research collaboration led and managed by the Centre for Innovation in Health Management (CIHM) at the University of Leeds.

The Action unites researchers in the field of health management from 23 countries (21 European countries plus Australia and South Africa) who have signed their intention to participate in this collaboration, focused on hospital doctors.

The purpose of the Action was to understand which is the role of the medical professions in the management of health care systems across different European States and its impact on specific areas such as: control (organisational and occupational), innovation and user voice. This research collaboration is rooted in a number of recent trends in healthcare: the growing involvement of doctors in management and changes in medical education, training and career structures. It was focused on understanding the link between greater representation of clinicians on boards and the effect on patient satisfaction and lower morbidity rates.

Research by Cost members Professor Ian Kirkpatrick and Dr Gianluca Veronesi at Leeds University Business School suggests more doctors on NHS Trust boards in the UK produces better performance in hospitals: increasing the number of doctors on boards significantly increases quality assessed in terms of Health Quality Commission Trust ratings. Research also highlights: clinical participation in board level management is low by international standards; more clinicians are likely to be on the boards of trusts where the CEO has a clinical background; evidence of a positive relationship between doctors on the board and financial ratings.

However, the evidence supporting such conclusions remains fragmented because there is less research adopting a rigorous, comparative and interdisciplinary perspective. COST Action challenge is to address these limitations and advance theoretical, empirical and policy relevant knowledge.

HEALTH C PROJECT – KICK-OFF MEETING

The kick-off meeting of the Health C Project was held in Porto (Portugal) on 4 and 5 December 2012. Founded by the EC Lifelong Learning Programme, the Health C Project aims at supporting health authorities and staff in the development of the competences required for managing communication in a health crisis or in a scenario of transnational emergencies. HOPE is the leader of WP2: identification of target groups’ training needs and competences.

Health C Project will design and develop a training course in communication management in health crisis situation for Local Health Authorities. A Virtual Learning Community Training will be created as well as the materials and tools needed.

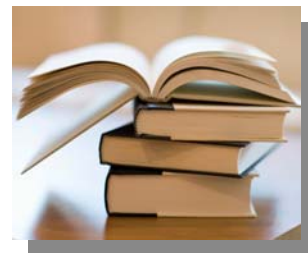
There are two target groups:

- **Primary group:** Health authorities and hospitals (spokespersons, representatives, managers). They will receive the Health C Training course in order to improve their communication skills regarding the secondary group (the population). The course will take on account the different communication strategies needed not only to communicate with the public but also with other possible communicators (e.g. experts) to assure the good functioning of the communication chain.
- **Secondary group:** Population and media. They will be receiving the communication from the Primary group. The Health C Training course will take on account their needs and habits to make the communication process effective. This way, the channels they use, the messages they need and the best tools to reach them will be at the core of the project.

The course will have a special focus on how new communication channels (social networks, blogs, websites, mobile phone applications) can become a valuable tool in the management of an emergency situation, especially for the involvement of population in general and media. The training course, as final output of the project, will be built on the existing knowledge and on the results of a set of working group and stakeholder consultation (population, media, civil organisation), also using the result of previous initiatives. Further, the training course will offer new skills and news competence to the local health authorities' personnel, increasing the awareness on the importance of involving general population and media in the crisis communication management. Organisations interested in receiving the training course should contact HOPE.

This 24 months project is led by the Portuguese Innova + with HOPE, the Azienda Sanitaria Locale della provincia di Brescia (Italy), the Ludwig-Maximilians-Universität München (Germany), the Aarhus Social and Health Care College (Denmark) and the Spanish Artica Telemedicina as associated partners.

REPORTS AND PUBLICATIONS



MELANOMA WHITE PAPER 2012



The Melanoma White Paper 2012 is the result of the multi-disciplinary focus of a conference held in April 2012 by the Melanoma Independent Community Advisory Board.

It wants to be a call for action, advocating for a wider recognition of melanoma as a European healthcare problem and calling for a greater collaboration between Member States and across the healthcare sector, including patient representatives. The White Paper also outlines mechanisms for policy makers to improve the landscape for the 62.000 melanoma patients diagnosed each year in Europe. In particular, it is necessary to ease access to innovative treatments and to eliminate inequalities in care. It is also essential to boost research and to include patients' representatives in melanoma policy formation.

More information:

<http://www.m-icab.org/sites/default/files/Whitepaper-Cancer-20121030-HR.pdf>

HIV/AIDS IN EUROPE 2011 – ECDC AND WHO SURVEILLANCE REPORT



HIV/AIDS in Europe 2011 is a joint surveillance report result of collaboration between the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC).

HIV infection is of major public health importance in Europe. In 2011, 53 974 HIV diagnoses were reported by 50 of the 53 countries in the WHO European Region, of which 28 038 were reported by the countries in the European Union and European Economic Area (EU/EEA).

The surveillance results suggest that HIV transmission continues in many countries, with an overall rate of 7.6 diagnoses per 100 000 population for the WHO European Region and 5.7 in the EU/EEA. The rates are highest in the East of the Region.

The main transmission mode varies by geographical area, illustrating the wide diversity in the epidemiology of HIV in Europe; heterosexual transmission is the main mode of transmission in the entire WHO European Region but sexual transmission between men is the most common mode in

the EU/EEA. The report also shows that the number of AIDS cases has continued to decline in many countries, although the number has increased in several countries in the East.

More information:

<http://www.ecdc.europa.eu/en/publications/Publications/20121130-Annual-HIV-Surveillance-Report.pdf>

SOCIAL INEQUALITIES IN HEALTH IN POLAND – WHO STUDY

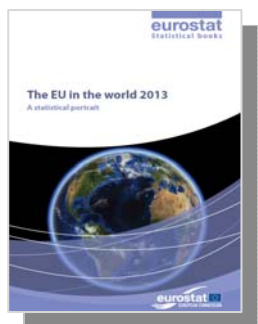


The WHO Regional Office for Europe has recently released a study on social inequalities in health in Poland. It presents a first comprehensive summary of the current knowledge on the scale of health inequalities in Poland, the measurement methods used to assess them, and the risk of health inequalities in different age groups, populations and regions. The numerical data are supplemented by numerous accounts of preventive initiatives aimed at tackling health inequalities across the country.

The study covers the determinants of inequalities at both macro and individual levels, and looks at two specific populations, children and adults. It ends with a set of recommendations on strategy and policy formulation, monitoring and coordination, on actions to improve the socioeconomic status of the population and on public health interventions.

More information: http://www.euro.who.int/_data/assets/pdf_file/0008/177875/E96720.pdf

THE EU IN THE WORLD 2013 – EUROSTAT PUBLICATION



Eurostat, the statistical office of the European Union, has recently published "The EU in the world 2013. A statistic portrait". It provides a selection of important and interesting statistics on the EU of 27 Member States as well as 15 other major advanced or emerging economies from around the world, all members of the G20 (Group of Twenty).

The publication is composed of an introduction and 13 main chapters, of which one is dedicated to health. Main findings show that healthcare systems are organised and financed in different ways. Indicators on the different levels of health expenditure, number of hospital beds, total number of physicians and dentists, infant mortality, life expectancy and healthy life years at birth are used to measure financial, human and technical resources within the healthcare sector.

More information:

http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-30-12-861/EN/KS-30-12-861-EN.PDF



WORKSHOP ON CARDIO-VASCULAR REGISTRIES

HOPE was invited to the first workshop on CV registries and data standards organised in Brussels on 12 December 2012 by the European Society of Cardiology.

The workshop was looking at current cardiovascular data collection, existing data standards for cardiovascular diseases, how to make use of the collected data, defining a roadmap towards standardisation and centralisation of cardiovascular diseases data collection in Europe.

The European Society of Cardiology is involved in several registries, within the EurObservational Research Programme but also through projects such as EuroHeart 2, EUROCISS or CARDS.

The European Organisation for Research and Treatment of Cancer was also invited to show a parallel initiative at a pan European level but in the field of cancer clinical research. Other presentations included the European Health Examination Survey, the use of registries in Sweden, the relevance for cost effectiveness of a cardiovascular registries repository.

More generally the European Society of Cardiology and the European Heart Network are pleading for a centralised, comprehensive European cardiovascular disease registry with a set of predetermined patient data on health status, consumed resources, demographics and socioeconomics.

Partly answering this, the Cross border Patient Registries Initiative (PARENT www.patientregistries.eu), presented also that day, is a joint action that is aiming at supporting Member States in assessing registries and provide guidelines and IT components to design them. It raises the question of what needs to be centralised the overall governance, security, trust, processes.



GLOBAL BURDEN OF DISEASE 2010 – STUDY

The main methods and findings from the Global Burden of Disease 2010 (GBD) study have been recently published in *The Lancet* in a special issue containing seven articles, a special report and eight comments from study authors and other experts.

The GBD 2010 is a collaboration of 486 scientists from 302 institutions including Harvard University, Imperial College London, the Institute for Health Metrics and Evaluation (IHME) and the World Health Organisation (WHO). The aim of the study is to measure current levels and recent trends in all major diseases, injuries, and risk factors and to produce new and comprehensive sets of estimates and easy-to-use tools for research and teaching.

Main findings show that life expectancy has increased, but people living longer are spending more years in poor health compared to 20 years ago. The study also highlights the limited progress that has been made in reducing the prevalence of disability and encourages re-examination of global public health targets and priorities.

More information:

<http://www.thelancet.com/journals/lancet/issue/vol380no9859/PIIS0140-6736%2812%29X6053-7>

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>

1ST EUROPEAN FORUM OF PUBLIC PROCUREMENT OF INNOVATION FOR HEALTH

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

28 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

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

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 32nd 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/o4exchange/exchangefirstpage.html>

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