



hope

European Hospital and
Healthcare Federation

Newsletter

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9 th European Conference on Rare Diseases & Orphan Products (ECRD 2018)	Vienna, 10-12/05/2018
18 th International Conference on Integrated Care - “Value for People and Populations: Investing in Integrated Care”	Utrecht, 23-25/05/2018
HOPE Agora 2018	Stockholm, 3-5/06/2018
26 th International Conference on Health Promoting Hospitals and Health Services	Bologna, 6-8/06/2018
European Association of Hospital Managers Congress	Cascais, 26-28/09/2018
7 th International Congress of Hospitals – Citizen involvement and accountability in the National Health Service	Lisbon, 21-23/11/2018

Groupings in the healthcare sector: HOPE survey published

HOPE published on 2 May 2018 the results of the survey “Groupings in the healthcare sector”. With the growing pressure to deliver higher quality of care at lower cost, while reducing clinical activity levels in hospitals, European countries are testing and using various methods. Hospital and healthcare groupings are one of them.

They could aim at reducing operation expenses, increasing revenue or re-configuring service delivery. Quality improvement and acquisition of new skills and technologies are also rationales that led to the hospital and healthcare groupings.

HOPE has been collecting with its members the information available on this complex topic. This report provides then a summary on the most recent information available as groupings in the healthcare sector in Europe.

Publication

EURO-CAS: HOPE speaking at Connectathon

HOPE Chief executive was speaking at the round table organized by the EU-financed project EURO-CAS (in which HOPE is a partner) during the Connectathon (The Hague, The Netherlands) on 19 April 2018.

Connectathon is a five-day 'connectivity marathon' for testing the interoperability of health information systems. It is a unique opportunity for vendors to test the interoperability of their products in a structured and rigorous environment with peer vendors.

Attended by stakeholders of different kinds (healthcare professionals, IT specialists and vendors), the round table was answering the question “The conformity assessment scheme for Europe: what is in it for me?”

The conformity assessment scheme for Europe (CASforEU) that will be produced by the project will enable procurers and vendors of eHealth solutions to check whether the products are interoperable.

HOPE Chief executive first presented the challenges faced by eHealth procurers today:

- Tight schedule to bring a concrete solution once a policy or strategy has been defined;
- Handle complexity in functional, technical, security and privacy aspects when describing the needs of a tool or service;
- Ensure compatibility with legacy systems and external components within the region, country, or in cross-border context;
- Take into account the latest regulations;

- Be able to justify the engagement of economic resources for an optimal cost/quality/timing ratio;
- Be able to set and justify fair criteria for the evaluation of offers.

The experience from numerous procurers shows that the reference to standards, official or de facto, is already a common practice and helps to address some of the aforementioned challenges. Standards, best practices and recommendations already exist; however, the validation of the conformance is currently more difficult to confirm, especially in an opposable way, and through well-known, established and fair criteria.

To support public organizations for the tenders, the eHealth Interoperability Framework and its extension with the “Conformity Assessment Scheme for Europe” provide the foundation for future easy-to-use guidelines in eHealth on eProcurement addressing such a topic.

Indeed, using a public repository with assessed products for a set of profiles at the European level, the procurers can easily access an overview of products that support their own use cases. By linking the use case inventory, the identified profiles and the “Conformity Assessment Scheme for Europe” will provide a sustainable eHealth European Interoperability Framework that increases the implementation of the interoperability in solutions and projects.

EURO-CAS bring a solution to support procurers to address those challenges, reduce the financial and legal risk of the procurement process, and by simplifying this process, it will allow procurers to spend less time in contractual activities, to focus on the need of their users, innovative solutions and more added value.

In the context of integrated care, interrelation between healthcare organisation levels, not something new but with more pressure now, interoperability is key in this world of fragmentation.

This was also an opportunity to present two projects in which HOPE is involved: ICT4life and MedEye. Among the major challenges hospitals have to face nowadays are the connection with home care (addressed by ICT4life) and the issue of medication safety (addressed by MedEye).

EURO-CAS website



Health workforce and policy at national level: latest developments

Working Together for Health: A National Strategic Framework for Health and Social Care Workforce Planning

By Gabrielle Jacob, Eoin Dunleavy, Sorcha Murray, Ministry of Health, Ireland

Global and regional health workforce demand is expected to increase in the coming decades as a consequence of population and economic growth, combined with demographic, epidemiological and other factors.

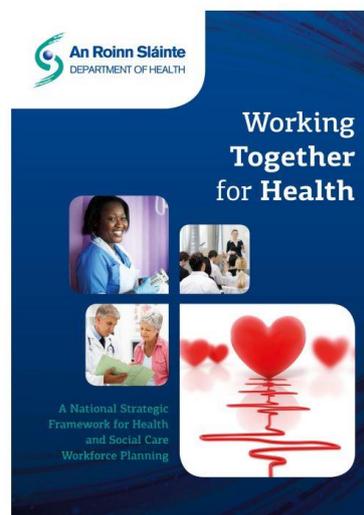
The health sector in Ireland is already experiencing challenges in the recruitment and retention of health professionals, including doctors and nurses. While targeted efforts are underway to address current recruitment and retention issues, the potential impact of emerging and accelerating global and regional health workforce shortages on health professional recruitment and retention presents a significant strategic risk to the effective functioning of the Irish health system in the coming years.

In 2016, the Irish Ministry of Health convened an intersectoral Steering Group to develop a strategic framework for health and social care workforce planning for Ireland that will support the recruitment and retention of the right mix of health workers across the health system to meet planned and projected service need.

Chaired by the Ministry of Health, the Group comprised representatives of key Government ministries and agencies, in addition to international and academic members.

The Framework was developed taking into account key national, regional and global developments and initiatives and has both a sectoral and intersectoral focus. It was informed by a significant stakeholder consultation process and was launched by the Irish Minister for Health, Simon Harris TD, at the 4th Global Forum for Human Resources for Health which was held in Dublin from 13-17 November 2017.

Article





EU Health ministers' informal meeting

On 23 April 2018, EU health ministers informally met in Sofia to discuss the challenges facing the European Union in the areas of healthy nutrition for children and the effectiveness and accessibility of medicines, as well as possible ways to deal with them. The topic of healthy nutrition for children raised issues relevant to the future of the EU: the necessity of investing in the young generation, the role of the Common Agricultural Policy in achieving the health objectives, and the possibilities of synchronising the objectives of research with the real needs of health policy.

The discussions among Ministers highlighted the important role of the environment and the supply of healthy products as a factor for more effective policies for the prevention of chronic diseases.

Opportunities to increase the supply of healthy foods, including through a Common Agricultural Policy focused on health objectives, were at the heart of the debates. The importance of responsible producer practices, including in relation to child-directed marketing –one of the most vulnerable consumer groups– was emphasised.

Another subject of intensive debate was which aspects of the drugs policy EU initiatives should focus on in compliance with the national competences.

The participants underlined the need to protect the confidence of patients and regulators in the drugs policy. Ministers also discussed issues related to the effectiveness and accessibility of medicines, including patients' problems caused by parallel drug exports. In this respect, cooperation among Member States is of particular importance.

More



Blood, Tissues and Cells Public Consultation results

On 19 April 2018, the Report of the online consultation on Blood, Tissues and Cells was released. The main findings are that the EU legislation makes Blood, Tissues and Cells safer, but needs to keep pace with developments.

The open public consultation evaluating the EU legal frameworks on blood, tissues and cells has found that the majority of the respondents, who included both individual citizens and various groups, such as professional societies, donor and patient organisations and national authorities, consider that the legislation had made blood, tissues and cells safer in the EU.

Most respondents find that the legislation is not up-to-date with scientific, technological, epidemiological or societal developments and that the process of updating is not flexible or quick enough to adapt to them. They also believe that some requirements might be missing or are inadequate, among them:

- Inadequate provisions for the protection of the living donors;
- Lack of requirements to ensure quality of blood, tissues and cells, as opposed to safety;
- Lack of demonstration of safety and efficacy in the recipient;
- Absence of provisions for ensuring sufficiency of supply.

Next steps include further evaluation of the legislation through an independent study by a contractor, continuing meetings between the Commission and key stakeholder organisations and the publication of a Final Evaluation Report by the Commission at the end of the year.

The consultation was launched online on 29 May 2017 and was open until 14 September 2017. Dedicated questionnaires were available for individual citizens and for administrations and organisations, in both cases based on the five assessment criteria: effectiveness, relevance, efficiency, coherence and EU added value. There were 43 responses from individual citizens and 158 from organisations including the key professional societies and donor and patient organisations, as well as many national authorities and industrial associations.

Report

Health Technology Assessment: Regulatory Scrutiny Board 2nd Opinion

On 31 January 2018, the Regulatory Scrutiny Board gave its second opinion “Impact Assessment / EU cooperation on Health Technology Assessment”. This overall second opinion is positive with reservations.

The previous overall opinion was negative, because the report contained important shortcomings that need to be addressed with respect to the following key aspects:

- The findings of the mid-term evaluation and the stakeholder consultation did not justify considering the continuation of the current joint actions as unsustainable;
- The report did not adequately justify the choice of the baseline, and the options did not adequately address all of the initiative stated objectives;
- The report did not demonstrate that the initiative is a proportionate and effective response to low HTA uptake;
- The report did not explain what the proposed measures would imply for Member States with regard to resources or adjustments to national regulatory frameworks and practices. It does not specify the measures to improve patients' and consumers' participation in HTAs;
- The report did not sufficiently analyse the preferred option and the delivery mechanisms of the initiative, including related resource implications.

For the second opinion, the Board notes that the report has improved since its first opinion. It justifies better the case for considering the discontinuation of the Joint Actions as the baseline and explains the differences with the project-based cooperation option. The revised report elaborates on the proportionality of the preferred option, provides additional information on its impacts and describes the different governance models in more detail. The report clarifies the measures to improve patients' and consumers' participation in HTAs. The Board also notes the phasing and incremental nature of the preferred option. However, the report still contains significant shortcomings that need to be addressed.

As a result, the Board gives a positive opinion, on the understanding that the report shall be adjusted to integrate the Board recommendations with respect to the following key aspects:

- The baseline is treated as an option and not as a comparator for the options.
- The report provides indications that the mandatory uptake of joint work would be sufficient to address many of the current shortcomings. However, it does not convincingly demonstrate that it is necessary. It is not clear what the resulting amendments to the existing Directive are.
- The report provides insufficient indications of Member States support for key aspects of the options.
- The revised report insufficiently discusses the uncertainties, risks, trade-offs and implementation challenges associated with the preferred option.

Read more

Non-communicable diseases: Best practice portal launched

On 24 April 2018, the European Commission launched a portal in order to support the progress towards health promotion and non-communicable disease prevention in Europe. The portal is a "one-stop shop" for consulting good and best practices collected in actions co-funded under the Health Programmes and submitting practices for assessment.

All practices in the area of health promotion, disease prevention and management of non-communicable diseases are welcome. Those practices which will be selected as "best" against the criteria adopted by the Steering Group on Prevention and Promotion will also be published on this portal.

Access the portal

Vaccination: Commission proposal for a council recommendation on strengthen cooperation against vaccine preventable diseases

On 26 April 2018, the Commission issued a set of recommendations for how the EU can strengthen cooperation in the fight against diseases that can be prevented by vaccines.

Vaccination saves between 1 and 3 million lives worldwide every year. According to the World Health Organisation, vaccines will save 25 million more lives in the coming decade. And yet, according to the European Centre for Disease Prevention and Control (ECDC), several EU countries are facing unprecedented outbreaks of measles and a resurgence of other vaccine-preventable diseases due to insufficient vaccination coverage, and children and adults in the EU are still dying from these diseases.

The Commission's proposal focuses on three main pillars for action: tackling vaccine hesitancy and improving vaccination coverage; sustainable vaccination policies in the EU; and EU coordination and contribution to global health.

The proposal calls for 20 concrete actions by the Commission and Member States, including:

- Developing and implementing national and/or regional vaccination plans by 2020, including a target of at least 95% vaccination coverage for measles;
- Introducing routine checks of vaccination status and regular opportunities to vaccinate across different stages of life, for example in schools and workplaces;
- Presenting options for a common vaccination card that can be shared electronically across borders;
- Establishing a European vaccination information portal by 2019 to provide online objective, transparent and updated evidence on the benefits and safety of vaccines;
- Mitigating the risks of shortages by developing a virtual repository EU data warehouse with information on vaccine stocks and needs to facilitate voluntary exchange of information on available supplies and shortages of essential vaccines;
- Equipping all healthcare workers with the necessary training to confidently deliver vaccinations and address hesitant behaviours;

- Convening a Coalition for Vaccination to bring together European associations of healthcare workers as well as relevant students' associations in the field, to commit to delivering accurate information to the public, combating myths and exchanging best practice;
- Establishing a European Information Sharing System to gather knowledge and develop guidelines for a core EU vaccination schedule by 2020 with doses and ages that EU Member States agree as being common to all countries;
- Strengthening partnerships and collaboration on vaccination with international partners.

The Commission's proposal for a Council recommendation will be discussed by the Council, with the aim of seeing it adopted before the end of 2018, with an immediate entry into force. Following this, every three years the Commission will report on progress made in the implementation of the recommendation. In addition, the Commission will also produce a report on 'The State of Confidence in Vaccines in the EU', to monitor attitudes towards vaccination, in the context of the State of Health in the EU process.

[Access the proposal](#)



Internal market

Regulations on medical devices and in vitro diagnostic medical devices: Commission communication campaign

HOPE was contacted by the Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) of the European Commission as part of its communication campaign on the new Regulations on medical devices (MDR) and in vitro diagnostic medical devices (IVDR).

These regulations came into force on 25 May 2017 and a transitional period is foreseen until May 2020 for medical devices and May 2022 for in vitro diagnostic medical devices.

The campaign aims at providing information to key actors and increasing awareness on the new requirements and timelines of these regulations, with the overall objective to avoid any disruption on the market and to prevent any malfunctioning of the healthcare system.

The campaign will primarily focus on manufacturers (and notably SMEs), the "procurement world" (e.g. hospitals, Ministries, etc.), authorised representatives, importers, distributors, re-processors of single-use devices, health institutions, healthcare professionals and authorities in third countries. Due to the number of targets and their worldwide distributions, the communication campaign will mainly be performed online, using notably DG GROW website and the engagement of existing networks of relevant multipliers.

Questionnaire



Digital Day 2018 Conference

On 10 April 2018 in Brussels, Digital Day brought together high-level stakeholders in the fields of digital technology and telecommunication. The event was organised by the European Commission under the Bulgarian Presidency of the Council of the European Union and focused on how the technological developments will shape the future of Europe.



Last year the Digital Day in Rome triggered successful cooperation in areas such as high-performance computing, connected mobility and the digitisation of industry. Digital Day 2018 reached for joint commitments related to the digital future of Europe in order to encourage investment in European digital technologies and infrastructures.

European countries signed a Declaration of cooperation on Artificial Intelligence (AI). The Member States agreed to work together on the most important issues raised by Artificial Intelligence, from ensuring Europe's competitiveness in the research and deployment of AI, to dealing with social, economic, ethical and legal questions. In the area of data-sharing and personalises healthcare, 16 European countries have signed a declaration for delivering cross-border access to their genomic information (see article below).

22 European countries have signed a Declaration on the establishment of a European Blockchain Partnership. The Partnership will be a vehicle for cooperation amongst Member States to exchange experience and expertise in technical and regulatory fields and prepare for the launch of EU-wide blockchain applications across the Digital Single Market for the benefit of the public and private sectors. This should ensure that Europe continues to play a leading role in the development and roll-out of blockchain technologies: the European Commission recently launched the EU Blockchain Observatory and Forum in February 2018 and will invest some €300 million in projects supporting the use of blockchain.

Encouraging innovation with the help of a new online tool: The Innovation Radar. It provides easy access to innovations supported by EU funding and the innovators behind them. It will allow every citizen, public official, professional and business person to discover the outputs of EU innovation funding and give them a chance to seek out innovators who could follow in the footsteps of companies such as Skype, TomTom, ARM Holdings, all of whom received EU funding in their early days. Innovation Radar is not only a databank: it is designed to help broker contact between EU-funded innovators and, for example, investors or other professionals who can help them get their innovations to market, be it with additional expertise or capital.

Several Member States took important steps to extend the 5G European network by signing regional agreements on 5G corridors. Following those new agreements and with previous

agreements between many European countries, a pan-European network of 5G corridors is now emerging with hundreds of kilometres of motorways where tests will be conducted up to the stage where a car can operate itself with a driver present under certain conditions (third level of automation).

[Read more](#)

Artificial Intelligence: Declaration of cooperation signed

On 10 April 25, European countries signed a Declaration of cooperation on Artificial Intelligence (AI). Whereas a number of Member States had already announced national initiatives on Artificial Intelligence, they now declared a strong will to join forces and engage in a European approach to deal therewith. By teaming up, the opportunities of AI for Europe can be fully ensured, while the challenges can be dealt with collectively.

The Declaration builds further on the achievements and investments of the European research and business community in AI. AI is already used by citizens daily and facilitates both their personal and professional lives. It can also solve key societal challenges, from sustainable healthcare to climate change and from cybersecurity to sustainable migration. Clearly, the technology is becoming a key driver for economic growth through the digitisation of industry and for society as a whole.

The emergence of AI also brings challenges which need to be addressed. An anticipatory approach is needed to deal with AI's transformation of the labour market. It is necessary to modernise Europe's education and training systems, including upskilling and reskilling European citizens. New legal and ethical questions should also be considered. An environment of trust and accountability around the development and use of AI is needed to fully profit from the opportunities it brings.

The Commission will present a Communication on AI in the coming weeks.

List of countries signatories of Declaration: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, UK, Norway.

[Read more](#)

Linking genomic databases across borders: 16 countries ready to cooperate

16 European countries have signed a declaration for delivering cross-border access to their genomic information. This is a game changer for European health research and clinical practice: sharing more genomic data will improve understanding and prevention of disease,

allowing for more personalised treatments (and targeted drug prescription), in particular for rare diseases, cancer and brain related diseases.

The signatory Member States commit to collaborate on the secure and authorised access to national and regional banks of genetic data and other data relevant for health.

The declaration foresees in particular to:

- Bring together fragmented infrastructure and expertise supporting a shared and tangible goal: One million genomes accessible in the EU by 2022;
- Leverage and maximise the investments already made by Member States at national and EU level, particularly in sequencing, bio banking and data infrastructure;
- Reaching a larger cohort that will provide a sufficient scale for new clinically impactful research.

The Commission will support Member States in setting up a voluntary coordination mechanism of public authorities to link ongoing genomic medicine initiatives. The coordination mechanism will:

- Define a governance model of the cooperation, particularly concerning the terms and conditions for distributed access to genomic data across-borders, usage of the data and others;
- Support the development of technical specifications for secure access and cross-border exchange of genomic datasets within the internal market, and;
- Facilitate interoperability of relevant registries and databases to support personalised medicine research.

List of signatory countries of the Declaration: The Czech Republic, Cyprus, Estonia, Finland, Italy, Lithuania, Luxembourg, Malta, Portugal, Slovenia, Spain, Sweden, UK, Bulgaria, Croatia, Greece.

[Read more](#)

Digital Transformation of Health and Care in the Digital Single Market: European Commission Communication

On 25 April 2018, the European Commission put forward a set of measures to increase the availability of data in the EU, building on previous initiatives to boost the free flow of non-personal data in the Digital Single Market.

Data-driven innovation is a key enabler of market growth, job creation, particularly for SMEs and start-ups, and the development of new technologies. It allows citizens to easily access and manage their health data and allows public authorities to use data better in research, prevention and health system reforms.

The proposals build on the General Data Protection Regulation (GDPR), which will enter into application as of 25 May 2018. They will ensure:

- Better access to and reusability of public sector data: A revised law on Public Sector Information covers data held by public undertakings in transport and utilities sectors. The new rules limit the exceptions that allow public bodies to charge more than the marginal costs of data dissemination for the reuse of their data. They also facilitate the reusability of open research data resulting from public funding and oblige Member States to develop open access policies. Finally, the new rules require – where applicable – technical solutions like Application Programming Interfaces (APIs) to provide real-time access to data.
- Scientific data sharing in 2018: A new set of recommendations address the policy and technological changes since the last Commission proposal on access to and preservation of scientific information. They offer guidance on implementing open access policies in line with open science objectives, research data and data management, the creation of a European Open Science Cloud, and text and data-mining. They also highlight the importance of incentives, rewards, skills and metrics appropriate for the new era of networked research.
- Private sector data sharing in business-to-business and business-to-governments contexts: A new Communication entitled “Towards a common European data space” provides guidance for businesses operating in the EU on the legal and technical principles that should govern data sharing collaboration in the private sector.
- Securing citizens' healthcare data while fostering European cooperation: The Commission is today setting out a plan of action that puts citizens first when it comes to data on citizens' health: by securing citizens' access to their health data and introducing the possibility to share their data across borders; by using larger data sets to enable more personalised diagnoses and medical treatment, and better anticipate epidemics; and by promoting appropriate digital tools, allowing public authorities to better use health data for research and for health system reforms. Today's proposal also covers the interoperability of electronic health records as well as a mechanism for voluntary coordination in sharing data – including genomic data – for disease prevention and research.

The released initiatives complement the framework for the free flow of non-personal data in the EU presented by the Commission in September 2017 and which still needs to be agreed by the European Parliament and Member States. The Commission will also set up a high-level round-table to discuss private sector data sharing in the business-to-government context during the second half of 2018 and the first half of 2019.

Commission Communication

New Commission guidance to support EU Member States in transition to Open Science

eHealth stakeholder group meeting

On 26 April 2018, HOPE took part in the eHealth Stakeholder Group meeting hold at Directorate General for Communications Networks, Content and Technology (DG CONNECT) offices in Brussels.

Despina Spanou, Director for the Directorate for Digital Society, Trust & Cybersecurity DG CONNECT, opened and chaired the meeting. Miguel Gonzalez-Sancho, DG CONNECT, Head of Unit H3, eHealth, Well-being and Ageing and Tapani Piha, DG SANTE, Head of Unit B3, Cross-Border Healthcare, eHealth gave a recap from the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on enabling the digital transformation of health and care in the Digital Single Market. Three priorities have been defined to make healthcare in Europe more digital:

- Secure access and exchange of health data,
- Data-based research and personalised medicine
- Digital tools to empower patients

Then, specific issues were presented: the Conference of Partners of the European Innovation Partnership on Active and Health Ageing, the Joint Declaration on Access to 1 million sequenced genomes in the EU by 2022, the Silver Economy Study, key results achieved from EU funded research and innovation on ICT for Active and Healthy Ageing and finally mHealth policy actions.

The meeting was the opportunity for DG CONNECT to get direct feedbacks from members. On this occasion, the European Consumer Organization (BEUC) raised some concerns and gave recommendations: health data should not be for sale and should only be used for medical research and to improve patient's safety and quality of care. Like many of the stakeholders, they welcomed the Commission Communication but would expect more guarantee concerning the privacy and data protection, the security of the system and the awareness among patients and healthcare professionals.

The afternoon session was chaired by Andrzej Rys, DG SANTE, Director for the Directorate Health Systems, Medical Products and Innovation. Some specific issues related to DG SANTE were discussed: the eHealth Network meeting and agenda, the 3rd Joint Action on eHealth, the European Reference Networks, the eHealth Digital Service Infrastructure.

Finally, the reports from the working groups on interoperability and standards, new and shifting balances and reimbursement were presented.

[Read more](#)



Social affairs

Proportionality test for new national regulations for professions

On 20 April 2018, the 'Proposal for a directive on a proportionality test before adoption of new regulation of professions' was informally approved in the dialogues. As a result of this process, the test presents a higher level of requirements but also a higher consideration for the different health profession specificity.

The proposal aims to improve transparency in the way certain professions are regulated in the member states. It would ensure that national measures are proportionate, and that they do not unduly restrict access to professional activities or create unjustified burdens in the internal market. When regulating professions, member states would have to assess whether new or revised rules are justified by public interest objectives. The directive aims to harmonise the way in which these proportionality tests are carried out and the criteria that will be applied.

The obligation to carry out a proportionality test before introducing new regulation of professions will complement the existing provisions of the Professional Qualifications Directive. This directive is a part of the "Services package". The Services package, published on 10 January 2017, contains the following legislative proposals:

- Proposal for a services e-card
- Proposal for a services notification procedure
- Proposal for a proportionality test before adoption of new regulation of professions

It also includes guidance on reform recommendations for regulation of professional services.

[Read more](#)

Workers' protection against cancer-causing chemicals: Commission proposal

On 5 April 2018, the Commission proposed to include new exposure limit values for five chemicals in the Carcinogens and Mutagens Directive. In other words, the proposal would limit workers' exposure to five cancer-causing chemicals, in addition to the 21 substances that have already been limited or proposed to be limited since the beginning of this mandate.

The Commission intends to improve the protection of workers from harmful chemicals in order to prevent further cases of workplace-related cancer as well as other health problems. Estimates show that the proposal would improve working conditions for over 1,000,000 EU workers and prevent over 22,000 cases of work-related illness.

These limit values set a maximum concentration for the presence of a cancer-causing chemical in the workplace air. The following five carcinogens of high relevance for the protection of workers have been selected:

- Cadmium and its inorganic compounds;
- Beryllium and inorganic beryllium compounds;
- Arsenic acid and its salts, as well as inorganic arsenic compounds;
- Formaldehyde;
- 4,4'-Methylene-bis(2-chloroaniline) (MOCA).

The first three carcinogens listed above are extensively used in several sectors including healthcare.

[Read more](#)

European programmes and projects

Fight against cancer: Joint Action kick-off

The kick-off meeting of the Joint Action on Innovative Partnership for Action against Cancer (iPAAC) took place on 16 and 17 April 2018 in Luxembourg, in the presence of the European Commissioner for Health and Food Safety Vytenis Andriukaitis.

This Joint Action has been selected for funding under the 2017 Work Plan of the Health Programme. It includes 21 Member States, as well as Norway, Moldova and Serbia. Over the next 36 months, the Joint Action will support Member States in implementing the recommendations and best practices agreed by the previous Joint Action on Cancer Control (CanCon) that ended in 2017.

The IPAAC Joint Action aims to reduce disparities across the EU and to translate the results of many years of cooperation on cancer prevention and control into concrete actions, designed to yield real results through six main objectives:

- Implementation of the fourth edition of the European Code Against Cancer;
- Implementation of 'genomics' best practices in cancer control and care;
- Improvement of cancer information to support planning and assessment of national cancer;
- Planning Identification and addressing new challenges in cancer care;
- Mapping of innovative therapies;
- Support to governance of national cancer plans in time of budget restriction.

The Joint Action will also foster supportive environments for healthy lifestyles, taking into account the 'health in all policies' principle.

[Read more](#)

EU-JAMRAI Surveys opened

EU-JAMRAI, the Joint Action against Antimicrobial Resistance and Healthcare Associated Infections, has launched two surveys. EU-JAMRAI overarching objective is to support EU Member States develop and implement effective one health policies to combat AMR and reduce healthcare-associated infections.

Given the differences in the AMR context in European countries, the aim of the objective 6.1 is to fill the gap between policy and practice of infection control in healthcare facilities based on evidence-based practices and the national experience of participating partners for elaborating a concrete, implementable and reasonable Infection Control Plan for the prevention of HCAs

The aim of *survey A* is to determine the necessary institutional structure and resources for the implementation of efficient and feasible infection control programs in healthcare settings according to the most recent guidelines for the core components of infection prevention and control programs. This extensive survey aims to collect information that will enable researchers to have a clear picture of the reality associated with the capability of each country to implement Infection Control Policies.

Survey A is targeting:

- Public Health Officer responsible for the AMR and HAIs prevention in your country
- Hospital Administrator in an acute care hospital or in a long-term facility
- Member of Infection Control Committee or a dedicated healthcare professional on Infection Control in an acute care hospital or in a long-term facility

The aim of *survey B* is to examine and analyse the barriers (attitudes, level of training, lack of awareness, etc) to an effective implementation of an infection control program in clinical reality, which are mainly linked to the institutional policy and organizational behaviour. This survey aims to determine the factors that influence the culture of the organization regarding the infection control and the effective implementation of an infection control program.

Survey B is targeting:

- Hospital Administrator
- Member of Infection Control Committee or a dedicated healthcare professional on Infection Control
- Healthcare professional in an acute care hospital or in a long-term facility

Access to the surveys

ICT for Active and Healthy Ageing: Top 25 influential projects

The European Commission published in April 2018 a study that analyses the impact on society of EU-funded Research and Innovation in technology for active and healthy ageing and tries to determine which of the projects have had the most influence in Europe over the last 11 years.

The European Commission has invested resources into research and innovation (R&I) projects in ICT for active and healthy ageing. The European Commission study entitled 'Impact of EU-Funded Research and Innovation on ICT for Active and Health Ageing - The Top 25 Most Influential Projects' analyses key results achieved from EU-funded projects on this topic under Framework Programme 7, the Competitiveness and Innovation Programme and Horizon 2020.

The report, written by the European research and consultancy company Oversight, also includes recommendations for future R&I projects related to active and healthy ageing.

The authors identify the 25 most promising projects in terms of impact and with regards to the European Commission's Triple Win Strategy (improved quality of life, increased efficiency of health and long-term care, market growth and expansion of the EU industry).

[Read more](#)

Health Workforce Workshop in collaboration with the 'Specialisation in Health' project

In cooperation with the European Commission, the ESI Funds for health project announced a series of workshops to share knowledge and build capacities for the development and implementation of EU-funded projects in the area of health. These workshops target ESIF programme managing authorities, beneficiaries and other stakeholders across the spectrum of health and social policy.

The first workshop on Health Workforce will be held 17 May in Sofia, Bulgaria.

The purpose of this workshop is to foster knowledge and experience exchange on the challenges facing the health workforce in the EU and the role European Structural and Investment Funds (ESI Funds) can play in managing these challenges. The following issues will be discussed:

- Workforce planning – assessing needs and developing a strategic approach;
- Workforce training – skills and knowledge gaps and training needs;
- The role of the ESI Funds in supporting the above.

The workshop will be carried out in collaboration with the Ministry of Health in Bulgaria and feature the 'Specialisation in Health' project supported by the European Social Fund.

This workshop is part of a series of events organised by the 'ESI Funds for Health' project funded by the Health Programme of the EU (Jan 2017- Dec 2018) with the aim to:

- Gather knowledge on health investments by the ESI Funds across the EU;
- Build knowledge and capacities to support the implementation of the ESI Funds for health.

[Read more](#)

Reports

➤ *World Health Organization (WHO)*

Protecting health and saving lives in outbreaks and emergencies

Public Health Panorama – Volume 4, Issue 1, March 2018

Emergencies of all kinds – disease outbreaks, conflicts and natural disasters – are having increasingly devastating effects not only on people’s health but also on their societies and economies, and these effects often last for decades. Recent striking examples are the Syrian humanitarian crisis, and outbreaks of Ebola, Zika virus disease and Middle East respiratory syndrome in, respectively, Africa, the Americas, and the Arabian Peninsula, all with repercussions for Europe. Increasingly, severe conflicts have domino effects as millions of people are affected and many move within and across countries. New challenges emerge as climate change makes disasters more frequent and destructive.

The Health Emergencies Programme is WHO response to more complex and demanding emergencies. It equips the organisation with a structure across its three levels that enables it to help countries prepare for, prevent, detect, respond to and recover from emergencies quickly, and in a more predictable, dependable and accountable way. Over the last 10 years the International Health Regulations (IHR) (2005) have made a difference to the way the world prepares for and responds to emergencies. However, today, more efforts are needed to accelerate IHR (2005) implementation through improved and innovative mechanism.

Link

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

Which policies increase value for money in health care?

The incentive structures produced by different institutional arrangements in health systems are important determinants of their performance and can explain some of the differences in cross-country performance patterns. This paper proposes an approach and quantitative method to investigate how different policies and institutions helped achieving better value for money across 26 OECD countries for the period of 2000-2015. To this aim, it uses a panel of health system characteristics indicators - derived from questionnaires sent to countries by OECD in 2008, 2012 and 2016 - that describes primarily health financing and coverage arrangements, health care delivery systems, and governance and resource allocation.

Link

Health Workforce Skills Assessment: Supporting Health Workers Achieve Person-Centred Care

The landscape of health service delivery is undergoing significant transformation from a disease-centred clinical care delivery approach towards value-based and personalised models of care. These new demands are leading to major reforms in care models and commensurate changes in the skill-set required by health workers. There is real risk that this transformation will result in a skills mismatch among health care professionals that could intensify as the pace of reforms and innovations increases. This was highlighted at the OECD Health Ministerial Meeting held in January 2017, which called for “a transformative agenda for the health workforce, assessing health professional skills, remuneration and co-ordination, and how these skills and models of care need to adapt in light of digitalisation, wider technological changes, and the evolution of patients' needs.”

Full report

Summary

➤ *Other*

Leapfrogging to address noncommunicable diseases

This special issue of Eurohealth looks at how health systems in Europe can accelerate the pace of reducing premature mortality resulting from Noncommunicable Diseases (NCDs). It has been prepared for a high-level regional meeting organized by WHO/Europe on Health Systems Respond to NCDs, held in Sitges (Spain) on 16-18 April 2018. The idea of “leapfrogging” invites countries to speed up the adoption of innovative approaches in addressing the burden of NCDs and to avoid and overcome the hurdles and mistakes that were made in the past. This would especially help countries in Eastern Europe and Central Asia to catch up with other countries in the European Region. This issue explores the experience and potential of leapfrogging in various areas that play an important role in tackling chronic conditions: public health, primary care, the health workforce and information technology. It also includes the views of decision-makers and stakeholders on how real health system transformation can be implemented.

Link

Drivers of irrational use of antibiotics in Europe

On 5 April 2018, Health Action International released a report on the drivers of irrational use of antibiotics in Europe. The unnecessary use of antibiotics and associated rapid growth of antibiotic resistance is a widely acknowledged crisis and threat to global health, development and sustainability. While the underlying cause of antibiotic resistance is undoubtedly the overall volume of antibiotic use, in general, irrational antibiotic use, which is influenced by several interrelated factors, is a major contributor. The aim of this paper is to present and describe selected main drivers of irrational use of antibiotics in Europe, focussing on the general public and healthcare providers, and to propose a number of initiatives that, if implemented, can improve the current situation.

Report

Articles

Economic evaluation of health promotion interventions for older people: do applied economic studies meet the methodological challenges?

Kai Huter, Katarzyna Dubas-Jakóbczyk, Ewa Kocot, Katarzyna Kissimova-Skarbek and Heinz Rothgang

In the light of demographic developments, health promotion interventions for older people are gaining importance. In addition to methodological challenges arising from the economic evaluation of health promotion interventions in general, there are specific methodological problems for the particular target group of older people. This paper focuses on the question whether and to what extent specific methodological requirements are actually met in applied health economic evaluations. Following a systematic review of pertinent health economic evaluations, the included studies are analysed on the basis of four assessment criteria that are derived from methodological debates on the economic evaluation of health promotion interventions in general and economic evaluations targeting older people in particular. There is a strong need for the development of guidelines to achieve better comparability and to include cost categories and outcomes that are relevant for older people. Disregarding these methodological obstacles could implicitly lead to discrimination against the elderly in terms of health promotion and disease prevention and, hence, an age-based rationing of public health care.

Link

Achieving successful community engagement: a rapid realist review

E. De Weger, N. Van Vooren, K. G. Luijkx, C. A. Baan and H. W. Drewes

Community engagement is increasingly seen as crucial to achieving high quality, efficient and collaborative care. However, organisations are still searching for the best and most effective ways to engage citizens in the shaping of health and care services. This review highlights the barriers and enablers for engaging communities in the planning, designing, governing, and/or delivering of health and care services on the macro or meso level. It provides policymakers and professionals with evidence-based guiding principles to implement their own effective community engagement (CE) strategies. An important thread throughout the CE literature is the influence of power imbalances and organisations' willingness, or not, to address such imbalances. The literature suggests that 'meaningful participation' of citizens can only be achieved if organisational processes are adapted to ensure that they are inclusive, accessible and supportive of citizens.

Link

Health economic evaluations based on routine data in Germany: a systematic review

Fabia Mareike Gansen

Improved data access and funding for health services research have promoted the application of routine data to measure costs and effects of interventions within the German health care system. Following the trend towards real world evidence, this review aims to evaluate the status and quality of health economic evaluations based on routine data in Germany. To identify relevant economic evaluations, a systematic literature search was conducted. The included studies had to be full economic evaluations using German routine data to measure either costs, effects, or both. This review confirms that routine data has become an increasingly common data source for health economic evaluations in Germany. While most studies addressed the application of routine data, this analysis reveals deficits in considering methodological particularities and in reporting quality of economic evaluations based on routine data. Nevertheless, this review demonstrates the overall potential of routine data for economic evaluations.

Link

Telemedical monitoring of patients with chronic heart failure has a positive effect on total health costs

Robert Herold, Wolfgang Hoffmann and Neeltje van den Berg

Telemedical programs for patients with chronic heart failure have shown inconsistent effects on survival and hospitalisation. Few studies analysed effects of telemedical interventions on health costs, although this outcome may determine whether or not a successful programme will be adopted by health insurance providers. Authors evaluated a large sized telemedicine programme provided by a German statutory health insurance, consisting of regular telephone contacts and, for a subgroup of the participants, provision of an electronic scale in a routine care setting. They examined the effects of the programme on the total healthcare costs after one year compared to a matched control group. The evaluation was based on reimbursement data of the statutory health insurance. Roughly 2,600 patients with chronic heart failure were included in the intervention programme. The telemedicine monitoring program for patients with chronic heart failure reduced total health costs after 12 months of the intervention, especially in rural regions in Germany.

[Link](#)

Implementation of clinical practice guidelines on lifestyle interventions in Swedish primary healthcare – a two-year follow up

Therese Kardakis, Lars Jerdén, Monica E. Nyström, Lars Weinehall and Helene Johansson

Implementation of interventions concerning prevention and health promotion in health care has faced particular challenges resulting in a low frequency and quality of these services. In November 2011, the Swedish National Board of Health and Welfare released national clinical practice guidelines to counteract patients' unhealthy lifestyle habits. Drawing on the results of a previous study as a point of departure, the aim of this two-year follow up was to assess the progress of work with lifestyle interventions in primary healthcare as well as the uptake and usage of the new guidelines on lifestyle interventions in clinical practice. Even if the uptake and usage of the CPGs on lifestyle interventions so far is low, the participants reported more frequent counselling on patients' lifestyle changes concerning use of tobacco and hazardous use of alcohol. However, these findings should be evaluated acknowledging the possibility of selection bias in favour of health promotion and lifestyle guidance. Further investigations on the implementation process in clinical practice, and the physicians' uptake and use of the CPGs.

[Link](#)

Hospital heterogeneity: what drives the quality of health care

Manhal Ali, Reza Salehnejad, Mohaimen Mansur

A major feature of health care systems is substantial variation in health care quality across hospitals. The quality of stroke care widely varies across NHS hospitals. Authors investigate factors that may explain variations in health care quality using measures of quality of stroke care. They combine NHS trust data from the National Sentinel Stroke Audit with other data sets from the Office for National Statistics, NHS and census data to capture hospitals' human and physical assets and organisational characteristics. Moreover, they employ a class of non-parametric methods to explore the complex structure of the data and a set of correlated random effects models to identify key determinants of the quality of stroke care. The organisational quality of the process of stroke care appears as a fundamental driver of clinical quality of stroke care. There are rich complementarities amongst drivers of quality of stroke care. The findings strengthen previous research on managerial and organisational determinants of health care quality.

Link

Patient empowerment in Europe: is no further research needed?

Livio Garattini, Anna Padula

In economic theory, healthcare can be considered a clear example of “market failure” caused by lack of price competition, which does not enjoy the basic conditions to work on both the demand and supply sides. This justifies health economics as a discipline. From the demand side, patients have hardly ever been considered common consumers in European healthcare systems and thus expenses have been mostly funded by “third-party payers” at the macro level. Therefore, physicians respond to “payers” for healthcare expenditure at the micro level and are supposed to establish a “principal–agent relationship” with patients, deciding therapies on their behalf to fill the information asymmetry gap. The relationship between physicians and patients has been examined in other disciplines besides health economics. Trying to capture this multidisciplinary approach in the literature, authors identified patient empowerment (PE) as possibly the oldest and still relevant concept used to describe a physician–patient relationship potentially alternative to that of health economics.

Link

Addressing cross-border healthcare fraud

On 25 April 2018, MEP Anne Sander (EPP, France) hosted the event “Addressing cross-border healthcare fraud” at the European Parliament.

The event, organised by the European Healthcare Fraud and Corruption Network (EHFCN) and Association Internationale de la Mutualité (AIM) identified the challenges and potential solutions of cross-border healthcare fraud. Tom Verdonck, Acting President of EHFCN stressed out the importance of identifying the types of fraud and their causes as a first step in a context of different healthcare systems.

Hans-Jürgen Faust, Chair, Working Group on the Fight Against Fraud of AIM stressed out the necessity to strengthen whistle-blower protection mechanisms, to increase the reporting obligation and to set up a codes of conduct as well as binding preventive measures. Therefore, collaboration of Member States at EU level is necessary in terms of data exchange through networks such as EHFCN or Eurojust for example.

Paul Vincke, Managing Director, EHFCN and Nathalie De Wulf, Member of the Executive Committee, EHFCN presented reflections on the European Commission’s Cross-Border Care Study. They reminded the different potential sources of fraud and especially the fact that it can come from healthcare providers, intermediaries such as manufacturers but also from patients. The role of OLAF (European Anti-Fraud Office) in investigating the cross-border procurement fraud in between the countries was underlined.

Alain de Muyser, Deputy Secretary General, Benelux Union, presented the EHFCN-Benelux Project on cross-border fraud in healthcare. The closing words were delivered by MEP Anne Sander who stressed out the importance of this topic and of sharing of knowledge in this area.

European Commission’s Cross-Border Care Study

World Health Organisation 70th birthday

On 7 April 2018, on the World Health Day, the World Health Organization marked its 70th anniversary. This year, World Health Day is dedicated to one of WHO’s founding principles: *“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”* WHO is present in 194 Member States across six regions, and has more than 150 offices, and aims to achieve the Sustainable Development Goal of ensuring *“healthy lives and promote wellbeing for all at all ages”*.

Globally, life expectancy has increased by 25 years since WHO was established. Some of the biggest health gains are seen among children under-5: in 2016, 6 million fewer children died

before they reached their fifth birthday than in 1990. Smallpox has been defeated and polio is on the verge of eradication. Many countries have successfully eliminated measles, malaria and debilitating tropical diseases like guinea worm and elephantiasis, as well as mother-to-child transmission of HIV and syphilis.

Bold new WHO recommendations for earlier, simpler treatment, combined with efforts to facilitate access to cheaper generic medicines, have helped 21 million people get life-saving treatment for HIV. The plight of more than 300 million people suffering from chronic hepatitis B and C infections is finally gaining global attention. And innovative partnerships have produced effective vaccines against meningitis and Ebola, as well as the world's first ever malaria vaccine.

From the very beginning, WHO has brought together the world's top health experts to produce recommendations and international reference materials. These range from the International Classification of Diseases – currently used in 100 countries as a common standard for reporting diseases and identifying health trends, to the WHO Essential Medicines List—a guide for countries on the key medicines that a national health system needs. In the coming weeks, it will publish the world's first Essential Diagnostics List.

For decades, WHO staff have worked alongside governments and health professionals in concrete actions. In the early years, there was a strong focus on fighting infectious killers like smallpox, polio and diphtheria and the Expanded Programme on Immunization, for example, set up by WHO in the early 1970s has brought lifesaving vaccines to millions of children.

In recent decades, the world has seen a rise in noncommunicable diseases such as cancer, diabetes and heart disease (now accounting for 70% of all deaths), so WHO has shifted focus, along with health authorities around the world, to promote healthy eating, physical exercise and regular health checks.

Tracking progress in all of these areas requires a strong monitoring system. Data collected from countries across the world is stored in and shared through WHO's Global Health Observatory. This powerful tool helps countries get a clear picture of who is falling sick, from which disease, and where, so they can target efforts where they are needed most.

Remaining on constant alert

Every year, WHO studies influenza trends, to work out what should go into the next season's vaccine. And it remains on constant alert against the threat of pandemic influenza. A renewed commitment to prevent outbreaks from turning into epidemics, and to respond better and faster to humanitarian emergencies, has spurred the creation of a new health emergencies programme that works across all three levels of the Organization. WHO is currently responding to outbreaks and humanitarian crises in more than 40 countries.

Next month, at the World Health Assembly, the Organization will propose a bold new agenda. It will focus on achieving universal health coverage for 1 billion more people; protecting 1 billion more people from health emergencies and enabling 1 billion more people to enjoy better health and wellbeing – by 2023, the halfway point to the 2030 Sustainable Development Agenda deadline.

[Read more](#)

Open Research Data to Support Sustainable Health Initiatives

On 24 April 2018, HOPE took part in the event “Open Research Data to Support Sustainable Health Initiatives” organised by Frontiers in Brussels. The event was aimed at explaining the recent successes in the application of big data technologies and artificial intelligence to data-intensive health research and to discuss policy challenges and actions necessary to unleash the full potential of open research data in health for the benefit of society.

During the conference, various points were made, such as the importance of developing a common language between professionals, enabling better use of genomic data for clinical practice, interpreting of data, developing ethical codes of conduct, introducing long term preservation, managing costs and time, creating availability of data and so on. These features can be introduced with policies, with the help from both politicians and hands-on professionals such as doctors, researchers and scientists.

[Read more](#)

Personalised Medicine and the Big Data Challenge – Conference

On 27 and 28 March 2018, the European Alliance for Personalised Medicine sixth annual conference took place in Brussels. The conference follows in the wake of five successful previous events, beginning in Spring 2013 with a congress in Dublin, one year after its formation in March 2012. As was the case last year, the conference was highly interactive with roundtable sessions and several Q and A opportunities to enhance involvement from the floor.

The Brussels-based Alliance brings together European healthcare experts and patient advocates involved with major chronic diseases. The aim is to improve patient care by accelerating the development, delivery and uptake of personalised medicine and diagnostics, through consensus.

The mix of its members provides extensive scientific, clinical, caring and training expertise in personalised medicine and diagnostics, across patient groups, academia, health professionals and industry. Relevant departments of the Commission have observer status, as does the European Medicines Agency.

This conference, albeit under the Big Data umbrella, also focused on disease areas and saw the following sessions among others:

- Broad picture of profiling/genomics/personalised healthcare
- More data to treat more diseases
- Commissioners' discussions
- Haematology/Oncology
- How can the region and national level integrate this?

[Read more](#)

Health workforce planning: Call for interest from EU Member States

The Call for interest to receive tailored advice in health workforce planning has been opened. “Support for the health workforce planning and forecasting expert network” Joint Tender published a “Call for interest” for EU Member States to receive tailored advice and guidance in health workforce planning. The aim of the activity is to sustain cross-country cooperation and provide support to Member States to increase their knowledge, improve their tools and succeed in achieving a higher effectiveness in health workforce planning processes and policy.

- Do you need improvements in your national/local health workforce planning?
- Are you committed to develop your health workforce planning capacity in your country?
- Would you like to have a tailored consultation from experts?

Call for interest

Health Workforce Education & Research – European Conference

The European Conference of Health Workforce Education & Research will take place at the National School of Public Health in Athens, Greece on 24 and 25 May 2018. In collaboration with the National School of Public Health, the International Network for Health Workforce Education hosts this conference to promote interdisciplinary co-operation and critical understanding of the latest research in the field of health workforce education, training and development within continental regions and beyond. The Conference brings together researchers, educators, trainers and policy makers from around the world who are engaged and active in health workforce education.

Leadership, Communication and Intercultural Education for health professionals, the theme of the European Conference on Health Workforce Education and Research, is at the very top of political and research agendas. Health professionals are dealing with constant changes to both the health systems they work in and the patients they serve. Equipping the health workforce with the skills to deal with this change is of the utmost importance for healthcare educators, researchers and policy makers. Leadership, Communication and Intercultural Education are three distinct but interrelated topics that are assisting health professionals adapt to their changing environment.

Leadership training for health professionals has been on the rise since the early 1990's when 'new public management' changed the opinion of policy makers and catapulted leadership skills to the top of the public-sector agenda. Rising financial and operational pressures to health systems in recent years have placed an ever-increasing responsibility on all health professionals to conduct their activities with the wider health system in mind. Healthcare education has thus looked to increased leadership training as a way of equipping health professionals to deal with such pressures.

During the same period patients have changed from passive 'consumers' of healthcare to active participants, increasing the need for effective communication between all stakeholders in patients' care packages. Effective *communication* between health professionals and patients has been found to have a positive impact on decreasing readmission rates, understanding treatment options, helping to achieve adherence to treatment, increasing the consistency of following a medication schedule, saving costs, and improving overall health outcomes for patients.

Lastly, EU mobility and an increased number of displaced persons across the globe now makes *intercultural training* for health professionals a necessity, especially with the health workforce often being the first point of contact for many migrants. The EU Skills Panorama (2014) states that health professionals should develop their skills in line with broader societal trends and influences. Researchers and policymakers have also added their voices to calls to develop the range and quality of intercultural competences.

[Event page](#)

Vaccination – Stakeholder Forum

EURACTIV with financial support of the Pharmaceutical Industry organised on 26 April 2018 a “stakeholder forum” to discuss how European citizens could play a greater role in protecting themselves against vaccine preventable diseases.

Several questions were raised:

- How to shift citizens' perceptions on the positive life outcomes driven by vaccination - direct and indirect benefits?;
- What practices help citizens take more control of their own health?;
- How to optimise public engagement on vaccination in a digital world?
- What role for different stakeholders in implementing life-course vaccination?



To answer them the panel was made of Xavier Prats Monné, (Director General, DG SANTE, European Commission); Adina-Ioana Vălean MEP (Chair, Environment and Public Health Committee, European Parliament); Odile Launay (Université Paris Descartes, Sorbonne Paris Santé, Centre d'investigation clinique Cochin-Pasteur, Hôpital Cochin); and Daphne Holt (Chair, Coalition for life course immunization).

[Read more](#)

Vaccination – Manifesto of Influenza

The Pharmaceutical industry (VaccinesEurope) was financing an event on 24 April 2018 in Brussels.

The Steering Group on Influenza Vaccination, co-chaired by MEP Françoise Grossetête and Prof Thomas Szucs, organised the event called: 'The EU Manifesto on Influenza Vaccination – together reducing the burden of influenza'.

The keynote speech was delivered by Mr Xavier Prats Monné, Director-General for Health and Food Safety, European Commission.

The event was organised to coincide with European Immunization Week 2018 to respond to needs outlined in the European Commission's Roadmap to Strengthen Cooperation Against Vaccine Preventable Diseases.

[Read more](#)

Health System Challenges small European states

HOPE was invited by the Jean Monnet Network on European Integration, Small States and Health to a policy dialogue organized on 26 April 2018 on the challenges for health systems in small European states. What should the EU prioritize post 2020?

The opportunities and challenges of small states' health systems in the context of European collaboration and integration have been addressed through comparative research across four health policy issues (cancer, health professionals' mobility, access to medicines, rare diseases) in Estonia, Malta, Slovenia and Iceland through the SMSHealth.eu project (co-financed by the European Union).

The policy dialogue was organized to highlight the specificities of small states health systems. The policy dialogue explores ways to address challenges linked to the small health systems capacities and markets whilst exploiting assets that small states can use to provide high quality, comprehensive and, at the same time, financially sustainable health services.

The role of the EU in the coming years in supporting small states to overcome challenges associated with smallness to improve health and well-being for their citizens will also be discussed particularly with reference to the five scenarios for health in the Future of Europe White Paper.

[Read more](#)

Upcoming events



9th European Conference on Rare Diseases & Orphan products (ECDR) 2018

Vienna (Austria), 10-12 May 2018

The European Hospital and Healthcare Federation (HOPE) will be an official partner of the 9th European Conference on Rare Diseases & Orphan Products (ECDR 2018) to be held at the Wien Messe Exhibition & Congress Centre in Vienna, Austria from 10 to 12 May 2018.

The ninth edition of this important conference for the rare disease community will be organised by EURORDIS-Rare Diseases Europe, a non-profit alliance of over 700 rare disease patient organisations from more than 60 countries that work together to improve the lives of the 30 million people living with a rare disease in Europe.

ECDR 2018 will be supported by the EU Public Health Programme and AFM-Telethon. The conference is estimated to gather over 800 participants: patient representatives, academics, health care professionals, industry, payers, regulators and policy makers.

The overarching theme of ECDR 2018 is: Rare Diseases 360° - Collaborative strategies to leave no one behind. This theme symbolises the global scope of the topics to be discussed during the conference (research, diagnosis, product pathways to patients, impact of the digital environment, quality of life, sustainability of health care systems and international policy).

[Read more](#)

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

Utrecht (Netherlands), 23 – 25 May 2018

HOPE joins the organisation of the 18th International conference on Integrated Care “**Value for People and Populations: Investing in Integrated Care**”. The event is organised by the International Foundation of Integrated Care (IFIC) in partnership with RIVM and Vilans and will take place in Utrecht from 23 to 25 May 2018.

The conference will bring together researchers, clinicians and managers from around the world who are engaged in the design and delivery of integrated health and social care. They shared experience and the latest evidence about integrating Public Health, Health and Social Care and the New roles and Possibilities for Hospitals, producing Positive and Curative Integrated Mental and Physical Care, mobilising key enablers like policy making and Mobile and Digital

Health Solutions, and investment in an Integrated Care Workforce, clinical leadership and coproduction with individuals, careers, communities and populations.

The Integrated Care Academy© Award for Best Paper and Posters will be presented at the conference. All papers presented as oral presentations or posters at the conference will be published in the International Journal of Integrated Care (IJIC).

[Read more](#)

HOPE Agora 2018

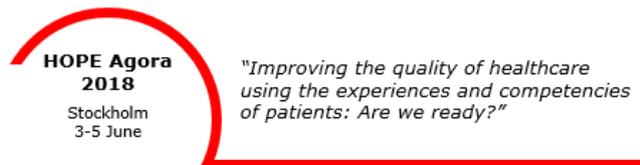
From 3 to 5 June 2018, the Swedish Association of Local Authorities and Regions (SALAR) welcomes the HOPE Agora 2018 in Stockholm. The conference closes the 2018 HOPE Exchange Programme.

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

In addition to these presentations made by the HOPE exchange programme participants, some invited speakers will also give their perspectives on the topic.

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

[More information and registration](#)



26th International Conference on Health Promoting Hospitals and Health Services

Bologna (Italy), 6-8 June 2018

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

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

[Read more](#)

European Association of Hospital Managers Congress

Cascais (Portugal), 26 - 28 September 2018

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

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

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

[Read more](#)

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

Lisbon (Portugal), 21-23 November 2018

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

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

[Read more](#)