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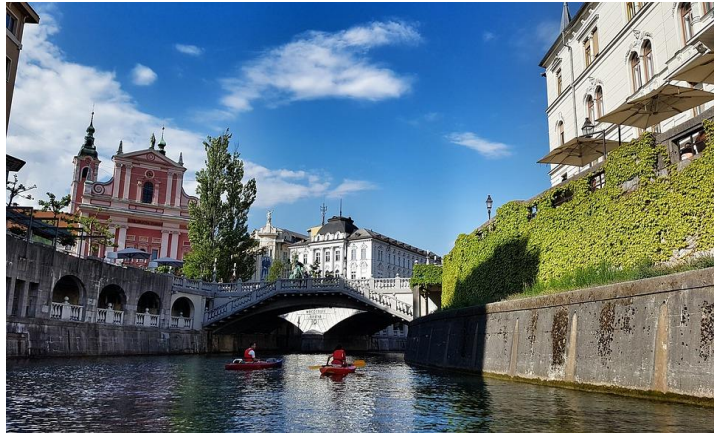
Upcoming HOPE (and co-organised) conferences and events

European Association of Hospital Managers Congress	Cascais, 26-28/09/2018
Study Tour: The Management of Innovation in Cancer Care	Marseille, 3-5/10/2018
7 th International Congress of Hospitals – Citizen involvement and accountability in the National Health Service	Lisbon, 21-23/11/2018
Conducting change in Psychiatry and Mental Health	Marseille, 21-23/11/2018
19 th International Conference on Integrated Care	San Sebastian, 1-3/04/2019
HOPE Agora 2019	Ljubljana, 2-4/06/2019

HOPE Agora 2019 in Ljubljana, Slovenia

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

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



[Read more](#)

HOPE Study Tour –The Danish Way in Quality and Health Care: short summary

“To work with and to improve quality in health care, we need to be better in defining what outcome we want”, Erik Jylling, Vice executive president, Danish Regions.

This may be the most important statement from the Study Tour that **Danish Regions** organized in spring 2018. The participants heard of working methods and projects that help define and address the challenges at hand, and discussions on this took place in an open forum meant to advance the exchange of best practices, ideas and challenges, which is the heart of the HOPE Study Tours.

But back to the first statement: “What outcome do we want?” Not just in Denmark, but all over Europe. A patient centered health care system, but also an affordable health care system, a dedicated and highly qualified staff, short waiting lists, high quality, specialized services, personalized medicine, etc.? Is all of it possible or how do we rank which is the most important, and what effect does it have on how we ought to work? The Study Tour gave an insight into how the Danish health care sector works with a lot of issues.

What has Denmark done to address the quality challenge?

In 2016 a new national Quality programme was established, with the aim to build a nationwide improvement work on the results and experience of the patients. The programme abolished accreditation at hospitals, as we had come as far as we could with that instrument, it has fewer process and registration demands, and more systematic improvement work, where management and staff can follow, analyze and act based on key numbers.

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8 national goals agreed by the national, regional and local political level were introduced. These goals are the cornerstone of the national quality programme. A range of indicators are meant to make the goals concrete. It is up to each level to make sure that the exact challenges they are facing are addressed to reach the goals. Learning and quality teams established with both regional and local participants are meant to follow the developments and to follow up on the results. So far it seems like the new approach to quality has given new life and enthusiasm to an area, that was regarded by many health professionals as bureaucratic and not always clinically worthwhile.

The five Danish regions are generally on a good path. The last 10-15 years have been a remarkable improvement of the quality in the Danish healthcare system, with lower mortality rates, significantly decreased waiting times and the first of a range of new hospitals have already been built. Through Population health management, Value based health care, Big data, Personalised medicine and a political obligation to not only deliver health care services, but provide Health for all (**Health for all**), it is the aim, that we can keep improving.

But despite improvements Denmark is facing the same challenges as the rest of Europe when it comes to chronic illnesses, comorbidity, demography etc. which puts a tremendous pressure on the health services, whether it is regional or local. And that's why the participants were introduced to both the areas where progress are made and to those where it is still early to say if we have found the right track to solve the challenges we are facing: Can value based health care help steering hospitals budgets, how much time does it take to train the staff to work based on this, is the effort worthwhile, will it last, how about the quality in general practice and the crucial cooperation between sectors, will we be able to use the technical solutions at hand, can we change the culture of how we work, are regular controls really necessary, based on evidence or could the doctors time be used better? etc. So far it is not possible to come with bullet proof solutions to all the challenges health care is facing all over Europe. The talks must continue as to how each health care system can use the means at hand as they see fit, and that fits their version of health care.

A large group of 37 people from 11 countries participated in the Study Tour. A tight programme took the participants through a brief introduction to the general health care system in Denmark of free and equal access, to mega trends and visions in health care and gave an insight into the work with quality in health care from both the national, regional and local angle, as Rigshospitalet in Copenhagen (**Rigshospitalet**) and the Local Government Denmark (**Local Government Denmark**) were visited. Even the dinner was with a point, as Meyers House of Food (**Meyers**) gave an insight into how they work with quality from farm to table.





Finland

Reform the regional government, health and social services: new time schedule

According to the government's SOTE plan (2017a), healthcare and social services (including long-term care) in Finland will be transferred to entities that are larger than municipalities: the counties. Social welfare and healthcare services will be combined at all levels to meet these objectives. The aim is to create seamless service chains for the provision of key social welfare and healthcare services. Because of more effective services, the SOTE is also expected to stop cost expansion. After the reform, the public administration in Finland will be organised at three levels: state, counties and municipalities. The counties will be responsible for arranging all public social welfare and healthcare services, and the decisions will be made by elected county councils. The first county elections were foreseen in October 2018.

On 27 June 2018, Prime Minister Juha Sipilä presented his announcement on the changed time schedule of the regional government, health and social services reform to the Finnish Parliament. According to the new schedule, counties would start their activities on 1 January 2021. The responsibility for organising the services would be transferred to the counties on the same day.



Austrian Presidency priorities

From 9 to 12 July 2018, the priorities of the Austrian Presidency of the EU Council of Ministers were presented to parliamentary committees by ministers, in a series of meetings.

General priorities

The Austrian Presidency of the Council of the European Union will focus on security and the fight against illegal migration, securing prosperity and competitiveness through digitalisation, and stability in the European neighbourhood.

The motto of the Austrian Presidency is 'A Europe that protects'. To achieve this objective, Austria approach will be based on enhancing the principle of subsidiarity. The European Union should focus on big issues which require a joint solution and take a step back when it comes to smaller issues where member states or regions are in a better position to take decisions.

Employment, Health, Social Affairs

Labour, Social Affairs, Health and Consumer Protection Minister Beate Hartinger-Klein said on 11 July that the Presidency would like to make progress on coordinating social security systems and on inter-institutional negotiations on work-life balance and health risks in the workplace.

Moreover, the minister said they will pursue agreements on establishing a European Labour Authority and look forward to future negotiations on the European Social Fund Plus.

Read more



Guidelines on Good Clinical Practice for Advanced Therapy Medicinal Products: Targeted stakeholder consultation

The European Commission launched on 1 August 2018 a targeted stakeholder consultation on the draft Guidelines on Good Clinical Practice (GCP) for Advanced Therapy Medicinal Products (ATMP).

Article 4 of Regulation (EC) No 1394/2007 (the ATMP Regulation) requires the European Commission, after consulting the European Medicines Agency (EMA) to draw up detailed guidelines on GCP specific to ATMPs. As a result, the Commission has recently launched a consultation and published a corresponding consultation document outlining the proposed guidelines on GCP. The guidelines include chapters on the scope, general principles, clinical trial design, application dossier, the quality of investigational ATMPs, administration procedures, traceability, retention of samples, protection of clinical trial subjects, safety reporting, and monitoring.

The stakeholders targeted for this consultation include: small and medium-sized enterprises, academia, hospitals and patient organisations.

[Read more](#)

Combatting HIV/AIDS, viral hepatitis and tuberculosis - Commission Staff Working Document

On 20 July 2018, the European Commission published a staff working document on combatting HIV/AIDS, viral hepatitis B and C and tuberculosis in the European Union and neighbouring countries. The document is an overview of EU policy initiatives and activities to help Member States meet the Global Sustainable Development Goal of ending the AIDS and tuberculosis epidemics by 2030 and to fight hepatitis and other communicable diseases.

The staff working document takes stock of EU support to Member States across several policy areas: public health, research, drugs policy, development cooperation, accession and neighbourhood policy, European structural funds, etc. It also presents EU-funded good practices related to early diagnosis, encouragement of testing, wider outreach to vulnerable groups, integrated care across the diseases, rapid linkage to care, treatment as prevention, health promotion and support to networks and civil society organisations.

[Staff working document](#)

Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

On 17 July 2018, the Commission adopted a Decision which established the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (“the Steering Group”) as a formal expert body. The objective of the Steering Group is to help the Member States reach the Sustainable Development Goals related to health and to reduce premature mortality from non-communicable disease.

The Steering Group will have a broad overview of public health policy and may set up subgroups to work on specific issues for limited time periods. Therefore, existing Commission expert groups set up for particular diseases, for example, those on cancer control and rare diseases, will now be replaced by the Steering Group.

In practice, the Steering Group will provide expert advice to the Commission on developing and implementing activities in the field of health promotion, disease prevention and the management of non-communicable diseases. It will also foster exchanges of relevant experience, policies and practices between the Member States.

The Steering Group will advise the Commission on the selection of best practices and using them to support their transfer and scaling up at the national and European level using the funds from the EU Health Programme or other EU financial instruments.

The Commission will chair the Steering Group made up of the Member States. It will hold its first formal meeting on 6 November 2018 in Luxembourg.

More information

European Reference Networks: Timeline for the designation of Associated National Centres and Coordination Hubs by the Member States

On 5 July 2018, the European Reference Networks (ERNs) Board of Member States invited the Member States to designate in the next months and possibly at the latest by December 2018 the Associated National Centres for those ERNs where they do not have a healthcare provider established in their territory as member; and / or a National Coordination Hub which will establish a link with all Networks in which the Member State does not have a healthcare provider as member or as Associated National Centre and with which the Member State wishes to establish such link.

Once the integration strategies are approved by the Board and at the latest after the first Board meeting of 2019, the ERNs will start the inclusion process of the designated Affiliated Partners, in line with the inclusion strategies approved by the Board.

Read more

Health Technology Assessment (HTA) stakeholder meeting at the European Commission

On 9 July 2018, HOPE attended the “Way forward for cooperation” stakeholders meeting organised by the European Commission. Themed sessions gathered experts and institutional actors giving them the opportunity to identify and discuss the ways of cooperation on Health Technology Assessment (HTA), on which a Commission regulatory proposal was released on 31 January 2018.

Vytenis Andriukaitis, European Commissioner for Health and Food Safety delivered an inaugural address, stating that “Europe cares for patients and for people” and assuring Member States that the Commission aims to respect their competences and their diversity. Soledad Cabezon Ruiz (ENVI Committee rapporteur for the proposal) then stressed out the need for a better quality in innovation, scientific evidence and added-value and called for the harmonisation of health technologies clinical evaluation criteria amongst Member States. She also emphasised the Commission proposal should guarantee patients are provided with the best possible healthcare services.

Dr Clemens Martin Auer, Director General of Austria Ministry of Health, stressed that innovation is crucial but also has downsides, namely costs and lack of stability. These challenges can be answered by HTA cooperation. Yet, in the light of the EPSCO (Ministers of social and health affairs) Council meeting held on 22 June, Member States have shown to be sceptical regarding the Commission proposal, asking for some guarantees concerning transparency as well as their freedom of action and raising concerns about Article 8 of the proposal on the use of Joint Clinical Assessment Reports at Member State Level.

Session 1 on “engaging with patients and clinicians” started with a keynote speech by Eric Low (Amyloidosis Research Consortium). This first debate was chaired by Nicola Bedlington, president of European Patients Forum. Panellists emphasised that by 2025 increasing collaboration between patients across borders, sharing best practices efficiently or ensuring transparency is respected would be fitting results.

During “Generating evidence that meets the needs of patients and health system decision makers”-themed session, a keynote speech was delivered from François Meyer (*Haute Autorité de Santé*, France). How to provide better information to enrolled patients, engage with regulators and pricing bodies, or collaborate with the European Medicines Agency were some of the points the panellists debated with the audience under the supervision of François Hoüyez (EURORDIS, the rare diseases association).

The last debate on “managing uncertainty in the post-launch phase” was opened by a speech from Piotr Szymanski (European Society of Cardiology) and chaired by Rosanna Tarricone (Bocconi School of Management, Milan). This session focused on opportunities and potential for updates of possible future joint clinical assessments using newly generated evidence. Medical registries and robotics were among the precise topics debated.

Marcus Guardian (EUnetHTA Chief Operative Officer) concluded by pointing out the complementarity of actions led at EU level and national level and also stressing out the importance to pursue transparency, an issue that has been underlined by several panellists.

Xavier Prats-Monné (Director General, DG SANTE, European Commission) closed the event making clear the Commission was hearing the expressed concerns, he recognised the benefits EUnetHTA brought but reminded these advances could be consequently deepened. Mr Prats-Monné expressed its optimism and indicated the initiative can improve evidence-based policy, pool expertise and allocation of resources. He also emphasised the importance of stakeholders' engagement and pointed out EU action should be focusing on patients and quality of healthcare.

Cross-border healthcare Study: Empowering National Contact Points to help patients exercise their rights

On 20 July 2018, the European Commission released a study on cross-border healthcare. The overall objective of this study was to propose recommendations for improving the current level of information provision to patients by National Contact Points (NCPs). The research methodology used in this study consisted of: literature review, analysis of legal texts, website analysis, pseudo-patient investigation, NCP and patient surveys, bilateral exchanges and a workshop with NCPs. Core findings of the study are:

- There is a general lack of awareness of the existence of the Directive 2011/24/EU and NCPs. Almost five years after the implementation of the Directive, patient's awareness on their rights and possibilities to access health services abroad and on the existence of NCPs is still low;
- The information provision through NCP websites was adequate, but there remains a need to further improve the websites. In particular, information on patient's rights, quality and safety standards, and reimbursement of cross-border healthcare costs require additional consideration and improvement;
- There are big organisational differences between NCPs regarding the number of NCPs in each Member State, the institution hosting the NCP, funding and staff, and organisational handling of patients. Significant improvements have been achieved since the implementation of the Directive, however there is still room for further improvement;
- Information provision for incoming patients is in general less complete compared to that for outgoing patients;
- Overall, there is still ample room for improvement in NCP practices. There is especially great potential for NCPs to learn from each other and help each other improve their information provision to patients in the context of cross-border healthcare.

Report

Member State Data on cross-border healthcare – Year 2016

Directive 2011/24/EU codifies patients' rights to reimbursement for Healthcare received in another EU Member State (MS) and obliges MS to provide information about access to such

care through their National Contact Points. In order to assess the impact of the Directive, a questionnaire was sent to all MS in 2015, 2016 and 2017 to collect information on patient mobility in the preceding year. The data collected each year address treatment provided with Prior Authorisation (PA) from the Member State of affiliation (where the patient is insured); as well as Treatment where such prior-authorisation is not required. This report, published on 18 July 2018, provides an overview of the data on patient Mobility in 2016, collected from July to November 2017. Returns were received from all thirty countries contacted (EU 28 plus Norway and Iceland). It should be noted however that several Member States had difficulties in reporting all the requested data. Accordingly, the base line numbers referred in different sections vary, and percentages should be interpreted with caution.

Report

Cancer burden indicators in Europe: insights from national and regional information

On 1 August 2018, the European Commission published a report on cancer in Europe with a regional perspective. With more than 3 million new cases and 1.4 million deaths estimated for 2018, cancer represents the second most important cause of death and morbidity in the EU-28. Population-based cancer registration represents the 'gold' standard for the provision of unbiased information on cancer burden in a defined population and how it is changing over time. Population-based cancer registries (PBCRs) collect, manage and analyse data on patients diagnosed with cancer within a defined geographical area over a certain calendar period. They are invaluable resources for the clinical and epidemiological investigation of cancer and have a unique role in supporting public health officials and agencies in the planning and evaluation of cancer prevention and control programmes.

Report



Communications networks, Content and Technology

Call for experts on access to and re-use of private sector data

On 24 August 2018, the Commission published a call for applications for the selection of members of an expert group on access to and re-use of private sector data for public interest purposes.

The objectives of the expert group are to endorse a framework for Business-to-Government (B2G) data sharing, on the basis of the **guidance document** published by the Commission on 25 April 2018 and to provide the Commission with recommendations on future policy and

funding initiatives in the area of private sector data sharing with public bodies for public interest purposes.

The group will consist of up to 24 members, each acting in their personal capacity – independently from the organisation in which they work and in the public interest. The composition of the group will be such that it reflects a balanced representation of experts with a high level of experience in different areas and sectors (with experience in the public and/or private sector), also ensuring to the extent possible geographical and gender balance.

The group will meet a maximum of five times, in Brussels. The first meeting is planned for November 2018 and it is expected that the group will complete its work by the end of 2019.

[Read more](#)



Justice and Consumers

Big data, the General Data Protection Regulation and health: EU country reports

EU data protection rules have changed since the implementation of the General Data Protection Regulation (GDPR) in May 2018. On 21 August 2018 the European Commission shed light on the AEGLE project, which allowed to collect data from four different Member States of the European Union.

The initial question was to know whether it was permitted to process personal data, and in particular health data for research purpose. The answer was different for each of the countries, despite the Directive on the protection of individuals with regard to the processing of personal data and on the free movement of such data (Directive 95/46/EC). While this instrument provided for a certain degree of harmonisation of the data protection legal frameworks throughout the European Union, divergent legal rules remained in particular concerning the re-use of personal data without the informed consent of the data subjects. Another issue was to know whether the implementation of the GDPR would affect this state of play and harmonise the rules applicable to data processing for scientific research in the European Union.

While these country reports are primarily focused on the framework applicable to the AEGLE Platform, they will prove a valuable source of information to anyone interested in learning more about on the data protection aspect of scientific research in the field of health care and the changes it is undergoing. These reports explain the rules applicable to the collect and the processing of health data.

Country reports

Innovative Medicine Initiative (IMI) launches new calls for proposals

On 18 July 2018, the Innovative Medicines Initiative (IMI) has launched several calls for proposals. The topics address, among others, brain disorders (e.g. Alzheimer's disease, Parkinson's disease, Huntington's disease, major depression) and immune-mediated diseases (e.g. rheumatoid arthritis and lupus as well as inflammatory bowel diseases such as Crohn's and colitis, and skin diseases like dermatitis and psoriasis). The aim of the topics is to make clinical trials more patient-centric, contribute to medicine safety, and apply blockchain technologies to the drug development and health sectors.

The AMR Accelerator: The aim of the new IMI AMR Accelerator is to progress the development of new medicines to treat or even prevent resistant bacterial infections in Europe and worldwide. More broadly, the IMI AMR Accelerator contributes to the European action plan on AMR, which includes a chapter on boosting research, development and innovation for AMR.

Clinical trials will become digital: This topic aims to identifying, assessing and validating digital technologies (e.g. wearable and home-based devices) that could reliably and sensitively measure patients' clinical conditions in their homes or as they go about their daily lives.

Bringing the blockchain into healthcare: This topic aims to establish a common blockchain ecosystem for pharmaceutical development, manufacturing and distribution. By bringing together all parties, including patients, healthcare providers and health authorities, it will establish an agreed framework and reference implementation that addresses data integrity, security and privacy as well as regulatory compliance and efficiency. This framework will act as an integration layer linking underlying blockchain technologies with specific business applications in areas such as the supply chain, clinical development, and health data.

More information

Social Innovation: Commission launches €2 million Horizon Prize

On 23 July 2018, the European Commission launched a Horizon Prize in Social Innovation to improve the mobility of older people.

The prize has a budget of €2 million and is funded under Horizon 2020, the EU's research and innovation programme. One prize of €1 million and four runner-up prizes of €250,000 each will be awarded to the most innovative mobility solutions that enable older citizens to continue to fully participate in social activities, maintain their autonomy and age healthily.

The winning projects will be expected to combine technological, social and behavioural features, and they will have to be implemented for at least five months during the period of the contest.

Read more

Reports

➤ *World Health Organization (WHO)*

Health 2020 priority area four: creating supportive environments and resilient communities. A compendium of inspirational examples (2018)

This Compendium published in July 2018 provides inspirational examples of building resilience at individual, community and system levels. It describes the innovative, on-the-ground actions taken by 13 countries to create supportive environments for strengthening resilience and its link to health and well-being outcomes. The examples, primarily gathered from community initiatives, are linked to the four types of resilience capacities: adaptive, absorptive, anticipatory and transformative. The Compendium covers a wide range of topics such as the role of resilience building in addressing human rights, health inequities, and environmental hazards and threats; and health-related topics such as communicable and noncommunicable diseases. Creating resilient communities and supportive environments for population health and well-being is one of the priority areas of Health 2020. Resilience is also a key element in achieving the Sustainable Development Goals.

Link

Medicines Reimbursement Policies in Europe (2018)

On 24 July 2018, the WHO published a report which reviews and analyses different reimbursement policies for medicines applied by countries in the WHO European region. The study used a mixed methods approach including primary data collection through a questionnaire addressing the competent authorities included in the Pharmaceutical Pricing and Reimbursement Information (PPRI) network, a literature review, qualitative interviews with authorities and researchers in selected case study countries, and a cross-country analysis of the actual financial burden for patients. The study found that while almost all countries provide full coverage for medicines in the inpatient sector, patients can be asked to co-pay for reimbursable medicines in the outpatient sector. As a commonly applied co-payment patients pay a defined share of the price of a medicine; in addition, prescription fees and/or deductibles are also in place in some countries. In the countries of the WHO European region, mechanisms have been established to protect defined population groups from excessive co-payments for medicines; key reasons for reductions of and exemptions from co-payments include low income, defined diseases or disabilities and age. The analysis of the actual financial burden suggested that co-payments may pose a substantial financial burden for patients, particularly

in lower-income countries. The report identified several principles aiming to improve affordable access to medicines and protect people from excessive out-of-pocket co-payments. These include clear priority-setting processes, evidence-based decision-making, transparent processes, consideration of vulnerable population groups, making use of the efficiency of lower priced medicines, regular evaluations and strategic design of policy measures.

[Link](#)

The toolkit for a sustainable health workforce in the WHO European Region (2018)

On 31 July 2018, the WHO released a toolkit aimed at policy-makers, human resources for health (HRH) planners and professionals, and other stakeholders, such as education institutions and those implementing policy. It is intended to support *Towards a sustainable health workforce in the WHO European Region: framework for action*, which adapts the Global strategy on human resources for health: workforce 2030 to the context of the WHO European Region. It is framed around four strategic domains mirroring the themes of the global strategy – education and performance, planning and investment, capacity-building, and analysis and monitoring – and proposes policy options and implementation modalities. The toolkit is formulated to provide Member States with information and signpost to practical materials, such as HRH assessment, policy and planning tools, analytical approaches and case studies, to support their efforts to strengthen HRH in a sustainable way, including through investment in capital and recurrent expenditure. It is not intended to be an exhaustive list or compendium.

[Link](#)

Compendium of good practices in the health sector response to HIV in the WHO European Region (2018)

In response to the rapidly increasing number of new HIV infections in the WHO European Region, the action plan for the health sector response to HIV in the WHO European Region was endorsed at the 66th session of the WHO Regional Committee for Europe in September 2016. From December 2017 to April 2018, the WHO Regional Office for Europe collected good practices in implementation of the action plan and compiled them in this compendium. National health authorities, national and international experts, and civil-society organizations involved in HIV prevention, treatment and care were solicited to share their practices. The practices exemplify efforts within five target areas: HIV prevention; HIV testing and treatment; reducing AIDS-related deaths; curbing discrimination; and increasing financial sustainability of the HIV/AIDS response. This first compendium of good HIV practices in the WHO European Region was published on 23 July 2018 and includes 52 practice examples from 32 Member States. The compendium is intended as a resource for relevant stakeholders in the HIV response.

[Link](#)

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

Care Needed. Improving the Lives of People with Dementia

On 12 June 2018, the OECD published a study on dementia care in the OECD countries. Across the OECD, nearly 19 million people are living with dementia. Millions of family members and friends provide care and support to loved ones with dementia throughout their lives. Globally, dementia costs over USD 1 trillion per year and represents one of the leading causes of disability for elderly adults. These numbers will continue to rise as populations age. Until a cure or disease-modifying treatment for dementia is developed, the progress of the disease cannot be stopped. This report presents the most up-to-date and comprehensive cross-country assessment of the state of dementia care in OECD countries. In recent years, OECD countries have enhanced their efforts to provide high-quality dementia care during diagnosis, early and advanced dementia, but improving measurement is necessary for enhancements in care quality and outcomes for people with dementia. The report advises a set of policies that can help countries to improve diagnosis, strengthen access to care services, improve the quality of care, and support the families and carers of people living with dementia. Measuring and comparing the services that are delivered to people with dementia and the outcomes they achieve is a crucial part of improving dementia care. Most health systems have very poor data on dementia care and countries should work to strengthen the measurement of quality and outcomes of dementia care.

Link

Delivering Quality Health Services: A Global Imperative

On 5 July 2018, the OECD published a report on quality health services. Universal health coverage (UHC) aims to provide health security and universal access to essential care services without financial hardship to individuals, families and communities. UHC enables a transition to more productive and equitable societies and economies and is enshrined in the 2030 Sustainable Development Goals (SDGs). But UHC should not be implemented without considering the quality of the care provided. Quality means care that is effective, safe, people-centered, timely, equitable, integrated and efficient. High-quality care improves health outcomes and reduces waste. It is integral to a high-value, sustainable health system. Universal access to high-quality health care is not a luxury only rich countries can afford. It can be achieved in all settings with strong leadership, planning and implementation. The returns are worth the investment. While significant progress has been made to improve care quality has been made, more effort is needed in both developing and developed countries. This report describes the current situation with regard to UHC and global quality of care, and outlines the steps governments, health services and their workers, together with citizens and patients need to urgently take.

Link

What is the experience of decentralized hospital governance in Europe?

On 30 July 2018, the European Observatory on Health Systems and Policies published a report on decentralized hospital governance in Europe. Hospitals in Europe face many challenges, including increasing cost pressures, technological changes and the shifting burden of disease, not to mention growing patient expectations. A new policy brief has been released by the European Observatory on Health Systems and Policies, exploring the experience of 10 European countries using decentralised governance models to help hospitals adapt to increasing pressures and better meet the needs of patients. The movement to increase autonomy in hospitals comes as a result of increased political pressure to restructure traditional governance mechanisms, enabling hospitals to not only increase efficiency through local purchasing preferences, but also to be more flexible in meeting the needs of the local population and offering more people-centred services. The policy brief, which includes case studies from Denmark, England, Finland, France, Germany, Italy, Netherlands, Scotland, Spain and Sweden, includes several different approaches to decentralised hospital governance. It also presents examples of how some commonly encountered barriers, such as inequity between areas of authority, and the loss of the economic benefits that scale can bring to centralised models, can be overcome through the collaboration of subnational bodies in coordinating their investment and planning.

Link

Greece - Health System in Transition (2017)

In July 2018, the European Observatory on Health Systems and Policies published a review of the Greek health system. The economic crisis has had a major impact on Greece's health system. While in the past, long-needed reforms stagnated, the country's Economic Adjustment Programme imposed by international lenders has acted as a catalyst to tackle an unprecedentedly large number of changes in the health sector since 2010.

These changes aimed to cut spending, reduce inefficiencies and improve monitoring within a very ambitious time frame, but not all have been successful. Squeezed to the limits, Greece's health system now needs longer-term strategic measures that can ensure a balance of resources, improve responsiveness, and deliver high-quality services equitably and in appropriate settings.

Health financing shaped by significant fiscal constraints

Health expenditure has fallen by a quarter since the onset of the crisis, and Greece now has one of the lowest levels of health spending in the European Union. Just over 40% of this is paid out-of-pocket, placing a considerable burden on households.

Measures have mainly targeted overall public spending, including cost reductions and inefficiencies in the pharmaceutical and hospital sectors. The longer-term financial sustainability of the national health system will depend on securing adequate public resources and on their appropriate distribution.

Health service benefits now more equitable

Greece has addressed long-standing fragmentation and inequities in social health insurance contribution rates and benefits through the establishment of the National Organization for the Provision of Healthcare Services (EOPYY), which acts as a single purchaser of health services, and by standardizing the benefits package.

Universal coverage restored

Nearly 2.5 million people lost their health insurance coverage – and thus access to health services – during the crisis due to unemployment or inability to pay social health insurance contributions. A series of measures tried unsuccessfully to address the situation before remedial legislation restored coverage for the whole population in 2016.

Major overhaul of the primary care system the priority over the next 3 years

Currently, Greece has an underdeveloped primary care system. Patients face problems with access, continuity of care and coordination, as well as comprehensiveness of services. A new primary care plan, which relies on shifting more responsibilities for service planning and delivery to the regions, aims to establish first-contact, decentralized local primary care units staffed by multidisciplinary teams that also take on a gate-keeping role to specialist ambulatory care.

[Link](#)

Estonia - Health System in Transition (2018)

On 1 August 2018, the European Observatory on Health Systems and Policies published a report analysing the Estonian health system recent developments in organization and governance, health financing, health-care provision, health reforms and health system performance. In 2017, the Estonian government took the historic step of expanding the revenue base of the health system, which has been a longstanding challenge. However, in terms of percentage of gross domestic product (GDP) it remains a small increase and long-term financial sustainability could still pose a problem. That said, if these additional funds are invested wisely, they could play a positive role in further improving the health system.

Although Estonia has made remarkable progress on many health indicators (e.g. the strongest gains in life expectancy of all European Union (EU) countries, sharply falling amenable mortality rates), there are opportunities for improvement. They include overcoming the large health disparities between socioeconomic groups, improving population coverage, developing a comprehensive plan to tackle workforce shortages, better managing the growing number of

people with (multiple) noncommunicable diseases and further reaping the benefits of the e-health system, especially for care integration and clinical decision-making.

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

[Link](#)

Spain - Health System in Transition (2018)

On 9 August 2018, the European Observatory on Health Systems and Policies published a report underlying principles and goals of the Spanish national health system continue to focus on universality, free access, equity and fairness of financing. The evolution of performance measures over the last decade shows the resilience of the health system to macroeconomic conditions, although some structural reforms may be required to improve chronic-care management and the reallocation of resources to high-value interventions.

Overall health status continues to improve

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

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

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

Service provision characterized by the strength of primary care

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

Resilient health system despite economic crisis

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

[Link](#)

Understanding Complexity in Health Systems: International Perspectives

BMC Medicine

On 20 June 2018, BMC Medicine presented a series of papers that extend the theoretical and empirical knowledge base on the topic of complexity science and its application to health care systems. Health systems around the world are struggling with the unprecedented interacting challenges of – among others – increased life expectancy (and the concomitant increase in chronic illness, multi-morbidity and frailty), technological progress (both real and imagined), the convergence of ‘health’ and ‘care’ needs (along with increasingly messy disputes over who should pay for them), fragmentation of services, mismatches between workforce supply and system demand, a mushrooming of regulations and protocols, diminishing public trust in health professionals, and shrinking budgets. Complexity science will not provide a simple fix for the inherent tensions and paradoxes in contemporary health systems. But a better understanding of complexity science will help us develop appropriate responses.

[Link](#)

Spending on Health: Latest Trends

OECD Policy Brief

On 28 June 2018, the OECD published a Policy Brief providing the latest trend in healthcare expenditure in the OECD countries, based on the analysis of the latest figures available. Health expenditure in 2016 grew by its fastest rate in seven years with further growth expected in 2017. OECD spending on health care increased by 3.4%, on average, in 2016, the highest rate since 2009 although still below pre-crisis levels. Preliminary estimates for 2017 expect spending to have grown again by around 2.5% with a number of countries including Canada, the Netherlands and New Zealand, projecting reduced growth rates compared to 2016.

[Link](#)

24th annual meeting of the WHO Regions for Health Network – building a healthier future for all: a role to play for everyone

The 24th annual meeting of the WHO Regions for Health Network (RHN) was held on 10–12 June 2018 in Marstrand and Gothenburg (Västra Götaland), Sweden. The event was jointly organized by the WHO European Office for Investment for Health and Development of the WHO Regional Office for Europe and the Västra Götaland Region in Sweden.

The event, attended by representatives of 36 regions in 33 European countries, provided RHN members with an opportunity to enhance dialogue and foster bilateral and multilateral collaboration, with a specific focus on action towards achievement of the United Nations Sustainable Development Goals and the promotion of supportive environments.

Two RHN publications were launched, illustrating the strengths, challenges and aspirations of – and some of the inspiring practice taking place in – the regions participating in the Network: **“Regions for Health Network: Catalogue of Regions 2018”**, a tool for strengthening bilateral and multilateral collaboration among the regions and **“Healthy settings for older people are healthy settings for all. The experience of Friuli Venezia Giulia, Italy”**.

[Read more](#)

Launching of the 2018 Declaration of Istanbul - Congress of The Transplantation Society

The Declaration of Istanbul (DoI) on Organ Trafficking and Transplant Tourism was developed at an international summit conveyed by The Transplantation Society and the International Society of Nephrology in 2008. Although it is not a legal document, the DoI has profoundly impacted upon national legislations of many countries and upon professional codes of practice. The DoI has been endorsed by more than 135 professional societies, transplant organizations and other organisms throughout the world.

Considering the clinical, legal and social advancements in the field during the last decade, the Declaration of Istanbul Custodian Group initiated a process to update the DoI in 2017. Once updated, the document was subject to a public consultation with an active participation of the international transplant community. The process culminated with the launching of the 2018 version of the DoI at the congress of The Transplantation Society held in Madrid (Spain), last July 2018.

The updated DOI, simplified and clarified, includes a preamble, 5 definitions (aligned with those provided by the relevant international legally binding texts) and 11 principles. An explanatory commentary is being developed to help interpret the principles and make proposals for its application in practice. The 2018 version of the DoI represents an opportunity to renew the

commitment of the international transplant community to combat unethical practices that violate fundamental principles and rights and becomes a mandatory reference document for transplant professionals.

[Read more](#)

Observatory Venice Summer School – quality of care: improving effectiveness, safety, and responsiveness

On 22–28 July 2018, the Observatory Venice Summer School took place in Venice, Italy. Policy makers, planners and professionals who participated in, benefited from a week of learning about and sharing experiences in the area of quality-of-care. Its main objectives were to:

- clarify the concept of “quality of care” and its various dimensions, and ways of measuring and comparing quality;
- illustrate evidence-based country experiences based on different approaches to and innovative models of assuring and improving care;
- systematize and interpret the effectiveness of various approaches to quality of care, such as the use of evidence-based pathways, accreditation, audit and feedback, patient-safety measures, public reporting or pay-for-quality programmes;
- review how such approaches could be integrated into national strategies to enable health systems fulfil their roles and continuously improve their performance.

[Read more](#)

The Meuse-Rhine Euroregion meets the Veneto Region, Italy

On 16 July 2018, a delegation of health experts from the Veneto Region in Italy visited the Meuse-Rhine Euroregion (EMR), one of the oldest cross-border regions in the European Union. The aim of the visit was to become familiar with the EMR health system and discuss common challenges and objectives in health care, prevention and promotion. Marleen van Rijnsbergen, Political Representative of the Meuse-Rhine Euroregion (EMR) and Executive of the Province of Limburg, Netherlands, kindly received the participants from Veneto.

The delegation had the opportunity to meet with EMR ministers, visit the Maastricht University Hospital, discuss innovative concepts of primary and secondary care, visit the Zuyderland Hospital in Limburg (Netherlands), and become acquainted with the public health and primary-care services of the Netherlands. It was also introduced to the euPrevent - EMR Foundation that initiates, supports, stimulates and facilitates cross-border cooperation between professionals and organizations working to promote and preserve the health of the population.

The visit represented the start of a collaboration between the two regions, which will be based on the exchange of experiences and mutual learning.

Upcoming events



European Association of Hospital Managers Congress

Cascais (Portugal), 26 - 28 September 2018

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

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

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

[Read more](#)

Study Tour: The Management of Innovation in Cancer Care

Marseille (France), 3 - 5 October 2018

HOPE organises a study tour in Institut Paoli-Calmettes, Unicancer-Marseille, France: “The management of innovation in cancer care”. Organizational, technical and therapeutic innovations in cancerology can be transferable to other pathologies and especially chronic diseases. In addition to the presentation and visits, a part of the programme will be dedicated to exchange between participants.

You can register online before 7 September. The fee is €410 and includes two lunches, one diner, transportation in Marseille, as well as two hotel nights at Hôtel Maison Montgrand for the 3 and 4 October.

[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”, for 21 to 23 November in Lisbon, Portugal.

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

[Read more](#)

Conducting change in Psychiatry and Mental Health

Marseille (France), 21-23 November 2018

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

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

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

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

[Read more](#)

19th International Conference on Integrated Care

San Sebastian (Spain), 1-3 April 2019

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

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

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

Call for abstracts:

If you would like to showcase your research or project at the conference in the form a workshop (60 or 90 mins), oral presentation (20 mins), oral poster (5 minutes PowerPoint presentation) or display only poster (no presentation time), please follow the steps outlined below. Papers can be received in English and Spanish and translation will be available at the conference. Deadline for abstract submissions: Friday, 28 September.

Note: Special consideration is given to papers that can demonstrate active people involvement in either or all of design, implementation and evaluation.

All accepted abstracts will be published in the **International Journal for Integrated Care**.

[Read more](#)

HOPE Agora 2019

Ljubljana (Slovenia), 2-4 June 2019

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

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

[Read more](#)