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N° 134 – February 2016

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SUSTAINABLE COLLABORATION ON PATIENT SAFETY AND QUALITY OF CARE – HOPE LETTER TO THE COMMISSION

On 3 February 2016, HOPE wrote a letter to the European Commission DG SANTE addressing the proposal for such sustainable collaboration on patient safety and quality of care.

Since 2005, at the beginning of the European Commission activities on patient safety and quality of care, HOPE has been very active participating to expert groups and EU co-funded projects aiming at improving patient safety and quality of care in Europe. In 2014, HOPE lobbied for the EU to consolidate a sustainable way to collaborate on this matter. Such a pledge was concretised in the Council Conclusions of December 2014, which mandated the Commission and Member States to put forward a proposal for a sustainable collaboration by December 2016.

HOPE sent the letter ahead of the meeting of the Health Programme Committee where the 2016 Work Plan was planned to be put to a vote.

HOPE raised its concern about the fact that no proposal regarding a sustainable collaboration was included in the 2016 Work Plan of the 3rd Health Programme, despite the commitment in the Council Conclusions to present such a proposal by December 2016.

A similar letter was also sent by the Standing Committee of European Doctors (CPME).

EUROPEAN EMERGENCY NUMBER 112 IN CROSS-BORDER AREAS – PARLIAMENTARY QUESTION

MEPs Charles Goerens (Luxembourg, ALDE) and Nathalie Griesbeck (France, ALDE) recently asked a question to the European Commission regarding the European emergency number 112 in cross-border areas.

They took the example of an accident occurring at the border between two Member States and the case in which the call would be inappropriately answered, therefore dramatically delaying the arrival of emergency services. They stressed the importance of cooperation between Member States and asked the Commission whether it intends to discuss this issue with the Member States and whether

it plans to foster the implementation of a creative call-handling process ensuring that calls are correctly located and answered in the right language.

Commissioner for the Digital Economy and Society Günter Oettinger answered stating that it is of the competence of the electronic communication service provider and of the Member States to ensure that an emergency call in a cross-border area is allocated to the competent emergency service, or to ensure good cooperation between the competent authorities in a cross-border region where the call cannot be located accurately. Commissioner Oettinger affirmed that the Commission will raise the issue when discussing 112 number implementation issues with Member States. Commissioner Oettinger also declared that the Commission will take into account the results of the public consultation on the evaluation and review of the regulatory framework for electronic communications, including 112 number, that ended on 7 December 2015.

The parliamentary question is available at:

<http://www.europarl.europa.eu/sides/getDoc.do?type=WQ&reference=E-2015-014092&language=EN>

The Commission answer is available at:

<http://www.europarl.europa.eu/sides/getAllAnswers.do?reference=E-2015-014092&language=EN>

TICKING THE BOXES OR IMPROVING HEALTHCARE AND PATIENT SAFETY? OPTIMISING CONTINUOUS PROFESSIONAL DEVELOPMENT OF HEALTH PROFESSIONALS IN THE EU – WORKSHOP

On 11 February 2016, HOPE attended the workshop organised by the European Commission on Continuous Professional Development (CPD) and patient safety.

CPD aims at updating and improving the skills of health professionals, which contributes to improve quality of care and patient safety. However, the legislations and practices vary tremendously from one Member State to the other. The expert group on European health workforce therefore invited the European Commission to organise a workshop to share and discuss national experiences on CPD systems and approaches to improve quality of care and patient safety.

The workshop brought together 60 experts in the area of CPD to discuss ways to optimise CPD of health professionals.

Presentations are available at:

http://ec.europa.eu/health/workforce/events/ev_20160211_en.htm

EUROPEAN QUALITY ASSURANCE SCHEME FOR BREAST CANCER SERVICES – CALL FOR FEEDBACK

In the framework of the project European Commission Initiative on Breast Cancer (ECIBC), the Commission Joint Research Centre (JRC) has been recently asking stakeholders for feedback on the draft scope of the European Quality Assurance scheme for Breast Cancer Services. The comments collected will be used to develop the final version of the scope of the European Quality Assurance scheme.

The general scope of the European Quality Assurance scheme for Breast Cancer Services has been drafted by the Quality Assurance Scheme Development Group. This draft document proposes the care processes, care services and quality dimensions that the European Quality Assurance scheme will and will not cover.

The deadline to submit feedback is 9 March 2016.

More information:

<http://ecibc.jrc.ec.europa.eu/-/scope-of-the-european-quality-assurance-scheme-for-breast-cancer-services>

LAUNCH OF A NEW EUROPEAN MEDICAL CORPS TO RESPOND FASTER TO EMERGENCIES

The EU launched on 16 February 2016 a European Medical Corps to help mobilise medical and public health teams and equipment for emergencies inside and outside the EU. Through this European Medical Corps, Member States and other European countries will be able to make medical teams and assets available for rapid deployment when an emergency strikes, thus ensuring a faster and more predictable response.

The European Medical Corps is part of the EU Civil Protection Mechanism's new European Emergency Response Capacity (also called voluntary pool). So far, Belgium, Czech Republic, Finland, France, Luxembourg, Germany, Spain, Sweden and the Netherlands have already committed teams and equipment to the voluntary pool. The Medical Corps include emergency medical teams, public health and medical coordination experts, mobile biosafety laboratories, medical evacuation planes and logistical support teams.

The European Medical Corps will also be Europe's contribution to the Global Health Emergency Workforce being set up under the helm of the World Health Organization.

More information on the European Emergency Response Capacity:

http://ec.europa.eu/echo/what-we-do/civil-protection/european-emergency-response-capacity_en

FALSIFIED MEDICINES – DELEGATED REGULATION PUBLISHED IN EU OFFICIAL JOURNAL

On 9 February 2016, the delegated Regulation 2016/161 laying down detailed rules for the safety features appearing on the packaging of medicinal products for human use was published in the Official Journal of the EU. It introduces obligatory "safety features" for medicines in the form of a unique identifier and an anti-tampering device.

The safety features will guarantee medicine authenticity for the benefit of patients and businesses, and will strengthen the security of the medicine supply chain from manufacturers to distributors to pharmacies and hospitals.

The delegated Regulation supplements the Falsified Medicines Directive (2011/62/EU), which aims not only to close any existing gaps or loopholes which allow falsified medicines to reach patients, but also to allow EU citizens to buy medicines online through verified sources and ensure that only high quality ingredients are used for medicines in the EU.

The delegated Regulation will be applicable three years from the date of publication in the EU Official Journal.

The text of the delegated Regulation is available at:

http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2016.032.01.0001.01.ENG&toc=OJ:L:2016:032:TOC

ANTIMICROBIAL RESISTANCE – DUTCH PRESIDENCY CONFERENCE

The EU Dutch Presidency has organised a Ministerial Conference on Antibiotic Resistance in Amsterdam on 9-10 February 2016, bringing together under one roof all the Health and Agriculture Ministers from the EU and EEA countries.

The conference was attended by EU Commissioner for Health and Food Safety Vytenis Andriukaitis and WHO General Secretary, Dr. Margaret Chan. The aim of the conference was to emphasise the need for a "one health" approach, bringing together both the human and animal health sides, to the growing problem of antimicrobial resistance which, in Europe alone, is responsible for 25 000 deaths and is costing Europe 1.5 billion euros in extra healthcare costs and economic implications.

In 2011 the Commission launched an EU Action Plan covering human and veterinary aspects to protect both human and animal health. The action plan spanned a five year period and will come to an end in 2016. An evaluation of the Commission's Action Plan is currently ongoing and preliminary conclusions were presented during the conference by the Commission.

More information about the conference:

<http://english.eu2016.nl/latest/events/2016/02/10/ministerial-conference-on-amr>

Preliminary results of the evaluation of the Commission's Action Plan:

http://ec.europa.eu/dgs/health_food-safety/amr/docs/news_20160210_amr-factsheet.pdf



EUROPEAN SOCIAL FUND DURING THE 2007-2013 PROGRAMMING PERIOD – PUBLIC CONSULTATION

The European Commission has launched a public consultation in the context of ex-post evaluation of the European Social Fund (ESF) during the 2007-2013 programming period.

The consultation seeks feedback from the direct stakeholders of the ESF during the 2007-2013 programming period in the 28 EU Member States as well as of the wider public. It complements the analysis and findings of a series of thematic studies commissioned by the European Commission DG EMPL in the framework of the ESF ex-post evaluation.

The results of this consultation will be analysed and summarised in a synopsis report and will be reflected in the Staff Working Document presenting the results of the evaluation.

The public consultation is open until 27 April 2016.

More information:

<http://ec.europa.eu/social/main.jsp?catId=333&langId=en&consultId=21&visib=0&furtherConsult=yes>



TTIP – PROPOSAL OF THE EUROPEAN COMMISSION ABOUT GENERIC MEDICINES

On 26 January 2016, the European Commission published its proposal to the United States regarding the regulatory cooperation for generic medicines within the framework of the Transatlantic Trade Investment Partnership (TTIP) currently being negotiated between the EU and the US.

In this technical document, the European Commission develops three approaches to enhanced cooperation in the generic medicines field:

- to facilitate the scientific evaluation of generic medicines, using among others the work of the International Generic Drug Regulators Programme (IGDRP) (this pilot aims at facilitating the exchange of information and at a convergence of criteria in terms of presentation of the necessary documents to evaluate these products);
- to base the proof of bioequivalence on the harmonisation of the biopharmaceutical classification system (in order to reduce the number of *in vivo* bioequivalence studies in favour of *in vitro* studies);
- to harmonise the criteria related to the scientific data on “complex” generic medicines (hybrid products) in order to reduce clinical trials, through the authorisation of the evaluation of European medicines with non-EU criteria under certain conditions, therefore reducing the exposition of patients to unnecessary risks.

More information:

http://trade.ec.europa.eu/doclib/docs/2016/january/tradoc_154172.pdf



VAT EXEMPTIONS FOR SERVICES LINKED TO SOCIAL ASSISTANCE AND SOCIAL SECURITY IN BELGIUM – JUDGEMENT

The Court of Justice of the European Union (CJEU) delivered on 21 January 2016 a judgement on the case C-335/14 Les Jardins de Jouvence.

With this judgement, the CJEU clarified the conditions of application of Directive 77/388/EEC of the Council of 17 May 1977 concerning the harmonisation of the laws of Member States relating to turnover taxes.

The Court decided that, as Les Jardins de Jouvence was a cooperative company constituted under Belgian law whose object consisted in operating and managing care institutions and in engaging in all activities relating directly or indirectly to healthcare and the assistance of the sick, elderly, disabled or other persons, could benefit from the VAT exemption. Indeed, the aim of the company that is to achieve the support and care of elderly persons is a social aim, enabling them to qualify for the VAT exemption.

More information:

<http://curia.europa.eu/juris/document/document.jsf?text=&docid=173679&pageIndex=0&doclang=EN&mode=lst&dir=&occ=first&part=1&cid=381609>



JOINT ACTION ON MENTAL HEALTH AND WELLBEING – LAUNCH OF A NEW FRAMEWORK

The Joint Action on Mental Health and Wellbeing (JAMHWB) held its final conference on 21 and 22 January 2016.

The objective of the Joint Action was to contribute to the promotion of mental health and wellbeing, the prevention of mental disorders and the improvement of care and social inclusion of people with mental disorders in Europe. Moreover, its main purpose was to build a framework for action in mental health policy at the European level. The final conference represented the opportunity set of policy recommendations, summarised in a report “European Framework of Action on Mental health and Well-being”, together with good practice examples.

The Joint Action assessed that significant advances took place in Europe in public mental health in the recent years. Yet, important challenges remain. Indeed, in most countries, mental health policies have not been fully implemented. Enhanced efforts and new strategies are therefore needed to improve the implementation of policies aiming at providing essential mental health care for the most prevalent mental disorders and developing preventive and promotion interventions.

The European Action Framework on Mental Health and Wellbeing drew five main conclusions from the Joint Action:

- ensure the setup of sustainable and effective implementation of policies contributing to promotion of mental health, prevention and treatment of mental disorders;
- develop mental health promotion and prevention programmes through integration of mental health in all policies and multisectoral cooperation;
- ensure transition to comprehensive mental health care in the community, emphasising coordination of health and social care for people with severe mental disorders as well as integrated care for mental and physical disorders;
- strengthen knowledge, the evidence base and good practices sharing in mental health;
- partnering for progress.

More information on the Joint Action on Mental Health and Wellbeing:

<http://www.mentalhealthandwellbeing.eu/>

The European Action Framework on Mental Health and Wellbeing is available at:

<http://www.mentalhealthandwellbeing.eu/assets/docs/publications/Framework%20for%20action%2019jan%20%281%29-20160119192639.pdf>

JOINT ACTION ON EUROPEAN HEALTH WORKFORCE PLANNING AND FORECASTING – 3RD CONFERENCE ON PLANNING & EDUCATING HEALTH WORKFORCE WITHOUT BORDERS

On 18 and 19 February 2016, HOPE took part to the Third Joint Action Conference, which was held in Varna, Bulgaria.

The main focus of the conference was on health workforce mobility and migration from a data perspective as well as ethical and social ones. Education in health workforce raised the issue of the ethical aspects of education abroad and opened the way for the topic of health professionals' education for the future. The effects of the changing demography on health workforce needs concluded the three intertwined conference themes. The programme brought together a balanced mixture of research, theoretical and rich practical experiences. This event supported the interactive encounters not only among the Joint Action partners, stakeholders and professional organisations but also with policy makers' representatives, presenters and key note speakers from all across Europe and even beyond.

More information:

<http://healthworkforce.eu/events/18022016-varna/>

http://healthworkforce.eu/wp-content/uploads/2016/02/joint_action.pdf

HONCAB – FINAL CONFERENCE



On 18 February 2016, HoNCAB project held its Final Conference in Brussels. HOPE was responsible for the organisation of the meeting, which gathered around 100 participants representing experts in the area of cross-border healthcare, EU stakeholders, national and regional authorities, representatives from the European institutions and healthcare providers and professionals.

HoNCAB project had been running since September 2012 to obtain a better understanding of the financial and organisational requirements arising from the implementation of the Directive on the application of patients' rights in cross-border healthcare, thus preparing hospitals to the new applying conditions. As the project is coming to an end, the final conference represented the opportunity to present the project's main results and discuss them with the audience.

The Hospital Network for Care Across Borders in Europe, one of the major project outcomes, was also launched at the event. The Network brings together hospitals interested in sharing experiences and good practices but also critical issues and possible solutions when providing care to cross-border patients.

More information on HoNCAB: <http://honcab.eu/>

Conference materials and presentations are available at: <http://honcab.eu/final-conference/>

REPORTS AND PUBLICATIONS



HEALTH-RELATED CONSTRAINTS TO RAISING RETIREMENT AGES IN THE EU – STUDY

The report of a project investigating the impact of preventing chronic diseases on disability, unemployment and death has been recently released.

It was funded in the frame of a specific contract with the Consumers Health and Food Executive Agency (CHAFEA) acting under the mandate of the European Commission.

The aim of the project was to develop a simulation model for assessing the impact of disabilities induced by various chronic disease categories as well as the potential impact of successful disease prevention programmes on health and thereafter on labour force participation. The model describes the path running from chronic diseases (mental diseases, musculoskeletal diseases, cardiovascular diseases and cancer) to disability, employment and death for several European Union countries (Austria, Belgium, Denmark, Germany, France, the Netherlands, Spain, Italy, and Sweden).

Such a model enables performing various scenario analyses from both a public payer perspective (i.e. changes in the official retirement age) or/and from an epidemiological perspective (i.e. changes in disease or disability incidence). To estimate parameters for the simulation model authors used data on health and unemployment from the Survey of Health, Aging and Retirement in Europe (SHARE) in combination with data from the Human Mortality Database and summary statistics from the 2015 Ageing Report. An extensive literature review and two expert consultation rounds were conducted in order to inform and validate the approach used.

Results from the simulation model show that in epidemiological scenarios for all countries and both genders decreasing disease and disability incidence results in increases in the total number of years lived as well as in the total number of years lived free of disabilities and active in labour force and decreases in the public payer expenditures. Furthermore, in public policy scenarios, analyses showed the limitations of public policies aimed at increasing the pension age for all investigated countries (in terms of benefits for public expenditure), while indicating that for some EU countries, such policies may make more sense than for others.

In general, authors found that such policies result in better outcomes for the public payer if implemented in countries in which the official retirement age is below age 65.

Women compared to men would benefit more of potential reductions in disability incidences. They also have earlier retirement ages in some of the investigated EU countries. Hence, these analyses showed that different public policies and/or epidemiological scenarios may affect various population groups differently within the EU.

More information:

http://www.healthpowerhouse.com/files/EHCI_2015/EHCI_2015_report.pdf

ENHANCED CROSS-COUNTRY COORDINATION IN THE AREA OF PHARMACEUTICAL PRODUCT PRICING – STUDY

A consortium of the Gesundheit Österreich Forschungs- und Planungs GmbH, SOGETI Luxembourg S.A. and the University for Health Sciences, Medical Informatics and Technology was commissioned by the European Commission (DG SANTÉ / Chafea) to explore the pharmaceutical pricing policies of external price referencing (EPR) and differential pricing (DP) with regard to their ability to achieve two of the three above-mentioned policy objectives: to improve patients' access to medicines and to generate savings for public payers.

This study on enhanced cross-country coordination in the area of pharmaceutical product pricing aimed to survey existing EPR schemes in European countries and to develop possible improvements to the current EPR practice, as well as to analyse how DP schemes could possibly be designed for European countries, including addressing identified constraints to DP in Europe. Furthermore, it explored how EU-level coordination mechanisms could support the improvement of EPR systems and the establishment of a DP scheme.

To achieve these research objectives, the authors rely upon a range of methods including a literature review, a survey of competent authorities for pharmaceutical pricing, interviews with procurement experts, price simulations, a legal analysis, research of cooperation models and SWOT (strengths, weaknesses, opportunities, and threats) analyses. Extensive reviews involving the services of the EC, stakeholders and academics ('peers') were performed to ensure the high quality of the report.

More information:

http://ec.europa.eu/health/systems_performance_assessment/docs/pharmaproductpricing_frep_en.pdf

OECD REVIEWS OF HEALTH CARE QUALITY: UNITED KINGDOM 2016 – PUBLICATION



Health systems in the United Kingdom (UK) have made the quality of care a highly visible priority for many years. However, despite its role as a global leader in quality monitoring and improvement, according to the OECD the UK does not consistently demonstrate strong performance on international benchmarks of quality.

The OECD report reviews the quality of health care in the England, Scotland, Wales and Northern Ireland, seeking to highlight best practices, and provided a series of targeted assessments and recommendations for further improvements. Indeed, despite the clear and consistent commitment to quality of care in all of the UK's health systems, and the ambitious policies around quality assurance and promotion, the report reveals that data on outcomes in the UK raise some concerns, showing some disappointing results regarding, among others, the survival estimate of for breast, colorectal and cervical cancer.

One of the main recommendations of the report concerns learning and collaboration. Indeed, there is currently no collaboration between the four health systems on monitoring and improving health care quality on a comprehensive way. There is substantial scope to develop more regular and comprehensive collaboration on the quality of care agenda across England, Scotland, Wales and Northern Ireland beyond the regular meetings between officials. Establishing a standing forum for people responsible for steering and implementing the quality agenda in each country to meet would allow discussion of shared challenges, collaboration around proposed solutions and exchange of successful experiences and potentially benefit all of the four health systems.

The report concludes that, to secure continued quality gains, the four health systems of the UK will need to balance top-down approaches to quality management and bottom-up approaches to quality improvement; publish more quality and outcomes data disaggregated by country; and, establish a forum where the key officials and clinical leaders from the four health systems responsible for quality of care can meet on a regular basis to learn from each other's innovation.

More information:

http://www.keepeek.com/Digital-Asset-Management/oced/social-issues-migration-health/oced-reviews-of-health-care-quality-united-kingdom-2016_9789264239487-en#page1

STEPPING UP ACTION ON REFUGEE AND MIGRANT HEALTH – WHO PUBLICATION

Countries in the WHO European Region have agreed to prepare a common framework for coordinated collaboration and action on refugee and migrant health, based on solidarity and mutual assistance and in the spirit of the 2030 Sustainable Development agenda, whereby "no one should be left behind". This common framework is necessary in order to prevent the death or migrants and refugees, particularly across sea routes, and to implement a coherent and consolidated national and international response to the health needs of refugees and migrants populations in the countries of transit and destination.

Moreover, states agreed that, despite their will to provide healthcare services to migrants and refugees, there are still obstacles to accessing care, such as language, administrative hurdles and lack of information on health entitlements.

The publication concludes that migrants and refugees do not pose an additional threat to health security; that screenings can be effective public health instrument but that they should be non-discriminatory and non-stigmatising and should benefit both the individual and the public; that special attention should be paid to the most vulnerable groups, such as children, pregnant women, the elderly, people with disabilities and victims of torture; and that health records and health cards must be made portable as a priority in order for migrants and refugees to carry them easily.

A European framework on migration and health will be prepared collaboratively by Member States in the WHO European Region and the United Nations and European partners and will be submitted for discussion at WHO/Europe's governance meeting in September 2016, at the 66th session of the WHO Regional Committee for Europe.

More information:

http://www.euro.who.int/data/assets/pdf_file/0008/298196/Stepping-up-action-on-refugee-migrant-health.pdf?ua=1

EUROPEAN CODE AGAINST CANCER – WHO PUBLICATION

The cancer incidence is rising in the WHO European Region (an increase of 25% of the estimated number of cancer cases diagnosed is expected by 2030). This increase is the result of both an ageing population and other factors such as tobacco and alcohol use, unhealthy diets, physical inactivity, increasing overweight and obesity, exposure to occupational and environmental carcinogens and some infectious agents.

Every year, on 4 February, the WHO promotes ways to ease the global burden of cancer. On World Cancer Day 2016 the WHO issued a new edition of a code of actions that individuals can take to help prevent cancer. The code, first published in 1987, lists 12 ways to help people adopt a healthier lifestyle and boost cancer prevention. As it is estimated that almost half of all deaths due to cancer in Europe could be avoided, the WHO strongly advises to follow these recommendations.

The European code against was prepared by cancer specialists, scientists and other experts to increase the awareness of European citizens about efficient ways to prevent cancer.

More information:

<http://cancer-code-europe.iarc.fr/index.php/en/>

A 'FATAL' FLAW IN HOSPITAL MORTALITY MODELS: HOW SPATIOTEMPORAL VARIATION IN ALL-CAUSE MORTALITY INVALIDATES HIDDEN ASSUMPTIONS IN THE MODELS

The research article "A 'fatal' flaw in hospital mortality models: How spatiotemporal variation in all-cause mortality invalidates hidden assumptions in the models" has been published in February 2016.

Both policy makers and health care regulators require measures to reveal instances of poor care. Both in-hospital mortality and mortality within 30 days of admission are commonly used measures to reveal the number of "excess deaths". However, all models contain hidden assumptions which can invalidate the model. In this instance, all current approaches to hospital mortality make the assumption that there are no large spatiotemporal events capable of creating disparate effects in time and place in both all-cause mortality in general, and hospital mortality in specific.

The study of international trends in deaths, does however, reveal one such large an unexplained effect against deaths, which also appears to simultaneously affect medical admissions, i.e. both the numerator and denominator in the models are subject to unexplained forces. The action of these forces upon all-cause mortality in England is demonstrated, along with evidence for spatiotemporal variation in age-standardised mortality within 30 days of admission for myocardial infarction across various locations and organisations in England. Cyclic and parallel movement in both all-cause mortality and SHMI are demonstrated in Milton Keynes, Ipswich and Northampton hospitals. An identical situation is demonstrated at the Wigan Royal Infirmary for HSMR. Finally the potential contribution of these events to the "excess" deaths at the Mid Staffordshire hospital are investigated. It would appear that hospital mortality models do indeed contain a "fatal" flaw which severely limits their ability to detect true instances of excess hospital mortality.

More information:

<http://www.oatext.com/pdf/FGNAMB-1-116.pdf>

MENTAL HEALTH OUTCOMES IN TIMES OF ECONOMIC RECESSION: A SYSTEMATIC LITERATURE REVIEW – BMC PUBLIC HEALTH PUBLICATION

Countries in recession experience high unemployment rates and a decrease in living conditions. That has a negative impact on the populations' health. The authors of the literature review decided to examine the recent evidence of the possible association between economic recessions and mental health outcomes.

The authors reviewed original research papers published between 2004 and 2014, peer-reviewed, non-qualitative and reporting associations between economic factors and proxies of mental health. This selection included one hundred one papers.

The authors found out that economic recessions and mediators such as unemployment, income decline and unmanageable debts are significantly associated with poor mental wellbeing, increased rates of common mental disorders, substance-related disorders, and suicidal behaviors.

The overall conclusion drawn by the authors is that periods of economic recession are possible associated with a higher prevalence of mental health problems, including common mental disorders, substance disorders, and ultimately suicidal behavior. Most of the research is based on cross-sectional studies, which seriously limits causality inferences. The authors also took international policy recommendations concerning the cost-effective measures that can possibly reduce the occurrence of negative mental health outcomes in populations during periods of economic recession into account in their conclusions.

More information:

<http://goo.gl/qRa5vx>



HEALTH SYSTEMS AND EU LAW AND POLICY – OSE CONFERENCE

On 28 January 2016, HOPE attended the conference “Health systems and EU law and policy” organised by the European Social Observatory (OSE) in partnership with the Belgian National Institute for Health and Disability Insurance. The meeting objective was to promote reflection and discussion between academic experts, stakeholders and policy makers on the impact of European integration on national health systems.

The first session was dedicated to the topic of health systems and the mobility of patients and professionals in the EU. Dorte Sindbjerg Martinsen, Professor at the University of Copenhagen presented a study carried out on the application of the Directive on patients’ rights in cross-border healthcare. The study looked into the application in three countries: Bulgaria, Denmark and Spain. It concluded that the use of the Directive is very limited, that it provides for extended patients’ rights but rather difficult to use because of the limited information to patients and obstacles such as the necessity to pay upfront or the need to request prior authorisation in some defined cases.

It followed a presentation from Matthias Wismar, Senior Health Policy Analyst at the European Observatory on Health Systems and Policies, who talked about health professional mobility and EU health systems. He pointed out that the Directive on the recognition of professional qualifications is not the main driver behind professional mobility. Indeed, there are other factors influencing this phenomenon such as high reliance of a country on foreign health professionals, the impact of the economic and financial crisis, volatile human resources policies and geopolitical changes. He mentioned that there is today the need for a more structured cooperation among countries and common policies definition in order to really progress in this area.

The second session of the conference dealt with the issue of financial sustainability of health systems and EU governance. Rita Baeten, Senior Policy Analyst at the European Social Observatory gave an overview about the EU macroeconomic surveillance and its application to the healthcare sector. The 2010 Memorandum of Understanding with Greece represented a turning point as for the first time it contained detailed prescriptions on how reforming the healthcare sector. These reforms were mainly addressing improvements in cost-effectiveness, cuts in expenditures and ensuring universal health coverage. Ms. Baeten also pointed out how the number of countries with Country Specific Recommendations on healthcare dramatically increased from 2011 to 2014.

Christoph Schwierz, Policy Analyst Sustainability of public finances at the European Commission, DG ECFIN illustrated some results of the Fiscal Sustainability Report published in January 2016. There are three main highlights from this publication: public debt is declining in the EU; healthcare and long-term care expenditure is increasing; in ten countries the public debt will increase.

The final session of the day was dedicated to EU health law and policy in global contexts. The discussion focused on international trade agreements concluded by the EU and in particular on the

ongoing negotiations on the transatlantic trade and investment partnership (TTIP) with the United States. Fernando Perreau de Pinninck, Head of Unit at the European Commission DG TRADE pointed out that the negotiations are far from concluding. Indeed, no legal text has been produced on sectoral issues. He also mentioned that the European Commission will work to ensure concerns from stakeholders are properly taken into account.

Presentations are available at: <http://www.ose.be/hcconference2016/>

CONGRESS "WE'RE LIVING LONGER..." THE HEALTHCARE CHALLENGES FOR TODAY AND TOMORROW – 9-14 MAY 2016, VILLACH (AUSTRIA)

From 9 to 14 May 2016, for the first time, three previously independent specialist conferences will come together at the Congress Center in Villach under the general headline of "We're living longer... THE healthcare challenges for today and TOMORROW" to create one, cross-border and interdisciplinary congress week on the topic of ageing.

It has been scientifically proven that our society is getting older and we therefore now face tremendous challenges, and will continue to do so in the future. No healthcare sector (nursing, medicine, economy) can turn a blind eye to this and adopt a wait-and-see attitude. Greater compatibility between financial, nursing and medical objectives can only be achieved through the collaboration of different sectors. This is necessary to sustain our frequently praised health system.

The week will offer the opportunity to attend many interdisciplinary lectures, workshops, panel discussions and industrial exhibitions. Sanicademia will be organising the 59th Austrian Convention for Hospital Management for the working group of Carinthian public hospital managers on behalf of the Federal Conference of Austrian Hospital Managers from 9 to 11 May 2016. Following that, Sanicademia will be organising the now traditional medical conferences on the topic of "Ageing": the 2nd International Congress on Pain and Palliative Care on 12 May 2016, as well as the 5th International Congress on Geriatrics and Gerontology, which celebrates its anniversary on 13 – 14 May 2016.

More information and registration: <http://sanicademia.eu/>

CALL FOR PATIENTS TO PROVIDE DIRECT INSIGHT INTO CROSS-BORDER HEALTHCARE – EUROPEAN PATIENTS' FORUM

In order to strengthen its policy and advocacy work on cross-border healthcare, the European Patients' Forum (EPF) has recently launched a call for patients who have personal experience of cross-border healthcare. EPF would like to get in touch with patients and carers who have had experience accessing (or trying to access) treatment across borders (whether under the Directive 2011/24/EC or under the Regulation 883/2004), who have sought out information on cross-border healthcare, or who have had any other direct, personal experience regarding the Directive or the Regulation.

More information:

<http://www.eu-patient.eu/Members/Weekly-Mailing/call-experience-cbhc/>

HEALTHY AGEING – CALL FOR REFERENCE SITES



The call for Reference Sites of the European Innovation Partnership on Active and Healthy Ageing is open.

Leaders in innovation for Active and Healthy Ageing are invited to become one of the Reference Sites of the European Innovation Partnership on Active and Healthy Ageing. Reference Sites are highly inspirational ecosystems, delivering creative and workable solutions that improve the lives and health of older people. These solutions can be scaled-up and replicated across the EU.

For a more formal definition, they are "ecosystems which comprise different players, including regional and/or local authorities, cities, integrated hospitals/care organisations, industry organisations, SMEs and/or start-ups, research and innovation organisations, that jointly implement a comprehensive, innovation-based approach to active and healthy ageing, and can give evidence and concrete illustrations of the impact of such approaches on the ground".

A first call published in 2012 resulted in [32 regions](#) being recognised as Reference Sites. They received their recognition diplomas in July 2013 during an award ceremony presided by European Commission Vice-President at the time, Neelie Kroes.

The benefits of becoming a Reference Site are manifold. For many of the Reference Sites the recognition of their leadership has been a catalyst in their region. It brought other stakeholders on board to collaboratively work in developing innovative solutions, thereby ensuring a "whole system approach. Additionally, networking is a fundamental part of the EIP on AHA. The 32 sites see themselves as a band of pioneers and have created strong links between them. This collaboration has allowed them to share good practices and build collaboration across borders.

Reference Sites should showcase innovative components of their care model/systems that can serve as illustrations of good practice to other regions. Robust proof of their impact on the ground and presentation of sound indicators aligned notably with the indicators supported by the [Monitoring and Assessment Framework of the European Innovation Partnership on Active and Healthy Ageing](#) (MAFEIP) and grouped under "Quality of Life", "Sustainability of Healthcare systems" and "Economic growth and jobs". They should also be actively engaged in the scaling up/replicability process by submitting good practices to the EIP on AHA Repository of Innovative Practices, for example, coaching other regions that wish to implement their good practices and already engaged (or to become engaged) with the Action Groups of the EIP on AHA.

The call will be open until 15 April 2016. If you are interested in (re) applying to become a Reference Site of the EIP on AHA please download the [call document](#) and fill in the [self-assessment form online](#).

AGENDA



UPCOMING HOPE CONFERENCES

FIRST eSTANDARDS CONFERENCE IN ConHIT

21 April 2016, Berlin (Germany)

eStandards project is financed under Horizon 2020, the EU research and innovation programme. It started in May 2015 and will run for two years with the main objective of advancing eHealth interoperability and global alignment of standards for health information sharing.

eStandards will organise its first conference on 21 April in Berlin. The event is organised under the ConhIT conference, one of Europe's leading events for health IT.

The event will offer participants the opportunity to debate the first version of the eStandards Roadmap for essential standards development: strategic options and policy instruments.

Registration: <http://bit.ly/1TMYDyy>

More information on eStandards: <http://www.estandards-project.eu/>

8TH EUROPEAN CONFERENCE ON RARE DISEASES & ORPHAN PRODUCTS

26-28 May 2016 – Edinburgh (United Kingdom)

The European Conference on Rare Diseases & Orphan Products (ECRD) is organised in partnership with HOPE from 26 to 28 May 2016 in Edinburgh. It is the unique platform/forum across all rare diseases, across all European countries, bringing together all stakeholders - patients' representatives, academics, researchers, healthcare professionals, industry, payers, regulators and policy makers.

ECRD provides the state-of-the-art of the rare disease environment, monitoring and benchmarking initiatives. It now brings together over 80 speakers and more than 800 participants, covering six themes of content over two days: from the latest research, to developments in new treatments, to innovations in healthcare, social care and support at the European, national and regional levels. Registrations for ECRD 2016 will be opening at the end of November.

Patient groups, academics, healthcare professionals and all other interested parties having conducted research or studies on rare diseases or public health projects are encouraged to submit a poster abstract to the ECRD 2016.

More information: www.rare-diseases.eu

More information on the call for posters: <http://www.rare-diseases.eu/abstracts/>

HOPE AGORA 2016
THE FUTURE OF HOSPITALS AND HEALTHCARE

6-8 June 2016 – Rome (Italy)



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