



NEWSLETTER

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HOPE AGORA 2016: THE FUTURE OF HOSPITALS AND HEALTHCARE

HIGH-LEVEL MEETING ON CYBER SECURITY

On 12 and 13 May 2016, the Netherlands Presidency of the Council of the European Union organised a two-day meeting of senior civil servants on the subject of cybersecurity. On Thursday, State Secretary for Security and Justice Klaas Dijkhoff opened the conference by talking with a robot on opportunities and risks associated with cybersecurity.

The High-Level Meeting consisted of various plenary sessions and interactive focus sessions on such topics as standardisation of hardware and software, responsible disclosure and education (as a means of responding to new trends, such as 'the internet of things'), interconnectivity, and the increasing complexity of IT products and services and our growing dependence on them. Public-private partnerships are essential for formulating a broad, effective response to current and future cyber threats.

An infographic with the highlights of the meeting is available at:

<http://english.eu2016.nl/documents/publications/2016/05/13/infographic-high-level-meeting-cyber-security>



mHEALTH – ASSESSMENT GUIDELINES

HOPE was invited to an Open stakeholder meeting on mHealth assessment guidelines on 4 May 2016 to comment the first public draft.

Recently, the European Commission initiated the development of guidelines for assessing data validity and reliability of mHealth apps. Public authorities from EU Member States, civil society organisations representing patients and professionals, research institutions and industry representatives with expertise in developing health apps are working together in a working group to draft the guidelines by the end of 2016.

The aim of the guidelines is to agree on a common set of criteria and assessment methodologies which could be used by public authorities, health care providers, professional and patient associations, developers and assessment bodies when assessing health apps.

To ensure that the guidelines will address the needs of different target groups and reflect the best European or worldwide expertise and best practice, all interested parties are involved in the process.

In this open stakeholder meeting the first draft of the guidelines was presented and discussed with the stakeholders. Participants were invited to share their views on what they think the main purpose and focus of these guidelines should be and what aspects it should cover.

First draft of the guidelines available at:

http://ec.europa.eu/newsroom/dae/document.cfm?action=display&doc_id=15353

HEART ATTACKS AND STROKES IN THE EUROPEAN UNION – LATEST DATA PUBLISHED BY EUROSTAT

On 4 May 2016, Eurostat published a press release on the latest data available on heart attacks and strokes in the European Union.

According to the figures, cardiovascular diseases still cause enormous costs for society and the economy at large, although the number of deaths from heart attacks and strokes dropped significantly between 2000 and 2013.

In 2013, approximately 1.1 million people lost their lives due to heart attacks (644,000 deaths) and strokes (433,000 deaths), accounting for slightly more than one in five deaths (21.6%).

Eurostat emphasised the marked improvement in mortality rates compared to 2000. That year, fatal heart attacks and strokes were responsible for 16.6% and 11.5% of all deaths respectively, a proportion which dropped significantly 13 years later (12.9% and 8.7%).

In 2013, the best performer country in the EU is France, reporting the lowest share of deaths from both heart attacks (6%) and strokes (5.7%). The highest and most worrisome proportions were registered in the Baltic countries and in South-Eastern Europe, with Lithuania reporting 36.7% share of deaths due to heart attacks and Bulgaria 19.7% share of death from strokes.

More information available at:

<http://ec.europa.eu/eurostat/documents/2995521/7247552/3-04052016-BP-EN.pdf/fd9d9755-e9d0-4389-aoe8-8fa879efa375>

HEALTH SYSTEMS PERFORMANCE ASSESSMENT – EXPERT GROUP PUBLICATION

On 29 April 2016, the expert group on health systems performance assessment (HSPA) published its first report "So What? Strategies across Europe to assess quality of care".

The expert group on HSPA is composed of European countries health authorities and international organisations, and co-chaired by Sweden and the Commission. It was set up in 2014 and provides participating countries with a forum to exchange experience on the use of HSPA at national level. It also aims to support national policy-makers by identifying tools and methodologies for developing HSPA. The overarching aim of this work is to build better health systems that help people remain healthy and ensure access to good quality healthcare for those in need.

This first report focuses on quality of care. It is based on the exchange of experiences and knowledge among countries and with international organisations between 2014 and 2015. It sets out a selection of country cases, analyses them and draws general conclusions. The aim is to provide useful recommendations for policy makers, who want to design, set up, run and evaluate a system to assess quality of care.

Full report available at:

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

HEALTH PROGRAMME 2008-2013 – EX-POST EVALUATION PUBLISHED

On 10 May 2016, the Commission published an ex-post evaluation report assessing the main outcomes (both in terms of achievements and areas for improvement) of the Commission's second Health Programme which ran from 2008 to 2013 with a budget of € 321.5 million. The recommendations will be taken into account to improve the implementation of the third Health Programme 2014-2020.

The evaluation took account of programme management, dissemination practices, impact, and synergies with other programmes and services, and was structured around 13 case studies including five projects, five joint actions and three tenders.

The evaluation found that the Programme delivered valuable outputs with a clear link to EU health policy priorities and national priorities. It also provided EU-added value, particularly linked with the exchange of best practice and information between EU countries, in areas such as rare diseases, cardiovascular diseases and safety of organs for donation. The evaluation also found improvements in the second health programme, as compared with the first one (2003-2007).

The evaluation underlined the need for improvement in transforming outputs into results and tangible impacts, as well as in reaching key stakeholders through the dissemination of actions outputs. Finally, while synergies with the EU research programme were shown, the report found that use of funding instruments such as structural funds could be improved.

Full report available at:

http://ec.europa.eu/health/programme/docs/ex-post_2nd-hp-2008-13_comm-report_en.pdf

ENDOCRINE DISRUPTORS – PARLIAMENT’S MOTION OF CENSURE ON COMMISSION (LAPSED)

During the Parliament plenary session held on 12 May 2016, the Vice President Ryszard Czarnecki announced that the President had received a motion of censure on the Commission, signed by the necessary number of MEPs.

The motion of censure was drafted by MEP Piernicola Pedicini (EFDD, IT) and signed by EFD, GUE, ENF and NI members. According to the motion, the European Commission had failed to comply with its legal obligation to publish scientific criteria for defining endocrine disruptors.

The European Court of Justice had recently ruled that the Commission had breached EU law by failing to publish scientific criteria for defining endocrine disruptors, as a first step towards reducing exposure to them. MEPs have repeatedly urged the EU to clamp down on the substances.

However, 16 MEPs from the GUE/NGL group withdrew their signature. After the withdrawal, the motion did not meet the required number of signatures (one-tenth of MEPs) anymore and lapsed.

More information available at:

<http://www.europarl.europa.eu/sides/getDoc.do?type=MOTION&reference=B8-2016-0621&language=EN>

MEDICINES FOR CHILDREN – EMA ANNUAL REPORT ON BENEFITS AND INFRINGEMENTS UNDER THE PAEDIATRIC REGULATION

On 13 May 2016, the Commission published the European Medicines Agency’s report on companies and products that have benefitted from the rewards and incentives provided by the Paediatric Regulation No 1901/2006 as well as on companies that have failed to comply with any of the obligations in that Regulation. The report is published on annual basis by the Commission in accordance with Article 50(1) of the Regulation.

The report covering the year 2015 is available at:

http://ec.europa.eu/health/files/paediatrics/2015_annual_report.pdf

PROGRESS IN SCIENCE, MEDICINES AND HEALTH – 2015 EMA REPORT

On 17 May 2016, the European Medicines Agency (EMA) published its 2015 annual report. It focuses on the Agency's core tasks which include the evaluation of medicines, support to research and development of new and innovative treatments and the monitoring of the benefits and risks of medicines in real life.

In 2015, the Agency recommended marketing authorisation for 93 medicines for human use, which include 39 new active substances, and 14 medicines for veterinary use, including seven new active substances.

Approximately one in two applicants who received a positive opinion for their medicine had received scientific advice from EMA during the development phase of their product; this figure rises to 85% for medicines containing a new active substance. Scientific advice is EMA's key tool to promote the collection of high quality data on the benefits and risks of medicines.

In 2015, the product information on many medicines was updated as new safety information had become available. The revised information will allow patients, healthcare professionals and veterinarians to make informed decisions based on the latest evidence when using or prescribing the medicine.

Full report available at:

http://www.ema.europa.eu/docs/en_GB/document_library/Annual_report/2016/05/WC500206482.pdf

EUROPEAN SEMESTER – COMMISSION PROPOSES COUNTRY-SPECIFIC RECOMMENDATIONS

On 18 May 2016, the European Commission proposed the Country-specific Recommendations (CSRs) published each year since 2011 within the framework of the European Semester for economic policy coordination. The CSRs set out the Commission's economic policy guidance for individual Member States for the next 12 to 18 months.

This guidance focuses on priority reforms to strengthen the recovery of Member States' economies by boosting investment, implementing structural reforms and pursuing fiscal responsibility. Among the sectors involved also the health systems, as recommendations cover access to effective and sustainable health care.

Several Member States received CSRs on Health and long-term care, as reported in the [Overview of the issues covered in the CSRs for 2016-2017](#).

More information available at: http://europa.eu/rapid/press-release_IP-16-1724_en.htm

EU HEALTH AWARD 2016 FOR NON-GOVERNMENTAL ORGANISATIONS FIGHTING ANTIMICROBIAL RESISTANCE

On 24 May 2016, the Commission launched a new EU Health Award, which will be awarded to non-governmental bodies (NGOs) that distinguished themselves for their efforts and achievements towards reducing the threat to human health from Antimicrobial Resistance (AMR).

The European Commission calls upon international, European, national and regional NGOs active in the field of AMR to submit their initiatives to the EU Health Award 2016. The call for applications focuses on reducing the threat to human health in fields such as:

- Prevention of infection
- Appropriate use of antimicrobials
- Surveillance
- Tackling AMR from a specific disease perspective (e.g. Tuberculosis, HIV/AIDS...).
- Other initiatives that can reduce the threat to human health from AMR.

The deadline for submitting applications is 31 July 2016, 23.59 CET/Brussels Time. Prizes for the winners are set as follows:

- 1st prize: EUR 20 000
- 2nd prize: EUR 15 000
- 3rd prize: EUR 10 000

All shortlisted candidates will be invited to an Award Ceremony in the presence of the Commissioner for Health and Food Safety, Vytenis Andriukaitis. The winners will be invited to join the EU Health Policy Platform and contribute to the discussions.

More information available at: http://ec.europa.eu/health/ngo_award/home/index_en.htm

ANTIMICROBIAL RESISTANCE – PREPARATION OF EU GUIDELINES ON PRUDENT USE OF ANTIMICROBIALS IN HUMAN MEDICINE

On 25 May 2016, HOPE attended the meeting “Antimicrobial Resistance (AMR): the preparation of EU guidelines on prudent use of antimicrobials in human medicine” organized in Luxembourg by the European Commission for representatives of the Member States and stakeholders.

The meeting aimed at preparing the EU guidelines on prudent use of antimicrobials in human medicine by involving different actors in the process of defining the content, the scope and structure of the document. The publication of these guidelines represents only one of several actions planned on the topic of tackling AMR at EU level, including the adoption of a Council Conclusion at the EPSCO Council meeting that will be held in June.

The Commission, represented by Martin Seychell, Deputy Director General at DG SANTE, stressed its clear engagement in acting against AMR by publishing effective and applicable guidelines, in line with the ones already published on prudent use of antimicrobials in veterinary. Deputy D.G. Martin Seychell defined the guidelines as an important tool to ease implementation of concrete actions. He

also put particular emphasis on the wish to receive inputs from stakeholders on what would be the best practices to include in the document, as well as suggestions to ensure the applicability of the guidelines.

The documents will be composed of two main sections: the first will address clinical practices; the second will be broader and will focus on the resources, systems and processes that EU health systems should provide to ensure prudent use of antimicrobials.

In order to ease the implementation of the guidelines, the document will also define the responsibilities of the main actors involved. The responsibilities that will be included in the document as defined at this preliminary stage are the following:

- Authorities at national and regional level
- Healthcare facilities
- Professionals (non-prescribers should be included as well)
- Laboratories
- Patients
- Pharmaceutical industry
- Long-term care facilities
- Academia and educational providers.

The draft of the document will be prepared by the European Centre for Disease Prevention and Control (ECDC). The first draft will be delivered to the European Commission by 31 October 2016. Before that moment, additional consultative actions will be put in place as follows:

- 9-10 June: experts meeting with AMR organised by the ECDC;
- From July to August: public consultation to collect reaction on the first draft that will be made available online;
- 14 September: ECDC Advisory forum (with MS)
- 16 September: ECDC Stakeholders meeting (with organisations representing professionals, patients, users and consumers, as well as scientific society)

More information on EU actions on AMR available at: <http://goo.gl/gULxKn>



WEBSITE AND MOBILE ACCESSIBILITY – AGREEMENT BETWEEN DUTCH PRESIDENCY AND PARLIAMENT

On 3 May 2016, the Netherlands presidency reached an informal deal with the European Parliament on a new directive to make public sector websites and mobile applications more accessible, especially for people with disabilities.

The draft directive requires member states to ensure that public sector websites and mobile applications meet European accessibility standards. The rules will include, for example, guidelines on providing descriptions of non-textual content for persons with visual limitations, or on creating content that can be better presented across a range of devices. These requirements will make content more accessible and usable to a wider public, and will especially benefit people with various types of disabilities.

The new rules will apply both to websites and mobile applications (apps) of public sector bodies. These include state, regional and local authorities, and bodies and associations serving the general interest that are governed by public law, such as an association of adjacent municipalities which organises joint waste management.

The directive sets out minimum conditions, allowing member states to apply additional requirements to public sector websites and apps. They may also apply the requirements set out in this directive and/or additional ones to the websites and apps of other types of organisations.

More information available at: <http://goo.gl/MFoINV>

EU-WIDE CYBERSECURITY RULES ADOPTED BY THE COUNCIL

On 17 May 2016, the Council formally adopted new rules to step up the security of network and information systems across the EU.

The network and information security (NIS) directive will increase cooperation between member states on the vital issue of cybersecurity. It lays down security obligations for operators of essential services (in critical sectors such as energy, transport, health and finance) and for digital service providers (online marketplaces, search engines and cloud services). Each EU country will also be required to designate one or more national authorities and to establish a strategy for dealing with cyber threats.

The Council position at first reading adopted today confirmed the agreement reached with the European Parliament in December 2015. To conclude the procedure, the legal act must still be approved by the European Parliament at second reading. The directive is expected to enter into force in August 2016.

*Position of the Council at first reading available at:
<http://data.consilium.europa.eu/doc/document/ST-5581-2016-INIT/en/pdf>*



DATA PROTECTION – PUBLICATION ON OFFICIAL JOURNAL AND ENTRY INTO FORCE OF NEW GENERAL REGULATION

On 4 May 2016, the official text of the General Data Protection Regulation has been published in the EU Official Journal in all the official languages. Following the publication, the Regulation entered into force on 24 May 2016, although it shall apply from 25 May 2018.

Data protection reform is a legislative package aimed at updating and modernising existing data protection rules. It includes two legislative instruments: the general data protection Regulation (intended to replace directive 95/46/EC) and the data protection Directive in the area of law enforcement (intended to replace the 2008 data protection framework decision).

The objective of this new set of rules is to give citizens back control over of their personal data, and to simplify the regulatory environment for business. The data protection reform is a key enabler of the Digital Single Market which the Commission has prioritised. The reform will allow European citizens and businesses to fully benefit from the digital economy.

General Data Protection Regulation available at: <http://goo.gl/23WxKq>



MEDICAL DEVICES – DUTCH PRESIDENCY OF THE COUNCIL AND PARLIAMENT REACH POLITICAL AGREEMENT ON NEW RULES

On 25 May 2016, the Netherlands presidency of the Council and representatives of the European Parliament reached a political agreement on new rules on medical devices and in vitro diagnostic medical devices.

The agreed two draft regulations are expected to achieve a twofold aim: making sure that medical devices and in vitro diagnostic medical devices are safe while allowing patients to benefit of innovative health care solutions in a timely manner. This will be done by two means: by strengthening the rules on placing devices on the market and tightening surveillance once they are available.

The agreement will further tighten the rules for the independent bodies that are responsible for assessing medical devices before they can be placed on the market. The new rules will strengthen the surveillance of these so-called notified bodies by national authorities. They will also give these bodies the right and duty to carry out unannounced factory inspections. Notified bodies will have to ensure that they have available qualified personnel.

The draft regulations establish explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market. This will allow manufacturers to act swiftly when concerns arise and help them to improve their devices continuously on the basis of actual data. Manufacturers and other economic operators will have clear responsibilities, for instance on liability, but also on registering complaints on devices. The draft regulations also improve the availability of clinical data on devices. The protection of patients participating in clinical investigations will also be strengthened. Certain high risk devices, such as implants, may undergo an additional check by experts before they are placed on the market.

A central database will be set up to create an improved system for all relevant information. It will cover economic operators, notified bodies, market surveillance, vigilance, clinical investigations and certificates. In addition, it will provide patients, healthcare professionals and the public with comprehensive information on products available in the EU. This will enable them to make better informed decisions. Patients who are implanted with a device will be given key information on the product, including any precautions which might need to be taken.

The next steps of the legislative procedure include the endorsement of the agreement, probably in mid-June, by the Council's Permanent Representatives Committee. Once the Parliament's ENVI committee has also confirmed that it can accept the compromise, the Council will be invited to confirm the agreement. Following the revision of the texts by the lawyer-linguists the two regulations will have to be formally adopted by the Council and the Parliament.

The new rules will apply three years after publication as regards medical devices and five years after publication as regards in vitro diagnostic medical devices.

More information available at: <http://goo.gl/lazHPH>

MEDICAL DEVICES – COMMISSION PUBLISHED NEW LISTS OF HARMONISED STANDARDS

On 13 May 2016, the European Commission, DG GROWTH, published the new lists of references of harmonised standards for medical devices (OJ C 173 of 13 May 2016).

The full lists are available at:

<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C:2016:173:FULL&from=FR>

REFORM OF REGULATED PROFESSION – SINGLE MARKET FORUM CONFERENCE

On Wednesday 18 May, the European Commission hosted a Single Market Forum conference on the reform of regulated professions, including professions in the healthcare sector.

Nearly 400 participants gathered in Brussels to hear the Commission's plans to reform professions that are regulated – which account for 22% of all professionals in the EU. The conference presented the results of a mutual evaluation exercise which has taken place for the last 2 years, during which the Commission has looked into regulatory systems to evaluate if there were market failures or technology changes which would call for the reform of regulatory rules.

Evidence was presented which showed that mobility decreases with higher regulation and that in some cases regulation was a cloak for protectionism. The issue is particularly sensitive especially for healthcare professions which, by virtue of their potential for patient harm, often justify regulation.

More information available at: <http://goo.gl/vesmAL>



CONTINUATION OF INTERNAL BORDER CONTROL – COUNCIL RECOMMENDATION

On 12 May 2016, the Council adopted an implementing decision setting out a recommendation allowing for the continuation of temporary internal border control in exceptional circumstances.

Starting from the date of the adoption, Austria, Germany, Denmark, Sweden and Norway should maintain proportionate temporary border controls for a maximum period of six months on specific internal borders.

Border controls should be targeted and limited in scope, frequency, location and time, to what is strictly necessary to respond to the serious threat and to safeguard public policy and internal security resulting from the secondary movements of irregular migrants.

The recommendation does not envisage the introduction of controls on passengers arriving from or departing to Greece by air or sea.

More information available at:

<http://data.consilium.europa.eu/doc/document/ST-8835-2016-INIT/en/pdf>



WORKERS' PROTECTION FROM CANCER-CAUSING CHEMICALS – COMMISSION'S PROPOSAL

On 13 May 2016, the European Commission published a proposal for changes to the Carcinogens and Mutagens Directive (2004/37/EC) to limit exposure to 13 cancer-causing chemicals at the workplace, including “respirable crystalline silica” (RCS).

Introducing these limit values will lead to fewer cases of occupational cancer and improve legal protection of exposed workers, especially in the construction sector. By reducing the differences between Member States in terms of workers' health protection, this proposal will also encourage more cross-border employment, because workers can be reassured that minimum standards and levels of protection of their health will be guaranteed in all Member States.

Commission's proposal available at:

<http://ec.europa.eu/social/BlobServlet?docId=15539&langId=en>



EXPANSION OF TRADE IN INFORMATION TECHNOLOGY PRODUCTS (ITA) – ADOPTION IN INTA COMMITTEE

During its meeting on 23-24 May, the International Trade (INTA) Committee in the European Parliament adopted, among many other files, the expansion of so called "Information Technology Agreement" (ITA).

The original agreement concluded in 1996 was outdated, since products have developed quickly. New products covered by the expansion of the agreement include among the others medical equipment, GPS navigation systems, touch screens and semi-conductors.

Annual trade in the 201 additional products covered is valued at around EUR 1 trillion per year, and accounts for approximately 10% of total global trade. The agreement is expected to reduce costs for consumers and businesses, and widening market access for European IT companies.

More information available at: https://www.wto.org/english/tratop_e/inftec_e/inftec_e.htm

13TH ROUND TTIP NEGOTIATIONS – PUBLISHED REPORT AND PROPOSAL FOR AN ANNEX ON MEDICINAL PRODUCTS

The European Commission, DG TRADE, published on 24 May 2016 a report detailing the progress achieved during the 13th round of talks on the Transatlantic Trade and Investment Partnership (TTIP), together with its proposal on regulatory cooperation in pharmaceuticals, submitted to the US during the last round of talks.

The round report shows that negotiators made progress in all three pillars of the negotiations, namely: better access to markets for EU and US firms; simplifying technical regulations without lowering standards; global rules of trade, including sustainable development, labour and the environment and a dedicated chapter for smaller firms (SMEs). However, significant differences still remain, such as in the areas of services and public procurement.

The EU proposal for cooperation in the pharmaceuticals sector is aimed at helping regulators to improve cooperation in areas such as:

- recognising good manufacturing practice inspections to avoid unnecessary duplication;
- exchange of confidential and trade secret information between regulators;
- supporting each other's work on developing regulations in new areas which could lead to faster and cheaper approval of medicines.

Report available at: http://trade.ec.europa.eu/doclib/docs/2016/may/tradoc_154581.pdf

*EU proposal for an Annex on medicinal products available at:
http://trade.ec.europa.eu/doclib/docs/2016/may/tradoc_154581.pdf*



HORIZON 2020, PREPARATION FOR 2017 CALL – INFO DAY ON "HEALTH, DEMOGRAPHIC CHANGE AND WELLBEING"

8 July 2016, Brussels

The European Commission organises on 8 July 2016 an Info Day aiming at preparing for the Horizon 2020's 2017 call for proposal the potential candidates interested in "Health, demographic change and wellbeing".

Horizon 2020's Societal Challenge 1 (SC1) related to Health Demographic Change and Wellbeing focuses on personalised health and care. Its updated Work Programme 2017 offers calls for proposals with an overall budget of about € 400 million.

The Info Day will help the participants:

- find out essential information on the call topics in the SC 1 2017 Work Programme
- hear from successful applicants and Commission staff how to develop a good project proposal and take them through the application process, step by step
- find reliable project partners
- get articulate answers to their questions
- find new business opportunities
- actively take part in customised sessions

Connected to the Open Info Day, the EU-funded projects Health-NCP-Net 2.0 and Fit for Health 2.0 are organizing a free of charge Partnering Event on 7 July 2016 in Brussels, which is meant to provide assistance in finding the right project partners for the upcoming 2017 Health calls. Registration available until 2 June 2016 at <https://www.b2match.eu/HealthBE2016>

More information available at:

<http://ec.europa.eu/programmes/horizon2020/en/h2020-section/health-demographic-change-and-wellbeing>

ICT SERVICES FOR LIFE IMPROVEMENT FOR THE ELDERLY (ICT₄LIFE) – SECOND CONSORTIUM MEETING

25-26 April 2016, Pécs (Hungary)

On 25 and 26 April 2016, HOPE attended the ICT₄Life Consortium meeting in Pécs, Hungary. ICT₄Life is a three-year project co-financed under Horizon 2020, the EU Framework Programme for Research and Innovation kicked-off in Madrid on 19 January 2016. The project has the ambition to provide new services for integrated care employing user-friendly ICT tools, ultimately increasing quality of life and autonomy at home of patients with early-stage cognitive impairments, such as Alzheimer's and Parkinson's diseases and other forms of dementia.

Pécs Conference discussions revolved around the topic of how to best meet End-Users' requirements for eHealth integration. Technical teams worked on ICT₄Life architecture, taking into account End Users' requests. Governance organs and management roles were also confirmed and appointed.

On 25 April, a guided visit was organised for all Consortium Members by ICT₄Life partners from the University of Pécs. The group visited two facilities that may potentially become locations for the implementation of the pilots planned within the framework of the project, one of which was a psychiatric hospital and the other a Day Care Centre with supported independent apartments for elders.

More information on the ICT₄Life Project available at: <http://www.ict4life.eu/>



ICT₄life Consortium partners in Pécs, Hungary

DELAYING FRAILTY AMONG OLDER PERSONS – HORIZON 2020 EUROPEAN PROJECT

The new FrailSafe European Project will combine state of the art information technologies and data mining techniques with high-level expertise in the field of health and ageing. The project is funded by the European Research programme Horizon 2020 and will last three years.

It aims to delay frailty by developing a set of measures and tools, together with recommendations to reduce its onset. Frailty is a syndrome characterized by diminished strength, endurance, and reduced physiologic function that increases an individual's vulnerability for developing increased dependency, and/or death. Frailty is also related to multiple pathologies: weight loss, and/or fatigue, weakness, low activity, slow motor performance, and balance and gait abnormalities. It makes older persons more vulnerable to stressors and has major health care implications, which in turn have an impact on the planning and delivery of health and social services.

Frailty together with functional decline and disability are common conditions among older people, and are increasing with ageing. However, frailty is a dynamic and not an irreversible process; it seems preventable, may be delayed, or reversed.

More information on the FrailSafe project available at: <http://frailsafe-project.eu/>

COMPUTER BASED AESTHETIC PREDICTION BREAST CANCER SURGERY – RESULTS FROM PICTURE PROJECT

The EU-funded PICTURE project addresses the issues of women ending up with a suboptimal breast or an aesthetically poor looking breast as a result of breast cancer surgery.

The PICTURE project experts, originating from Portugal, UK, The Netherlands, and Germany, combined 3D photography and radiological images (i.e. mammography, ultrasound and MRI, when available) with information about the tumour (size, location, shape etc.) in order to develop techniques to biomechanically model the anatomy of the breast and the effect of any surgical removal of cancerous tissue. This will establish standardised quality assurance and evaluation procedures, enabling institutions across Europe to be compared and factors that have a positive or negative impact on surgical outcome identified.

More information on the PICTURE project available at: <http://www.vph-picture.eu/>

JOINT ACTION ON EUROPEAN HEALTH WORKFORCE PLANNING AND FORECASTING – CLOSING EVENT

3-4 May 2016, Mons (Belgium)

The closing event of the Joint Action on health workforce planning and forecasting (2013-2016) took place in Mons (Belgium) on 3 and 4 May 2016. During the conference entitled "Towards sustainable health workforce for Europe", the project partners presented the Joint Action's main achievements.

The event was welcomed by the European Commissioner for Health and Food Safety, Vytenis Andriukaitis. Examples of results presented to an audience of national Ministries, stakeholders and international organisations include:

- A handbook of good practices and methodologies, providing an overview of methods used in a selection of seven EU countries, and pilot-tested in Italy, Portugal, Germany, Belgium and Moldavia/Romania;
- A study looking at the main drivers of changes through to 2035, and implications for the health workforce in Europe;
- Data analysis to support improved data quality, availability and comparability, for the benefit of EU countries.

Programme and additional information available at:

<http://healthworkforce.eu/events/closure-event-plenary-assembly/>

JOINT ACTION ON EUROPEAN HEALTH WORKFORCE PLANNING AND FORECASTING; FINAL CONVENE ON THE PILOT PROJECT ITALY – DISSEMINATION EVENT

19 May 2016, Rome (Italy)

On 19 May 2016, HOPE took part to the Joint Action on European Health Workforce Planning and Forecasting dissemination event on the presentation of the Italian pilot study results. The event gathered representatives of national and European stakeholders, academia and institutions and focused on the discussion of the outcomes emerged by the implementation of planning and forecasting methodologies for five categories of professionals in the Italian Regions.

Furthermore, the participants discussed about the strengths and weaknesses of the pilot study and proposed future actions to continue the work started. During the afternoon there were three parallel sessions centred respectively on translating the needs in policies; knowing the current supply of health workforce and knowing the future demand of services and health workforce.

Programme and additional information available at:

<http://goo.gl/GN6QFQ>

REPORTS AND PUBLICATIONS



Reports

WORKING TOGETHER: SKILLS AND LABOUR MARKET INTEGRATION OF IMMIGRANTS AND THEIR CHILDREN IN SWEDEN – OECD PUBLICATION



With 16% of its population born abroad, Sweden has one of the larger immigrant populations among the European OECD countries. This report looks at the challenges of integrating migrants and their families into the Swedish labour market

Estimates suggest that about half of the foreign-born population originally came to Sweden as refugees or as the family of refugees and Sweden has been the OECD country that has had by far the largest inflows of asylum seekers relative to its population. In all OECD countries, humanitarian migrants and their families face greater challenges to integrate into the labour market than other groups. It is thus not surprising that immigrant versus native-born differences are larger than elsewhere, which also must be seen in the context of high skills and labour market participation among the native-born. For both genders, employment disparities are particularly pronounced among the low-educated, among whom immigrants are heavily overrepresented.

These immigrants face particular challenges related to the paucity of low-skilled jobs in Sweden, and policy needs to acknowledge that their integration pathway tends to be a long one. Against this backdrop, Sweden has highly developed and longstanding integration policies that mainly aim at upskilling immigrants while temporarily lowering the cost of hiring, while other tools that work more strongly with the social partners and the civil society are less well developed and need strengthening.

Full report available at: <http://goo.gl/LGW6nA>

VOLUNTARY HEALTH INSURANCE IN EUROPE: ROLE AND REGULATION – WHO EUROPE STUDY



If public resources were unlimited, there would be no gaps in health coverage and no real need for voluntary health insurance (VHI). Most health systems face fiscal constraints, however, and VHI is often seen as a way to address these pressures. This study draws from the experiences of 34 countries to assess VHI's contribution to health spending and to understand its role in Europe and in relation to publicly financed coverage. It looks at who sells VHI, who purchases it and why. It also reviews public policy on VHI at the national and European Union (EU) levels and the related national policy debates.

The analysis shows that, while the markets for VHI vary considerably in size, operation and regulation, the vast majority are small. The substantial markets tend to be the oldest, to have a tradition of non-profit insurers and to be the most heavily regulated to ensure VHI policies are accessible and affordable. The study also suggests that VHI is normally a better way of meeting the population's health needs than out-of-pocket payments, although there are notable exceptions. VHI can contribute to financial protection, especially where it plays a substitutive and complementary role covering co-payments. Nevertheless, it is a complex, challenging and highly context-specific policy instrument that may undermine other health-system goals, including equitable access, efficiency, transparency and accountability, even where markets are well regulated. Policy-makers should therefore exercise real caution before expanding VHI to fill coverage gaps.

This report is accompanied by a set of country profiles. The study draws on contributions from national experts from the countries in the EU and the European Free Trade Association, and other countries in the WHO European Region.

Full report available at: <http://goo.gl/4FKYMn>

PATIENT- AND PERSON-REPORTS ON HEALTHCARE: PREFERENCES, OUTCOMES, EXPERIENCES, AND SATISFACTION – AN ESSAY

With the shift towards patient-centered healthcare, patient- and person-reports of health-related factors, including outcomes, are seen as important determinants for evaluating and improving healthcare. However, a comprehensive, systematic categorization of patient- and person-reports is currently lacking in the literature.

This study aims at developing a new classification system with well-defined constructs for patients' and persons' self-reports on health and healthcare. A literature research and evaluation by the Reported Health Outcomes (RHO) Group were used to develop this classification system. The new classification system includes patient- and person-reported preferences, outcomes, experiences, and satisfaction related to healthcare and health outcomes.

Moreover, the most constitutive methods to measure these four categories – preferences, outcomes, experiences, and satisfaction – have been described in this article. Even though the value of patients' and persons' perspectives on healthcare is increasingly being recognized, its measurement and implementation presents a lasting challenge to researchers, clinicians, patients, and the general population.

Full report available at: <http://goo.gl/75SyJ5>

A COST AND PERFORMANCE COMPARISON OF PUBLIC PRIVATE PARTNERSHIP AND PUBLIC HOSPITALS IN SPAIN

Public-private partnership (PPP) initiatives are extending around the world, especially in Europe, as an innovation to traditional public health systems, with the intention of making them more efficient. There is a varied range of PPP models with different degrees of responsibility from simple public sector contracts with the private, up to the complete privatisation of the service. As such, we may say the involvement of the private sector embraces the development, financing and provision of public infrastructures and delivery services. In this paper, one of the oldest PPP initiatives developed in Spain and transferred to other European and Latin American countries is evaluated for first time: the integrated healthcare delivery Alzira model. Through a comparison of public and PPP hospital performance, cost and quality indicators, the efficiency of the PPP experience in five hospitals is evaluated to identify the influence of private management in the results. Regarding the performance and efficiency analysis, it is seen that the PPP group obtains good results, above the average, but not always better than those directly managed. It is necessary to conduct studies with a greater number of PPP hospitals to obtain conclusive results.

Full report available at: <http://goo.gl/4RIKbo>

THE 2011 PROPOSAL FOR UNIVERSAL HEALTH INSURANCE IN IRELAND: POTENTIAL IMPLICATIONS FOR HEALTHCARE EXPENDITURE

The Irish healthcare system has long been criticised for a number of perceived weaknesses, including access to healthcare based on ability-to-pay rather than need. Consequently, in 2011, a newly elected government committed to the development of a universal, single-tier system based on need and financed through Universal Health Insurance (UHI).

This article draws on the national and international evidence to identify the potential impact of the proposed model on healthcare expenditure in Ireland. Despite a pledge that health spending under UHI would be no greater than in the current predominantly tax-funded model, the available evidence is suggestive that the proposed model involving competing insurers would increase healthcare expenditure, in part due to an increase in administrative costs and profits. As a result the proposed model of UHI appears to be no longer on the political agenda. Although the Government has been criticised for abandoning its model of UHI, it has done so based on national and international evidence about the relatively high additional costs associated with this particular model.

Full report available at: <http://goo.gl/k4lDdY>

REDUCING THE LENGTH OF POSTNATAL HOSPITAL STAY: IMPLICATIONS FOR COST AND QUALITY OF CARE

UK health services are under pressure to make cost savings while maintaining quality of care. Typically reducing the length of time patients stay in hospital and increasing bed occupancy are advocated to achieve service efficiency. Around 800,000 women give birth in the UK each year making maternity care a high volume, high cost service. Although average length of stay on the postnatal ward has fallen substantially over the years there is pressure to make still further reductions. This paper explores and discusses the possible cost savings of further reductions in length of stay, the consequences for postnatal services in the community, and the impact on quality of care.

Full report available at: <http://goo.gl/sOXdzs>

MEDICAL DOCTORS IN HEALTHCARE LEADERSHIP: THEORETICAL AND PRACTICAL CHALLENGES

While healthcare systems vary in their structure and available resources, it is widely recognized that medical doctors play a key role in their adaptation and performance.

In this article, authors examine recent government and organizational policies in two different health systems that aim to develop clinical leadership among the medical profession. Clinical leadership refers to the engagement and guiding role of physicians in health system improvement. Three dimensions are defined to conduct the analysis of engaging medical doctors in healthcare leadership: the position and status of medical doctors within the system; the broader institutional context of governmental and organizational policies to engage medical doctors in clinical leadership roles; and the main factors that may facilitate or limit achievements.

Full report available at: <http://goo.gl/mcaOR6>

MEDICINE AND MANAGEMENT IN EUROPEAN HOSPITALS: A COMPARATIVE OVERVIEW

Since the early 1980s all European countries have given priority to reforming the management of health services. A distinctive feature of these reforms has also been the drive to co-opt professionals themselves into the management of services, taking on full time or part time (hybrid) management or leadership roles. However, although these trends are well documented in the literature, the authors' understanding of the nature and impact of reforms and how they are re-shaping the relationship between medicine and management remains limited.

Most studies have tended to be nationally specific, located within a single discipline and focused on describing new management practices. The content of the article sets the scene by exploring four main questions which have characterised much of the recent literature on medicine and management. First is the question of what it is understood by the changing relationship between medicine and management. A second question concerns the forces that have driven change, in particular those relating to the wider project of management reforms. Third, how medical professionals have responded to these changes and what factors have shaped their responses. Lastly authors considered what outcomes of greater medical involvement in management and leadership might be, both in terms of intended and unintended outcomes.

The paper concludes by summarising the contributions to the special issue and highlighting the need to extend research in this area by focusing more on comparative dimensions of change. It is argued that future research would also benefit theoretically by drawing together insights from health policy and management literatures.

Full report available at: <http://goo.gl/rJ358t>

CLINICAL LEADERSHIP AND HOSPITAL PERFORMANCE: ASSESSING THE EVIDENCE BASE

A widespread assumption across health systems suggests that greater clinicians' involvement in governance and management roles would have wider benefits for the efficiency and effectiveness of healthcare organisations. However, despite growing interest around the topic, it is still poorly understood how managers with a clinical background might specifically affect healthcare performance outcomes. The purpose of this review is, therefore, to map out and critically appraise quantitatively-oriented studies investigating this phenomenon within the acute hospital sector. The analysis of the extant literature has revealed that research focusing on clinicians' involvement in leadership positions has explored its implications for the management of financial resources, the quality of care offered and the social performance of service providers. In general terms, the findings show a positive impact of clinical leadership on different types of outcome measures, with only a handful of studies highlighting a negative impact on financial and social performance. Therefore, this review lends support to the prevalent move across health systems towards increasing the presence of clinicians in leadership positions in healthcare organisations. Furthermore, authors present an explanatory model summarising the reasons offered in the reviewed studies to justify the findings and provide suggestions for future research.

Full report available at: <http://goo.gl/qOCmaz>

HYBRID MANAGEMENT, ORGANIZATIONAL CONFIGURATION, AND MEDICAL PROFESSIONALISM: EVIDENCE FROM THE ESTABLISHMENT OF A CLINICAL DIRECTORATE IN PORTUGAL

The need of improving the governance of healthcare services has brought health professionals into management positions. However, both the processes and outcomes of this policy change highlight differences among the European countries. This article provides in-depth evidence that neither quantitative data nor cross-country comparisons have been able to provide regarding the influence of hybrids in the functioning of hospital organizations and impact on clinicians' autonomy and exposure to hybridization.

The study was designed to witness the process of institutional change from the inside and while that process was underway. It reports a case study carried out in a public hospital in Portugal when the establishment of a clinical directorate was being negotiated. Data collection comprises semi-structured interviews with general managers and surgeons complemented with observations. It is discussed the extent to which policy change to the governance of health organizations regarding the relationship between medicine and management is subject to specific constraints at the workplace level, thus conditioning the expected outcomes of policy setting.

The study also highlights the role of hybrid managers in determining the extent to which practising professionals are more accountable to managerial criteria. The overall conclusion is that although medical and managerial values link to each other, clinicians reconfigure managerial criteria according to specific interests. Ultimately, medical autonomy and authority may be reinforced in organizational settings subject to NPM-driven reforms.

Full report available at: <http://goo.gl/ovXPH3>

UNCOMFORTABLE REALITIES: THE CHALLENGE OF CREATING REAL CHANGE IN EUROPE'S CONSOLIDATING HOSPITAL SECTOR

This article examines uncomfortable realities that the European hospital sector currently faces and the potential impact of wide-spread rationalization policies such as (hospital) payment reform and privatization. Based on the evidence presented by the authors, rationalization policies such as (hospital) payment reform and privatization will probably fall short in delivering better quality of care and lower growth in health expenses. Reasons can be sought in a mix of evidence on the effectiveness of these rationalization policies.

Nevertheless, pressures for different business models will gradually continue to increase and it seems safe to assume that more value-added process business and facilitated network models will eventually emerge. The overall argument of this article holds important implications for future research: how can policymakers generate adequate leverage to introduce such changes without destroying necessary hospital capacity and the ability to produce quality healthcare?

Full report available at: <http://goo.gl/bvxKMv>

ASSESSMENT OF THE PRIORITY TARGET GROUP OF MENTAL HEALTH SERVICE NETWORKS WITHIN A NATION-WIDE REFORM OF ADULT PSYCHIATRY IN BELGIUM

Belgium is currently implementing a nation-wide reform of mental health care delivery based on service networks. These networks are supposed to strengthen the community-based supply of care, reduce the resort to hospitals, and improve the continuity of care. They are also intended to supply comprehensive care to all adult mental health users.

It is unclear, however, if one single model of network can target the needs of the whole adult population with mental health problems. In 2011, ten networks were commissioned and assessed. Networks included a total of 635 services of different types. Services were asked to select 10 users by systematic sampling and to state whether these users were considered as a priority for care in the network. Sociodemographic, social integration level, diagnoses, and psycho-social functioning variables were also collected. Two thousand four hundred ninety users were included, and 1564 were given priority for network care. Although the reform was intended for the whole population of adults with mental health problems, the users selected have a profile of severe mentally-ill users with social deprivation and poor social functioning.

Policy may have been over-ambitious trying to address the whole population with one single type of service network. The actual selection process of users makes it less likely that the reform will achieve all its objectives.

Full report available at: <http://goo.gl/txbKtB>

TRANSITIONING A HOME TELEHEALTH PROJECT INTO A SUSTAINABLE, LARGE-SCALE SERVICE: A QUALITATIVE STUDY

This study was a component of the Flinders Telehealth in the Home project, which tested adding home telehealth to existing rehabilitation, palliative care and geriatric outreach services. Due to the known difficulty of transitioning telehealth projects services, a qualitative study was conducted to produce a preferred implementation approach for sustainable and large-scale operations, and a process model that offers practical advice for achieving this goal.

Initially, semi-structured interviews were conducted with senior clinicians, health service managers and policy makers, and a thematic analysis of the interview transcripts was undertaken to identify the range of options for ongoing operations, plus the factors affecting sustainability. Subsequently, the interviewees and other decision makers attended a deliberative forum in which participants were asked to select a preferred model for future implementation. Finally, all data from the study was synthesised by the researchers to produce a process model. The implementation of home telehealth services is still in an early stage. Change agents and a community of practice can contribute by marketing telehealth, demonstrating policy alignment and providing potential solutions for difficult health services problems. This should assist health leaders to move from trials to large-scale services.

Full report available at: <http://goo.gl/oYrsdt>



PATIENTS' RIGHTS HAVE NO BORDERS – EVENT AT EUROPEAN PARLIAMENT

HOPE celebrated the 10th anniversary of the European patients' right day by attending the event entitled "Patients' rights have no borders... as well as risks!" hosted by the MEPs Interest Group on "European Patients' rights and Cross-Border Healthcare".

The meeting was held on 3 May 2016 in the European Parliament and was hosted by MEP David Borrelli, Co-Chair of the EFDD Group and Co-Founder of the Interest Group. The meeting was a debate among civic and patient associations from different Member States, experts in the field of civil rights, institutional representatives, National Contact Points and several stakeholders at EU level. The discussion focused on: providing up-to-date information on the implementation of the Cross-Border Healthcare Directive, and defining the most common risks to which patients seeking healthcare abroad may incur and the available solutions to overcome them.

During the meeting, the Active Citizenship Network, organiser of the event, has formally launched the European Communication campaign on Patients' rights, which will take place in 14 EU countries until December 2016 and will be organised in the remaining 14 countries in 2017. The communication campaign foresees online and on-the-spot initiatives at local, national and European level. The campaign is mainly addressed to European citizens and patients, as well as other supporting organisations and media working at different geographic levels.

More information on the meeting available at: <http://activecitizenship.net/patients-rights/projects/210-patients-rights-have-no-borders-as-well-as-risks.html>

HOW WILL EUROPEAN HEALTH SERVICES COPE WITH THE REFUGEE CRISIS? – HELMUT BRAND'S (EUROPEAN HEALTH FORUM GASTEIN) OPINION

On 12 May 2016, EurActiv published an opinion article written by Dr. Helmut Brand, the President of the European Health Forum Gastein (EHFG), on the need to adapt the current health systems to the migration flows of the last years. Dr. Helmut Brand claims that fears of health systems being unable to cope with the flow of refugees arriving in their host countries are unfounded. Moreover, the impact of refugees on health systems would be mainly short term, as refugees are usually of a young age. Their burden on health systems would then be negligible if compared to the challenge of an ageing population in Europe, as it would be mainly focused on the delivery of treatments for communicable diseases and trauma.

To conclude, Dr. Brand express his wish for full access to healthcare for each person in Europe, "whether a migrant, refugee or citizen of Europe".

Full article available at: <http://www.euractiv.com/section/health-consumers/opinion/how-will-europes-health-services-cope-with-the-refugee-crisis/>

OCCUPATIONAL EXPOSURE TO CARCINOGENS – SIX ORGANISATIONS SIGN A VOLUNTARY ACTION SCHEME

On 25 May 2016, six organisations, including EU-OSHA, the European Commission and the European social partners signed a Covenant agreeing to participate in a new Roadmap for a scheme to reduce exposures to carcinogens in the workplace.

The initiative starts with the Netherlands EU Presidency in 2016 and is supported by the Austrian EU Presidency in 2019.

The new scheme proposes to raise awareness of the risks and of the importance of the EU limit values as an element to prevent exposures. It also aims to achieve more widespread and efficient exchange of the many good practices that already exist in this area.

More information available at:

<https://osha.europa.eu/en/themes/dangerous-substances/roadmap-to-carcinogens>

NHS CONFEDERATION ANNUAL CONFERENCE AND EXHIBITION

15-17 June 2016 – Manchester (UK)

The 2016 NHS Confederation conference will focus on the huge effort that is underway in the NHS, and wider UK health and care system, to transform care for patients.

The programme, made up of plenary sessions, panel discussions, debates, seminars and workshops, will showcase the transformation already taking place across the country. It will also build on the momentum for change by helping to strengthen emerging solutions, new ways of working and shared plans for achieving more integrated, effective and sustainable care.

The core conference themes are:

- building a culture with patients and individuals at the centre of care delivery;
- delivering new models of care to meet people's needs;
- developing the workforce as our greatest asset to drive change;
- ensuring sustainable services fit for future generations;
- strengthening system leadership to help improve care locally.

More information and the programme of the event available at: www.nhsconfed.org/2016

TEACH SUMMER SCHOOL – EUROPEAN ALLIANCE FOR PERSONALISED MEDICINES

3-7 July 2016 – Cascais (Portugal)

The European Alliance for Personalised Medicine organises a Summer School for young healthcare professionals titled 'TEACH' (Training and Education for Advanced Clinicians and HCPs). The Summer School aims at bringing young HCPs up-to-date with developments in the field.

Aimed at young healthcare professionals aged 28-40, TEACH will cover topics such as monoclonal antibodies, inhibitory drugs and putting the patient at the centre of his or her own care - all within the context of personalised medicine.

Over the course of the four-day school, a 20-strong faculty of experts will oversee plenaries, group discussions and interactive role play sessions involving the HCPs enrolled on the course.

Agenda available at: http://euapm.eu/pdf/EAPM_summer_school_agenda.pdf

Registration available at: http://euapm.eu/pdf/EAPM_Registrartion_Form_-_Summer_School.pdf

19TH EUROPEAN HEALTH FORUM GASTEIN

28-30 September 2016 – Bad Hofgastein (Austria)

The 19th European Health Forum Gastein (EHFG) will address the theme of "Demographics and Diversity in Europe - New Solutions for Health".

Europe faces unprecedented demographic change, and new solutions are needed to maintain sustainable health systems. Some of the underlying trends are increased life-expectancy, changing fertility patterns, and internal and external migration. Therefore, discussions at the EHFG 2016 will revolve around how these and other demographic challenges can be turned into opportunities.

The EHFG provides a platform for discussion where various stakeholders from the field of health policy making come together to discuss next steps for a healthier Europe. Over the years, the conference has become the leading annual health policy event in the EU. Participants and speakers come from government and administration, business and industry, civil society, and science and academia.

More information on the EHFG 2016 available at: <http://www.ehfg.org/ehfg-conference.html>

10TH EUROPEAN HEALTH AWARD

19th European Health Forum Gastein, 28-30 September 2016 – Bad Hofgastein (Austria)

The 10th European Health Award will be presented at the 19th European Health Forum Gastein (EHFG) in Bad Hofgastein, Austria.

The award honours initiatives aiming to improve public health or healthcare in Europe. It was established in 2007 to promote cross-border cooperation, multi-country working and the development of sustainable, innovative and transferable initiatives which address current challenges such as disparities in health status, access to services and the provision of treatment within Europe.

Applications for the Award closed on Friday 27 May 2016. The European Health Award is sponsored by the Austrian Federal Ministry of Health and FOPI, the Association of the Research & Development based Pharmaceutical Industry in Austria.

More information available at: <http://www.ehfg.org/award.html>

14TH CONGRESS OF THE EUROPEAN NURSE DIRECTORS ASSOCIATION (ENDA)

12-14 October 2017 – Opatija (Croatia)

The 14th biannual congress of the European Nurse Directors Association (ENDA) will be developed around the motto "Nursing: build it, live it, share it". The topics addressed will include: ethic in the workplace, effective team work, the use of social media to reach out the community, globalisation in nursing, connecting and sharing knowledge in nursing.

ENDA was founded in 1992 in Geneva, Switzerland for the purpose of building a network between nurse directors throughout Europe. Its main objectives are:

- to strengthen the nursing contribution to policy making in the context of healthcare management in Europe;
- to establish formal links between Nurse Directors and Nurse Leaders across Europe to support a communication network of experts;
- to further the development of the art and science of nursing leadership and management in Europe.

More information available at: <http://www.enda-europe.com/en/>

AGENDA

UPCOMING HOPE CONFERENCES

HOPE AGORA 2016 **THE FUTURE OF HOSPITALS AND HEALTHCARE**

6-8 June 2016 – Rome (Italy)



HOPE will celebrate its 50th anniversary on 6, 7 and 8 June 2016 in Rome, the city where it was founded. This celebration will engage hundreds of healthcare professionals, HOPE Board members, Liaison Officers and National Coordinators.

Throughout its 50th anniversary HOPE will be hosting in the Agora 2016 a diverse mix of events: meeting former Presidents and the former Secretary-General, listening to the views on the future of key European associations, discussing with healthcare professionals, learning from each... These events will review past achievements while focusing on the present and future role of healthcare services. HOPE Agora 2016 wants to bring to surface different perspectives in an open and stimulating exchange with representatives from national governments, European institutions, national competent authorities, industry, healthcare professionals, academia and patient groups, with the objective of working towards a shared vision for the future.

HOPE Agora will also conclude the HOPE Exchange Programme, which in 2016 will reach its 35th edition. This 4-week training period starting on 9 May 2016 is targeting hospital and healthcare professionals with managerial responsibilities. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working. The topic of the HOPE Exchange Programme 2016 is "Innovation in hospitals and healthcare: the way forward". The topic of 2016 is a follow up of the Programme 2015 "Hospitals 2020: hospitals of the future, healthcare of the future", which was all about innovations in management and organisation of hospitals and healthcare services.

[Visit the Agora website](#)

