



# hope

European Hospital and  
Healthcare Federation

# Newsletter

**Newsletter No. 140 – September 2016**

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### **Health Promoting Hospitals 2017**

**Vienna, 12-24 April 2017**

### **HOPE Agora 2017**

**12-14 June 2017**

## HOPE Exchange Programme 2017 – Organisational Innovation in Hospitals

In 2017, HOPE will organise its 36<sup>th</sup> Exchange Programme starting on 15 May. The Agora 2017 will take place in the week of 12 of June; exact time and location will be notified soon. The main topic for 2017 will be around organisational innovation in hospitals and healthcare. Organisational innovation is a broad topic that in the context of the Exchange Programme shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

For more information on the HOPE Exchange programme, please contact the **National Co-ordinator** of your country.

More information on HOPE Exchange Programme:

<http://www.hope.be/hope-exchange-programme/>



*Picture from the HOPE Agora 2016 held in Rome.*



## Public Health

### **New forum organised with the aim of consulting stakeholders of EU pharmacovigilance legislation**

Stakeholders discussed achievements and future priorities regarding EU pharmacovigilance legislation in London, UK.

The European Medicines Agency (EMA) organised the tenth stakeholder forum on the operation of the pharmacovigilance legislation on 21 September 2016. This is the latest in a series of events organised by EMA to review the progress made and to consult stakeholders on what needs to be the focus over the coming years. The agenda of the forum is available [here](#).

This forum brought together regulators with patients, healthcare professionals and industry, to take stock of what we have achieved and what needs to be the focus over the coming years.

[Read more](#)

### **G7 Kobe Health Ministers' meeting to solve health global issues**

From 11 to 12 September, the G7 Health Minister's meeting took place in Kobe, Japan.

G7 Health Ministers' Meeting is one of the ministerial meetings, which brings together the Health Ministers from G7 (Japan, Canada, France, Germany, Italy, the United Kingdom, and the United States) and the European Commission to exchange views and form a consensus on a variety of health issues which the international society is facing.

In light of the recent outbreaks of Ebola and MERS (Middle East Respiratory Syndrome), they needed to establish a global multi-sectoral framework to solve these problems that go well beyond borders.

[Kobe Communiqué](#)

## **European Reference Networks: 24 applications eligible for the call for interest**

Following the first call for interest to establish a European Reference Network (ERN) and the call for grants for ERN, which closed on 22 July 2016, the Commission has received 24 applications; involving a total of 370 hospitals and nearly 1000 highly specialised units.

The next step is the assessment process. The Independent Assessment Body (IAB) has already started its work to assess the ERN proposals, with the aim of delivering the final technical report by November 2016. The final decision on the approval of ERNs will then be taken by the Board of Member States (BoMS) towards the end of the year. The BoMS will meet already next week (26 September), to discuss the next steps on the ERN proposals assessments, as well as some strategic issues.

Other dates to note are 27 September when the last workshop on the ERN Study which outlines the services to be provided by the ERNs and its members takes place, and 28-29 September when the Joint Action on Rare Disease (RD-ACTION policy WP) is organising a workshop for the prospective ERNs.

[Read more](#)

[ERNs Website](#)

## **High level meeting on Antimicrobial Resistance**

The 71<sup>st</sup> session of the United Nations General Assembly took place from 19 to 23 September 2016 at the United Nations Headquarters in New York, USA. Heads of states and governments from 193 Member States convened to address global challenges, including for the first time ways to tackle antimicrobial resistance. This is only the fourth time a health issue has been taken up by the UN General Assembly (the others were HIV, noncommunicable diseases, and Ebola).

In a political declaration, Heads of States committed to taking a broad, coordinated approach to address the root causes of AMR across multiple sectors, especially human health, animal health and agriculture. They pledged to strengthen regulation of antimicrobials, improve knowledge and awareness, and promote best practices — as well as to foster innovative approaches using alternatives to antimicrobials and new technologies for diagnosis and vaccines.

Speaking on behalf of the European Union and its Member States Commissioner Andriukatis stated that The European Union welcomes the Declaration's emphasis on strengthening infection prevention and control, ensuring appropriate access to

diagnostics and antimicrobials and investing in research and innovation for new antibiotics and alternative therapies.

[Read more](#)

[Vytenis Andriukaitis' speech at the 71st UN General Assembly](#)

[Eurobarometer results on Antimicrobial Resistance awareness](#)

## [Discussion on drug prices between patient groups and pharmaceutical industry took place in Sofia](#)

Severely hit by an unprecedented economic crisis, public health systems in many EU member states are no longer able to fully reimburse drugs, leaving some patients without access to essential treatment. At a conference organised in Sofia last week by the Patient Access Partnership (PACT), a multi-stakeholder network, several patient organisations explored ways of improving access to medicines and quality of care in Europe, together with the pharmaceutical industry and policymakers at EU and national level.

EU health ministers took timid steps last June to address the rising price of medicines, recognising that in many cases, market failures prevented drugs from reaching patients in need of treatment. EU ministers expressed particular concerns that the existing complex system of pricing might not be balanced, and that "it may not always promote the best possible outcome for patients and society". Member states were encouraged to explore strategies to jointly negotiate prices with the pharma industry, and urged them to exchange information in the phase preceding the launch of negotiations with drug makers.

[Read More](#)





## **Inception impact assessment on the EU cooperation on Health Technology Assessment (HTA)**

The European Commission launched an inception impact assessment on the strengthening of the EU cooperation on Health Technology assessment (HTA).

In the EU total (public and private) health care expenditure amounts to around EUR 1 300 billion per annum (including EUR 220 billion for pharmaceuticals and EUR 100 billion for medical devices). Health care expenditure accounts on average for about 10% of the EU GDP. The expenditure is likely to increase in the coming years, considering inter alia Europe's ageing population, the increase of chronic diseases, and complex new technologies. At the same time, Member states are increasingly confronted with budgetary constraints. These developments will require Member states to further improve the efficiency of health budgets – focusing on effective technologies whilst maintaining a stimulus for innovation.

### **Full inception impact assessment**

## **EU action on eHealth – European Commission leaflet**

The European Commission's Directorate-General (DG) CONNECT and DG SANTE have together published a leaflet that describes European actions in the field of eHealth.

Information and Communication Technology for health and wellbeing (eHealth) is becoming increasingly important to deliver top-quality care to European citizens. The 'eHealth Action Plan 2012-2020' of the European Commission describes the actions foreseen on this topic.

**Desktop version - Phone version - Printable version**

**Read more about eHealth**



### **Evaluation and fitness check (FC) Roadmap: Refit evaluation of directive 95/16/EC on lifts**

The European Commission launched an evaluation that aim to collect evidence and analyse the functioning of the Lifts Directive 95/16/EC1 and to assess whether it is fit for purpose.

It will address the question to what extent the Directive met its objectives of:

- guaranteeing free circulation of lifts and safety components for lifts within the EU
- ensuring a high degree of health and safety protection for users and maintenance personnel in terms of relevance, effectiveness, efficiency, EU added value and coherence.

If needed, the evaluation may highlight issues and may propose improvements. Depending on the conclusions, this evaluation may precede an Impact Assessment study in view of a potential revision of the Directive.

**Read more**

**Directive 95/16/EC**



### **A European Pillar of Social Rights – European Parliament draft report**

On 26 September EMPL considered the draft report of Maria João Rodrigues (S&D, PT) on A European Pillar of Social Rights. This was the opportunity for Members to have an exchange of views with Allan Larsson, invited as special Advisor who assists President Juncker and the College of Commissioners in drawing up and launching a broad consultation on the Pillar, which should serve as a framework to screen employment and social performance in the light of changing work patterns and societies.

**Full report**

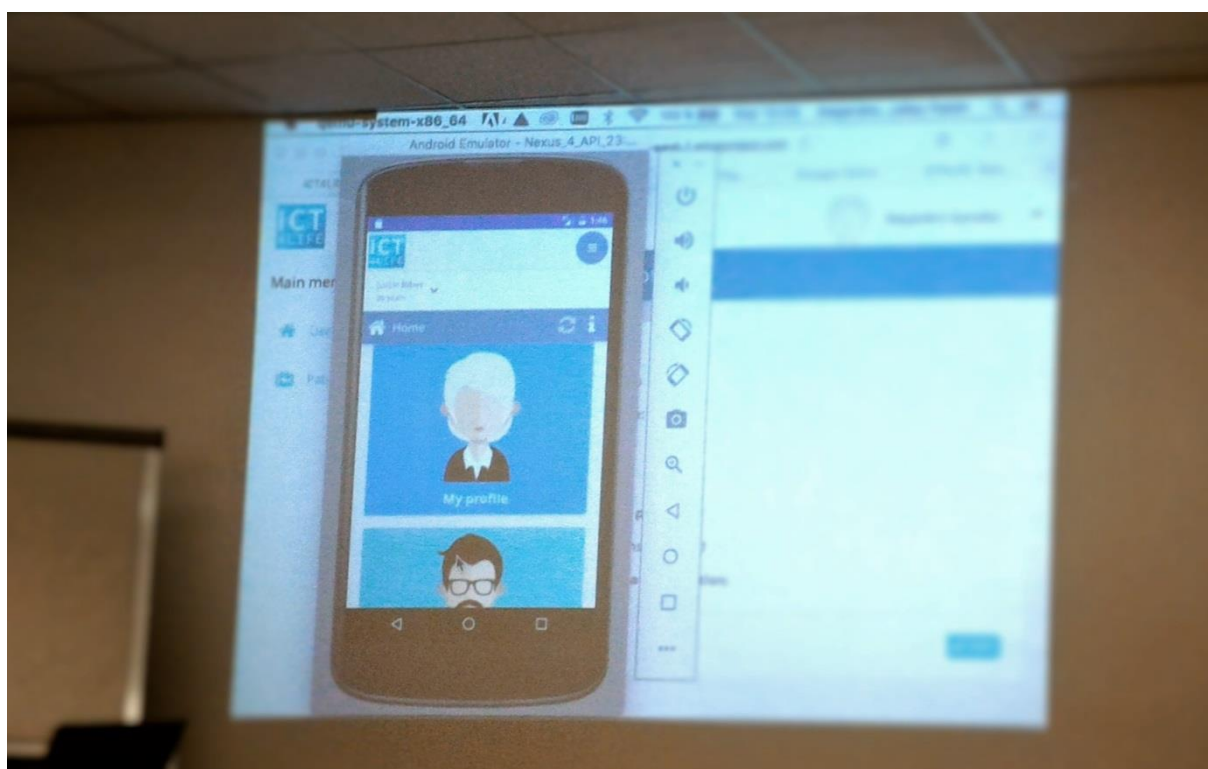
# European programmes and projects

## ICT4Life Project - Consortium meeting in Paris

On 13 and 14 September 2016, HOPE attended in Paris the third ICT4Life Consortium meeting. HOPE is involved in ICT4Life activities as leader of the project dissemination and exploitation.

ICT4Life is a three-year project financed under Horizon 2020, the EU Framework Programme for Research and Innovation. The project has the ambition to provide new services for integrated care employing user-friendly ICT tools, ultimately increasing patients with Parkinson's, Alzheimer's and other dementias and their caregivers' quality of life and autonomy at home.

The meeting was organised by E-Seniors, a French not-for-profit organisation with a broad experience in elderly training and behavioural science. Within ICT4Life framework, E-Seniors is actively involved in real life pilots activity, leading the WP7.



*Presentation of a preliminary version of the ICT4Life mobile application that will be made available to patients, caregivers and healthcare professionals.*

ICT4Life partners presented the achievements reached after 8 months of project implementation and discussed about the development of the ICT4Life Platform. The latter will include technologies (such as sensors, cameras, mobile applications, etc.) aimed at monitoring patients in their own homes or in specific settings chosen for the project pilots, with the aim to create or improve conditions for their independent living. The Platform will also provide support to informal and professional caregivers following an integrated care approach and making sure that end-users needs are fully represented in the technologies developed.

### **Read more about the project**

Follow ICT4Life on [Twitter](#), [Facebook](#) and [LinkedIn](#).

## **Palliative CARE – PACE Project**

HOPE was invited on 15 June 2016 by AGE Platform Europe to a seminar presenting the PACE project which overall aim is to inform and assist policy and decision-makers at national and European levels in the field of palliative *care*.

Societies are ageing rapidly, and illness and dying trajectories are changing fundamentally: multiple comorbidities are prevalent; there is a lack of shared decision-making or pro-active care planning. 25-40% of 80+ are frail (leading cause of death in community-dwelling of older people) and 1/3 of 85+ live with dementia. In this scenario, high-quality palliative care for older people is a huge public health and clinical challenge that needs to be addressed urgently. Palliative care should not be terminal care only (see old model on the left) but integrated early into disease management alongside life-prolonging treatments (see new model on the right). The goal of person-centered and family-focused palliative care is to improve the quality of life of patients and families facing a life-threatening illness; this needs to be done through early identification and impeccable assessment and treatment of physical, psychosocial and spiritual problems.

In Europe palliative care is still often restricted to end-of-life cases, usually to patients with cancer. Basic and specialized palliative care are integral part of health care and should be provided alongside curative treatment

The perspectives of end-users and health and long-term care practitioners were presented. There is still a need to clarify the meanings and differences between “curative care”, “palliative care” and “end-of-life care” to the general public. Long term care facilities should not be affiliated with “the place where people die”. Long term care facilities staff will have to be trained – though it will be tough at the beginning and they will most probably be overburdened. Main barriers to

mainstream palliative care: the physician, attitudes of staff and approaches of personnel, lack of staff and resources, strategies and legislation;

Marian Harkin, Member of the European Parliament, delivered the closing remarks of the event. She supported the need to change societal images that relate palliative care exclusively to end of life situations, thereby harming the access to beneficial palliative care at earlier stages. She stressed her commitment to the topic, and explained she will do her best to ensure that the outcomes of PACE are taken into account in the relevant parliamentary work.

**Full article**

## **Communication skills in healthcare – H-Com project**

The project H-Com is launching an on-line survey on communication skills among health professionals.

H-Com is a 3-year project, launched in September 2015 and co-funded by the Erasmus+ Programme of the European Union. The general objective of H-Com is to build and develop communication skills among health professionals, with a focus on medical doctors and nurses, which will positively influence their work with their patients as well as inter-disciplinary communication within the health care setting.

The H-Com on-line survey aims to explore the needs and perceptions of medical doctors and nurses concerning health communication issues and examine the barriers and enablers of health communication in different health care settings. It also aims to review health professionals' preferences in health communication training.

The survey is available in 5 languages: English, Greek, German, Spanish and Polish.

**The survey**

**The project**

## **Asthma breakthrough: promising treatment developed in AirPROM project**

The EU-funded AirPROM project has demonstrated how an integrated approach, involving computer modelling, measurement and clinical validation, can accelerate the development of new therapies and improve existing methods. The outcome is a new asthma pill that has the power to dramatically reduce the severity of the condition.

Project manager Professor Chris Brightling (NIHR Biomedical Research Unit, Leicester, UK) says: "The confidence derived from this EU-Industry funded study has accelerated the clinical development of this new therapy, which could be available within the next 3 years. This could be the first new pill for asthma in nearly 20 years."

According to the Professor, "the impact of the integrated computational models developed in AirPROM is now being extended to other new therapies and will lead to the application of predictive modelling in personalised healthcare."

**[Read more](#)**

**[Project website](#)**

## **Cordis showcase 8 innovative EU-funded projects for independent living**

The EU research website CORDIS has published a new results pack focusing on eight EU-funded projects that have developed new technologies and solutions to address the pressing challenges of caring for and assisting European citizens in a rapidly ageing society.

With each passing year, Europeans live longer. Although this is to be applauded, the demands for health, social and informal care services will continue to rise over the coming decades.

Supported by the Horizon 2020 and FP7 programmes, the Active and Assisted Living Joint Programme and the European Innovation Partnership for Active and Healthy Ageing, eight EU projects are leading the way in social and digital innovation

**[Read more](#)**

**[Cordis Results Pack](#)**

**[Flyer](#)**

## Reports

### **EU Pesticide Risk Assessment System: The Case of Glyphosate – European Parliament**

This report summarises the presentations and discussions of the workshop on the “EU’s pesticide risk assessment system: the case of glyphosate”, held at the European Parliament in Brussels on Tuesday, 24 May 2016.

The aim of the workshop was to provide background information and advice for the Members of the ENVI Committee on the effects of glyphosate on human health. During the first part of the workshop, the EU policy context and the state of play of the issue were presented. An update on the environmental effects of glyphosate on biodiversity was also given. Moreover, the status of the precautionary principle, a legal principle which underpins the use of this substance, was discussed.

The second part of the workshop focused on the challenges and options based on the available research and evidence. The different findings of the IARC and EFSA were presented. In particular, the different methods of the evaluation, as well as the difference between hazard assessment and risk assessment, were covered during this session. Furthermore, the ongoing ECHA’s evaluation of glyphosate, which is being carried out under the CLP Regulation, was illustrated. Finally, the perspectives from civil society and doctors were also taken into account. While the divergences during the sessions showed how polarised the issue is, it was outlined that a decision on the glyphosate matter would be crucial in order to bring to an end a situation of uncertainty.

#### **Full report**

## **Women's health and well being in Europe: beyond the mortality average – WHO Europe**

Women are in focus as the 66<sup>th</sup> session of the WHO Regional Committee for Europe considers the Strategy on women's health and well-being in the WHO European Region. The new report "Women's health and well-being in Europe: beyond the mortality advantage" supports the Strategy with key facts. It shows the impact of gender-based inequalities interacting with social, economic and environmental determinants, and looks at how people-centred health systems can respond to women's needs throughout the life-course. The Strategy and the report are meant to support countries in their commitments to advance women's health, made through the adoption of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals.

**Full study**

## **EU Options for Improving Access to Medicines – European Parliament**

On Thursday 14 July 2016, The European Parliament held a workshop on access to medicines.

The purpose of the workshop was to discuss the latest trends and the current situation as regards the availability of affordable medicines in Europe, to present a range of EU initiatives, and to raise awareness on prices, accessibility, acceptability, affordability and availability of medicines in the EU.

During the first part of the workshop, the current situation on access to medicines was analysed by different stakeholder groups. The second part of the workshop analysed pharmaceutical systems in the EU, covering topics such as intellectual property, pricing and reimbursement systems, and competition enforcement laws. The third part of the workshop concerned authorisation procedures and systems for pricing and reimbursement. Here, an overview of the role of the EMA, the benefits of health technology assessment and improving affordability were presented. Proposals to improve access to medicines were discussed in the final workshop session.

More information available [here](#).



## **OECD Reviews of Health Systems: Latvia 2016 – OECD report**

According to the OECD Latvia health system broadly delivers effective and efficient care to the population within a context of significantly fewer resources – and higher health care needs – than most OECD countries.

Latvia has successfully consolidated its hospital sector and strengthened primary care. Average length of stay in hospital fell by almost 15% between 2005 and 2013, and GPs are now required to follow up on patients who called for emergency medical assistance but were not hospitalised. OECD health systems could learn much from these reforms as well as longer-standing institutions, such as Latvia's feldshers (physician assistants). Latvia nevertheless faces important challenges to improve the performance of its health system. Up to one in five Latvians report forgoing health care because of the cost; waiting times for key diagnostic and treatment services can be long; and inclusion of key treatments in the publicly-funded benefits basket does not always reflect latest best practice. Critically, the health system lags behind many OECD countries in the extent to which data are used to systematically measure, compare and improve the performance of services, especially at more granular provider or local levels. This review aims to support Latvia in continuing reform of its health system, informed by international best practice.

**[Read more](#)**

## **EU / EEA Members states progress in fight against Antimicrobial resistance – European Commission report**

On 9 September 2016, the European Commission published a report prepared by the University of Bordeaux on the implementation of the Council recommendation of 15 November 2001 (2002/77/EC) on the prudent use of antimicrobial agents in human medicine. The report is based on questionnaires completed by EU and EEA Member States in 2015, which were analysed by the Bordeaux researchers.

**[Read more](#)**

**[Full study](#)**

## **Patients without Borders – Benelux report on cross-border mobility of patients between Benelux countries, France and Germany**

This Benelux report provides useful insight into cross border flow of patients in the Benelux area and a coherent overview of the cross border flow of patients on a regional and European level.

Main findings of the report show that at least 168,177 patients annually seek treatment in another Benelux country, Germany and France, both for planned and unplanned care. The actual number is probably much higher.

**Full report [FR]**

## **Quality assessments for cancer centres in the European Union – BMC article**

Cancer centres are pressured to deliver high-quality services that can be measured and improved, which has led to an increase of assessments in many countries. A critical area of quality improvement is to improve patient outcome. An overview of existing assessments can help stakeholders (e.g., healthcare professionals, managers and policy makers) improve the quality of cancer research and care and lead to patient benefits. This paper presents key aspects of assessments undertaken by European cancer centres, such as: are assessments mandatory or voluntary? Do they focus on evaluating research, care or both? And are they international or national?

Based on the responses from 19 cancer centres from 18 member states, we found 109 assessments. The numbers have steadily increased from 1990's till 2015. Although, a majority of assessments are on patient-care aspects ( $n = 45$ ), it is unclear how many of those include assessing patient benefits. Only few assessments cover basic research. There is an increasing trend towards mixed assessments (i.e., combining research and patient-care aspects)

The need for assessments in cancer centres is increasing. To improve efforts in the quality of research and patient care and to prevent new assessments that "reinvent the wheel", it is advised to start comparative research into the assessments that are likely to bring patient benefits and improve patient outcome. Do assessments provide consistent and reliable information that create added value for all key stakeholders?

### **Full article**

## **Guideline adherence: How do boards of directors deal with it? A survey in Dutch hospitals – Journal of Hospital Administration**

Adherence to guidelines is often low, as multiple barriers exist for guideline implementation. To tackle the implementation problem, awareness of the existence of guidelines is necessary for the health care process and setting as a whole. Despite the importance of guidelines adherence, problems have been reported from hospitals in achieving this. This study gives insight into how boards of directors of general and specialist hospitals arrange the responsibilities for guideline adherence within their organisation, how they deal with guidelines for medical specialists and what opportunities exist for improvement.

### **Full article**

## **Hospitals in rural or remote areas: An exploratory review of policies in 8 high-income countries - Sciencedirect**

This study reviewed policies in 8 high-income countries (Australia, Canada, United States, Italy, Spain, United Kingdom, Croatia and Estonia) in Europe, Australasia and North America with regard to hospitals in rural or remote areas. The article explored whether any specific policies on hospitals in rural or remote areas are in place, and, if not, how countries made sure that the population in remote or rural areas has access to acute inpatient services. The authors found that only one of the eight countries (Italy) had drawn up a national policy on hospitals in rural or remote areas. In the United States, although there is no singular comprehensive national plan or vision, federal levers have been used to promote access in rural or remote areas and provide context for state and local policy decisions. In Australia and Canada, intermittent policies have been developed at the sub-national level of states and provinces respectively. In those countries where access to hospital services in rural or remote areas is a concern, common challenges can be identified, including the financial sustainability of services, the importance of medical education and telemedicine and the provision of quick transport to more specialized services.

**Full article**

## **Europe cannot afford people in bad health - Economics of health and care as a guide for investments – European Policy Center**

Europe's health systems are under increasing pressure: economic growth is slow, health expenditures outpace GDP growth, public budgets are put under strain and demographics - with a growing aging population - are burdening the younger tax-paying generations. In this Commentary, Hans Martens argues that, in order to keep Europe's health systems sustainable, policy makers need to acknowledge the economic value of health for individuals and society, instead of simply seeing it as a cost. This will require making healthcare systems more cost-efficient and investing in those interventions that are economically most advantageous.

**Full article**

## **Opening the black box of under-health people: the case of Spain – Health Economist review**

The most famous modern definition of health was created during a Preamble to the Constitution of the World Health Organization in 1946: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This definition has not been amended and, since then, many indicators have been proposed to measure health such as Self-Assessed Health (SAH) status. It provides an overall measure of a population’s health based on individuals’ personal perceptions of their own health.

In this paper, the authors focus their analysis on “under-health” as the fact of having a level that falls behind the health requirements necessary to perform what is considered an “expected life based on Self Assessed Health”. For Spain using the European Union Statistics on Income and Living Conditions (EU-SILC), they can confirm there exist under-healthy people by occupation, age group and sex. Additionally, under-healthy workers are most likely to be found among skilled agricultural, fishery workers and elementary occupations.

**Full article**

## **Addressing the crisis of tomorrow: the sustainability of European health systems – European Policy Center policy brief**

Whilst European leaders and the EU institutions are currently focused on firefighting the economic, refugee and security crises as well as the consequences of the Brexit vote, policy-makers should not turn a blind eye to other challenges, which could turn into the crises of tomorrow. One of these is the sustainability of European health systems. As rising inequalities and people’s fear of losing achieved benefits and prospects for a good life are already creating new societal pressures and disillusionment with policy-makers, it is important that these concerns are addressed head-on also within the health systems. In this Policy Brief, Annika Hedberg and Philip Hines discuss the emerging trends and challenges that are likely to have an increasing impact on health systems and EU citizens in the next decades and call for the EU to recognise the value of health, consider health across policies, and collaborate and use the available instruments when it brings added value to member states and citizens. The aim should be to harness Europe’s diversity and excellence in order to ensure affordable, cost-effective and sustainable delivery of health for all Europeans

**Full article**

### **ECDC-ASEF workshop: Strengthening risk communications for public health emergency**

The European Center for Disease Prevention and Control (ECDC) and the Asia-Europe Foundation (ASEF) hold a workshop in Stockholm, Sweden, from 7th to the 8th September 2016, on strengthening the link between emergency risk communication and preparedness planning.

For the first time the European Center for Disease Prevention and Control (ECDC) and the Asia-Europe Foundation (ASEF) jointly organised a capacity-building workshop to discuss the challenges of incorporating emergency risk communication in all aspects of public health emergency preparedness planning. The workshop 'How can we be better prepared for the next global health threat? - Planning and implementing emergency risk communication' took place during the 7th and 8th September in Stockholm and convened over 60 public health experts from Asian and EU/EEA countries.

The discussions focused on strengthening the link between emergency risk communication and public health emergency preparedness planning, underlining the importance of integrating emergency risk communication into the preparedness plans. The workshop sought to identify the competencies (skills) needed to secure the implementation and subsequently what capacities (resources) and capabilities (knowledge) are required to ensure these skills. Participants represented the different sectors involved in public health emergencies, including preparedness planning, risk communication and training. In addition, the workshop included invited delegates from partner organisations such as the European Commission and WHO, as well as representatives from public health associations and non-governmental organisations.

ASEF is an intergovernmental not-for-profit organisation representing the 53 Asia-Europe Meeting (ASEM) Partners; 20 Asian and 32 European (29 EU/EEA) countries, plus the Association of Southeast Asian Nations (ASEAN) Secretariat and the European Union. The meeting in Stockholm follows a series of workshops organised in previous years by ASEF's Public Health Network in European and Asian countries that were focused on the challenges of risk communication.

### **Know more about the conference**

## Comparator Report on Patient Access to Cancer Medicines in Europe Revisited - round table

HOPE was recently invited to the round table launch of the "Comparator Report on Patient Access to Cancer Medicines in Europe Revisited."

25 high-level stakeholders from the European Commission, patient groups, clinical groups and industry met to discuss the findings and implications of the Comparator Report. Journalist Peter O'Donnell moderated the meeting. The discussion was wide-ranging and it covered a number of themes, including: cost and affordability, prioritisation of cancer and the way forward.

Evidence suggests that— contrary to perceptions – costs have not escalated dramatically in Western Europe and nor has expenditure reduced significantly in southern Europe. There is scope for further efficiencies in cancer care and that many cancer professionals are feeling under increasing pressure. The potential to create financial headroom as some high cost, high usage cancer medicines lose patent protection. It was also highlighted that more than ever, follow-on drugs induce price competition making markets competitive earlier in a therapies lifecycle. Concerning the extent to which cost pressures are driven by the price of medicines or by other factors, two opposing views were expressed: that any attempt to control costs by simply focusing on price will fail; that price reductions must play a part in efforts to make cancer services more sustainable.

Cancer plans remain an important tool for improving outcomes, controlling costs and ensuring that expenditure is focused on the aspects of care which can deliver the biggest difference. Inequalities persist in all aspects on cancer care and they must be addressed. In relation to access to medicines, if the drugs make a difference then it is clear that variations in access should matter a great deal. Funding remains a key driver of variation.

There was some debate about whether cancer is a 'special case' which requires prioritisation or whether it is another example of a therapy area that has undergone rapid innovation ("if history predicts the future then we can be confident that health services will cope with this wave of innovation").

Although there was debate over price, there was broad agreement about the importance of striking a balance between affordability and equity today and maintaining the incentives to develop more effective treatments for tomorrow. Greater flexibility in how we pay for cancer care will be critical. This includes medicines, but also encompasses other issues as well. Payers should be concerned with cancer services in their entirety and not just products. Opportunities to explore include:

- Tailoring payment to the creation of value, including varying cost by indication and outcome delivered ("one price fits all may not be helpful for patients");

- Making greater use of data from routine clinical practice, ensuring that an initial access decision is not permanent if the evidence changes;
- Sharing risk and reward where the data are uncertain through managed access agreements;
- Taking steps to ensure treatment reaches those who can most benefit, including by avoiding overutilization;

Industry participants stressed that they want to try new models of payment and are willing to play their part in control costs, providing these discussions take place in the context of trying to find ways to make cancer innovation available.

## **Patient safety in primary care – EQuIP Conference**

EQuIP is organising a conference on Patient Safety in General Practice in Dublin on 3 and 4 March 2017.

European Society for Quality and Safety in Family Practice (EQuIP) is one of WONCA Europe's network organisations. The aim of EQuIP is to contribute to the achievement of high levels of quality and safety of care for patients in general practice in every European country. Currently, EQuIP experiences active representation from 25 European countries.

Although patient safety is only one aspect of quality improvement in general practice, it has become the talk of the town and was highlighted as a core competency for general practitioners.

The ambition is no longer to identify a single measure of safety, but to customise metrics to local settings and circumstances and to let clinicians develop such safety metrics.

The aims for EQuIP within patient safety are to focus on doctor and staff fatigue and burnout as well as the second and third victim syndromes as primary care patient safety issues, because this area currently lacks adequate recognition and appropriate response strategies in order to minimise the risk to patient safety from overloaded and tired general practitioners and practice staff.

### **More information**



## **“Towards a new EU climate change adaptation strategy” – Committee of the regions**

HOPE was invited by the European Committee of the Regions (CoR) to comment on 19 September 2016 its drafting of an own initiative opinion on "Towards a new EU climate change adaptation strategy – taking an integrated approach".

This Opinion aims to feed the work of the European Commission ahead of its evaluation and review of the EU Strategy for adaptation to climate change. The Opinion will pay special attention to the mainstreaming of adaptation within both policy and financing. Economic data as well as details on the role of the EU strategy in increasing resilience at regional and local levels would be appreciated.

The rapporteur on the opinion is Mrs Sirpa Hertell (FI/EPP), Member of Espoo City Council.

## **Migration – 66<sup>th</sup> session of the WHO Europe**

On 13 September 2016, at the 66<sup>th</sup> session of the WHO Regional Committee for Europe (to which HOPE was invited), representatives from the 53 countries in the WHO European Region agreed on a common strategy and action plan on refugee and migrant health.

The WHO Europe Strategy and Action Plan for refugee and migrant health focus on priority actions to address public health and health system challenges. It encourages improved migrant-sensitive health systems and better integration.

In addition, the WHO Europe meeting offered the opportunity to take forward plans to integrate health and wellbeing in the context of the 2030 Agenda for Sustainable Development.

### **More information**

## **Resistance! Antibiotics, politics and public health – 7<sup>th</sup> EPHA annual conference**

The 7<sup>th</sup> European Public Health Alliance (EPHA) annual conference took place in Brussels on 8 September 2016. This year's conference focussed on the topic of resistance to antibiotics, considered as Europe's biggest public health threat nowadays.

The conference sought to identify barriers to effective decision-making in Europe to protect health and discuss how to overcome resistance to tackling public health threats in policy and legislation. In order to do so, 30 high-level speakers intervened during the conference. Presentations and discussions focussed on several of the different facets of the topic, including: the role for the European Union in the battle against drug-resistant infections; AMR as a multifaceted, cross sectorial health threat; the socio-economic dimension of the problem; investment as well as research and innovation in AMR; prevention.

To conclude, possibilities for effective legislative actions to be taken at EU and national level were explored.

**[Read more on EPHA and AMR](#)**

**[Speakers and moderators](#)**

**[Agenda](#)**

## **Pharmaceuticals in the environment: make ideas work! – HCWC workshop**

On 6 September 2016, HOPE was invited to the workshop organized by Health Care Without Harm (HCWC) on "Pharmaceuticals in the environment – make ideas work!"

The workshop brought together representatives of EU institutions, national and local authorities, academic researchers and stakeholder organisations, to find concrete ways of tackling the presence of pharmaceuticals in the environment, thus reducing their impact on environmental (particularly water) pollution as well as on human health.

The topic has been widely addressed from different perspectives, including:

- The current regulative framework at the European level;
- the scientific evidence available;
- the national policies implemented in EU Member States;
- and local experiences in achieving practical steps towards reduction.

From a regulatory perspective, presentations from Mr. Peter Korytar, representative of the Slovak Presidency of the Council of the European Union, and Ms. Helen Clayton, representative of the EU Commission (DG Environment), explained the current situation in the regulatory process and the actions that will be taken in this regards in the coming years. More in detail, despite the substantial amount of research and studies collected in the last 15 to 20 years on the topic, only in 2013 the Council set a timeline for the Commission to come up with a proposal. However, the deadline set for 2015 was missed by the Commission, despite the claim that the topic remains on the EC political agenda.

According to Ms. Clayton, the EC work – delayed by the introduction of new procedures in 2014, Brexit and TTIP negotiations– will soon translate into a Roadmap containing information regarding the strategic approach to take. It will be based on the study commissioned by the EC and carried out by Deloitte on the topic, whose results will be made available in March 2017. Additionally, a public consultation to find new strategies to tackle pharmaceuticals in the environment will be open. The roadmap would ultimately lead to the delivery of a Communication on the subject, which, according to the Commission, would be equally important as a binding regulatory act.

Although the delay in the regulatory process, during the workshop some concrete examples of actions taken at local level were presented. Among the others, Mr. Thomas Møller, from the Aarhus University Hospital in Denmark, presented the Mermiss project, which contributed to find environmental effective treatments of hospital wastewater and mapping of toxic medicine contained therein. Despite the progress made in research, however, still serious problems need to be tackled from a political point of view. The treatment of wastewater is indeed highly expensive for hospitals and not totally effective for the community as a high percentage of the pharmaceutical released in the environment after consumption is a product of the primary sector. Therefore, it is highly recommended to place solutions for wastewater treatment at municipal level, where – although more expensive – they would provide better results.

To conclude, the panelists shared recommendations for a way forward to reduce the amount of pharmaceuticals in the environment. A particularly important role in this regard is to be played by increased transparency and the implementation of effective ways of reporting quality data about the presence of toxic chemicals in the environment. This would support a shift in the current profit-oriented R&D system, as also pharmaceuticals companies would then be forced to move from their positions if not in accordance with empirical evidences.

## Health in all policies, a far-fetched dream? – EPC and CHES conference

On 21 September 2016, HOPE was invited to the conference “Health in all policies, a far-fetched dream”, organised by the European Policy Centre (EPC) and the Coalition for Health Ethics & Society (CHES).

In the opening panel, Roberto Bertollini, WHO Former Chief Scientist and Representative to the EU, Nina Renshaw, Secretary General at the European Public Health Alliance (EPHA), Annie Pannelay, from the Economist Intelligence Unit, and Isabel De La Mata, Principal Adviser at the European Commission (DG SANTE), presented several reasons why greater attention to public health should be included in different policy sectors at European and national level. Among the others, Nina Renshaw mentioned the Transatlantic Trade and Investment Partnership (TTIP) and Antimicrobial Resistance (AMR) as two major areas in need of cooperation across sectors in Europe. In her views, however, such cooperation should be supported by a stronger legal basis at EU level.

Roberto Bertollini suggested three ways to ensure that more attention is paid at political level to public health, namely:

- The “health in all policies” approach should not be aimed at telling to individuals what to do and how to do it. It should be rather aimed at allowing them to make healthy choices more easily.
- The importance of communicating about economic figures should not be underestimated. Reference to figures such as GDPs should be replaced by more concrete numbers, which would be better understood and associated to everyday life by European citizens (e.g. share of taxes payed).
- The United Nations Sustainable Development Goals (SDGs), being approved by all governments, are a good channel to ensure horizontal cooperation on different policies including health.

During the series of simultaneous workshops, participants of the discussion on “Migration and Health” addressed the topic from the point of view of the challenges that migration poses for European health systems and what should/could be done on an EU level to tackle the problems. Yves Pascouau, Director of Migration and Mobility Policies at EPC, chaired the session, while Isabel De La Mata (DG SANTE) acted as respondent to participants’ questions.

During the workshop, some of the main findings of the collection of good practices conducted within HOPE members were presented. The examples collected refer to good practices that have effectively concerned migrants and refugees in their contact with hospital or healthcare services, including care, training, management, financing, etc.

The discussion focused on three aspects of the broader topic “migration and health”:

1. The political case for migrants, often perceived as people taking advantage of healthcare services in their host countries.
2. The existing regulatory framework to grant access to healthcare to migrants. In this regard, De La Mata briefly presented the EU Commission proposal for a Regulation on Asylum Procedures which would replace the existing Directive. The Regulation will also regulate issues related to emergency care for migrants and prevention.
3. The problem of competencies when it comes to migration and health. If the first is indeed a competence of the EU, the second policy field falls into the scope of Member States competences.

In particular, the latter issue turned out to be the focal point of the discussion, which underlined the extent of the problem: Member States are not allowed to receive any financial help from the EU in order to provide healthcare services to migrants. However, they could benefit from EU funds only when it comes to integration of migrants or implementation of education programmes for healthcare professionals and/or migrants. These activities would be financed respectively by the structural funds and the migration funds.

### **Proposal for a Regulation on Asylum Procedure**

## **Cooperation within the region: a way to improve access to quality healthcare in CEE – Patient Access Partnership conference**

On 12 and 13 September 2016, HOPE was invited to the first regional conference “Cooperation within the region: a way to improve access to quality healthcare in CEE”, organised by the Patient Access Partnership (PACT).

For the first time, delegates from more than 25 countries in Europe – policy-makers, representatives of healthcare institutions and patient organizations, healthcare and trade associations, gathered to discuss challenges and discuss cooperation opportunities for improving access for patients to quality healthcare.

During the opening session, Dr. Moskov, Minister of Health of the Republic of Bulgaria and host of the event, expressed the need for a constructive dialogue as well as common actions on access to medicines. He mentioned the ongoing initiative in this area between ministers of health in Central and Eastern Europe and announced that an “Agreement for cooperation on access to effective medical treatment” between Bulgaria and Romania is expected to be signed by the end of this month. He also announced that the 2018 Bulgarian EU Presidency

will have a strong focus on medicines policy with the aim to improve access to healthcare of the EU citizens.

Dr Andrey Kovatchev MEP, Chair of the European Parliament Interest Group on Access to Healthcare, reiterated the need for better cohesion between ongoing EU initiatives. The other keynote speakers, Alyna Smith of the Platform for International Cooperation on Undocumented Migrants, Šarūnas Narbutas of Lithuanian Cancer Patient Coalition and Yannis Natsis of the European Public Health Alliance emphasized the necessity to identify common grounds for action across the region to ensure better access, especially for migrants and other marginalized groups.

Representing the European Commission's health department, Artur Carvalho underlined the significant progress on health indicators and measurement of access over the last couple of years, highlighting the EU Semester process and the European Structural Funds as key mechanisms to support national efforts to improve access to healthcare in concrete ways.

In presenting the conclusions of the Expert Panel on Effective Ways of Investing in Health, Professor Jan De Maeseneer stated that "To ensure access to quality healthcare, it is crucial that financial resources are linked to health needs, services are affordable, accessible and appropriate, patients have access to quality medication and technology and health workers ensure timely and relevant care provision".

More information available [here](#).

## **MedTech Europe – Info Day for Health Care Organisations (HCOs)**

**21 September 2016, Brussels**

HOPE has been invited to take part in an event organised by MedTech Europe and addressed to Health Care Organisations aimed at presenting the MedTech Europe Code of Ethical Business Practice. During the event, the HCOs representatives discussed about the strengths and weaknesses of the Code and provided their opinion in this regards. The Code has been approved by Members of the European Diagnostics Manufacturers Association (EDMA) and of the European Medical Technology Industry (Eucomed) at their General Assemblies held in December in Brussels. Moreover, it regulates all aspects of the industry's relationship with Healthcare Professionals (HCPs) and Healthcare Organisations (HCOs), such as company-organised events, arrangements with consultants, research and financial support to medical education, amongst others and it will become binding for EDMA and Eucomed corporate members on 1st January 2017.

### **MedTech Europe Code of ethical business practice**

## **Opening of the Exhibition: “How to get 100 and enjoy it”**

**26 September 2016, European Parliament, Brussels**

HOPE attended the opening of the exhibition “How to get 100 and enjoy it” at the European Parliament, organised by Population Europe. At this event, experts from research, policy and civil society discussed the chances and challenges of population ageing in Europe with a special focus on active ageing and care. The presentation was followed by a panel debate involving researchers and stakeholders from policy and civil society. The debate was chaired by Heinz K. Becker, Member of the European Parliament. The exhibition combines recent research on demographic change with the individual life course. Through the use of iPads, interactive games, as well as accessible images, graphs and texts, visitors can experience the challenges and chances demographic change presents to their own lives.

### **Agenda and speakers**

## **14<sup>th</sup> congress of the European Nurse Directors Association (ENDA)**

**12-14 October 2017, Opatija (Croatia)**

The 14<sup>th</sup> 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, social media, 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 Europe;
- to support a communication network of experts;
- to further the development of the art and science of nursing leadership and management in Europe.

### **Read More**

# Upcoming conferences



## Health Promoting Hospitals 2017

**Vienna, 12-24 April 2017**

The 25<sup>th</sup> anniversary of the International HPH Conferences with HOPE as part of the Scientific Committee will be held in Vienna at the University of Vienna, from 12 to 14 April 2017.

The call for abstract for the conference is now open:

**<http://www.hphconferences.org/abstract-submission/about-submission.html>**

Deadline for abstract submissions is 15 November 2016, notifications to submitters will be sent out by 20 January 2017.

More details available at: **[www.hphconferences.org/vienna2017](http://www.hphconferences.org/vienna2017)**

## HOPE Agora 2017

**12-14 June 2017**

The HOPE Agora 2017 will take place in the week of 12 of June and its exact time and location will be notified soon.

The main topic for 2017 will be organisational innovation in hospitals and healthcare. Organisational innovation is a broad topic which shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

The HOPE Agora is also the closing event of the HOPE Exchange Programme for Healthcare Professionals. Since its creation in 1981, the programme aims to lead to better understanding of the functioning of healthcare and hospital systems within the EU and neighbour countries, by facilitating co-operation and exchange of best practices.

More information on HOPE Agora 2016:

**[www.hope-agora.eu](http://www.hope-agora.eu)**