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European Hospital and
Healthcare Federation

Newsletter

Newsletter No. 141 – October 2016

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2nd Multi-stakeholder Symposium on Improving Patient Access to Rare Disease Therapies

Brussels, 22-23 February 2017

Health Promoting Hospitals 2017

Vienna, 12-24 April 2017

HOPE Agora 2017 – UPDATE

Dublin, 11-13 June 2017

HOPE AGORA 2017 – Organisational Innovation in Hospitals

The HOPE Agora 2017 will take place in Dublin from 11 to 13 June 2017 organised by the Health Management Institute of Ireland.

The main topic for 2017 will be around organisational innovations in hospitals and healthcare: the implementation of new methods or processes in the use of new technologies, in health services provision, in human resources management, in 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.

For more information on the HOPE Exchange programme visit [HOPE Website](#).



Picture from the HOPE Agora 2016 held in Rome.



EU health ministers: availability of medicines, vaccination and tuberculosis

On 3 and 4 October 2016, Bratislava hosted the informal meeting of the ministers of health of the 28 EU Member States, chaired by the Slovak Health Minister, Tomáš Drucker. The meeting was also attended by the EU Commissioner for Health and Food Safety, Vytenis Andriukaitis, and the WHO Regional Director for Europe Zsuzsanna Jakab.

Ministers of health discussed the issue of shortages of medicines for human use, which is at the top of the political agenda in many European countries with low prices of medicines leading to parallel exports, disruption in production and shortages of active substance. Ministers agreed that Member States can succeed in solving this issue through early and operational exchanges of information and regular mapping of the situation. Cooperation between Member States in this area is of high priority.

Participants in the informal meeting discussed also the issue of tuberculosis in Europe from the perspective of treatment, multidrug-resistance and vaccination. The disease is not only a public-health problem; from the global point of view, it is also a social, economic and security threat.

Vaccination was also discussed being closely related to the consumption of antibiotics: decreases in vaccination result in an increase in the use of antibiotics.

[Read more](#)

State aid: Commission approves public compensation for Brussels IRIS hospitals

On 5 July 2016, the European Commission has concluded after an investigation that the public financing granted by IRIS hospitals in Brussels is in line with EU state aid rules.

The European Commission launched its in-depth investigation after its received complaints from two private hospitals in Brussels that do not received public compensations to compensate their deficit. Having additional obligations include for example the duty to treat patients in all circumstances, regardless of patients' ability to pay, finances sources are insufficient to cover all expenses. Due to this particularity, the Commission stated that public compensation for the five public hospitals is in line with EU state aid rules.

Read more

Tissue and cells: single European Code and EU Web Platform

The Commission has launched on 6 October 2016 the web-based EU Coding Platform to support healthcare professionals and national competent authorities in tracing donated tissues and cells from donor to recipient in the entire EU.

The EU Directive on standards for quality and safety of human tissues and cells sets standards for tissues and cells such as bone marrow, reproductive cells, corneas, skin, etc., that are used within the EU and which will be identified by a Single European Code (SEC).

The new standard SEC is an important tool for better patient safety, as it enables the tracing of tissues and cells along the supply chain - from the donor to the patient receiving it. In case of a quality or safety issue, it allows appropriate action, including - where necessary, withdrawing or recalling all tissues and cells from the same donor, to be taken quickly.

The EU Coding Platform contains information on all 2800 tissue establishments authorised in the EU as well as categories of tissue and cell product codes. It provides users with a free, simple and efficient tool, to build their SEC for a tissues and cells product, and considers the needs of small-sized and not-for-profit tissue establishments. The requirements for the Single European Code should be transposed into national law by Member States by 29 October 2016 and will be applicable from 29 April 2017.

EU Coding Platform website

DIRECTIVE 2004/23/EC

Long-term healthcare and long-term care discussed by Eurogroup

On 10 October 2016, the Eurogroup exchanged views on risks that expenditure on health care and long-term care may pose to the sustainability of public finances in the euro in the coming decades.

The aim of the discussion was to share national best practices and lessons learned in this policy area, which usually accounts for a significant part of government expenditure.

Following the meeting, Jeroen Dijsselbloem, President of the Eurogroup, made a couple of remarks particularly with regards to long-term healthcare and long-term care. The Eurogroup discussed on the basis of a report published by the Commission. The talk turned around the current situation in Eurogroup's members, challenges they have been facing and good practises they already have.

Then, Pierre Moscovici, current commissioner for Economic and Financial Affairs, Taxation and Customs, took the floor and summarized in his own words the Eurogroup meeting. Based on the "*Joint Report on Health Care and Long-Term Care Systems & Fiscal Sustainability*" published by the European Commission in October 2016, Moscovici recognized that it is a shared challenge for all EU member states and not only the Eurogroup. He added that it was amply demonstrated that the quality of healthcare services and long-term care can be improved in almost all EU member states without an expenditure increase.

Read more

Joint Report on Health Care and Long-term Care Systems & Fiscal Sustainability

Health system and fiscal sustainability - Council

On 11 October 2016, the Commission presented a report on health system and fiscal sustainability, and the Council held an exchange of views.

The Council asked the Economic and financial Committee to prepare draft conclusions for adoption at its meeting on 8 November 2016.

A press conference was held after the Council and Valdis Dombrovskis – the current European Commissioner for the Euro and Social Dialogue – commented the discussion about the report and the challenges EU has been facing in the health issue.

Videos of the event

Substances of human origin - Ad-hoc stakeholder meetings: call for expressions of interest

The European Commission launched a call for expressions of interest to establish a list of eligible stakeholder organisations interested in participating in ad-hoc meetings between stakeholders and representatives of members of the Competent Authorities on Substances of Human Origin Expert Group (CASoHO E01718).

This call, as well as these ad-hoc meetings, will be organised based on the Terms of Reference below.

Read more

Terms of Reference

Examples of ad-hoc meetings between SoHO stakeholders and representatives of members of the Competent Authorities on Substances of Human Origin Expert Group

Antimicrobial resistance – Roadmap on new One-Health Action Plan

On 25 October 2016, the European Commission launched a roadmap on the new One-Health Action Plan against the global threats of antimicrobial resistance.

To ensure that all relevant initiatives contributing to the fight against antimicrobial resistance (AMR) are pursued within an efficient framework to maximise the impact of each action, the Commission intends to propose in 2017 a new Action Plan against AMR. The new action plan will build on the evaluation of the current one (2011 -2016), with a focus on activities with clear EU added value. The objective is to preserve the efficacy of antimicrobials for humans and animals and identify coherent action to that end.

Read more

Influenza vaccination of health care workers - can uptake be improved? ECDC online course

As the influenza vaccination of health care workers is recommended in Europe but does not meet the desired success, ECDC has been developing an online course that aims to inform health care workers about this specific vaccination.

During the course information about influenza disease, protection against influenza, tools to assess vaccine uptake and barriers to vaccination as well as stimulating examples of successful campaigns will be presented. The course is open for enrolment and will run from 25 October to 30 November 2016.

Read more

Interested in this course? You can enrol to the e-course [here](#)

European Antibiotic Awareness Day: the future is now – EU-level launch event

HOPE is invited on 18 November 2016 to the European Antibiotic Awareness Day (EAAD) day event in Brussels. EAAD takes place each year on November 18 to encourage responsible use of antibiotic.

Since 2008, the European Commission, and World Health Organisation Europe have partnered with European Center for Disease prevention and Control (ECDC) in preparing communication material and planning activities for the EAAD. Indeed, the European Antibiotic Awareness Day is a platform to support national campaigns and provide toolkits of briefing material aimed at different kind of audiences.

Several high level speakers will take the flow, among them the current Commissioner for health and food safety, Vytenis Andriukaitis and representatives from different European agencies as well. The overall goal of the conference is to clarify the current situation and determine the next step for the EU. In addition to his speech, Vytenis Andriukaitis will announce the shortlisted candidates for the European Health Award for NGO reducing the treats for antimicrobial resistance. Antimicrobial Resistance (AMR) is one of the most challenging threats to human health. Likewise, shortlisted candidates for the Horizon price will be released the same day. Each year, drug resistant infections result in an estimated 25,000 deaths and 1.5 billion euros in healthcare costs and productivity losses in the EU.

European Antibiotic Awareness Day website

Read more about the European Health Award

Read more about Horizon price

Cross-border healthcare Directive conference

The European Commission organised in Brussels on 24 October 2016 a conference "Towards amplified awareness of EU rights to cross-border care".

This event built on the discussions that took place at the Informal Meeting of Ministers of Health held in Luxemburg in September 2015, as well as on the findings of the 2015 Commission report on patient rights published in May 2016 that show concerns around patient information and National Contact Points (NCPs) performances.

The conference aimed mainly at: improving information provision to enable patients to cross-border healthcare; fostering better coordination between NCPs; amplifying NCP cooperation with patient organisations, healthcare providers and healthcare insurers for the benefit of patients.

Around 150 participants (e.g. Ministries representatives, NCPs, Patients organisations, Healthcare providers, Insurers, policy makers, journalists) were welcomed by Commissioner Vytenis Andriukaitis (Health & Food Safety) who presented the report published the same day on the flow of patients and the work of national contact points. Then a keynote speech was delivered on the history of the cross-border healthcare Directive by former MEP John Bowis followed by a presentation on the relationship between the cross-border healthcare Directive and the social security Regulation by Gabriella Berki, Assistant Professor at University of Szeged (Hungary).

Experiences from National Contact Points (NCPs) showed a huge diversity. The Latvia NCP mentioned the inequalities blocking the use of the directive, the impossibility for most Latvians to pay up-front (in some cases they only get ten percent of their expenses reimbursed). Austria gets only 150 requests a year. In Croatia, there were 14 authorizations requested and only 100 requests for reimbursement. The Polish NCP explained that 90% of request for reimbursement concern cataract operations, that are done in two clinics in the Czech Republic. The UK NCP showed that 50 % of patient using the directive go to Poland or Lithuania.

The experiences from Member States focused then on the Benelux experience. Anne Calteux of the Luxembourg Ministry of Health and Peter Janssens of the Benelux Secretariat General presented a report recently published. The authors explained that the real numbers are perhaps higher and that in any case an increase is expected. The Benelux organisation considers however that there is a real benefit of removing barriers.

The stakeholders' perspectives concerning information on cross-border care were given by Kaisa Immonen-Charalambous of the European Patients' Forum, Sarada Das of the Standing Committee of European Doctors, and Corinna Hartrampf of the International Association of Mutual Benefit Societies.

HOPE followed closely the transposition, asked member to follow the building up of NCP: information available and involvement of providers. The situation is very heterogeneous, fragmented also. There are individual strategies from some hospitals, as HOPE showed in its report on medical tourism. Several countries even have strategies for attracting patients from abroad. HOPE is also following up the network of hospitals created through the co-funded project HonCab. And finally, it follows the creation of European Reference Networks. More transparency is coming but there is a long way to the optimal situation which will be to get information on outcomes.

The conference was closed by a session on digital healthcare with three presentations:

- Building a digital infrastructure for the cross-border exchange of health data (Commission: Katja Neubauer of DG SANTE and Carmen Laplaza Santos of DG CONNECT);
- Teleradiology in cross-border healthcare (Prof. Peter Mildenerger of the European Society of Radiology);
- Special opportunities of eHealth from a patient perspective (Ms. Anne-Miek Vroom of the IKONE foundation).

More information:

[Commission Report on Member States Data on cross-border Directive](#)

[Benelux study](#)

Increasing access and affordability of medicines – Parliamentary question

MEP Julia Pitera (PPE, Poland) asked a question to the European Commission regarding the functioning and stability of pharmaceutical systems in the EU and its Member States, on increasing access to medicines for patients and on the affordability of medicines.

1. Have analyses been conducted on the differences between medicine prices in the Member States and the relationship of those prices to earnings? If so, what were their conclusions?
2. In the Commission's view, would a common mechanism for setting medicine prices be compliant with the principle of subsidiarity?
3. Is the Commission planning to adopt a legislative initiative in order to introduce the regulation of medicine prices? If so, when and in line with what principles?

Commissioner Andriukaitis answered stating that the pricing of medicines is a national competence according to Article 168 of the EU Treaty. The European Commission has no competence in the area of pricing. According to him, it is incorrect to state or imply that there would be a plan for EU level harmonisation of pharmaceutical prices.

Full parliamentary question

Full Commission's answer



Digital transformation of health and care – Survey on Draft Blueprint

In December 2015, at the 4th Conference of Partners of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), European Commissioner Günther Oettinger (Digital Economy and Society) invited all stakeholders to work together with the European Commission in the development of a Blueprint for Digital Transformation of health and care for the ageing society.

A number of industrial players, regional authorities, professional organisations and multistakeholder platforms such as the EIP on AHA have accepted the invitation from Commissioner Oettinger and have produced an initial draft of this blueprint that was presented at the AAL FORUM 2016. The draft blueprint is now available for further comments and commitments thanks to an online survey.

This final blueprint and shared stakeholder vision will be discussed at the second European Summit on Innovation for Active and Healthy Ageing (5-8 December 2016). This flagship event is organised by the European Commission in partnership with the European Parliament and the Committee of the Regions. It will bring together over 1500 participants engaged in developing, investing in and deploying digital innovation for active and healthy ageing.

Draft Blueprint

Respond to the survey

Health Technology Assessment – Public consultation

On 20 October 2016, Vytenis Andriukaitis, Commissioner for Health and Food safety, announced the launch of a public consultation on the Commission initiative for strengthening EU cooperation on health technology assessment (HTA) at the Forum "European cooperation on HTA: what's next?".

Reiterating the Commission's commitment to encouraging voluntary cooperation on HTA, Vytenis Andriukaitis declared that it is time to deepen the cooperation. The consultation on the form future EU cooperation on HTA might take will run until 13 January 2017.

Read more



Lifts – Public consultation on the evaluation of Directive 95/16/EC

The European Commission published a public consultation on the evaluation of the Lifts Directive 95/16/EC.

The consultation consists of an online questionnaire available in 6 official languages of the European Union: German, English, Spanish, French, Italian and Polish. It runs for 12 weeks, from 22 September until 16 December 2016.

[Access the questionnaire on EU Survey](#)

Current Directive 1995/16/EC

Innovative public procurement – European Commission workshop

On 19 September 2016, the European Commission welcomed experts in health public procurement and held a workshop on innovative public procurement.

They concluded that most EU countries struggle with increasing healthcare costs while patients are dealing with increasing contributions to health insurance systems. More efficient procurement of medical devices, medicines, medical equipment and IT solutions by public hospitals can lower the pressure on health budgets significantly while facilitating better value for money.

[Read more](#)

Online public services more accessible for the disabled and elderly

On 26 October 2016, the European Parliament approved a new directive on the improvement of public sector websites and apps for disabled and elderly people.

This directive should help disabled and elderly people to easily access data and services on the Internet, to file a tax declaration, apply for an allowance, pay fees or enrol at university. Hospitals are obviously concerned by the new rule.

To make their websites and apps more accessible, public sector bodies should provide and regularly update a statement on the compliance of their websites. All inaccessible content will be justified regarding the reason that make it unreachable. A “feedback mechanism” should be put in place to enable users to report compliance issues.

[Read more](#)



Tripartite social summit: EU leaders and social partners discussed social and economic challenges

On 19 October 2016, the Autumn Social summit held a discussion on "Addressing Europe's common challenges: generating growth, creating jobs and ensuring fairness". More particularly, participants at the Summit expressed their views on the following sub-themes:

- the main challenges in view of the annual growth survey 2017;
- putting the New Skills agenda for Europe into practice: the key role of the social partners;
- the integration of refugees into the labour market and society: lessons learnt so far.

Jean-Claude Juncker and Donald Tusk, both, reaffirmed the undertaking of the European Union to deliver jobs, growth and social fairness in Europe and to create a promising economic future for all European citizens

[Read more](#)



Migrants - Health Security Committee information meeting

On 28 September 2016, the Chair, Isabel de la Mata, Principal Advisor for Health and Crisis Management, welcomed the members of the Health Security Committee (HSC) and representatives from DG SANTE, DG ECHO, DG HOME, ECDC, WHO Euro, IOM and UNHCR.

The session was introduced by a background report on the current situation in Greece and Italy in terms of numbers of refugees, applications for asylum, countries of origin and EU funding to assist the affected member states. ECDC presented his findings, stating that that newly arrived migrants and refugees do not represent a threat to Europe. The health problem of migrants is similar to those of the rest of the population. However, the risk to refugees has increased due to overcrowding at reception facilities, resulting in poor hygiene and sanitation arrangements.

The Chair informed about two legal proposals – a draft Directive laying down standards for the reception of applicants for international protection and a draft Regulation establishing a common procedure for international protection in the EU.

Read more

Personal health record

Personal health record / handbook for health professionals

Migrants' health in the European Agenda for Migration

The European Agenda for Migration launched by the European Commission in 2015 aims at providing European Union Member States with tools to better manage migration needs in all aspects in the short period as well as in the medium to long term.

Migrants' health is among the aspects covered by the new Agenda, more specifically in two legislative proposals put forward by the Commission:

- the proposal for a Regulation establishing a common procedure for international protection in the EU;
- the proposal for a Directive laying down standards for the reception of applicants for international protection (recast).

More specifically, the proposal for a Regulation covers issues related to emergency care for migrants in the Article 20 on “General principles for the assessment of special procedural needs” and articles 23 and 24 on “Medical examinations”.

Article 20 paragraph 3, specifically regulate the cases when there are indications that applicants may have been victim of torture, rape or of another serious form of psychological, physical, sexual or gender-based violence and that this could adversely affect their ability to participate effectively in the procedure of international protection. In this case the determining authority shall refer the applicants to a doctor or a psychologist for further assessment of their psychological and physical state.

Article 23 paragraph 1 intends to regulate migrants’ medical examinations requested for the assessment of an application for international protection. In this case the medical examination is required by the determining authority and it shall be carried out by qualified medical professionals designated by the Member State. Accordingly, the service is paid for from public funds.

When no medical examination is requested for the assessment of an application for international protection, the determining authority shall inform applicants that they may, on their own initiative and at their own cost, arrange for a medical examination concerning signs and symptoms that might indicate past persecution or serious harm.

Article 24 provides for medical examinations of unaccompanied minors. Medical examinations may be used to determine the age of unaccompanied minors previous consent of the applicant.

The proposal for a Directive laying down standards for the reception of applicants for international protection (recast) adds new provisions stating that Member States should ensure that applicants receive the necessary health care which should include, at least, emergency care and essential treatment of illnesses, including of serious mental disorders. Moreover, the draft directive also refers to preventive medical treatments, such as vaccinations, and access to health care.

European Agenda for Migration

Proposal for a Regulation establishing a common procedure for international protection in the EU

Proposal for a Directive laying down standards for the reception of applicants for international protection (recast)



European programmes and projects

European Antibiotics Awareness Day awarded at 2016 European Health Award

This year, the project "European Antibiotics Awareness Day" was awarded of the European Health Award during the Opening Plenary of the European Health Forum Gastein.

The European Health 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.

The European Health Award includes prize money of €10,000 and the 2016 prize was presented at the 19th European Health Forum Gastein on Wednesday 28th September 2016.

The project "European Antibiotics Awareness Day" is a health initiative coordinated by the European Centre for Disease Prevention and Control (ECDC), which aims to provide a platform to support national campaigns on the prudent use of antibiotics. The goal of EAAD is to provide the participating countries with evidence-based tools, as well as technical and political support for their campaigns.

Read more

You can find out further information on the winning project [here](#).

eStandards Consortium meeting

On 29 September 2016, HOPE attended the eStandards project consortium meeting in Brussels.

eStandards project is financed under Horizon 2020, the EU research and innovation programme.

The project started in May 2015 and will run for two years with the main objective of advancing eHealth interoperability and global alignment of standards for health information sharing. The project brings together the leading standards organisations in Europe and health stakeholders including HOPE.

The meeting was an opportunity for partners to discuss the current state of play of activities and plan the work ahead. Partners involved in Work Package 4 "Support large-scale eHealth deployment: regional, national and cross-border" had the chance to meet for an additional half-day meeting on 28 September to finalise the work done on the Deliverable "Guidelines for eHealth deployment project".

The deliverable takes the shape of a practical guideline for large scale eHealth deployment on achieving interoperability between deployment projects using competing profiles and standards. The guideline focuses on the use cases "patient summary" and "ePrescription" and provides recommendations based on the lesson learned from the 19 case studies carried out within the framework of the project.

Once published, these guidelines will be evaluated in three large scale pilots in Italy, Portugal and the Netherlands. HOPE will be involved in this evaluation process and the feedbacks provided will be then merged into a revised version of the guideline.

Learn more about [eStandards](#)

Reports

Study on cost-benefit analysis of reference laboratories for human pathogens – European Commission

The purpose of the study is to provide a cost-benefit analysis and analysis of regulatory options to strengthen the existing coordination of reference microbiology provision in the EU to support the European response coordination to outbreaks of pathogenic infectious agents.

There is no EU-wide system for reference laboratory networks for human pathogens that would consolidate operating standards of microbiological reference laboratories or provide resilience when significant cross-border outbreaks occur.

The scope for the analysis was set inter alia by identifying and characterising in detail the functions and activities of EU reference laboratory networks relevant for consideration. A set of key types of costs and benefits specific to EU reference laboratory networks was developed to guide the data collection, which was based on a set of case studies corresponding to existing reference laboratory networks or projects.

The results of this study indicate that the benefits (monetary and non-monetary) of maintaining a formally-defined overarching system of EU reference laboratory networks are likely to outweigh costs, both in a Member State and in an EU perspective. The study also identified several issues that will need to be addressed in the further process of creating such a system, including the need for adequate reference laboratory infrastructure at national level; the need to provide sustainable funding, including for emergency situations; the need to consolidate the focus of the existing networks, e.g. by grouping diseases or networks with similar areas of expertise; the need to harness relevant technological improvements; and the need to choose the coordination options most suitable in specific cases.

Full study

What is the evidence on the reduction of inequalities in accessibility and quality of maternal health care delivery for migrants? – WHO European Region

Through a systematic review of the academic literature and a critical interpretive synthesis of policy frameworks, the authors of this review aimed to assess interventions and policies that improve the accessibility and quality of maternal health care for migrants in the WHO European Region.

The number of female migrants of childbearing age is rapidly increasing, which entails specific needs for maternal health services. The review demonstrated that most migrant women have poorer maternal health outcomes than other women throughout the WHO European Region. Restricted entitlement and problems with familiarity, knowledgeability, acceptability, availability and affordability jeopardize migrant women's access to maternal health care. Ensuring universal access to care and providing culturally sensitive care will enhance access to and the quality of maternal health care and eventually improve migrant maternal health.

Read report

Joint Report on Health Care and Long-Term Care Systems & Fiscal Sustainability – European Commission

This report, prepared by the staff of the European Commission's Directorate-General for Economic and Financial Affairs and the Economic Policy Committee (Ageing Working Group), presents policy challenges for health care and long term care, and options on how to contain spending pressures through efficiency gains, in order to ensure fiscally sustainable access to quality services for all.

The current joint EC-EPC report updates the findings from the previous 2010 report and extends the analysis to long-term care systems. Specifically, it describes past and future expenditure trends. It analyses the drivers and the institutional and organisational set-ups of health care and long-term care systems, and discusses policy options to improve their sustainability. Detailed descriptions of health care and long-term care systems and of the associated challenges are provided in the country documents to this report. It should however be noted that reform measures in these areas are the responsibility of Member States and the policy options presented in this report should not pre-empt the Country Specific Recommendations produced as part of the European Semester.

Read more

Country documents

Full report

Joint report on health system (2010)

Cost-Containment Policies in Hospital Expenditure in the European Union – European Commission

Christoph Schwierz - European Commission's Directorate-General for Economic and Financial Affairs

Discussion paper 037 – September 2016

As hospital inpatient care accounts for 30% of total health expenditure, and as health expenditure will continue rising, due to ageing populations and costly technological innovations, it is necessary to examine how to address the twin objectives of containing costs and ensuring high access and quality of services. Bed capacity has been reduced in all EU countries in the past decade, but cross-country variation in bed capacity and inpatient hospitalisations is considerable.

Apart from being a cost factor, this impacts negatively on quality of care, as countries with more hospitalisations per capita tend to have also higher shares of preventable hospitalisations. This suggests that the reorganisation and rationalisation of hospital care particularly in countries with a high bed density is an important factor towards cost containment and possibly increasing quality of care. There are well tested options for cost containment at least in the short-term. Among these, the application of hard global budgets in combination with activity-based payments seems useful. Reducing operational costs has also been widely applied and proven to contribute to cost control in the short term.

The impact of the many tools aiming at improving hospital performance via structural changes of the hospital and health care sector is more difficult to gauge. It depends among others on the role of the policy reform within the specific health system, whether it was applied at the same time with other health policy reforms and the time needed to see its effects. This applies to virtually all tools reviewed in this paper.

The EU can play a supportive and active role in helping to identify the right tools for hospital reform by using its tools of economic governance, policy advice, evidence building and exchange of best practices and providing funding for investments in the sector.

Full publication

Working for health and growth: investing in the health workforce – High level commission report established by the UN

The High-Level Commission on Health Employment and Economic Growth was established by United Nations Secretary-General Ban Ki-moon in March 2016. Its tasks are to make recommendations to stimulate and guide the creation of at least 40 million new jobs in the health and social sectors, and to reduce the projected shortfall of 18 million health workers, primarily in low- and lower-middle-income countries, by 2030.

Six months of intensive work and productive discussions, first among the Expert Group and then among the Commissioners, facilitated by ILO, OECD and WHO, have led to this report, which presents the case for more and better investment in the health workforce.

Read more

Health workforce programme

Full report

Summary of the annual reporting of serious adverse events and reactions (SARE) for blood and blood components – European Commission

On 13 October 2016, the European Commission published a summary of serious adverse events and reactions for blood and blood components.

Blood transfusion is a safe and common procedure used by many different healthcare across the European Union. However, the use of any substance of human origin carries some risk, notably the possible transmission of infectious diseases from the donor. Since 2008, EU Members States have submitted to the Commission reports on serious adverse reaction. This report summarises the data submitted by the Member States during 2015, for the year 2014, and assesses the data in the light of the information submitted in the previous years.

Full report

Read more

European Health Forum Gastein 2016: demographics and diversity in Europe: new solutions for health – EuroHealth

From 20 November to 30 November 2016 the European Health Forum Gastein took place in Bad Hofgastein, Austria.

Life expectancy reaching a new high, changing fertility patterns, and internal and external migration leading to greater diversity are just some of the phenomena of demographic change currently being experienced in Europe. These all exert different pressures on European health systems, and innovations and visionary foresights are needed to turn these challenges into opportunities for sustainable solutions. Over 550 participants, including ministers of health and senior experts from public and private sector, research and academia and representatives of the civil society gathered once again for three days to discuss highly important issues

[Read full report](#)

Programme

Scaling up projects and initiatives for a better health: from concepts to practise – WHO Europe

Based on a narrative literature review and a survey targeting key informants from 10 WHO Member States that are also members of the Regions for Health Network (RHN), this publication addresses practical challenges and provides a tool box for scaling up activities.

Scaling up means to expand or replicate innovative pilot or small-scale projects to reach more people and/or broaden the effectiveness of an intervention.

This publication integrates and describes tools from different practical guidelines. It is structured in line with a scaling-up guideline developed for New South Wales (Australia). Using all the presented tools in a systematic manner is often not possible for practitioners. But with references to frameworks, models and practical experiences, WHO and RHN hope to raise awareness of critical promoting or hindering factors, to encourage utilization of supportive tools, and to promote the further exchange of experiences and practical knowledge.

[Read full report](#)

Are undocumented migrants' entitlements and barriers to healthcare a public health challenge for the European Union? – BMC article

Undocumented migrants are at higher risk for health problems because of their irregular status and the consequences of economic and social marginalization. Moreover, the emergent reality of undocumented migration in Europe calls for action in the field of management of undocumented migrants health demand as their access to health services has become a sensitive political and social issue. In this light, this paper aims to address undocumented migrants entitlement and barriers to healthcare and related policies citing evidence from peer-reviewed and grey literature concerning people living in a country within the European Union without the legal right to be/remain in the destination country. A systematic review was performed using several databases and websites, and a total of 54 publications in English, with full text available, were taken into consideration.

Improving access to healthcare for undocumented migrants is an urgent priority since the lack of access is proven to have serious consequences for undocumented migrants' health and well-being. Not with standing, few available examples of policies and best practices aimed at overcoming barriers in the delivery of healthcare to undocumented migrants are available.

Full article

Are performance indicators used for hospital quality management: a qualitative interview study amongst health professionals and quality managers in The Netherlands – BMC article

Hospitals are under increasing pressure to share indicator-based performance information. These indicators can also serve as a means to promote quality improvement and boost hospital performance. The aim was to explore hospitals' use of performance indicators for internal quality management activities.

The qualitative interview study has been conducted among 72 health professionals and quality managers in 14 acute care hospitals in The Netherlands. Concentrating on orthopaedic and oncology departments, the goal was to gain insight into data collection and use of performance indicators for two conditions: knee and hip replacement surgery and breast cancer surgery. The semi-structured interviews were recorded and summarised. Based on the data,

themes were synthesised and the analyses were executed systematically by two analysts independently. The findings were validated through comparison.

The hospitals we investigated collect data for performance indicators in different ways. Similarly, these hospitals have different ways of using such data to support their quality management, while some do not seem to use the data for this purpose at all. Factors like 'linking pin champions', pro-active quality managers and engaged medical specialists seem to make a difference. In addition, a comprehensive hospital data infrastructure with electronic patient records and robust data collection software appears to be a prerequisite to produce reliable external performance indicators for internal quality improvement.

Hospitals often fail to use performance indicators as a means to support internal quality management. Such data, then, are not used to its full potential. Hospitals are recommended to focus their human resource policy on 'linking pin champions', the engagement of professionals and a pro-active quality manager, and to invest in a comprehensive data infrastructure. Furthermore, the differences in data collection processes between Dutch hospitals make it difficult to draw comparisons between outcomes of performance indicators.

Full article

Burden of Six Healthcare-Associated Infections on European Population Health: Estimating Incidence-Based Disability-Adjusted Life Years through a Population Prevalence-Based Modelling Study – ECDC article

Estimating the burden of healthcare-associated infections (HAIs) compared to other communicable diseases is an ongoing challenge given the need for good quality data on the incidence of these infections and the involved comorbidities. Based on the methodology of the Burden of Communicable Diseases in Europe (BCoDE) project and 2011–2012 data from the European Centre for Disease Prevention and Control (ECDC) point prevalence survey (PPS) of HAIs and antimicrobial use in European acute care hospitals, the authors estimated the burden of six common HAIs.

The included HAIs were healthcare-associated pneumonia (HAP), healthcare-associated urinary tract infection (HA UTI), surgical site infection (SSI), healthcare-associated *Clostridium difficile* infection (HA CDI), healthcare-associated neonatal sepsis, and healthcare-associated primary bloodstream infection (HA primary BSI).

Full article

How to set challenging goals and conduct fair evaluation in regional public health systems. Insights from Valencia and Tuscany Regions – Health policy article

The definition of “the right targets” and the way the evaluation of results is performed affect the willingness to commit to new challenges, which is a factor that influences the relationship between goal setting and performance results. Indeed, some authors claim that the choice of an inappropriate goal-setting procedure is a major cause of failure of management control systems.

Goal setting theorists found that assigning a specific and challenging goal leads to higher performance than (a) an easy goal, (b) a general goal or (c) no goal setting. Despite this evidence, yet, few proposals concern the definition of what is “challenging”. This paper focuses on two issues: a) what is to be considered a challenging goal and b) what is a “fair evaluation” the health care sector.

This work suggests that benchmarking is a valid support to solve the previous dilemmas. Relying on two Regional European advanced experiences - Valencia in Spain and Tuscany in Italy-, this paper aims to provide conceptual methods that can help managers define challenging goals and conduct fair evaluation about their achievement.

Although these Regions adopted different governance models, both of them applied very similar techniques, which seem to be associated to an improvement of their performance and a reduction of unwarranted variation.

[Read full article](#)

The 2015 National Cancer Program in Sweden: Introducing Standardized Care Pathways in a Decentralized System – Health Policy article

Starting in 2015, the Swedish government has initiated a national reform to standardise cancer patient pathways and thereby eventually speed up treatment of cancer. Cancer care in Sweden is characterised by high survival rates and a generally high quality albeit long waiting times. The objective with the new national program to standardise cancer care pathways is to reduce these waiting times, increase patient satisfaction with cancer care and reduce regional inequalities. A new time-point for measuring the start of a care process is introduced called well-founded suspicion, which is individually designed for each cancer diagnosis. While medical guidelines are well established earlier, the standardization is achieved by defining time boundaries for each step in the process. The cancer reform program is a collaborative effort initiated and incentivized by the central government while multi-professional groups develop the time-bound standardised care pathways, which the regional authorities are responsible for implementing. The broad stakeholder engagement and time-bound guidelines are interesting approaches to study for other countries that need to streamline care processes.

[Read full article](#)

Reducing the burden of chronic diseases in the workplace – EULAR conference

On 12 October, HOPE was invited by EULAR to participate at a conference on “reducing the burden of chronic diseases in the workplace – new policies for better working conditions and the retentions of ill people”.

The EULAR Brussels Conference 2016, which happened on the same day as World Arthritis Day, aims to contribute to the ongoing revision of EU legislation and policies on health and safety at work. RMDs are the largest and most burdensome work-related diseases, and hence the principal cause of work loss, absenteeism and early retirement. The aim of the event is to bring together the RMD community, policy makers and stakeholders to develop policy recommendations to better prevent RMDs in the workplace as well as to facilitate the retention of people with RMDs at work.

The programme

EULAR press release

WHO Europe launches influenza vaccination campaign for both health care workers and patients

This year, WHO/Europe’s annual Flu Awareness Campaign aims to boost uptake of the seasonal influenza vaccine among health care workers. It also highlights the risk influenza poses for certain vulnerable groups, such as pregnant women, elderly people or those with a chronic condition.

Health care workers have a higher risk of getting influenza compared to the general adult population, due to the nature of their work. Some studies have shown that during influenza outbreaks in health care facilities, more than half of health staff caring for influenza patients can become infected with the virus. Other studies indicate that health care workers can transmit influenza to patients who may be especially vulnerable to complications, including infants, the elderly and those who are immunosuppressed or have other chronic conditions. These vulnerable patients may develop life-threatening or even fatal complications. Finally, there is evidence that health care workers who are vaccinated against

influenza themselves are more likely to recommend influenza vaccination to people at risk of complications.

The best way to prevent influenza – for a health care worker, someone from a particular risk group, or anyone else – is by getting vaccinated. Influenza vaccines are safe and the principal measure for preventing influenza.

Flu Awareness campaign

Flyer – Flu Awareness campaign (2015)

Poster – Flu Awareness campaign (2015)

People at the Centre: OECD Policy Forum on the Future of Health

16 January 2017 – OECD conference, Paris

Profound technological transformations are taking place in health systems. Numerous industries are harnessing digital technology in innovative ways to deliver goods and services tailored to the individual. Yet too large a disconnect still exists between people who already have one foot in the future -- those who expect to be an active partner in managing their health -- and health systems stuck in the past with paper records, fixed locations, and outdated processes.

To meet emerging needs and expectations, health systems need to move towards a new vision where new technologies help health services be better integrated and where people manage their health in everyday life. The modern patient expects to be a partner in, and not the passive recipient of care. A person-centred approach promises to raise care quality, improve outcomes and enable better resource allocation, but most health systems are yet to fully embrace it. 'Value' in health care still needs to be defined from the perspective of the service user.

This High-Level Forum will be held at the OECD Conference Centre in Paris on 16 January 2017. It will be based on interactive sessions with patients, policy makers, healthcare providers, managers and academics. The sessions will explore topics such as:

[Read more](#)

[Draft programme](#)

“European Civic Prize on Chronic Pain - Collecting Good Practices”, Active Citizenship Network

Active Citizenship Network has launched with the collaboration of HOPE a project called “EU Civic Prize on Chronic Pain - Collecting good practices”. The aim is to give evidence of existing good practices in European countries in terms of struggle against pain.

Establishing a “European Civic Prize on Chronic Pain”, based on the selection of the practices presented by different healthcare stakeholders (patients’ associations, health professionals, private and public hospitals, universities, etc.) will provide an occasion for demonstrating what this community can offer in terms of good practice and experiences. These are useful in raising awareness about the condition, enhancing the body of knowledge of positive cases and success, and strengthening commitment to this topic.

Closing date for sending submission is 31 December 2016.

Read more

Leaflet

MEPs and European associations call to action to improve Organ Donation and transplantation across the EU

On 18 October 2016, HOPE was invited by PHA Europe at European Parliament to attend a multi-stakeholders meeting on organ donation and transplantation – CALL TO ACTION to improve organ donation and transplantation across the EU.

The event brought together policy makers, representatives of patients and health associations to focus on the issue of organ donation and transplantation and discuss how to improve it across the EU. The number of people waiting for an organ transplant in the European Union is now more than 80 000 and 16 people die every day due to a lack of organ. This is now a major health issue in Europe despite the fact that transplantation is one of the greatest medical advancements in the 20th century.

For some diseases, transplants are the only one solution. Nevertheless, patients needing organ have to face endless waiting list or lack of facilities. For example, in Latvia, the access to lung transplant is limited.

However, some EU countries, such as Spain or Croatia, provide us success stories and hope. Indeed, Spain is considered today as the world leader in organ donation. Spanish health authorities don’t explain their success by a “Spanish miracle” or the only generosity of his compatriots. Spain has chosen to focus on

organ donation rather than transplant and has developed organisation and professionalization of the Spanish medical sphere by implementing transplant coordinators in each hospitals.

It is up to national governments to organise healthcare and ensure that it is provided. The EU's role is to complement national policies. Up to now, the EU developed three directives focused on quality and safety: human blood and blood component (2002), tissues and cells (2004) and organs (2010). In parallel, EU-funded projects like ACCORDS or EURO GTP II have been successfully developed.

During the meeting, several ideas have been submitted regarding the improvement of organ and transplant across the EU. The MEP Aloj Peterle stated that he does not think we need so much research or money, the priority is to share knowledge. The success of current or former projects has opened some insights and a majority of stakeholders seem to give advantage to share learning across projects and networking. This would be a way to improve the harmonization of organ donations and transplant across the EU. Inequalities between EU Members states are significant and some associations wish an easier mobility for patients. If some cooperation already exists between some Member States, it should be step up with the aim of ensuring their organ transplant programme reach their full potential.

Call to action on Organ Donation

Infograph on organs, blood, tissues and cells in the EU

Commissioner Vytenis Andriukaitis' post on organ donation

10th Management Committee of the International Medical Device Regulators Forum

The tenth meeting of the Management Committee (MC) of the International Medical Device Regulators Forum (IMDRF) took place in Florianópolis – SC (Brazil), from 13 to 15 September 2016. The meeting was chaired by Brazil. The MC consists of regulators from Australia, Brazil, Canada, China, the European Union, Japan, the Russian Federation, and the United States of America. Representatives of the World Health Organization as Official Observer and Asian Harmonization Working Party and Pan American Health Organization as Affiliate Organizations also participated.

Read more

Launch of a Written Declaration on Heart Failure at the European Parliament

On Wednesday 19 October, HOPE was invited as member of the European Health Failure Policy Network at the launch of the Written Declaration on Heart Failure at the European Parliament in Brussels.

The European Health Failure Policy Network is a unique network on cardiovascular health strategies, at the European level, bringing together all stakeholders - MEPs, patients, patients' representatives, researchers, healthcare professionals and cardiologists with the aim of alerting on heart failure.

This written declaration is one of the first initiatives to officially engage the European Union to promote heart failure as a specific policy priority. Heart failure is a serious chronic condition where the heart cannot pump enough blood to support the needs of the body. 1 in 5 Europeans are at risk of developing this life-long condition. It is a big challenge for patients now and if nothing's done, heart failure will become a global issue in the next years. The MEP Karin Kadenbach regretted the lack of involvement in the cardiovascular sector from national governments and affirmed that it is time to take action on heart failures.

Currently 15 Members of the European Parliament joined the call to action and signed the declaration. If, at the end of a three-month period from its entry into the register, the declaration is signed by a majority of the Members of the European Parliament, it is published in the minutes and forwarded to the Commission and the Council.

More information

[Read the full written declaration](#)

Toolkit

[Support the written declaration](#)

Study on cross-border health services: potential obstacles for healthcare providers – HOPE contribution

In October 2016, HOPE participated to the review of the draft report "Study on cross-border health services: potential obstacles for healthcare providers".

The report was produced under the Health Programme (2008-2013), commissioned by the Consumers, Health and Food Executive Agency (Chafea).

The written comments provided to the draft report will serve as an input for discussion during the stakeholder meeting that will be held in Brussels on 10 November 2016.

The study identifies the different requirements placed on healthcare providers wishing to either establish themselves in another MS, or provide cross-border services in one MS whilst established in another.

The focus of the study was on cross-border GPs (including provision of online consultations or ePrescriptions), physiotherapists, medical laboratories, and hospitals setting up subsidiaries across borders.

The draft report concludes that the requirements that only apply to cross-border providers mainly concern requirements relating to individual medical professionals:

- Recognition of qualifications (GPs, physiotherapists and professionals running a medical laboratory).
- Language requirements (GPs, physiotherapists and professionals running a medical laboratory).
- Additional requirements in registration with regulatory bodies (e.g. additional supporting documents and certified translations).

Requirements relating to the place of work and public funding coverage typically apply equally to all providers. For example, legislation on setting up subsidiary hospitals hardly ever distinguishes between national or cross-border providers.

The study also underlines the obstacles that healthcare providers may have to face when they want to provide cross-border services.

Draft report

In silico: turning big data into personalised medicines – Event at the European Parliament

On 11 October 2016, HOPE attended the event “In-silico: turning big data into personalised medicines” hosted by MEPs Nicola Caputo (S&D, Italy) and Seán Kelly (EPP, Ireland) in cooperation with the Avicenna Alliance at the European Parliament, Brussels.

The event focused on the potential of In Silico medicine in the pharmaceutical, medical devices and software industries and how regulatory systems should adapt to these new changes. Predictive medicine or “in silico medicine” is the use of computer modelling and simulation in the diagnosis, treatment, prevention of a disease and development of products. It is a relatively new phenomenon as it has only been made possible in the few decades with the vast roll out of high-throughput computing on an unprecedented scale.

During his opening speech, MEP Antonio Caputo stated his commitment to make personalised medicines a reality and called for stakeholders’ input to look for concrete actions to be taken in order to make the EU regulatory framework fit for purpose.

At the meeting the newly born Avicenna Alliance was presented by its Secretary General, Dr. Adriano Henney. This Brussels-based alliance is a partnership between industry and academia focusing on three areas of work and action:

1. Regulation & policy development
2. Research
3. Harmonisation of policy between the EU, US and the Asia-Pacific area.

Avicenna Alliance advocates to make predictive medicines a reality, arguing that:

- it will help to reduce research costs through better identification of promising new compounds and optimisation of clinical trial processes;
- It will improve patient safety thanks to testing of scenarios which would be impossible or unethical to test in real patients both with reference to medical devices and medicinal products;
- It will help to avoid adverse reactions and reduce the leap of faith in transition from animal testing to testing in humans.

Representatives of the industry sector presented their views and examples of successful implementation of engineering simulation in the field of healthcare. Moreover, Dr. Tina Morrison, Deputy Director at the division of applied mechanics at FDA addressed the topic from a regulatory perspective and underlined the importance of evidence and credibility of in silico medicines.

More information on the Avicenna Alliance and in silico medicine available [here](#).

Upcoming conferences



2nd Multi-stakeholder Symposium on Improving Patient Access to Rare Disease Therapies

Brussels, 22-23 February 2017

To mark the occasion of Rare Disease Day 2016, EURORDIS organises with the support of HOPE a 2nd Multi-Stakeholder Symposium on Improving Patient Access to Rare Disease Therapies.

EURORDIS is a non-governmental patient-driven alliance of patient organisations representing people affected by rare diseases throughout Europe. It brings together 724 rare disease patient organisations in 64 countries.

The event will take place on 22 and 23 February 2017 with the collaboration of a range of multi-stakeholder partners. All stakeholders will have the opportunity to express their views and observations in order to reach sustainable and durable solutions to improve patient access to rare disease therapies across Europe.

More information and registration form available [here](#).

Health Promoting Hospitals 2017

Vienna, 12-24 April 2017

The 25th 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.

HOPE will organise a session on integrated care with concrete examples.

Details will be available soon at: www.hphconferences.org/vienna2017

HOPE Agora 2017 – UPDATE

11 – 13 June 2017, Dublin (Ireland)

The HOPE Agora 2017 will take place in Dublin (Ireland) from 11 June to 13 June 2017 organised by the Health Management Institute of Ireland.

The main topic for 2017 will be around organisational innovation in hospitals and healthcare: the implementation of new methods or processes in the use of new technologies, in health services provision, in human resources management, in patients' empowerment or involvement.

More information on the HOPE Agora 2017 will be available soon. In the meanwhile, you can access on previous HOPE Agora at:

www.hope-agra.eu

For more information on the HOPE Exchange programme 2017 visit the **HOPE Website**.