



# hope

European Hospital and  
Healthcare Federation

# Newsletter

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HOPE Agora 2017

**Dublin, 11-13 June 2017**

## **Expensive Medicines: Hospitals are concerned – HOPE Position Paper**

HOPE adopted in January 2017 a Position Paper "Expensive medicines: Hospitals are concerned".

This two-page document aims to call for greater attention on the consequences that several "innovative" medicines can bring about in hospital activities. Expensive medicinal products pose new challenges influencing hospitals financing models and organisation, also potentially leading to treatment rationing, unethical and ineffective from a public health perspective.

The Position Paper provides an overview of the current situation at European level - welcoming the 17 June 2016 Council conclusions - and calls for further development of Member States driven voluntary cooperation between relevant authorities and payers. Finally, it gives recommendations on possible actions to take at hospital and healthcare services level to address this issue.

### **Position Paper**

## **HOPE vision on integrated care – document released**

HOPE adopted its "HOPE vision on integrated care in January 2017. The document was presented for the first time during the ICT4Life project event on the challenges of integrated care held at HOPE central office on 19 January 2017.

The document outlines the complexity of the concept of integrated care. Despite various goals are being given to integrated care services – from enhancing quality of care and quality of life to creating system efficiency for patients with long term problems – the paper also addresses the lack of evidences when it comes to better financial management in the health care sector thanks to integrated care.

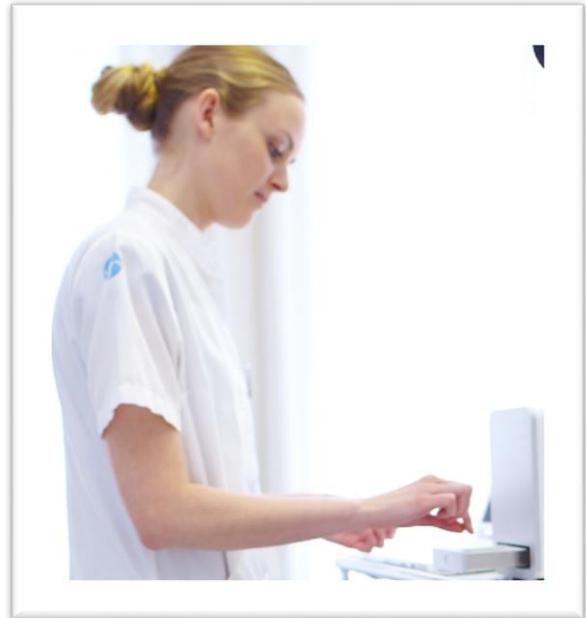
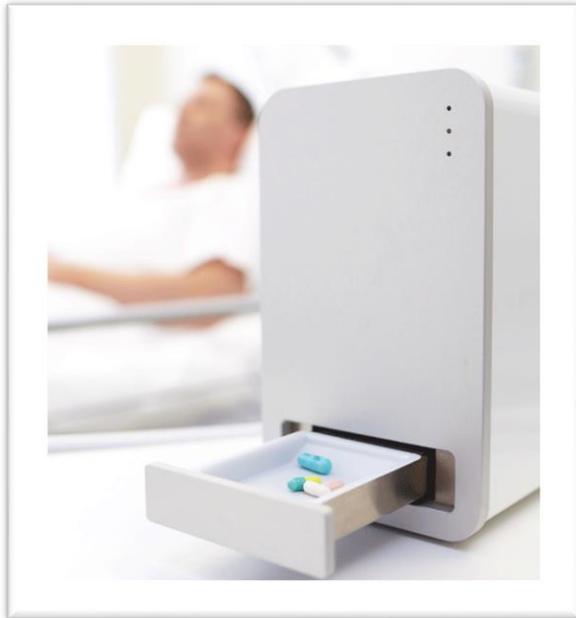
Finally, the document describes different trends in the European Union regarding integration of care and provides recommendations for its effective implementation, which should not consist in a simple shift from inpatient to ambulatory and outpatient care, but requires investment in holistic care, including health promotion and ill health prevention strategies that support people's health and well-being.

### **Download the document**

## MedEye Project – Medication verification system gets support from the European Union

The MedEye Project has been officially launched on 28 February. HOPE is a partner of this project, funded from the European Union Horizon 2020 FTI programme under grant agreement N° 730731.

### What is MedEye?



Medication errors occur daily and are a major burden to society. Medication errors often lead to adverse drug reactions, lengthened hospital stays, increased healthcare costs, and in the most severe cases, increased mortality. Medication errors pose a significant risk to the European population. Research has shown, however, that 50% of medication errors can be stopped with an automated check at the patient's bedside.

MedEye is an innovative medication verification suite that scans, detects, and verifies medication at the bedside. MedEye stops medication errors from taking place by verifying medication before it is administered to patients.

### Excellent results

MedEye has already been tested and validated in several Dutch hospitals with excellent results. Thanks to the support of Horizon 2020 - Fast Track To Innovation Programme, activities will be performed to enhance MedEye and facilitate its deployment on a large scale.

Two studies will be performed to establish transnational performance and cost-effectiveness. One for the hospital sector at the Newcastle Upon Tyne Hospitals Foundation Trust in partnership with Durham University. One for long-term care through central pharmacy Pharmaforce.

### **Patient safety top priority for all parties**

"Patient safety is our top priority and MedEye has the potential to close the loop - to check that the patient receives the correct medicine, the right dose, at the right time all in one go" said Neil Watson, Newcastle's Clinical Director of Pharmacy and Medicines Optimisation.

"Health IT is being adopted at a rapid pace but challenges remain. We are excited to lead what we hope is a seminal research programme to study the implementation, impact and value of the system," added Dr Sarah Slight, Reader and Associate Professor in Pharmacy Practice at Durham University.

As more care is provided in-home, the complexity of treatment for patients in long term care facilities has increased. Long term care facilities must find ways to maintain costs while providing quality care.

"Patients in long term care are vulnerable to the effects of medication errors. MedEye provides complete support for treating the residents, complementing the work we do in the pharmacy," said Wim Naessens, Pharmacy Automation and Patient Integration Lead at PharmaForce.

### **Complete Solution for Medication Safety**

MedEye provides nurses and healthcare workers a single place where they can verify all medications – oral solids, injections, compounded and repackaged medication. Administration details are then automatically stored in a patient's medication administration record.

Benefits for hospitals and long term care facilities are a reduction in medication errors, a common workflow for all nurses, and greater flexibility in logistics which can help increase efficiency.

"MedEye can play a major role in reducing the variability across settings, improving medication safety and reducing adverse drug reactions", said Pascal Garel, Chief Executive of HOPE.

### **[Learn More](#)**

## **HOPE selected as Member of the HTA Network Stakeholder Pool**

On 13 February 2017, HOPE has been notified its selection by the European Commission to join the HTA Network Stakeholder Pool.

Selections have been performed according to the criteria described in the Call for Expression of Interest launched by DG SANTE on December 2016.

HOPE has been selected as Member of the pool in the category "healthcare providers". The 28 other organisations selected will be all subdivided into four categories: patients/consumers; healthcare providers, payers and industry. The members of each category are now asked to nominate two representatives per category to be proposed to the HTA Network as observers. Observers will be allowed to attend meetings of the network.

The next meeting of the HTA Network is set up for 29 March 2017 in Brussels.

### **More information**

## **Corruption in the healthcare sector – HOPE contribution to European Commission study**

The European Commission, Directorate General for Migration and Home Affairs (DG Home) commissioned a study on corruption in the healthcare sector to which HOPE has been invited to contribute.

The fight against corruption is one of the key priorities for the EC. Corruption is defined as "the abuse of power for private gain" – this is a wide definition that also encompasses aspects that go beyond the criminal law aspects, including situations such as conflict of interest, favouritism, etc.

The study aims to:

- update the results of the previous study;
- collect information on selected thematic issues:
  1. Informal payments in medical service delivery;
  2. Certification and procurement of medical devices;
  3. Authorisation and procurement of pharmaceuticals;
  4. Privileged access to medical services (including not only informal payments but also the use of privileged information and information peddling);
  5. Improper marketing by pharmaceutical companies and medical device producers (at national and/or EU level, including for market authorisation and reimbursement approval);
  6. Potential risks involving double practice in public and private clinics.

The survey will focus on selected countries: Croatia, Greece, Hungary, Lithuania, Poland and Romania.

This study is interested in more 'direct' forms of corruption, but also in more indirect forms of corruption such as conflict of interest, trading in influence, revolving door policies and regulatory capture. In addition, with relation to corruption in procurement of medical supplies and pharmaceuticals, various forms of collusion (such as bid-rigging- price fixing or market division) may be relevant.

It covers so-called 'petty corruption' (paying and receiving small sums of informal payments by individual clients) to large single corruption cases (for example in procurement of medical equipment) up to state capture types of corruption in health care.

Another relevant angle is to analyse to which extent corruption is systematised within a society or economic (sub) sector. It is important to assess to what extent corruption should be considered as deviant behaviour (isolated corruption cases) or to what extent various forms of corruption are considered as normal practise (systematic corruption).

### **Previous study (2013)**

## **HOPE study tour on Quality and Safety**

**4-5 May 2017, Brussels (Belgium)**

Due to many institutional reforms, Belgium Quality and Safety policies have been characterized for many years by an unclear definition of responsibilities. Things are now slowly becoming less ambiguous and both regional and federal levels are engaging in comprehensive and articulated Q&S policies.

PAQS ASBL is a newly created organization bringing together most healthcare stakeholders in Brussels and Wallonia with the objective of improving quality and safety in healthcare. PAQS ASBL will be organizing a HOPE Study Tour on Quality and Safety on 4 and 5 May 2017 in Brussels.

During those two days, we will explain to participants how things are currently organized in Belgium, which policies have been implemented for which results, and how future policies may look like. We expect participants to briefly present Quality and Safety policies existing in their countries and to exchange opinions and ideas on how things are evolving throughout Europe.

### **Preliminary programme**

## **SAVE THE DATE - HOPE study tour on OuluHealth Ecosystem and Oulu University Hospital TestLab**

**1-2 June 2017, Oulu (Finland)**

HOPE organises a study tour in Oulu (Finland) on 1 and 2 June 2017 to present the OuluHealth Ecosystem and Oulu University Hospital TestLab.

During the study tour, you will have the possibility to understand the way the Healthcare Ecosystem is designed in order to meet the needs and challenges of the future, how the testing laboratory is connected to serve the University Hospital activity, and how the Oulu University Hospital will be renovated by 2030.

The OuluHealth ecosystem comprises several stakeholders from academia, the public sector, and the private sector. The principal idea is to facilitate open collaboration and to accelerate innovation by bringing together various partners able to contribute to the needs of the health care sector. The ecosystem approach enables the combination of expertise from wireless information technologies and life science to introduce smart ICT solutions for delivering advanced, personalised, connected health service solutions.

OuluHealth is located in Kontinkangas campus close to the centre of the Oulu city. The OuluHealth campus has developed around the Oulu University Hospital, opened in the 1970s, and is quite unique in the way that it compactly combines both public and private actors in the health care sector, ranging from Biocenter Oulu to a wide spectrum of small and medium-sized businesses.

Oulu University Hospital in the chair of OuluHealth board. BusinessOulu is in charge of the ecosystem collaboration facilitation and supporting the companies in growth and commercialisation. Centre for Health and Technology is responsible of coordinating the research and innovation activities. OuluHealth Labs offers a unique innovation platform which enables citizen and professionals involvement. OuluHealth belongs to the international network of the European Connected Health Alliance.

Multidisciplinary top researchers, access to different health data sources and numerous start-ups create the basis for thriving RDI activities. Centre for Health and Technology manages OuluHealth's RDI cooperation. The North Finland sample collections of Biobank Borealis and The Birth Cohort Studies research program provide excellent possibilities for RDI.

OYS TestLab is a development and test environment for companies to test and develop their products and ideas in an authentic hospital environment and with genuine users. Oulu University Hospital uses the laboratory to develop their

processes and to model and simulate building projects for the Future Hospital programme.

OYS TestLab locates within Oulu University Hospital. The laboratory covers 300 m<sup>2</sup> on two floors. Various hospital units can be built into open spaces: an operating theatre, clinics, wards, control rooms, waiting areas etc. TestLab has a 3D virtual space and capacity for testing 5G network.

For more information on the study tour, please contact [sg@hope.be](mailto:sg@hope.be).

## **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 Dublin from Sunday 11 June afternoon to Tuesday 13 June afternoon 2017.

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.

More information on the HOPE Exchange Programme is available on [HOPE website](#), [Facebook](#) and [LinkedIn](#).

## Italy – Simone Tasso on Changes in the Italian Health Sector

As regards the health sector, the Italian Parliament made a basic step: the approval of the new national LEA (Essential Levels of Assistance). LEA represent the minimum levels of health services which have to be provided by Italian NHS through public national funding. Some LEA must be provided for free (i.e. acute hospital in-stay) others need a co-payment from the patient.

LEA are stated considering basic criteria such as sustainability, patient safety, ethics (i.e. aesthetical medicine is not covered). In particular, the legislation takes into account criteria of clinical validity (is the innovation result medically meaningful?), clinical utility (does the innovation improve health care?), analytical validity (is the innovative test accurate and reliable?). It states also the clinical situation for which the coverage is guaranteed and the appropriate prescription (that means appropriate utilization of resources) becomes a key topic.

LEA update represents big news since last time they have been updated was 2001. This was due to the difficulty of finding public resources aimed at covering the cost of such update and the consequent increase of public healthcare expenditure. Meanwhile, some Regions were able to guarantee essential levels of assistance by means of regional laws and using regional funds.

In a first evaluation, the increasing costs due to new national LEA result sustainable and they are estimated around 800 million per year that is around 0,7% of the Italian National Health Fund (113 billion in 2017). At last, it is opportune to underline another important step regarding the new LEA Legislation: it states the constitution of a “National LEA Commission” having the main tasks of monitoring LEA utilization and suggesting the introduction of innovative ones with the aim to get a punctual surveillance and a fast update.

## European Semester Winter Package – Country Reports published

On 22 February 2017, the European Commission released the European Semester Winter Package. The winter package shifts the attention from the political priorities set for 2017 at EU level with the publication of the **Annual Growth Survey 2017** to the national progress made in implementing structural reforms.

The list of documents published includes:

- 27 **Country Reports** (for all Member States except Greece, which is under a dedicated stability support programme);
- a Chapeau **Communication** on the main findings and results of the Country Reports 2017;
- a report on the implementation of the Fiscal Compact in national legal frameworks;
- a report reviewing Italy's compliance with the debt criterion under Article 126(3) of the Treaty;
- a report and a proposal to the Council for a fine on Austria regarding statistical misrepresentation in Land Salzburg.

The Country Reports are analytical documents providing an overview of the economic and social challenges in the EU. They also provide information regarding the progress made in each Member State in the implementation of the Country-Specific Recommendations issued in spring 2016. Therefore, the Country Reports are important strategic documents for the Member States ahead of the preparation of their National Reform Programmes and the publication of the new round of Country-Specific Recommendations in spring 2017.

The publication of the Country Reports in February is part of the Juncker Commission's efforts to streamline and strengthen the European Semester. The changes were introduced to give more time for dialogue between the Commission and the Member States as well as to improve dialogue with stakeholders at all levels. This year's reports also reflect the greater focus on employment and social considerations that the Commission is bringing into the European Semester, with emphasis on the need to reduce income inequalities in Europe.

The main results of the Commission studies highlight:

- greater engagement to implement structural reforms in the Member States as well as improved absorption of the European funds for these purposes;
- still further and more effective action must be taken when it comes to opening products and service markets and addressing social exclusion.

#### **Reference to the Health and Long-term Care Sector in the Winter Package:**

- Member States that received specific recommendations in 2016 to reform their health and long-term care systems made only limited or some progress in this regards (**Summary Table 2016 CSR implementation**).
- Little focus has been put on the healthcare sector during the release of the Winter Package. Moreover, the Communication on the main findings and results of the Country Reports 2017 addresses the need for implementing reform in the healthcare sector as a way to achieve responsible fiscal policies and safeguard the quality of public finances. Even if reference is made to healthcare systems as an element contributing to the population's health, economic prosperity and social cohesion, the package fails to address it with the necessary emphasis.
- Envisaged reforms of the sector involve: ensuring access to timely and good-quality healthcare for all; shifting from in-patient to outpatient care; investing in health promotion, primary care and integrated care; improving the governance of the systems; using medicines more rationally; using Health Technology Assessment, more centralised public procurement and e-health and health information tools.



### **European Reference Networks launch – 3<sup>rd</sup> Commission conference**

On 9 March 2017, HOPE will attend the 3<sup>rd</sup> conference on European Reference Networks organised by the European Commission that will take place in Vilnius, Lithuania.

European Reference Networks are networks connecting expert centres in the field of rare diseases and specialised healthcare, organised across borders. The Third Conference on European Reference Networks will focus on the presentation of the newly approved European Reference Networks, officially launched on 1<sup>st</sup> March 2017. The 1<sup>st</sup> and 2<sup>nd</sup> conferences respectively took place in 2014 and 2015 before the implementation of the network.

The conference will host 4 round tables to discuss on the EU dimension of the ERNs, how the EU, its policies and actions can support the networks, the integration of the ERNs with the various national healthcare systems and the way forward. The audience is mainly constituted by clinicians, policy makers, ERN members, patient's representatives, EU institutions representatives and other stakeholders and will gather high level speakers such as Vytenis Andriukaitis, Commissioner on Health & Food Safety, Aurelijus Veryga, Minister of Health in Lithuania and Christopher Fearne, Minister of Health of Malta.

The conference will be followed by the kick-off meeting of the 24 approved ENRs.

#### **More information**

#### **24 ERNs approved**

### **Antimicrobial Resistance in human health – ECDC publishes proposals for EU guidelines**

On 20 February 2017, the European Center for Disease Prevention and Control (ECDC) released two documents including a proposal for EU guidelines developed by ECDC and a publication compiling comments received during a public consultation on the use of antimicrobials in humans.

In the context of ongoing work against the rising threats from antimicrobial resistance and given the role of antimicrobial misuse and overuse in the emergence and spread of resistance, the European Commission asked ECDC to develop draft EU guidelines on the prudent use of antimicrobials in human

medicine, including generic principles of good practice on the appropriate use of antimicrobial agents in human medical practice in the EU.

This technical report is a major ECDC contribution to support the European Commission's goal to finalise EU guidelines on the prudent use of antimicrobials in humans. It draws, among other sources, on Council Recommendation 2002/77/EC of 15 November 2001 on the prudent use of antimicrobial agents in human medicine and on the WHO Global action plan on antimicrobial resistance.

The goal of controlling antimicrobial resistance can only be achieved by combining strong infection prevention/control and the prudent use of antimicrobials. Infection prevention and control, including vaccination, contributes to a decrease in the number of infections, which leads to lower antimicrobial consumption and fewer opportunities for misuse. The proposals in this document should therefore be seen as complementary to infection prevention and control guidelines.

## **Proposals for EU guidelines on the prudent use of antimicrobials in humans**

## **Cancer screening – 2<sup>nd</sup> Report on implementation of the Council Recommendation**

The implementation report on the 2003 Council Recommendation on cancer screening, published on 9 February 2017, reveals a steep rise in national screening programmes for breast, cervical and colorectal cancer.

Vytenis Andriukaitis, Commissioner for Health and Food Safety, said "Breast, cervical and colorectal cancer claim the lives of around a quarter of a million European citizens each year. Early detection - as well as cancer prevention - saves lives, and so this is where we must continue focusing our efforts. The Council's recommendation and the Commission's quality assurance guidelines have led to most EU countries putting in place organised, high quality screening programmes. This is a major step forward for citizens' health."

Today, 25 EU countries have population-based programmes for breast cancer, 22 for cervical cancer and 20 for colorectal cancer screening, as compared with 18, 17 and 12, respectively, since the first report was published 10 years ago. Nearly 25 million women aged 50-69 years were invited to mammography screening in the last reporting year, and 110 million men and women aged 50-74 years could potentially undergo screening for colorectal cancer.

**[Read more](#)**

## **Health Promotion & Primary Prevention: exchange of good practices – ENVI Committee study**

The European Parliament published the study on “Health Promotion & Primary Prevention: exchange of good practices” at the request of the Committee on Environment, Public Health and Food Safety.

This report summarises the presentations and discussions of a workshop on health promotion and primary prevention, held at the European Parliament in Brussels on Tuesday 29 November 2016, also attended by HOPE.

The aim of the workshop was to provide background and technical information and advice to the members of the ENVI Committee on the latest findings and trends in the field of preventive health, specifically concerning health promotion and the primary prevention of diseases and disabilities.

The state of primary prevention and health promotion in Europe was highlighted during the first part of the workshop. Presentations focused on joining forces in the context of chronic diseases, the importance of primary care professionals' clusters, health promotion from citizens' perspective, and the role schools play in prevention.

The second part of the workshop focused on examples of good practices. Various ongoing initiatives, coordinated by the European institutions, in the EU were presented. The activities of insurance industries were also highlighted, as well as the views of employers and trade unions on promoting healthy behaviours and creating healthy working environments

**[Read more](#)**



## **Internet connectivity in public communities – Parliament draft report**

On 27 February 2017, the European Parliament Committee on Industry, Research and Energy (ITRE) discussed its draft report on the European Commission legislative proposal on the promotion of Internet connectivity in local communities (COM (2016)0589).

Both the proposal for a Regulation published by the European Commission in September 2016 and the Committee draft amendment to the proposal make specific reference to hospitals as public places which shall provide free internet connection once the Regulation will enter into force. Moreover, the Committee report extends this duty also to health centres.

### **Commission Proposal**

### **ITRE Committee draft report**

## **European Emergency number 112 – New technology improves location of emergency calls**

On 11 February 2017, the European Union celebrated 112 Day: the day of the Single European Emergency Number.

At this occasion, the European Commission published a report presenting an overview of the latest updates regarding the implementation of 112 in the different Member States.

The data for this report were collected in 2016 throughout the European Union. The analysis at national level was based on Key Performance Indicators such as answer time, access for disabled users, caller location and awareness levels in order to determine the current situation and optimisation of the access to 112.

**[Read more](#)**

**[Full report](#)**



## Internal market

### **Biosimilar medicines – European Commission Q&A for patients**

On 23 January 2017, the European Commission published a consensus information document on biosimilar medicines for patients which intends to inform patients on this topic and to offer them an access to unbiased and reliable information.

The Q&A document was first published in 2013 as part of the consensus information paper, 'What you need to know about biosimilar medicinal products'. The main goal of this revision is to provide patients with information in language that is easy to understand, despite the complexity of the concept. HOPE contributed to this document as member of the multi-stakeholder "Information" subgroup.

HOPE will attend the next stakeholder workshop organised by the Commission on the uptake of biosimilar medicines in the EU on 5 May 2017.

**[Read more](#)**



## Social affairs

### **European Solidarity Corps – Public Consultation**

On 6 February 2017, the European Commission launched a Public consultation on the European Solidarity Corps. The consultation will be opened until 2 April 2017.

The European Solidarity Corps will create opportunities for young people to support communities and people in need. These opportunities will include volunteering and solidarity-related jobs, traineeships and apprenticeships, both in the young people's home countries and abroad. The Commission is now consulting stakeholders and the general public to define key priorities and shape the implementation of the European Solidarity Corps. The consultation results will inform the Commission's legislative proposal.

The healthcare sector is involved in this new initiative thanks to the presence of the category "health and wellbeing projects" among the available choices. The

Commission mentioned that it will concern supporting projects which encourage general health and wellbeing, such as healthy lifestyles and active aging.

## **Public consultation**

### **European Solidarity Corps – Council conclusions adopted**

On 9 February 2017, the Council adopted conclusions on investing in Europe's youth, focusing on the European Solidarity Corps.

The conclusions provide a political response to the Commission's December Youth initiative, which proposed a package of measures aimed at improving young people's skills and opportunities, including a communication on the European Solidarity Corps.

In the conclusion, Ministers urge the Commission to:

- present during the first semester of 2017 an appropriate legislative and evidence-based proposal, a clear framework, including how the European Solidarity Corps is to be funded, implemented, and evaluated;
- to ensure that the European Solidarity Corps will not only be capable of reaching its objective in terms of young people's active involvement and participation but also ensure quality placements and projects with a strong learning dimension which enable positive outcomes for young people's future personal, social and professional development, whilst avoiding undesirable effects on the labour market.

## **Council conclusions**



## **Trade**

### **CETA – EU Parliament approves trade deal with Canada**

On 15 February 2017, after a very intense debate, the Members of the European Parliament adopted the EU-Canada Comprehensive Economic and Trade Agreement (CETA).

The EU national and regional parliaments need to approve CETA before it can take full effect as the European Commission declared it mixed agreement in July 2016. The Court of Justice of the European Union will decide its compatibility of the Investment Court System (ICS) process with European treaties in the coming months. This arbitration mechanism is heavily criticized because it may allow multinational companies to tackle health and environment legislation.

The CETA deal could apply provisionally on the first day of the second month following the date both sides have notified each other that they completed all necessary internal procedures. MEPs expect this to be the case on 1 April 2017 at the earliest. The following provisions could apply: improving occupational mobility, mutual recognition for regulated occupation, enhanced protection of European pharmaceutical patents in Canada, decrease of many custom duties except for the ones linked to public services sectors...

If the European Commission applauds the European Parliament's decision, some Non-Governmental Organisation expressed concerns regarding the CETA application in sector such as Health. According to **EPHA**, CETA could contribute to the rise of antimicrobial resistance due to the intensive livestock production model currently supplying for the high demand of meat and animal products. In the meantime, to allay citizens' concerns that the deal gives too much power to multinational companies and that governments will not be able to legislate to protect health, safety or the environment, the EU and Canada recognise in both the preamble to the deal and an attached joint declaration that its provisions apply without prejudice to the domestic right to regulate.

**European Parliament press release**

**More information on CETA**



## Environment

### **Circular economy package – European Parliament briefing**

The European Parliament recently released a briefing where four legislative proposals on waste are detailed. These proposals are considered by the ENVI Committee in the framework of the preparation of the initial Circular economy package submitted by the Commission.

Although waste management in the EU has improved considerably in recent decades, over a quarter of municipal waste is still landfilled and less than half is recycled or composted, with wide variations between Member States. Improving waste management could deliver positive effects for the environment, climate, human health and the economy. As part of a shift towards a circular economy, the European Commission made four legislative proposals introducing new waste-management targets regarding reuse, recycling and landfilling, strengthening provisions on waste prevention and extended producer responsibility, and streamlining definitions, reporting obligations and calculation methods for targets.

The next step of this policy making process will be the vote in plenary, expected in March 2017.

### **Full document**

## **The Environmental Implementation Review – Commission better regulation policy**

On 6 February 2017, the European Commission adopted the Environmental Implementation review, a tool which aims to support the delivery of the objectives of existing EU environmental policies and legislation.

Implementation of EU rules is in the first place a task for the EU Member States themselves, but the Commission has the responsibility to oversee the application of the common rules agreed by the European Parliament and by the Member States within the Council.

Full implementation of EU environment legislation could save the EU economy €50 billion every year in health costs and direct costs to the environment. A clean environment is essential for human health and well-being. This first edition of the EIR country reports focuses on the management of municipal waste for which EU legislation set recycling targets for 2020. Management of municipal waste is crucial for our health and wellbeing, but has posed problems in many Member States. In air quality area, air pollution effects on human health are harmful and Scientifics estimate that the health impacts attributable to exposure of air pollution indicate that were responsible for more than 500,000 premature deaths in 2013.

Over the last two years, the Commission launched legal action against 12 member states for failing to enforce the air quality standards for NO<sub>2</sub>. Austria, Belgium, Czech Republic, Germany, Denmark, Spain, France, Hungary, Italy, Poland, Portugal and the UK face possible fines.

## **The Environmental Implementation Review**

### **Country reports**

# European programmes and projects

## Public Health Work Programme 2017 – European Reference Networks

Support will be provided to the European Reference Networks (ERN) through Specific Grant Agreement (SGA) under the Framework Partnership Agreements (FPA), signed for each ERN after their establishment.

The FPA has a duration of maximum five years – covering the operating years 2017-2021. Only applicants with whom a FPA is concluded are eligible for the specific grant agreement and will be invited to submit a specific grant application to cover their activities planned for 2018, including the annual work programme and budget. Signing of an FPA does not guarantee the signature of an SGA. The maximum funding per ERN is EUR 200 000 and the maximum rate of EU co-financing is 60 % calculated on the basis of eligible costs incurred.

The expected result is the establishment and effective coordination and management activities of the approved ERN with the aim to support the provision of highly-specialised healthcare for rare or low-prevalence complex diseases or conditions, to provide a better governance and coordination, to support development of knowledge and expertise to diagnose, follow up and management of patients.

The actions to be funded are the coordination, management and non-clinical activities of an approved ERN. Co-funding will be provided in the form of mono-beneficiary grants to the ERN coordinator to run the ERN and implement all actions in order to fulfil the goals as provided for in the legal basis on ERNs.

There will be also for the ERN some funding for capacity building and implementation, including communication, coordination and other support actions: fourth conference; ERNs working seminar, two types of training programmes (the coordinators and managers of the approved ERNs and for the ERN members for the development of clinical guidelines and decision-making tools) ; Knowledge transfer to patients as beneficiaries of the ERN cooperation; Support for the functioning of the ERNs; Support for the external communication of ERNs: to raise awareness on the benefits offered by ERNs to address complex and rare clinical cases through centrally coordinated media and online actions, and the development of a multilingual communications toolkit for ERN members.

Finally, there is funding for the Assessment of healthcare providers wishing to join established European Reference Networks (ERN) by Independent Assessment Bodies. Independent assessment bodies will evaluate the

membership proposals applying to join existing European Reference Networks which were set up in 2016. The ERN rules offer a possibility for further healthcare providers to join also after the call launched by the Commission but they must also be assessed in order to join.

## European Reference Networks

### Public Health Work Programme 2017 – Direct Grant Agreements with International Organisations

The overall budgetary allocation reserved for actions implemented via direct grants to international organisations amounts to 9,3 million euros.

First, it includes for the International Organisation for Migration (IOM) a support of one million euros for the Implementation of the **Personal Health Record** as a tool for integration of refugees in EU health systems.

The second element is the grant to the World Health Organization as the host of the European Observatory on Health Systems and Policies will work on the '**State of Health in the EU**' a package that consists of four elements: the Health at a Glance: Europe report, country health profiles for EU Member States, a Commission policy paper and voluntary best practice exchanges.

The third element will be a support to the OECD to develop **patient-reported measures** without a call for proposal 3,3 million euros. The action will support the OECD in developing and testing in a pilot phase new indicators on patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs).

The fourth element will be a support to the OECD's work on building trust and strengthening cooperation for addressing the challenges of **access to medicines** for 500 000 euros.

The fifth element concerns the **international migrations of doctors and nurses**. It will ensure the continuation of the discussion initiated within the OECD, with a series of meetings and publications for a budget of 600 000 euros. Another 200 000 euros will be given to the OECD to support the work that the OECD is continuing to develop in the area of improving data and analysis on international migration of health professionals and in undertaking systematic review of agreements among countries.

Finally, the WHO will get a 600 000 euros support to implementation of national action plans on **Antimicrobial Resistance (AMR)**. The aim of this action is to increase awareness among policy advisers in EU Member States and contribute to strengthened implementation of measures leading to reducing the rate of increase of AMR and to the long-term reductions in AMR.

## Public Health Work Programme 2017 – Grants for actions co-financed with Member State authorities

Under the overall operational budget reserved for grants in the work programme 2017, 19, 7 million euros will be reserved for grants for actions co-financed with Member State authorities.

Grants for actions co-financed with Member State authorities (in short 'Joint Actions') are actions having a clear Union added value co-financed by the competent authorities that are responsible for health in the Member States or in the third countries participating in the Programme by public sector bodies and non-governmental bodies, acting individually or as a network, mandated by these competent authorities. They enable the nominated national authorities (one nomination allowed per Member State per Joint Action) of the Member States/other countries participating in the Programme and the European Commission to take forward work on jointly identified issues. In addition, appropriate representation of civil society organisations active in the relevant field at EU level should be ensured. The maximum rate of EU co-financing is 60 %.

**Joint Action on health inequalities** will get EUR 4,6 million euros. The objective of the Joint Action is to develop a clear policy framework with a menu of actions and recommendations for local take up and implementation at national and regional level in order to fight health inequalities and to support health systems dealing with challenges related to integrating vulnerable groups.

**The Joint Action Innovative Partnership on Action against Cancer** will get 4,5 million euros. Making use of recent scientific advances, this Joint Action is expected to reinforce prevention of cancer via population based programmes on cancer screening, further developing the principles of the 2003 Recommendation on Cancer Screening, paying particular attention to genetic screening and personalised medicine

**Joint Action on vaccination** will get 3 million euros. This Joint Action will establish sustainable cooperation of Member State authorities dealing with vaccination, with a focus on cooperation on vaccine demand planning and forecasting, and other issues related to preparedness, while fully respecting Member State responsibilities.

Joint Action on preparedness and action at points of entry will get 3 million euros . This Joint Action will develop catalogues of tested best practice and guidelines, including validated action plans for the use of the Member States' health authorities, to be implemented at operational level through agencies and stakeholders in the field of transport.

**Joint Action supporting the eHealth Network** will get 2,7 million euros. This Joint Action is expected to further facilitate cross-border healthcare across the EU and overcome barriers in the implementation of digital solutions in Member States' healthcare systems and provide the necessary policy support to the eHealth Digital Service Infrastructure (eHDSI) with view to implementing the Commission's Digital Single Market Strategy as regards interoperability and standardisation.

The Joint Action on Health Information towards a sustainable EU health information system that supports country knowledge, health research and policy-making will get 4 million euros. The Joint Action is expected to build on previous projects and initiatives on EU health information and lead to the establishment of a **European Research Infrastructure Consortium (ERIC)** on Health Information.

## **Material for Clean Air – Submission of applications for the Horizon prize open**

On 26 January 2017, the European Commission launched the Horizon prize for Material for Clean Air, a €3 million prize to reduce the concentration of particulate matter in cities.

Particulate matter (PM) is the air pollutant which has the most severe impact on health. In the European Union, the average life expectancy is estimated to be decreased by 8.6 months, because of exposure to particulate matter resulting from human activities. The inhalation of particulate matter can also lead to adverse effects in the respiratory, cardiovascular, immune, and neural systems. In addition to its effects on the human health, particulate matter can also have adverse effects on climate change and ecosystems.

The Horizon Prize on materials for clean air is a €3 million prize that will be awarded to the person or team who can most effectively meet the following challenge: develop the best innovative design-driven material solution to reduce the concentration of particulate matter in urban areas. The objective pursued by this inducement prize is to reduce particulate matter air pollution in urban areas through the development of innovative material solutions. These solutions should be design-driven, affordable and sustainable, and they should demonstrate that they can effectively remove and/or prevent the formation of particulate matter in the atmosphere

The submission of applications for the Prize is now open, and the deadline is January 23, 2018.

### **More information**

## **Structural Reform Support Programme – Political agreement reached**

On 8 February 2017, the Maltese Presidency and representatives of the European Parliament announced in a press release their provisional agreement on a programme to help member states implement structural reforms.

The programme provides financing for the technical support that the Commission makes available to Member States at their request. The programme has a budget of EUR 142.8 million to cover 2017-2020. This support is coordinated and offered by the Commission's Structural Reform Support Service (SRSS). The Commission set up the Structural Reform Support Service in July 2015 to help EU Member States design and implement reforms, including by making efficient and effective use of EU funding. The SRSS currently promotes and assists with reforms in nine Member States. The technical support covers reforms that Member States wish to implement, including the management of public finances and tax administration, reform of justice systems, fighting fraud, corruption and money laundering. It can also help Member States with reforms that can improve the business environment, the labour market, as well as equip people with the right skills, education and training for today's job market.

This political agreement will be followed by further technical talks to finalise the text.

### **Press release**

#### **Structural Reform Support Service**

## **Antimicrobial Resistance – Winner of EU Health awards announced**

On 6 February 2017, awarded prize to NGOs active in reducing the threat of AMR.

Vytenis Andriukaitis, Commissioner for Health and Food Safety, awarded the EU Health Award for NGOs fighting Antimicrobial Resistance – a prize which aims to reward outstanding good practices by NGOs to reduce the threat to human health from AMR and encourage their wider replication throughout the EU.

- The €20,000 first prize was awarded to BEUC, the European Consumer Organisation, for their campaign "From Farm to You".
- The €15,000 second prize was awarded to Alliance to save our Antibiotics, Compassion in World Farming and the Soil Association for their campaign which aims to end the routine prophylactic mass-medication of farm animals.
- The €10,000 third prize was awarded to the World Alliance against Antibiotic Resistance for their campaign "Acting to Preserve Antibiotics".

Antimicrobial Resistance (AMR) is one of the most challenging threats to human health. 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.

**Read more**

## **Evaluation of Public-Public Partnership – Public Consultation**

From 27 January to 30 April 2017, the European Commission has instituted a Public Consultation on the evaluation of Public-Public Partnerships as is the case for the Active and Assisted Living funding programme.

Horizon 2020 supports a number of Public-Public Partnerships on the basis of Art.185 of the Treaty on the Functioning of the European Union (TFEU). It allows the EU to participate in research programmes undertaken jointly by several Member States such as the Active and Assisted Living funding programme. The Active and Assisted Living Joint Programme (AAL JP) supports applied research on innovative ICT-enhanced services for ageing well, with a time to market of 1 to 3 years. The AAL JP 2013-2020 is driven by Member States and supported by the European Commission, to enhance EU competitiveness and tackle the ageing challenge.

This consultation aims to collect the views of the public about the implementation of Public-Public Partnerships in the context of the interim evaluation of Horizon 2020. In addition, it allows the participants to provide specific views on three of the initiatives.

**Read more**

## **Active and Assisted Living funding programme**

## **Cancer control recommendations – Publication of the CanCon Guide**

On 10 February 2017, Cancer Control Joint Action published a new guide providing recommendation on how to boost cancer control in Europe.

Cancon (European Guide on Quality Improvement in Comprehensive Cancer Control) is a joint action initiative, co-funded by participating organisations, institutes, universities and health care units, and the European Union. The Guide is the result of a three-year effort by top experts in 25 countries and 126 partner organisations. Cancon Guide is the main delivery of the joint action. The Guide aims to help to reduce not only the cancer burden throughout the EU but also the inequalities in cancer control and care that exist between Member states. The Guide is meant for governments, parliamentarians, health care providers and funders, and cancer care professionals at every level.

The quality improvement of cancer care is at the heart of the Cancon Guide. It will be reached by focusing on the patient's experience, care and health services organization, delivery and accessibility, says Tit Albreht, the coordinator of Cancon joint action.

## **Full report**

### **CFIS-ECOPHARMA – Organic pollutants detection and reduction**

CFIS-ECOPHARMA project is an innovation project co-funded by the European Community, through the Eco-innovation initiative.

The objective of this project is to obtain a more efficient and accurate device (CFIS-ECOPHARMA) to sample Persistent Organic Pollutants (POPs), especially Pharmaceuticals and Personal Care Products as Pollutants (PPSPs) and pesticides in water, based on the use of solid absorbents and their analysis. The system will be implemented in three different demo areas carefully selected for their different physic-chemistry characteristics (two in Spain and one in the United Kingdom).

The analysis will be performed in drinking water, hospital water and fish farm sea and fresh water. This will allow control of the quality of water based on average representative values, taking into account fluctuations in concentration due to discharges of short duration. A "marketable" solution that offers greater efficiency and contribute to reduce environmental impact of pharmaceutical compounds in water will be developed, while enhancing competitiveness of the environmental sector and technology.

Expected gains of this project are reduction of environmental costs, wastewater management prevention, persistent and toxic compounds reduction and other environmental benefits.

## **Read more**

## Reports

### **Delivering hospital services: A greater role for the private sector? Eurofound report**

In the past 10 years there has been a substantial increase in the number of for-profit private hospitals, while the number of public hospitals decreases. This has been heightened by the recent economic and financial crisis where hospital closures have created new opportunities for private providers.

What are the consequences of higher private sector involvement for the quality, accessibility and efficiency of services? This report examines the role and contribution of private provision of hospital services in the European Union. It maps the extent of private provision across Europe, examines the drivers for increased private provision, describes how it takes place, and presents the views of different stakeholders. The report also analyses the implications of private provision for the public sector and for the efficiency, accessibility and quality of the services delivered. An executive summary is available

#### **Full report**

### **How can structured cooperation between countries address health workforce challenges related to highly specialized health care? – European Observatory on Health Systems and Policies**

This policy brief draws on the experience of different cross-border collaborations in highly specialized health care in order to address health workforce challenges that countries face. It identifies the factors that can enable or block structured cooperation and describes the institutional framework in place. It also examines the policy implications for supporting structured cooperation in the European Union. It was written to inform discussions under the Maltese presidency of the European Union in 2017.

The brief's key messages are:

- Resolving health workforce challenges and improving cooperation between health professionals makes it more likely that patients will receive high-quality specialized care in their own country.

- Voluntary structured cross-border cooperation can help address the health workforce challenges that currently force patients to travel to find appropriate care.
- Structured cooperation works at different levels (linking countries; health care or training bodies; and/ or clusters of organizations and individuals) but is always influenced by the institutional framework in which it takes place and the underlying European and national legal and policy frameworks.
- Evaluation of different models of structured cooperation is still scarce but policy-makers can enhance the chances of structured cooperation succeeding by reviewing the five main groups of factors that can enable or block success.
- Policy-makers at a European and national level can support structured cooperation and address health workforce challenges in highly specialized care.

### **Read more**

## **How can voluntary cross-border collaboration in public procurement improve access to health technologies in Europe? – European Observatory on Health Systems and Policies**

This policy brief examines the legal framework put in place by the European Union to foster voluntary cross-border collaboration in the field of public procurement of health technologies, it looks at recent experiences and developments in cross-border collaboration across Europe; and explores the challenges and opportunities that such cross-border collaboration presents. It was written to inform discussions under the Maltese EU Presidency in 2017.

The brief's key messages are:

- There is a growing interest in further developing cross-border collaboration in the field of health, both at a bilateral and a multilateral level. This is supported by European Union (EU) legislation and policies, and extends to improving access to health technologies.
- Changes in health technologies markets, such as the generalization of managed entry agreements (MEAs) and the prevailing lack of price transparency – particularly in price discounts – require different approaches to those applied in the past.
- There is a sound rationale for increased voluntary collaboration between countries in the procurement of health technologies.
- However, in practice, developing sustainable cross-border collaboration in procurement seems to be challenging. Experiences in Europe are still limited and too recent to really allow clear lessons to be drawn about their effectiveness and impact.

- Nevertheless, it is clear that related initiatives would require strong political commitment and mutual trust between purchasing partners in order to succeed. It is therefore advisable that they be built progressively, starting with collaboration in information sharing and knowledge exchange, before moving towards joint purchasing activities.

**Read more**

## **Caring for quality in health – OECD Reviews of Health Care Quality**

This synthesis report draws on key lessons from 15 OECD Health Care Quality Reviews. It summarises the main challenges and good practices to support improvements in health care quality, and to help ensure that the substantial resources devoted to health are being used effectively in supporting people to live healthier lives.

The overarching conclusion emerging across the OECD Health Care Quality Review series concerns transparency. Governments should encourage, and where appropriate require, health care systems and health care providers to be open about the effectiveness, safety and patient-centeredness of care they provide. More measures of patient outcomes are needed (especially those reported by patients themselves), and these should underpin standards, guidelines, incentives and innovations in service delivery. Greater transparency can lead to optimisation of both quality and efficiency.

**Full report**

## Articles

### **Use of electronic medical records and quality of patient data: different reaction patterns of doctors and nurses to the hospital organization – BMC article**

As the implementation of Electronic Medical Records (EMRs) in hospitals may be challenged by different responses of different user groups, this paper examines the differences between doctors and nurses in their response to the implementation and use of EMRs in their hospital and how this affects the perceived quality of the data in EMRs.

Questionnaire data of 402 doctors and 512 nurses who had experience with the implementation and the use of EMRs in hospitals was analysed with Multi group Structural equation modelling (SEM). The models included measures of organisational factors, results of the implementation (ease of use and alignment of EMR with daily routine), perceived added value, timeliness of use and perceived quality of patient data.

### **Full article**

## **Payers' experiences with confidential pharmaceutical price discounts: A survey of public and statutory health systems in North America, Europe, and Australasia – Health Policy article**

Institutional payers for pharmaceuticals worldwide appear to be increasingly negotiating confidential discounts off of the official list price of pharmaceuticals purchased in the community setting. The researchers conducted an anonymous survey about experiences with and attitudes toward confidential discounts on patented pharmaceuticals in a sample of high-income countries. Confidential price discounts are now common among the ten health systems that participated in the study, though some had only recently begun to use these pricing arrangements on a routine basis.

Several health systems had used a wide variety of discounting schemes in the past two years. The most frequent discount received by participating health systems was between 20% and 29% of official list prices; however, six participants reported their health system received one or more discount over the past two years that was valued at 60% or more of the list prices. On average, participants reported that confidential discounts were more common, complex, and significant for specialty pharmaceuticals than for primary care pharmaceuticals. Participants had a more favourable view of the impact of confidential discount schemes on their health systems than on the global marketplace. Overall, the frequency, complexity, and scale of confidential discounts being routinely negotiated suggest that the list prices for medicines bear limited resemblance to what many institutional payers actually pay.

### **Full study**

## **What women want: Exploring pregnant women's preferences for alternative models of maternity care – Health Policy article**

Depending on obstetric risk, maternity care may be provided in one of two locations at hospital level: a consultant-led unit (CLU) or a midwifery-led unit (MLU). Care in a MLU is sparsely provided in Ireland, comprising as few as two units out of a total 21 maternity units. Given its potential for greater efficiencies of care and cost-savings for the state, there has been an increased interest to

expand MLUs in Ireland. Yet, very little is known about women's preferences for midwifery-led care, and whether they would utilise this service when presented with the choice of delivering in a CLU or MLU.

This study seeks to involve women in the future planning of maternity care by investigating their preferences for care and subsequent motivations when choosing place of birth. Qualitative research is undertaken to explore maternal preferences for these different models of care. Women only revealed a preference for the MLU when co-located with a CLU due to its close proximity to medical services. However, the results suggest women do not have a clear preference for either model of care, but rather a hybrid model of care which encompasses features of both consultant- and midwifery-led care

**Full article**

### **Is there enough research output of EU projects available to assess and improve health system performance? An attempt to understand and categorise the output of EU projects conducted between 2002 and 2012 – BMC article**

Adequate performance assessment benefits from the use of disaggregated data to allow a proper evaluation of health systems. Since routinely collected data are usually not disaggregated enough to allow stratified analyses of healthcare needs, utilisation, cost and quality across different sectors, international research projects could fill this gap by exploring means to data collection or even providing individual-level data. The aim of this paper is therefore to study the availability and accessibility of relevant European-funded health projects, and to analyse their contents and methodologies.

The European Commission Public Health Projects Database and CORDIS were searched for eligible projects, which were then analysed by information openly available online. Overall, only a few of the 39 identified projects produced data useful for proper performance assessment, due to, for example, lacking available or accessible data, or poor linkage of health status to costs and patient experiences. Other problems were insufficient databases to identify projects and poor communication of project contents and results. A new approach is necessary to improve accessibility to and coverage of data on outcomes, quality and costs of health systems enabling decision-makers and health professionals to properly assess performance.

**Full article**

## **Scaling up strategies of the chronic respiratory disease programme of the European Innovation Partnership on Active and Healthy Ageing (Action Plan B3: Area 5) – BMC article**

Action Plan B3 of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) focuses on the integrated care of chronic diseases. Area 5 (Care Pathways) was initiated using chronic respiratory diseases as a model. The chronic respiratory disease action plan includes (1) AIRWAYS integrated care pathways (ICPs), (2) the joint initiative between the Reference site MACVIA-LR (Contre les MALadies Chroniques pour un VIeillissement Actif) and ARIA (Allergic Rhinitis and its Impact on Asthma), (3) Commitments for Action to the European Innovation Partnership on Active and Healthy Ageing and the AIRWAYS ICPs network. It is deployed in collaboration with the World Health Organization Global Alliance against Chronic Respiratory Diseases (GARD).

The European Innovation Partnership on Active and Healthy Ageing has proposed a 5-step framework for developing an individual scaling up strategy: (1) what to scale up: (1-a) databases of good practices, (1-b) assessment of viability of the scaling up of good practices, (1-c) classification of good practices for local replication and (2) how to scale up: (2-a) facilitating partnerships for scaling up, (2-b) implementation of key success factors and lessons learnt, including emerging technologies for individualised and predictive medicine. This strategy has already been applied to the chronic respiratory disease action plan of the European Innovation Partnership on Active and Healthy Ageing.

### **Full article**

### **Ageing and place in a digitising world - JPI MYBL 2017 joint call for proposal launched**

The JPI MYBL Joint Transnational Call 2017 on 'Ageing and place in a digitising world', was launched on January 11.

The call is concerned with the ways in which the wellbeing of older people, at all stages of later life, is supported and promoted through the design of the physical environment, the use of technology, and access to learning opportunities.

The objective is to fund innovative proposals which cross the boundaries of conventional academic disciplines, giving preference to proposals which explore the potential of interactions between the themes of place, learning and technology. Projects are expected to be multi-disciplinary, to cross the traditional boundaries of Government departments and sectors.

Proposals can be submitted until 3 April 2017, 12.00 CET.

#### **More information**

### **European Institute for Innovation through Health Data - Workshop**

HOPE was invited to speak on the future of hospitals and healthcare services at the special invitation-only event exclusively for hospitals, being organised by the European Institute for Innovation through Health Data (i~HD) in Brussels on 9 February 2017.

i~HD is a not-for-profit European institute, with a mission to guide and catalyse the quality, interoperability and trustworthy uses of health data, for optimising health and knowledge discovery.

This event present and explain the various information governance and protection measures that i~HD has developed over the past year, and which are being put into practice to oversee and provide assurance to all stakeholders in the ecosystem re-using hospital electronic health records for clinical research. There was a spotlight on the challenge of improving data quality, which is perceived as a priority by many hospitals ambitious to improve the value and the learning they can gain from their health data. Starting from this event, a peer-to-peer network was established, guided by European data quality experts, on improvement success strategies that can be shared and supported. This event included also keynote speakers representing the patient perspective, data

privacy legal perspective, and also from industry about its vision for future relationships with hospitals.

This event marked the launch of the i~HD Network of Excellence for hospitals to support the growth of learning health systems across Europe, and to help optimise quality improvement strategies through better learning from health data.

### **More information**

## **The Future of HTA in the European Union – Conference at the European Parliament**

On 8 February 2017, HOPE attended the conference on “The Future of Health Technology Assessment in the European Union. From national best practise to EU cooperation”. The event took place at the European Parliament and was organised by the think tank I-Com.

For the occasion, Mr. Davide Integlia, Director of Innovation at I-Com, presented a Paper on “HTA in the European Union: state of art and future scenario” which explores the compatibility between most significant national experiences of HTA and the purpose of a European deeper harmonization.

The event was structured around a first panel presenting HTA national experiences from Sweden, Germany and Italy, and a second panel focusing on the harmonisation of HTA at European level. during the debate, MEP José Ignacio Faria (EPP, ENVI Committee) showed its support to HTA cooperation in the European Union, also in view of the role it can play for increasing the financial sustainability of healthcare systems and access to medicines. MEP Faria is active on this topic as shadow rapporteur of the European Parliament report “EU options for better access to medicines”. Moreover, Ms. Flora Giorgio, Head of the HTA team at the European Commission, DG SANTE, presented the preliminary results of the public consultation on HTA cooperation, recently closed in January 2017. The preliminary results showed a high degree of interested to the topic both among European citizens and organisations, as well as shared willingness to improve cooperation in the field at European level.

### **Paper I-Com**

### **Public consultation on strengthening EU cooperation on HTA**

## **Infection control and hospital hygiene – Catalogue of courses in the European Union in 2016**

On 30 January 2017, ECDC released a catalogue compiling infection control and hospital hygiene courses held in 2016 in the EU.

This catalogue of available infection control and hospital hygiene courses (IC/HH) provides the first list of evaluated training programmes in IC/HH in EU, EEA and EU enlargement countries. Courses were submitted by providers and classified in accordance with a set of agreed criteria, resulting in an overview of different training options currently available in Europe.

The course listings in this catalogue include only IC/HH courses (24 IC/HH courses in 15 EU Member States) that received a positive evaluation based on the TRICE-IS methodology. The catalogue only includes courses that were held at least once over the last three years (2012–2014).

### **More information**

## **Rare cancers: Cracking the code – Euractiv special report**

On 7 February 2017, the independent pan-European media network Euractiv published a special report on the rise in the number of rare cancer in Europe and the attitude of policy makers with the issue.

The growing number of cases of rare diseases has raised eyebrows in the EU and policymakers are now exploring ways to understand and tackle the complexity of the phenomenon. Rare cancers – those with fewer than five cases out of 10,000 – belong to this category. It may look small, but according to European Commission estimates, about 246,000 people across the EU are affected by such types of cancer, making them more significant than they appear. Sarcomas are a diverse family of rare cancers. Due to poor diagnosis and low awareness among health practitioners, they pose a particular challenge to both patients and policymakers.

The special report features an interview with the Health Commissioner Vytenis Andriukaitis. He underlines the importance of sharing knowledge and good practises across the European Reference Networks “No country alone has the knowledge and capacity to treat all forms of rare cancer, but by cooperating and exchanging life-saving knowledge at European level through European Reference Networks (ERNs), patients across the EU will have access to the best expertise available.”

### **Read more**

## **Infectious disease threats – ECDC mobile application**

ECDC has released a new Threat Reports app, a free and open access application that gives you direct access to key updates and reports on communicable disease threats of concern to the EU on your mobile device. The application is free to use and can be accessed by anyone.

Search by specific disease or virus – from avian influenza to Zika – including the weekly Communicable Disease Threat Report (CDTR), rapid risk assessments and epidemiological updates is available.

**Read more**

## **Vaccine hesitancy in Europe: facts, opinions and the way forward – Commission conference**

On 15 February 2017, HOPE attended the conference “Vaccine Hesitancy in Europe: facts, opinions and the way forward” organised by the Blue Book Trainees of the European Commission, DG SANTE.

During the conference, high-level representatives of the European Commission and its agencies as well as policy-making organisations active in the field gave their key-note speeches and presented data regarding this phenomenon in Europe. Mr. Xavier Prats Monné, Directorate General at DG SANTE, took the floor to address scepticism against science as a great concern in Europe. He also made reference to the work done at European level to raise awareness regarding the importance of vaccination and a future workshop that will be organised on the topic on 26 April, during the European Immunization Week 2017 (24-30 April).



**European Immunization Week 2017**

**ECDC immunisation programme**

# Upcoming conferences



## Health Promoting Hospitals 2017

**Vienna, 10-14 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.

Preliminary programme available [here](#).

## Medicines Shortages (COST ACTION CA15105) Training School

**Lisbon, Portugal, 26-28 April-2017**

A Training School on “Medicines Shortages” (COST Action CA15105) addressing Pharmaceutical Supply Chains (SC) is to be held at Instituto Superior Técnico (IST) to discuss topics relevant to Pharmaceutical Supply Chain within the COST Action “Medicines Shortages” (CA15105), European Medicines Shortages Research Network.

The program considers a Seminar open to the general public in the very first day (26-April-2017). The seminar will introduce the Action, its main goals, methodology and workplan; the participants in the Seminar-day are also gaining a complete overview of the Training School, since the main topics of the technical sessions in the following days are also presented.

A fully follow-up of the three-day seminar is strongly recommended for those participants interested in “Medicines Shortages” and in Pharmaceutical SC. However, attending either the seminar-day, the workshop, or only one of the technical sessions can be allowed upon registration.

**More information**

## HOPE Agora 2017

**Dublin, 11-13 June 2017**

The HOPE Agora 2017 will take place in Dublin from Sunday 11 June afternoon to Tuesday 13 June afternoon 2017.

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 previous HOPE Agora:

<http://www.hope-agora.eu/>