



# hope

European Hospital and  
Healthcare Federation

# Newsletter

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**Dublin, 11-13 June 2017**

## **2017 European Semester Winter Package – HOPE Strategic notes**

On 22 February 2017, the European Commission released the European Semester Winter Package (see also HOPE Newsletter N.145, February 2017). HOPE decided to gather in a strategic note the improvements reported by the Commission in the implementation of health-related reforms in the Member States.

According to the Commission Country Reports, during the 2016 European Semester, Member States showed greater engagement in the implementation of structural reforms as well as improved absorption of the European funds for the purpose.

However, Member States that received Country-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).

### **HOPE strategic notes**

## **European Solidarity Corps – HOPE response to public consultation**

HOPE replied to the Commission Public Consultation launched in February 2017 on the European Solidarity Corps. The response wants to advocate for the Commission to take an ambitious and comprehensive approach on the implementation of the European Solidarity Corps.

The European Solidarity Corps is the new European Union initiative which creates opportunities for young people to volunteer or work in projects in their own country or abroad that benefit communities and people around Europe.

The Commission launched the first phase of the European Solidarity Corps in December 2016 and has committed to present a legislative proposal in spring 2017. The consultation results will inform the Commission's legislative proposal.

### **HOPE response**

## HOPE study tour on Quality and Safety – Registrations ongoing

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.

The applicants are kindly requested to complete the **application form** in English and to send it by e-mail to **denis.herbaux@paqs.be**.

## HOPE study tour on OuluHealth Ecosystem and Oulu University Hospital TestLab – Registrations ongoing

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 and to register to 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**.



*Hope exchange participants and HOPE members gathered at HOPE Agora 2016 in Rome.*

## Spain - Asunción Ruiz De La Sierra

### Quality Improvement Strategy of the Spanish Medical Societies: RECALCAR and others

The Spanish Society of Cardiology (SSC) recently launched a strategy for quality improvement in cardiovascular disease healthcare named SEC-CALIDAD (SSC-Quality). The RECALCAR (Resources & Quality in Cardiology) registry is a key element of this strategy, started in 2012 to improve and homogenizing the quality of the healthcare services.

The National Health Service (NHS) of Spain is a public health care service agency that covers the whole population. The healthcare system model is decentralized and regional based. Thus, there might be inter-regional inequities in the quality of healthcare services. The Spanish Medical Societies are collaborating with the Ministry of Health to promote strategies that aim to diminish these inequities. One of these strategies is the RECALCAR project.

Investigating the association between healthcare outcomes and structure, resources, activity, and the management of hospitals and cardiac units is a basic pillar of RECALCAR. The registry has shown significant differences between Spanish regions and between hospitals in terms of healthcare quality, and in the management of acute myocardial infarction mortality and readmissions, which has led to organizational health care reforms. At this moment RECALCAR is analysing the association between heart failure management and health outcomes.

As a scientific society, the Spanish Society of Cardiology is seeking to systematically investigate the structure, resources, activity, and management of cardiac units with healthcare outcomes. RECALCAR deepens the focus of the U.S. Centres for Medicare & Medicaid Services on the basis of hospital characteristics (mainly volume), attending also to specific arrangements for heart disease care in the hospital setting. Furthermore, the registry has been awarded by the Ministry of Health as "reference registry" for the National Health System.

Following the path of the Spanish Society of Cardiology, other medical societies are developing RECAL (Resources & Quality) projects. The Spanish Society of Internal Medicine launched the project Resources and Quality in Internal Medicine (RECALMIN) in 2015, as the Spanish Society of Medical Oncology, Resources and Quality in Medical Oncology (RECALON). In 2016, the Spanish society of Digestive System and the Spanish Society of Pneumology started their respective RECAL

projects. The Spanish Society of Endocrinology and Nutrition will launch its RECAL project in 2017 and there are other medical and surgical societies studying the development of RECAL projects.

### **Strategic Plan for tackling Hepatitis C in the Spanish National Health System**

In view of the health problem posed by chronic hepatitis C the Spanish National Health System's Interterritorial Council unanimously adopted a resolution on January 2015 aimed at preparing a strategic plan for tackling such disease. This plan has been led by the Secretary General of Healthcare and Consumers Affairs of the Ministry of Health, Social Services and Equality. It is structured in four strategic directions, setting out some specific objectives and top-priority actions to be carried out over the course of the next three years (2015-2017), in collaboration with different agents: Regional Health Services, the Ministry of Health, Social Services and Equality, Management Centres, prison institutions and the Carlos III Health Institute.

New antiviral drugs have been recently launched on the market to fight hepatitis C. These are more effective, safer and better-tolerated than the former ones, making it possible to envisage a radical change in the current approach to tackling this disease. The use of direct-acting antivirals simplifies the treatment, considerably reduces the needs for monitoring, increases the cure rates for this infection and delays the onset of the severe complications of this disease. At the same time, we are currently lacking sufficient information on actual practice as to the therapeutic efficacy of these drugs and their effect in terms of health outcomes.

This Plan shall therefore put into practice measures including the assessment of the magnitude of this problem, access to the new drugs under actual conditions of equality and monitoring of their therapeutic efficacy. A systematic follow-up will be conducted, making it possible to assess the degree of implementation thereof and the outcomes achieved.



# EU institutions and policies

## Brexit – Article 50 triggered

On 29 March 2017, UK Prime Minister Theresa May triggered Article 50, officially starting the Brexit negotiations.

Elisabetta Zanon, Director of NHS European Office, outlines in a [blog article](#) what lies ahead for the NHS now that the UK government has formally notified Brussels of its intention to leave the EU. Additional materials such as an [infographic](#) and [animation](#) are available on [NHS European Office webpage](#).

## European Semester – EPSCO Council policy debate

On 3 March 2017, the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council of the European Union hold a debate on the [European Semester 2017](#).

The Council adopted conclusions 6885/17 on the 2017 annual growth survey and joint employment report, dealing with priorities for action in the areas of employment and social policies.

The Council conclusions also address reforms of the healthcare sector: *"Reforms in healthcare should ensure universal access to timely, high-quality patient-centred health services, while securing their adequate and sustainable financing and making full use of cost-effective innovations and technological developments, and of an adequate workforce. The need for healthcare should not lead to poverty or financial strain and the health systems' positive contribution to population health and economic prosperity should be supported. Further emphasis should be given to prevention."*

The document clearly supports a different approach to healthcare systems reforms from the one promoted by the European Commission in its European Semester Documents. The Council stresses the importance of improving access to high-quality services and implementing health prevention policies, only marginally touching upon the Commission's mantra on the need to improve fiscal sustainability of healthcare systems.

## Read more



## European Reference Networks Official Launch

On 1 March 2017, the newly established European Reference Networks (ERNs) were officially launched. HOPE attended the two-day conference held in Vilnius, Lithuania, where more than 600 participants, mainly ERN coordinators and members, met to celebrate the approval of the first 24 European Reference Networks (ERN) in the EU.

**European Reference Networks** (ERNs) are virtual networks bringing together healthcare providers across Europe to tackle complex or rare medical conditions that require highly specialised treatment and a concentration of knowledge and resources. They are being set up under the EU Directive on Patients' Rights in Healthcare (2011/24/EU), which also makes it easier for patients to access information on healthcare and thus increase their treatment options.

24 thematic ERNs, gathering over 900 highly specialised healthcare units from 26 countries, will begin working together on a wide range of issues, from bone disorders to haematological diseases, from paediatric cancer to immunodeficiency. Joining up of EU's best expertise on this scale should benefit every year thousands of patients with diseases requiring a particular concentration of highly specialised healthcare in medical domains where the expertise is rare.

In practice, ERNs will develop new innovative care models, eHealth tools, medical solutions and devices. They will boost research through large clinical studies and contribute to the development of new pharmaceuticals, and they will lead to economies of scale and ensure a more efficient use of costly resources, which will have a positive impact on the sustainability of national healthcare systems, and for tens of thousands of patients in the EU suffering from rare and/or complex diseases and conditions.

The ERNs will be supported by European cross-border telemedicine tools, and can benefit from a range of EU funding mechanisms such as the "Health Programme", the "Connecting Europe Facility" and the EU research programme "Horizon 2020".

The full list of ERNs and the communication toolkit for ERNs participants are available [here](#).

Conference video and presentations available [here](#).

## **Improve access to medicine – European Parliament resolution**

On 2 March 2017, the European Parliament adopted a resolution on EU options for improving access to medicines.

*“Public health systems in Europe are a key part of the identity of the EU and something which we value highly. Access to medicines must be guaranteed and in order to achieve that, we need to rebalance the negotiating power of EU member states compared to that of the pharmaceutical industry”,* said MEP Soledad Cabezon Ruiz (S&D, ES), who drafted the resolution. The text was approved by 568 votes to 30, with 52 abstentions.

### **Resolution**

### **Press release**

## **Integrated care in Europe – HSPA Report**

On 20 March 2017, the European Commission published the report “BLOCKS: tools and methodologies to assess integrated care in Europe” by the Expert Group on Health Systems Performance and Assessment (HSPA).

The expert group directed its focus onto the assessment of integrated care. This area is a fundamental component of health system reforms: it is considered central to addressing challenges due to population ageing, the rising burden of chronic diseases and constraints in public resources. However, in spite of its political relevance there is a lack of widely available information in terms of tools, methodologies and indicators to assess this area of care delivery.

### **Full report**

## **EU blood, tissues and cells legislation – Feedback from stakeholders**

In January, the European Commission launched a Roadmap aimed at evaluating the current EU legislation on blood, tissues and cells. The Roadmap was a first step in the evaluation process and outlines the purpose, content and scope of the evaluation. Stakeholders were invited to submit comments on the Roadmap until 15 February 2017.

On 6 March 2017, the Commission released the feedback gathered during the evaluation. Feedbacks received by the Commission cover wide areas such as ethical and terminology issues, harmonisation of Member States legislation or the need to prepare a flexible legislation capable of adapting quickly to health new landscape.

If almost every feedback applauded the EU initiative, some organisations did not share the same enthusiasm regarding the roadmap. The non-for profit stakeholders advocated that more attention must be paid to the distinction between commercial/profit companies and non-for-profit organizations in the legislation. According to the roadmap, the European Union wishes to encourage a strong public and non-profit involvement, nevertheless some phrases related to commercialization and type of structure do not seem in agreement with it.

The final evaluation report is expected to be published by the end of 2018.

## **Feedback**

## **Roadmap**



# Communications networks, Content and Technology

## **Health sector and 5G – European Commission white paper**

In February 2017, the European Commission released a white paper which identifies potential uses of 5G for each sector such as healthcare, pinpoints specific technical cross-sector requirements.

5G networks and services will be available from 2020 and will be the backbone of our future economy and society. Today at the Mobile World Congress, the European Commission and the **5G Public-Private Partnership** (5GPPP) have outlined how the manufacturing, health, energy, automotive, media and entertainment sectors could use 5G to digitise their business models and what performance targets 5G should deliver for them to adopt it.

The health sector finds 5G useful for assets and interventions management in hospitals, for robotics for remote monitoring and for smart medication. For example, 5G could improve the quality of experience of surgeons using operating robots. The super-fast data transmission of 5G networks would mean that a robot surgeon reacts instantly to instructions or movements by a surgeon performing a virtual operation remotely.

The 5G PPP – launched by the European Commission in 2013 - brought together experts from the telecoms and IT fields and from companies and organisations most likely to rely on 5G, including Volkswagen, Volvo, Peugeot, ERTICO, ABB, Bosch, European Broadcasting Union.

## **White paper**



### **Medical devices and in vitro diagnostics medical devices – Council adopts new Regulations**

On 7 March 2017, the Council adopted new EU rules improving the safety of medical devices for the benefit of patients while preserving a timely access to innovative healthcare solutions.

The European Parliament Committee on Environment, Public Health and Food Safety (ENVI) voted the draft texts for second reading on 21 March 2017.

The two new rules are expected to be approved by the European Parliament plenary in April. The new rules will apply three years after publication as regards medical devices and five years after publication as regards in vitro diagnostic medical devices.

The two new EU regulations:

- Reinforce safety of medical devices by harmonizing high safety standards throughout the EU and provide a stronger mandate to independent notified bodies in their assessment of medical devices before they can be placed on the market;
- Improve the availability of clinical data on devices and clearly set out manufacturers' responsibilities;
- Improve the traceability of medical devices throughout the supply chain to the end-user or patient by using a unique identification number;
- Set up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU.

#### **More information**

### **Fundamental rights implications of big data – EU Parliament report**

On 20 February 2017, the European Parliament released a report entitled “fundamental rights implications of big data: privacy, data protection, non-discrimination, security and law-enforcement”.

The Committee on Civil liberties, Justice and Home Affairs debated on the implication of big data on fundamentals rights, including privacy and data protection.

Big data refers to large amounts of data produced very quickly by a high number of diverse sources. Data can either be created by people or generated by machines, such as sensors gathering climate information, satellite imagery, digital pictures and videos, purchase transaction records, GPS signals, etc. It covers many sectors, from healthcare to transport and energy. Regarding this report, healthcare sector is approached from the perspective of the potential risk of a biggest exposure to information security risks and discrimination issues.

## **Full report**

### **European Professional Card – European Commission survey**

On 22 March 2017, the Commission opened a public survey to gather views on the first year of operation of the European Professional Card (EPC) and the accompanying 'Alert Mechanism'.

The **EPC**, an electronic procedure rather than a 'physical' card, has been available from 18 January 2016 for general care nurses, physiotherapists, pharmacists, real estate agents and mountain guides. It is the first EU-wide, fully digital procedure for the recognition of professional qualifications.

To ensure that EU patients and consumers are adequately protected, an Alert Mechanism was also introduced to quickly warn the national authorities in case of irregularities concerning professionals who work in the health and education of minors.

The survey will close on the 3 May 2017 (6 weeks after its publication in all EU languages).

## **The survey**



### **Legal guidance on the Working Time Directive – Roadmap**

On 28 February 2017, the European Commission published a communication on the Working Time Directive (Directive 2003/88/EC) - Legal Guidance and implementation report.

In recent years, a comprehensive review has been conducted and leads the Commission to the conclusion that even if the Working Time Directive remains a relevant instrument for the European Employment Strategy, there is a strong need to bring clarity and guidance on its contents and application. The aim of the initiative on the Working Time Directive is to provide legal guidance to reinforce legal certainty without engaging into a process of legislative revision, by means of an Interpretative Communication. It will be accompanied by a new Implementation Report analysing the state of play as regards the transposition of the Directive.

#### **Full roadmap**

#### **More information**

### **Coordination of social security system – Council policy debate**

On 3 March 2017, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) held an orientation debate on an amended regulation on the coordination of social security system.

The debate was meant to give major political orientation in the area of coordination of social security. Every citizen has the right to move freely to another Member State to work and to reside there for that purpose. Free movement of persons and workers would not be possible without EU rules on coordination of social security.

Each Member State retains competence for the design and scope of its own social security system, without harmonising the national systems. The rules provide legal certainty to citizens to whom a social security regime applies in a cross-border situation, thereby preventing a person from being left without protection or having double coverage in a cross-border situation.

The Commission proposal addresses key sectors such as unemployment's benefits, frontier workers, long-term care benefits, social security benefits, family benefits and posted workers. Regarding the long-term care benefits, it intends to provide a definition of long-term care and of those benefits to be listed in a new Annex to

Regulation (EC) No 883/2004. This would provide an appropriate and stable regime for long-term care by ensuring even burden-sharing between Member States and providing legal clarity and transparency for citizens, institutions and other stakeholders.

[Read more](#)



## Environment

### Clean energy package – European Parliament Briefings

On 30 November 2016, the European Commission adopted a 'Clean energy for all Europeans' package, consisting of eight legislative proposals and some non-legislative actions covering the broad fields of energy efficiency, promotion of renewables, design of electricity markets and governance of energy union.

The European Parliament released two briefings on the topic in order to provide an overview in the first document and an initial analysis of the strengths and weaknesses of the European Commission's impact assessment for the second briefing.

The clean energy package includes a targeted revision of the 2010 Directive on the energy performance of buildings (EPBD). The Commission proposal would leave intact the key objectives and main features of the EPBD, but modernise and streamline some existing requirements, and remove redundant provisions. The Commission also proposes binding obligations on electromobility requirements in residential and non-residential buildings; a 'smartness indicator' that assesses the technological capability of the building; and clearer requirements for how to develop and update national databases on Energy performance certificates. First edition. The 'EU Legislation in Progress' briefings are updated at key stages throughout the legislative procedure.

The IA appears to provide a thorough analysis of the current situation and of the likely impacts of the proposed options, based on sound and comprehensive research. The Commission explains the models used for the analysis and is open about the key assumptions. The IA relies largely on the wide stakeholder consultation activities carried out for the ex post evaluation of the EPBD (published on the same day as the IA). However, the information on stakeholders' views in the IA could have been more precise; the stakeholder support for each option is not readily apparent from the IA.

### Impact assessment briefing

## **Circular economy package – European Parliament adopts four reports**

On 14 March 2017, the European Parliament by a large majority adopted four separate reports on waste, landfills, packaging and vehicle, battery and electronic equipment recycling.

The European Commission initiated the legislative proposal in 2015 with the ambition of making an ambitious proposal that would cover the whole circular economy. The draft EU law contains four main components divided into reports:

- Waste: statistics for 2014 suggest that 44% of all municipal waste in the EU is recycled or composted and MEPs would like to raise it to 70% which is more than 5% that the initial Commission's project.
- Packaging waste: MEPs propose an 80% target for 2030.
- Landfilling: Commission's proposal limits the share of municipal waste to be landfilled to 10% by 2030. MEPs propose reducing this to 5% albeit with a possible five-year extension, under certain conditions.
- Food waste: MEPs advocate an EU food waste reduction target of 30% by 2025 and 50% by 2030, compared to 2014.

The four reports adopted on Tuesday represent Parliament's negotiating position, ahead of negotiations with Council of ministers, which has not yet adopted its own position.

**[Read more](#)**

**[Briefing](#)**

## **Judgment on breast implants made of inferior quality industrial silicone**

The Court finds that a notified body, such as TÜV, which is involved in the procedure relating to the EC declaration of conformity, is not under a general obligation to carry out unannounced inspections, to examine devices and/or to examine the manufacturer's business records.

However, in the face of evidence indicating that a medical device may not comply with the requirements laid down in the directive, the notified body must take all the steps necessary to ensure that it fulfils its obligations under the directive.

The Court also finds that the purpose of the notified body's involvement in the procedure relating to the EC declaration of conformity is to protect the end users of medical devices.

However, the conditions under which culpable failure by that body to fulfil its obligations under the directive in connection with that procedure may give rise to liability on its part vis-à-vis end users are governed by national law, subject to the principles of equivalence and effectiveness.

### **Press release**

# European programmes and projects

## **Strategic investments for the future of healthcare – Commission Seminar**

HOPE was invited on 27 February 2017 to the seminar on Strategic investments for the future of healthcare. Member States and regional representatives, healthcare service providers, public and private investors, economists, and practice innovators participated in this seminar organised by the European Commission.

The day was introduced by two keynote speeches one by the European Commission Vice-President Jyrki Katainen on the Investment Plan for Europe as a boost to the European economy and one by the European Investment Bank Vice-President Ambroise Fayolle.

Several presentations showcased examples of strategies and multi-source investments to support transformation to new care models. The audience was then split into a small number of groups. Each group brainstormed and debated on various questions: type of investments required to support health system reforms, from whom and where they may come and where these investments may need to focus? How to align and combine national, regional and European funding programmes, in particular EFSI, for the purpose of investing in health system reforms? How healthcare authorities could develop and implement investment strategies and roadmaps that tap on a multitude of financing instruments? What is required for this? What is the role of private investors and project promoters in bringing financing and specific expertise and in collaborating to pull out joint benefits with the public sector?

The main conclusions and next steps were covered by a panel of Member State representatives, Hon. Christopher Fearne, Minister for Health, Malta; Clemens Auer, Director-General, Ministry of Health, Austria; Vlasta Kovačič Mežek, Assistant Director General, Directorate for Healthcare Economics, Ministry of Health, Slovenia.

Commissioner for Health and Food Safety Vytenis Andriukaitis closed the event by outlining the themes that merit further exploring, the suggestions for actions by stakeholders and follow up, and how the Commission can support these.

### **Seminar report**

### **More information**

## **eStandards – public consultation on Interoperability Guideline for eHealth deployment projects**

In March 2017, the **eStandards** European project released the deliverable “Interoperability Guideline for eHealth Deployment Projects”, now available for review and endorsement by eHealth experts.

The purpose of this document is to provide practical guidance to eHealth deployment projects, in particular large-scale and cross-border projects, on the challenges, costs in terms of implementation requirements and possible approaches to achieving interoperability. A special focus of this document is the question how coexistence between competing or overlapping standards and standard options can be achieved in practical terms, which is a challenge that affects most eHealth projects.

The guidance provided in this document is based on the experience of a large number of research and eHealth deployment projects. Their experiences were documented in a collection of 19 case studies, and the recommendations and guidance were derived from there. This document presents the recommendations in an extended form with regard to practical implementation support.

This document will inform a subsequent eStandards deliverable on recommendations, and will inform promotion activities of good practice in the interoperability of clinical content.

The public consultation will be open until 17 April 2017.

### **Review deliverable**

## **SUNFRAIL seminar and project presentation**

The SUNFRAIL project team organises on 5 April 2017 a project presentation to share the preliminary results achieved throughout the first two years of the project.

SUNFRAIL (SUNFRAIL Reference Sites Network for Prevention and Care of Frailty and Chronic Conditions in community dwelling persons of EU Countries) is a European project with a duration of 30 months, which started in May 2015. The project receives funding from the EU Health Programme 2014-2020 and brings together 11 partners from 6 EU Member States. The project aims at improving the identification, prevention and management of frailty and care of multimorbidity in community dwelling persons (over 65) of loco-regional settings of EU countries. This will be achieved through:

- The design of an innovative, integrated model for the prevention and management of frailty and care of multimorbidity.
- Validating the model on the basis of existing systems and services (and related good practices).
- Assessing the potential for the adoption/replication of the model/good practices in different European organisational contexts.
- Promoting the dissemination of the results with a focus on strategic decision-makers at regional, national and EU level to support the adoption of effective policies for the prevention and management of frailty and care of multimorbidity.

The event presents the opportunity to learn about SUNFRAIL Tool for early identification of frailty and multimorbidity that has been designed by a multidisciplinary team of experts, as well as to hear about good practices collected by project partners.

### **More information**

## Reports

### **Health Systems in transition: Malta – European Observatory on Health Systems and Policies**

Maltese life expectancy is high, and Maltese people spend on average close to 90% of their lifespan in good health, longer than in any other EU country. Malta has recently increased the proportion of GDP spent on health to above the EU average, though the private part of that remains higher than in many EU countries. The total number of doctors and GPs per capita is at the EU average, but the number of specialists remains relatively low; education and training are being further strengthened in order to retain more specialist skills in Malta.

The health care system offers universal coverage to a comprehensive set of services that are free at the point of use for people entitled to statutory provision. The historical pattern of integrated financing and provision is shifting towards a more pluralist approach; people already often choose to visit private primary care providers, and in 2016 a new public-private partnership contract for three existing hospitals was agreed.

Important priorities for the coming years include further strengthening of the primary and mental health sectors, as well as strengthening the health information system in order to support improved monitoring and evaluation. The priorities of Malta during its Presidency of the Council of the EU in 2017 include childhood obesity, and Structured Cooperation to enhance access to highly specialized and innovative services, medicines and technologies.

Overall, the Maltese health system has made remarkable progress, with improvements in avoidable mortality and low levels of unmet need. The main outstanding challenges include: adapting the health system to an increasingly diverse population; increasing capacity to cope with a growing population; redistributing resources and activity from hospitals to primary care; ensuring access to expensive new medicines whilst still making efficiency improvements; and addressing medium-term financial sustainability challenges from demographic ageing.

#### **Full report**

## **Primary care in Denmark – OECD report**

In many ways, primary care in Denmark performs well. Danish primary care is trusted and valued by patients, and is relatively inexpensive. But there are important areas where it needs to be strengthened.

Most critically, Danish primary care is relatively opaque in terms of the performance data available at local level. Greater transparency is vital in the next phase of reform and sector strengthening. Robust information on quality and outcomes empowers patients and gives them choice. It can support GPs to benchmark themselves, and engage in continuous quality improvement. It also allows the authorities to better understand where they should direct additional resources.

This report draws on evidence and best practice from across OECD health systems to support Denmark in: agreeing on the steps that will strengthen its primary care sector, delivering high-quality, patient-centred care, and establishing a sustainable footing as the foundation for a high-performing health system.

### **Full report**

## **Interrelations between Public Policies, Migration and Development – OECD report**

Interrelations between Public Policies, Migration and Development is the result of a project carried out by the European Union and the OECD Development Centre in ten partner countries: Armenia, Burkina Faso, Cambodia, Costa Rica, Côte d'Ivoire, the Dominican Republic, Georgia, Haiti, Morocco and the Philippines. The project aimed to provide policy makers with evidence on the way migration influences specific sectors – labour market, agriculture, education, investment and financial services, and social protection and health – and, in turn, how sectoral policies affect migration. The report addresses four dimensions of the migration cycle: emigration, remittances, return and immigration.

The results of the empirical work confirm that migration contributes to the development of countries of origin and destination. However, the potential of migration is not yet fully exploited by the ten partner countries. One explanation is that policy makers do not sufficiently take migration into account in their respective policy areas. To enhance the contribution of migration to development, home and host countries therefore need to adopt a more coherent policy agenda to better integrate migration into development strategies, improve co-ordination mechanisms and strengthen international co-operation.

### **Full report**

## **A literature review on community and institutional preparedness synergies – ECDC review**

Public health emergency preparedness (PHEP) too often focuses on institutional capabilities alone, including the provision of material and financial resources, technical expertise and political influence, while overlooking community capabilities. Community capabilities may involve coordination with emergency management, public health institutions, community and faith-based partners and other groups to provide and sustain a flexible approach to emergency response and recovery, without jeopardising services to individuals in the community. However, the success of institutional preparedness plans depends upon acceptance by the public to ensure that the execution of the plans is complete and successful in preparedness at community-level and promoting recovery.

Broader community engagement is therefore recommended worldwide. Community engagement has the potential to be an enabler and/or a barrier to preparedness depending on how it is handled and constructed. The synergies between institutions and communities will influence the effectiveness of engagement programmes, which comprise a plan of activities and events involving the community. This literature review aims to identify the enablers and barriers to communities and institutions working together in the context of emergency preparedness.

### **Full review**

## Articles

### **Access to health for refugees in Greece: lessons in inequalities – International Journal for Equity in Health article**

Eastern Greek islands have been direct passageways of (mainly Syrian) refugees to the European continent over the past year. However, basic medical care has been insufficient. Despite calls for reform, the Greek healthcare system has for many years been costly and dysfunctional, lacking universal equity of access. Thus, mainly volunteers look after the refugee camps in the Greek islands under adverse conditions. Communicable diseases, trauma related injuries and mental health problems are the most common issues facing the refugees.

The rapid changes in the epidemiology of multiple conditions that are seen in countries with high immigration rates, like Greece, demand pragmatic solutions.

Best available knowledge should be used in delivering health interventions. So far, Greece is failed by international aid, and cross-border policies have not effectively tackled underlying reasons for ill-health in this context, like poverty, conflict and equity of access.

### **Full article**

## **Determinants of evidence use in public health policy making: Results from a study across six EU countries – Health Policy Journal article**

The knowledge-practice gap in public health is widely known. The importance of using different types of evidence for the development of effective health promotion has also been emphasized.

Nevertheless, in practice, intervention decisions are often based on perceived short-term opportunities, lacking the most effective approaches, thus limiting the impact of health promotion strategies. This article focuses on facilitators and barriers in the use of evidence in developing health enhancing physical activity policies.

Data was collected in 2012 by interviewing 86 key stakeholders from six EU countries (FI, DK, UK, NL, IT, RO) using a common topic guide. Content analysis and concept mapping was used to construct a map of facilitators and barriers.

Barriers and facilitators experienced by most stakeholders and policy context in each country are analysed. A lack of locally useful and concrete evidence, evidence on costs, and a lack of joint understanding were specific hindrances. Also users' characteristics and the role media play were identified as factors of influence.

Attention for individual and social factors within the policy context might provide the key to enhance more sustainable evidence use. Developing and evaluating tailored approaches impacting on networking, personal relationships, collaboration and evidence coproduction is recommended.

### **Full article**

## **A strategic document as a tool for implementing change. Lessons from the merger creating the South-East Health region in Norway – Health Policy Journal article**

In 2007, the Norwegian Parliament decided to merge the two largest health regions in the country: The South and East Health Regions became the South-East Health Region (SEHR). In its resolution, the Parliament formulated strong expectations for the merger: these included more effective hospital services in the Oslo metropolitan area, freeing personnel to work in other parts of the country, and making treatment of patients more coherent. The Parliamentary resolution provided no specific instructions regarding how this should be achieved.

In order to fulfill these expectations, the new health region decided to develop a strategy as its tool for change; a change “agent”. SINTEF was engaged to evaluate the process and its results. We studied the strategy design, the tools that emerged from the process, and which changes were induced by the strategy. The evaluation adopted a multimethod approach that combined interviews, document analysis and (re)analysis of existing data. The latter included economic data, performance data, and work environment data collected by the South-East Health Region itself.

SINTEF found almost no effects, whether positive or negative. This article describes how the strategy was developed and discusses why it failed to meet the expectations formulated in the Parliamentary resolution.

### **Full article**

### **European Health Awards 2017 – Call for applications**

The European Health Forum Gastein is welcoming applications for the European Health Award. The winner of the Award will receive a prize of € 10.000 at the 20<sup>th</sup> European Health Forum Gastein, this year themed "Health in All Politics – a better future for Europe", which will take place in Austrian Gastein Valley from 4 to 6 October 2017.

Last year, the "European Antibiotics Awareness Day" project was awarded of the prize. It 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.

Applications for the Award will close on Friday 26 May 2017.

### **More information**

### **Antimicrobial consumption and resistance – GLOBAL-PPS survey**

From January to end of June 2017, The Global Point Prevalence Survey of Antimicrobial Consumption and Resistance (GLOBAL-PPS) will lead a survey on antimicrobial use and resistance in hospitals worldwide.

Supervised by a European Task Force of leading experts and piloted by the University of Antwerp (Belgium), the Global Point Prevalence Survey of Antimicrobial Consumption and Resistance (GLOBAL-PPS) coordinates surveillance of antimicrobial prescribing and resistance in hospitalized patients worldwide. It aims at raising global awareness on antimicrobial resistance and the inappropriate use of antimicrobials in hospitals throughout the world. The GLOBAL-PPS is instrumental in identifying targets for quality improvement and consequently implementing antimicrobial stewardship interventions in healthcare facilities.

The first Global-PPS was conducted in 2015 and included 335 hospitals from 53 countries of six continental regions, using a standardized and validated method. The next Global-PPS is foreseen in the first half of 2017. For more information contact them at [global-pps@uantwerpen.be](mailto:global-pps@uantwerpen.be).

### **Website**

## Heart Failure Policy Network – Written Declaration outcomes and next steps

The Written Declaration 0110/2016 on heart failure, launched in October 2016 at the European Parliament, closed with 234 signatures on 24 January and achieved 234 MEP signatures (or 31% of all MEPs).

HOPE supported the campaign by joining the Network and disseminating information about its objectives and activities through its communication channels.

The Heart Failure Policy Network is an independent, multidisciplinary group of politicians, patients, healthcare professionals and other stakeholders from across Europe whose goal is to raise awareness of the unmet needs surrounding heart failure and its care. The launch event gathered MEPs, policy makers, patients and health professionals coming from all over Europe in order to pledge their support to the Written Declaration on Heart Failure.

Although the campaign did not receive the requisite 50% of MEPs signatures needed to pass the Written Declaration, much was achieved in raising awareness of HF amongst decision makers, which was the campaign ultimate goal.

Highlights of the campaign major successes include:

- 1.6 million people reached on Twitter and 600,000 people saw the campaign hashtag #SaveHearts.
- 234 MEP signed the Written Declaration, representing every political group and 26 countries, including:
- MEP Edward Czesak asked an official question about heart failure to the European Commission.
- EU Commissioner for Health Vytenis Andriukaitis met the Lithuanian Heart Failure Association (ŠNSA) and tweeted his support for the Written Declaration.
- The Declaration was presented to the Maltese Health Minister Chris Fearne during an ENVI committee meeting in January, who was 'put on the spot' to clarify how CVD and HF will be priorities with the Maltese presidency.
- Articles were published in Parliament Magazine, Euractiv, and notices in Dodds and various EU calendars, potentially reaching hundreds of thousands of people.

### More information

## Gender equality in health – International Woman’s Day

Each year on 8 March the global community recognizes International Women’s Day as a time to reflect on and celebrate progress made towards women’s rights, as well as to build momentum and support for further action.

The European Commissioner for Health and Food Safety, Vytenis Andriukaitis expressed himself on the topic through an **article** published on his blog but chose to speak across the prism of family planning. The European Commission released a report structured around 5 thematic priorities where Health plays an important role notably to ensure universal access to sexual and reproductive health and reproductive rights.

Across the health workforce, women remain under-represented in high-skilled job even if the situation is changing. According to **WHO Europe’s data**, in 2013, 52% of all physicians in the European Region were women, up from 47.7% in 2000. The same phenomenon can be observed for the gender composition of doctors. OECD released on share of female doctors in 2015 and 2000. The share of female doctors has been increasing for the last fifteen years in all OECD countries and the fourteen first countries in the ranking are Member States of the European Union. It is interesting to note here that Central and Eastern Europe countries are over represented with 7 countries among the 10 first countries having the best share of female doctors.

A framework for action towards a sustainable health workforce in the WHO European Region is on the agenda for the 67th session of the WHO Regional Committee for Europe, to be held in September 2017 in Budapest, Hungary. The framework supports the United Nations High-Level Commission’s recommendations for gender-related issues in the health sector, including the removal of societal barriers that prevent women from making an optimal contribution to the sector.

### **WHO article on IWD**

# Upcoming conferences



## **eStandards workshop**

**Venice, 5 April 2017**

The European projects **eStandards** and **International Patient Summary (IPS)**(CEN/TC 251) are pleased to announce a joint workshop to be held on Wednesday April 5, 2017. This workshop is organised as a satellite event of IHE Connectathon in Venice (April 3-7).

In the morning, eStandards kicks off the workshop by presenting its project results with as theme "Realising health information sharing with standards and tools". In the afternoon, the International Patient Summary (IPS) project will be presented: "Making the IPS real".

### **Programme**

### **Registration**

## **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.

### **More information**

## **Medicines Shortages Training School**

**Lisbon, 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 3-days 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 at the Trinity College 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 the HOPE Exchange Programme is available on **HOPE website, Facebook** and **LinkedIn**.