NEWSLETTER

N° 105 – June 2013

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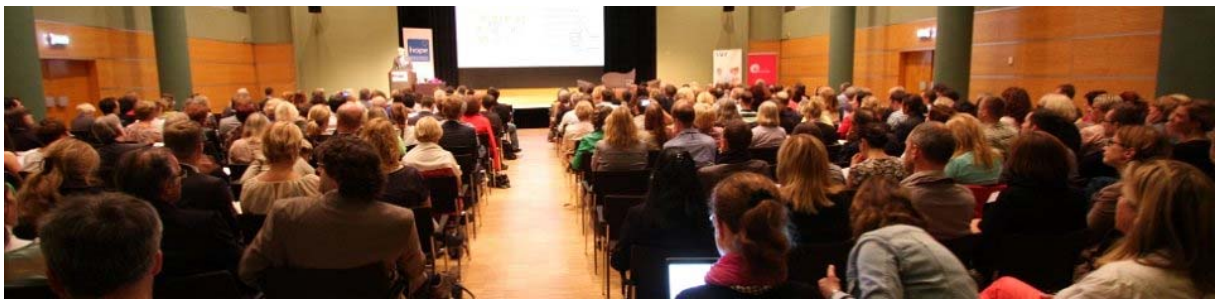
19-20 November 2013 – Chamonix Mont-Blanc (France)
EQUIP'AID. SHARING FOR BETTER HEALTHCARE

Registration is now open
http://www.weezevent.com/evenement.php?id_evenement=24623&id_page=42432

28-30 November 2013 – Kirchberg (Luxembourg)
28TH EAHM CONGRESS "HOSPITAL MANAGEMENT IN TIME OF CRISIS"

PATIENT SAFETY IN PRACTICE – CONFERENCE



From 10 to 12 June 2013, HOPE held its Agora in The Hague (Netherlands), concluding the 32nd HOPE Exchange Programme, a 4-week training period intended for hospital and healthcare professionals with managerial responsibilities.

"*Patient safety in practice. How to manage risks to patient safety and quality in European healthcare*" was the topic of HOPE Exchange Programme 2013.

The final evaluation meeting of 12 June was preceded by a conference on this theme on 11 June, organised by the Dutch Hospitals Association (NVZ) and the Dutch Federation of University Medical Centres (NFU), in collaboration with HOPE. 350 participants attended the conference.

The morning plenary provided an overview on cultural aspects that influence patient safety in hospitals and how managers can deal with this effectively. After an introduction and welcome by Ferry Breedveld (NFU), the session opened with a keynote speech from Leon van Halder (Dutch Ministry of Health, Welfare and Sports) who highlighted several Dutch initiatives and policies to promote patient safety and cultural aspects that determined them.

Niek Klazinga (Head of the Health Care Quality Indicators (HCQI) Project at OECD) illustrated the results of the EU-funded research project DUQuE, which assessed the relationship of various quality improvement governance approaches with quality indicators of hospital care. Wim van Harten (NKI-NVL) presented VMS, the Dutch programme for safety management in healthcare, whereas Erik Heineman (Groningen University) focused on the viewpoint of the medical specialist, highlighting cultural differences influencing their work in hospitals.

Finally, Diana Delnoij (Tilburg University) talked about patient participation in safety management, providing an insight into patients' experiences and explaining how patients can be involved so to enable their active participation to their safety.

Concluding this session, Yvonne van Rooy (NVZ) further stressed that improving patient safety represents today an important priority. Stimulate mutual learning and exchange of experiences is fundamental since safety is the result of the close cooperation among many different professionals.

In the afternoon, several workshops were organised allowing attendants to share their views and experiences in a more interactive way. During the workshops, experts presented good practices from different European countries on seven themes (medication safety, reporting incidents, communication gaps, patient participation, infection prevention, safety in the operating theatre and working in teams).

The conference ended with an interview of Jean Bacou (Coordinator of PaSQ Join Action) and Pascal Garel (HOPE Chief Executive), who highlighted the close connection existing between the HOPE Exchange Programme and PaSQ Joint Action, both aiming at promoting and enabling knowledge and good exchange of practices. It was also stressed how flexibility and a bottom up approach are the way forward in order to take into account the different national contexts and realities existing in Europe.

More information and presentations:
http://hope-agora.eu/

LITHUANIAN PRESIDENCY – WEBSITE LAUNCHED

Lithuanian Presidency of the Council of the European Union 2013

The new official website dedicated to the Lithuanian Presidency of the Council of the European Union has been launched recently. Lithuania takes over the Presidency of the Council of the European Union on 1 July 2013 for a period of six months.

The website will post news and press releases, topical articles presenting issues about the presidency agenda of most interest, as well as key events. Latest information regarding meetings in the course of the presidency in Lithuania and Brussels, including the programs for such meetings will also be available.

The website will provide live streaming and recordings for most important meetings. A video gallery will also present short videos introducing the activity of the Council and the legislative process of the European Union. Finally, through the website it will be possible to ask questions to be answered by the presidency team.

Website official address:
www.eu2013.lt

Public Health

EU HEALTH PRIZE FOR JOURNALISTS – FIFTH EDITION

The European Commission launched on 14 June 2013 the fifth edition of the EU Health Prize for Journalists. The prize aims to stimulate and award high quality journalism that raises awareness about good health, healthcare and patients' rights. It rewards journalists who have contributed in a significant way to help citizens understand health issues, and through their work reflect the thoughts and expectations of patients and healthcare workers.

The themes of this year's prize are preventing illness, healthcare, health systems and patients' rights.

The specific topics are:

- cross border healthcare;
- rare diseases;
- organ donation and transplantation;
- health workforce;
- patient safety and hospital acquired infections;
- chronic diseases: cancer, cardiovascular diseases and diabetes;
- flu vaccination and childhood vaccination;
- prudent use of antibiotics;
- ageing and dementias;
- active and healthy ageing;
- pharmaceuticals;
- health determinants: tobacco, alcohol and nutrition & physical activity

Articles can be submitted online until 30 September 2013.

More information:
http://ec.europa.eu/health-eu/journalist_prize/index_en.htm

HUMAN ORGANS TRANSPLANTATION – FORMAL REQUEST TO LUXEMBOURG AND SLOVENIA

A formal request by the European Commission was sent on 21 June to Luxembourg and Slovenia urging them to ensure full compliance with Directive 2010/53/EU on standards of quality and safety of human organs intended for transplantation.

This Directive provides for the appointment of Competent Authorities in all Member States, for authorisation of procurement and transplantation centers and activities, for traceability systems, as well as for the reporting of serious adverse events and reactions. Moreover, the Directive sets requirements for the safe transportation of organs and for the characterisation of every donor and organ. Slovenia and Luxembourg still have not transposed this directive into national law, although they were required to do so by 27 August 2012.

Member States concerned have 2 months to inform the Commission of measures taken to ensure full compliance with EU law. Failure to notify adequate measures could lead to the Commission referring the cases to the Court of Justice of the European Union.

IONISING RADIATIONS – AGREEMENT

On 4 June 2013, the Council Permanent Representatives Committee (Coreper) noted the agreement reached on the Council Directive laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation.

The new Directive builds on almost two decades of research on radioprotection at international level. It provides for a system of radiation protection of European workers, members of the public and patients including also those exposed through medical applications and the use of certain building materials.

Under this system, Member States will establish legal requirements and an appropriate regime of regulatory control which, for all exposure situations, reflect a system of radiation protection based on the principles of justification, optimisation and dose limitation. Furthermore, the Directive provides for radiation protection education, training and provision of information.

The file will return to Coreper for final approval following the European Parliament plenary vote, which is scheduled for 10 September. Member States will have then 4 years to transpose the directive into national legislation.

ACCESS TO CARE FOR VULNERABLE GROUPS – DRAFT REPORT ADOPTED

On 30 May 2013, the Parliamentary Committee on Employment and Social Affairs (EMPL), adopted the non-legislative report by Jean Lambert (Greens/EFA, UK) on access to care for vulnerable groups. With access to care threatened by fiscal contraction across Europe, the report reveals key findings and recommendations on how to ensure vulnerable groups are not hardest hit.

The report requests Member States to place a special focus on the most vulnerable groups and to remove access barriers, improve take-up and preventive measures so as to return to a rights-based approach and avoid long-term damage and costs stemming from non-action.

In particular, the Rapporteur calls for social impact assessment of austerity measures and for recommendations tackling the social impact of such measures in the country-specific recommendations. Finally, he also calls on the Commission and the Member States to encourage and promote social investment in social services such as the health, care and social sectors, which are essential in view of the social consequences of the crisis, and have great potential for job creation.

The report will be voted on 4 July, during the plenary session in Strasbourg.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&mode=XML&reference=A7-2013-221&language=EN

CLINICAL TRIALS – DRAFT REPORT ADOPTED

On 30 May 2013, the EU Parliamentary Committee on Environment, Public Health and Food Safety (ENVI) unanimously adopted the draft report on clinical trials by Glenis Willmott (S&D, UK).

The new law features simplified reporting procedures, and empowers the European Commission to conduct checks. A "single EU portal" will be used to submit the application for conducting a clinical trial: once the clinical trial sponsor submits an application dossier to a Member State, the Member State will have to respond within fixed timelines, with a concept of tacit approval in order to ensure compliance.

For low-risk clinical trials, Member States will ensure that compensation for damages is covered by the general compensation system established under the national security or health care system. For other clinical trials, the sponsor will be deemed liable for damages but could make use of a national indemnification system, which all Member States should set up to reduce high insurance costs.

Detailed summaries of results will have to be submitted within fixed timelines and will be published in a publicly accessible EU database; financial penalties will be imposed on sponsors who do not comply with these requirements.

Finally, the new text also clarifies the role of ethics committees in authorising a clinical trial and rules on obtaining a person's informed consent to taking part in a trial are laid down in detail, so as to ensure proper access to information and compensation for damages.

Mrs Willmott received a mandate to negotiate an agreement with EU Ministers. Vote in plenary is indicatively scheduled for 18 November 2013.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+REPORT+A7-2013-0208+0+DOC+PDF+V0//EN

PATIENT SAFETY – WORKSHOP

On 30 May 2013, HOPE attended the workshop on patient safety organised by the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI).

The workshop represented an opportunity to share views, discuss issues related to patient safety, and present the own-initiative report by Oreste Rossi (EFD, Italy).

Main points highlighted by the Rapporteur during the workshop included the necessity of EU guidelines so to allow Member States to harmonise their actions. In order to increase patient safety, he also stressed the importance of several factors such as workforce education and training, information to patients, share of best practices and the use of electronic health records.

Participants to the workshop reminded how healthcare associated infections (HAIs) are responsible for 37,000 deaths in the EU every year, many of which can be avoided.

HAIs affect at least 10% of all patients in hospitals and cause delays in discharge by average of 11 days with an average cost estimated around 3000 Euros (up to around 9000 Euros) per episode. Surgical site infections (SSIs) also account for 17% of all nosocomial infections in the EU and result in an extended hospital stay of 9.8 days, at an average cost of 325 Euros per day.

During the workshop, the issue of antimicrobial resistance was also addressed. Multi-drug resistant infections result in limited options for treatment, increased morbidity and mortality and length of hospital stay. Main actions to tackle this problem consist in the development of new antimicrobial agents and the promotion of a more prudent use of antibiotics as well as infection prevention and control through measures such as hand hygiene promotion.

Finally, WHO presented the work carried out since 2009 in this area, explaining how actions for improvements focus on 3 main priority factors: unsafe medical care, structural factors (education and training, culture of safety etc.) and processes of care (e.g. higher patient involvement).

Presentations are available at:
http://www.europarl.europa.eu/document/activities/cont/201305/20130524ATT66710/20130524ATT66710EN.pdf

PUBLIC PROCUREMENT AND CONCESSIONS – PROVISIONAL AGREEMENT

On 25 June 2013, the Irish Presidency of the Council has reached a provisional agreement with the European Parliament on the public procurement and concessions Directives, which aim at simplifying the rules of procurement procedures, reducing the administrative burden on public authorities and potential contractors.

Marc Tarabella (S&D, Belgium), the European Parliament's Rapporteur on public procurement, affirmed that with the new legislation public procurement will no longer depend on bidding for the lowest price; working conditions and workers' rights will have to be taken into consideration; and public authorities will have to request that tenderers provide details on how they respect the environment, social rights and collective bargaining.

The agreement also includes incentives for authorities to divide contracts in lots, an element that should allow simplified access for SMEs.

These compromises need now the final approval of the Council and the European Parliament.

PROFESSIONAL QUALIFICATIONS – AGREEMENT

On 12 June 2013, the Council, the European Commission and Parliament reached an agreement for the review of the professional qualifications Directive. The aim of the Directive is to facilitate the free movement of EU citizens by making it easier for professionals (including health professionals) qualified in one Member State to practise their profession in another Member State.

The law include two major innovative aspects:

- the introduction of a professional skills card, an electronic certificate issued by the professionals' home country and based on the existing Internal Market Information System (IMI), which will facilitate information exchange between Member States administrations;
- the set up of an alert system on disqualifications of health professionals.

The new legislation also clarifies rules on partial access (i.e. access to some activities of a certain regulated profession), to facilitate the recognition of professions that are not recognised in others states and in cases where the professional is not fully qualified in the state of origin. A Member State will be able to refuse a partial access to a profession on the grounds of public health concerns. This may in particular be the case for health professionals.

While taking into account the competence of Member States to decide on the qualifications required for the pursuit of professions in their territory and on the organisation of their education systems, the development of common training principles will try to better respond to the needs of

the professions. Under the new rules, qualifications obtained under common training frameworks, based on a common set of knowledge, skills and competences or standardised training tests, will automatically be recognised by Member States.

The file will return to the Council for final approval following the European Parliament plenary vote, which is scheduled for 7 October 2013.

HORIZON 2020 – AGREEMENT

On 25 June 2013, the EU Irish Presidency has reached an agreement with the Council, the European Commission and Parliament on the outline of Horizon 2020, the European Union's framework programme for research and innovation for the period 2014-2020.

The programme is based on three pillars:

1. excellent science;
2. industrial leadership, where a separate budget has been allocated to SMEs;
3. societal challenges, which addresses major concerns shared by citizens in Europe and will focus in areas such as health, climate, food, security, transport and energy.

The indicative budget of €70 billion Euros is still under discussion and will depend on the results of the inter-institutional talks on the multiannual financial framework (MFF).

Horizon 2020 will introduce simplified rules for participation and dedicated measures to widen participation of researchers from under-represented regions.

In reaching this agreement, one of the most controversial points was the reimbursement of real costs. Member States succeeded in making their position prevail and replaced this option with a simplified model (reimbursement of 100% of direct costs and up to 20% of indirect costs).

On its side, the Parliament was successful in making mandatory the open access to scientific publications resulting from research supported by the framework programme and in the allocation of a clear budget for research and innovation in the areas of energy efficiency and renewable energies.

This provisional agreement now goes to the Council Committee of Permanent Representatives (Coreper) for endorsement.

FP7 – COURT OF AUDITORS REPORT

On 7 June, the European Court of Auditors (ECA) has issued a special report on the functioning of the European Union's Seventh Research Framework Programme (FP7) and made several recommendations for improving EU research funding in the future. The report acknowledges areas where the Commission has performed well, while also highlighting a number of critical points.

The Court's assessment highlighted that researchers seeking FP7 funding are faced with unnecessary inconsistencies and red tape. The audit found that the Commission has introduced a number of simplifications to the FP7 rules for participation, and that it has been able to align FP7 provisions with beneficiaries' practices in some cases, but more needs to be done in the future. The Commission's management of FP7 is strong in three areas (process design, improvement activities and management information), but less so in tools and resources.

The ECA also found that FP7 processes are geared to ensuring that funding is invested in high quality research, but with less focus on efficiency. The most efficiency gains can be made by developing better grant management tools, reallocating human resources, shortening processing times and aligning the financial control model with the risk of errors.

The Commission has taken steps to simplify rules and mitigate some of these problems in the new framework programme Horizon 2020, which is currently under discussion.

ELECTROMAGNETIC FIELDS – DIRECTIVE ADOPTED

On 11 June 2013, the European Parliament voted in Strasbourg the report by Elisabeth Morin-Chartier (EPP, France) on the new rules aimed at providing more effective protection for workers exposed to electromagnetic fields.

This Directive will replace a 2004 Directive, which has never entered into force because of problems with its implementation. It reviews exposure limitations on the basis of new scientific evidence and provides for derogations from the exposure limit values, in particular for the medical and research use of MRI (Magnetic Resonance Imaging).

The text was also approved by the Council during the last Employment, Social Policy, Health and Consumer Affairs (EPSCO), held on 20-21 June.

After being signed by the President of the European Parliament and the President of the Council, the legislation will be published in the Official Journal of the EU.
The Directive should be transposed into national law by all Member States by July 2016 at the latest.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0243&language=EN

HEALTH AND SAFETY AT WORK – PUBLIC CONSULTATION

On 31 May 2013, the European Commission launched a public consultation on the new EU occupational safety and health policy framework.

The main purpose of this consultation is to gather insights and contributions from the public further to results of the evaluation of the European Strategy on Safety and Health at Work 2007-2012. This should help identify current and future challenges in the occupational safety and health area, and identify solutions to address these challenges.

Contributions are particularly sought by representatives of Member States public authorities, social partner organisations, and stakeholders and experts with an interest in the area of occupational safety and health.

The deadline for submission is 26 August 2013.

More information:
http://ec.europa.eu/social/main.jsp?langId=en&catId=699&consultId=13&furtherConsult=yes

WORKING TIME – REASONED OPINION TO ITALY

On 30 May 2013, the European Commission has sent a "reasoned opinion" to Italy, under EU infringement procedures. The Commission has requested Italy to respect the rights of doctors working in public health services to minimum daily and weekly rest periods, as required by Working Time Directive (Directive 2003/88/EC).

Under Italian law, several key rights contained in the Working Time Directive, such as the 48-hour limit to average weekly working time and minimum daily rest periods of 11 consecutive hours, do not apply to "managers" operating within the National Health Service. The Directive does allow Member States to exclude "managing executives or other persons with autonomous decision-taking powers" from these rights. However, doctors working in the Italian public health services are formally classified as "managers", without necessarily enjoying managerial prerogatives or autonomy over their own working time. This means that they are unjustly deprived of their rights under the Working Time Directive.

In addition, Italian law contains other provisions and rules that exclude workers in the national health service from the right to minimum daily and weekly rest. The Commission has received several complaints concerning the fact that, as a result of the Directive not being correctly applied, doctors are obliged to work excessive hours without adequate rest.

Italy now has two months to notify the Commission of the measures taken to bring national legislation in line with EU law. Otherwise, the Commission may decide to refer Italy to the EU's Court of Justice.

EUROPEAN HEALTH INSURANCE CARD – FORMAL NOTICE TO SPAIN

On 30 May 2013, the European Commission sent a letter of formal notice to Spain, which constitutes the first stage of the infringement procedure.

With this letter, the Commission has requested information from Spain after having received an increasing number of complaints concerning hospitals providing public healthcare services, mainly in tourist areas of Spain, which refused to treat citizens on the basis of their European Health Insurance Card (EHIC) and instead requested a travel insurance policy and credit card details.

The Commission is concerned that Spain might be failing to fulfil its obligations under EU law to provide emergency healthcare to temporary visitors from other Member States on the same terms and conditions as are available to Spanish nationals under the public healthcare scheme.

Public healthcare is generally free of charge in Spain and the EHIC entitles its holder to be treated on the same terms as Spanish nationals. However, in some cases, citizens have been erroneously informed that their EHIC is not valid if they have travel insurance. Other patients believed they were being treated on the basis of their EHIC, but later found out that their travel insurance company had been sent a bill for treatment. Spain has now two months to respond to the concerns expressed by the Commission.

HPROIMMUNE – ONLINE SURVEY

The Institute of Preventive Medicine Environmental and Occupational Health, Prolepsis, is coordinating a 3-year European project, which officially started on 1 September 2011. HProImmune is co-funded by the DG SANCO Public Health Program 2008 – 2013.

The general objective of this project is to promote vaccination coverage of health care workers in different health care settings by developing a tailored communication tool. The project will add to the knowledge on barriers concerning Health Care Workers (HCWs) immunisation and develop educational material and promotional tools for health professionals in both the private and the public sector, as well as propose recommendations for policy-makers.

Within the framework of the preparatory work conducted for the development of the tool the project consortium is currently exploring the barriers and enablers of vaccination among health professionals across the EU through an on line survey which is available in English and several other European languages.

The survey can be accessed by visiting the following website:
http://www.hproimmune.eu/index.php/hproimmune/survey

QUASER – UPDATE

The Quality and Safety in European Union Hospitals (QUASER) project is a three-year EU co- funded research project exploring the relationships between the organisational and cultural characteristics of hospitals, and how these impact upon clinical effectiveness, patient safety and patient experience in European Union countries.

Whilst there is a good understanding of the types of quality improvement undertaken in healthcare, less is known of the organisational and cultural processes that determine the effectiveness of these methods. By examining the relationship between these processes and quality from macro (national healthcare system) down through the meso (hospital) to micro (frontline clinical team) levels in each of the five partner countries (Netherlands, Norway, Portugal, Sweden, UK), the study will unveil how the dynamics and interactions between these different levels impact on sustained quality of hospital care.

During the last months, the work of the consortium has been focused on developing the two Guides (for hospitals to implement quality improvements and a framework for payers to assess hospital quality) which constitute the main outputs of the project.

A third stakeholder workshop, held in London in May 2013, contributed significantly to the development of these guides. It was attended by 13 participants from 8 European countries representing three groups of stakeholders (hospital managers, payers and patient group representative), including HOPE. The aim of the workshop was to review and make recommendations on prototypes of the guides. The discussion focused on all aspects of the guides, including the layout, the wording, the sequence of steps involved, who would use the guides and for what purposes, how it could be used and the titles.

The guides will be available on QUASER website from the beginning of July 2013.

More information: www.quaserproject.eu

DIABETES PREVENTION STRATEGIES AND MENTAL HEALTH – CALLS FOR TENDER

On 27 May 2013, the European Commission published two calls for tender.

- A preparatory action related to the creation of an EU network of experts in the field of adapted care for adolescents with mental health problems.

  The purpose of this preparatory action is the creation of a European Union network to promote and sustain the creation of adapted and innovative care structures for adolescents with mental health problems.
- A pilot project for developing and implementing successful prevention strategies for type 2 diabetes.

  The action will focus on developing prevention strategies for schoolchildren (teenagers, 12–14 years) at risk of type 2 diabetes.

The time limit for receipt of tenders or requests to participate is 19 July 2013.

More information:
http://ted.europa.eu/udl?uri=TED:NOTICE:183905-2013:TEXT:EN:HTML

http://ted.europa.eu/udl?uri=TED:NOTICE:183903-2013:TEXT:EN:HTML

MEDICATION ERRORS – EMA WORKSHOP REPORT

The European Medicines Agency (EMA) has recently issued a workshop report containing six key recommendations to tackle the issue of medication errors causing harm in the European Union.

The EU regulatory workshop on medication errors was held by EMA from 28 February to 1 March 2013 to raise awareness of this important public-health issue. It was attended by 240 participants representing various stakeholder groups, aimed to gather the available expertise in this area and to take stock of current best practice.

Six key recommendations resulted from the discussions during the workshop. These are to progress:

- the harmonisation and further development of terminologies and definitions of medication errors at EU and international levels;
- the establishment of collaborative relationships between national patient safety authorities, national regulators, the EMA and the European Commission;
- the development of new methods to identify medication errors from a patient-safety and pharmacovigilance perspective through data pooling and analysis;
- the systematic assessment and prevention of the risk of medication errors during the life-cycle of a medicine, including prior to granting marketing authorisation through the EU risk-management planning process;
- active engagement and capacity building with patient and consumer groups and healthcare professionals to improve safe medication practices;
- support to research into safe medication practices.

These proposed actions will now be prioritised by the Agency in collaboration with the European Commission and the EU regulatory network by considering their potential benefit for public health and the resource implications in Member States and at EU level. An action plan will be published before the end of the year.

The report is available at:
http://www.ema.europa.eu/docs/en_GB/document_library/Report/2013/05/WC500143163.pdf

FUTURE OF PUBLIC HEALTH RESEARCH – EXPERT GROUP REPORT

An independent expert group was set up in 2012 by the Health Directorate of the European Commission's Research & Innovation Directorate General with the aim to take stock of the impacts, challenges and limitations of EU-funded public health research under the current and previous research framework programmes, and to identify priorities for future research.

In addition to drawing lessons learnt from past programmes, the expert group debated the thematic priorities for EU funded public health research under Horizon 2020, such as: how to best structure European Public Health Research in the future, how to develop stronger links and synergies between EU funded research and national research activities and policy agendas and how to improve the uptake of evidence generated from public health research in the development of public health policy.

The report is available at:
http://ec.europa.eu/research/health/pdf/eu-h2020-subgroup2-report_en.pdf

INCENTIVISING INTEGRATED CARE – WHO EUROHEALTH OBSERVER

This issue's Eurohealth Observer section examines innovative integrated care schemes, payment models and financial incentives that are being implemented in several countries. Eight case study articles provide in depth information on incentive mechanisms in their respective contexts.

Other articles include: Reconfiguring health professionalism; Fiscal Sustainability in the UK; Primary care in Moldova; Health system performance in Canada; Hospital products and services in the Netherlands; and Eurohealth Monitor.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0019/191008/EuroHealth-v19-n2.pdf

ALZHEIMER'S: EMERGING TRENDS IN BIOMEDICINE AND HEALTH TECHNOLOGY INNOVATION – OECD PUBLICATION

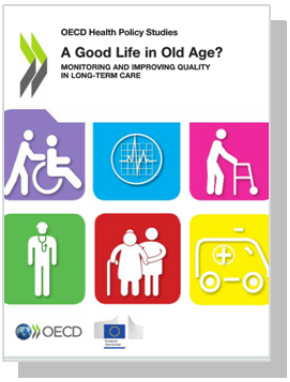
The economic and social impact of chronic brain disorders such as Alzheimer's disease and other neurodegenerative diseases will become the number one public-health problem worldwide, directly affecting 100 million people by 2050.

On-going demographic trends, namely ageing populations worldwide, are leading to the unprecedented expansion of consumer demand for healthcare services. Healthcare systems

worldwide soon will confront a serious crisis as a result of significant growth of the healthcare market, in a climate of shrinking resources.

More information:
http://www.oecd-ilibrary.org/science-and-technology/emerging-trends-in-biomedicine-and-health-technology-innovation_5k44zcpt65vc-en

MONITORING AND IMPROVING QUALITY IN LONG-TERM CARE – OECD PUBLICATION



As ageing societies are pushing a growing number of frail old people into needing care, delivering quality long-term care services – care that is safe, effective, and responsive to needs – has become a priority for governments.

Yet much still remains to be done to enhance evidence-based measurement and improvement of quality of long-term care services across EU and OECD countries. This book offers evidence and examples of useful experiences to help policy makers, providers and experts measure and improve the quality of long-term care services.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/a-good-life-in-old-age_9789264194564-en

GUIDELINES FOR THE IMPLEMENTATION OF THE SHA 2011 FRAMEWORK – OECD PUBLICATION

The accounting framework for health care financing is a key component of "*A System of Health Accounts (SHA) 2011*", published by OECD, Eurostat and WHO in October 2011. The framework makes health accounts more adaptable to rapidly evolving health financing systems, further enhances cross-country comparability of health expenditures and financing data, and ultimately improves the information base for the analytical use of national health accounts (NHAs).

It is hoped that SHA 2011 (including its financing framework) will make health accounts a more useful assessment and monitoring tool for health systems and health expenditure in the economy as a whole.

The SHA 2011 Financing Guidelines provide a more detailed explanation of the various concepts, particularly concerning the role of the government in the health sector and foreign aid. Furthermore, the Guidelines provide some practical approaches for preparing SHA data relevant to health care financing, together with possible methodologies that may be useful in the case of

complex financing arrangements. Finally, they include a set of tools that health accountants can choose from, according to their specific needs.

More information:
http://www.oecd.org/els/health-systems/Guidelines_Implementation-SHA-2011-Framework-for-Accounting-Health-Care-Financing.pdf

REVIEW OF PUBLIC HEALTH CAPACITY IN THE EU – REPORT

This report aims to provide an overview of capacity for public health in EU Member States, with a view to identifying areas of action which can be taken at national and EU levels to strengthen public health capacity, and ultimately to improve population health. The review was performed in 2010 and 2011, thereby providing a snap-shot of the situation in the Member States at that point in time. The review included literature research, a quantitative and qualitative assessment at country level by national public health experts, case studies, policy dialogues and interviews with national stakeholders.

The results indicate great diversity in the ways that the public health function is organised and delivered in the EU. Although Member States showed large variation in the different public health capacity domains, the findings of this report highlighted shortages of financial and human resources in many Member States. However, there was also a sense of uncertainty regarding the accurate quantification of these capacities.

More information:
http://ec.europa.eu/health/social_determinants/docs/report_ph_capacity_2013_en.pdf

SERIOUS ADVERSE EVENTS AND REACTIONS FOR TISSUE AND CELLS – 2011 ANNUAL REPORTING

Article 7 of the Directive 2006/86/EC on traceability requirements, notification of serious adverse reactions and events and certain technical requirements for the coding, processing, preservation, storage and distribution of human tissues and cells, provides that Member States shall submit to the Commission an annual report, by 30 June of the following year on the notification of serious adverse reactions and events received by the competent authority.

This document intends to provide a summary report of the data collected during 2010 (from 1 January to 31 December) received from the Member States, including preliminary conclusions.

More information:
http://ec.europa.eu/health/blood_tissues_organs/docs/tissues_cells_adverse_events_2011_en.pdf

WORKPLACE MENTAL HEALTH PROMOTION AND MENTAL DISORDER PREVENTION PROGRAMMES – EU STUDY

In the last decade, concerns over the extent to which mental health disorders are affecting the population have grown. This has been reflected in several relevant EU strategies and policies which recognise the barriers that mental health disorders can impose to the EU in meeting their policy objectives to improve public health and increase economic growth.

In this context, Matrix was commissioned by the European Agency for Health and Consumers (EAHC) and DG Health and Consumers (SANCO) to assess the potential contribution that mental health promotion and mental disorder prevention programmes can make to the EU policy objectives of promoting the sustainability of health and social welfare systems, increasing the employment rate of the population and increasing the productivity of the economy.

With this aim in mind, the objective of this study was to provide an economic analysis of mental health promotion and mental disorder prevention programmes at workplaces. Specifically, the study included a review of the existing scientific literature, case studies with Member States and workplaces, and an economic model.

More information:
http://ec.europa.eu/health/mental_health/docs/matrix_economic_analysis_mh_promotion_en.pdf

THE RELATIONSHIP BETWEEN AVOIDABLE HOSPITALISATION AND ACCESSIBILITY TO PRIMARY CARE – STUDY

Avoidable hospitalisation (AH) has been widely studied as a possible measure of the performance of primary health care (PHC). However, studies examining the relationship between the efficiency and quality of PHC and AH have found mixed results.

This study aims at highlighting those factors related to the relationship between AH and accessibility to PHC in different countries. Most studies confirmed the expected relationship between indicators of PHC accessibility and hospitalisation for ambulatory care sensitive conditions (ACSCs), showing lower hospitalisation rates for ACSC in areas with greater access to PHC. The findings support the use of ACSC hospitalisation as an indicator of primary care quality, with the precaution of applying appropriate adjustment factors.

More information:
http://eurpub.oxfordjournals.org/content/23/3/356.full.pdf+html

REFOCUSING HEALTH WORKFORCE PLANNING FROM PROVIDERS AND SERVICES TO POPULATIONS AND NEEDS – STUDY

The importance of allocating services in accordance with population needs is well-established. Needs-based approaches to geographical resource allocation were established in the National Health Service in the UK in the 1970s, but the role of population needs has not extended to planning for the quantity and mix of health care services or for the providers required to deliver these services.

The study presents a framework that integrates health service and workforce planning focused on responding to population needs. Using data from the General Household Survey for England over the period 1985–2006, it illustrates trends in health needs and service use per capita. Despite needs per capita falling, service use has increased. Rates of increase in service use are greater among those with less needs illustrating that, in the absence of appropriate planning methods, increases in service use may result from supplier influence rather than policy decisions.

More information:
http://hsr.sagepub.com/content/18/2/107.full.pdf+html

AUDITING PATIENT SAFETY IN HOSPITAL CARE – STUDY

Auditing of patient safety aims at early detection of risks of adverse events and is intended to encourage the continuous improvement of patient safety. The auditing should be an independent, objective assurance and consulting system. Auditing helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, control, and governance.

Audits are broadly conducted in hospitals, but little is known about their effects on the behaviour of healthcare professionals and patient safety outcomes. This study was initiated to evaluate the effects of patient safety auditing in hospital care and to explore the processes and mechanisms underlying these effects.

More information:
http://www.biomedcentral.com/content/pdf/1472-6963-13-226.pdf

INTEGRATED CARE IN THE NETHERLANDS – SURVEY STUDY

The development of integrated care is a complex and long term process. Previous research shows that this development process can be characterised by four phases: the initiative and design phase; the experimental and execution phase; the expansion and monitoring phase and the consolidation and transformation phase.

In this article these four phases of the Development Model for Integrated Care (DMIC) are validated in practice for stroke services, acute myocardial infarct (AMI) services and dementia services in the

Netherlands. Integrated care development is characterised by a changing focus over time, often starting with a large amount of plans, which decrease over time when progress on implementation has been made. More awareness of this phase-wise development of integrated care could facilitate integrated care coordinators and others to evaluate their integrated care practices and guide further development. The four phases model has the potential to serve as a generic quality management tool for multiple integrated care practices.

More information:
http://www.biomedcentral.com/content/pdf/1472-6963-13-214.pdf

PATIENT INVOLVEMENT AND PATIENT EXPERIENCE IN QUALITY IMPROVEMENT IN NORWAY – STUDY

Patient involvement in health care decision making is part of a wider trend towards a more bottom-up approach to service planning and provision, and patient experience is increasingly conceptualised as a core dimension of health care quality. The aim of this multi-level study is to describe and analyse how governmental organisations expect acute hospitals to incorporate patient involvement and patient experiences into their quality improvement (QI) efforts and to analyse how patient involvement and patient experiences are used by hospitals to try to improve the quality of care they provide.

Governmental documents and regulations at the macro level demonstrated wide-ranging expectations for the integration of patient involvement and patient experiences in QI work in hospitals. The relative lack of expertise in Norwegian hospitals of adapting and implementing tools and methods for improving patient involvement and patient experiences at the meso and micro levels mark a need for health care policymakers and hospital leaders to learn from experiences of other industries and countries that have successfully integrated user experiences into QI work. Hospital managers need to design and implement wider strategies to help their staff members recognise and value the contribution that patient involvement and patient experiences can make to the improvement of healthcare quality.

More information:
http://www.biomedcentral.com/content/pdf/1472-6963-13-206.pdf

POLAND
COHESION POLICY FUNDS IN HEALTH – 20 JUNE 2013, WARSAW

The Polish Hospital Association organised a local event in Warsaw to raise awareness on how to best use cohesion policy funds in healthcare in the context of the preparation of the coming 2014-2020 programming period. The event was co-organised by the European Hospital and Healthcare Federation (HOPE) and COCIR (the voice of the European Radiological, Electromedical and Healthcare IT Industry) and in the framework of the annual Polish Hospital Association conference on Thursday 20 June 2013.

The four hour session was sponsored by COCIR companies (Agfa, Philips, GEHC, Orange Siemens, T-Systems and Toshiba) operating in Poland and started with an update from the European Commission. Andor Urmos from DG REGIO gave a presentation via videoconference as well as Maria-Jose Peiro from DG SANCO who was physically present a the event. In the second part, Polish speakers from the Ministries of Health and Regional Development as well as from public and private hospitals and from the employers' association gave their views. The event closed after an animated and interactive panel discussion with the various speakers from Poland.

The event was attended by 200 participants coming from public and private hospitals as well as industry and local authorities and was live tweeted.

Presentations are available at:
http://www.amiando.com/OGDNHWS.html?page=987466

COMPLEMENTARY AND ALTERNATIVE MEDICINE – MEETING

Alojz Peterle MEP and Sirpa Pietikäinen MEP hosted on 27 June 2013 a meeting of the European Parliament Interest Groups (MEPs Against Cancer and MEPs for CAM) on the topic "Complementary and Alternative Medicine (CAM): An investment in health". Speakers from the CAM community and academia have been invited to make presentations outlining the role of CAM in prevention and treatment, its cost-effectiveness and efficiency, its provision, its integration into the healthcare system and its suitability for the EU's current "Investing in Health" policy.

The Health Commissioner Tonio Borg emphasised three key dimensions of healthcare systems: quality, efficiency and safety. To give patients a real choice, improving understanding, information and cooperation between Member States is necessary. The main objective is to lead a reflexion about access to medicine and investments in cost effective and sustainable means to promote health, as the CAMbrella project initiated. At a time of crisis and defiance, CAM could be promoted as a low cost and safe solution. In the same perspective, Dr Ton Nicolai, from ECH/EUROCAM, stressed out the added value of CAM as a mean to restore the patient natural system for fighting disease and diminishing the need of antibiotics and high-cost intervention.

Ms Solveig Wiesener, senior adviser at NAFKAM (University of Tromsø, Norway) focused on a patient safety perspective and led a reflexion upon CAM in Europe, which regulation seems diverse and unclear. She recommends the development of a similar standardised and informed decision platform to ensure patient's safety. Mr Stephen Gordon, from ECCH/EUROCAM underlined today's challenges at the EU level: the easy access to medicine for everyone, the freedom of movement and establishment, the development of cross-border healthcare, and the recognition of CAM practitioners as part of the healthcare workforce. According to Mr Nand de Herdt, from ECHAMP (European Coalition on Homeopathic and Anthroposophic Medicinal Products), there is an increasing demand for CAM, but the EU agenda and the regulatory environment have to be taken into account to promote its sustainability.

Mr Seamus Connolly, from EFCAM showed the importance of health promotion of healthy lifestyle changes and prevention, whereas Professor Dr Erik Baars (University of Applied Sciences, Leiden, the Netherlands) demonstrated the cost-effectiveness and efficiency of CAM, proved by scientific studies. However, Dr Elio Rossi (Tuscany Network of Integrative Medicine, Lucca, Italy) presented an example of good practices of CAM integration in the EU with the Tuscan experience.

As a conclusion, other interesting questions were raised by the MEP hosts and the stakeholders: the possibility of raising a pan European citizen initiative, the necessity of European cooperation in term of educational procedures and avoidance of inequalities.

HEALTH INEQUALITIES IN THE 'NEW' EU MEMBER STATES AND CANDIDATE COUNTRIES – CONFERENCE

On 26 June 2013, HOPE participated to the conference "Health Inequalities in the 'New' EU Member States and Candidate Countries. Equity of Access to Quality Healthcare", hosted by MEP from Bulgaria Dr. Andrey Kovatchev and co-organised in partnership with the Bulgarian National Patients' Organisation.

Health inequalities between 'old' and 'new' Member States are a serious Europe-wide problem with tangible economic, social and political impact. For the first time this issue of major concern has been raised in public in Sofia last September when policy-makers and stakeholders from 12 'new' EU Member States and 3 candidate countries discussed the challenge during a conference initiated by the Bulgarian National Patients' Organisation and supported by the European Patient's Forum.

As a host of this event, Dr. Kovatchev made the commitment to move forward the issue of health inequalities at EU level because it is his deep conviction that the European integration has a major role to play in tackling this problem. However, EU policy opportunities have not been sufficiently explored and outlined so far.

This is why the main aim of this second conference was to build on the lessons from the first conference and work further on coping with health inequalities in the 'new' EU Member States and candidates to the benefit of all EU citizens. Participants were given the opportunity to discuss opportunities for collaboration and partnership for equity of access to quality healthcare and social welfare.

MEDICAL TECHNOLOGY BETWEEN THE PRIORITIES OF INNOVATION AND PATIENT SAFETY – DEBATE

On 26 June 2013, HOPE attended the debate "*Medical technology between the priorities of innovation and patient safety*", hosted in Brussels by the Representation of the State of Baden-Württemberg to the European Union. The objective of the event was to discuss and share views on important and controversial amendments proposed by the European Parliament to the Commission's proposals on medical devices and in vitro diagnostics.

MEP Holger Krahmer (ALDE, Germany) opened the debate highlighting issues currently under discussion in the European Parliament. The strenghtening of Notified Bodies represents a key element since their quality is very different among EU countries. He also stressed how the proposed pre-market authorisation procedure will cause delays with a detrimental impact on innovation.

MEP Andreas Schwab (EPP, Germany) said that the PIP breast implant scandal was an isolated case but put the entire sector in a bad light. He agreed that the option of a centralised authorisation procedure proposed by Rapporteur Dagmar Roth-Behrendt (S&D, Germany) should be avoided in order to preserve innovation.

MEP Peter Simon (S&D, Germany) affirmed that it is important to clearly define liability in the reprocessing of medical devices and ensure the responsibility is transferred from the manufacturer to the re-processor. Definitions of single-use and conditions for the reprocessing of devices should also be clarified in order to avoid mislabelling in the future.

During the debate, HOPE's Governor for Germany Marc Schreiner took the floor on behalf of the German Hospital Federation underlining that innovation is very important for hospitals.

The Commission's proposal foresees for all medical products, including non-implantable ones the use of the Unique Device Identification (UDI) system, which allows for traceability. This will create an excessive burden for health institutions: moreover, the legal basis of this disposition should be verified. On the issue of reprocessing, he also highlighted that the demand for a complete conformity assessment procedure by a re-processor is an exaggerated requirement and will lead to the end of reprocessing of single-use products.

Several SMEs representatives also intervened to emphasise the negative impact the Regulations would have on their sector. The excessive burden created by the new laws would affect the possibility for small size manufacturers to place medical devices on the market and would lead to a stop in the production. Furthermore, the obligation imposed by the new legislation to carry out clinical tests would cause an average delay of 2-4 years in the entry of new devices into the market.

ACCESS TO NEW THERAPIES: OPPORTUNITIES, CHALLENGES AND BARRIERS – DEBATE

On Monday 24 June 2013, The European Haemophilia consortium (EHC) organised its 19th Stakeholders Round Table to discuss the topic of 'Access to new therapies: opportunities, challenges and barriers' with speakers including EHC President, Brian O'Mahony, Paul Giangrande (Oxford University Hospitals NHS Trust), Radoslaw Kaczmarek (Chair and EHC Steering Committee Member), Geoff McDonough (Chief Executive Officer of Sobi), Dr Hartmut Landgrebe (Associate Director of Regulatory Affairs, CSL Behring), Professor Armin Reininger (Medical Director Bioscience Haemophilia, Baxter), and Karin Knobe, Vice-President Medical and Science Haemophilia, Novo Nordisk. The round table gave a clinical overview of new haemophilia products, as well as information on access to new therapies according to the EHC, the patient and the industry perspective.

Indeed, the haemophilia community in Europe stands at the threshold of a potential new era for treatment and care. In past years, the research of therapeutic innovation has started to focus on the development of novel therapies with improved properties and of curative approaches such as gene therapy. Today, promising novel products are on the horizon. They offer enhanced properties that could significantly improve the lives of people with haemophilia in Europe. Participants of the Round Table discussed the historic opportunities offered by these innovative products, including therapeutic, clinical and market opportunities. Patients, for example, could have fewer infusions and higher trough levels and ultimately, such novel products could pave the way towards individualised therapy for haemophilia in Europe.

But there are a lot of barriers, such as market barriers, including clinical trials requirements from the European Medicines Agency (EMA) that may delay European market access to these therapies by two to three years from when they come on the market in North America. Accompanying that, economic challenges also arise, for example the prices and affordability of these products in Europe, or the costs associated with managing an ageing population and potential clinical complications in the future. People with haemophilia will be living in a Europe that has fewer financial resources devoted to haemophilia care for many years to come. They will also be living in a Europe with continued disparate treatment and care both within EU and non-EU countries. The aim was to consider the impact of such novel products on haemophilia treatment and care in countries that will not have access to them. The availability of these new and ground-breaking products in the near future will stimulate much debate and open areas for more research and future study. Although the approval of these new agents may seem like the final step in a long journey, it will only be the first chapter of a new period of haemophilia care that the EHC Round Table intended to explore.

ENCOURAGING EARLY HEALTH BEHAVIOURS TO ADDRESS EUROPE'S LIFESTYLE RELATED ISSUES – MEETING

The Breakfast Is Best (BIB) campaign, a multi-stakeholder campaign involving Europe's teachers, dieticians, doctors and CEEREAL, and promoting the importance of breakfast in healthy lifestyle choices, hosted on 20 June 2013 a round table to discuss the role breakfast plays on health and well-being and ways to encourage healthy behaviours.

The event was moderated by Dr. Josephine Wills, Director General of European Food Information Council (EUFIC) and received the following panellist: Dr. João Breda, Programme Manager Nutrition, Physical Activity and Obesity, WHO Europe, Lars Hoelgaard, former Deputy Director-General of DG Agriculture and Rural Development and Judith Liddell, Secretary General, European Federation of the Associations of Dietitians (EFAD).

João Breda started the round table underlining how important nutrition is in nowadays health, and how difficult it is to deal with an issue, which is essentially cultural. Studies have shown that the issue of breakfast brings many health stakes, like children nutrition, stress, diabetes, hypertension, cardiovascular diseases… How to manage the blood sugar control, the balance between appetite and satiety, the amount of calories? The objective is to lead a reflexion about the ideal composition of a breakfast, limiting free sugar, fat and salt, and trying to avoid consumers' inequalities: everyone should be able to do the healthy choice. Moreover, the growth of breakfast skippers, above all among the adults, also brings new questions about breakfast's role and attractiveness.

Lars Hoelgaard underlined the importance of the childhood, as the moment when eating habits are being established. One of the main stakes would be to achieve a life long permanent increase in consumption of fruit and vegetables. Talking about EU implementation, he developed the objectives of several achievements, like the SFS (School Fruit Scheme) Stakeholders' web platform, the Scientific Group of Experts dedicating in evaluation and recommendation, and the Stakeholders' group. In fact, the key-elements of the strategy are monitoring, evaluation and information, as well as involving stakeholders from different sectors of society to favour collaboration between agriculture, education and health authorities.

According to Judith Liddell, a nutritious breakfast is the best way to improve your daily diet and to make sure that you get the right nutrition at the start of every day. She reminded us that EFAD, with 33 members across 26 countries, represents about 30000 dietetitians and is dedicated to the promotion of a better nutrition situation for the population. In that perspective, she underlined the role of parents, teachers, and public and private sectors to make the healthy choice the "easy choice". She opened a reflexion on the personal dimension of diet: the social, familial and cultural aspects, as well as the energy spent, the type of job of the individuals, and their economical resources. All those aspects are in constant evolution.

FIGHTING OBESITY IN EUROPE TO PREVENT CHRONIC AND NON-COMMUNICABLE DISEASES – DEBATE

The European Centre for International Political Economy (ECIPE), a policy research think tank dedicated to trade policy and other international economic policy issues of importance to Europe, organised on 18 June 2013 a panel discussion on the topic of healthcare expenditure reforms in light of the widespread problem of obesity.

Hosted by MEP Phil Prendergast, this round table aimed at discussing possible ways to address obesity from the perspective of health economics with as speakers Philippe Roux, European Commissioner in DG Sanco, Unit for Health Determinants, Gema Frühbeck, President of the European Association for the Study of Obesity and Fredrik Erixon, Director ECIPE.

Fredrik Erixon, Director ECIPE reminded that obesity is today a global phenomenon that affects all countries, all types of societal collectives regardless of age, sex and income. As a risk factor behind chronic non-communicative diseases like diabetes type 2, it is likely to increase the cost pressure on the already fiscally-stressed public healthcare systems in Europe. In order to engage in long-term investment to prevent chronic diseases, more awareness among policy-makers about the prevalence of obesity and related healthcare expenditures is necessary, as well as a discussion about what policy measures could best fight the trend and to reduce the number of people that are obese or overweight. Today, the keyword is "prevention" and the response consist more in aspiration than action. But prevention is a cheap solution, and its effectiveness is hard to measure. As the approaches of weight-management seem out-dated, one of the objectives could be to modernise the message thank to new technologies and social Medias for example.

According to Philippe Roux, European Commissioner in DG Sanco, Unit for Health Determinants, some achievements have been done but obesity rates are still really high and there is a necessity to continue the efforts. As healthcare systems are still the responsibility of the Member States, the aim of the Commission is to find areas on which work and focus: consumption, easy access to healthy option for everyone, avoidance of health inequalities, children and prevention. The idea is to build a comprehensive approach, working with different sectors like transport, sport, food production industry as initiated in the EU Platform for Diet, Physical Activity and Health. It is time to define a strategy and to promote the existing tools that could be used.

Gema Frühbeck, President of the European Association for the Study of Obesity, underlines the societal and economic impact of obesity, the lack of efficiency of the traditional message and the

need of a political leadership capacity of implementation. The idea is to integrate a cognitive and emotional dimension instead of focusing on the macro-economical level and to take into account the different characteristics and environment of the individuals. The objective is to promote new, cost effective, legitimate and ethical approaches, and work on the long term. Patients, politicians and health professionals could join their forces to create multi and transdisciplinary vision, combining clinical practice, technology policy, industry and basic science. There is a necessity to lead a reflexion about diagnostic and treatments, as obesity tend to be considered as "normal" and to be dismissed as a clinical entity whereas it is a "frequent, serious, complex and chronic" phenomenon.

SHAPING THE FUTURE OF HEALTH CARE IN GREECE – CONFERENCE

On 31 May 2013, the conference "Shaping the Future of Healthcare in Greece, Surviving Uncertainty, Building Sustainability", took place in Athens.

In today's challenging economic climate, many governments in and beyond the European Union, including Greece, are working to increase efficiency and curb expenditure in health care systems in the context of broader austerity programmes. The conference provided a platform for discussion among health-system leaders in Greece and abroad, officials from the Greek Ministries of health and finance, patient organisations, academics and industry stakeholders.

Mr Andreas Lykourentzos, Minister of Health of Greece, opened the event by outlining the plans for health-system reform in Greece, which have been developed to ensure access to quality care while containing costs.

Dr Hans Kluge, Director of the Division of Health Systems and Public Health at WHO/Europe followed, with a keynote presentation on health policy responses to the financial crisis in Europe.

On 10 April 2013, the Greek Minister of Health, the general secretariat for coordination in the Greek Prime Minister's office, WHO/Europe, the German Federal Ministry of Health and the European Commission Task Force for Greece signed a letter of intent to accelerate the implementation of the "health in action roadmap".

More information:
http://www.healthcareconference.gr/default.asp?la=2

MENTAL HEALTH INTEREST GROUP – MEETING

The last meeting of the interest group on Mental Health, Well-Being and Brain Disorders took place on 29 May 2013, in occasion of the European Month of the Brain (May 2013).

Dedicated to the topic "*Mental illness in the 21st Century– and increasing challenge for Europe*", the meeting was opened by MEPs Marian Harkin, Jutta Steinrück and Stephen Hughes, who underlined

the importance of cooperation in the field of mental health as this area requires the strongest possible voice.

Isabel de la Mata from the European Commission (DG SANCO) provided an update on the Commission's activities in the field of mental health. A Joint Action on Mental Health has recently been launched with the objective to identify good practices, develop recommendations and agree on a EU-level framework for action on mental health over the next three years. This should address the areas of depression and suicide, community based services, workplaces and schools and e-Health applications.

The first session focused on the impact of brain diseases on society, underlining the high prevalence of mental disorders and the resulting challenges, both for the individual as well as to the wider society. 8 million of the total 510 million EU population are affected by mental disorders, according to the 2011 EBC/ECNP study on the size and burden of mental disorders and other disorders of the brain in Europe.

The second session was dedicated to the impact brain diseases have on patients and families. Diagnosis of mental illness has a strong impact on the family and its structure. Furthermore, families and carers face many challenges such as stigma and discrimination, limited access to health services, disruption of their own and family life, lack of information, training, support and involvement, isolation, health problems (both physical and mental) and financial strain.

Finally, the third session highlighted the employer's role in supporting those with mental illness. As a good quality of life includes work, there is a need for effective programmes for people with mental health problems to find work and keep their job. Companies need to recognise that mental health is a business issue and that managers need help to understand it.

ASSESSING OPPORTUNITIES FOR CANCER CONTROL IN EUROPE – MEETING

At the end of May, the International Atomic Energy Agency (IAEA), in collaboration with the World Health Organization (WHO) Regional Office for Europe, the International Agency for Research on Cancer (IARC) and the Union for International Cancer Control (UICC), brought together representatives from 18 of the IAEA's and WHO's European Member States to discuss and assess the level of cancer control progress in participating countries, aiming to use this information to create recommendations for future Member State actions, as well as to encourage cooperation and coordination between the IAEA, the WHO and their partner organisations.

Improving individual aspects of cancer control such as cancer data availability along with its quality, cancer control planning, including strategic planning for radiation medicine activities and quality assurance were some of the recommendations of the meeting.

The meeting participants agreed on regional priorities, including the potential development of a regional cancer training network in Europe, which could be applied through the Virtual University for Cancer Control model that is currently being implemented as a pilot project in Africa. Women's cancers were also listed among priorities, including breast and cervical cancer control strategies.

The regional meeting was a follow-up to the July 2012 regional coordination meeting *Development and Implementation of a National Cancer Control Programme*. The two meetings are part of a Regional IAEA Technical Cooperation project on supporting comprehensive cancer control.

AFRICAN PARTNERSHIPS FOR PATIENT SAFETY – WEB-BASED REGISTRATION MECHANISM OPEN

African Partnerships for Patient Safety (APPS) is a WHO Patient Safety Programme building sustainable patient safety partnerships between hospitals in countries of the WHO African Region and hospitals in other regions.

APPS is concerned with advocating for patient safety as a precondition of health care in the African Region and catalysing a range of actions that will strengthen health systems, assist in building local capacity and help reduce medical error and patient harm. The programme acts as a channel for patient safety improvements that can spread across countries, uniting patient safety efforts.

APPS has recently launched a web-based registration mechanism for hospital-to-hospital partnerships. Organisations not currently working in partnership but who are committed to patient safety improvement can also register.

Registration allows access to the APPS online community where experience and lessons are shared and thematic patient safety discussions held. APPS Implementers are connected with other hospitals in their countries of focus, that are involved in APPS and in particular the Focal Hospitals that have been participating in the programme with intensive support since 2009.

This open expansion of the APPS network will bring a sharing of knowledge and experience and spread good practice so that more patients and families are receiving health care services within systems that are focused on quality, safety and avoiding unnecessary harm.

More information:
http://www.who.int/patientsafety/implementation/apps/getting_involved_with_APPS/en/index.html

AGENDA

UPCOMING CONFERENCES

EQUIP'AID. SHARING FOR BETTER HEALTHCARE

19-20 November 2013 – Chamonix Mont-Blanc (France)

"Equip'aid. Sharing for Better Healthcare" is the first international meeting of reference, devoted to the improvement of medical equipment support projects for healthcare facilities in the field of international aid.

The conference will be held in Chamonix Mont-Blanc (Haute-Savoie, France) on **November 19th & 20th2013** and will bring together participants from Northern countries, countries in transition and developing countries.

The following people are expected to participate as speakers: Adriana Velasquez Berumen (Coordinator of the Medical Device Unit, WHO), Nora Berra (Member of European Parliament), Jean-Hervé Bradol (Director of Studies at Medecins sans Frontières Foundation), Pascal Canfin (Deputy Minister for Development at the French Ministry of Foreign Affairs), Véronique Moreira (Vice-President of the Rhône-Alpes Regional Council & Delegate for International Solidarity), Jean-Jacques Romatet (President of the International Relations Committee of the Association of Chief Executives of Teaching Hospitals).

Registration is now open

http://www.weezevent.com/evenement.php?id_evenement=24623&id_page=42432

For further information and for the provisional programme, please consult the website: www.equipaid.org

28TH EAHM CONGRESS
"HOSPITAL MANAGEMENT IN TIME OF CRISIS"

28-30 November 2013 – Kirchberg (Luxembourg)

Many people strongly believe that the funding is the crucial factor of the effectiveness. When the economic is weakened and the hospital budget reduced, what can a hospital manager undertake to continue to deliver a better care? We believe that a crisis may serve as a « wake-up call » that prompts the hospital to make beneficial organisational and structural changes.

Luxembourg 2013 is the forum where the CEO, Hospital Managers from all over Europe will share their experiences and best practices in healthcare management.

Luxembourg 2013 will address constraints as well as challenges and opportunities around 3 topics:

- strategic guidelines in crisis;
- business process reengineering;
- managing innovation (new building, new logistics, new technologies).

Luxembourg2013 will offer networking opportunities with the key decision makers from the major hospitals in Europe and the healthcare industry representatives in the informal, effective business setting. At the exhibition, healthcare professionals will provide in-depth insight into the latest developments in healthcare.

The congress "Hospital Management in time of crisis" is organised by the FHL (Fédération des Hôpitaux Luxembourgeois) under the patronage of EAHM (European Association of Hospital Managers).

More information and registration: www.eahm-luxembourg2013.lu