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CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

SAVE THE DATE

GREEK PRESIDENCY – PRELIMINARY INFORMATION ON HEALTH PRIORITIES

The Greek Presidency of the Council of the European Union will start in January 2014 and will run until June 2014. Some preliminary information on health priorities have been unveiled during the last EU Health Policy Forum meeting held in Brussels on 11 September 2013.

Legislative priorities in the field of health will include the conclusion of the dossiers on clinical trials, medical devices and in vitro diagnostic medical devices, the transparency directive and the tobacco products directive.

Non-legislative priorities will cover the following themes:

- economic crisis and healthcare;
- healthy diet and physical activity;
- migration and public health.

Finally, some key events taking place in the course of the mandate have also been presented:

- Senior level Council working party on public health (end of February 2014);
- informal meetings of Health Ministries (28-29 April 2014, Athens);
- Employment, Social Policy, Health and Consumer Affairs Council (20 June 2014);
- eHealth week (mid May 2014).

Public Health

EU HEALTH POLICY FORUM

HOPE attended on 11 September the EU Health Policy Forum, set by the European Commission to facilitate communication with stakeholders on European policies affecting health. HOPE is one of the 52 members of the Forum, in which a large spectrum of sectors are represented: healthcare professionals, health service providers, patients, industry, and other related parties.

The meeting started with an update provided by the Lithuanian presidency of the Council of the European Union. The current presidency is working on the finalisation of the Health Programme for the period 2014-2020 and the achievement of a general approach on the medical devices, in-vitro diagnostic medical devices and clinical trials dossiers. The following upcoming key events have also been highlighted:

- Presidency Conference "Mental Health: Challenges and Possibilities" (10-11 October 2013, Vilnius);
- Conference "Actualities of National Strategies on Rare Diseases" (14 November 2013, Vilnius);
- NGO Lithuanian Health Forum "Sustainable Health Systems for Sustainable Growth" (19-20 November 2013, Vilnius).

A representative from the next Greek presidency, which will run from January 2014 until June 2014, also provided a preliminary overview of the issues it was going to place focus on. These will include: the economic crisis and healthcare, migration and public health and healthy diet and physical activity. On the legislative side, the future presidency will continue the work to finalise the dossiers on medical devices and in vitro diagnostic medical devices, clinical trials and the transparency directive.

The meeting represented also an opportunity for the European Commission to update stakeholders on a number of policies. On mental health, a report was presented produced by the EU-funded project EuroPoPP, the main aim of which is to describe mental health systems and how they are currently organised as well as set out proposals to strengthen prevention and promotion initiatives. The report contains 29 country profiles (EU Member States and Norway) and policy recommendations for the Commission and Member States. Main findings demonstrate that the majority of countries have a mental health policy in place but for some of them there are concerning

issues around implementation, largely related to lack of resources. Investment into mental health prevention and promotion activities remains crucial to sustain economic and social growth.

An update was also provided on the activities of the Commission in the field of patient safety. A Eurobarometer survey will be administrated to investigate changes in the EU citizen's perceptions since the last measurement in 2009. A public consultation will also be launched by the end of 2013: it will seek the view of European citizens and stakeholders on the implementation of the Council recommendations (2009/C 151/01) and next steps to be taken at EU level. The Commission also underlined that a second report, following the first released in November 2012, will assess the further progress made by Member States in the implementation of the Council recommendations. The report is expected to be published in the summer of 2014.

Short updates on other current EU Policy dossiers (serious cross-border threats to health, eHealth action) were also given by the Commission, as well as an overview about the objectives and composition of the Expert Panel on Investing in Health, which started its activities on 11 July 2013.

Finally, the meeting ended with an overview of the activities and the achievements of the EU Health Policy Forum in the period of 2009-2013. Members highlighted that the Forum represents a valuable communication channel, enabling stakeholders to contribute to EU health policies. At the same time, several proposals were put forward and discussed to make the Policy Forum more effective in the future mandate. These proposals will be summarised into a document and further debated in the course of 2014.

More information: ***http://ec.europa.eu/health/interest_groups/events/ev_20130911_en.htm***

HEALTH INEQUALITIES – COMMISSION REPORT

The European Commission has recently published a report on health inequalities in the European Union. The report points to some positive developments in implementing the EU strategy on health inequalities adopted in 2009 ("Solidarity in Health: Reducing Health Inequalities in the EU"), while concluding that more action is needed at local, national and EU levels.

The report begins with an overview of the size of, and trends in health inequalities in the EU since 2000 with a focus on recent years. It goes on to describe the main actions that the Commission has taken to implement the communication on health inequalities since 2009. It examines various factors causing health inequalities and finds that social inequalities in health are due to a disparity in the conditions of daily life and drivers such as income, unemployment levels and levels of education. The review finds many examples of associations between risk factors for health, including tobacco use and obesity, and socioeconomic circumstances.

In particular, main findings demonstrate that the wide variation in life expectancy and infant mortality historically found between EU countries is narrowing. The gap between the longest and shortest life expectancy found in EU-27 decreased by 17% for men between 2007 and 2011 and 4% for women between 2006 and 2011. The gap in infant mortality between the EU countries with the

highest and the lowest rates went down from 15.2 to 7.3 per 1000 live births between 2001 and 2011. Average infant mortality in the EU also fell during this period from 5.7 to 3.9 per 1000 live births.

The report is available at:
http://ec.europa.eu/health/social_determinants/docs/report_healthinequalities_swd_2013_328_en.pdf

RARE DISEASES – CALL FOR EXPERTS

The European Commission has recently published a call for expressions of interest, inviting individual experts and organisations acting in the field of rare diseases to join its expert group on rare diseases established under Commission Decision 2013/C 219/04 adopted on 30 July 2013.

Once appointed, the expert group will carry out certain tasks in the field of rare diseases requested by the Commission's services. These tasks can include assisting in drawing up guidelines and recommendations, providing advice on implementing EU actions, monitoring, evaluating and disseminating results of EU and national measures, and international cooperation.

This public call for expressions of interest relates to the appointment of members representing:

- individual experts having public health or scientific expertise at Union level in the field of rare diseases;
- European associations of producers of products or service providers relevant for patients affected by rare diseases;
- patients' organisations in the field of rare diseases;
- European professional associations or scientific societies acting in the field of rare diseases.

Members and their representatives are appointed to the panel for a term of three years and may be renewed after having responded to a further call for expressions of interest.

The deadline for expressions of interest is 8 October 2013.

More information:
http://ec.europa.eu/health/rare_diseases/expert_group/call_en.htm

PATIENT SAFETY – PARLIAMENT ADOPTS DRAFT REPORT

On 25 September, the parliamentary Committee on Environment, Public Health and Food Safety (ENVI) unanimously adopted the initiative report on patient safety by Oreste Rossi (EFD, Italy).

An estimated 30-40% of adverse events related to medical treatment, in both the hospital sector and community care, are preventable. These include healthcare-associated infections (HAIs), which are contracted by an estimated 5% of patients in hospitals each year.

The Council Recommendation from 2009 called for the implementation of a series of measures to improve patient safety in the EU. In 2012 the Commission published, on the basis of the information provided by Member States, an assessment of actions taken to comply with the Council recommendation.

In this non-legislative document, the Rapporteur notes that some of the Council's recommendations have so far been implemented by only a few Member States, and that there is room for improvement in hospital and non-hospital care. Among others, he calls for further efforts to be made in the domains of patients' empowerment and the overall training of health professionals and carers.

He advises to draw up European guidelines on patient safety standards and notes that progress should still be made with respect to informing patients about HAIs and supporting research into the prevention and control of HAIs. He also encourages the Member States and regional and local authorities to prioritise, as far as possible, approaches based on mediation when adverse events associated with healthcare occur, and calls for the introduction of compensation systems that are harmonised at EU level.

MEDICAL DEVICES – PARLIAMENT ADOPTS DRAFT REPORT

On 25 September 2013, the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI) adopted the draft report by Dagmar Roth-Behrendt (S&D, Germany) on medical devices and by Peter Liese (EPP, Germany) on in vitro diagnostic medical devices.

The aim of both proposals is to address inconsistencies in interpretation by the Member States of the current rules, increase patient safety, remove obstacles to the internal market, improve transparency with regards to information to patients, and strengthen the rules on traceability.

MEPs rejected the proposal of Rapporteur Roth-Behrendt to have a centralised marketing authorisation system. However, the new rules establish that special notified bodies will be designated by the European Medicines Agency in order to assess a select number of devices that pose the highest risk. Moreover, for certain high risk devices, a special case-by-case check will be conducted by a proposed new expert body, the Assessment Committee for Medical Devices.

The new rules also provide that notified bodies must have a permanent team of in house experts who meet new minimum qualification requirements. On the issue of single-use medical devices, MEPs voted in support of a measure that would make all devices re-processable by default, so to avoid mislabelling by manufacturers.

In separate legislation aiming at reinforcing patient safety for in vitro diagnostic medical devices, MEPs called for involvement of an ethics committee and introduced provisions on informed consent and genetic counselling.

MEPs also set new conditions for the involvement of minors and incapacitated people in clinical studies and proposed new criteria regarding access to data collected in such studies. Finally, the

exemption for "in house" tests has been maintained for the vast majority of in vitro diagnostic medical devices.

MEDICAL DEVICES – COMMISSION IMPLEMENTING REGULATION AND RECOMMENDATION

On 24 September the European Commission adopted two new rules to improve the safety of medical devices. These measures consist in a *Commission Implementing Regulation* clarifying the criteria to be met by notified bodies, which are responsible for inspecting manufacturers of medical devices, and a *Recommendation* clarifying the tasks these bodies have to undertake when they perform audits and assessments in the medical devices sector.

The new rules clarify the knowledge and experience requirements for the staff of the notified bodies and establish that a Member State shall only designate a notified body after a 'joint assessment' conducted with experts from the Commission and other Member States.

Member States are also required to regularly carry out surveillance and monitoring of the notified bodies and must withdraw the designation of those not complying with the requirements. Moreover, the new measures state that notified bodies shall randomly perform unannounced factory audits and, in this context, check adequate samples from the production. Failure to carry out random checks will result in the suspension or the withdrawal of the designation of the notified body.

The two texts will enter into force after publication in the Official Journal of the EU.

These measures are part of a Joint plan for immediate action, agreed between the Commission and Member States in 2012. The plan focuses on the functioning of notified bodies, the surveillance by Member States of products on the market, and EU-coordinated investigations and responses to problems with specific devices as well as improved transparency and communication between Member States, industry, health professionals and notified bodies.

Most of the actions agreed upon have now been implemented or are under implementation. The overall progress will be presented in a Commission Staff Working Document to be published in October 2014.

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

HUMAN TISSUES AND CELLS – POLAND REFERRED TO COURT OF JUSTICE

On 26 September, the Commission decided to refer Poland to the European Court of Justice for non-compliance with EU rules on the quality and safety of human tissues and cells.

According to the Commission, Poland has failed to transpose Directive 2004/23/CE and its implementing Directives which aim at guaranteeing the quality and safety of human cells and tissues from donation to transplantation, given the potential risks for disease transmission involved in this kind of operation.

Poland's transposition of rules of the relevant Directives is incomplete. Poland does not apply the Directive's rules on quality and safety to three categories of tissues and cells covered by the EU legislation: reproductive cells, embryonic tissues and foetal tissues.

The country has so far failed to fully transpose the Directives into national law, despite a reasoned opinion sent by the Commission on 25 January 2013.

DATA PROTECTION – PARLIAMENTARY MEETING

On 26 September HOPE participated to the parliamentary meeting co-organised by Rare Diseases Europe (EURORDIS) and the European Platform for Rare Disease Registries (EPIRARE). The meeting aimed to discuss the potential impact of the revision of the Data Protection Regulation on medical research in the rare diseases field.

MEP Marielle Gallo (EPP, France), Rapporteur for opinion in the Legal Affairs parliamentary committee (JURI), opened the meeting highlighting that the EPP has reached several compromises with the ALDE and ECR political groups on a number of issues. These include: the definition of pseudonymised data; explicit consent; profiling, which the JURI Committee has considered as any other processing of personal data; establishment of a one-stop-shop (i.e. only one data protection authority (DPA) would be responsible for taking legally binding decisions against a company. This DPA is determined by the company's "main establishment" in the Union).

MEP Baroness Sarah Ludford (ALDE, UK) provided and update of the work in progress in the European Parliament. In particular, she highlighted that there is a consensus among the shadow Rapporteurs around the following issues:

- delete the term "significant imbalance" contained in article 7, which could have been evoked in the treatment context (e.g. relationship between the patient and the physician);

- maintain a basic structure for article 6. The proposal of the Rapporteur Jan Philipp Albrecht (Greens/EFA, Germany) to have a much more detailed guidance on "legitimate interest" (amendments regarding article 6.1.f) was rejected;
- make an exception to the requirement of explicit consent, introducing the notion of "one-time consent" for the processing of medical data for the purposes of medical research.

Jonh Dart, Deputy General Secretary of EURORDIS also took the floor to highlight the consequences the Regulation would have on patients affected by rare diseases, and called for more flexibility in the new data protection rules so to avoid undue delay in the delivery of treatment and to preserve research.

Finally, the European Commission stressed they are aware of the implications the draft Regulation would have on the health area: therefore collaboration has been established between DG Justice and DG SANCO. The Commission also mentioned its intention to use the future delegated acts as an instrument to ask for more specifications in the health domain.

PUBLIC PROCUREMENT– PARLIAMENT CONFIRMS TRILOGUE AGREEMENT

On 5 September 2013, the Internal Market and Consumer Protection Parliamentary Committee (IMCO) endorsed with 27 votes in favour, one against and one abstention the trilogue agreement reached at the end of June under the Irish Presidency of the Council of the European Union.

The new rules would enable authorities to consider not only the price, but also environmental or social benefits or innovative ideas offered by a bidder. The new legislation would also include tougher rules on "abnormally low" bids and subcontracting, so as to ensure compliance with labour laws and collective agreements.

MEPs also inserted a new procedure to encourage bidders to offer innovative solutions. The new prescriptions provide for "innovation partnerships" enabling authorities to call for tenders to solve a specific problem without prescribing a solution. Authorities and bidders could then negotiate the most appropriate one.

Bidding would be simplified by providing a standard "European Single Procurement Document" in all languages and obliging authorities to share the details of eligible bidders from national databases. The system would be based on self-declarations and only the winning bidder would have to provide original documentation. Finally, the new rules also include incentives for authorities to divide contracts in lots, an element that should allow simplified access for SMEs. MEPs will now have to vote during the Parliament's plenary session, which is scheduled for 9 December.

NIS DIRECTIVE – CONSIDERATION OF DRAFT REPORT

On 5 September 2013, the Internal Market and Consumer Protection Parliamentary Committee (IMCO) discussed the draft report by Andreas Schwab (EPP, Germany) on a high common level of network and information security (NIS) across the Union.

The objective of the proposed Directive is to improve the security of the Internet and the private networks and information systems. This will be achieved by requiring the Member States to increase their preparedness and improve their cooperation with each other, and by requiring operators of critical infrastructures to manage security risks and report serious incidents to the national competent authorities. Hospitals are included into the entities that would be covered by risk management and NIS incidents reporting obligations.

As main novelty, the proposal for a Directive introduces the obligatory notification by market operators of incidents that have a significant impact on the security of the core services. The Rapporteur clarifies the scope of the obligations and proposes clear criteria to determine the significance of the impact of an incident to be reported.

The Rapporteur also believes that more flexibility is needed regarding the evidence for compliance with the security requirements imposed on market operators. Therefore, he suggests that proof of compliance provided in a form other than security audits should be admissible.

Finally, on the issue of sanctions imposed to the non compliant market operators, the Rapporteur believes these can discourage the notification of incidents and create adverse effects. He proposes instead to clarify that where the market operator has failed to comply with the obligations of the Directive but has not acted with intent or gross negligence, no sanction should be imposed.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+COMPARL+PE-514.882+01+DOC+PDF+V0//EN&language=EN

HORIZON 2020 – PARLIAMENT CONFIRMS TRILOGUE AGREEMENT

On 26 September, the parliamentary committee on Industry, Research and Energy (ITRE) endorsed the trilogue agreement reached in June on 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.

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

In the new rules, MEPs also stepped up controls on EU funding for public-private-partnerships (PPPs) and made sure that all EU-funded scientific publications will be accessible to the public.

To promote the achievement of EU climate goals, MEPs dedicated 85% of the Horizon 2020 energy budget (€5.4bn) for non-fossil fuel energy research. Of this, 15% should go to energy efficiency research.

The final vote in the Parliament's plenary session and at the Council of the EU will take place as soon as an agreement is reached on the multiannual financial framework (MFF), in which an indicative budget of 70 billion Euros is allocated to Horizon 2020.

EUROPEAN VACANCY MONITOR – SPECIAL FOCUS ON HEALTHCARE OCCUPATIONS

The September issue of the "European Vacancy Monitor" (EVM) has recently been released and contains a special section on healthcare occupations ("white jobs"). The EVM is a bulletin published quarterly by the European Commission with the aim to provide a comprehensive overview of recent developments on the European job market.

Findings demonstrate that, despite austerity measures, employment in healthcare occupations continued to grow over the past two years, although at a slower pace.
Four health-related occupations (personal care workers in health services, nursing and midwifery professionals, medical and pharmaceutical technicians and other health associated professionals) are included in the top-25 professions with the highest growth in terms of employees' number between the fourth quarters of 2011 and 2012. This is the result of an increased demand for healthcare services, produced by the ageing of the population and advances in technology and treatments.

Hirings in healthcare occupations in the EU27 increased by around 1% between 2011 and 2012, with the nursing and midwifery professional having the most favourable developments, reversing a decline in the number of hirings between 2008 and 2010. The report also highlights that the total number of hirings in the EU27 in 2012 reached almost one million. Of this total, the labour intensive occupational group of personal care and related workers accounted for almost three in every five healthcare jobs.

Finally, the report also draws attention to the issue of the ageing workforce, highlighting that older workers aged 50-64 represented around 28% of all employees in the EU healthcare sector in 2012, with Bulgaria and Lithuania having the highest proportions of older workers in healthcare.

More information:
http://ec.europa.eu/social/main.jsp?catId=955

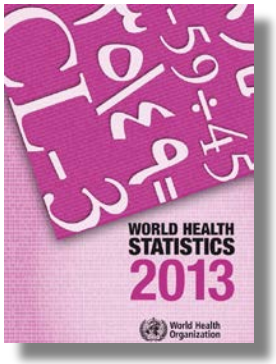
JOINT ACTION HEALTHCARE WORKFORCE – WORKSHOP ON "THE MINIMUM DATA SET"

On 19 and 20 September 2013, HOPE participated to the WP5 Workshop on "The Minimum Data Set" of the JA on European Healthcare Workforce Planning and Forecasting. The aim of the Workshop was to define the criteria and requirements of a Minimum Data Set (MDS), composed by a list of mandatory parameters and needs for planning and forecasting but also monitoring the health workforce strategy.

The MDS aims at being the data foundation for Member States on which data collection system and registers could be built for planning and forecasting. During the two days meeting, participants have been divided in several groups, in order to discuss the focal topics and to agree on founding principles, targets and potential users. It was also defined a set of requirements for MDS and a first draft.

More information: ***http://www.euhwforce.eu/***

WHO WORLD HEALTH STATISTICS 2013



The World Health Statistics series is WHO's annual compilation of health-related data for its 194 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets.

This year, it also includes highlight summaries on the topics of reducing the health gaps between the world's most-advantaged and least-advantaged countries, and on current trends in official development assistance (ODA) for health.

More information:
http://www.who.int/gho/publications/world_health_statistics/EN_WHS2013_Full.pdf

CLINICAL GUIDELINES FOR CHRONIC CONDITIONS IN THE EUROPEAN UNION – WHO STUDY

Chronic noncommunicable diseases make up a large part of the burden of disease and make a huge call on health systems' resources. Clinical guidelines are one of the ways European countries have tried to respond and to ensure a long-term perspective in managing them and addressing their determinants.

This book explores those guidelines and whether they actually affect processes of care and patients' health outcomes. It analyses:

- the regulatory basis, the actors involved and processes used in developing clinical guidelines across Europe;
- innovative methods for cost-effective prevention of common risk factors, developing coordinated patient-centred care and stimulating integrated research;
- the strategies used to disseminate and implement clinical guidelines in various contexts;
- the effectiveness of their utilisation.

This study reviews for the first time the various national practices relating to clinical guidelines in 29 European countries (the European Union (EU), Norway and Switzerland). It shows that, while some have made impressive progress, many are still relying on sporadic and unclear processes. The level of sophistication, quality and transparency of guideline development varies substantially across the region, even when the system for producing guidelines is well established. There are nevertheless clear examples that – if shared – can assure and improve quality of care across Europe.

This study was commissioned by the European Commission's Directorate-General for Health and Consumers. It also benefited from links with the ECAB/EUCBCC FP7- research project on EU Cross Border Care Collaboration (2010–2013).

More information:
http://www.euro.who.int/__data/assets/pdf_file/0009/195876/Clinical-Guidelines-for-Chronic-Conditions-in-the-European-Union.pdf

REVIEW OF SOCIAL DETERMINANTS AND THE HEALTH DIVIDE – WHO REPORT

The WHO European Region has seen remarkable health gains, though inequities persist both between and within countries. Much more is understood now about the extent and social causes of these inequities, particularly since the 2008 report of the Commission on Social Determinants of Health.

This review of inequities in health across the 53 Member States of the Region was commissioned to support the development of the new European policy framework for health and well-being, Health 2020. It builds on the global evidence and recommends policies to reduce health inequities and the health divide across all countries, including those with low incomes.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0006/215196/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-final-report-Eng.pdf

IMPLEMENTING A HEALTH 2020 VISION – WHO REPORT

The WHO Regional Office for Europe commissioned this report to support the implementation of the Health 2020 policy framework. It builds on a study on governance for health in the 21st century, conducted for the WHO Regional Office for Europe. This report provides policy-makers with examples from around the world of how whole-of-government and whole-of-society approaches have been implemented, along with a set of tools to manage the complex policy process.

These policy examples were selected with a view to the four policy priority areas of Health 2020 and with the following criteria in mind: they provide useful lessons, often illustrate best practices, cover a wide variety of different contexts and countries and, as far as possible, have been implemented and, ideally, evaluated. The report aims to contribute, in particular, to the Health 2020 strategic policy objective of "improving leadership and participatory governance for health". It is conceived as a living document that will be continually enriched with new examples and analysis.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf

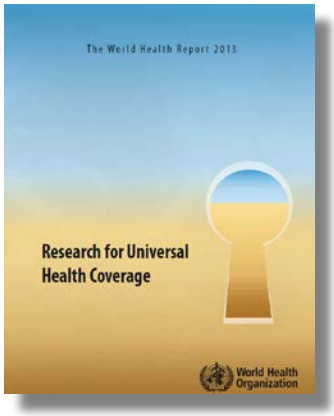
BEST PRACTICES IN PREVENTION, CONTROL AND CARE FOR DRUG-RESISTANT TUBERCULOSIS – WHO REPORT

The WHO European Region has the highest proportion of multidrug and extensively drug-resistant tuberculosis patients in the world. The Consolidated Action Plan to Prevent and Combat Multidrug and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011–2015, was developed in 2011 and in the two years since then much progress has been made in implementing it, but critical challenges also remain.

To improve the transfer of knowledge and experiences between countries in the European Region, and to help in improving the health system approach, the WHO Regional Office for Europe launched an initiative to collect examples of best practices in M/XDR-TB prevention, control and care. An expert committee evaluated all the practices submitted, for which there was enough information, against defined selection criteria.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0020/216650/Best-practices-in-prevention,control-and-care-for-drugresistant-tuberculosis-Eng.pdf

RESEARCH FOR UNIVERSAL HEALTH COVERAGE – WHO WORLD HEALTH REPORT 2013



Universal health coverage ensures everyone has access to the health services they need without suffering financial hardship as a result. In December 2012, a United Nations resolution was passed encouraging governments to move towards providing universal access to affordable and quality health care services. As countries move towards it, common challenges are emerging challenges to which research can help provide answers.

The World health report focuses on the importance of research in advancing progress towards universal health coverage. In addition, it identifies the benefits of increased investment in health research by low- and middle-income countries using case studies from around the world, and proposes ways to further strengthen this type of research.

More information:
http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf

HIT UNITED STATES – WHO PUBLICATION

The European Observatory on Health Systems and Policies has just published a health system review for United States as part of the series "Health Systems in Transition" (HiTs).

The Health Systems in Transition (HiT) profiles are reports that provide a detailed description of a health system, reforms and policy initiatives under development in a specific country. Main chapters focus on organisation and governance of the health system, financing, physical and human resources, provision of services, principal health care reforms and assessment of the health system.

This is the first time the US health system has been comprehensively reviewed according to an internationally stipulated and defined framework. Based on the same template that is used to describe health systems in Europe and other OECD countries, the report provides a good basis for factual comparison and performance assessment of the US health system in an international perspective.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0019/215155/HiT-United-States-of-America.pdf

WHO REGIONAL CONSULTATION ON TARGETS AND INDICATORS FOR HEALTH 2020 MONITORING – REPORT OF RESULTS

In 2012, Member States approved the Health 2020 policy, which includes targets in six areas. The policy also considers monitoring progress on targets to be a key element of accountability. As such, appropriate indicators needed to be identified and proposed to Member States.

Over the past year, WHO-convened technical expert groups have suggested sets of 20 core indicators and 17 additional ones for consideration by Member States. After those were presented to the Standing Committee of the Regional Committee, a web-based consultation was organised to enable Member States to provide feedback on the proposed sets of indicators, including comments on their feasibility, clarity, completeness, appropriateness and usefulness, and to give consideration for their approval.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0005/214970/Regional-consultation-on-targets-and-indicators-for-Health-2020-monitoring-report-of-results-Eng.pdf

BUILDING RESILIENT AND INNOVATIVE HEALTH SYSTEMS – EUROHEALTH OBSERVER

This special issue of Eurohealth coincides with the 2013 European Health Forum Gastein (EHFG) that takes place on 2-4 October.

The main theme is 'Building resilient and innovative health systems' and articles cover the various topics that will be discussed in the parallel forums at the Conference, ranging from an interview with major stakeholders on what makes health systems resilient and innovative to advancing public health, mHealth solutions, investing in health and much more.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0006/216843/Eurohealth_v19-n3.pdf

PUBLIC HEALTH IN AN AGE OF GENOMICS – OECD REPORT

This report presents the findings of a research project to investigate the drivers and criteria shaping the application of genomic biotechnology to health in different national settings, and the barriers to implementation nationally and internationally. A case study approach was adopted for the project.
The findings are based on the active participation in the survey of seven self-selected countries, including both OECD member and non-member countries (Finland, Israel, Luxembourg, Mexico, the United Kingdom, China and South Africa).

The report outlines a number of potentially important patterns that are seen to emerge when the country case studies are set alongside one another and viewed in transnational perspective. The data, albeit based on limited evidence from a small sample of countries, suggest a significant divergence in the way that different countries are tending to adopt genomics for public health, which may have important implications for thinking about how genomic science and technology might best be employed in the interests of global public health.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/science-and-technology/public-health-in-an-age-of-genomics_5k424rdzj3bx-en#page1

EUROSTAT EUROPEAN SOCIAL STATISTICS – 2013 EDITION

The pocketbook European social statistics, intended for both generalists and specialists, provides a comparative overview of the social statistics available in 27 Member States and the Candidate Countries of the European Union, as well as in the EFTA states.

Different areas of the social field, including health and safety, are described by a selection of indicators which are presented in tables and graphs and accompanied by short commentaries. This pocketbook may be viewed as an introduction to European social statistics and provides guidance to the vast range of data freely available from the Eurostat website.

More information:
http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-FP-13-001/EN/KS-FP-13-001-EN.PDF

GLOBAL BURDEN OF UNSAFE MEDICAL CARE - STUDY

This new study published on 18 September 2013 provides early evidence that adverse events due to medical care represent a major source of morbidity and mortality globally and reinforces the important role quality and safety of care plays in global health. It describes the main results of a first-ever study commissioned by the World Health Organization (WHO) and led by Dr Ashish Jha and David Bates, patient safety scientists of the Harvard School of Public Health and the Brigham & Women's Hospital respectively.

Adapting the methodology developed for the Burden of Disease study series, the researchers estimated disability-adjusted life years (DALYs) lost to measure morbidity and mortality due to specific adverse events. Available data were found for the following set of adverse events: 1) adverse drug events, 2) catheter-related urinary tract infections, 3) catheter-related blood stream infections, 4) nosocomial pneumonia, 5) venous thrombo-embolisms, 5) falls and 6) decubitus (pressure) ulcers.

The study estimates that there are 421 million hospitalisations in the world annually and approximately 42.7 million adverse events for the seven types described, resulting in 23 million DALYs lost per year. Approximately two-thirds of all adverse events, and the DALYs lost from them, occurred in low and middle income countries.

The study is an early attempt to quantify the burden of unsafe care and more analysis is needed to understand sources of imprecision in these estimates. That said, these data show that the problem of unsafe health care is significantly greater than previously thought globally and that global health policymakers should consider how to make safe patient care an international priority.

More information: ***http://qualitysafety.bmj.com/content/22/10/809.full***

COST EFFECTIVENESS OF INTERVENTIONS TO PROMOTE THE PHYSICAL HEALTH OF PEOPLE WITH MENTAL HEALTH PROBLEMS – A SYSTEMATIC REVIEW

Recently attention has begun to focus not only on assessing the effectiveness of interventions to tackle mental health problems, but also on measures to prevent physical co-morbidity.

Individuals with mental health problems are at significantly increased risk of chronic physical health problems, such as cardiovascular disease or diabetes, as well as reduced life expectancy. The excess costs of co-morbid physical and mental health problems are substantial. Potentially, measures to reduce the risk of co-morbid physical health problems may represent excellent value for money.

More information:
http://www.biomedcentral.com/content/pdf/1471-2458-13-787.pdf

DRUG VERSUS VACCINE INVESTMENT – A COMPARISON OF ECONOMIC INCENTIVES

Investment by manufacturers in research and development of vaccines is relatively low compared with that of pharmaceuticals. The authors developed a mathematical model simulating the decision-making process of regulators and payers, in order to understand manufacturers' economic incentives to invest in vaccines rather than curative treatments.

They analysed the objectives and strategies of manufacturers and payers when considering investment in technologies to combat a disease that affects children, and the interactions between them.

More information:
http://www.resource-allocation.com/content/pdf/1478-7547-11-23.pdf

ECONOMIC EVIDENCE IN THE PREVENTION AND EARLY DETECTION OF COLORECTAL CANCER – A REVIEW

This paper aims to systematically review the cost-effectiveness evidence, and to provide a critical appraisal of the methods used in the model-based economic evaluation of CRC screening and subsequent surveillance. A search strategy was developed to capture relevant evidence published. Full economic evaluations that considered costs and health outcomes of relevant intervention were included.

Sixty-eight studies which used either cohort simulation or individual-level simulation were included. Follow-up strategies were mostly embedded in the screening model. Approximately 195 comparisons were made across different modalities; however, strategies modelled were often simplified due to insufficient evidence and comparators chosen insufficiently reflected current practice/recommendations. Studies used up-to-date evidence on the diagnostic test performance combined with outdated information on CRC treatments. Quality of life relating to follow-up surveillance is rare. Besides deterministic sensitivity analysis, probabilistic sensitivity analysis was undertaken in some studies, but the distributions used for PSA were rarely reported or justified. The cost-effectiveness of follow-up strategies among people with confirmed adenomas are warranted in aiding evidence-informed decision making in response to the rapidly evolving technologies and rising expectations.

More information:
http://www.healtheconomicsreview.com/content/pdf/2191-1991-3-20.pdf

URGENT REFERRAL GUIDELINES FOR SUSPECTED CANCER IN DENMARK – A COMPARATIVE BEFORE-AFTER STUDY

Urgent referral for suspected cancer was implemented in Denmark on 1 April 2008 to reduce the secondary care interval (i.e. the time interval from the general practitioner's first referral of a patient to secondary health care until treatment is initiated). However, knowledge about the association between the secondary care interval and urgent referral remains scarce.

The aim of this study was to analyse how the secondary care interval changed after the introduction of urgent referral.

More information: ***www.biomedcentral.com/content/pdf/1472-6963-13-348.pdf***

PUBLIC HEALTH SERVICES KNOWLEDGE AND UTILISATION AMONG IMMIGRANTS IN GREECE – A STUDY

During the 90s, Greece has been transformed to a host country for immigrants mostly from the Balkans and Eastern European Countries, who currently constitute approximately 9% of the total population. Despite the increasing number of the immigrants, little is known about their health status and their accessibility to healthcare services.

This study aimed to explore the perceived barriers to access and utilisation of healthcare services by immigrants in Greece.

More information:
http://www.biomedcentral.com/content/pdf/1472-6963-13-350.pdf

MEASURING SAFETY CULTURE IN DUTCH PRIMARY CARE – A STUDY

Patient safety has been a priority in primary healthcare in the last years. The prevailing culture is seen as an important condition for patient safety in practice and several tools to measure patient safety culture have therefore been developed. Although Dutch primary care consists of different professions, such as general practice, dental care, dietetics, physiotherapy and midwifery, a safety culture questionnaire was only available for general practices.

The purpose of this study was to modify and validate this existing questionnaire to a generic questionnaire for all professions in Dutch primary care.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-354.pdf***

ENHANCING THE ROLE OF MEDICINE IN THE MANAGEMENT OF EUROPEAN HEALTH SYSTEMS – CONFERENCE

The final conference of the COST Action ISo903 dedicated to the theme "Enhancing the engagement of doctors in the management of European health systems – implications for control, innovation and user voice" will take place in Leeds (UK) on 21 November 2013. The day will showcase the work and findings of four Working Groups, include contributions from health management experts and promote discussions on the implications for future research and practice.

The COST Action ISo903 runs until the end of 2013 and aims to increase understanding as to how health management reforms have unfolded across different European states. In particular, how the role of the medical professions in the management of health care has changed and the impact this has had on areas such as control (organisational and occupational), innovation and user voice.

More information: ***http://www.dr-in-mgmt.eu/***

TIME TO ADDRESS HEAD AND NECK CANCER – PARLIAMENTARY MEETING

On 24 September 2013, HOPE attended the parliamentary meeting co-organised by the European Cancer Patient Coalition (ECPC) and the European Head and Neck Society (EHNS) on the theme "*Time to address head and neck cancer: the "curable" cancer that kills over half of all sufferers*".

The meeting, hosted by MEP Daciana Sarbu (S&D, Romania), was organised in the context of the "Make Sense Campaign" which aims to raise awareness amongst key stakeholders (MEPs, media, physicians and the general public) about head and neck cancer and calls to action to improve outcomes for patients across Europe. During the meeting, a white paper on head and neck cancer was launched, in order to highlight the challenges in the treatment of this disease across Europe.

Head and neck cancer is the sixth most common type of cancer in Europe and its incidence is on the rise. In 2012 alone, more than 150,000 new patients were diagnosed. Despite major advances in the treatment over the past three decades, with new surgical tools and therapeutic modalities, still the overall patient outcomes remain disappointingly unchanged.

A pan-European survey conducted among the general public highlighted that there is a lack of awareness of this type of cancer and of its signs, symptoms and risk factors. As a result, most patients are diagnosed at an advanced stage and therefore their prognosis is very poor.

Early diagnosis and referral to specialised healthcare professionals can have a major impact on improving the outcomes for head and neck cancer patients. In fact, survival rates of patients who are diagnosed and receive treatment in the early stages are 80-90%.

During the meeting, the importance of a multidisciplinary approach to care was also highlighted. Due to the complex nature of the disease, input and expertise is required from a number of specialised physicians. But again, throughout Europe only a few healthcare systems currently recognise multidisciplinary cancer care as a standard healthcare provision. Finally, the importance of patient advocacy groups was also stressed since they play a crucial role in the person's journey with the disease.

The meeting ended with some statements from MEPs, who highlighted the necessity to work together to tackle the challenge of head and neck cancer in EU Member States.

More information: ***http://makesensecampaign.eu/***

INNOVATION SYSTEMS IN HEALTH ECONOMIES – MEETING

On 26 September 2013, HOPE participated to the event "*Innovation systems in health economies: Regional, transnational and macro-regional cooperation for sharing and disseminating innovation in health care systems"* during which the topic of the importance of Innovation for Europe 2020 has been discussed.

Innovation is a top priority for Europe 2020. This is reflected in Structural Fund negotiations for the 2014-2020 period between Member States and the EC Horizon 2020 priorities and national and regional development plans. Innovation (social, technological and financial) is an important mechanism in the context of health economy and health care delivery. It is needed to make health care systems more efficient, more cost-effective and more sustainable. It is not only a prerequisite to create better health outcomes but also a prerequisite to create more and better jobs, stimulate growth and a more "healthy" economy.

With ageing societies and the rise in co-morbidities, a key challenge is to support active and healthy ageing through prevention, early diagnosis and better care when needed. These should be closer to home and minimise hospitalisation. Most of the EU Regions face the same or similar problems and the European Innovation Partnership for Active and Healthy Ageing has mapped how such challenges can be addressed. However, all regions have different starting points and this can appear as a fragmented landscape of solutions that are often not sustainable due to the lack of a critical mass of end-users or a lack of co-developers for continuous innovation.

With the EU strategy for the Baltic Sea Region (EUSBSR) the EU has formed its first macro-regional strategy. The major objective is to reinforce cooperation and allow for common approaches for common challenges. Health and Innovation are among the top priorities and the flagship project within the strategy, ScanBalt Health Region, is intended to develop a common framework for innovation in health economy and life science.

How can regions collaborate on a transnational stage without compromising the interest of the regional stakeholders? Is it possible to create a win-win situation through sharing of innovations on the product-, process- and system level? To address these questions, this workshop (co-organised by ScanBalt HealthPort, Network of German Health Regions (NDGR) and Health ClusterNET) brought together experts from major European initiatives that have developed strategies in this field. One of the major objectives was to surpass existing boundaries and open the way for inclusion of stakeholders outside the traditional health sector.

THE CRISIS, AUSTERITY AND HEALTH IN EUROPE – MEETING

On 26 September 2013, HOPE participated to the event "*The crisis, austerity and health in Europe".* This is the main message of a recent article published in *The Lancet* by a team of health policy researchers. One of the authors of this article was the keynote speaker at a special event on 'the crisis, austerity and health in Europe' organised jointly by the ETUI and the European Social Observatory (OSE).

Marina Karanikolos, research fellow at the European Observatory on Health Systems and Policies, London School of Hygiene and Tropical Medicine, and co-author of *The Lancet* article, looked at austerity-driven government responses in Member States heavily affected by the crisis and showed that these policies have had a dramatic effect on health systems and on citizens' health with increased suicide levels and even HIV outbreaks as the worst outcomes.

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).

REGISTER NOW

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

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).

REGISTER NOW

http://eahm-luxembourg2013.lu/web/register-eahm-luxembourg2013/

HOPE AGORA 2014

QUALITY FIRST! CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

26-28 May 2014 – Amsterdam (The Netherlands)

From 28 April until 25 May 2014, HOPE organises its exchange programme for the 33rd time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Applications are open until 31 October 2013.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, a conference and evaluation meeting. The 2014 HOPE Agora will be held in Amsterdam (The Netherlands) from **26 to 28 May 2014** around the topic "Quality first! Challenges in the changing hospital and healthcare environment ".

SAVE THE DATE

More information on the HOPE Exchange Programme:
http://www.hope.be/04exchange/exchangefirstpage.html