



NEWSLETTER

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IMPROVING PATIENT OUTCOMES- A SHARED RESPONSIBILITY

13-15 March 2013 – Paris (France)

HPH CONFERENCE 2013

22-24 May 2013 – Gothenburg (Sweden)

HOPE AGORA 2013

*PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY
IN EUROPEAN HEALTHCARE*

10-12 June 2013 – The Hague (The Netherlands)

HOPE EXCHANGE PROGRAMME 2013



PATIENT SAFETY IN PRACTICE

HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE

Since 1981, HOPE has organised the HOPE Exchange Programme. It consists in a 4-week training period for managers and other professionals with managerial responsibilities working in hospitals and health care facilities. The aim of the Programme is to promote a better understanding of the functioning of health care and hospital systems within the EU and neighbouring countries by facilitating co-operation and exchange of best practice. During their stay, the HOPE Exchange Programme participants are discovering a different health care institution, a different health care system as well as other ways of working.

The HOPE Exchange Programme is not a medical or technical programme; it is a practical and multi professional management programme. Doctors, nurses, but also economists, lawyers, computer technicians and other professionals are very welcome to join. HOPE also collaborates with a wide range of host institutions sending or receiving participants, both in the private and public sector. Thanks to all of them, every year more than a hundred professionals are able to do their training in more than 20 countries in the European Union and Switzerland.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, an evaluation meeting and conference. "Patient Safety in Practice - How to manage risks to patient safety and quality in European healthcare" is the subject for 2013. The Dutch HOPE Member will organise the 32nd edition of the HOPE Agora in The Hague on June 10-12, 2013.

The HOPE Exchange Programme 2013 starts on 13 May and ends on 12 June 2013. Applications are open until 31 October 2012.

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



COUNCIL OF HEALTH MINISTERS – INFORMAL MEETING



YOUTH EMPLOYMENT IN THE HEALTH SECTOR

During an informal meeting on 10 July 2012 at the “Filoxenia” conference Centre in Nicosia (Cyprus), Health Ministers emphasised the need to adopt innovative approaches and strategies to enhance youth employment in the health sector.

During the conference, the Ministers highlighted the need to equip young people with the right skills through education, training and job opportunities. Emphasis was given on the necessity to ensure that the programmes financed by the European funds will focus on increasing training and work opportunities for young people and on upgrading skills of older workers in the health care sector.

ORGAN DONATION AND TRANSPLANTATION

The same day Ministers also discussed ways of strengthening cooperation and increasing the exchange of best practices on the issues of organ donation and transplantation. In addition, they insisted on the need for further reinforcement of the funding opportunities for organ transplantation programmes, through the Union’s financial mechanisms, such as the new Multiannual Health Programme (2014-2020) and the Structural Funds.

INFECTIOUS DISEASES

The informal meeting ended with a discussion on infectious diseases, during which the Health Ministers highlighted the necessity for coordination mechanisms to be strengthened in order to help improve communication and assess cross-border transmission risks accurately and rapidly. Ministers called on the Health Security Committee (HSC), which coordinates health security efforts, to strengthen cooperation in this area.

They also emphasised the need to improve communication between the European Commission, the World Health Organization (WHO) and other European agencies (the European Centre for Disease Prevention and Control, the European Food Safety Agency and the European Medicines Agency)

and encouraged civil society and various stakeholders such as health care professionals to cooperate throughout the whole communication process.

On 5 July, the Health Ministers had already highlighted the need to increase collaboration on cross-border health threats with neighbouring countries, during the event entitled "Cross Border Health Threats in the EU and its Neighbouring Countries - Focus on Communicable Diseases", which also took place in Nicosia.

More information:

<http://www.cy2012.eu/en/events/informal-meeting-of-ministers-for-employment-social-policy-health-and-consumer-affairs-epsco---minis>

FORECASTING HEALTH WORKFORCE – FEASIBILITY STUDY ON EU LEVEL COLLABORATION

The European Commission has released the feasibility study about EU level collaboration on forecasting health workforce needs, workforce planning and health workforce trends.

The study, which ended in June 2012, had the overall objective of identifying EU level actions that could support Member States in assessing, forecasting and planning their health workforce needs and in doing so ensure the sustainability of their health system.

The study was undertaken by Matrix Insight Ltd, in collaboration with the Centre for Workforce Intelligence (CfWI). The research draws upon 34 country profiles, 12 case studies and a focus discussion with an expert panel. The results of the study underpin the Member States in the preparatory and delivery phase of the EU Joint Action on Health Workforce Planning and Forecasting (henceforth EU Joint Action). In addition, the study aims to support the Commission in the drafting of an action plan to address the gap in the supply of health workers (henceforth Action Plan).

More information:

http://ec.europa.eu/health/workforce/key_documents/study_2012/index_en.htm

CLINICAL TRIALS – COMMISSION PROPOSAL

On 17 July 2012, the European Commission adopted a proposal aiming at boosting clinical research in Europe by simplifying the rules for conducting clinical trials.

According to the Commission, clinical trials are vital to develop medicines and to improve and compare the use of already authorised medicines. The proposed measures focus on speeding up and simplifying the authorisation and reporting procedures of clinical trials, while maintaining the highest standards of patient safety and robustness and reliability of data. The new piece of legislation will take the form of a Regulation, to ensure that the rules for conducting clinical trials are identical throughout the EU. The measures will also better differentiate the obligations according to the risk-profile of the trial, and improve transparency including on trials done in third countries.

Once adopted, the proposed Regulation will replace the “Clinical Trials Directive” of 2001, which had placed a strong focus on high-level patient safety, but whose divergent transposition and application had led to an unfavourable regulatory framework for clinical research and contributed to the 25% decrease in clinical trials conducted between 2007 and 2011.

The proposed Regulation, if adopted, would:

- establish an authorisation procedure for clinical trials, which will allow for a fast and thorough assessment of the application by all Member States concerned and which will ensure one single assessment outcome;
- set up simplified reporting procedures that will spare researchers from submitting largely identical information on the clinical trial separately to various bodies and Member States;
- ensure more transparency on whether recruitment for participating in a clinical trial is still ongoing, and on the results of the clinical trial;
- give the Commission the possibility to conduct controls in Member States and other countries to make sure the rules are being properly supervised and enforced.

The legislative proposal is now being discussed in the European Parliament and in the Council and is expected to come fully into effect in 2016.

More information:

http://ec.europa.eu/health/human-use/clinical-trials/index_en.htm

EU ADVERSE DRUG REACTIONS REPORTS

Since July 2012, patients have been able to consult all reports of suspected adverse drug reactions (ADRs) for medicines authorised by the EU. Patients also now have the possibility to report their side effects directly.

Adverse drug reactions are the fifth most common cause of hospital death. The measures to mitigate adverse drug reactions are part of the implementation of the EU legislation on Pharmacovigilance, which entered into force in July 2012. The legislation makes it mandatory for all

information on suspected ADRs to be collected and fed into a European database known as Eudravigilance.

Reports submitted to EudraVigilance include those made by health professionals and patients on suspected side effects of centrally authorised medicines, reported during both the pre- and post-authorisation phases. Users can sort these reports by age group, sex, type of suspected side effect and outcome. Information on other medicines, marketed at the national, level will also become public.

So far, 16 countries have put in place reporting tools to collect ADRs. The measures will ensure that all 27 Member States will put such systems in place.

The implementation of the EU legislation foresees that all reporting forms will be accessible on the websites of national authorities and that all national reporting systems will in turn be accessible via a European web portal.

More information:

http://www.ema.europa.eu/ema/index.jsp?curl=pages/regulation/general/general_content_000492.jsp&mid=WC0b01ac058033e8ad

EUROPEAN MEDICINES AGENCY PUBLISHES CLINICAL TRIALS ARCHIVES

On 19 July 2012, the European Medicines Agency's Executive Director, Mr. Guido Rasi, announced his decision to publish the agendas and minutes of the Agency's scientific committees.

Rasi was appointed to his post last in November 2011 and has made transparency one of his priorities. This decision will allow independent researchers access to information through the thousands of pages of clinical trials results carried out by the industry.

The European Medicines Agency has promised that all documents would be made public before the end of 2013. It will also be holding a conference in November in order to identify what needs to be done to ensure rapid and regular access to significant quantities of data.

Since the beginning of 2011, the Agency has published more than 1,5 million pages of clinical trial results, 100 times more than were published in 2009-2010.

More information:

http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2012/07/news_detail_001575.jsp&mid=WC0b01ac058004d5c1

COMMISSION EXPERT GROUP ON HEALTH CARE

The European Commission recognised the necessity to reform health care systems in order to ensure the sustainability of health care services, adapt to the current demographic changes and respond to an increasing demand for quality health care.

On 6 July 2012, the Commission adopted a decision to create a group of independent experts assigned with the mission of identifying the resources to be implemented to invest intelligently in health and to ensure the long-term viability of the systems.

Building on reflections that have already started in Member States on this issue, the 17 experts will examine the reform process already being implemented in some countries and will focus on various sectors such as primary health care, hospital care, research and development, pharmacology, promoting health, patient information systems or health inequalities.

While acknowledging that the management of health care is unquestionably a national competence, the Commission strongly believes that the coordination of policies and the collaboration between Member States to make their systems compatible will bring a genuine added value.

The experts will be appointed following a call for tenders, which will be launched in the next few weeks.

More Information: <http://ec.europa.eu/transparency/regexpert/>



COUNCIL AGREES ON BUDGET FOR RESEARCH

Under pressure from the European Parliament, the Council accepted in full the Commission proposal to reshuffle funds between budget headings, liberating the necessary funding of €485 million to finance 200 contracts for EU-funded research programmes in the area of health care, biotechnology and nanotechnology.

On 31 May, Member States had decided to cut the amount for the budget plans proposed by the Commission by more than two thirds, placing the Commission in the difficult position of being unable to make the advance payments for almost 200 research programmes, which had to be put on hold.

The European Parliament's Budgets Committee responded by offering to open negotiations on the use of the remainder of last year's EU budget to get the research projects going. This idea, which was to be put to a vote on the 5th of July, was put off the table as the Council gave in and accepted the Commission proposal.

The remainder of last year's budget (€0,7 billion) and €0,8 billion from fines and interest on late payments will therefore be returned to Member States via a rebate on their GNI-based contributions to this year's EU budget.



ADOPTION OF ENERGY EFFICIENCY DIRECTIVE UNDERWAY

On 12 July 2012, the European Parliament's energy committee voted unanimously in favour of the compromise concluded on 14 June with the Council on the Energy Efficiency Directive.

The future Directive will require Member States to develop a three year period plans, which, amongst other things, will have to include long term roadmaps for the renovation of buildings.

In the short term, the annual 3% rate of renovation of public buildings will be strictly limited to those buildings occupied by central national government departments.

A plenary vote is scheduled for September.

More information: http://ec.europa.eu/energy/efficiency/eed/eed_en.htm



COMPETITIVENESS, INTERNAL MARKET, INDUSTRY, RESEARCH AND SPACE COUNCIL MEETING

The 3169th Competitiveness, Internal Market, Industry, Research and Space Council meeting took place in Brussels on 30-31 May 2012.

The Council held a debate on the draft of the Directive amending the Professional Qualifications Directive. During this debate, Ministers expressed views on two main aspects of the reform: the creation and practical implementation of the European professional card and the proposed transparency exercise which would subsequently lead to mutual evaluation and, possibly, to a simplification of the national legal frameworks for the regulated professions.

Various delegations highlighted the potential possible benefits for the mobility of skilled workers arising from the introduction of a professional card, if the card is cost effective and has "EU added value".

Delegations broadly acknowledged the need to look into ways of reducing the number of regulated professions in the Member States to facilitate access to these professions by removing unjustified regulatory barriers. Currently, some 800 categories of regulated professions exist across the 27 EU Members. A regulated profession implies that access to the profession is subject to a person holding a specific qualification, such as a university degree, and that activities are reserved to holders of such qualifications.

The Council also held an orientation debate on the modernisation of the public procurement policy in the EU. It took note of a Presidency report on the progress achieved concerning the reform of the public procurement legal framework, which outlined a number of possible solutions to pave the way for a political agreement in the coming months.

The debate focused on two key subjects:

- the use of electronic systems in public procurement (e-procurement), and
- the governance and monitoring of the procurement procedures.

On governance, a large majority of delegations favoured the "light" approach outlined in the Presidency compromise, with Member States having the option of organising their administrative structures without the need to create new structures.

This was the second Ministerial debate since the presentation by the Commission, on 20 December 2011, of legislative proposals for a major overhaul of public procurement rules across the EU. The European Council called for the reform to be approved in co-legislation with the European Parliament before the end of 2012. The reform will affect a wide range of areas regarding the procurement of goods and services, including the simplification and flexibilisation of procurement procedures; the strategic use of public procurement in response to new challenges; better access to the market for SMEs, better governance and sound procedures.

In addition, the Council reached a partial general approach on "Horizon 2020", the proposed framework programme for funding research and innovation for the years 2014-2020. "Horizon 2020" will replace the EU's 7th Framework Programme for Research (FP7), which runs until the end of 2013.

During the debate, delegations further developed essential elements of the general framework for Horizon 2020, including:

- the simplification of procedures that will apply to fund projects, the possibility of widening participation by reinforcing the attractiveness of researchers' careers across the Union, compliance with ethical principles and relevant legislation;
- increased participation of SMEs in research projects covering the whole chain from the idea to the market;
- public/private partnerships and coherence with other EU and national policy and financial instruments.

The new Framework for Research is expected to eliminate fragmentation in this field and to ensure more coherence. Horizon 2020 will build upon the current FP7 concept, the Competitiveness and Innovation Programme (CIP) and the European Institute for Innovation and Technology (EIT). It will be closely linked to key sectorial policy priorities such as health, food security, energy and climate change, etc., and will have strong links to cohesion policy as well as to rural development.

Another topic, which was addressed by the Ministers, was the European Innovation Partnerships (EIP). The Council adopted conclusions on the Partnerships, discussing the ongoing pilot project for an EIP on active and healthy ageing, as well as new EIPs in the fields of agricultural productivity and raw materials, which were proposed by the Commission last February. These partnerships are designed to provide a framework gathering together stakeholders across policy areas, sectors and borders to integrate or initiate supply and demand side measures across the whole research and innovation cycle.

Representatives from the Cyprus Presidency reminded Ministers of the Presidency's commitment to continue negotiations on the 2014-2020 "Horizon 2020" Framework Programme for Research and Innovation with a view to making preparations for its adoption in the near future.

PROFESSIONAL QUALIFICATIONS DIRECTIVE – FRENCH SENATE'S REASONED OPINION

On 6 March 2012, the French Senate adopted a resolution on a reasoned opinion on the proposal for a Directive of the European Parliament and of the Council amending Directive 2005/36/EC on the recognition of professional qualifications and regulation on administrative cooperation through the Internal Market Information System (COM(2011)0883 – C7-0512/2011 – 2011/0435(COD)).

Under the application of the principles of subsidiarity and proportionality, all national parliaments have the possibility to send the President of the European Parliament, the Council and the Commission a reasoned opinion stating why they consider a draft legislative act does not comply with the principle of subsidiarity, and this within eight weeks from the date of transmission of the draft.

The proposal for a Directive on the recognition of professional qualifications and regulation on administrative cooperation through the Internal Market Information aims to amend the system of mutual recognition of professional qualifications in the European Union in order to benefit the mobility of professionals qualified in a situation of freedom of establishment and freedom to provide services.

One of the key comments made by the French Senate was that the text lacked clarity, making it difficult to fix a set of rules or establish the parameters for Member States' competence and obligations.

Amongst other things, it mentioned the high degree of uncertainty surrounding the European Professional Card project. Whilst the statement of reasons in the proposal for a Directive stresses that the Card is optional for each profession, this is not reflected in the proposal itself. According to

the Senate, the same applies to the common training framework and common training test projects, which have an unspecified scope.

Another key issue upon which the Senate shed light on is that a number of provisions contained in the proposal for a Directive, if applied to the health care professions, would put at risk the proper functioning of national health care systems and the safety of patients. More precisely, it commented on provisions concerning partial access to professions and assessment of language ability, arguing that by taking this step, the European Union would be going beyond the powers conferred on it by the Member States in the Treaties.

In the same line, the Senate mentioned a number of provisions in the proposal, which might lead to a harmonisation of national education provisions, thus going against Article 165 of the Treaty on the Functioning of the European Union.

The French Senate also identified a large number of references to delegated acts adopted by the European Commission, which are worded in a way that makes it impossible to judge the scope of the delegation.

Finally, the Senate expressed its belief that the notification and evaluation reports required by the Directive clearly exceed the means necessary to achieve the EU's objectives and thus contravened the proportionality principle.

The Senate therefore thinks that, as it stands, proposal for a Directive E 6967 does not comply with Article 5 of the Treaty on European Union and Protocol No 2 annexed thereto.

More information:

http://ec.europa.eu/internal_market/qualifications/policy_developments/legislation_en.htm



THE 2012 AGEING REPORT



UNDERLYING ASSUMPTIONS AND PROJECTION METHODOLOGIES

The fourth edition of a joint Report prepared by the European Commission (DG ECFIN) and the Economic Policy Committee entitled « The 2012 Ageing Report: Underlying Assumptions and Projection Methodologies » has been released.

In 2009, the ECOFIN Council gave a mandate to the Economic Policy Committee (EPC) to update and further deepen its common exercise of

age-related expenditure projections by 2012. The work was carried out by the EPC Working Group on Ageing Populations (AWG), which gathers experts from the 27 Member States and Norway and the European Commission, represented by the Directorate-General for Economic and Financial Affairs (DG ECFIN). The European Central Bank, the OECD and IMF have also participated in the meetings of the AWG.

The paper provides a description of the underlying macroeconomic assumptions and projection methodologies of the age-related expenditure projections for all Member States for the period 2020-2060.

It is structured in two parts:

- the first one describes the underlying assumptions: the population projection, the labour force projection and the other macroeconomic assumptions as well as the sensitivity tests;
- the second part presents the methodologies for projecting future expenditure on pensions, health care, long-term care, education and unemployment benefits.

A statistical annex gives an overview of the main assumptions by country.

According to the authors, long-term demographic and economic projections are helpful in highlighting the immediate and future policy challenges for governments posed by demographic trends. They enable one to determine where, when and to what extent ageing pressures will accelerate as the babyboom generation retires and average life span in the EU continues to increase.

An entire section of the paper is dedicated to health care, and presents the methodology to project public expenditure on health care in the 27 Member States of the EU and Norway up to 2060. The projections for public expenditure on health care are made on the basis of the baseline assumptions on population projections provided by Eurostat (EUROPOP2010) and assumptions on labour force, labour productivity, GDP and interest rates agreed by the EPC. Public expenditure on health care is determined by a complex set of demand and supply side factors. Building on the 2009 EPC/EC projections exercise, this projection exercise considers a number of different projection scenarios to be able to analyse the possible impact of each factor separately and in a quantifiable way.

The authors expect an increase in spending on health care from 7,1% of GDP in 2010 to 8,3% of GDP in 2060 for the EU 27 (from 7,3% to 8,4% of GDP for the EA). According to the "AWG reference scenario", which is based on current policy settings, public spending on long-term care is projected to double, increasing from 1,8% of GDP in 2010 to 3,4% of GDP in 2060 in the EU as a whole (to 3,4% of GDP in the European Economic Area).

Another section focuses on long-term care (LTC), examining factors affecting future LTC expenditure

More information:

http://ec.europa.eu/economy_finance/publications/european_economy/2011/pdf/ee-2011-4_en.pdf

GROWTH FOR GREECE – EUROPEAN COMMISSION COMMUNICATION

On 18 April 2012, the European Commission released a Communication highlighting the steps that need to be taken during 2012, as part of the Second Economic Adjustment Programme, to help Greece generate new economic dynamism, job creation and social cohesion.

The Communication, entitled "Growth for Greeces", identifies and explains the huge range of support measures that the Commission can mobilise to support Greece and highlights the positive impact that the full and effective implementation of the Second Economic Adjustment Programme can have by laying the foundations for growth, investment and social renewal.

In its Communication, the Commission acknowledges Greece's efforts to reduce its public sector deficit in these times of economic and financial crisis and expresses Member States and the EU institutions' commitment to help Greece and to keep Greece in the Euro.

The Communication released as the main framework for recovery in Greece is now in place.

A section of the document focuses on the measures that Greece can undertake in the field of health care. According to the Commission, in order to maintain universal access and improve the quality of health care delivery within a framework of much greater budgetary discipline, Greece has to find ways to contain the costs of inputs and increase the overall efficiency of the system. This can be achieved by addressing inequalities in coverage and reducing the fragmentation in the governance and administration of the system for example.

The Commission also recommends a more responsible consumption of health care services and products, for example through the reduction of outlays and waste on medical equipment and pharmaceuticals. This can be achieved by ensuring a more transparent and professional prescriptions systems and health procurement.

In addition, the Communication emphasises the importance of balancing long-term human resource needs with a specific focus on training and retention of primary care health care professionals and nurses.

In 2010, Greece adopted one of the most ambitious pension reforms in the EU. These reforms will underpin the long-term sustainability of the Greek pension system. The European Commission strongly advises Greece to feature prominently the impact of ageing on health and pensions system in the reform system.

More specifically, the Communication gives a set of comprehensive measures that Greece should work towards:

- strengthening the governance of the health system while reducing fragmentation and administrative costs;
- reducing pharmaceutical spending through changes in pricing, prescription and reimbursement of medicines, as well as via the promotion of generic medicines;
- centralising procurement;

- developing a comprehensive and uniform e-health system to improve the monitoring, transparency and the efficiency of the health care system;
- presenting a human resource planning instrument to outline long-term health workforce needs.

More information:

http://ec.europa.eu/economy_finance/articles/financial_operations/pdf/2012-04-18-greece-comm_en.pdf



SECOND HEALTH PROGRAMME (2008-2013)

AWARDING OF GRANTS FOR PROPOSALS FOR 2012

On 5 July 2012, the Commission released its decision on the awarding of grants for proposals for 2012 under the second Health Programme (2008-2013).

19 operating grants, 16 projects, 7 conferences and 5 Joint Actions will be co-funded for a total of €27.183.663. The topics cover diverse subjects from “increasing healthy life years” and “promoting healthy ageing” via “protecting citizens from health threats” to “addressing health determinants” and take action on key factors such as nutrition and physical activity.

Projects were awarded co-financing totalling €13.312.116 and conferences will be receiving a total of €599.097.

Amongst the projects that were granted funding are:

- ▶ The EUROTRACS project, entitled “EUROpean Treatment & Reduction of Acute Coronary Syndromes Cost Analysis”, of which HOPE is a partner.
- ▶ The MANAGE-CARE project, entitled “Active-ageing with Type 2 Diabetes as Model for the Development and Implementation of Innovative Chronic Care Management in Europe”.
- ▶ The ICARE4EU project, entitled “Innovating Care for People with Multiple Chronic Conditions in Europe”.
- ▶ The ACT project, entitled “Advancing Care Coordination & TeleHealth Deployment Programme”.
- ▶ The EConDA project, entitled “Economics of Chronic Diseases”.
- ▶ The BENCH-CAN project, or “Benchmarking comprehensive cancer care that provides interdisciplinary treatment for patients, and yield examples of best practice in comprehensive cancer care”.
- ▶ The e-CAPACIT8 project, entitled “Strengthening occupational health professionals’ capacities to improve the health of the ageing workforces”.

Operating grants will be receiving €4.330.590 and Joint Actions will be awarded a total of €8.941.660.

The European Patients' Forum, the European Multiple Sclerosis Platform asbl, Alzheimer Europe, the European Public Health Alliance and the International Association for Ambulatory Surgery were amongst the organisations that received operating grants funding.

With regards to Joint Actions, the "European Health Workforce Planning and Forecasting", of which HOPE is a partner, is to be awarded €3.000.000. The FOEDUS Joint Action, which aims at facilitating the exchange of organs donated in EU Member States, is another example of proposals, which were accepted for the award of a financial contribution in the form of Joint Actions.

The Commission also published a reserve list for projects, which could receive co-financing if appropriations become available. The CDCH proposal, "Information and access: the challenges of the Directive on cross-border healthcare", of which HOPE would be a partner, is one of the proposals in reserve for the award of a financial contribution to specific actions in the form of conferences.

More information: http://ec.europa.eu/health/programme/policy/2008-2013/index_en.htm

RESEARCH – €8,1 BILLION TO RESEARCH AND INNOVATION

On 9 July 2012, the European Commission announced "the final and biggest ever" set of calls for proposals for research in 2013 under its 7th Framework Programme (FP7), with a budget of €8,1 billion, an increase of more than €1 billion compared to the 2012 funding. From 2014, the FP7 will be replaced by the Horizon Programme, which will run until 2020

The set of calls for proposal was officially launched on 10 July 2012 and comprises two categories. €4,8 billion will go to "thematic research priorities". A slice of up to €1,2 billion will go to small and medium-sized enterprises. The remainder of the general budget, €3,3 billion, will go to distinct sectors of activity. Health, new technologies (ICT), energy, security, the bio-economy, social and human sciences, space and the environment will all see their potential funding increase, compared with the 2012 set of calls for proposals.

The Health Work Programme for 2013 further consolidates the major efforts initiated in 2011 and 2012 to stimulate innovation and SME participation via broad, bottom-up topics implemented by the two-stage submission and evaluation procedure. The Health work programme 2013 has an indicative budget of approximately €840 million to cover various health issues.

The research priorities for 2013 are brain research, antimicrobial drug resistance and comparative effectiveness research. These areas will be complemented by topics from other areas such as developing personalised medicines approaches, cardiovascular research, safety and efficacy of therapies, cancer and public health research and a horizontal activity for translating research results into innovative applications for health.

The proposed content for calls 2013 are the following.

- ▶ **Horizontal topics for collaborative projects relevant for the whole of Theme Health**
This activity aims at supporting innovation through the exploitation and dissemination of results from FP funded projects and their transfer into innovative applications and policies.
- ▶ **Biotechnology, generic tools and medical technologies for human health**
This activity aims at developing and validating the necessary tools and technologies that will enable the production of new knowledge and its translation into practical applications in the area of health and medicine.
- ▶ **Translating research for human health**
This activity aims at increasing knowledge of biological processes and mechanisms involved in normal health and in specific disease situations, to transpose this knowledge into clinical applications including disease control and treatment, and to ensure that clinical (including epidemiological) data guide further research.
- ▶ **Optimising the delivery of health care to European citizens**
This activity aims at providing further evidence to underpin policy decisions for the development of health systems as well as strategies for health promotion, disease prevention, diagnosis and therapy. Topics addressed cover Comparative Effectiveness Research (CER) in health systems and health services interventions and social innovation for health promotion.
- ▶ **Other actions across the health theme**

The objective of these actions is to contribute to the implementation of the Framework Programmes and the preparation of future EU research and technological development policy.

More information:

http://ec.europa.eu/research/participants/portalplus/static/docs/calls/fp7/common/32745-annex_4_to_the_decision_health_wp2013-18_june_for_egreffe_en.pdf

OPEN FORUM OF THE EUROPEAN PARTNERSHIP FOR ACTION AGAINST CANCER (EPAAC)

The European Partnership for Action Against Cancer successfully organised its second Open Forum. The event was hosted by the Italian Ministry of Health and casted a spotlight on Health Promotion & Prevention and Cancer Data & Information (Work Packages 5 & 9). The Open Forum was held on 19 and 20 June 2012 in Rome.

The European Partnership for Action Against Cancer (EPAAC) was launched in 2009, after the European Commission published its Communication on Action Against Cancer: European Partnership. The specificity of the Partnership is that it brings together the effort of different stakeholders into a joint response to prevent and control cancer. In its initial phase, until early 2014, the work of the Partnership will be taken forward through a Joint Action (co-financed by the EU

Health Programme). The EPAAC Joint Action encompasses 36 associated partners from across Europe and over 90 collaborating partners.

A diverse group of stakeholders from across Europe met in Rome to discuss cancer prevention and the promotion of better health, exchange views and best practices. Leading experts in the field of cancer information and cancer registries discussed the Proposal for a European Cancer Information System.

2012 also marks the 25th anniversary of EU policy on cancer. In 1985, the European Council in Milan emphasised the importance of launching a European programme of action against cancer, which resulted in the development of the first of the three successive "Europe Against Cancer" action programmes, which ran until 2003. After 2003, efforts to combat cancer continued in the framework of horizontal health programmes. Overall, the fight against cancer, and in particular cancer prevention, has been at the forefront of European Union action for the past 25 years.

EU Health Commissioner, John Dalli, emphasised that "from the first Cancer Programme in 1987, to our present Partnership against Cancer, the Commission has fostered action on prevention, research, control and care which made a difference for Europeans living with cancer. Information is key for shaping and implementing effective cancer prevention and control strategies. The Commission is committed to fostering a sustainable, comprehensive European Cancer Information System".

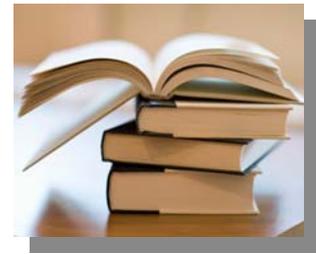
Alojz Peterle, Member of the European Parliament (MEP) and President of the Group MEPs Against Cancer (MAC) added that "cancer is still in progress and we are still facing significant inequities in efficient combating against it. Partnerships at national level based on National Cancer Plans and partnerships on EU level aimed at exchange of knowledge, best practises (especially with regards to screening programmes) and research cooperation are vital to win this challenge. Further political support at all levels of action is needed as well. Stronger efforts have to be devoted to the primary prevention, in particular in health education".

The Italian Minister of Health, Renato Balduzzi, emphasised that Italy has been honoured to host the 2012 Open Forum of the European Partnership Action Against Cancer (EPAAC). He considers this responsibility as a recognition to the commitment and strong contribution Italy has given to the fight against cancer, both at national and international level, and in particular for European cooperation.

Tomaž Gantar, the Minister of Health of the Republic of Slovenia, recognised the high value of the partnership against cancer and highlighted that "an approach based on joint action and partnership implies added value, as experts from across the EU collaborate and shape actions to combat cancer, exchange best practices, define obstacles and more easily achieve goals".

More information: www.epaac.eu

REPORTS AND PUBLICATIONS



EUROHEALTH ON GENDER AND HEALTH – WHO PUBLICATION



The edition number 2, volume 18 of EuroHealth has been published by the WHO European Observatory on Health Systems and Policy. The first section of the publication, about gender and health, commemorates the life and work of Dr. Concepción (Concha) Colomer Revuelta, Director of the Women's Health Observatory of the Spanish Ministry of Health, who passed away in 2011. The last two sections focus on hospitals and comment on cost containment initiatives in France and long-term care initiatives in the Netherlands.

The first section of the publication presents a series of articles in memory of Dr. Colomer that look at the history of gender equity policies. Dr. Colomer life-long work and dedication profoundly shaped gender mainstreaming in health policy within her native Spain, and made a significant contribution to strategies and actions at the international level through the work of WHO, both within Europe and the Americas. The articles tell us about the history and the arising of gender issues in health determinants, focusing on the role of Dr. Colomer; republish an example of the work carried out by Dr. Colomer and her efforts to promote to wider audiences the importance of adopting a gender perspective in research and policy development; explain about gender approaches to adolescent and child health, violence against women and tackling gender equity in health policy in Europe.

The second section of the publication starts with an article where colleagues at the European Commission comment on how to modernise the Professional Qualifications Directive. Then, representatives from the WHO discuss the role of hospitals at present, when the ongoing economic crisis has accentuated the importance of ensuring the appropriateness of the hospital as the core capital stock of the health system. The authors argue that the capital cost for hospitals appears large but is more than balanced by the associated medical and utility costs, they apply ideas from other industries about flow processing and removal of choke-points, and finally they argue that hospital capacity can be identified in terms of the functional use of space ("hot floor", "factory", "office" and "hotel").

The third article, also on hospitals, reflects on a practical learning tool developed within the SANITAS project for implementing guidelines for safety and quality of care across borders.

The last section of the publication presents an article about cost-containment in the relatively expensive French system and an article about the reform of long-term care in the Netherlands. In France, recent actions to address this issue of cost containment include successful measures to encourage the use of gatekeepers within the system, but containing the costs of self-employed

physician practice paid on a fee for service basis remains challenging. There has been a shift towards performance related incentives within doctors' contracts for medical practice improvement; however, the areas targeted only cover a small share of doctors' practices and controlling expenditure in the private practice sector clearly remains a major challenge. In the Netherlands, over the last few years, concerns have aroused about the future financial sustainability of long-term care (LTC) and reforms have been deemed necessary to curb the growth of associated expenditure. LTC reforms have focused on putting more emphasis upon individual responsibility, upgrading the role of local government, upgrading the role of health insurers and abolition of personal budget.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0007/169531/Eurohealth-Vol-18-No-2.pdf

HEALTH POLICY RESPONSES TO THE FINANCIAL CRISIS – WHO PUBLICATION



The WHO European Observatory has just published the Policy summary "Health policy responses to the financial crisis in Europe", which delineated the strategies adopted by European Member States to face the economic downturn.

The results of the survey suggest that the response to the crisis across the European Region varied considerably across health systems and, in part, depended on the extent to which countries experienced a significant downturn in their economies.

Three kinds of policies can be identified.

- ▶ Policies intended to change the level of contributions for publicly financed health care. Several countries reported cuts in the national health budget.
- ▶ Policies intended to affect the volume and quality of publicly financed health care. In general, the statutory benefits package and the breadth of population coverage were not radically changed but some reductions were made, usually at the margin.
- ▶ Policies intended to affect the costs of publicly financed health care. Many countries introduced or strengthened policies to reduce the price of medical goods or improve the rational use of medicines. In most cases these policies were part of on-going reforms. The crisis increased efforts to negotiate pharmaceutical prices in some national markets. Some countries reduced the salaries of health professionals, froze them, reduced their rate of increase or used other approaches to lower salaries. Several countries reduced the health service prices paid to providers or linked payment to improved performance to realise efficiency gains and contain costs. In many countries, the economic crisis created an impetus to speed up the existing process of restructuring the hospital sector through closures, mergers and centralisation, a shift towards out-patient care and improved coordination with or investment in primary care.

The survey results indicate that European Region countries have employed a mix of policy tools in response to the financial crisis. Some countries seem to have used the crisis to try to increase efficiency, particularly in the hospital and pharmaceutical sectors, although little has been done to enhance value through policies to improve public health. So far, the breadth and scope of statutory coverage have largely been unaffected. Some countries have actually expanded benefits for low-income groups, to strengthen access to health care. However, several countries have lowered coverage depth by increasing user charges for essential services, which is a cause for concern. The international evidence suggests that user charges disproportionately affect low-income groups and regular users of care, and are unlikely to reduce public or total spending on health in the longer term due to reduced use of necessary care and, in some cases, increased use of free but more resource-intensive services such as emergency care.

Policy options can be divided into two categories: those that are likely to enhance efficiency and will not have an adverse impact on, or may even promote, other health system goals, and those that are likely to have more harmful effects.

Policy tools likely to promote health system goals are:

- increased risk pooling;
- strategic purchasing, where contracts are combined with accountability mechanisms including quality indicators, patient-reported outcome measures and other forms of feedback;
- HTA to assist in setting priorities, combined with accountability, monitoring and transparency measures;
- controlled investment in the health sector, particularly for health infrastructure and expensive equipment;
- public health measures to reduce the burden of disease;
- price reductions for pharmaceuticals combined with cost-effectiveness evidence and other measures to promote rational prescribing and dispensing;
- shifting from inpatient to day-case or ambulatory care, where appropriate;
- integration and coordination of primary care and secondary care, and of health and social care;
- reducing administrative costs while maintaining capacity to manage the health system;
- fiscal policies to expand the public revenue base;
- counter-cyclical measures introduced before the onset of a health system shock;
- targeting financial protection measures towards poorer people and regular users of health care.

Policy tools that risk undermining health system goals:

- reducing the scope of essential services covered;
- reducing population coverage;
- increases in waiting times for needed services;
- user charges for essential services;
- attrition of health workers caused by imbalances in salaries relative to the rest of the economy and, where relevant, foreign labour markets.

The crisis has left a few countries with little or no choice but to introduce cuts. Where the short-term situation compels governments to cut public spending on health, the policy emphasis should be on cutting wisely to minimise adverse effects on health system performance, enhancing value and facilitating efficiency-enhancing reforms in the longer run.

More information:

<http://www.euro.who.int/en/what-we-do/data-and-evidence/health-evidence-network-hen/publications/2012/health-policy-responses-to-the-financial-crisis-in-europe>



EUROPEAN COMMISSION – CALLS FOR EXPERTS

CALL FOR EXPERTS ON THE ENVIRONMENTAL RISKS AND INDIRECT HEALTH EFFECTS OF MERCURY IN DENTAL AMALGAM

The Commission's independent Scientific Committee on Health and Environmental Risks (SCHER) is looking for experts for its working group on the environmental risks and indirect health effects of mercury in dental amalgam.

Deadline: 10 October 2012

For more information and to submit an application:

http://ec.europa.eu/health/scientific_committees/consultations/calls_experts/scher_exp_01_en.htm

CALL FOR EXPERTS ON THE SAFETY OF MEDICAL DEVICES CONTAINING DEHP [DI(2-ETHYLHEXYL) PHTHALATE]

The Commission's independent Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) is looking for experts for its working group on the safety of medical devices containing DEHP [di(2-ethylhexyl) phthalate] for groups possibly at risk.

Deadline: 24 September 2012

For more information and to submit an application:

http://ec.europa.eu/health/scientific_committees/consultations/calls_experts/scenihp_exp_02_en.htm

CALL FOR EXPERTS IN EMF

The Commission's independent Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) is looking for experts for its working group on "Potential health effects of exposure to electromagnetic fields (EMF)".

Deadline: 24 September 2012

For more information and to submit an application:

http://ec.europa.eu/health/scientific_committees/consultations/calls_experts/scenihp_exp_03_en.htm

CALL FOR EXPERTS IN METAL-ON-METAL HIP IMPLANTS

The Commission's independent Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) is looking for experts for its working group on the safety of metal-on-metal joint replacements with a particular focus on hip implants.

Deadline: 24 September 2012

For more information and to submit an application:

http://ec.europa.eu/health/scientific_committees/consultations/calls_experts/scenihp_exp_04_en.htm

CALL FOR EXPERTS ON THE SAFETY OF THE USE OF DENTAL AMALGAM AND ITS SUBSTITUTES

The Commission's independent Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) is looking for experts for its working group on the safety of the use of dental amalgam and its substitutes.

Deadline: 10 October 2012

For more information and to submit an application:

http://ec.europa.eu/health/scientific_committees/consultations/calls_experts/scenihp_exp_05_en.htm

CALL FOR EXPERTS ON MEDICAL DEVICES CONTAINING NANOMATERIALS

The Commission's independent Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) is looking for experts for its working group on the safety of medical devices containing nanomaterials.

Deadline: 1 October 2012

For more information and to submit an application:

http://ec.europa.eu/health/scientific_committees/consultations/calls_experts/scenihp_exp_06_en.htm

HTA – EUCOMED MULTI-STAKEHOLDERS WORKSHOP

On 10 July 2012, the Eucomed Health Technology Assessment (HTA) working group organised a multi-stakeholder workshop on stakeholder involvement in HTA. The workshop follows the Directorate-General for Health and Consumers' decision to launch a public stakeholder consultation on "Modalities of stakeholder consultation in the voluntary Health Technology Assessment (HTA) network to be established under Directive 2011/24/EU".

Various stakeholder groups representing academia, providers, payers, medical professionals, national associations and European MedTech associations were present at the event, where they offered their perspective on the proven value of stakeholder participation in the HTA process.

Marianna Cavazza, Research Fellow at CERGAS, presented the results of research into the differences and variations within stakeholder involvement in HTA. One of the main observations derived from the research is that stakeholder involvement is a country-related issue, rather than a HTA organisation issue.

Next, Gloria Lombardi, Health Economist at HOPE, presented HTA and stakeholder involvement from a providers' perspective in a cross-border context with particular focus on the research which led to their "Guideline on HTA in Cross Border Regions".

Jacqueline Bowman-Busato, Executive Director of EPPOSI, in her presentation looked at the societal benefits in HTA. The think tank supports multi-stakeholder involvement in HTA, focussed on patients' engagement.

Finally, Irina Odnoletkova, Project Manager at the International Association of Mutual Benefit Societies (AIM), presented HTA from the payers' perspective. Last year, AIM launched an HTA group, which advocates a multi-stakeholder platform with a transparent and ethical governance structure.

The second half of the day centred around a panel discussion among the morning presenters and the European Commission with Pascale Brasseur, chair of the Eucomed HTA working group, kicking the afternoon into gear by presenting the view of industry on stakeholder involvement.

This Eucomed initiative complements the joint health care industry paper "The Value of industry involvement in HTA".



OECD HEALTH DATA 2012



OECD Health Data 2012, released on 28 June 2012, offers the most comprehensive source of comparable statistics on health and health systems across the 34 OECD countries.

Covering the period 1960 to 2010, this interactive database can be used for comparative analyses on health status, risk factors to health, health care resources and utilisation, and health expenditure and financing.

The database includes key indicators covering:

- ▶ Health status (such as life expectancy, maternal and infant mortality)
- ▶ Non-medical determinants of health (such as food consumption, alcohol and tobacco consumption, obesity and overweight (survey and measured data))
- ▶ Health care resources and utilisation (such as health employment, in-patient beds, medical technology, immunisation, average length of stay, discharges, surgical procedures, and transplants)
- ▶ Pharmaceutical consumption and sales, and generics market
- ▶ Long-term care resources and utilisation (such as long-term care beds in nursing homes, long-term care recipients either in institutions or at home, by age and gender)
- ▶ Health expenditure include data for total expenditure on health, prevention and public health, expenditure on in-patient care, expenditure on out-patient care, expenditure on home care, pharmaceuticals and other medical non-durables, therapeutic appliances and other medical durables, current health expenditure by provider, along with data on health expenditure by financing agent/scheme.
- ▶ General data on demographic and economic references are also available for reference, including population age structure, macro-economic references and monetary conversion rates.

OECD Health Data 2012, show that growth in health spending slowed or fell in real terms in 2010 in almost all OECD countries, reversing a long-term trend of rapid increases. Overall health spending grew by nearly 5% per year in real terms in OECD countries over the period 2000-2009, but this was

followed by zero growth in 2010. Preliminary figures for a limited number of countries suggest little or no growth in 2011.

While government health spending tended to be maintained at the start of the economic crisis, cuts in spending really began to take effect in 2010. This was particularly the case in the European countries hardest hit by the recession. In Ireland, cuts in government spending drove total health spending down by 7,6% in 2010, compared with an average yearly growth rate of 8,4% between 2000 and 2009. In Estonia, following an average growth rate of nearly 7% per year from 2000 to 2009, expenditure on health dropped by 7,3% in 2010, driven by reductions in both public and private spending. In Greece, estimates suggest that total health spending fell by 6,5% in 2010 after a yearly growth rate of more than 6% on average since 2000.

Reductions in public spending were achieved through a range of policy measures. In Ireland, most of the reductions have been achieved through cuts in wages or the fees paid to professionals and pharmaceutical companies, and through actual reductions in the number of health workers. Estonia cut administrative costs in the ministry of health and also reduced the prices of publicly reimbursed health services.

Investment plans have also been put on hold in a number of countries, including Estonia, Ireland, Iceland and Czech Republic, while gains in efficiency have been pursued through mergers of hospitals or ministries, or accelerating the move from in-patient hospitalisation towards out-patient care and day surgery. The use of generic drugs has also been expanded in a number of countries.

Other measures have been introduced to make people pay more out of their pockets. For example, Ireland increased the share of direct payments by households for prescribed medicines and appliances, while the Czech Republic increased users' charges for hospital stays.

As a result of the zero growth in health spending across OECD countries in 2010, the percentage of GDP devoted to health stabilised or declined slightly in most countries. In 2010, health spending as a share of GDP remained by far the highest in the United States (17,6% of GDP), followed by the Netherlands (12%), France and Germany (11,6%).

OECD Health Data 2012 is an essential tool for health researchers and policy advisors in governments, the private sector and the academic community, to carry out comparative analyses and draw lessons from international comparisons of diverse health care systems.

More information:

<http://www.oecd.org/health/healthpoliciesanddata/oecdhealthdata2012.htm>

AGENDA



UPCOMING CONFERENCES

EUROPEAN HEALTH FORUM GASTEIN

CRISIS AND OPPORTUNITY – HEALTH IN AN AGE OF AUSTERITY

3-6 October 2012- Gastein (Austria)

The 15th European Health Forum Gastein, entitled “Crisis and Opportunity - Health in an Age of Austerity”, will be held between the 3rd and 6th October 2012 in Gastein, Austria.

The Forum’s key objective is to facilitate the establishment of a framework for advising and developing European health policy while recognising the importance of national and regional authorities and decision-making bodies.

In times of austerity and an increasing demand for health care due to demographic change, innovation and steadily improved technology, the question arises how health policy and health care systems are going to be shaped in the upcoming decades.

The 15th edition of the Forum will focus on:

- global governance;
- health communication;
- non-communicable diseases;
- personalised medicines;
- sustainable health systems;
- the public health challenges of 2050.

As the leading health policy conference in Europe, the Forum, acting as platform for discussion for the various stakeholders in the field of public health and health care, will gather EU, national and regional Representatives; business and industry; health care funders and service providers; civil society; as well as experts and researchers in health care and public health.

More information:

<http://www.ehfg.org/home.html>

CROSS-BORDER HEALTHCARE IN EUROPE

25/26 October 2012 – Bled (Slovenia)

Considering that the enforcement of the new European Directive will be an important landmark for the European healthcare system, the University Medical Centre of Ljubljana is organising a conference on cross-border health care in Europe.

It will take place on 25 and 26 October 2012 in Bled (Slovenia).

The goals of the conference will be:

- providing the most relevant and up-to-date information about the Directive 2011/24/EU on Patients' Rights in cross-border health care;
- enabling health care institution managers, health funds management, patients, health systems regulators, health care providers and experts to thoroughly prepare their health care institutions and employees;
- providing the participants with all relevant information and facts regarding the changes that will take place with the enforcement of the new European Directive;
- guiding the participants through the changes and providing various perspectives on the upcoming Directive by competent international lecturers and experts in various fields of the health care system.

More information:

www.crossborderhealthcare-conference.eu

EAHP ANNUAL CONGRESS

IMPROVING PATIENT OUTCOMES- A SHARED RESPONSIBILITY

13-15 March 2013 – Paris (France)

The European Association of Hospital Pharmacists (EAHP) is accredited by the Accreditation Council of Pharmacy Education as a provider of continuing pharmacy education.

The EAHP represents more than 21.000 hospital pharmacists in 31 European countries and is an association of national organisations representing hospital pharmacists at the European and international levels.

The congress will address various topics such as the ethics and risks in antibiotic prophylaxis, European-wide pharmacy standards, the prevention of critical incidents, nutrition, medicines across the interface or inter-professional learning.

More information:

http://www.eahp.eu/sites/default/files/files/EAHP%20announcement_p1.pdf

SAVE THE DATE

HPH CONFERENCE 2013

22-24 May 2013 – Gothenburg (Sweden)

The 21st International Health Promoting Hospitals Network (HPH) conference will be held from 22 to 24 May 2013 in Gothenburg, Sweden.

The conference programme is currently being developed around contributions of HPH to developing and offering more health-oriented health services. In addition to the main conference, there will be pre-conferences organised by HPH task forces.

More information:

www.hphconferences.org/gothenburg2013

HOPE AGORA 2013

PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE

10-12 June 2013 – The Hague (The Netherlands)

In 2013, HOPE organises its exchange programme for the 32nd time. The HOPE Exchange Programme starts on 13 May and ends on 12 June 2013.

Each year a different topic is associated to the programme, which is closed HOPE Agora, a conference and evaluation meeting. The 2013 HOPE Agora will be held in Den Haag (The Hague, The Netherlands) from 10 to 12 June 2013 around the topic "Patient Safety in Practice - How to manage risks to patient safety and quality in European healthcare".

More information on the HOPE Exchange Programme:

<http://www.hope.be/o4exchange/exchangefirstpage.html>