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European Hospital and Healthcare Federation

Newsletter

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HIV/AIDS surveillance in Europe 2018

Public Health Panorama, Volume 4 – Issue 4

Central Asian and Eastern European Surveillance of Antimicrobial Resistance. Annual report 2018

Tool for mapping governance for health and well-being: the organigraph method (2018)

Report on the health of refugees and migrants in the WHO European Region: no public health without refugee and migrant health (2018)

- **Organisation for Economic Cooperation and Development (OECD)**

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Health literacy for people-centred care. Where do OECD countries stand?

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Connecting food systems for co-benefits: how can food systems combine diet-related health with environmental and economic policy goals?

Eurohealth, Volume 24 – Number 4. Community health service

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Health Tourism - United Nations Publication

Health Tourism – International Medical Travel Journal

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Interest Group Meeting on Mental Health, Wellbeing and Brain Disorders "New Horizons for Person-centred Mental Health Research and Care"

Mental Health and Depression

HOSPEEM Workshop on healthcare workers and workplace

ESIFunds4Health Final Conference on health investments

Personalised Medicine event "From genomic data to personalised healthcare"

UN Conference and COP24 Special report: Health & Climate Change

Enhanced Recovery After Surgery

European Blood Alliance Roundtable

Upcoming HOPE (and co-organised) conferences and events

"Artificial Intelligence in healthcare: is Europe ready?"	**Brussels, 18/03/2019**
19th International Conference on Integrated Care	**San Sebastian, 1-3/04/2019**
HOPE Agora 2019	**Ljubljana, 2-4/06/2019**

HOPE Agora 2019 topic

The HOPE Agora will take place on 2-4 June 2019 in Ljubljana, Slovenia and will discuss the topic “Evidence-informed decision-making in healthcare management”.

Today clinicians are expected to base their decisions about patient care on scientific knowledge as opposed to beliefs and established practices. Such decisions are called “evidence-based medicine”. Since the establishment of the term “evidence-based medicine” in the 1980s, the call for a more systematic use of evidence has spread to other areas, such as health policy-making and management. The terms usually used in these areas are “evidence-informed policy-making” and “evidence-based management”, respectively. Evidence Based Management “means translating principles based on best evidence into organisational practice”. To fully appreciate this definition, we need to clarify what is meant by “evidence” and by “principles”.

For the purposes of the HOPE exchange programme the broadest possible understanding of the term “evidence” will be taken. Such an understanding includes findings from scientific publications, ranging from randomized control trials to case reports. It also includes local evidence, which is the contextual information necessary to take a decision. Examples of such contextual information are analysis of locally available data, gathering information from stakeholders and considering the cultural, political, administrative and other settings which may influence a decision.

The HOPE Exchange Programme period for 2019 starts on 6 May and ends on 4 June 2019. It consists in a 4-week training period aimed at professionals who are involved in the management of European health care services and hospitals.

Read more

ICT4Life at the Committee of Regions (CoR) Interregional Group on Health and Wellbeing

On 6 December 2018, Isabella Notarangelo from HOPE presented ICT4Life project and its results at the meeting “Integrated Care in Europe: The Way Ahead” organised by EUREGHA (European Regional and Local Health Authorities) on behalf of the Interregional Group on Health and Wellbeing. The event, moderated by Ms. Birgitta Sacrédeus (Chair of the European Committee of the Regions Interregional Group on Health and Well-being), aimed at discussing the challenges and progresses made in implementing integrated care models across the EU and gave the floor to regional experiences and viewpoints on the matter.

In this framework, ICT4Life project has been identified as a good-practice contributing to advancing Europe leadership role in personalised services for integrated care and as an innovative solution supporting new delivery system of health and social care. The main points stressed during the presentation referred to the importance of end-users’ involvement in the development of the platform as well as to the adaptability of the platform to diverse integrated care contexts. Besides ICT4Life, a further good practice presented by Prof. Jonas Christensen from the Malmö University (Sweden) was AppSam – Professional Support in Dementia Care, a transnational project in the CareSam cross-border research network. The overall purpose of the AppSam project was to develop a common understanding of the needs of dementia care in countries with different welfare models through transnational interdisciplinary collaboration. The AppSam also developed a social innovation collaborative cross-border model as well as a digital support in professional dementia care, named the iRemember.

The event was followed by EUREGHA (European Regional and Local Health Authorities) annual flagship conference - European Regions for Health “Changing today for tomorrow”. Through panel discussions and the presentation of regional best practices of integrated care and primary care reform, EUREGHA presented its vision on the policies, skills and investments needed for the healthcare of tomorrow.

The minutes of the event are available **here**.

Health priorities of the Romanian Presidency

From 1 January 2019, Romania took over the Council Presidency from Austria and will steer the work of Member States for the next six months.

The programme of the Romanian Presidency of the EU Council on Health includes several priority themes on anti-microbial resistance, vaccination, patient access to medicines, patient mobility in the EU and eHealth. In the Health field, the Presidency of Romania to the EU Council has a comprehensive legislative file, taken over from the Austrian Presidency, namely the Regulation Draft of the Health Technology Assessment (HTA).

An informal meeting involving the EU's health ministers is scheduled for 15 April 2019 in Bucharest, during which access to medicines (with an emphasis on hepatitis treatments) and cross-border health care will be high on the agenda, according to Sorina Pinea, the Romanian Health Minister, a workshop on 9-10 May will cover the topic of vaccines and a further meeting will discuss early diagnosis of cancer on 29-30 May. On top of these activities, an e-health conference is planned for late June.

Read more

Council Trio

On 4 December 2018, the future Romanian, Finnish and Croatian presidencies have published their 18-month programme. The document announces an ambitious set of actions in the field of health and environment.

The three Presidencies plan to strengthen the social dimension of the EU, to promote the level of social protection of citizens and to foster equal opportunities and social inclusion notably through the fight against poverty. The programme also highlights the need to put greater effort in guaranteeing "access to healthcare for all citizens, ensure patient safety and mobility and take advantage of the opportunities posed by new medical technologies". It calls for renewed commitment to tackle the challenges of demographic deficit and population ageing as well as strengthened cooperation in the field of transplantation and organ donation.

A modernised future Common Agricultural Policy, enhancing and maintaining the EU leadership in the achievement of the goals of the Paris Agreement, defining the long term low-carbon strategy, finalising the negotiations on the Clean Energy package, finalising the negotiations on the proposals under the mobility packages and promoting the strategy for long-term EU greenhouse gas emissions reduction in accordance with the Paris Agreement such is the list of environmental measures included in the Trio's programme.

Read more

Brexit

Notice on travelling between the EU and the UK following withdrawal of the United Kingdom from the EU

On 13 November 2018, the European Commission released the document "Notice on travelling between the EU and the UK following withdrawal of the United Kingdom from the EU".

This document is intended to foresee the new modalities of travel in between EU27 and the UK in case no agreement is reached and contains specific provision on "Medical treatment and related issues, emergencies", and more particularly on:

- Entitlement of healthcare under Union law on social security coordination
- Entitlement of reimbursement for cross-border healthcare under Union law on cross-border healthcare
- Recognition of medical prescriptions issued in another Member State

Read the notice in English

Notice in other EU languages (go to the bottom of the page)

Public Health

Enhancing Healthcare Cooperation in Cross-border Regions

The European Commission organised a conference 'Enhancing Healthcare Cooperation in Cross-border Regions' on 4 December 2018 in Brussels to present the results of a pioneering mapping study of successful activities and its toolkit for practitioners interested in setting up cross-border cooperation themselves.

The Commission estimates that more than one in three Europeans live in a cross-border territory. Cooperation between health services, facilities, providers and authorities has the potential to transform proximity to a border from a common problem to a joint opportunity leading to better health outcomes, local innovation, jobs, and growth.

Aimed principally at professionals in the health and cooperation fields, this compact event showcased good practices and creative solutions in cross-border health cooperation, and the challenges that border regions have encountered and overcome.

Examples of health cooperation vary from information-sharing, to streamlined patient mobility, to jointly managed hospitals, innovative technologies and eHealth solutions.

Keynotes, panels and workshops/brainstorming sessions explored priority themes including policy imperatives, patient services (treatments, diagnostic, emergency care), training, investment and other healthcare enablers, as well as the role of innovation and knowledge-sharing across borders.

Two Directorates General of the European Commission co-organised this event: Health and Food Safety (DG SANTE) represented by Anne Bucher the new Director-General and Regional and Urban Policy (DG REGIO) represented by Marc Lemaitre, Director-General.

The message from DG REGIO is that Interreg will be maintained and simplified and that the Commission will be committed to implementation of the action plan that includes health.

The first Panel « Framing EU Cross Border Health Cooperation » included Julia Bobek, Researcher at Gesundheit Österreich GmbH (GOEG), who presented the results publish earlier this year of the study on cross-border cooperation (and presented in HOPE Newsletter). Then Matthias Wismar, Senior Health Policy Analyst European Observatory on Health Systems and Policies presented an older project, published with the title hospitals and borders, seven case studies. Finally, Ana Carla Pereira, Head of Unit Modernization of Social Protection Systems Employment, Social Affairs & Inclusion (DG EMPL) mentioned the European pillars of social rights, European semester, saying that the multiannual financial framework will link structural funds and European semester.

In the second Panel, the topic « Cross Border Health Cooperation, a Cross-Cutting Policy and Cross Institutional Concern » was covered by interventions from: Andrzej Jan Rys, Director Health Systems, Medical Products and Innovation Health and Food Safety (DG SANTE); Ivo Belet, Member of Parliament European Parliament ; Alain de Muyser, Secretary General Benelux Union ; Karsten-Uno Petersen, Regional Councillor Committee of the Regions; and Francesc Bonet, Director-General Cerdanya Hospital.

The afternoon was devoted to workshops presenting cases.

Workshop 1 was on ‘Direct services to citizens’: Treatment, Diagnostics and Emergency Care Jacques Devillers, (FR-BE), Christine Donohoe, National contact point Ireland, Åsa Hofsten and Bodil Landstad, VälTel (NO-SE), Peter Zeisberger and Patrick Jouin, Trisan (FR-DE).

Workshop 2 was on ‘Enabling factors to improve healthcare providers’: Workforce Training and High-Cost Capital Investments: Maria Gizewska, RARESCREEN (DE-PL), Kirsten Kittenberger and Julia Winkler, Healthacross for future (AT-CZ), Daniela Elena Batula, Dolj/Vratsa Health (RO-BG), Jean Louis Valls, Medical emergency services in the Pyrenees (FR-ES).

Workshop 3 was on Innovation and knowledge production: Knowledge sharing, management and cross-border care research with presentations of Reinhard Voll and Florence Dancoisne, EUCOR/RARENET (Upper-Rhine FR-CH-DE), Sandra Sodini, ITI Salute-Szdrastzvo (IT-SI), Brigitte Van der Zanden, EU Prevent (Euregio Meuse-Rhin), Dzenita Hukic and Aida Spahić, NeurNet (Croatia-Bosnia Herzegovina-Montenegro).

The day was concluded by a third Panel "The Way Ahead – Perspectives for Cross-border Health Cooperation in Europe" with interventions from: Dirk Peters, Senior Expert Regional and Urban Policy (DG REGIO), Nick Batey, Chair European Regional and Local Health Authorities (EUREGHA), Martin Guillermo, Secretary General Association of European Border Regions (AEBR), Henri Lewalle, President, COTRANS Coordinator, GEIE OBSERVATOIRE EUROPEEN DE LA SANTE.

Read more

Learn more about the mapping study and **Check out its toolkit**

Implementation of the cross-border Healthcare Directive

On 22 January 2019, ENVI voted on the draft report on the Implementation of the cross-border Healthcare Directive that intends to analyse the current shortcomings in the implementation of the directive and to make recommendations to improve it. The Rapporteur expresses serious concern about the proposed funding reduction and low patient mobility.

He also addresses cross-border healthcare reimbursement and asks the Commission and the Member States to work together to assess, realign and drastically simplify reimbursement procedures for patients receiving cross-border care.

Furthermore, he addresses the specific situation of border regions, calls on the Commission and the Member States to invest further in the development of highly accessible and clearly visible NCPs which provide user-friendly information for patients and health professionals, and urges the Commission to implement an action plan for the further development and financing of the ERNs, via the European Joint Programme on Rare Diseases. Finally, the Rapporteur looks into the mutual recognition of (e)prescriptions and eHealth, and concludes by asking the Commission to negotiate a solid agreement with post-Brexit UK on health, devoting specific attention to cross-border rights for patients and the functioning of the ERNs.

Report

Expert Group on Health Systems Performance Assessment

The 16th meeting of the Expert Group on Health Systems Performance Assessment was held on 5 December 2018 in Dublin (Department of health).

Philippe Roux (DG SANTE) provided an introductory account of the European Commission work in the area of health information. Herman Van Oyen (Sciensano, Belgium) co-ordinator of InfAct (Information for Action) Joint Action presented its content: a 3-year project launched in March 2018 that aims to further develop the work carried out in the past three years in **BRIDGE Health project**. Therefore its objective is to strengthen health information systems infrastructures in EU Member States by: Establishing a sustainable research infrastructure to support population health and health system performance assessment; Strengthening

European health information and knowledge bases, as well as health information research capacities to reduce health information inequalities; and by Supporting health information interoperability and innovative health information tools and data sources.

Concerning the assessment of efficiency of care Federico Pratellesi (DG SANTE) presented an update on the development of 2018 report by the Expert Group on tools and methods to assess efficiency of care. The Group agreed to retain three main chapters – 1) a theory-based one setting out a conceptual framework for efficiency of care, 2) a chapter based on the analysis of replies to the survey on countries' experiences with measuring and assessing efficiency of care, and 3) a chapter based on the outcome of the Policy Focus Group held in September– as the backbone of the efficiency of care report.

Filip Domański (DG SANTE) presented a discussion paper on the concept of health systems resilience. The objective of the document was to trigger a preliminary discussion on this relatively unexplored subject that will be the Expert Group's priority topic in 2019.

Then presentations on HSPA experiences in Ireland and Latvia were delivered. Mr. Patrick Black (Irish Department of Health) presented the functionality of the analytics platform used by the Department of Health (DoH) as one of the instruments to assess the performance of the Irish health care system. Kristīne Kļaviņa (Latvian Ministry of Health) and Guido Noto (MeS Scuola Superiore Sant'Anna) presented the development process of an HSPA system in Latvia in co-operation with experts from the Management and Health Laboratory of Scuola Superiore Sant'Anna, who were engaged in this project through the Commission Structural Reform Support Service

Finally, Ian Brownwood (OECD) presented a summary of the content of the latest edition of Health at a Glance: Europe, a publication released periodically every two years as part of the State of Health in the EU initiative to assist EU Member States in improving the performance of their health systems. The 2018 edition comprises two thematic chapters.

Read more

Council Recommendation on Vaccine Preventable Diseases

On 7 December 2018, the Health Ministers of the EU adopted a Council Recommendation on strengthened cooperation against vaccine preventable diseases.

The Recommendation focuses on three main pillars: tackling vaccine hesitancy and improving vaccination coverage, sustainable vaccination policies in the EU and EU coordination and contribution to global health. It insists on targeted outreach towards vulnerable groups, calls to strengthen vaccination training in medical curricula and exploits the synergies with eHealth and digital technologies to establish electronic vaccination records for all EU citizens.

Recommendation

European Commission Initiative on Breast Cancer (ECIBC): New recommendations published

The Joint Research Center (JRC) has released new recommendations on breast cancer screening and diagnosis, guiding policy makers and healthcare professionals to plan, organise, and deliver effective and equitable breast cancer services. For developing the European Commission Initiative on Breast Cancer (ECIBC), the JRC is applying rigorous methodologies to translate scientific evidence into clear, objective, and independent recommendations on breast cancer screening and diagnosis. The recommendations are released as they are finalised, and the full set will be available in 2019. For women with no symptoms and not at high risk of breast cancer, mammography screening, for example, is strongly recommended between the ages of 50 and 69. The newly published recommendations specify the optimal way of inviting those women to attend their periodic screening.

Ensuring adequate screening and correct diagnostic techniques

Screening and diagnoses practices vary between and within countries on how mammograms should be read and how biopsies should be performed. The evidence underpinning these recommendations suggests very specific approaches. For example, ECIBC suggests that mammograms should be read independently by two trained readers and recommends undergoing needle core biopsy rather fine needle aspiration cytology - for the diagnosis of a breast lesion that may represent a cancer.

Read more

Health Technology Assessment Network Stakeholder Pool

On 16 January 2019, HOPE attended the annual meeting of the Health Technology Assessment Network Stakeholder Pool, hosted by the European Commission. The meeting aimed to contribute to the HTA Network Multiannual Work Programme – specifically to point 3.3. on how to "facilitate appropriate involvement of all interested stakeholders in the European collaboration in HTA, notably patients, health professionals, healthcare industry, and payers". The discussion was chaired by Mr Andrzej Ryś, Director, Health systems, medical products and innovation DG Health and Food Safety, European Commission (EC).

The Chair, ***Andrzej Ryś***, welcomed participants at the first face to face meeting of the HTA Network's Stakeholder Pool and highlighted that this is an important milestone in the ongoing process of the stakeholder involvement. The two new members, EORTC – European Organisation for Research and Treatment of Cancer and ARM - Alliance for Regenerative Medicine, were introduced. Currently the Stakeholder Pool gathers 33 European umbrella organizations which have been selected thought an open call for expression of interest.

The Chair recalled the strategic objectives of the Stakeholder Pool: (1) to contribute to the development related to HTA at EU level; (2) to ensure that the views of different stakeholders are reflected in the policy development in a balanced way; and (3) to create synergies between different stakeholders.

The first topic discussed was devoted to the engagement of stakeholders in the EU cooperation on HTA.

Flora Giorgio, Head of Sector, DG SANTE provided an overview of EC commitment to stakeholders' involvement in HTA cooperation in all its different components (i.e. the HTA Network, EUnetHTA and the preparation and ongoing discussion on the EC proposal). She also gave a factual update on the status of the inter-institutional negotiations of the EC proposal for EU cooperation on HTA and the next steps (see presentation for details).

In the discussion that followed, the following points were made:

- The stakeholders called for the continuity of the EU HTA cooperation post 2020 to be ensured;
- The importance of the involvement of all stakeholder groups was highlighted; the participation should be inclusive with a view to gender and age to provide relevant input;
- The development of transparent and solid conflict of interest policies vis-à-vis industry and all stakeholders is a pre-requisite in order to ensure trust from stakeholders as well as Member States; the EUnetHTA Joint Action will shortly publish their Conflict of Interest Policies.

The representative of EUnetHTA Joint Action and the work package leaders presented an update on current and future stakeholder involvement. In particular, they reported on the stakeholder engagement in the joint work: early dialogues and joint assessments (see presentation for details).

Following the presentation, there was a discussion on the overall stakeholder engagement policy of the EUnetHTA Joint Action. The specific contribution that the different stakeholder groups could bring to the joint work (with a focus on early dialogues and joint assessments) was explored; however, a challenge is to ensure stakeholder involvement in a way that it provides high quality input within the tight timeframe of the joint work – the timely availability of the joint reports is key to allow Member States to use the reports in national healthcare decision-making (uptake).

In the afternoon, the breakout sessions addressed two topics:

A. The involvement of patients and clinical experts in joint work;
B. Horizon scanning and prioritization of joint work – the second session was further broken down in two: one for the pharmaceutical and one for medical technologies sector.

Group A dealt with Patient and health care professional experts' involvement in the joint HTA work and was co-chaired by DG SANTE and BEUC, the European Consumer Organisation. Group B dealt with the cooperation on identification and prioritisation of health technologies for Joint work. One sub-group was co-chaired by EUnetHTA Joint Action and EFPIA, European Federation of Pharmaceutical Industries and the other was co-chaired by DG SANTE and MedTech Europe

The common messages emerging from the three groups were that the ideas above and the several others which were raised during the discussion need further reflection. Therefore some

follow up meetings would be extremely useful both for the short and longer term cooperation. Finally, the possibility to invite members of the HTA Network (Member States Authorities) for future discussions was suggested.

The Chair thanked for the participation to the 1st Stakeholder Pool Meeting of the HTA Network and expressed the commitment of the EC and the EUnetHTA Joint Action to continue the dialogue with the Stakeholders.

HTA latest news

During the latter part of 2018, the rotating presidency of the EU, Austria, worked to make progress, tabling a revised text, based on written and oral contributions by delegations. A particularly important addition to the text was suggested by some delegations. This sought to define an assessment's scope. Austria responded quickly by introducing provisions that require definitions of the content of the joint clinical assessment (JCA) to be defined. This was in respect of interventions, comparators, patient population and patient-relevant health outcomes.

Austria worked to clarify also the selection of experts to carry out JCA, transparency and confidentiality rules for participating in the joint EU work, the information to be submitted by the industry, plus the procedural steps and timelines. But in the end, Vienna was forced to acknowledge that disagreements could not be overcome during the Austrian presidency.

The Romanian presidency has said it will avoid the political battle over mandatory versus voluntary aspects. A number of Member States are against any mandatory element on HTA while a larger number, plus the European Parliament, think it is necessary. A compromise seems a long way off and there is concern that it may actually be left to the Finnish presidency, which takes over in July 2019 to finalise the process.

Emerging Health and Environmental Issues: Statement and Position Paper published by the European Commission

On 14 January 2019, the European Commission Scientific Committee on Health, Environmental and Emerging Risks (SCHEER) published a statement and a position paper on emerging health and environmental issues.

The SCHEER statement on emerging health and environmental issues draws the Commission Services attention to 14 emerging issues in the non-food area that Committee members have identified as having a potential impact on human health and/or the environment in the future. Among the risks identified is the increase of pharmaceuticals and illicit drug loads in wastewater as a result of rise in the use of drugs, aging population and fly tipping of waste from illegal drug manufacturing sites. The presence of antibiotics in surface water may represent a change in the functioning of ecosystems and a risk to human health.

The position paper on emerging issues and the role of the SCHEER describes the methodology how SCHEER draws the attention of the European Commission services to emerging issues in the non-food area.

SCHEER statement on emerging health and environmental issues

Position paper on emerging issues and the role of the SCHEER

Read more on the work of the independent scientific committees of the Commission

ECDC survey of healthcare workers knowledge and attitudes about antibiotic use and resistance

On 28 January 2019, an ECDC-funded survey to assess healthcare workers' knowledge and perceptions about antibiotic use and resistance launched across Europe. Previous studies have mostly focused on the general public and medical students, highlighting a gap in the understanding of these topics by healthcare workers and by other health students.

Following a process of validation and piloting across Europe, the survey is now available for completion. The study closes on 14 February 2019.

The aim is to have a return of 10,000+ responses with representation from healthcare workers including doctors, nurses, midwives, dentists, pharmacists, clinical scientists, hospital managers, allied health professionals, nursing associates, technicians and healthcare students.

The objectives of the study for ECDC are:

- to gain a better understanding of their knowledge and perceptions to provide a base to support future needs in terms of policy and education changes, and
- to fill in gaps in terms of evaluation of communication campaigns targeting healthcare workers

Do not hesitate to cascade the link of the survey actively to relevant organisations and colleagues as well as healthcare students. If you are using social media please use #ECDCAntibioticSurvey. For questions about this survey do not hesitate to contact Dr Diane Ashiru-Oredope at diane.ashiru-oredope@phe.gov.uk.

Survey English version (EN), the survey is also available in 25 additional languages (on request).

Provision of a market study on telemedicine – Commission Report

In November 2018, the European Commission released a report on 'Market Study on Telemedicine'.

The aim of the study is to examine the telemedicine market in Europe and to understand the factors that determine its development. The analysis maps telemedicine applications and solutions, and applicable technical standards and guidelines; it also describes market dynamics and potential barriers limiting wider deployment and uptake of telemedicine solutions.

Finally, the study assesses the cost-effectiveness of larger-scale deployment of telemedicine under current and future market conditions, to provide policy makers with advice and considerations for wider deployment of telemedicine. To achieve the study aim, both qualitative and quantitative methods of analysis have been applied to primary and secondary data. The former includes a survey and interviews with key stakeholders in the telemedicine market ecosystem. The latter refers to scientific journals and research reports as well as statistical data. The study recognises that EU policy makers have undertaken a number of successful initiatives to facilitate telemedicine adoption. Additional interventions that would support wider deployment and uptake of telemedicine include: raising public awareness about the benefits of telemedicine, supporting large-scale projects where telemedicine can be tested and its benefits assessed, as well as legislative interventions by the EC or MSs to address some of the barriers for telemedicine adoption in the EU.

Report

Coordinated Plan on Artificial Intelligence

Following the strategy on artificial intelligence (AI) adopted in April 2018, the Commission presented on 7 December 2019 a coordinated plan prepared with Member States to foster the development and use of AI in Europe.

This plan proposes joint actions for closer and more efficient cooperation between Member States, Norway, Switzerland and the Commission in four key areas: increasing investment, making more data available, fostering talent and ensuring trust. Stronger coordination is essential for Europe to become the world-leading region for developing and deploying cutting-edge, ethical and secure AI.

Representatives of Member States, Norway, Switzerland and the Commission have met over the last six months to identify synergies and joint actions that will now be reviewed and updated on an annual basis. They prioritised areas of public interest, such as healthcare, transport and mobility, security and energy. They agreed to:

1. **Maximise investments through partnerships**

Investment levels for AI in the EU are low and fragmented, compared with other parts of the world such as the US and China. In line with the AI strategy presented in April, the plan foresees increased coordination of investments, leading to higher synergies and at least €20 billion of public and private investments in research and innovation in AI from now until the end of 2020 and more than €20 billion per year from public and private investments over the following decade. Complementing national investments, the Commission will invest €1.5 billion by 2020, 70% more than in compared to 2014-2017. For the next long-term EU budget (2021-2027) the EU has proposed to invest at least €7 billion from **Horizon Europe** and the **Digital Europe Programme in AI.**

2. **Create European data spaces**

Large, secure and robust datasets need to be available for AI technology to be developed. Together with European countries, the Commission will create common European data spaces to make data sharing across borders seamless, while ensuring full compliance with the General Data Protection Regulation. The health sector can particularly benefit from AI: in coordination with Member States the Commission will support the development of a common health database with anonymised scans of injuries, donated by patients, to improve cancer diagnoses and treatments with AI technology. By mid-2019, the Commission will launch a support centre for data sharing, to give practical advice to all European participants in the data economy.

3. **Nurture talent, skills and life-long learning**

The Commission will support advanced degrees in AI through, for example, dedicated scholarships. The Commission will also continue to support digital skills and lifelong learning for the whole of society, and especially for workers most affected by AI. Full use of the **Blue Card system** will also help to retain and attract highly-skilled AI professionals in Europe.

4. **Develop ethical and trustworthy AI**

AI raises new ethical questions, for example potentially biased decision-making. To create trust, which is necessary for societies to accept and use AI, the coordinated plan aims to develop a technology which respects fundamental rights and ethical rules. A European group of experts, representing academia, business, and civil society, is working on ethics guidelines for the development and use of AI. The ambition is then to bring Europe ethical approach to the global stage. The Commission is opening up cooperation to all non-EU countries that are willing to share the same values.

Coordinated Plan on AI

First EU citizens using ePrescriptions in other EU country

On 21 January 2019, the first EU patients can use digital prescriptions issued by their home doctor when visiting a pharmacy in another EU country: Finnish patients are now able to go to

a pharmacy in Estonia and retrieve medicine prescribed electronically by their doctor in Finland.

The initiative applies to all *ePrescriptions* prescribed in Finland and to the Estonian pharmacies that have signed the agreement. The novelty of this initiative is that the *ePrescriptions* are visible electronically to participating pharmacists in the receiving country via the new eHealth Digital Service Infrastructure, without the patient having to provide a written prescription. This is in line with our policy on Digital Health and Care, which aims to empower patients by giving access to their health data and ensuring continuity of care.

In 2011, the European institutions adopted **Directive 2011/24** which ensures continuity of care for European citizens across borders. The directive gives the possibility for Member States to exchange health data in a secure, efficient and interoperable way. The following cross-border health services are now being progressively introduced in all EU Member States:

1) *ePrescription* and *eDispensation* allow any EU citizen to retrieve his/her medication in a pharmacy located in another EU Member State, thanks to the electronic transfer of their prescription from his/her country of residence to the country of travel. The country of residence is then informed about the retrieved medicine in the visited country;

2) *Patient Summaries* provide background information on important health-related aspects such as allergies, current medication, previous illness, surgeries, etc., making it digitally accessible in case of a medical (emergency) visit in another country. It is an abstract of a larger collection of health data called the **European Health Record**. To make this a reality, the Commission will soon be presenting a Recommendation on the European Electronic Health Record Exchange Format.

Data protection rules are strictly observed and patients will have to provide their consent before these services are accessed.

Both services were made possible thanks to the *eHealth Digital Service Infrastructure* which connects the eHealth national services, allowing them to exchange health data, and which is funded by the European Commission's Connecting Europe Facility.

Next steps

22 Member States are part of the *eHealth Digital Service Infrastructure* and are expected to exchange *ePrescriptions* and *Patient Summaries* by the end of 2021. 10 Member States (Finland, Estonia, Czechia, Luxembourg, Portugal, Croatia, Malta, Cyprus, Greece and Belgium) may start these exchanges by the end of 2019.

The **eHealth Network** (the body of eHealth authorities in the EU) has recently given the green light to Finland and Estonia to start exchanging *ePrescriptions* and to Czechia and Luxembourg to receive *Patient Summaries* of foreign citizens.

Read more

Waste Electrical and Electronic Equipment

In 2012, the European Parliament and the Council issued a **new directive relevant to the disposal of waste electrical and electronic equipment**. It replaced the Directive 2002/96/EC.

The directive is aimed at advancing the European Union environmental and sustainability agenda at a time when technology and demand are speeding up the manufacturing of all-in-one products with a programmed or short lifecycle, leading to a growing waste stream. To address the environmental and health problems caused by this trend, the new directive sets up a European regulatory framework to promote the collection, treatment and re-use of electrical and electronic equipment (RECITAL 6) and imposes obligations for the relevant stakeholders. One feature of the directive is to mandate stricter control of the re-use of electrical and electronic equipment as well as of its disposal.

Medical devices are one of ten product categories of electrical and electronic equipment covered by the directive. This means the directive has clear consequences on the reuse and transfer of medical devices and for that reason directly concerns the aid organizations involved in the distribution of second-hand medical devices to developing countries.

Whilst a number of questions remain regarding how the directive will be interpreted and more importantly implemented in individual EU countries, the directive should have a positive impact on the quality of medical equipment donations to developing countries, impeaching the shipment of faulty second-hand medical equipment. This still common practice, which poses a real problem as it results in unnecessary and avoidable financial and environmental costs, now seems to constitute a major concern for the European authorities. Indeed, RECITAL 15 of the WEEE Directive clearly refers to the goal of avoiding the shipment of faulty and/or waste electrical equipment to developing countries.

The ANNEX VI entitled “Minimal requirements for shipment” is of particular relevance for aid organizations. It imposes important obligations, such as providing written proof of equipment evaluation and its proper functioning, in order to prove that it is not WEEE. The requirements include significant obligations such as providing written evidence of equipment evaluation and testing which certifies the equipment functions well. Additionally, it is important for the medical equipment holder who wants to arrange the shipment to be aware that:

- Inspection and monitoring are likely to be implemented by national authorities in order to meet compliance with the directive (ARTICLE 23).
- Sanctions may occur in case of transfer of WEEE. For example, enforced return of the equipment, which would be characterized as WEEE (Articles 24 and 25 of Regulation (EC) No 1013/2006, which Annex VI of the directive refers to).

The deadline for transposing the Directive 2012/19/EU, including the obligations laid down in Annex VI into national laws was 14 February 2014 (ARTICLE 24). However, some European countries failed to transpose the Directive within the legal deadline. The method of

transposition may vary between the countries, both in regard to the number of transposing texts (some countries are transposing the directive in a single piece of legislation, others are using several documents) and in terms of the different legal instruments used for transposition (act, regulation, etc.). The measures enacted by the national authorities for transposing the WEEE Directive are legally binding for stakeholders, such as NGOs and other aid organizations shipping medical devices to developing countries

Read more

Revising the rules for free allocation in the EU Emissions Trading System

On 30 November 2018, the European Commission launched a Roadmap on 'Revising the rules for free allocation in the EU Emissions Trading System'

The European Union Emissions Trading System (EU ETS) was the first large greenhouse gas emissions trading scheme in the world and remains the biggest. It was launched in 2005 to fight global warming and is a major pillar of EU energy policy.

Roadmap

Internal market

Medical Devices Regulation – Unique Devices Identification

The "European UDI Working Group" was meeting on 12 December 2018 in Brussels to present among several other things the progress related to future UDI database in EUDAMED and discussing on draft guidance.

Guidance on application of UDI rules to device-part of products referred to in Article 1(8), 1(9) and 1(10) of Regulation 745/2017 that set the basic criteria to determine whether and to what extent the relevant legislation on medical devices, medicinal products, human tissue and cells apply to certain products containing a medical device part

If a product is assessed and authorised in accordance with the Medical device regulations, the device part will be subject to all UDI-related obligations.

In general terms, if a product is governed by the medicinal product or tissue and cell legislation the device part will not be subject to any UDI-related obligation. It also results from this that if medical devices are co-packaged with a medicinal product and the co-packaged product is governed by the medicinal product regime, a UDI is not needed on the package that combines the medicinal product and the medical device.

The draft guidelines on “Clarification of certain issues (language, presence of hazardous substances, colour) related to the basic guidance on Basic UDI-DI and changes to UDI-DI” and “Guidance on products referred to in Article 1(8), 1(9), 1(10) of Regulation (EU) 2017/745” were subject to positive review during the meeting.

Concerning the registration in EUDAMED and Basic UDI-DI assignment obligations for legacy products placed on the market under an MDD certificate after May 2020, this point might be subject to discussion and final decision at the MDCG meeting in February.

Medical Devices new web portal

The new EU Medical Devices Regulation (MDR) and in vitro Diagnostic Medical Devices Regulation (IVDR) entered into force on 26 May 2017. While it may appear that there is still quite some time until the end of the transition period – 26 May 2020 for the MDR and 26 May 2022 for the IVDR – some of the provisions of the new Regulations apply already.

To ease the transition process to the new Regulations, the European Commission’s Directorate General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) has launched a web portal, providing an extensive source of information on the roles and responsibilities of all these actors.

The portal presents the new regulatory requirements in sections aimed at different actors in the sector, including manufacturers, authorized representatives, importers and distributors, healthcare professionals and health institutions, authorities in non-EU countries, as well as health institutions reprocessing single use medical devices, and others. It explains the main differences between the current Directives and the new Regulations, highlights the timeline for the transition, and specifies deadlines for implementation. It also provides a database of documents and websites from across the EU with information on the MDR and IVDR, in addition to factsheets, and step-by-step guides, etc. Some documents are already accessible online and others will be published as soon as they become available.

Web Portal

Court of Auditors

Court of Auditor: Work Programme 2019

The Work Programme of the European Court of Auditor for 2019 was published on 16 October 2018. Among the topics on which an opinion is expected in 2019 are organic products, stabilisation of farm revenues, antimicrobial resistance, nuclear safety, and cross border healthcare.

Read more

Latvia: improved access to high-quality healthcare services thanks to EU funds

On 4 December 2018, the European Commission released a press statement on EU funds dedicated to the improvement of healthcare services. Over €64 million from the European Regional Development Fund (ERDF) is invested in modernising healthcare infrastructure in the Pauls Stradins Clinical University Hospital, in the Latvian capital of Riga. By purchasing highly specialised medical equipment and introducing new IT systems, this EU-funded project will improve access to high-quality medical services for almost 2 million Latvian citizens once it is completed in 2023.

This investment comes on top of a previous, €24 million EU investment in the hospital. The EU funding will help increase the hospital capacity by over 500 beds in a new area of more than 68,000 m2. In addition, thanks to the purchase of high-tech medical equipment such as magnetic resonance imaging system and computed tomography scanner, the hospital will offer new treatment methods and technologies and new opportunities for training and scientific research for graduates and post graduates.

Reports

- *World Health Organization (WHO)*

HIV/AIDS surveillance in Europe 2018

HIV transmission remains a major public health concern and affects more than 2 million people in the WHO European Region, particularly in the eastern part of the Region. The European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe have jointly carried out the enhanced surveillance of HIV/AIDS in Europe since 2008. This report, released in December 2018, is the latest in a series published jointly by ECDC and the WHO Regional Office for Europe that has been reporting data on HIV and AIDS in the WHO European Region since 2007. It finds that while epidemic patterns and trends vary widely across countries, the increasing trend in new HIV diagnoses continued for the Region as a whole, and calls for urgent action for countries (especially in the East of the Region) to revamp their political commitment and scale up efforts to implement the Action plan for the health sector response to HIV in the WHO European Region.

Link

Public Health Panorama, Volume 4 – Issue 4

Public Health Panorama is a peer-reviewed, bilingual (English–Russian), open access journal published by the WHO Regional Office for Europe. It aims to disseminate good practices and new insights in public health from the 53 Member States in the Region. The mission of Public Health Panorama is to contribute to improving health in the Region by publishing timely and reliable research, and providing evidence, information and data for public health decision-making. One of the key innovations is its publication in both the English and Russian languages, allowing different parts of the Region to come together and share their knowledge. In this issue, released in December 2018, the focus is on primary health care and on the need of accelerating it. The editorials propose 10 policy accelerators drawn from the articles in the issue itself and make the case that research and practice have minimised uncertainty and provide a clear agenda for getting to work. Good practices implemented across the countries are also presented.

Link

Central Asian and Eastern European Surveillance of Antimicrobial Resistance. Annual report 2018

This report, published at the end of 2018, describes resistance data gathered through the Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network from 10 countries in the WHO European Region– Belarus, Bosnia and Herzegovina, Georgia, Montenegro, the Russian Federation, Serbia, Switzerland, the former Yugoslav Republic of Macedonia, Turkey and Ukraine – and Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)). The fourth CAESAR report includes resistance data from Ukraine for the first time, provides a summary of the first five years of CAESAR external quality assessment (2013–2017) and presents preliminarily results of a proof-of-principle project in Armenia. It furthermore includes a reader's guide on how to interpret the surveillance data with caution, taking into account conditions which may reduce the reliability and representativeness of the data. The aim of this report is to provide guidance and inspiration to countries that are building or strengthening antimicrobial resistance surveillance and to stimulate the sharing of data internationally. WHO and its partners remain committed to support countries in these endeavours through the activities of the CAESAR network.

Link

Tool for mapping governance for health and well-being: the organigraph method (2018)

The WHO Regional Office for Europe and expert academic partners developed an organigraph tool for mapping governance structures and accountability mechanisms within governance systems. This publication, released in December 2018, aims to help countries and relevant stakeholders to use the tool to identify which areas need strengthening in order to ensure that systems facilitate improved health and well-being for all. It provides background information about the organigraph method, as well as a practical guide to using it, including example organigraphs.

Link

Report on the health of refugees and migrants in the WHO European Region: no public health without refugee and migrant health (2018)

Almost one in 10 people in the WHO European Region is currently an international migrant. Finding work is a major reason why people migrate internationally, although violence, conflict, natural disasters and human rights abuses are also contributors. Migration and displacement are social determinants of health affecting the health of refugees and migrants. The WHO Regional Office for Europe has taken the lead in assisting Member States in promoting refugee and migrant health and addressing the public health aspects of their health. The Regional Office established the Migration and Health programme specifically for this purpose. Gaining

an overview of the health status of refugees and migrants and health system response is paramount in achieving the Sustainable Development Goals and in ensuring universal health coverage and is in line with the Health 2020 framework. This report, released in December 2018, the first of its kind, creates an evidence base with the aim of catalysing progress towards developing and promoting migrant-sensitive health systems in the 53 Member States of the WHO European Region and beyond. This report seeks to illuminate the causes, consequences and responses to the health needs and challenges faced by refugees and migrants in the Region, while also providing a snapshot of the progress being made across the Region. Additionally, the report seeks to identify gaps that require further action through collaboration, to improve the collection and availability of high-quality data and to stimulate policy initiatives. The report is a much-needed boost for Member States and other stakeholders to ensure high-quality health care for all.

Link

- *OECD*

Pharmaceutical Innovation and Access to Medicines

This report, published on 29 November 2019, reviews the important role of medicines in health systems, describes recent trends in pharmaceutical expenditure and financing, and summarises the approaches used by OECD countries to determine coverage and pricing. It then highlights current issues for policy makers, such as the increasing prices of new medicines; concerns about the value of spending in some therapeutic areas; challenges in anticipating the arrival of very effective medicines for highly prevalent diseases; sharp price increases in off-patent products; and the apparent misalignment of current incentives for the development of treatments for certain conditions. The report also describes the role of the biopharmaceutical industry in OECD economies, examines the process of pharmaceutical R&D and its financing, and looks at the risks, costs and return from R&D investment for the industry. Examining trends in the industry over time, it shows that productivity of R&D expenditure has declined; that the duration of market exclusivity has remained relatively stable; that new medicines are increasingly being developed for small patient populations; and that the industry as a whole has remained highly profitable for investors. Lastly, the report presents a range of policy options for consideration by policy makers, to support the development of effective and co-ordinated responses to the identified challenges.

Link

How resilient were OECD health care systems during the "refugee crisis"?

The past three years have witnessed one of the worst humanitarian refugee crisis with flows from conflict countries peaking in late 2015 early 2016 and millions of people seeking refuge in, mainly European, countries. Due to the hardships they face on their journey, refugees are at greater risk of health problems, such as exposure to communicable diseases and

psychosocial and mental distress. To cope with the immediate health needs of refugees, OECD countries have organised medical screening programmes and emergency health care provision. In the medium term, providing better information about health care entitlements and about how health care systems are organised, facilitating outreach services and offering interpreting services are key helping immigrants' access care. In the long term, health care systems will need to be resilient and better prepared to respond to future refugee arrivals. This edition of Migration Policy Debates, published on 17 November 2019, reviews current challenges and good practices for making OECD health systems more resilient in the face of a refugee crisis, drawing from a debate at a joint OECD, the World Bank and the Center for Mediterranean Integration conference on "Human Resources for Health (HRH): Integration of Refugees into Host Community Health Systems.

Link

Health literacy for people-centred care. Where do OECD countries stand?

In the 21st century care, the old paradigm "because the doctor said so" no longer holds. Individuals are now seeking ways to understand their health options and take more control over their health decisions. But this is not an easy task. Professionals continue to use medical jargon, drug instructions are not always clear, and health information in clinical settings continue to be complex and challenging to navigate. Widespread access to digital technologies offset some of these barriers by democratising access to health information, providing new ways to improve health knowledge and support self-care. Nonetheless, when health information is misused or misinterpreted, it can wrongly influence individuals' preferences and behaviour, jeopardise their health, or put unreasonable demands on health systems. This paper was published by OECD on 12 December 2018.

Link

➢ *WHO European Observatory on Health Systems and Policies*

Connecting food systems for co-benefits: how can food systems combine diet-related health with environmental and economic policy goals?

This policy brief was prepared in support of the Austrian EU Presidency to explore how food systems can combine diet-related health with environmental and economic policy goals. Published in December 2018, it builds on considerable earlier work by analysing the connections between different policy goals and between policy goals and food systems. Through this process, the authors identify 3 core aspects of food systems functioning which

would need to connect (economic benefits for farmers and businesses derived from the production and delivery of nutritious food using sustainable methods) in order to produce co-benefits.

Link

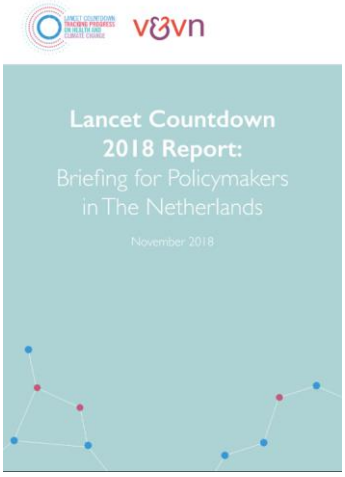
Eurohealth, Volume 24 – Number 4. Community health service.

The 2018 winter issue of Eurohealth presents an expansive collection of articles spanning the delivery of various community level services, increasing health coverage, and policy reforms aimed at health system strengthening. The Observer section opens with an article on a new method aimed at potentially improving people's access to their medicines via "hub and spoke" community pharmacies. Keeping the focus on older people, the authors provide an overview of long-term care arrangements for older people across 35 countries. In the International section, the authors turn to efforts currently being undertaken to strengthen tuberculosis prevention and care services in Eastern Europe and Central Asia, with a particular emphasis on adopting a people-centred model of service delivery at community level. Next, they look at various reforms that have taken place across very different health systems in recent years and finally they described good-examples in some countries.

Link

➢ *Other*

Lancet Countdown 2018 report: Briefing for Policymakers in The Netherlands



In November 2018, a briefing has been launched in parallel with the **2018 Lancet Countdown report**, which highlights concerning trends in heat and heat waves, infectious disease, and declining food security.

This briefing focuses on the links between health and climate change, and their implications for political commitments in the Netherlands. It has been developed in conjunction with the Dutch Nurses' Organisation (V&VN) and focuses on implications for policymakers in key areas.

Although some reductions in overall greenhouse gas emissions have been achieved over the past decade, the Dutch government has decided to make healthy environmental policy one of its top priorities. The Health Council of the Netherlands recommends that national policies be based on a broad definition of health and include wellness considerations in which people's performance, resilience and self-management are taken into account.

Report

Health Tourism – United Nations Publication

The ETC/United Nations World Tourism Organisation recently published “Exploring Health Tourism” to provide a better understanding of the growing segment of wellness and medical tourism.

The study introduces the evolution of health-related tourism products and services from all around the world and provides insights into the current situation of the industry, as well as the future potential. It also includes a comprehensive taxonomy that serves as a common reference for tourism destinations operating in this field, as well as a practical toolkit to assist NTOs and DMOs with their planning and management of health-related tourism activities.

Full version of this publication (85$) **Executive summary** (free of charge)

Health Tourism - International Medical Travel Journal

The International Medical Travel Journal came back at the end of 2018 on some of the stories and articles that show some of the trends in the sector.

IMTJ picked up stories about international patients who travelled for treatment and have suffered a less than excellent patient experience. In Mexico, a US medical tourist died after cosmetic surgery at the RinoCenter clinic in Ciudad Juárez. In Turkey, a second UK patient died from complications following a Brazilian butt-lift treatment. A study by investigators at Brigham and Women's Hospital highlighted the risks of complications following surgery for patients travelling to the Dominican Republic.

Then, some countries are acting positively to ensure that their image as a medical treatment destination is not wrecked by "rogue clinics". In South Korea, the Government has decreed that a medical institution must obtain a certificate of registration before it can attract foreign patients, and there’s a crackdown on illegal medical tourism brokers. In UAE, the Emirates Plastic Surgery Society (EPSS) is seeking authority to oversee the cosmetic surgery sector and says that it is time to introduce greater regulation of the activities of cosmetic surgeons and clinics.

In a reversal of medical travel trends, countries that were once a source of medical tourists are cutting back on government-subsidised expenditure on treatment abroad. Some are also now becoming medical travel destinations. The Dubai Health Authority (DHA), has stated there were 1,582 overseas patients sent abroad by the health authority in 2017, down from 1,994 in 2016. The introduction of compulsory health insurance in Oman is expected to reduce the number of patients sent abroad for treatment. Nigeria’s Minister of Health has said that the Federal Government is succeeding in its quest to reduce outbound medical travel, after claims that Nigerians spend around $1 billion on medical trips abroad.

Some countries are placing restrictions on medical travel activity. In Israel, restrictions are being placed on medical travel activity in the country’s hospitals. Israel’s Health Ministry is refusing entry visas to medical tourists from countries where inoculations are not given as a matter of course, including Ukraine, Romania, Georgia, Greece, Serbia and Albania. In

Munich, the local government has clamped down on apartment rentals that are used to accommodate medical tourists.

New entrants wanting to join the "medical tourism goldrush". And some destinations who have actively promoted themselves in the medical travel sector have had to rethink their approach. Abu Dhabi wants to be "a serious contender for medical tourism". Ghana is the latest medical travel "wannabe". The government is developing a policy to promote medical tourism in Ghana to serve the ECOWAS region (the Economic Community of West African States incorporates Benin, Burkina Faso, Cape Verde, Cote d' Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Sierra Leone, Senegal and Togo.) Jordan, once the medical travel star of MENA, has lost out dramatically to competing destinations. The Jordanian government is forming a national committee to draft a new strategy for the medical tourism sector.

"Take the expertise to the patient" rather than "bring the patient to the expertise" is driving hospitals to expand their international business. NMC Healthcare has have signed an MoU to build a network of medical facilities across the kingdom of Saudi Arabia. German and US hospitals are moving into major medical travel destinations. Both the Schoen Clinic and the Cleveland Clinic have entered the UK market and will expect to take a share of the inbound international patient business.

Across the globe, technology is impacting on the way that healthcare is delivered. US medical travel agency PlacidWay has launched what it claims to be the first international patient-provider direct chat application in the medical travel industry. Bablyon Health has forged a deal with medical insurer Prudential Corporation Asia to make its AI technology available to customers of Prudential across Asia. The updated app from doctor on-demand provider ZoomDoc allows patients to book face-to-face appointments in addition to virtual consultations. ZoomDoc is the first healthcare provider in the UK to offer physical and virtual appointments with a UK doctor as a 24/7 service, accessible via smartphone worldwide.

Read more

Quality indicators for the management of head and neck squamous cell carcinoma

The Belgian Knowledge Centre recently published a study on head and neck squamous cell carcinoma (HNSCC).

The results of the analyses taken the total Belgian institutional experience into account indicate unequivocally that HNSCC patients who were treated in high-volume centres had a statistically significantly higher chance to survive than patients who were treated in low-volume centres.

The median survival of patients treated in high-volume centres was 1.1 year longer (5.1 versus 4.0 years). This observation was further confirmed in analyses taking the case-mix of hospitals into account: for patients treated in centres with a HNSCC volume smaller than 20 patients a year (120 over six years), the hazard to die of any cause decreased on average with 0.4% per increase of one additional patient.

A similar volume outcome relationship was also observed in the analyses restricted to patients with oropharyngeal, hypopharyngeal and laryngeal SCC, but not for patients with oral cavity SCC. The results are supported by the international literature. In a recent systematic review, in which the results of five studies evaluating hospital volume and long-term overall survival for head and neck cancer patients were meta-analysed, it was clearly demonstrated that high-volume hospitals are predictors of better overall survival (pooled random effects model HR: 0.886, 95% CI: 0.820 - 0.956).

Primary studies performed in the USA, Canada and the Netherlands and published after that systematic review were also unisonous: patients with head and neck cancer who were treated in high-volume centres had significantly improved overall survival.

Report

Articles

Emergency and urgent care systems in Australia, Denmark, England, France, Germany and the Netherlands – Analysing organisation, payment and reforms

Increasing numbers of hospital emergency department (ED) visits pose a challenge to health systems in many countries. This paper, released in January 2019, aims to examine emergency and urgent care systems, in six countries and to identify reform trends in response to current challenges. Based on a literature review, six countries – Australia, Denmark, England, France, Germany and the Netherlands – were selected for analysis. Information was collected using a standardised questionnaire that was completed by national experts. These experts reviewed relevant policy documents and provided information on the organisation and planning of emergency and urgent care, payment systems for EDs and urgent primary care providers, and reform initiatives. In the six countries four main reform approaches could be identified: extending the availability of urgent primary care; concentrating and centralising the provision of urgent primary care; improving coordination between urgent primary care and emergency care, and concentrating emergency care provision at fewer institutions. The design of payment systems for urgent primary care and for emergency care is often aligned to support these reforms. Better guidance of patients and a reconfiguration of emergency and urgent care are the most important measures taken to address the current challenges. Nationwide planning of all emergency care providers closely coordinated reforms and informing patients can support future reforms.

Link

Funding for public health in Europe in decline?

Concerns have been raised in recent years in several European countries over cutbacks to funding for public health. This article, published on Health Policy – Volume 123, Issue 1 of January 2019, explores how widespread the problem is, bringing together available information on funding for public health in Europe and the effects of the economic crisis. It is based on a review of academic and grey literature and of available databases, detailed case studies of nine European countries (England, France, Germany, Italy, the Netherlands, Slovenia, Sweden, Poland, and the Republic of Moldova) and in-depth interviews. The findings highlight difficulties in establishing accurate estimates of spending on public health, but also point to cutbacks in many countries and an overall declining share of health expenditure going to public health. Public health seems to have been particularly vulnerable to funding cuts. However, the decline is not inevitable and there are examples of countries that have chosen to retain or increase their investment in public health.

Link

Effective healthcare cost-containment policies: A systematic review

Unsustainable growth in healthcare expenditure demands effective cost-containment policies. The authors review policy effectiveness using total payer expenditure as primary outcome measure. They included all OECD member states from 1970 onward. After a rigorous quality appraisal, they considered 43 original studies and 18 systematic reviews that cover 341 studies and gathered the final results in this publication, released in January 2019. Policies most often evaluated were payment reforms (10 studies), managed care (8 studies) and cost sharing (6 studies). Despite the importance of this topic, for many widely-used policies very limited evidence is available on their effectiveness in containing healthcare costs. No evidence for 21 of 41 major groups of cost-containment policies was found. Furthermore, many evaluations displayed a high risk of bias. Therefore, policies should be more routinely and rigorously evaluated after implementation. The available high-quality evidence suggests that the cost curve may best be bent using a combination of cost sharing, managed care competition, reference pricing, generic substitution and tort reform.

Link

Adverse events in prehospital emergency care: a trigger tool study

Prehospital emergency care has developed rapidly during the past decades. The care is given in a complex context which makes prehospital care a potential high-risk activity when it comes to patient safety. Patient safety in the prehospital setting has been only sparsely investigated. The aims of the present study and its results, published on 24 January 2019, were to investigate the incidence of adverse events (AEs) in prehospital care and to investigate the factors contributing to AEs in prehospital care. The authors used a retrospective study design where 30 randomly selected prehospital medical records were screened for AEs each month

in three prehospital organisations in Sweden during a period of one year. A total of 1080 prehospital medical records were included. The record review was based on the use of 11 screening criteria. There were 4.3 AEs per 100 ambulance missions in Swedish prehospital care. The majority of AEs originated from deviations from standard of care and incomplete documentation. There was an increase in the risk of AE among patients who the EMS team assessed as having a life-threatening condition. Most AEs were possible to avoid.

Link

A comprehensive map of the evidence on the performance evaluation indicators of public hospitals: a scoping study and best fit framework synthesis

Key performance indicators are essential navigation tools for hospitals. They provide managers with valid information enabling them to identify institutional strengths and weaknesses and improve managerial performance. In this study, published on 6 December 2018, the synthesis of evidence relating to hospital performance indicators was carried out by means of a field review and the indicators were analysed through the Best Fit Method. Forty-nine studies were considered eligible to form part of the synthesis. The final model included the efficiency/productivity, effectiveness and financial themes. The efficiency/productivity sub-themes incorporated human resources indicators, hospital beds, costs, operating room productivity, emergency rooms, ICU, radiology, labs, technology and equipment productivity. Other sub-themes relate to general indicators such as BOR, ALS, number of outpatients and hospitalised patients. Financial themes included profit, revenue, cash flow, cost, investment, assets, debt and liquidity. Concerning effectiveness, the indicators were categorised in terms of access (equity), safety, quality and responsiveness. The accountability indicators were classified into patient-centeredness, staff orientation, and social responsibility. Hospital performance management is a multi-dimensional issue, each dimension having its own significance. Based on the evidence, indicators are dependent on the evaluation model employed, the evaluation objective, and the views of executive managers and participants in the study. Selection of the most appropriate indicators is therefore key to a comprehensive performance evaluation system.

Link

Management information systems for community-based interventions to improve health: qualitative study of stakeholder perspectives

Community based providers are well place to deliver behavioural interventions to improve health. Good project management and reliable outcome data are needed to efficiently deliver and evaluate such interventions, and *Management Information Systems* (MIS) can facilitate these processes. The authors explored stakeholders' perspectives on the use of MIS in

community based behavioural interventions and released the results of their research in this publication, released on 23 January 2019. Stakeholders, purposively selected to provide a range of MIS experience in the delivery of community based behavioural interventions to improve health (public health commissioners, intervention service managers, project officers, health researchers and MIS designers), were invited to participate in individual semi-structured interviews. The authors used a topic guide and encouraged stakeholders to reflect on their experiences. Interviews were recorded, transcribed and analysed using five steps of framework analysis. We applied an agreed coding framework and completed the interviews when no new themes emerged. The authors interviewed 15 stakeholders. Key themes identified were: MIS access; data and its function; MIS development and updating. Within these themes the different experiences, needs, use, training and expertise of stakeholders and the variation and potential of MIS were evidenced. Interviews advised the need to involve stakeholders in MIS design and development, build-in flexibility to accommodate MIS refinement and build on effective MIS. Findings advised involving stakeholders, early in the design process. Designs should build on existing MIS of proven utility and ensure flexibility in the design, to incorporate adaptations and ongoing system development in response to early MIS use and evolving stakeholder needs.

Link

A systematic review of dimensions evaluating patient experience in chronic illness

Living with a chronic disease often means experiencing chronic treatments and regular multidisciplinary monitoring as well as a profound life-changing experience which may impact all aspects of a patient life. The patient experience of chronic disease is frequently assessed by patient reported measures (PRMs) which incorporate patient perspectives to better understand how illness, treatment and care impact the entirety of a patient's life. The purpose of this review, published on 21 January 2019, was to collect and review different kinds of available PRM instruments validated for chronic patients, to produce an inventory of explored concepts in these questionnaires and to identify and classify all dimensions assessing chronic patients experience. This review provided an overview of some of the dimensions used to explore chronic patient experience. A large PRM diversity exists and none of the reviewed and selected questionnaires covered all identified categories of dimensions of patient experience of chronic disease. Furthermore, the definition of explored concepts varies widely among researchers and complex concepts often lack a clear definition in the reviewed articles. Before attempting to measure chronic patient experience, researchers should construct appropriate instruments focusing on well-defined concepts and dimensions encompassing patient's personal experience, attitude and adaptation to illness, treatment or healthcare.

Link

Interest Group Meeting on Mental Health, Wellbeing and Brain Disorders "New Horizons for Person-centred Mental Health Research and Care"

On 3 December 2018 the European Psychiatric Association (EPA) and GAMIAN-Europe Jointly organized the Interest Group on Mental Health, Well-being and Brain Disorders on the topic 'New horizons for person-centered mental health research and care' European Parliament.

The first part was focused on policy with a presentation of Horizon Europe by Wolfgang Burtscher, European Commission, DG Research followed by MEP Tomas Zdechovsky.

The President of EPA Prof. Silvana Galderisi made a plea for person-centered care, saying that quality of mental health service is a top research priority for psychiatrists as well as for users and carers, according to Roamer study. She mentioned as well other key topics: users perspective and unmet needs, self-management and eMobile health, Person-related Outcome Measures and Person-reported experience measures. Hilkka Kärkkäinen, President of a network of mental health organisations, GAMIAN-Europe gave her views followed by Miia Männikkö, President, EUFAMI; giving the family perspective, usually the most important carer. Frédéric Destrébecq, Executive Director, presented the views of European Brain Council, an organisation that gathers different stakeholders including industry.

The second part focused on implementation with a presentation of Dr Michela Tinelli, London School of Economics and Political Science (LSE) "Is research in mental health addressing person-centered outcomes?" She was followed by a panel discussion: Patient-centered mental health research and implementation with Prof Tamas Kurimay, Chair of the Council of National Psychiatric Associations, Prof Heleen Riper, University of Amsterdam, Erik Van der Eycken – GAMIAN-Europe, Milan Popovic, European Commission, DG CONNECT.

Read more

Mental Health and Depression

The European Parliament Interest Group on Mental Health, Well-being and Brain Disorders organised on 5 December 2018 in the European Parliament a meeting on "A sustainable approach to depression: moving from words to actions".

It was jointly organised by GAMIAN-Europe, the European Psychiatric Association (EPA), the European Brain Council, EUFAMI, the Expert Platform on Depression, Eurocarers, the

European College of Neuropsychopharmacology, UEMS -Section of Psychiatry and the International Federation for Psychotherapy;

Nessa Childers MEP opened the meeting, reminding participants of the aims of the Interest Group, i.e. to advocate the development of sound EU policies which contribute to prevention of mental health problems and ensure good services, care and empowerment for those affected by mental health problems. Tomas Zdechovsky MEP then underlined the aim of the meeting: present the key findings of a report entitled 'A sustainable approach to depression: moving from words to actions'; showcase examples of successful projects addressing depression; exchange views on how depression can be prioritised on the EU and national policy agendas; forge links between relevant stakeholders and explore ideas for future cooperation.

Julian Beezhold (European Psychiatric Association) provided the background to the report stating that over 35 million people are estimated to be living with depression in Europe. The costs for depression are 30% higher than those of many other health conditions. Policies addressing depression do exist, but their implementation is variable, and resources are scarce. Gaps in diagnosis and care are prevalent – only 25% receive appropriate and timely care. The nine organisations co-organising the meeting joined forces to support the development of sustainable depression policy and practice. The resulting report aims to identify the key factors for such a policy/practice framework by focusing on the lessons learnt from real-life implementation. It was prepared on the basis of a literature review and an analysis of 19 depression and suicidality projects, with 17 in-depth interviews. It looks at the different aspects of depression, ages, countries and cultures, with the analysis focusing on lessons related to sustainability and success factors. Five of these projects were then presented.

Hilkka Kärkkäinen (GAMIAN-Europe) presented the Finnish Professionally-guided peer support groups. The objective of this project is to utilise the shared experience and compassion of peers to prevent mental health disorders and suicide in people who have lost a loved one suddenly.

The second project, 'iFeel', was presented by Prof Joseph Zohar (Expert Platform on Mental health – Focus on Depression – EPD). The iFeel app, developed by the EPD in cooperation with other stakeholders, ensures that data related to 11 parameters is logged every 3 hours (e.g. number of calls, call duration, circle of friends…). Any deviation from 'normal' patterns can be spotted and this way, potential mood swings can be spotted.

Marc Hermans (Union Européenne des Médecins Spécialistes - Section of Psychiatry) presented 'This is me' and it is the first Mental Health Prevention Programme in Slovenia. This aims to improve the mental healthcare provision for adolescents by offering an online counselling platform and prevention workshops in schools.

'Not Myself Today' was the fourth project, presented by Frédéric Destrebecq (European Brain Council) focusing on mental health in the work place. The project is run by the Canadian Mental Health Association, providing companies and organisations with comprehensive resources and tools to organise events and activities that engage employees. It is planned to have Not Myself Today implemented in Europe, championed by the European Brain Council.

Finally, Miia Männikkö (European Federation of Associations of Families of People with Mental Illness (EUFAMI) presented the French project entitled 'Compagnie des Aidants', which aims to provide informal carers with a supportive space to share, communicate and help each other, to improve the conditions of their personal lives. The project consists of a private social network for carers of people with physical or mental health conditions. It provides practical and economic advice and was created by carers to facilitate the lives of other carers and improve their wellbeing.

Prof Joseph Zohar (Expert Platform on Mental health – Focus on Depression) concluded with the report's key recommendations: Incorporate prevention into all services; Create joint government accountability ; Integrate services; Embed digital solutions into practice; Use language that resonates with people; Engage people in their own and others' recovery; Take a whole-family approach to care; Empower children and young people to talk about depression; Create a positive work environment for people with depression; Evaluate practices to drive meaningful change.

Shedding Light on transparent collaboration in healthcare

On 23 January 2019, HOPE took part in an event entitled 'Shedding Light on transparent collaboration in healthcare: a unique overview of practices in Europe' organised by Mental Health Europe and hosted by MEP Nessa Childers in the European Parliament.

Mental Health Europe (MHE) launched its "Shedding light on transparent cooperation in healthcare: The way forward for sunshine and transparency laws across Europe", a study which looks at the links between the health industry and the medical community and its impact on public health, users of mental health services and patients.

The report provides exclusive insight into industry-doctors interactions and shows that pharma payments to doctors and organisations amount to thousands of millions annually. MHE is concerned by the undue influence of the health industry, especially the pharmaceutical industry, on healthcare since it may bring substantial risks for public health, users of mental health services and patients. This influence can result in altered prescribing behaviour, over-medicalisation, biased research results and Clinical Practice Guidelines, off-label use of medicines and biased reimbursement decisions.

50+ mental health experts and service users, representatives from the health industry and health professionals as well European Institutions officials gathered in the European Parliament on the 23 December to discuss the report findings and MHE recommendations to move towards more transparent cooperation in healthcare.

Experts agreed that access to information about cooperation in healthcare is crucial for the safety of users and patients. Disclosure of information was described as a win-win solution for patients, stakeholders and authorities. Participants recognised that there is room for improvement of EU transparency rules, which would allow for better harmonisation across all EU Member States.

Report

HOSPEEM Workshop on healthcare workers and workplace

EPSU and HOSPEEM organised on 3 December 2018 in the European Parliament in Brussels a workshop supported with funds from the European Commission.

This workshop was aiming at disseminating the results of two EU financed projects of the social partners "Promoting effective recruitment and retention policies for health workers in the EU by ensuring access to CPD and healthy and safe workplaces supportive of patient safety and quality care" (2017-2018) and "Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculoskeletal disorders and psycho-social risks and stress at work" (2014-2016).

The HOSPEEM members were not in the room but a video message was projected to present following the presentation of several projects : Nico Knibbe, Project Consultant, presenting LOCOmotion, BRIDGE Model, A competency development programme designed to enhance interprofessional collaboration, shared knowledge and patient and citizen involvement across sectors, presented by Jette Steenberg Holtzman and Winnie Lund, the Capital Region of Denmark; and Organisational climate, Anouk ten Arve, Programme Manager and Marc Spoek, Manager, Stichting IZZ.

The target for this dissemination workshop were European association of healthcare professionals: a representative of the Standing Committee of the European Doctor, one of European Federation of Nurses, of the Committee for European Dentists, and one of the European Hospital Pharmacists Association gave a short feedback. Unfortunately, Members of the European Parliament did not show up.

Read more

ESIFunds4Health Final Conference on health investments

On 6 and 7 December 2018 the project ESI Funds for Health organised its final conference in Brussels.

EU Cohesion Policy aims to reduce economic and social disparities between regions in Europe with the help of European Structural and Investment (ESI) Funds. Health has been recognized as an essential factor for regional development and it currently receives ESI Funds support through the European Regional Development Fund and the European Social Fund.

The ESI Funds for Health project mapped and assessed over 7,000 health-related projects co-financed by the European Structural and Investment (ESI) Funds in all Member States to support health investments under the 2014-2020 programming period. It also implemented six workshops across Europe to further develop the capacities of Member States and regions to support the effective implementation of ESIF for health. Using desk research, interviews and stakeholder workshops, the study highlights the successes and good practices observed, and also identifies challenges that remain and prospects for the future. It mapped and classified. The project is funded by the European Union in the framework of the EU third Health Programme (2014-2020).

The ESI Funds for health project Final Conference discussed the use of the ESI Funds to support health investments, and the implications for the proposed Multiannual Financial Framework for 2021-2027.

The findings of the project shed light on questions such as: how have the ESI Funds 2014 – 2020 contributed to EU health policy objectives across the Member States? What are the main success factors and lessons learned? How can the experience gained in the current period guide the EU and Member States towards better inclusion of health issues in the 2021-2027 MFF? How can synergies between ESF+, ERDF and other EU financial instruments in 2021-2027 be better enabled to advance health and social inclusion? How can the EU Commission better support the use of ESI Funds for health-related investments within the proposed objective of "a more social Europe" for 2021-2027?

The meeting was introduced by Andrzej Rys, Director, DG Health and Food Safety. The first session was devoted to the results of the project on the main success factors and lessons followed ESI funded projects 2014-2020: Proximity Healthcare Units project, Algarve region, Portugal; ConSENSo project, Piedmont region, Italy; Mental Healthcare reform project, Czech Republic; REFBIO II project Interreg, Interreg, Spain, France and Andorra.

A ministerial session was hosted at the end of the first day by European Commissioner Vytenis Andriukaitis with the presence of Riina Sikkut, Minister of Health and Labour, Estonia; Sorina Pintea, Minister of Health, Romania; Andrey Kovatchev, Member of the European Parliament; Tomislav Dulibić, State Secretary, Croatia and Liisa-Maria Voipio-Pulkki, Director-General, Ministry of Social Affairs and Health, Finland.

The second day started with parallel sessions. The first on investing to improve access to healthcare with presentations of Paolo Morgado, Proximity Healthcare Units project, Head, Algarve region, Portugal; Paola Obbia, ConSENSo project, Piedmont region, Italy; Maria Xenou, TO.M.Y. project, Regional Unit of Achaia, Greece; Damien Gruson, Proximity Labs Project, Belgium. The second parallel session was investing in the future through prevention: Sanja Musić Milanović, Healthy Living project, Croatia; Tadeja Hočevar, SOPA project, Slovenia; Aleksandra Hapka, Green care farms project, Poland.

Then two other parallel sessions took place. One on Planning and building a stable and resilient health workforce: Kristine Karsa, Latvian health workforce projects, Ministry of Health, Latvia; Paolo Michelutti, National Agency for the regional Health Services, Italy; Marieke Kroezen, Joint Action on Health Workforce Planning and Forecasting. The other one was on fostering innovative solutions for healthcare: Marisol Fragoso, REFBIO II project, Interreg, Spain, France and Andorra; Giuseppe Carbone, AgeWell project, Romania; Joanna Lane, Executive Director, Health ClusterNET.

Two other parallel sessions concluded the day. One on future-proofing health systems: Dita Protopopová, Mental Healthcare reform project, Ministry of Health, Czech Republic; Kristine Karsa, Latvian health reform project, Ministry of Health, Latvia; Kirsi Paasovaara, Popster project, Finland. The other one on investing in e-health to address future healthcare needs: Oyono Vlijter, eMen project, Interreg (North-West Europe); Maria Zafeiropoulou, TO.M.Y. project, Patras, Greece; Csizmadia István, e-health platform, Hungary.

Looking ahead, the new Cohesion Policy for 2021-2027 will focus its resources on five policy objectives (compared to 11 Thematic Objectives in the 2014 – 2020 period). This, together with the inclusion of the EU Health Programme within an expanded ESF+ programme targeting implementation of the European Pillar of Social Rights (EPSR), should foster increased cross-sectoral collaboration at the strategic level. Ideally, this will be accompanied by smoother cooperation between the ESF+ and other funds such as the ERDF/Cohesion Fund, Horizon Europe and InvestEU.

Proposals for the next Multiannual Financial Framework (MFF) 2021-2027 also include stronger links between ESI Funds and the European Semester, together with a dedicated tool aimed at capacity-building for structural reform. The proposed Reform Support Programme (RSP) will work to create incentives and develop capacity for priority reforms. This is important in view of the fact that many of the gaps identified through the ESI Funds for Health project are linked to structural reform issues that are difficult to address through project-based funding. Stronger capacity and technical expertise to implement and design reforms can complement the capacity to develop high-quality programmes and projects. Skills such as communicating health priorities to other policy areas, developing programme objectives and indicators, and project development and management are also important for health stakeholders and should be specifically addressed in future EU funding programmes.

Read more

Personalised Medicine event "From genomic data to personalised healthcare"

A joint event "From genomic data to personalised healthcare" was organised on 12 December 2018 in Brussels by the United Kingdom and Estonian Permanent Representations to the European Union.

The aim was to bring together experts and others involved in health and research policy to discuss the exciting developments in this area, and their potential to transform healthcare.

The first part was devoted to "Benefits of personalised medicine and how it is challenging the existing models of health care" with John Mattick, Genomics England on the UK strategy for the development of genomically-informed healthcare; Lili Milani, Estonian Genome Center Implementing personalised medicine approaches in Estonia on future of precision prevention; Alexandre Mejat, EURORDIS on Patients' outlook to the benefits and challenges related to personalised healthcare approaches.

The second part on Member States' policy challenges and responses, opportunities at the EU level gathered Wolfgang Ballensiefen (ICPerMed Vice-Chair, DLR Project Management Agency, Germany) presenting the ICPerMed activities and vision for EU cooperation; Julia Carolin Stingl (Federal Institute for Drugs and Medical Devices, Germany) on Pharmacogenomic testing in clinical practice – experiences from implementation projects in Europe; Anne Cambon-Thomsen (National Center for Scientific Research (CNRS), France) on Ethical aspects of the use of genomics in health care setting; Tuula Helander (Ministry of

Social Affairs and Health, Finland) on the experience of Finland in building the ecosystem for personalised healthcare; Ivo Gut (Centro Nacional de Análisis Genómico (CNAG), Spain) on the Implementation of personalised healthcare in Spain – a perspective of a decentralised healthcare system.

Marco Marsella, Head of Unit eHealth, Well-Being and Ageing, DG CONNECT wrapped up the meeting with closing remarks.

UN Conference & COP24 Special report: Health & Climate Change

Almost 30 000 people participated in the UN Climate Change conference (COP24) in December 2018 in Katowice, Poland.

On this occasion the World Health Organization (WHO) launched a COP24 Special Report on Health & Climate Change – in which it reiterates the strong links between climate and air pollution - which currently has a death toll of approximately 7 million people annually, causing diseases such as strokes, heart disease, lung cancer, and respiratory infections.

The report also outlines a framework for addressing climate change and global health goals by laying out a robust set of 7 recommendations for governments and the health sector to maximise the health benefits of tackling climate change and avoid the worst health impacts of this global challenge.

COP24 Special Report on Health & Climate Change
7 recommendations

Enhanced Recovery After Surgery

Enhanced Recovery After Surgery is a multimodal, multidisciplinary approach to the care of the surgical patient.

The ERAS protocol was developed by a group of academic surgeons in Europe in 2001 when they formed the ERAS Study group. Although the term fast-track surgery had been described, the group wanted to emphasize that the key surgical endpoint is the quality, rather than speed, of recovery. The concept rested on several components: a multidisciplinary team working together around the patient; a multimodal approach to resolving issues that delay recovery and cause complications; a scientific, evidence-based approach to care protocols; and a change in management using interactive and continuous audit.

The ERAS group produced a protocol that would optimize outcomes based on published evidence. The group also published reports of variable outcomes in similar surgical procedures and populations demonstrating that perioperative care, rather than the actual operation, dictated the outcomes. Several surveys confirmed that perioperative care was variable across Northern Europe and that there was minimal adoption of evidence-based practices. The group worked together developing ERAS by testing protocols, running symposia, and involving

national health ministries (such as the Enhanced Recovery Partnership Programme in the United Kingdom). Although ERAS concepts became widely recognized, there was still minimal change across most health care systems. The ERAS Society was founded to focus and consolidate progress not only through research and education but also by developing models for implementation of best perioperative practices.

Enhanced Recovery After Surgery process implementation involves a team consisting of surgeons, anaesthetists, an ERAS coordinator (often a nurse or a physician assistant), and staff from units that care for the surgical patient. The care protocol is based on published evidence. The ERAS Society, an international non-profit professional society that promotes, develops, and implements ERAS programmes, publishes updated guidelines for many operations, such as evidence-based modern care changes from overnight fasting to carbohydrate drinks 2 hours before surgery, minimally invasive approaches instead of large incisions, management of fluids to seek balance rather than large volumes of intravenous fluids, avoidance of or early removal of drains and tubes, early mobilization, and serving of drinks and food the day of the operation.

Enhanced Recovery After Surgery protocols have resulted in shorter length of hospital stay by 30% to 50% and similar reductions in complications, while readmissions and costs are reduced. The elements of the protocol reduce the stress of the operation to retain anabolic homeostasis. The ERAS Society conducts structured implementation programmes that are currently in use in more than 20 countries. Local ERAS teams from hospitals are trained to implement ERAS processes. Audit of process compliance and patient outcomes are important features. Enhanced Recovery After Surgery started mainly with colorectal surgery but has been shown to improve outcomes in almost all major surgical specialties.

Recently, ERAS has grown substantially, revealing a deficit in education and training, as few courses are targeted to hospital teams. Implementation of new practices is difficult, and new treatments are slow to disseminate to active practice. Evidence suggests that change in clinical practice occurs 15 years after clear evidence is available.

Read more

European Blood Alliance Roundtable

HOPE took part in the European Blood Alliance (EBA) European Parliament roundtable event on 22 January 2019. The event was hosted by Ms. Grossetête, of the EPP party (European's people party) and Mr. Balas of the Socialists & Democrats and moderated by EBA's Executive Director Catherine Hartmann.

The meeting was organised to raise awareness on the challenges of a sustainable blood supply in Europe and was aimed at EU health stakeholders, Members of European Parliament (MEP), European Commission representatives and Member States health attachés. More than 90 people attended the meeting. A Commission report was expected at the end of December or beginning of January, but will now be released in the spring 2019.

MEP Grossetête opened the meeting noting the importance of voluntary non-remunerated donation (VNRD – for all body parts), underlining the need to maintain solidarity among citizens. She recalled the European Parliament debates from the end of the 1990s when the first Blood Directives were adopted and explained that winning on the principle of VNRD was already difficult at the time and should not be challenged for the potential upcoming revision of the texts.

The first session dealt with the question on whether blood is a "good". MEP Guillaume Balas, lawyer Samuel Valcke and Professor Tamara Hervey explained how conflicting European directives and articles, in particular on Medicinal products legislation led to putting the subject into the hands of the European Court of Justice. The legal options were explained to the round-table audience.

In the second session on rare blood groups and how to secure a robust donor base for that, speakers Lisa Klinkenberg and Khadija Kerissi emphasized the need for donors of all heritages, to make up a good donor base that would be able to cater to the needs of the multicultural population. They presented techniques to attract new donors to match the needs and retain them, based on research they had led. They were followed by Georgios Kakou Constantinou, a thalassemia patient who presented his own story of a person who needs regular blood transfusion and helped understand the importance of a constant and safe supply of red blood cells.

The last session was on Voluntary Unpaid Donations. Alice Simonetti, from FIODs praised the solidarity aspects of the lifesaving gift of the voluntary, anonymous and non-remunerated donors. Cees Smit, a lifelong plasma products user, noted that thanks to medical progress, haemophilia patients now have a life expectancy similar of that of non-patients. He urged governments to increase domestic plasma collections as Europe is now dependent on US paid plasma and he reminded how that in the past has led to unfortunate transfusion transmitted infections.

Philippe Vandekerckhove closed the meeting emphasizing the importance of donors for the whole supply chain of blood and blood products. The donors, he noted, are the least elastic economic part of that chain, as they cannot be "turned on and off" as readily. Therefore, it is important he noted, not to scale up or down collections at the spur of the moment, but with solid planning and policy for blood supply and with the support of the donors.

Presentations displayed during the event

"Artificial Intelligence in healthcare: is Europe ready?"

Brussels (Belgium), 18 March 2019

Background

Artificial intelligence is already changing healthcare. Managing medical records, interpreting scan's results or monitor the use of medications is just some of few examples of how artificial intelligence is used today.

But new possibilities bring also new issues such as ethical, safety and liability, and transparency towards users. Is Europe ready to embrace the change of artificial intelligence in healthcare and how will it respond to the challenges ahead?

Aim of the event

Hear from different sectors (patients', healthcare professionals', academia, industry, etc.) about the challenges and opportunities brought by artificial intelligence in healthcare. Identify recommendations and priorities to be addressed by European and national policy-makers.

Read more

19th International Conference on Integrated Care

San Sebastian (Spain), 1-3 April 2019

HOPE joins the organisation of the 19th International Conference on Integrated Care which will take place in San Sebastian, the Basque Region, Spain, from 1 to 3 April 2019.

The overarching theme of the 19th International Conference is **'**Evaluating and implement models of integrated people-centred services'**,** and will specifically focus on the areas of:

- Integrated health and social care for people at home
- Engaging and empowering people and communities to become equal partners in care
- Creating shared cultures, norms and values across organisations, professionals and people
- Building a stronger integrated primary care
- Models of care for people
- Defining measures and outcomes that matter to people
- Impact of Digital Health

The Scientific Committee is now welcoming abstracts of good practice, projects, development of policy and research and theory in the areas of the conference themes. The international committee is made up of recognized experts in the field of integrated care from around the world and they support the development of the programme that reflects of the challenges and opportunities experienced by people and organisations that are working towards more coordinated and people-centred services. All accepted abstracts will be published in the **International Journal for Integrated Care.**

Read more

HOPE Agora 2019

Ljubljana (Slovenia), 2-4 June 2019

The HOPE Agora 2019 will take place on 2-4 June 2019 in Ljubljana, Slovenia, and will discuss the topic "Evidence-informed decision-making in healthcare management". It will close the HOPE Exchange Programme 2019 which will run from 6 May 2019 to 4 June.

Every year HOPE runs an exchange programme to promote the sharing of knowledge and expertise within Europe and to provide training and experience for hospital and healthcare professionals.

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