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European Hospital and Healthcare Federation

Newsletter

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Upcoming HOPE (and co-organised) conferences and events

HOPE-PAQS 2nd Webinar: Vienna tailor-made quality audit model	**10/09/2019**
Brexit: the European Parliament's role in prioritising patients, public health and health security across Europe	**Brussels, 12/09/2019**
HOPE Study Tour - DIGITAL HEALTH: Virtual Hospital in Helsinki	**Helsinki, 24-25/09/2019**
EU 2019-2024: Health Champions Wanted!	**Brussels, 9/10/2019**
HOPE Agora 2020	**Brussels, 5-7/06/2020**

Brexit joint event at the European Parliament

On 12 September 2019, HOPE co-organises with several European health-related organisations a joint event at the European Parliament in Brussels. The event is entitled “Brexit: the European Parliament’s role in prioritising patients, public health and health security across Europe”.

At a critical time when there is a very strong risk of a no-deal scenario, the big questions concerning Brexit for patients across the whole EU remain unanswered. This event will focus on explaining to new MEPS the challenges of safeguarding public health and health security. It will also highlight what the European Parliament can do to follow up on its **resolution from 14 March 2018** to ensure that the new European Commission is aware of the challenges and is acting to mitigate the risks.

Registration

APDH – The Portuguese Association for Hospital Development

Another look about the hospital – Event

On 12 October 2019, the Portuguese Association for Hospital Development – APDH is organising the Dinner Debate: Another Look About The Hospital [Um Outro Olhar Sobre O Hospital] “Value based healthcare. The future of interventional medicine and patient outcomes”.

This event intends to promote an informal discussion around innovative and controversial issues that are of interest to hospitals, healthcare professionals and healthcare system stakeholders. It is an excellent moment for debate different perspectives and exchange ideas.

About APDH

Finnish Presidency of the Council of the European Union

Priorities of the Employment, Social Policy, Health and Consumers Affairs Council during Finland Presidency

Health

Finland EU presidency will continue technical discussions in the Council on the proposal for a regulation on health technology assessment with the aim of preparing a progress report for the EPSCO Council in December.

Health technology assessment post 2020 (Background information)

The presidency will also aim at achieving progress on the drinking water directive and strengthening the EU contribution to global health in international fora.

Social policy

Finland EU presidency will work towards achieving an 'economy of wellbeing', a new holistic approach aimed at:

- increasing understanding of how people's wellbeing enhances productivity;
- generating sustainable economic growth;
- reducing public expenditure in the long term.

This is a key priority for the presidency, and it intends to adopt Council conclusions on the Economy of Wellbeing in October. The conclusions would include recommendations for measures to EU member states and the Commission.

Economy of wellbeing in the EU: people's wellbeing fosters economic growth

Another objective of Finland EU presidency is the provision of equal opportunities for women and men on the labour market. This will be the main topic of a high-level conference on gender equality organised by Finland. The presidency will also draft Council conclusions on gender equality.

During the presidency, discussions may continue on the proposal for a directive on improving the gender balance among non-executive directors of companies listed on stock exchanges and related measures.

The presidency intends to hold a broader policy debate on non-discrimination in the EU during the Council in October 2019 and present the outcome to the European Council and the incoming Commission.

Employment

Finland EU presidency intends to focus even more intently on the policy sectors crucial to growth, competitiveness and job creation.

Free movement of workers should ensure equal treatment with regard to working conditions and access to social security. Finland EU presidency would like to continue trilogue negotiations on the proposal for a regulation which intends to modernise EU social security coordination rules in the autumn with the Parliament.

Finland EU presidency encourages labour mobility within the EU and recognises the need to remove the remaining barriers to mobility and deepen the European labour market.

The presidency will focus on the full implementation of existing legislation and to boost cooperation between the various authorities. The new European Labour Authority (ELA) has a key role to play here.

The presidency aims to launch informal trilogue negotiations with the Parliament on the regulation on the European Globalisation Adjustment Fund (EGF). The objective of this proposal is to improve the skills and employability of workers who have lost their jobs and to ensure that the EGF continues to operate beyond 2020.

Public Health

The new EU Commission

The new **EU Commission President**, Ursula von der Leyen, was very much involved in health-related issues in her previous career. Indeed, after studying Economics, she switched to studying medicine and enrolled at the Hanover Medical School, where she graduated in 1987 and acquired her medical license. From 1988 to 1992, she worked as an assistant physician at the Women's Clinic of the Hanover Medical School. Upon completing her doctoral studies, she graduated as a Doctor of Medicine in 1991. From 1998 to 2002, she taught at the Department of Epidemiology, Social Medicine and Health System Research at the Hanover Medical School. In 2001 she earned a Master of Public Health degree at the institution.

One of her pledges prior to her confirmation as President of the European Commission was the formulation of a plan to fight cancer. She wrote that, as a physician, she is "passionate about health", adding that cancer will affect 40% of people in their lifetimes. She pledged that her plan will "support Member States in improving cancer control and care", adding that "survival rates are on the up, especially thanks to early detection and screening programmes".

Digitalisation is another enormous challenge, she said, and the EU must become a major player in the cyber world to embrace the changes, necessitating more and better cooperation between Member States.

Regarding **health in the EU Commission**, Cyprus put forward Stella Kyriakides as the country's next European commissioner at the end of July, which could be good news for health stakeholders. Indeed, Kyriakides is a clinical psychologist and long-standing campaigner on breast cancer. She has also worked on health policy issues and legislation in her own country. As it stands, it seems that no other Commission nominee has expressed an interest in taking over the health brief.

The informal deadline for **National governments** across the EU to name their candidates for the next European Commission was on 26 August 2019. Only two countries failed to respect this deadline: France and Italy. French President Emmanuel Macron named Sylvie Goulard on 27 August, only Italy is yet to make a nomination. The EU Commission President U. von der Leyen will now hold meetings with the prospective candidates. Confirmed nominees will then meet with Parliamentary committees starting in late September and then face a confirmation vote by MEPs in October.

ENVI Committee constitutive meeting

Pascal Canfin (Renew Europe, FR) has been elected Chair of the Environment, Public Health and Food Safety (ENVI) Committee at the European Parliament for the next two and a half years, on 10 July 2019.

In its constitutive meeting, the committee also elected:

- Bas EICKHOUT (Greens/EFA, NL), as first Vice-Chair,
- Seb DANCE (S&D, UK), as second Vice-Chair,
- Cristian-Silviu BUŞOI (EPP, RO), as third Vice-Chair,
- Anja HAZEKAMP (GUE/NGL, NL), as fourth Vice-Chair.

Responsibilities of the committee:

According to Parliament's Rules of Procedure, the Environment, Public Health and Food Safety (ENVI) Committee is responsible for environmental policy and environmental protection measures, such as climate policy, sustainable development and civil protection. The committee is also responsible for public health matters (e.g. pharmaceuticals, pesticides, air quality) and food safety issues (labelling and safety of foodstuffs, veterinary legislation, safety of food production).

European Reference Networks (ERNs) - 2019 call for membership will open soon

On Friday 26 July 2019, the Commission adopted the **Commission Implementing Decision (EU) 2019/1269** amending Decision 2014/287/EU and it will soon launch the call for new members.

The Commission Implementing Decision (EU) 2019/1269 of 26 July 2019 amending Decision 2014/287/EU aims to:

- clarify the role of the Board of Member States in steering the ERNs,
- modify the procedure concerning the application for membership of existing European Reference Networks (ERN); and
- add provisions concerning the establishment of the Clinical Patient Management System (CPMS) and clarifies the applicable data protection rules, in compliance with the General Data Protection Regulation (GDPR).

The decision has been published in the Official Journal of the European Union and will enter into force on the twentieth day following that of its publication. After its entry into force, the European Commission will launch the first call for new members to join existing 24 ERNs. The concrete date for the opening and closing of the call will be announced soon.

Read more

European Reference Networks (ERNs) integration into the national health systems and cooperation with industry – two statements adopted

The two statements on ERNs integration into the national health systems and cooperation with industry were adopted by the ERN Board of Member States, thus marking a significant step forward in the consolidation of the ERNs

The ERN Board of Member States adopted updated guidance principles to frame **collaboration between the ERNs and the industry, through a revision of its 2016 statement on the matter**. It also adopted **a new statement concerning recommendations and good practices to foster integration of the ERNs in national healthcare systems.** These important decisions were taken at the ERN Coordinators and Member State meetings that took place in Brussels on the 24 and 25 June. Finally, the Coordinators designated a new vice-Chair (Prof. Nicoline Hoogerbrugge, ERN GENTURIS), while Prof. Irene Mathijssen (ERN CRANIO) took over from Prof. Franz Schaefer (ERN ERKNET) as Chairperson.

Via its revised statement on cooperation between the ERNs and the industry, the ERN Board of Member States has acknowledged the importance of collaboration between the ERNs and industry, especially in the field of research, whilst at the same time setting clear boundaries to ensure transparency and avoid conflict of interest. Where public funding is not available, sponsorship of single or joint projects or shared funding from more than one stakeholder will be allowed, except in this situation and for these areas: direct allocation of funds to activities related to the management and running of the networks, any type of activity relating to the development of diagnostic and clinical practice guidelines or any other clinical decision-supporting tools, to the development of outcome measures or to the establishment and maintenance of patient registries.

EU artificial intelligence new policy recommendations

In June 2019, the European Commission has launched the pilot phase of the ethics guidelines for trustworthy AI, as the High-Level Expert Group on Artificial Intelligence released its policy recommendations.

At the first AI Alliance Assembly in Brussels on 26 June 2019, the High-Level Expert Group on AI announced two important developments:

1. Piloting phase of the ethics guidelines for trustworthy AI

Organisations can now test the assessment list for trustworthy artificial intelligence, developed by a group of 52 independent experts on behalf of the Commission, and see how robust it is

in practice. Over 300 organisations have already expressed interest in doing so since the group released its Ethics Guidelines for Trustworthy AI in April this year. An online survey has been created to gather feedback on the assessment list and will be open until 1 December 2019. Best practice examples for assessing the trustworthiness of AI can also be shared through the European AI Alliance.

The expert group will also carry out in-depth interviews with selected representatives from the public and private sectors to better understand the implications of implementing the assessment list in different sectors. Organisations who would like to participate can express interest through the pilot registration form.

Both the interviews and the feedback from the piloting survey will feed into a revised version of the assessment list, to be presented in early 2020, and will impact the next steps to be taken by the new Commission.

2. Policy and investment recommendations for trustworthy AI in Europe

The expert group also presented to the Commission a list of 33 recommendations that it believe will help AI have major impact on citizens, businesses, administrations and academia. The focus is on ensuring sustainability, growth, competitiveness and inclusion while empowering, benefiting and protecting individuals. The recommendations presented will help the Commission and Member States to update their joint coordinated plan on AI at the end of the year, which plays a key role in building the future of artificial intelligence in Europe.

The recommendations call on EU and national policymakers to:

- Empower and protect humans and society: ensure individuals understand the capabilities, limitations and impacts of AI; protect them from any harm; and provide them with the necessary skills to use and benefit from AI.
- Take up a tailored approach to the AI market: assess the different needs and sensitivities raised by AI systems used in Business-to-consumers (B2C), Business-to-business (B2B) and Public-to-Citizens (P2C) contexts, and address these accordingly.
- Secure a Single European Market for Trustworthy AI: remove barriers to procure lawful, ethical and robust AI-enabled goods and services from all over Europe, while enabling a competitive global position through large integrated markets.
- Enable AI ecosystems through sectoral multi-stakeholder alliances: boost stakeholder cooperation across civil society, industry, the public sector and research and academia, while understanding the different impacts and enablers for different sectors.
- Foster the European data economy: further advance policy actions in data access, sharing, reusing and interoperability, while ensuring high privacy and data protection, and putting in place the necessary physical infrastructures.
- Exploit the multi-faceted role of the public sector: ensure the public sector leads by example by delivering human-centric public services, making strategic use of innovation-driven public procurement, and fostering cooperation with stakeholders.
- Strengthen and unite Europe's research capabilities: establish and demonstrate intellectual and commercial leadership in AI by bringing together European research capacity in a multidisciplinary manner.

- Nurture education to the Fourth Power: ensure a wide skills base through primary, secondary and tertiary education, as well as enabling continuous learning and strive towards a work-life-train balance.
- Adopt a risk-based governance approach to AI and ensure an appropriate regulatory framework: map relevant laws, assess to which extent these are still fit for purpose in an AI-driven world, and adopt new measures where needed to protect individuals from harm, thus contributing to an appropriate governance and regulatory framework for AI.
- Stimulate an open and lucrative investment environment: enhance investment levels in AI with both public and private support.
- Embrace a holistic way of working, combining a 10-year vision with a rolling action plan: look at AI's overall opportunities and challenges for the next 10 years, while continuously monitoring the AI landscape and adapting actions on a rolling basis as needed; join forces with all stakeholders for the concrete implementation of the ethics guidelines and policy recommendations.

AI ethics guidelines

eHealth, Interoperability of Health Data and Artificial Intelligence for Health and Care in the EU: call for tenders

The European Commission is launching a tender for two studies to survey and analyse progress on the digital transformation of the health and care in the EU, in particular with regard to citizens' access to their electronic health records (EHR) in the EU Member States and the development, adoption and use of artificial intelligence (AI) technologies in the health and care sector in the EU.

The call for tender includes two specific studies (i.e. lots), and tenderers are free to apply for one or both lots:

Lot I: Interoperability of Electronic Health Records in the EU.

This study will survey and analyse the current situation in the EU Member States with regard to the development of interoperable electronic health records systems and enabling technological solutions such as electronic identification, distributed ledger and cybersecurity.

Lot II: Artificial Intelligence for Health and Care in the EU.

This study will survey and analyse the current situation in the EU Member States with regard to the development, adoption and use of AI technologies and applications in the health and care sector.

Read more

Future of investment in Europe's digital economy: consultation launched by the Commission

On 25 July 2019, the Commission has opened a consultation on the orientation of the first two years of its proposed Digital Europe programme. In the period 2021-2027, the programme will invest in digital technologies with the potential to make a difference to European citizens and businesses.

The Commission is currently planning the **Digital Europe** programme, which would bring direct investment worth a total of €9.2 billion (subject to the agreement of the Council and the European Parliament) for the deployment of innovative digital technologies in five key areas: supercomputing, artificial intelligence, cybersecurity, advanced digital skills, and ensuring a wide use of these digital technologies across the economy and society in line with Europe's ambitious sustainability goals and values. Its goal will be to improve Europe's competitiveness in the global digital economy and increase its technological autonomy, by building capacity, testing digital technologies, and deploying them.

The inputs received will help the Commission finalise the Orientations for Digital Europe, **of which a draft can be viewed online**. These will then shape the work programmes and calls for proposals for the programme's first two years (2021-2022).

Read more

Public Procurement of Innovation in Health - Amparo Poch Prize

This award recognizes the best initiatives in Public Procurement of Innovation that aim to optimise Health services. The award focuses on public institutions that have opted for this contracting model to achieve a substantial improvement in supplies, services, processes or investments in health.

It is possible to send the application for these two categories:

- Best Public Procurement of Innovation in Health
- Best initiative for the promotion of Public Procurement of Innovation

The prize, which is endowed with 1.500€ in each category, is open to public institutions related to the Health sector. Applications can be sent until 15 September 2019. The winners will be announced during the II Congress of Public Procurement of Innovation in Health, which will be held in Zaragoza on 24 and 25 October 2019.

Read more

Call for expression of interest: eHealth Stakeholder Group members 2019-2021

The Commission has opened a call for expression of interest to relaunch the eHealth Stakeholder Group of which HOPE is a member. The group will support the digital transformation of healthcare in the EU.

The Commission has just presented a call for expression of interest to select the members of the eHealth Stakeholder Group 2019-2022. Members of the group shall be expert representatives of European umbrella organisations active in the eHealth sector and shall be appointed for a period of three years.

As part of the EU's commitment to engage stakeholders in public policy making, the eHealth Stakeholder Group is expected to provide advice and expertise, contributing to policy development and the implementation of the **Communication** on enabling the digital transformation of health and care in the Digital Single Market, adopted in April 2018, in particular in relation to the following areas:

- Health Data, including taking **forward the Commission Recommendation on a European Electronic Health record exchange format** and the further elaboration of the baseline set of technical specifications and better interoperability.
- Digital health services
- Health data protection and privacy issues
- Cybersecurity for health and care data
- Digital tools for citizen empowerment and person-centred care
- Artificial intelligence and health
- Other cross cutting aspects linked to the digital transformation of health and care, such as financing and investment proposals and enabling technologies.

The group will ensure inputs from representatives of organisations across society who are eligible to participate, including from the Health Tech industry sector, civil society representing patients and healthcare professionals and academia. The call will be open until 27 September 2019.

Call for applications eHeatlh Stakeholder Group

Competition

State subsidy rules for health and social services of general economic interest (evaluation)

In 2012, the Commission adopted the 2012 SGEI package. The overall objective of the package was to support Member States in funding SGEIs that are of key importance to citizens and society as a whole while preserving the key aspects of State aid control.

Health and social services form an essential part of the welfare system of Member States and are of crucial importance for citizens. They include medical care, long-term care, childcare, access to and reintegration into the labour market, social housing and the care and social inclusion of vulnerable groups. The 2012 SGEI package as regards health and social services aimed at simplifying compatibility criteria and reducing the administrative burden for Member States which compensate undertakings entrusted to provide such services to the (vulnerable part of the) population at affordable conditions. In this context, the 2012 SGEI Decision acknowledged that health and social services have specific characteristics that need to be taken into consideration. More compensation for these services was not necessarily considered to produce a greater risk of distortions of competition. Accordingly, compensation for health and social services was, under certain conditions, exempted from the notification obligation under Article 108 TFEU.

The goal of the present evaluation open until 6 November 2019 is to verify to which extent the rules applicable to health and social services reached these objectives and whether the rules are still appropriate in view of the development of the jurisprudence of the Court of Justice and sector developments.

The SGEI de minimis Regulation will expire on 31 December 2020. In this regard, the Commission seeks a better understanding of the application and possible difficulties encountered by stakeholders, also in the light of a possible prolongation and possible amendments.

Read more

Employment, Social Affairs and Inclusion

European Labour Authority – Council adopts founding regulation

The Council today adopted a Regulation establishing a European Labour Authority (ELA). The aim of this new body is to support compliance and coordination between member states in the enforcement of EU legal acts in the areas of labour mobility and social security coordination. It

will also provide access to information for individuals and employers in cross-border labour mobility situations.

Main tasks of the ELA

- improving the access to information for employees and employers on their rights and obligations in cases of cross-border mobility, free movement of services and social security coordination
- supporting coordination between member states in the cross-border enforcement of relevant Union law, including facilitating concerted and joint inspections
- supporting cooperation between member states in tackling undeclared work
- assisting member states authorities in resolving cross-border disputes
- supporting the coordination of social security systems, without prejudice to the competences of the Administrative Commission for the Coordination of Social Security Systems

The ELA will enhance cooperation between member states without prejudice to their national competences. In cases of undeclared work, violations of working conditions or labour exploitation, the ELA will be able to report them and cooperate with the authorities of the member states concerned. It will also support national authorities in carrying-out inspections to tackle irregularities. These inspections would take place either at the request of member states or, if they agree, to the ELA's suggestion. Follow-up measures will be taken at national level.

Regulation establishing the ELA

EUDONORGAN project conclusions

“Training and social awareness for increasing organ donation in the European Union and neighbouring countries” (EUDONORGAN) is a pioneering cross-sectorial, multi-level project that combined the different medical and societal levels involved in the organ donation process, the resources achieved, and the expertise gained in previous projects and studies.

Transplantation of organs, tissues and cells is one of the major achievements of modern medicine and science that saves lives or improves the quality of life for many people. More than 135.000 transplants are reported annually worldwide but current estimates indicate that only 10% of the transplantation needs of the global population are covered. Given the growing burden of Non-Communicable Diseases such as hypertension, diabetes and cardiovascular diseases, both in high and low-middle income countries, the numbers of patients suffering with organ failure are expected to increase. The unavailability of transplantation programmes and the scarcity of organ donors result in the death of millions of people.

The foundation of donation of human origin substances lies in the traditional and longstanding values of solidarity and altruism. Social attitude and awareness play a major role. Any initiative with the objective to inform, train and motivate the health care professionals and the general public on this issue, is a cornerstone to achieve major successes. It should be a common responsibility for all stakeholders, the health authorities, professionals, patient associations, media, etc. to join forces, and this is exactly what makes the EUDONORGAN project so relevant and important.

EUDONORGAN was a service contract awarded by the European Commission from the European Union budget, on the initiative of the European Parliament. It was developed by an international consortium including Spain as worldwide leader in deceased organ donation (the University of Barcelona - Bosch i Gimpera Foundation (UB-FBG), Donation and Transplantation Institute (DTI) and Dinamia, specialised in consultancy and evaluation of healthcare projects), Slovenia (The Institute for Organ and Tissue Transplantation of the Republic of Slovenija, Slovenija-transplant), Croatia (The Institute for Transplantation and Biomedicine - Ministry of Health of the Republic of Croatia) and Italy (National Transplant Centre - Italian National Institute of Health).

The main aim of the project was to develop and implement two types of activities at EU level, focusing on training and social awareness for increasing organ donation in the European Union and neighbouring countries.

The project reached more than 620 participants through its two core work packages (WPs) – *Train the Trainers* and *Social Awareness*.

The Train the Trainers WP, coordinated by DTI Foundation, consisted of a blended formula, with online and face to face sessions. The **added value** of the EUDONORGAN training

programme was represented by its target groups, composed by **health care professionals** (HPs) involved in organ donation and transplantation activities and **other key players** (OKPs) such as: patients and patient support groups, representatives of public and governmental agencies, representatives of health institutions, opinion leaders, communication specialists and the media. Whereas the online training was provided on different routes, according to the participant profile, the face to face component brought the two different target groups together for best practice exchange, dialogue and networking.

A total of 101 participants from 28 countries completed the training (79 HPs, 22 OKPs). The online component was evaluated with 4,45 and the face-to-face with 4,44, (both on a scale from 1-poor to 5- excellent), registering a knowledge increase of 25,22% among HPs and of 29,47% among OKPs.

The Social Awareness WP was coordinated by The Institute for Organ and Tissue Transplantation of the Republic of Slovenija, Slovenija-transplant and The Institute for Transplantation and Biomedicine - Ministry of Health of the Republic of Croatia, under the guidance of UB-FBG. A total of 6 Member States agreed to organize awareness raising events between September 2018 and April 2019, with a total of 525 participants from 37 EU and neighbouring countries follows: as 95 participants in Warsaw, 49 participants in Budapest, 127 participants in Brussels, 95 participants in Stockholm, 96 participants in Athens, and 63 participants in Lisbon.

Although it is difficult to prove the direct positive impact of such initiatives on absolute numbers in organ donation and transplantation, a constant raise in organ donation rates have been reported.

The primary goal of this contract was to train and raise awareness among as many participants as possible. The project proved to be highly successful with a 50% higher target achievement than initially foreseen (est. 300-400 vs. 620 effective).

Read more

European Partnership for innovative health (Horizon Europe Programme) - Roadmap

The Commission launched a Roadmap on a proposal for a Council Regulation for a European Partnership on Innovative Health under Horizon Europe. This initiative aims to provide a collaborative platform for pre-competitive research and innovation where small and big companies can join forces with researchers, patients, healthcare professionals and regulators in the field of smart health.

This cooperation with partners specialised in e.g. pharmaceuticals, diagnostics, medical devices, imaging or from the biotech and digital industries will help speed up the development and uptake of innovation in public health.

The partnership would build on the Innovative Medicines Initiative (IMI2) but would significantly revise its scope and expand its partners. This new partnership would strongly support the key

strategic value chain on smart health, blending healthcare and digital technologies, digital media, mobile devices and biomedical engineering.

Read more

Horizon Europe – online consultation

The European Commission has launched an online consultation on the strategic priorities of Horizon Europe, EU's next framework programme for research and innovation. The consultation is open until 8 September.

The results of the consultation will inform the work on the Strategic Plan that will put forward the policy priorities and targeted impacts of the investments for the first four years of implementation of Horizon Europe (2021-2024). The Strategic Plan will guide the work programmes and calls for proposals for this first period.

The consultation focuses on Horizon Europe's second pillar: 'Global Challenges and European Industrial Competitiveness', and its six thematic clusters:

- Cluster 1, Health
- Cluster 2, Culture, Creativity and Inclusive Society
- Cluster 3, Civil security for Society
- Cluster 4, Digital, Industry and Space
- Cluster 5, Climate, Energy and Mobility
- Cluster 6, Food, Bioeconomy, Natural Resources, Agriculture and Environment

More information on **Online consultation** and **Horizon Europe**

Artificial Intelligence solutions for cancer prevention and treatment: EU invests €35 million

The European Commission has launched a call for proposals with €35 million available aimed to support the development of analysis of health images for cancer diagnostics based on Artificial Intelligence, as well as other tools and analytics focused on the prevention, prediction and treatment of the most common forms of cancer.

The call is part of the Horizon 2020 programme, through which the Commission is investing a total of €177 million on the 'Digital Transformation of Health and Care' and 'Trusted digital solutions and Cybersecurity in Health and Care'.

Research and innovation in digital solutions for health, wellbeing and ageing - An Overview

This report offers an overview of the most current European funded projects in this field of health, wellbeing and ageing with the help of Information and Communication Technology (ICT). The research and innovation projects listed in this brochure have been divided in the following types:

- Managing your health and care projects: These projects help patients and healthcare professionals to manage a certain condition. Or they preventively help people to stay healthy. A special chapter is dedicated to projects working in and with development countries;
- Projects that innovate the health and care system and the way it works. This includes projects which are related to interoperability - meaning the ability of systems and organizations to work together ('inter-operate'). It also includes projects implemented through innovation procurement;
- ICT solutions supporting active and healthy ageing; this includes projects funded through the Active and Assisted Living Programme;
- Projects funded by the SME Instrument, accelerating market introduction of ICT solutions for Health, Well-being and Ageing Well.

Full brochure

Health Systems Strengthening for Universal Health Coverage Partnership Programme

On 18 June 2019, the EU signed a €102 million contribution agreement with the World Health Organisation (WHO) at the European Development Days in Brussels. The EU will invest in building health care systems to provide quality services in more than 80 African, Caribbean, Pacific, and Asian countries.

The “Health Systems Strengthening for Universal Health Coverage Partnership Programme” launched in June will benefit in a longer term from an EU overall contribution of €118 million out of a total budget of €123 million. The EU contribution will strengthen the WHO cooperation with governments and country stakeholders to build health care systems that provide quality health services to everyone.

The EU's financial contribution will:

- Help the WHO to strengthen national and regional capacities as regards key health system components, as well as governance, strategic planning and policy dialogue in this area;
- Facilitate the access to medicines and health products;
- Improve the health workforce, health financing, information about health and healthy lifestyles, and service delivery.

In addition, this programme will pay particular attention to addressing non-communicable diseases, which constitute an increasing health threat and a major global concern.

The new programme builds upon the existing and highly successful EU flagship programme with the WHO, **the 'UHC Partnership'**, which had started in 2011 and has since been joined and co-financed by Luxemburg, Ireland, France, Japan, and recently the United Kingdom and South Korea.

More on EU contribution to global health

EU-Africa Global Health Partnership

On 30 July 2019 the European Commission launched the EU-Africa Global Health Partnership. This initiative aims to increase health security in sub-Saharan Africa and Europe, building on the current partnership between the EU, its Member States and sub-Saharan countries. It will speed up the development of effective, safe, accessible and affordable health technologies and health system interventions for infectious diseases, together with African partners and international funders.

Read more

SHARP - Strengthened International HeAlth Regulations and Preparedness in the EU – Joint Action launched

The SHARP EU Joint Action (SHARP - Strengthened International HeAlth Regulations and Preparedness in the EU - Joint Action) will strengthen the implementation of decision 1082/2013/EU on serious cross-border threats to health, support the EU level preparedness and response to health threats and the implementation of the International Health Regulations (2005).

This 3-year Joint Action is co-funded by the Third EU Health Programme with an EU co-funding of EUR 7,9 million and has started its work on 01/04/2019. The kick-off meeting was held on 02-03/07/2019 in Vilnius, Lithuania. The partnership of the Joint Action consists of 26 Associated Partners and 33 Affiliated Entities. 30 countries (24 EU members, 3 EEA/EFTA members and 3 European neighbourhood countries) participate in the Joint Action.

Read more

Reports and publications

Reports

- *OECD*

Addressing Problematic Opioid Use in OECD Countries

Over the past few years, Canada and the United States have been experiencing an opioid crisis as a result of problematic opioid use fuelled by the emergence of synthetic opioids such as fentanyl and carfentanil. Problematic opioid use is also spreading in other OECD countries, due to the upward trend of prescription opioid use and the complexities of the illegal drug supply. This report published on 11 June 2019 presents evidence on the magnitude of problematic opioid use across OECD countries, describes the main drivers, and identifies a set of policy actions to address them. The report highlights the opioid crisis as a complex public health issue that requires a comprehensive approach across all sectors, including health, social services, and law enforcement. Strong health information systems are also needed, particularly data and research. Preventing problematic opioid use requires a combination of policies that ensure more information is provided to patients and health care practitioners, while providing access to appropriate pain management treatment for patients. A public health approach to problematic opioid use must incorporate socio-economic considerations (e.g. employment and housing), which also need to be addressed to prevent problematic substance use in general.

Link

Realising the Full Potential of Primary Health Care

This brief, released on 16 May 2019, has been produced to support discussions among G7 Health Ministers at their meeting in Paris, France, on 17-18 May 2019. As societies age and the burden of chronic disease grows, people need care that is centred on increasingly complex care needs, co-ordinated across the care pathway, and accessible (financially, geographically and around the clock). This makes good primary health care ever more vital. This Policy Brief provides a broad overview of the main policy issues and some of the policy actions that policy makers can put in place to strengthen primary health care.

Link

Health Spending Projections to 2030. New results based on a revised OECD methodology

To gain a better understanding of the financial sustainability of health systems, the OECD has produced a new set of health spending projections up to 2030 for all its member countries. The results based on a revised methodology are published in the present report, released on 24 May 2019. Estimates are produced across a range of policy situations. Policy situations analysed include a "base" scenario – estimates of health spending growth in the absence of major policy changes – and a number of alternative scenarios that model the effect on health spending of policies that increase productivity or contribute to better lifestyles; or conversely, ineffective policies that contribute to additional cost pressures on health systems.

Link

➢ *World Health Organization (WHO)*

Creating 21st century primary care in Flanders and beyond (2019)

Primary health care is the cornerstone of a strong, supportive health system, as was recognised in the 1978 Alma-Ata Declaration and the 2018 Declaration of Astana. It has an important role now in meeting the global United Nations Sustainable Development Goals and the goals of WHO's 13th General Programme of Work for 2019–2023. This report published in June 2019 focuses on primary care developments in Flanders, Belgium. Following state reforms in Belgium, the region is now upgrading and integrating its primary care services, aiming to improve their effectiveness and efficiency and the quality of life of both users and providers of those services. It is doing so through careful planning, sustained engagement across society, and systematic, well organised implementation. The report also touches on primary care developments in other parts of Europe – in Catalonia in Spain, Slovenia, Botoșani in Romania and Utrecht in the Netherlands – and concludes with lessons that these different experiences suggest might be useful to others.

Link

Ljubljana Statement on Health Equity (2019)

Ljubljana statement on health equity was adopted by acclimation by participants from 33 countries, different international organisations and civil society representatives at the High-level conference on Accelerating Progress Towards Healthy and Prosperous Lives for all in the WHO European Region, held in Ljubljana, Slovenia in June 2019. This document resumes the main outcomes from the conference, including a call for action by requesting that the Member States of the WHO European Region adopt a health equity resolution at the 69th session of the WHO Regional Committee for Europe in order to accelerate progress towards closing the health gap and achieving healthy prosperous lives for all.

Link

Participation as a driver of health equity

Social participation is described in this paper as population involvement in decisions that affect their health. Participation therefore implies involvement and influence in the decisions affecting health status and health-care services, implementation of decisions, evaluation and monitoring and, most importantly, defining the problem. As health can be determined by a myriad of social processes, participation in health implies the promotion of social participation as a general rule of governance in all policies. It signals a collective reflection by individuals or groups, deliberation and making decisions in collaboration with the institutions responsible, including involvement in planning and subsequent implementation of decisions.

The promotion of social participation is a key driver of health equity because it supports governance mechanisms that provide opportunities for greater health equality: raising awareness and recognition of the rights of groups with the highest level of health disadvantage; transforming so-called vulnerable groups into agents and protagonists of the policies and programmes that affect them; producing new collective knowledge that challenges dominant narratives; promoting coherence, responsiveness, transparency and the rule of law; facilitating the implementation and evaluation of strategies, programmes and activities; and promoting population consciousness of the private sector strategies used to promote products and choices that are detrimental to health.

Link

➢ *Other*

Migration and Health: Social Determinants and Migrants' Health – Doctors of the World

In June 2019, Médecins du Monde released a report based on the survey "Migration and Health: Social Determinants and Migrants' Health". This report comes as part of a reports series of **the EVAM project: Ending Violence Against Migrants**.

The objective of this survey was to provide an overview of the health status and some determinants of migrants' health based on the testimonies of the migrant populations met by Doctors of the World teams and / or its partners in 4 strategic locations. current migratory routes: Agadez in Niger, Tunis in Tunisia, Oujda and Rabat in Morocco.

The results enabled Médecins du Monde to draw up a series of recommendations: first, general recommendations concerning the structural context of migration, second operational recommendations for the actors of migration, and third research recommendations to improve knowledge of factors affecting the health of migrants.

Report

Benchmarking Deployment of eHealth among General Practitioners (2018)

According to a new study released by the European Commission on 18 June 2019, eHealth adoption in primary healthcare in the EU has increased from 2013 to 2018, but there are large differences between the countries surveyed. Compared to 2013, the group of General Practitioners (GPs) who are enthusiastic about eHealth has doubled.

Countries with the highest level of adoption (Denmark, Estonia, Finland, Spain, Sweden and the United Kingdom) show that the use of eHealth is routine among GPs, while countries with the lowest level of adoption (Greece, Lithuania, Luxembourg, Malta, Romania and Slovakia) show that eHealth is currently not widespread.

Link

Articles

The introduction of hospital networks in Belgium: The path from policy statements to the 2019 legislation

This article released in July 2019 describes the introduction of hospital network in Belgium and its implication. In April 2015, the Belgian Federal Minister for Social Affairs and Public Health launched an Action Plan to reform the hospital landscape. With the creation of “local-regional clinical hospital networks” with their own governance structures, the plan follows the international trend towards hospital consolidation and collaboration. The major complicating factors in the Belgian context are that policy instruments for the redesign of the hospital service delivery system are divided between the federal government and the federated authorities. This can result in an asymmetric hospital landscape with a potentially better distribution of clinical services in the Flanders hospital collaborations than in the other federated entities. The current regulations stipulate that only hospitals (and not networks) are entitled to hospital budgets. Although the reform is the most significant and drastic transformation of the Belgian hospital sector in the last three decades, networks mainly offer a framework in which hospitals can collaborate. More regulation and policy measures are needed to enhance collaboration and distribution of clinical services.

Link

New model for prioritised adoption and use of hospital medicine in Denmark since 2017: Challenges and perspectives

Technological innovation creates new treatment opportunities, while also putting healthcare budgets under strain. To deal with the rising costs of hospital medicines, the regional governments in Denmark have developed a new model for prioritising the adoption and use of hospital medicine. The model is described in the present article, published in July 2019. Marking a shift from previous policies, the new model formalises the evaluation of clinical benefit, adds an assessment of treatment costs and ensures a relatively high degree of direct stakeholder involvement. In international comparison, the new model is ambitious in terms of stakeholder involvement and adherence with principles advocated to ensure procedural justice and fair decision-making processes. However, these procedural innovations have also created new challenges. Notably, the newly formed assessment body, the Danish Medicines Council, is faced with a very high caseload and limited options to prioritise the use of its analytical resources.

Link

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

Increasing numbers of hospital emergency department (ED) visits pose a challenge to health systems in many countries. This paper published in July 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 in July 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

How health policy shapes healthcare sector productivity? Evidence from Italy and UK

The English (NHS) and the Italian (SSN) healthcare systems share many similar features: basic founding principles, financing, organization, management, and size. Yet the two systems have faced diverging policy objectives since 2000, which may have affected differently healthcare sector productivity in the two countries. In order to understand how different healthcare policies shape the productivity of the systems, the authors assess, using the same methodology, the productivity growth of the English and Italian healthcare systems over the period from 2004 to 2011. Productivity growth is measured as the rate of change in outputs over the rate of change in inputs. The results were published in July 2019. The authors find that the overall NHS productivity growth index increased by 10% over the whole period, at an average of 1.39% per year, while SSN productivity increased overall by 5%, at an average of 0.73% per year. Results suggest that different policy objectives are reflected in differential growth rates for the two countries. In England, the NHS focused on increasing activity, reducing waiting times and improving quality. Italy focused more on cost containment and rationalised provision, in the hope that this would reduce unjustified and inappropriate provision of services.

Link

Primary health care in transition: Variations in service profiles of general practitioners in Estonia and in Finland between 1993 and 2012

Since the early 1990s, the Estonian and Finnish health systems have undergone various changes which are expected to have impacted the type and range of services provided by general practitioners (GPs). The objective of this study is to compare GP services between

Estonia and Finland in 1993 and 2012 and draw a parallel with transformations occurred in the health systems of both countries during these two decades. Results were published in July 2019. Data were collected through surveys among 129 and 288 GPs from Estonia and Finland in 2012 and 139 Estonian and 239 Finnish GPs in 1993. Descriptive statistics were used to compare between countries and years. Between 1993 and 2012, the number of working hours per week and consultations per day increased in Estonia and decreased in Finland. In 2012, GPs in were more often the first contact for psychosocial and women´s and children´s in Estonia, whereas this decreased in Finland. The frequency of treating acute patients mostly decreased in both countries. The authors observed a decrease in medical procedures in Finland and an increase in Estonia. Finnish GPs still conducted more procedures in 2012. Due to partly opposite changes, the services provided by Finnish and Estonian GPs became more similar. Still, there are large differences in services provided, possibly arising from differences in the organisation of health services, the training of doctors and patients' preferences.

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 included 43 original studies and 18 systematic reviews that cover 341 studies. Results were published in July 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 was found for 21 of 41 major groups of cost-containment policies. 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

Barriers to accessing adequate maternal care in Latvia: A mixed-method study among women, providers and decision-makers

Latvia has a high maternal mortality ratio compared to other European countries, as well as major inequities in accessing adequate maternal care. Adequacy refers to the extent to which services are safe, effective, timely, efficient, equitable and people-centred. This study aims to explore stakeholder views on access to adequate maternal care in Latvia and the extent to which there was consensus. Results were published in July 2019. This mixed-method study is based on an online survey among women who recently gave birth, as well as interviews with healthcare providers and decision-makers. The data were analysed using the method of

directed qualitative content analysis. The extent of stakeholder consensus was determined by studying five access-related aspects of maternal care: availability, adequacy, affordability, approachability and acceptability. The study identified barriers to accessing adequate maternal care related to availability (i.e. shortage of human resources, geographical distance) and appropriateness (i.e. inequalities in provider knowledge, care provision and use of clinical guidelines). Other challenges were related to providers' approaches towards women (i.e. communication) and, to a lesser extent, maternal care acceptance by women (i.e. health literacy). The barriers identified in our study highlight areas that should be addressed in future reforms of maternal care. These barriers also indicate the need for micro-level indicators that can facilitate a comprehensive evaluation of maternal care in Latvia and elsewhere.

Link

The economic returns of ending the AIDS epidemic as a public health threat

In 2016, countries agreed on a Fast-Track strategy to "end the AIDS epidemic by 2030". The treatment and prevention components of the Fast-Track strategy aim to markedly reduce new HIV infections, AIDS-related deaths and HIV-related discrimination. This study – published in July 2019 - assesses the economic returns of this ambitious strategy. The authors estimated the incremental costs, benefits and economic returns of the Fast-Track scenario in low- and middle-income countries, compared to a counterfactual defined as maintaining coverage of HIV-related services at 2015 levels. The benefits are calculated using the full-income approach, which values both the changes in income and in mortality, and the productivity approach. The incremental costs of the Fast-Track scenario over the constant scenario for 2017–2030 represent US$86 billion or US$13.69 per capita. The full-income valuation of the incremental benefits of the decrease in mortality amounts to US$88.14 per capita, representing 6.44 times the resources invested for all countries. These returns on investment vary by region, with the largest return in the Asia-Pacific region, followed by Eastern and Southern Africa. Returns using the productivity approach are smaller but ranked similarly across regions. In all regions, the economic and social value of the additional life-years saved by the Fast-Track approach exceeds its incremental costs, implying that this strategy for ending the AIDS epidemic is a sound economic investment

Link

The challenge of democratic patient representation: Understanding the representation work of patient organisations through methodological triangulation

Increasingly, patient organizations (POs) play a role in health policy making. Their involvement is expected to contribute to the democratisation of decision making. It is therefore important to study this contribution. Scholars hardly draw on representation theory for this. Yet exploring

POs as a case of representation is crucial to better understand how POs add to democratizing health policy. This study departs from the assumption that POs contribute to the democratization of health policy in case they perform democratic representation. The authors studied the representation work of 33 POs covering rare diseases in Austria, Germany and the Netherlands by conducting a thematic analysis of document and interview data collected in 2016. The results, published in July 2019, show that POs work on turning their representative efforts into democratic representation by applying different mechanisms of authorization and accountability. Yet because of difficulties that come along with these mechanisms, POs differ regarding their contribution to democratizing health policy. Findings further suggest that not all means of authorization and accountability work out in representation practice as hoped for in representation theory. The authors therefore recommend policy makers to pay attention to what means of authorization and accountability POs use for their representation work.

Link

EAHP position paper on an ageing society

The European Association of Hospital Pharmacists (EAHP) has published a new position paper on an ageing society. EAHP represents more than 22.000 hospital pharmacists in 35 European countries.

Ageing is one of the greatest social and economic challenges of the 21st century for European societies. Older people have different healthcare requirements, oftentimes developing disabilities or multi-morbidity complications, Health systems will need to adapt in order to provide adequate care for longer periods while remaining financially sustainable.

In its position on an ageing society, EAHP:

- calls on national governments and health system managers to acknowledge hospital pharmacists' drug expertise by investing in medication reconciliation and optimisation roles in all healthcare facilities, including nursing homes, as a key part of the European level response to the increasing prevalence of polypharmacy.
- calls for strengthened inter-sector communication, coordination and multi-disciplinary collaboration as critical approaches to meeting the health system challenges of an ageing society
- strongly supports regulatory innovation to increase the participation of older patients with possible multi-morbidities in clinical trials.
- urges both governments and the EU to address the growing challenge of an ageing health workforce by investing in education, mobility and best practice sharing.

Full EAHP Position on Ageing Society

European Exchange on Health & Homelessness

On 24 June 2019, HOPE took part in the European Exchange on Health & Homelessness organised by FEANTSA (the European Federation of National Organisations Working with the Homeless) in the framework of the European Street Support Project, which is financed by ERASMUS+.

The exchange meeting brought together 60 European experts, including service providers in the area of housing, health and harm reduction, peers and experts by lived experience, researchers and local policy makers.

Main aim of the meeting was to promote effective strategies for integrated care and service provision, by particularly focusing on the challenges faced by marginalised people with complex needs, including homelessness, alcohol and drug addiction, social isolation and stigma, mental health problems, criminalisation, debts, loneliness and more. The programme

and the discussions during the meeting were based on the objectives, activities and results of the Street Support Project.

The Street Support Project and the European Exchange on Health on Homelessness addressed these challenges by sharing experiences and good practice examples from different European countries. The results of the Street Support Project were shared and discussed with the participants during interactive plenary and workshop sessions. Relevant project outputs were presented including the Assessment Report, the Country Reports, the Good practice Collection, the Toolbox and last but not least the practical experiences of the project partners during the implementation of their local Action Plans.

Dutch Nurse Practitioner Competency Framework revised

Because of continuing development of the profession, the professional competency framework for the nurse practitioner in the Netherlands has been revised. It has now been translated into English too.

The nurse practitioner is an independent practitioner with an independent practice authority. The core of her competency area consists of offering integrated treatment to care recipients based on clinical reasoning in complex care situations, ensuring continuity and quality of treatment, and supporting the care recipient's autonomy, control-taking, self-management and empowering him or her within the patient journey. The provided treatment includes both medical and nursing interventions. The nurse practitioner works from a holistic perspective. This means that she focuses on the person's illness and on him/her being ill, in which approach the human being in his or her context is central. She also focuses on the consequences of illness and on prevention.

At the beginning of 2019, more than 3,700 Nurse Practitioners were active; not only in specialist medical care, but also in primary care, integrated primary/secondary health care and care for the elderly, mental health care, care for the intellectually disabled, and work-related care. There are two specialties, somatic health care and mental health care.

More about the Dutch nurse practitioner can be found on the **website of the Dutch Nurse Practitioner Association (V&VN VS)**.

Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) - new guide on using antibiotic prescribing data

Tracking how healthcare providers prescribe antibiotics to treat their patients is a critical step to understand how antibiotics are used. With this information, experts can identify targets for interventions to improve use. Improving the way we prescribe and use antibiotics, a concept referred to as "antibiotic stewardship," can protect patients from harm and combat antibiotic resistance. However, there are many strategies and different data sources for tracking and collecting data on antibiotic use. To address this, TATFAR created a resource for countries to

reference to assess the different types of antibiotic use data that may be used to inform antibiotic stewardship efforts.

Read more

25th Congress of the EAHP - Hospital Pharmacy 5.0 - the future of patient care

The 25th Congress of the European Association of Hospital Pharmacists (EAHP). "Hospital Pharmacy 5.0 – the future of patient care" will take place on 25-27 March 2020 in Gothenburg, Sweden. The Congress participants will have the opportunity to learn about and share their experience with the latest advances in technologies that will shape the way how pharmaceutical care in hospitals will be delivered in the upcoming decades.

The Congress will cover the ongoing challenges in the field: Artificial intelligence, mHealth, 3D printing, personalised medicine, tackling antimicrobial resistance, delivering seamless care, raising the quality of hospital pharmacy compounding, advances in clinical pharmacy or the role of hospital pharmacists in the multidisciplinary teams in hospital and on the interface with community or outpatient settings.

Read more

HOPE-PAQS 2nd Webinar: Vienna tailor-made quality audit model

10 September 2019

HOPE and PAQS organise their second webinar on 10 September 2019 at 15.00 CET. The topic of the second webinar will cover the specific quality audit system from the Vienna Hospital Association (KAV), KAV-Q-Zert.

KAV-Q-Zert is a tailor-made audit model that was implemented since January 2018 and by which all clinical departments of the KAV are certified.

The objectives of the webinar are to share:

- The background and development process of the audit model
- The methodology of KAV-Q-Zert
- Experiences from two years of implementation

Register

Event page

The presentation of the first HOPE-PAQS Webinar: TeamSTEPPS is accessible on HOPE website, as well as the youtube video: **here**

HOPE Study Tour - DIGITAL HEALTH: Virtual Hospital in Helsinki

24-25 September 2019, Helsinki (Finland)

HOPE organises a Study Tour to Helsinki (Finland) on 24 and 25 September 2019 during the Finnish EU-Presidency.

The theme is Virtual Hospital 2.0 which produces specialised medical care -related digital healthcare services to citizens, patients and professionals. Virtual hospital is a joint project between the university hospitals in Finland, and their population responsibility and catchment area covers all Finns. Virtual hospital makes healthcare services available to all Finns regardless of their place of residence and income level, thus improving the equality of citizens. Digital services are especially well suited for monitoring the quality of life, symptoms and lifestyle, and also for living with a long-term illness before and during treatment and in the monitoring stage of the treatment. The services complement the traditional treatment pathways.

Production and implementation of services:

- the Terveyskylä.fi ('Virtual village') service offering information, advice, self-care, symptom navigators, digital treatment pathways, and tools for citizens, patients and professionals. The service comprises various themed virtual houses, more than 20 houses and services are available for more than 30 groups of patients.
- Innovation farm: innovation workshops, piloting, artificial intelligence, IoT, and research and the researcher's tools
- Development of services and changes in operation: development model, developer network and centres of expertise.

The programme includes a site visit to the New Children's Hospital.

Finland is facing the same challenges as the rest of Europe: an ageing population, a dramatic increase in the number of patients/citizens suffering from chronic diseases, and a rise in health expenditure. Virtual hospital means that we are supporting an operational change in the health sector instead of just digitalising old services or providing new services within the old service framework.

Registrations are closed but the agenda is available **here**.

EU 2019-2024: Health Champions Wanted!

9 October 2019, Brussels (Belgium)

HOPE will co-organise an event taking place at the European Parliament on 9 October 2019 and hosted by MEP Peter Liese (EPP, Germany) and MEP Sara Cerdas (S&D, Portugal). This event is an initiative emanating from seven civil society organisations: HOPE, AIM (International Healthcare Payers Association), CED (Council of European Dentists), CPME (Standing Committee of European Doctors), PGEU (Pharmaceutical Group of the European Union), EMSA (European Medical Students' Association) and EuroHealthNet (European partnership for health, equity and well-being).

It aims at drawing new MEP's attention on the main health-related challenges that the EU is facing, in the perspective of their new mandate for the period 2019-2024.

Agenda and Registration will be available soon.

HOPE Agora 2020

5-7 June 2020, Brussels (Belgium)

Every year since 1981 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 who are directly or indirectly involved in the management of European health care services and hospitals. It consists in a 4-week training period.

The HOPE Exchange Programme 2020 will start on **11 May and end on 7 June 2020**. It will be concluded by the HOPE Agora 2020 that will take place on **5-7 June 2020 in Brussels** (Belgium) around the topic "**Using Evidence in Healthcare Management**".

More information