

Newsletter N° 166 – March 2019

In this issue:

HOPE activities

HOPE Agora 2019: Registration and programme

FT Digital Health Summit - Enhancing the Impact of Innovation through Collaboration

News from HOPE members

Improving the performance of public hospitals in Greece

Romanian Presidency of the Council of the European Union

Cybersecurity centres: Council agrees on its position

Strengthen Europe's One Health approach to fighting antimicrobial resistance

EU institutions and policies

Brexit

Council adopts decision extending the period under Article 50

Council adopts a series of contingency measures for a "no-deal" scenario

Public Health

Vaccination event

European Reference Networks flyers for patients and health professionals now available in all EU languages

European Reference Networks: Launch of mutual collaboration with stakeholders from industry and patients' organisations

Pharmaceuticals in the Environment: Communication on a European Union Strategic Approach

2020 Budget - Mandate for the Trilogue

Measles outbreak in France and Ebola in the Democratic Republic of the Congo discussed by Health Security Committee

Communications Networks, Content and Technology

Digital Europe programme – Coreper confirms common understanding reached with Parliament

Digitalisation in the health sector – opinion adopted by the Committee of the Regions

Internal Market, Industry, Entrepreneurship and SMEs

Medical Devices Regulations: EU device group wants clarity on expert panels

European programmes and projects

EU researchers find link between resistance to antibiotics and sanitation

EU budget for 2021-2027: Commission welcomes provisional agreement on Horizon Europe

Reports and publications

Reports

➤ World Health Organization (WHO)

Economic and social impacts and benefits of health systems (2019)

Compendium of good practices in the implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020

Action plan to improve public health preparedness and response in the WHO European Region 2018–2023

➤ **OECD (Organisation for Economic Co-operation and Development)**

Using routinely collected data to inform pharmaceutical policies

Trends in life expectancy in EU and other OECD countries. Why are improvements slowing?

Averting the AMR crisis - What are the avenues for policy action for countries in Europe?

➤ **Other**

Labour market change and the international mobility of health workers

The benefit of EU action in health policy: The record to date

Articles

Transforming clients into experts-by-experience: A pilot in client participation in Dutch long-term elderly care homes inspectorate supervision

The 2015 long-term care reform in the Netherlands: Getting the financial incentives right?

My Diabetes My Way: supporting online diabetes self-management: progress and analysis from 2016

Other news – Europe

Therapy adherence: European Manifesto

Paediatric Cancer

Brain Research and Tech

Brexit: the impact on healthcare services in the EU27

WHO QualityRights E-Consultation - Good Practices of Community-Based Mental Health

Trafficked medicines seized in Operation MISMED2

International Consensus Conference on Patient Blood Management: clinical recommendations published

Health awareness raising assistants in action in Slovak hospitals

Pharmaceuticals in the Environment: Joint Press Statement of the Inter Associations Initiative Pharmaceuticals

Upcoming HOPE (and co-organised) conferences and events

19th International Conference on Integrated Care **San Sebastian, 1-3/04/2019**

HOPE Agora 2019 **Ljubljana, 2-4/06/2019**

HOPE Agora 2019: Programme and registration



The HOPE Agora 2019 Programme is now available on HOPE website! Registration and practicalities are also available.

The event 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.

Is there a shortage of nurses in my department? How many of them are necessary? What type of nurses should be employed? Perhaps the priority should be to modernise the medical equipment in the department instead? The workers in healthcare organisations who have managerial roles face these sorts of questions daily. How are these questions answered?

The HOPE Agora on evidence-informed decision-making in healthcare management will look at different approaches to answer these questions. Scientific literature is an important source of information. However, decisions are also influenced by local data, stakeholders’ positions, cultural factors, etc. The conference participants will discuss the role of different types and sources of evidence. The point of view of researchers, policy-makers, managers and many other stakeholders will be considered. The conference will host experts in this field and the HOPE Exchange Programme participants, who visited a foreign country to learn about how these issues are tackled in a different setting. In increasingly complex health systems, the ability to use all types of available evidence to improve decision-making in healthcare is crucial to ensure that citizens are offered the best care possible.

[Read more](#)

FT Digital Health Summit - Enhancing the Impact of Innovation through Collaboration

On 18 June 2019, HOPE President Eva Weinreich-Jensen will speak at the FT Digital Health Summit - Enhancing the Impact of Innovation through Collaboration in Berlin.

Hospitals and health services are under increased pressure from escalating costs and growing demand. The ability to harness digital disruption is key to easing the strain and delivering more adaptable and efficient healthcare. Collaboration and change management can facilitate implementation and help overcome the barriers posed by issues of security, engagement and integration.

Where and how can digital technologies, devices and applications, and the data they produce, have the most meaningful impact? How can they be evaluated to assess their effectiveness in terms of cost savings and enhanced experiences and outcomes for patients? To what extent can innovation promote wellness and relieve the burden on services?

The FT Digital Health Summit, now in its fifth year, will answer these questions and many more as it explores ways to implement digital transformation and improve the impact of innovation. Discussion will delve deep into the constraints and opportunities and consider how patients, hospitals, providers, innovators, investors and regulators can work together to ensure that technology is efficient and consistent in meeting the evolving needs of patients and in sustaining high-value integrated care.

[Read more](#)

The image is a screenshot of the Financial Times Live website banner for the FT Digital Health Summit. The banner has a dark blue background with abstract geometric shapes in shades of purple, pink, and orange. At the top, the 'FINANCIAL TIMES LIVE' logo is on the left, and navigation links 'Home', 'Coming up', 'Become a sponsor', 'Past events', and 'What we do' are on the right. Below the logo, a tagline reads 'Healthcare & Life Sciences, Telecoms, Media and Technology'. The main title 'FT Digital Health Summit' is in large white letters, followed by the subtitle 'Enhancing the Impact of Innovation through Collaboration'. Below this, the location and date 'Berlin | 18 June 2019' are displayed. A section titled 'Speakers include:' features three circular headshots of speakers: Jens Spahn (Federal Minister of Health, Germany), Michael Dahlweid (Insel Group), and Eva Weinreich-Jensen (HOPE - European Hospital and Healthcare Federation). A red 'Register Now' button with a right-pointing arrow is at the bottom right. The hashtag '#FTDigHealth' is in the bottom left corner, and a vertical 'Feedback' button is on the far right edge.

Improving the performance of public hospitals in Greece

To improve the performance of hospitals under its national health service, the Ministry of Health of Greece is assessing its current monitoring and evaluation systems. The assessment will help identify ways to improve the process, in particular through establishing sound, measurable indicators and putting in place effective feedback mechanisms.

This latest initiative complements previous efforts to improve the transparency of public hospitals by making available to the public a list of planned surgeries for all public hospitals and by developing an e-governance tool referred to as B.I. Health. The anonymized surgery list, using unique numbers and sorted by urgency, addresses the issue of bypassing the list with informal payments and assists with managing surgery schedules, while B.I. Health itself contains features that focus on monitoring hospital activities and financial management.

With WHO's support, a team of international experts with extensive experience in monitoring and evaluating hospital performance visited Greece on 4–8 February 2019. The team met key stakeholders, visited public hospitals in urban and rural settings and familiarized themselves with the process for collecting and sharing hospital performance information. During a workshop organized jointly by WHO and the Ministry of Health, the experts presented their findings, shared good practices in improving hospital performance at regional and global levels and offered preliminary suggestions on possible ways forward in Greece.

Participating stakeholders included the Ministry of Health leadership, Regional Health Authorities, hospital management and administration representatives, the National Health Insurance Fund, the Greek DRG Institute and the Ministry of Finance.

Based on the feedback from the visits and the workshop, the team will produce a policy brief evaluating the ongoing attempts and providing strategic policy recommendations for the development of a comprehensive, up-to-date performance monitoring system. The report was presented to stakeholders during a follow-up country mission, mid-March 2019.

[Read more](#)



Romanian Presidency of the Council of the European Union

Cybersecurity centres: Council agrees on its position

On 13 March 2019, the Council Permanent Representatives Committee granted the Romanian presidency a mandate to start talks with the European Parliament on establishing a top knowledge base for cybersecurity called the European Cybersecurity Industrial, Technology and Research Centre and setting up a Network of National Coordination Centres. Together, these structures will help secure the digital single market and increase the EU autonomy in the area of cybersecurity.

The Cybersecurity Industrial, Technology and Research Centre will enhance the coordination of research and innovation in the field of cybersecurity. It will also be the EU main instrument to pool investment in cybersecurity research, technology and industrial development.

The Cybersecurity Competence Network will consist of National Coordination Centres designated by member states. The national centres will either possess or have access to technological expertise in cybersecurity, for example in areas such as cryptography, intrusion detection or human aspects of security.

The Centre, in cooperation with the Network, will act as an implementation mechanism for cybersecurity-related financial support from the Horizon Europe and Digital Europe programmes. Together, they will help increase the competitiveness of the EU's cybersecurity industry and turn cybersecurity into a competitive advantage for other EU industries.

Funding for these centres will be provided mainly from the Digital Europe and Horizon Europe programmes, with the possibility of voluntary contributions by member states.

The proposal also creates a third structure, a Cybersecurity Competence Community, to bring together the main stakeholders to enhance and spread cybersecurity expertise across the EU. Its members will include, among others, industry, academic and non-profit research organisations, public entities dealing with operational and technical matters, and, where relevant, actors from other sectors facing cybersecurity challenges.

The Centre will be established for the period of 1 January 2021 to 31 December 2029. After that it will be wound up, unless decided otherwise through a review of the relevant regulation.

The EU also has a European Agency for Network and Information Security (ENISA), which will be upgraded into a permanent EU Agency for Cybersecurity when the draft Cybersecurity Act is formally adopted this spring. The activities of the new European Cybersecurity Industrial, Technology and Research Centre will be complementary to ENISA's tasks without duplicating any of them.

Strengthen Europe's One Health approach to fighting antimicrobial resistance

Antimicrobial resistance (AMR) is widely recognized as one of the 21st century greatest threats to health, welfare and food security. Worldwide, an estimated 700 000 people die each year from drug-resistant infections. In the European Union (EU) and European Economic Area (EEA) alone, 33 000 lives are claimed each year, and these numbers are rising.

For more than 2 decades, the European Commission and its agencies have worked closely with EU countries to combat this threat. These efforts have contributed to all EU/EEA countries having an AMR national action plan implemented or under development. However, there is still room for progress.

Romania, which currently holds the EU Presidency, aims to build on previous efforts by focusing specifically on combating AMR through a One Health approach. This approach recognizes that one sector cannot single-handedly ensure the proper use of antibiotics, and thus aims to bring together professionals in human, animal and environmental health as one force – collectively committed to keeping antibiotics working.

Romania has identified three key objectives related to AMR:

1. to improve the quality of infection prevention and control measures and optimize antimicrobial use across human, animal and environmental health sectors;
2. to strengthen the implementation of One Health national action plans; and
3. to encourage solidarity between countries by working together to combat AMR.

The country hosted a meeting on 28 February and 1 March 2019 to determine the next steps towards making the EU a best-practice region in combating AMR through a One Health approach.

The meeting included the participation of high-level representatives from major European Commission agencies, such as the European Centre for Disease Prevention and Control (ECDC), the European Food Safety Authority (EFSA), the European Medicines Agency (EMA) and the Directorate-General for Health and Food Safety (DG SANTE), as well as delegates from EU countries and other experts, including from WHO/Europe.

The meeting included a 90-minute simulation exercise led by ECDC. It gave countries an opportunity to consider the response to a serious outbreak of AMR and suggest steps to enhance future practice. The exercise set the emergence and spread of a difficult-to-treat, extensively drug-resistant strain of bacteria in the same context as any highly infectious disease emerging in a population where quick and decisive action can help minimize impact.

A policy brief, produced jointly by the Romanian EU Presidency and the European Observatory on Health Systems and Policies, was also launched at the meeting. It offers analysis of the health and economic impact of AMR, but also examines the policy options and priority interventions that can be used to fight it. Additionally, the policy brief discusses the importance of governance in successfully implementing AMR national action plans based on the One Health approach.



Council adopts decision extending the period under Article 50

On 22 March 2019, the European Council (Article 50) adopted a decision formalising the political agreement reached on 21 March 2019 on extending the period under Article 50.

In accordance with the treaties, the decision was taken in agreement with the United Kingdom. Such an agreement was set out in a letter from the Permanent Representative of the UK to the European Union, Sir Tim Barrow, of 22 March 2019.

On 29 March 2019 the House of Commons voted again on the withdrawal agreement which approbation was a sine qua none condition to an extension until the 22 May 2019. Although, the withdrawal agreement was rejected for the third time with 344 negative votes against 286 positive ones.

Therefore, the extension will be until 12 April 2019 and the UK will indicate a way forward before 12 April 2019, for consideration by the European Council.

The decision makes clear that for the duration of the extension the United Kingdom remains a member state with all the rights and obligations set out in the treaties and under EU law. If the UK is still a member state on 23-26 May 2019, it will be under the obligation to hold elections to the European Parliament.

European Council decision taken in agreement with the United Kingdom, extending the period under Article 50(3)TEU

Council adopts a series of contingency measures for a "no-deal" scenario

On 19 March 2019, the Council adopted a series of legislative acts as part of its contingency preparations for a "no-deal" Brexit scenario.

The aim of these acts is to limit the most severe damage caused by a disorderly Brexit in specific sectors where it would create a major disruption for citizens and businesses. They come on top of other measures, such as on citizens' rights, adopted by member states as part of their preparations for a "no-deal" scenario.

These measures are temporary in nature, limited in scope and adopted unilaterally by the EU. They are in no way intended to replicate the full benefits of EU membership or the terms of

any transition period, as provided for in the withdrawal agreement. In some areas, they are conditional upon the UK's reciprocal action.

Social security coordination

The legislative acts adopted include a regulation which is intended to safeguard, in case of "no deal", the social security rights of citizens of EU member states in the UK and UK nationals in the EU27 who have benefited from the right of free movement before the UK's withdrawal from the EU.

It will apply to:

- nationals of member states, stateless persons and refugees, to whom the legislation of one or more member states applies or has applied in the past or who are or have been in a situation involving the UK before Brexit, as well as their family members and survivors;
- UK nationals, to whom the legislation of one or more member states applies or has applied before Brexit, as well as their family members and survivors.

[Read more](#)



Public Health

Vaccination event

HOPE was invited to the meeting 'Towards a Coalition for Vaccination' organised on 4 March 2019 in Brussels by the European Commission.

The objective of this meeting was to discuss the creation of a Coalition for Vaccination, as requested in the Council Recommendation on strengthened cooperation against vaccine preventable diseases and to reach agreement on the most appropriate structure, scope, governance and general objectives of a Coalition for Vaccination.

Director General Anne Bucher, DG SANTE presented the general concept of a Coalition for Vaccination. The Governance of the Coalition for Vaccination, including membership was then presented by John Ryan, DG SANTE.

In line with the Council Recommendation, the European Commission would like this Coalition to bring together European associations of healthcare workers as well as relevant students' associations in the field, to commit to delivering accurate information to the public, combating myths and exchanging best practice.

In the proposed mission statement, the Coalition for Vaccination would be an alliance of EU health professional associations which would engage in joining efforts to increase confidence

in and improved uptake of vaccines by citizens. The Coalition would also pay particular attention to confidence and uptake among health professionals.

In line with the Council Recommendation, this Coalition would bring together 'European associations of healthcare workers as well as relevant students' associations in the field'. Other stakeholders with relevant interests and activities could be invited to join the Coalition, with a view to maximizing the impact of such a network.

The possible areas for action and priority activities are to:

- ❖ Enhance effectiveness and targeting of communication activities and media relations;
 - Collaborate to identify potential refusal and resistance to vaccination and to implement strategies that build trust and respond to adverse events and rumours;
 - Improve health professionals' abilities to communicate about the benefits and risks of vaccination, following specific trainings on communication;
 - Expand the presence of health professionals on social media, helping to reply to fake news;
 - Establish and use communication channels between partner organisations on a regular basis at EU, national and local level to quickly reach people and deliver messages through the Coalition, a trusted source;
- ❖ Improve vaccination education and training of health care workers;
 - Advocate and facilitate development, implementation and monitoring of vaccination training in medical curricula and continuous medical training for all health care workers, working closely with national health care professionals and student associations;
- ❖ Enhance vaccination coverage of health care workers;
 - Advocate and facilitate set-up, implementation and monitoring of specific vaccination programmes for health care workers, working closely with national, regional and local health providers;
- ❖ Advocate for broaden access to vaccination;
 - Advocate and facilitate involvement of all relevant health care practitioners in national and/or regional vaccination services;
 - Advocate and facilitate introduction of routine checks of vaccination status and regular opportunities to vaccinate across different stages of life.

Event Agenda

European Reference Networks flyers for patients and health professionals now available in all EU languages

New dissemination material on European Reference Networks has been produced by the European Commission and translated into all EU languages! The new material encompasses a flyer and poster devoted to both, patients and health professionals, for increasing the knowledge on ERNs.

Concerning the flyer, it has been customized with specific national links for those countries which provided the information. Should additional national links been provided, updated versions will then be released. As far as the poster is concerned, it has been designed to be used in hospital settings, either on screens or printed by the hospitals themselves.

[Read more](#)

European Reference Networks: Launch of mutual collaboration with stakeholders from industry and patients' organisations

Possible areas of cooperation between the European Reference Networks and other stakeholders, such as registries or clinical trials, have been explored during the first meeting between members of the ERNs Working group on Legal & ethical issues and relations with Stakeholders (LES) and representatives of the industry and of patients' organisations which took place on 25 February 2019 in Brussels. This meeting represents a first step to analyse how industry may support the ERNs activity and how patients' organisations perspective can be taken on board, which issues are at stake, how to maximize opportunities, which safeguards to ensure transparency and avoid conflicts of interest are to be put in place.

Relationships between the ERNs and industry were already the object of a statement published by the Board of ERN Member States (BoMS) in November 2016 to guide the collaboration between ERNs and industry or private funders. A joint working group of ERN Coordinators and BoMS, the ERN "Working group on Legal & ethical issues and relations with Stakeholders (LES)", has been set up and is currently working on a new version of the guidance and other policy documents relating to conflicts of interests, for the benefit of all ERNs. At the same time, patients' organisations have a crucial role to help consolidate the ERNs, for instance through their involvement into research or in finding ways to promote the collaboration between companies and ERNs in a way that helps to avoid conflict of interest situations.

ERNs need a diversification of funding to support their activity, and mutual benefits may come from cooperation on clinical trials, for instance. The dialogue with industry showed a clear interest in further exploring ways of collaboration particularly in the fields of registries or clinical trials, and the need to test different business models, for instance by scaling up the best practices identified in some countries. The need of transparency has been clearly underlined by all parties involved, as well as the fact that industry cannot be part of the ERNs governance model. Patients' organisations underlined several aspects like how to ensure that the results of the collaboration with industry will meet public interest for instance in a new treatment, or how to ensure that the ERNs activities funded by the industry do really reflect patients' needs. The meeting was a first step of a process to start identifying the fields of mutual interest and the modalities to put in place to shape the collaboration between stakeholders and the ERNs. Written contributions and future meetings are envisaged to continue the reflexion and concretize it.

Pharmaceuticals in the Environment: Communication on a European Union Strategic Approach

On 11 March 2019, the European Commission adopted a Communication outlining a set of actions addressing the multifaceted challenges that the release of pharmaceuticals poses to the environment.

The "**Strategic Approach to Pharmaceuticals in the Environment**" that the Commission presented, identifies six action areas concerning all stages of the pharmaceutical life cycle, where improvements can be made. The text addresses pharmaceuticals for human as well as for veterinary use. The areas cover all stages of the lifecycle of pharmaceuticals, from design and production to disposal and waste management, in line with the principles of the staff working document of the Commission on Sustainable Products in a Circular Economy. The six areas identified include actions to raise awareness and promote prudent use, improve training and risk assessment, gather monitoring data, incentivise "green design", reduce emissions from manufacturing, reduce waste and improve wastewater treatment.

Pharmaceuticals discarded in the environment have been shown to pose a risk to fish or other wildlife, for example by affecting their ability to reproduce, by altering their behaviour in ways jeopardising their survival, or through direct toxic effects. In addition, incorrectly disposed medicines may contribute to the serious problem of antimicrobial resistance. Increased awareness has prompted further investigation, as well as calls and proposals for action to reduce emissions to the environment, in particular to water but also to soil.

The Communication places an emphasis on sharing good practices, on cooperating at international level, and on improving understanding of the risks. This is crucial in the context of addressing antimicrobial resistance, a problem that is growing at global level. Several actions in the strategic approach are intended to contribute to the objectives of the European One-Health Action Plan against Antimicrobial Resistance (AMR). The Action Plan stresses the need for a One-Health approach taking account of the interconnections between human and animal health and the environment.

Communication

2020 Budget - Mandate for the Trilogue

Each year, the Committee on Environment, Public Health and Food Safety (ENVI) at the European Parliament draws up an opinion on the mandate for the budgetary trilogue, traditionally in the form of a letter. The aim of the letter is to present the main budgetary concerns of the ENVI Committee.

The budgetary procedure for 2020 is the last one of the programming period 2014-2020. In this context, the ENVI letter particularly draws the attention of the BUDG Committee to the risk of falling short of meeting the spending target of at least 20 % of the EU budget on climate-related action between 2014 and 2020. It also points to the need for adequate financing to be

allocated in the 2020 budget to the programmes under ENVI's remit, and to pilot projects and preparatory actions.

Measles outbreak in France and Ebola in the Democratic Republic of the Congo discussed by Health Security Committee

On 5 March 2019, the Health Security Committee released a Public Flash report on Current measles outbreak in Val Thorens (France) and the North Kivu and Ituri Ebola outbreak (Democratic Republic of the Congo).

Measles cases continue to increase in a number of EU/EEA countries. In 2018, 36 deaths have been reported in EU countries. Vaccination coverage is below 95% in most countries. The ongoing measles transmission in EU/EEA is being monitored through the Communicable Disease Threat Report (CDTR) and Round Table Reports produced by the ECDC; the latest Rapid Risk Assessment was published in March 2018. Due to the fact that measles continues to spread across Europe, there is a need of coordination of response among Member States.

The current Ebola outbreak in the Democratic Republic of Congo (DRC) has been ongoing since 11 May 2018 and as of 2 March 2019, there have been 894 Ebola virus disease cases, of which 829 confirmed and 65 probables, including 561 deaths. Furthermore, on 25 February 2019, a major violent incident in Katwa health zone occurred leading to the total destruction of the Ebola treatment center (ETC) in the area. On 27 February 2019, an additional violent attack took place at the ETC in Butembo health zone.

[Read more](#)



Communications networks, Content and Technology

Digital Europe programme – Coreper confirms common understanding reached with Parliament

The EU is supporting the digitisation of its economies and societies by setting up a new funding programme, Digital Europe, for the years 2021 to 2027. Today, the Council Permanent Representatives Committee confirmed the common understanding reached by the Romanian presidency and the European Parliament on the proposal, which aims to promote the large-scale roll-out and uptake of key digital technologies such as artificial intelligence applications and state-of-the-art cybersecurity tools.

The common understanding excludes budget-related and horizontal issues which are being discussed as part of the negotiations on the EU's next multiannual financial framework (MFF) covering the period 2021 to 2027.

The Digital Europe programme will provide funding for projects in five crucial areas: supercomputing, artificial intelligence, cybersecurity, advanced digital skills, and ensuring wide use of digital technologies across the economy and society. Funding for projects to build up high-performance computing will benefit areas such as healthcare, environment and security. Support for spreading the use of artificial intelligence will include, for example, better access to AI testing facilities.

The programme will support advanced digital skills training for the workforce and students, as well as for small and medium-sized enterprises and public administrations. The provision of financing will help ensure that people have easy, trusted and seamless access to digital public services, for instance by enhancing the EU-wide interoperability of public services.

A network of European Digital Innovation Hubs will provide access to technological expertise for businesses – in particular SMEs – and public administrations. These hubs will bring together industry, businesses and administrations in need of new technological solutions on the one hand, and companies that have market-ready solutions, on the other. With a broad geographical coverage across Europe, the hubs will play a central role in the implementation of the programme.

Digital Europe will be complementary to a number of other programmes supporting digital transformation, such as Horizon Europe and the digital aspects of the Connecting Europe Facility.

The Council expects the negotiations with the next European Parliament to start as soon as possible, with a view to being finalised on the basis of the progress achieved as reflected in the common understanding. Negotiations will also need to take into account the overall agreement on the multiannual financial framework for 2021-2027.

Draft regulation establishing the Digital Europe programme – progress report

Digitalisation in the health sector – opinion adopted by the Committee of the Regions

The European Committee of the Regions adopted, at its recent Plenary Session on 7 February 2019, its opinion "Digitalisation in the health sector". The rapporteur for this opinion was Fernando López Miras (ES/EPP), President of the Region of Murcia.

The opinion responds and contributes to the European Commission's communication on enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society from April 2018.

Increase in chronic disease and multimorbidity in Europe results in growing demand for resources and costs across Member States. EU Member States spend an average of 8.3% of their GDP on healthcare. Germany (11.2%), Sweden (11%) and France (11%) have the highest health care expenditure ratio to GDP. By contrast, healthcare expenditure accounted for less than 6.5% of GDP in Poland, Luxembourg and Latvia, with Romania recording the lowest ratio in the EU with 5% ([Eurostat](#)).

Digital solutions for health are contributing to reduce medical consultation time and facilitate multidisciplinary coordination for patients' treatments. The digitalisation of the health sector would be of particular importance to tackle isolation and improve personalised assistance to citizens living in rural areas, remote regions, islands and low population density territories. Members recall that mutually incompatible formats and standards in electronic medical records systems still persist across the EU.

The CoR calls on the European Commission to promote new reimbursement models for adopting digital innovation, geared, for example, to delivering payment in accordance with health outcomes, so as to support the business models of eHealth and mHealth companies offering high-quality services supported by digital technologies.

EU cities and regions call on Member States to avoid localising services as these are not always more secure, and to promote the use of international and open standards to avoid solutions that create dependency on a specific provider. Local leaders consider it essential to create a connection between supply and demand and to promote co-creation processes relating to digital solutions. Members urge the Commission to assess the possibility of assigning a unique identification to genetic studies carried out on European citizens yet with their consent and for clinical reasons. This would allow the information to be used for preventative, diagnostic or therapeutic measures.

The CoR calls for an EU system of accreditation, certification and validation of new applications and devices for patients and health professionals to determine those that are really considered useful or that may even be subject to prescription by a health professional. This would reduce red tape so that solutions approved in one Member State could easily be marketed in another country.

[Read more](#)



Internal market

Medical Devices Regulations: EU device group wants clarity on expert panels

On 22 March 2019, the European Commission published a document from the Medical Devices Coordination Group (MDCG) that urges clarification of an article in the new Medical Device Regulation covering criteria for exemption of devices from involvement with expert panels.

In Article 54(2), it is unclear whether the phrase "device already marketed" refers to products already marketed under old directives or uniquely under the MDR, the group said. The group, made up of EU member states, said clarification of the issue is "extremely urgent" because it is about to roll out procedures for establishing expert panels.

[Read more](#)

EU researchers find link between resistance to antibiotics and sanitation

Antimicrobial resistance (AMR) – the ability of microorganisms to resist antimicrobials such as antibiotics – is directly linked to sanitary conditions and the population's general state of health: the better the sanitation, the lower the problem of AMR. This is one of the conclusions of a large EU-funded investigation into the AMR problem that gathered data through state-of-the-art DNA analysis of sewage around the globe.

Researchers working on the COMPARE project, funded under the EU research and innovation programme Horizon 2020, found that the world's countries fall within two groups in terms of AMR levels. Western Europe, North America, Australia and New Zealand - generally regions with better sanitary conditions - have the lowest levels of antimicrobial resistance, while Asia, Africa and South America have the highest levels.

Furthermore, Brazil, India and Vietnam have the greatest diversity in resistance genes (meaning that fewer antibiotics can still be used for effective treatment), while Australia and New Zealand have the lowest. Publishing the results on 8 March 2019 in [Nature](#), the scientists show that improving sanitation could be an effective way to limit the growing burden of AMR.

Working with an EU contribution of almost €21 million and coordinated by the Technical University of Denmark, the COMPARE project uses molecular technology to improve identification and mitigation of emerging infectious diseases and foodborne outbreaks. One part of this project analysed raw sewage from 74 cities in 60 countries. It used state-of-the-art DNA technology to look for genes that make bacteria resistant to antibiotics. Using this comparable global data, the researchers have created the first ever world map showing the levels of AMR in predominantly healthy populations. This paves the way for developing an ethically acceptable and economically feasible global surveillance and prediction of AMR.

And their ambition is to go even further and to develop a system to exchange and interpret information in real time, which could be used to manage diseases that threaten to spread across borders and develop into pandemics, such as Ebola, measles, polio or cholera.

More on COMPARE

EU budget for 2021-2027: Commission welcomes provisional agreement on Horizon Europe

On 20 March 2019, the EU institutions have reached a partial political agreement, subject to formal approval by the European Parliament and Council, on Horizon Europe.

The new budget plan would deepen Europe innovation capability, provide lasting prosperity and preserve our global competitiveness. Horizon Europe, proposed by the Commission in June 2018 as part of the EU-long-term-budget for the years 2021-2027, is an ambitious research and innovation programme and will keep the EU at the forefront of global research and innovation.

Horizon Europe will build on the achievements of the current research and innovation programme (Horizon 2020). It will continue to drive scientific excellence through the European Research Council (ERC) and the Marie Skłodowska-Curie fellowships and exchanges, and will benefit from the scientific advice, technical support and dedicated research of the Joint Research Centre (JRC), the Commission science and knowledge service.

It will introduce new features including the European Innovation Council (EIC). The EIC, which is already running now in a pilot phase, will be a one-stop shop to bring disruptive and breakthrough innovations from lab to market application, and help start-ups and SMEs scale up their ideas. It will provide direct support to innovators through two main funding instruments, one for early stages and the other for development and market deployment. It will complement the European Institute of Innovation and Technology (EIT).

Next steps

The preliminary political agreement reached by the European Parliament, Council and Commission is now subject to formal approval by the European Parliament and Council. Horizon Europe's budgetary aspects are subject to the overall agreement on the EU's next long-term budget, proposed by the Commission in May 2018.

Synergies with other future EU programmes and policies are still subject to further discussions depending on the progress made with other sectoral proposals within the EU's long-term budget. Provisions on international association agreements are also subject to further discussions.

The Commission will now start preparing Horizon Europe's implementation in order to have the first draft work programmes published in time for the programme launch on 1 January 2021.

[Read more](#)

Reports

➤ *World Health Organization (WHO)*

Economic and social impacts and benefits of health systems (2019)

This report, released in March 2019, provides evidence and practical methods to show the health sector is essential to a stable, functioning economy. Health systems have a positive impact on the economic performance of other sectors in the national economy, through the jobs they generate and from the purchase of goods and services. This report seeks to assist European policy-makers, providing guidance and tools to engage in stronger dialogue with ministries of finance and international institutions, to prevent disinvestment in health. It provides a framework that policy-makers at national, regional and local levels can apply to demonstrate health systems are a key sector for driving forward the implementation of local and national goals for sustainable development.

[Link](#)

Compendium of good practices in the implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020

Tuberculosis (TB), especially drug-resistant TB, is a public health challenge in both civilian and penitentiary sectors worldwide. The global End TB Strategy envisages specific measures to be taken by WHO Member States globally to tackle the problem and address the challenge. The WHO Regional Office for Europe has developed the Tuberculosis Action Plan for the WHO European Region 2016–2020 to achieve the milestones and objectives set by the global End TB Strategy. This first Compendium of good practices in the implementation of the Tuberculosis Action Plan for the WHO European Region is an essential publication for implementation of the Strategy, providing examples of treatment and care following the recommendations proposed for WHO and its partners. It has been released in March 2019.

[Link](#)

Action plan to improve public health preparedness and response in the WHO European Region 2018–2023

The action plan to improve public health preparedness and response in the WHO European Region for 2018–2023, released in March 2019, aims to strengthen national and regional capacities to effectively prevent, prepare for, detect and respond to public health threats and emergencies and to provide support to affected countries, when necessary.

This publication outlines the action plan to be implemented by States Parties and the WHO Regional Office for Europe in collaboration with key partners and in line with the requirements of the IHR (2005). It is structured around the three strategic pillars described in the global strategic plan: building and maintaining States Parties' core capacities required by the IHR (2005); strengthening event management and compliance with the requirements under the IHR (2005); and measuring progress and promoting accountability. The action plan will be accompanied by a monitoring framework with indicators for each technical area of the strategic pillars.

The action plan incorporates feedback received from the Member States during the Standing Committee of the Regional Committee (May 2018) and through web-based and face-to-face consultations on the global strategic plan. The revised action plan, incorporating the feedback received, was submitted to the 68th session of the Regional Committee for Europe, and was welcomed with appreciation through the adoption of resolution EUR/RC68/R7.

[Link](#)

➤ *OECD (Organisation for Economic Co-operation and Development)*

Using routinely collected data to inform pharmaceutical policies

Health systems routinely collect vast amounts of patient-level data. These data offer increasing opportunities to distil evidence from clinical practice, and to assess and monitor the effectiveness and safety, benefits and the costs of health care interventions. In many OECD and EU member countries, the breadth and volume of routinely collected electronic patient-level data are reaching a crescendo, but their capacity to generate and use evidence to inform health policies varies considerably. This analytical report, released on 28 February 2019, provides an overview of patient-level data on medicines routinely collected in health systems from administrative sources, e.g. pharmacy records, electronic health records and insurance claims. In total 26 OECD and EU member countries responded to a survey addressing the availability and accessibility of routinely collected data on medicines and their applicability to developing evidence. The report further explores the utility of evidence from clinical practice, looking at experiences and initiatives across the OECD and EU with the aim of identifying best practices and assessing the potential impact on health and pharmaceutical policy.

[Link](#)

Trends in life expectancy in EU and other OECD countries. Why are improvements slowing?

This paper, released on 28 February 2019, reports on trends in life expectancy in the 28 EU countries and some other high-income OECD countries, and examines potential explanations for the slowdown in improvements in recent years. The slowdown in improvements in life expectancy since 2011 has been greatest in the USA, where life expectancy has fallen in recent years, and the UK, but France, Germany, Sweden and Netherlands have also seen a sharp slowdown. Overall, the pace of mortality improvement has slowed in several EU countries and Australia and Canada since 2011. Diseases of older ages are major contributors to the slowdown. Improvements in cardiovascular (CVD) disease mortality have slowed in many countries, respiratory diseases, including influenza and pneumonia, have claimed excess lives in some winters, and deaths from dementia and Alzheimer's disease are rising. In some countries, notably the USA and the UK, mortality improvements have also slowed or even reversed among working age adults because of the rising numbers dying from drug-related accidental poisoning. The report also considers wider contributing factors. Although some risk factors, such as smoking, excessive alcohol consumption, high blood pressure and cholesterol levels, continue to decline in most EU countries, the prevalence of obesity and diabetes continues to rise. Adverse trends in inequalities could also have an impact if some population groups experience lower gains in longevity than others, thereby reducing the overall gain. Looking ahead, it is unclear whether the current slowdown in mortality improvements in some EU countries and the USA is a long-term trend or not, whether the slowdown in major killers such as CVD will persist, and whether or not the excess winter mortality seen in some years becomes a regular feature given population ageing and increasing numbers of frail, older people. The timely monitoring and investigation of mortality trends, including through international collaboration where possible, can facilitate early implementation of remedial strategies.

[Link](#)

Averting the AMR crisis - What are the avenues for policy action for countries in Europe?

This policy brief, released on 1 March 2019, has been produced to inform the EU Ministerial Meeting on “Next steps towards making the EU a best practice region in combating AMR” held by the Romanian Presidency of the Council of the European Union.

The aim of this brief is to present key policy options that can be effective in combating AMR in Europe. The brief is meant to serve as a succinct, accessible overview of the policy avenues necessary to build a national strategy to combat AMR. This document does not supplant the need to look more deeply into the evidence for each of the discussed policy options, nor are the options discussed comprehensive or suitable for every type of setting. It begins with an overview of estimations of the health and economic impacts of AMR as well as an outline of global action to date. What follows is a description of several essential AMR policy areas and

priority interventions to consider, and then an exploration of the importance of governance to facilitate the successful implementation of AMR NAPs.

[Link](#)

➤ *Other*

Labour market change and the international mobility of health workers

In March 2019 the Health Foundation published a report on Labour market change and the international mobility of health workers.

Most high-income countries are facing the social, health and economic challenges of an ageing population, including NCDs. This will have a significant impact on the demand for services in the future, which in turn will increase and change the workforce needs of high-income countries. In this paper, we summarise the situation with regards to various elements of this problem. We look at the current trends in global population health, and the health labour market backdrop, in order to get a picture of how things stand. We then look at the policy responses that are available to tackle the skills shortages, and achieve a sustainable workforce, with a focus on mobility and migration, and in particular on sustainable and ethical recruitment.

Their findings were that:

- the challenge of NCDs is ‘the most important public health problem in the European Region’, and a workforce that is fit for purpose to tackle it will need new roles, workers and skills, as well as the continual development, retraining and redeployment of existing staff.
- the foundation of a strong and effective health workforce is the ability to effectively match up the supply and skills of health workers to the needs of the population. To achieve this, countries have to be able to assess their future health workforce needs.
- Health is labour intensive, but investment in the health workforce can be an economic multiplier.
- Health workforce skills shortages and mismatches are currently widespread. • There was a global needs-based shortage of health workers in 2013 of about 17.4 million, projected to remain at more than 14 million in 2030.
- The health workforce profile in OECD countries is increasing, ageing and often poorly distributed, with some countries having a high reliance on foreign-trained health workers.
- To achieve sustainability, countries must address market failures that lead to the maldistribution of health care workers, focus their policy and funding efforts on improving the retention of workers (including foreign-trained workers), and improve the performance of their workforce.
- Countries should use international recruitment strategies in line with the WHO Code of Practice.

[Link](#)

The benefit of EU action in health policy: The record to date

On 8 March 2019, the European Parliamentary Research Service published a study on The benefit of EU action in health policy: The record to date European Added Value in Action.

European health policy measures taken to date are highly beneficial to and relevant for European citizens, economies and the Member States. The EU does acquit its responsibility and utilises its capacity to act on behalf of EU citizens in this policy area. The study concludes that EU health policy clearly achieves added value.

[Read more](#)

Articles

Transforming clients into experts-by-experience: A pilot in client participation in Dutch long-term elderly care homes inspectorate supervision

As experts-by-experience, clients are thought to give specific input for and legitimacy to regulatory work. In this paper released in March 2019, authors track a 2017 pilot by the Dutch Health and Youth Care Inspectorate that aimed to use experiential knowledge in risk regulation through engaging with clients of long-term elderly care homes.

Through an ethnographic inquiry they evaluate the design of this pilot and find how the pilot transforms selected clients into experts-by-experience through training and site visits. In this transformation, clients attempt, and fail, to bring to the fore their definitions of quality and safety, negating their potentially specific contributions.

Paradoxically, in their attempts to expose valid new knowledge on the quality of care, the pilot constructs the experts-by-experience in such a way that this knowledge is unlikely to be opened up. Concurrently, the authors find that in their attempts to have their input seen as valid, experts-by-experience downplay the value of their experiential knowledge. Thus, the research shows how dominating, legitimated interpretations of (knowledge about) quality of care resonate in experimental regulatory practices that explicitly try to move beyond them, emphasising the need for a pragmatic and reflexive engagement with clients in the supervision of long-term elderly care.

[Link](#)

The 2015 long-term care reform in the Netherlands: Getting the financial incentives right?

This publication was released in March 2019. In 2015 the system of long-term care (LTC) financing and provision in the Netherlands was profoundly reformed. The benefits covered by the former comprehensive public LTC insurance scheme were split up and allocated to three different financing regimes.

The objectives of the reform were to improve the coordination between LTC, medical care and social care, and to reinforce incentives for an efficient provision of care by making risk-bearing health insurers and municipalities responsible for procurement. Unintentionally, the reform also created a number of major incentive problems, however, resulting from the way: LTC benefits were split up across the three financing regimes; the various third-party purchasers were compensated; and co-payments for the beneficiaries were designed. These incentive problems may result in cost shifting, lack of coordination between various LTC providers, inefficient use of LTC services and quality skimping. We discuss several options to get the financial incentives better aligned with the objectives of the reform.

[Link](#)

My Diabetes My Way: supporting online diabetes self-management: progress and analysis from 2016

My Diabetes My Way (MDMW) is the National Health Service (NHS) Scotland website for people with diabetes and their caregivers. It consists of an interactive information website and an electronic personal health record (ePHR) available to the 291,981 people with diabetes in Scotland. The authors aimed to analyse the demographic characteristics of current registrants and system usage and activity during 2016. They analysed system audit trails to monitor user activity and page accesses on the information website, and logins and activity within the ePHR.

The ePHR contains data from SCI-Diabetes, NHS Scotland's flagship diabetes record, sourcing data from primary and secondary care, specialist screening services and laboratory systems. The authors reviewed patient registration characteristics to collate demographic data for the MWDH cohort, then compared this to aggregate data published in the 2016 Scottish Diabetes Survey. The Scottish Diabetes Survey is an annual population-based report detailing diabetes statistics for the whole diabetes population in NHS Scotland. According to the results of the research, that have been published on 8 February 2019, My Diabetes My Way is a useful tool aid to diabetes self-management. The service is unique in offering records access to a national population, providing information from all relevant diabetes-related sources, rather than a single silo. MDMW supports the diabetes improvement, self-management, healthcare quality and eHealth strategies of the Scottish Government. The service also has potential to be adapted to work with other clinical systems and conditions.

[Link](#)

Therapy Adherence: European Manifesto

HOPE attended “Driving therapy adherence for improved health outcomes. The Launch of a European Manifesto” organised by MEP Aldo Patriciello (EPP, IT), MEP Patrizia Toia (S&D, IT) on 6 March 2019 in the European Parliament.

The Keynote Speech was delivered by Antonio Tajani, President of the European Parliament

The presentation of the Manifesto, rationale and objectives, was done by Roberto Messina, President of Senior International Health Association (SIHA)

A panel discussion followed on how can European stakeholders help improve adherence to therapy:

- ❖ Ranieri Guerra, Assistant Director-General for Strategic Initiatives, WHO;
- ❖ Roberto Viola, Director General, Directorate General of Communication, Networks, Content and Technology, European Commission;
- ❖ Stefan Schreck, Head of Unit, C1 Health programme and chronic diseases, DG for Health and Food Safety, European Commission;
- ❖ Nathalie Moll, Director General, EFPIA;
- ❖ Nicola Bedlington, Secretary General, European Patients Forum (EPF);
- ❖ Jan De Belie, Professional Affairs Advisor, Pharmaceutical Group of the European Union (PGEU).

Paediatric Cancer

HOPE joined the event launching the European paediatric cancer community manifesto “Cure more and cure better – towards zero deaths and zero late effects” hosted by MEP Elena Gentile (S&D, IT) on 6 March 2019 in the European Parliament.

This edition of the annual International Childhood Cancer Day meeting officially launched the European Elections 2019 Manifesto of the paediatric haematology-oncology community and foster multi-stakeholder discussion on how to achieve the vision of a Europe free from childhood cancer.

Despite progress made over the last 50 years, paediatric cancer remains a major public health and societal issue in Europe: it is still the leading cause of children's death by disease over the age of one and an important contributor to long-term morbidity in survivors.

The rarity of individual paediatric cancer types and their high collective burden across Europe make coordinated EU level approaches crucial to address this life-threatening disease. Ahead

of the next terms of the European Parliament and the European Commission as well as the new EU programming period, the SIOPE Europe and CCI Europe Manifesto highlight priority areas for childhood cancer and other severe and rare paediatric diseases, such as:

- Enabling legislative environment for faster and more efficient development of affordable innovative paediatric medicines;
- Sufficient resource allocation to childhood cancer research with focus on big data and deep learning tools;
- Sustainability of the European Reference Networks to combat inequalities in access to the best available treatment and expertise for children across Europe;
- Sustained and appropriately resourced collaborative efforts on the development and implementation of surveillance guidelines and long-term care models for survivors;
- Interoperability, harmonisation and security of eHealth platforms to foster cross-border research and knowledge transfer for the benefit of patients and survivors;
- Active patient advocacy and empowerment in research, healthcare, and socio-economic areas;

These and other relevant focus areas were addressed by expert speakers including academia, parents and patients, policy makers and industry to trace the steps towards achieving a cure for paediatric cancer in Europe through joint efforts.

Following the address from the MEPs Against Cancer Group (MAC) by Alojz Peterle MEP (EPP, SL) and MAC President. The SIOPE-CCI-E Manifesto: Joint vision for a Europe with more and better cures for childhood cancers was presented by Gilles Vassal, SIOPE Board Member (Gustave Roussy, FR) and Nicole Scobie, Member, Childhood Cancer International - Europe (CH). The “New horizons for research and innovation in life-threatening paediatric diseases” were presented by Pamela Kearns, SIOPE President (University of Birmingham, UK) and “Furthering the potential of the European Reference Network model across the care continuum” by Ruth Ladenstein, SIOPE Board Member (Children's Cancer Research Institute, AT).

It was concluded by a panel discussion on future policy and programme orientations: Barbara Kerstiens, Head of Unit, Non-communicable diseases and the challenge of healthy ageing, Directorate-General for Research and Innovation (DG RTD) ; John Ryan, Director - Public health, country knowledge, crisis management, Directorate-General for Health and Food Safety (DG SANTE) ; Olga Solomon, Head of Unit, Medicines: policy, authorisation and monitoring, Directorate-General for Health and Food Safety (DG SANTE); Nathalie Moll, Director General, European Federation of Pharmaceutical Industries (EFPIA); Frederic Arnold, Member, Childhood Cancer International - Europe (FR) ; Gilles Vassal, SIOPE Board Member (Gustave Roussy, FR).

2019 European Elections Manifesto for the paediatric oncology and haematology community

Brain Research and Tech

HOPE attended the conference organised on 6 March 2019 in the European Committee of Regions by the Aix-Marseille University.

Is consciousness fundamental for the emergence of thought? Will Artificial Intelligence need to be conscious? And can we repair our mind once it has been damaged? Addressing these questions requires boldness, is necessarily interdisciplinary and needs close coordination amongst scientists, clinicians, industry partners and policy makers. Europe decided to accept this challenge and push the frontiers of our knowledge through efforts such as the European flagship Human Brain Project, the European Open Science Cloud, and our investments in High Performance Computing...

The symposium addressed concrete examples of progress and perspectives from within the Human Brain Project, Technology Transfer in Health and European data and computing infrastructures. It highlighted significant progress made in these fields thanks to interdisciplinary research, identify challenges, and address issues targeted by future European programmes, in particular Horizon Europe.

Following and introduction by Prof Yvon Berland, President of Aix-Marseille University and Françoise Grossetête, Member of the European Parliament, "Brain Research & Tech: The Human Brain Project" was presented by Prof. Katrin Amunts followed by "Writing in the brain: Novel technology for the blind" by Prof. Pieter Roelfsema and "Personalized brain models for epilepsy surgery" by Prof. Viktor Jirsa. They tried to answer several questions: What are the newest progress in brain technology? Modelling the whole brain, reproducing its function and repairing its dysfunction. We will see how this approach opens new directions, in particular by means of high-performance computing, towards the care of disorders such as epilepsy and dysfunctions such as blindness.

Dr. Thomas Skordas, Director "Digital Excellence and Science Infrastructure", DG CONNECT, European Commission Dr. Pierre Meuline, Innovative Medicine Initiative, presented "Designing and implementing Horizon Europe: the brain in Europe and its impact on society".

Finally, the Horizon Europe roadmap was presented by Dr Wolfgang Bartscher, Deputy Director-General, DG RTD, European Commission.

[Read more](#)

Brexit: the impact on healthcare services in the EU27

On 27 February 2019, the European Parliament hosted an early event to discuss the impact of Brexit on healthcare services across the European Union.

The event was hosted by S&D MEPs Julie Ward and Karine Gloanec Maurin – Co-President to the European Parliament Intergroup on Common Goods & Public Services – and was entitled "Brexit: The impact on the EU27's Healthcare Services".

Securing continuing cooperation and mutual recognition between the EU and UK regarding the authorisation, conformity assessments, testing and surveillance of medicines and medical technologies should be a priority outcome of the negotiations.

Dr Denis McCauley, a General Practitioner and district coroner from County Donegal on the Irish border, representing the IMO (Irish Medical Organisation), presented the particular challenges that Brexit would pose to the provision of cross-border healthcare services in his locality and concluded by stating that: "I've grown up beside an ever-changing border and now practice medicine on that border. The only certainty about Brexit is uncertainty in healthcare provision."

On this occasion Prof. Dr Frank Ulrich Montgomery President of the CPME (Standing Committee of European Doctors), stated that: "British medicine is European medicine. We want to keep our British colleagues on board. CPME remains convinced that there are technical and legal solutions to enable doctors' mobility and cooperation on health post-Brexit. We therefore appeal to negotiators on both sides to show the political willingness to protect health, with pragmatic and sustainable agreements".

[Read more](#)

WHO QualityRights E-Consultation - Good Practices of Community-Based Mental Health

The WHO QualityRights initiative is working to improve access to quality mental health services globally and to promote the human rights of people with mental health conditions and psychosocial, intellectual, and cognitive disabilities. As part of this initiative, WHO develops a good practice guidance document which will present information on community-based mental health services that promote human rights and the recovery approach.

Identifying people-centered services that operate without coercion, and that respond to people's needs by promoting autonomy, inclusion in the community, and the involvement of people with lived experience at all levels of decision-making. This should include services that support people experiencing acute crises but that do not resort to force, coercion, involuntary admission and treatment or the use of seclusion and restraints.

Anybody who is involved in providing a service, has experience of using a service, or knows of a service is welcome to complete the questionnaire.

Note: they are not looking for services specifically focused on e-interventions, phone-based interventions, training programs, employment and housing programs, prevention programmes, or services focused on advocacy and/or system reform.

Contributions welcome before the closing date for the online consultation on 30 June 2019.

You can access the consultation survey:

For responses in ENGLISH: [Here](#) ; For responses in SPANISH: [Here](#)

For responses in FRENCH: [Here](#) ; For responses in PORTUGUESE: [Here](#)

Trafficked medicines seized in Operation MISMED2

A crackdown by law enforcement, customs and health regulatory authorities from 16 countries in Europe has netted a haul of more than 13 million doses worth in excess of €165 million.

These seizures were part of the Europol-coordinated operation MISMED 2 targeting the illicit trafficking of misused medicines throughout Europe.

Led by the French *Gendarmerie Nationale* (National Gendarmerie) and the Finnish Tulli (Customs), with the active support of [Europol's Intellectual Property Crime Coalition \(IPC3\)](#), MISMED 2 led to 435 arrests and yielded items seized worth in the region of €168 million, including 13 million units and 1.8 tonnes of medicines. 24 organised crime groups were disrupted, and criminal assets worth €3.2 million were recovered.

These joint actions were carried out over the course of 7 months (April-October 2018), the details of which can now only be released due to operational reasons.

Since this operation was first initiated last year, the number of countries taking part in MISMED has grown substantially, reflecting the growing commitment of countries to tackle this threat. This year, 7 new countries (Belgium, Bulgaria, Cyprus, Lithuania, Portugal, Serbia and Ukraine) joined forces with the initial 9 participating EU Member States (Finland, France, Greece, Hungary, Ireland, Italy, Romania, Spain and the UK).

The misuse of medicines is a serious and growing problem that needs to be tackled at the European level. Organised crime groups are increasingly turning to this crime area as it provides very high profits for perpetrators and relatively low risks regarding detection and criminal penalties.

This year's investigations revealed that the trafficking not only covered opioid medicines, but also pharmaceutical products used for the treatment of major illnesses such as cancer and heart conditions, as well as performance and image enhancing drugs. The number of falsified/counterfeit products being trafficked is also on the rise, as shown by the number of such products seized in this year's edition of MISMED, accounting for over half of the 13 million units seized.

Europol's Intellectual Property Crime Coalition (IPC3)

International Consensus Conference on Patient Blood Management: clinical recommendations published

On 22 March 2019, the conclusions and recommendations from the conference the European Blood Alliance (EBA) organised together with a consortium on 24 and 25 April 2018 in Frankfurt, Germany were published in **JAMA**. It was the first International Consensus Conference on Patient Blood Management (ICC PBM).

Patient Blood Management (PBM) aims to optimise the care of patients who might need a blood transfusion. Noting that evidence on transfusion thresholds is missing and there is a variety of guidelines on the subject matter, an international consortium led by EBA took the initiative for this conference*. A total of 18.000 publications were screened and 142 studies were included based on 17 questions constructed by experts. Results were critically evaluated at the expert conference and discussed for different patient groups. Expert panels drafted recommendations, whenever evidence was available. Unanimously participants stressed the different level of studies suitable for evidence-based analysis. The outcomes of the systematic reviews were presented to a panel and an audience of 200, consolidating the available knowledge on Red Blood Cell Transfusion Thresholds, Pre-Operative Anaemia and Implementation of PBM.

Major clinical recommendations included:

- the need to detect, characterise and manage (including the evidence for and against using erythropoiesis stimulating agents) preoperative anaemia in the context of elective surgery;
- concurrence with strong recommendations from high-quality studies for restrictive red blood cell transfusion thresholds;
- the importance of implementing formal PBM programmes; and
- the value of electronic decision support systems to optimise RBC transfusion

The ICC PBM concluded its work with evidence-based clinical recommendations summarised in the tables attached.

The recommendations must now be taken up by transfusion specialists in collaboration with experts from the blood establishments and implemented at hospital level, for the benefit of patients.

[Read more](#)

Health awareness raising assistants in action in Slovak hospitals

A new service in Slovakia aims to support Roma from marginalised communities to better benefit from healthcare to increase their health and wellbeing. The employment of Roma Health Mediators (RHM) in hospitals is a pilot initiative of Healthy Regions, an organisation which supports the Ministry of Health to develop and implement temporary affirmative action for the most vulnerable groups in the area of health.

Since April 2018, Healthy Regions has developed partnerships with 6 hospitals in Eastern Slovakia, both private and state owned, to employ 8 RHM in their gynaecology, maternity and paediatrics departments. As their job title suggests, they aim to raise awareness about health, act as mediators between Roma and health professionals and provide psychosocial support. They are all educated to at least secondary education, have previous experience of working with vulnerable groups and speak the Roma language.

Roma people seeking healthcare, particularly gynaecological, maternity and paediatric care face many barriers. The most common barrier is in communication which results in many misunderstandings and tensions; but there are also barriers relating to inter-generational poverty and exclusion including: patients not prepared for hospital stays or not knowing the hospital's internal rules; unhealthy lifestyles; poor hygiene; lack of preparation for parenthood; women leaving hospital without being discharged, or children not being picked up; fear of the hospital environment.

National Project Healthy Communities

More than 250 Roma Health Mediators have been working in 265 marginalised Roma localities across Slovakia. Their role is to improve the health situation of Roma in the poor and segregated Roma localities through so- called “health mediation”, a specific type of community work specialized in health awareness-raising, breaking communication barriers, and providing psycho-social support for people living in such environments. Based on previous experience, their efforts are being redirected to tackle the more upstream social determinants of health in marginalised communities such as poor public and household infrastructure, poverty, or exclusionary and self/exclusionary ideologies and practices involved both Roma and non-Roma. This initiative is part of the “National Project Healthy Communities” funded by the European Social Fund and the European Fund for Regional Development between 2017-2019. The project is implemented by Healthy Regions, a state contributory organisation established by Ministry of Health of the Slovak Republic. An important element of the project is its innovative cross-cutting and integrating character. Through employment of people from a target group and specialized education are all field activities focused on the improving of the health of disadvantaged groups, especially marginalized Roma communities.

Healthy Regions took a participatory approach and work together with partner hospitals to improve their health outcomes by enabling their better access to the healthcare.

Source: EPHA

Pharmaceuticals in the Environment: Joint Press Statement of the Inter Associations Initiative Pharmaceuticals

The members of the IAI Pharmaceuticals in the Environment (PiE) Task Force released on 13 March 2019 a joint press statement. They welcome the publication of the European Commission Strategy on PiE. The Task Force, which includes AESGP, EFPIA and Medicines for Europe supports the Strategy holistic lifecycle approach to minimising the impact of pharmaceuticals

on the environment and encouraging the stakeholders to lead, including by facilitating exchange of best practices.

It has been the driver behind the creation of the IAI PiE Task Force, the development of the industry Eco-Pharmaco-Stewardship (EPS) initiative and a number of projects, such as the #Medsdisposal campaign raising awareness regarding the safe disposal of medicines and Innovative Medicines Initiative project “iPiE” (Intelligence-led Assessment of Pharmaceuticals in the Environment) identifying and prioritising medicines that are most likely to present a risk to the environment. They are also working, directly or via our member companies, through the AMR Industry Alliance to monitor and manage potential risks from the production of antibiotics on the environment.

[Read more](#)

Upcoming events

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](#)

