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European Hospital and Healthcare Federation

Newsletter

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Upcoming HOPE (and co-organised) conferences and events

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

HOPE-PAQS Webinar: TeamSTEPPS   **11/06/2019**

HOPE Study Tour - DIGITAL HEALTH: Virtual   **Helsinki, 24-25/09/2019**
Hospital in Helsinki

Sharing best practices and experience is known to be one of the most effective ways to improve our health systems.

HOPE-PAQS Webinar: TeamSTEPPS

These last few years, HOPE and **PAQS** have had several collaboration opportunities, e.g. HOPE study tours, presentations at the European Parliament and HOPE Agora. Sharing best practices and experience is known to be one of the most effective ways to improve our health systems and more particularly quality of care and patient safety issues. Considering the absence of concrete actions carried out by the European Union, we see an opportunity to develop a structured network to share quality and safety best practices between European countries.

Supported by HOPE members and their respective networks and by the expertise and resources PAQS holds, the **creation of a "Quality and Safety network" at European level** will:

- Create/reinforce links between different organisations working on quality of care and patient safety in Europe;
- Strengthen the image and visibility of the two organisations;
- Increase learning opportunities and share best practices;
- In the long run, facilitate the implementation of common projects in different European countries.

The **Quality and Safety network** will gather on a quarterly basis by means of educational webinars to present and share best practices across Europe.

If you want to stay informed, **subscribe and register** for the first webinar organised on 11 June 2019. It will present the **TeamSTEPPS pilot-project** which started in 2018 in Belgium. TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) is an evidence-based framework to optimise team performance across the healthcare delivery system.

The objectives of the webinar are to:

- Present what TeamSTEPPS is;

- Describe the methodology used by PAQS in Belgium to promote the use of TeamSTEPPS;
- Present the first results of TeamSTEPPS' implementation in Belgian hospitals.

Register here

HOPE Study Tour - DIGITAL HEALTH: Virtual Hospital in Helsinki

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

The theme is Virtual Hospital 2.0 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.

There is a site visit to the New Children's Hospital:

- Which is focused on demanding specialized health care for children.
- Which provides care for patients from all across Finland.
- Where patients range from newborn babies to 15-year-olds.
- Where families can stay together in New Children's Hospital.
- Where parents are allowed to stay with their child around the clock.

Finland is facing the same challenges as the rest of Europe: An ageing population, a dramatic increase in 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 digitalizing old services or providing new services within the old service framework.

Registration and Agenda will be ready in May. Contact: Ms Hannele Häkkinen, Association of Finnish Local and Regional Authorities, **hannele.hakkinen@aflra.fi**

HOPE joins the Advisory Board of the project SPHINX - A Universal Cyber Security Toolkit for Health-Care Industry

HOPE joined the Advisory Board of **SPHINX - A Universal Cyber Security Toolkit for Health-Care Industry**".

Hospitals and care centres are prime targets for cyber criminals, especially concerning data theft, denial-of-service and ransomware. This reflects the need of Healthcare Institutions for a Holistic Cyber Security vulnerability assessment toolkit, that will be able to proactively assess and mitigate cyber-security threats known or unknown, imposed by devices and services within a corporate ecosystem. SPHINX aims to introduce a Universal Cyber Security Toolkit, thus enhancing the cyber protection of Health IT Ecosystem and ensuring the patient data privacy and integrity. SPHINX toolkit will provide an automated zero-touch device and service verification toolkit that will be easily adapted or embedded on existing, medical, clinical or health available infrastructures, whereas a user/admin will be able to choose from a number of available security services through SPHINX cyber security toolkit. The SPHINX toolkit will enable service providers to specify complete services and sell or advertise these through a secure and easy to use interface. SPHINX Toolkit will be validated through pan-European demonstrations in three different scenarios. The operational properties of the proposed cyber-security ecosystem and overall solution will be validated and evaluated against performance, effectiveness and usability indicators at three different countries (Romania, Portugal and Greece). Hospitals, care centers and device manufacturers participating in the project's pilots will deploy and evaluate the solution at business as usual and emergency situations across various use case scenarios.

In order to maximize user influence on project developments at all levels, an advisory board will be set up. Participation in the SPHINX Advisory Board will be mainly for prospective end-users and for members of projects (on-going or finished) in the domain of surveillance, Wide zones protection and impact assessment of security systems.

NHS Brexit Bulletin

Latest news

At a special summit on 10 April, the European Council agreed to extend Article 50 until 31 October 2019. If the Withdrawal Agreement is ratified before this date, the United-Kingdom (UK) will leave the EU on the first day of the following month.

If the UK is still a Member of the EU on 23-26 May 2019 and not ratified the Withdrawal Agreement by 22 May 2019, the UK must hold the elections to the European Parliament. If the UK fails to live up to this obligation, the withdrawal will take place on 1 June 2019.

The Council also reaffirmed its position that the Withdrawal Agreement cannot be reopened but did state that "the European Council is prepared to reconsider the Political Declaration on the future relationship" if the UK's position were to evolve.

In light of this, Professor Keith Willett has advised all NHS organisations to stop their no deal provisions being enacted on 12 April but to keep them on hold.

This message was reiterated today by DHSC who reminded us: 'It is important to note the legal default in UK and EU law remains that, until a deal is agreed and ratified, there is a risk of a no deal exit at the end of the extension period on 31 October 2019. We will need to consider how best to prepare for this scenario and the impact on no deal preparations.'

Newly-published NHS Brexit guidance

NHS England have produced guidance for preparing for the possibility of a 'no deal' EU exit for primary care contractors. This has been sent to Heads of Primary care. This document can be accessed **here**.

Full Brexit Bulletin

Romanian Presidency of the Council of the European Union

Health Ministers Informal Meeting

Between 14 and 15 April 2019, the Romanian Health Ministry organised the Informal Meeting of EU Health Ministers. The event took place at the Palace of Parliament and was chaired by Romanian Health Minister Sorina Pintea. The debate was attended by more than 140 delegates from the Member States of the European Union.

Regarding **access to innovative and expensive medicines**, EU Health Ministers were invited to exchange views on actions taken at national level, with the possibility that some of these actions could be implemented at EU level, as well as identifying the possibilities to ensure access to treatment for the time period between the granting of the marketing authorisation, the actual placement on the market and the decision to reimburse the product in that Member State. During the work, it was emphasised that rare diseases merit a special mention in the struggle to ensure early access to innovative medicines. Member State officials also discussed solutions to ensure access to equivalent treatments for all patients with rare diseases in the EU as well as ways to ensure access to treatment for patients enrolled in clinical trials at national level for the period since authorization, until the decision to reimburse the medicines is effective.

In the second session ministers discussed **patient mobility and access to medical services for patients with rare diseases**, especially patients under the age of 18 years. Member State representatives debated the implementation of Directive 2011/24 EU on the application of patients' rights in cross-border healthcare so that EU citizens benefit from the benefits of cross-border healthcare. Based on the experience gained, Member State representatives discussed how they can work together to improve the effectiveness of the Directive, taking into account the findings of the European Commission's report on the implementation of the Directive and the February 2019 European Parliament resolution.

Also, in the session dedicated to patient mobility, the integration of **European Reference Networks (ERNs)** into healthcare systems in the Member States was discussed. The European Reference Networks (ERN) are in the initial implementation / consolidation phase and are now facing a number of challenges to become operational and functional. They will truly be able to bring benefits to patients suffering from rare or complex and low-prevalence diseases across the EU only after they have been clearly and consistently connected to health systems in the Member States. In regard to patients suffering from rare diseases, these are often children. Therefore, even if Networks support all age groups, many of the cases mentioned are those of minors. The meetings were focused on identifying a set of policies and procedures that Member States put in place to incorporate / link these networks into their health systems.

Public Health

Health Commissioner V. Andriukaitis runs for Lithuanian Presidency

European Health and Food Safety Commissioner Vytenis Andriukaitis in February announced his candidacy to become Lithuania's president and took unpaid leave from 1 April until 13 May 2019 and, if he participates in a second round of voting, from 14 May to 27 May 2019.

The portfolio of Commissioner Andriukaitis on Health and Food Safety has been transferred to Vice-President Jyrki Katainen during the entire period of his temporary withdrawal from the work of the Commission.

He joins several other Commission officials on the campaign trail for national and EU positions, including Vice President Maroš Šefčovič, who recently lost presidential elections of Slovakia.

Lithuania's Social Democratic Party asked Andriukaitis, who has been at the Commission since 2014, to run. He was the founder of the party in 1989 following Lithuania's independence from the Soviet Union. A doctor by training, Andriukaitis previously served as a member of the Lithuanian parliament, deputy speaker, Social Democratic Party leader and minister for health.

HTA – Stakeholder pool meeting of the HTA network for health professionals

HOPE was invited on 21 March 2019 to the HTA Network Stakeholder Pool devoted to health providers. The discussion was opened by the Head of Unit of SANTE B4 Health systems, medical products and innovation DG Health and Food Safety, European Commission (EC) and co-chaired by DG SANTE and the representative of European Union of General Practitioners (UEMO).

The Head of Sector for HTA introduced two levels of engagement:

1) The input provided by individual experts, which brings their specific professional expertise in the development of a product specific output. (e.g. a Joint REA or Early Dialogues)
2) The input provided by stakeholder's organisations representing specific constituencies (e.g. healthcare providers, academia, healthcare professionals, patients etc.) and bringing in the HTA cooperation the collective expertise of the constituency which they

represent. It was also indicated how the output of this meeting would feed into the topics identified in the HTA Network Multiannual Work Programme 2016-2020.

The representative of UEMO recalled the recent response by the HTA Network Health Professionals to an editorial in BMJ on the importance of transparency in the framework of the medical devices regulation.

The following topics were addressed in a tour de table:

- Umbrella organisations are instrumental for the selection and input of experts from multiple settings including hospitals, pharmacies, primary and specialised care, such as oncology or cardiology.
- The point was made that any experts, while acting in its personal capacity, should still be able to reflect the knowledge gathered in the context of scientific societies and or professional organisations.
- The advantage of involving an individual is related to transparency by an easier identification of conflict of interest. The advantage of reaching out to experts directly linked to societies and /or professional associations can be a better alignment of the expert input to guidelines and clinical practice.
- Providing feedback on the results of HTA was considered useful for the health professionals.
- The importance of continuous professional development, training and communication on HTA with a broad community of healthcare providers across different specialisations was highlighted.
- Medical guidelines can be an important source of information during the expert input to HTA processes.
- Reflecting HTA reports in the developments of clinical guidelines was also considered a very important issue which calls for greater involvement of scientific societies, via their experts and or directly.

EUnetHTA is currently testing and piloting stakeholder involvement in the production of joint assessments and early dialogues. Several elements from this work, e.g. identifying experts, establishing the methods of involvement or the declaration of conflict of interest to ensure transparency will be important input for the practical workings of the future model of HTA cooperation post 2020. The aim is to ensure that EUnetHTA assessments are clinically relevant by eliciting views regarding the condition and available therapies throughout the entire process of the assessment. Conflict of interest often limits the involvement of experts, in highly specialised areas and rare diseases. Ideally experts that are involved should reflect EU and national perspective.

EUnetHTA is testing different approaches for Early Dialogues. The challenges identified include the needed for human resources for transcription and translation of interviews, training, ensuring transparency, and making the distinction between expert opinion and final recommendations from HTA bodies.

EUnetHTA is finalising the guidelines for the management of conflict of interest policies. It gives a definition of the criteria for assessment of potential conflict of interest in a transparent and

consistent way. Transparent policy of identifying and managing conflict of interest is needed, but with a pragmatic approach.

In the discussion there was a general acknowledgement of the efforts of EMA by stakeholders and the benefits of sharing and close cooperation. The importance of the healthcare professionals' experience in the regulatory process was emphasised.

The Chairs thanked for the participants and agreed on the next steps:

- The Stakeholder Pool will continue to work together to propose methods of stakeholder engagement, including key steps and methods of interaction. This would be summarized in a short document including a timeline. The Secretariat will circulate any input received also to the HTA Network members.
- Continue discussions at the EUnetHTA Joint Action Forum in Amsterdam on 11 April.
- The Finnish representative confirmed that they would welcome the input of health professionals in their future EU Presidency (2nd half of 2019).
- Engage with the European Reference Networks for the call for experts in rare diseases
- Consider the use of the Agora platform on the EU health policy forum and explore if it could be used for other categories in the Pool as well as for disseminating information
- Reflect on funding opportunities the Commission can provide for training of professionals for improving their understanding of HTA.

EUnetHTA webpage

Vaccination Coalition kick-off meeting

HOPE attended the kick-off meeting of the Coalition for Vaccination on 4 March 2019. After the event, the Commission sent out a follow-up to the participants in order to suggest a way forward:

1. Communication and collaboration - the EU Health Policy Platform

The European Commission put at the disposal of the Coalition Members a dedicated space on the EU Health Policy Platform to facilitate communication and collaboration.

2. Coalition Declaration

Several participants have provided comments on the draft declaration. These comments will be carefully considered and taken into account to the extent possible. The declaration will be uploaded for endorsement on the EU Health Policy Platform.

3. Commitments by Coalition Members

The Council Recommendation and the Commission Communication on strengthened cooperation against vaccine-preventable diseases call for a multitude of actions with the main purpose of fighting vaccine-preventable diseases and increasing vaccination coverage in the European Union. The stakeholders are encouraged to make a commitment as Members of the Coalition suggesting an activity that could contribute to achieve the goals included in the

Council Recommendation and the Commission Communication. Commitments could be existing or new activities, individual activities or joint activities with other Coalition Members. The Commission will explore possible funding opportunities for the implementation of certain commitments, especially new ones or joint commitments.

4. Governance of the Coalition - Co-chairing

As long as the Coalition for Vaccination is still in its start-up phase, it shall be co-chaired by one or more Member of the Coalition and the Commission. The co-chairs will have a moderating role on the EU Health Policy Platform. For the Members of the Coalition, the co-chairing could be rotating. The Commission would like to suggest The Standing Committee of European Doctors (CPME), The Pharmaceutical Group of the European Union (PGEU) and the European Federation of Nurses Associations (EFN) as the first co-chair as these three associations all participated in the panel discussion of the kick-off meeting.

Read more on Vaccination

Pandemic Influenza vaccines: Framework contracts signed

On 28 March 2018, 15 Member States and the European Commission signed framework contracts with the pharmaceutical company Seqirus for the production and supply of pandemic influenza vaccines under the "**EU Joint Procurement Agreement to procure medical countermeasures**".

In the event of an influenza pandemic, Belgium, Croatia, Cyprus, Estonia, France, Germany, Greece, Ireland, Luxembourg, Malta, the Netherlands, Portugal, Slovakia, Slovenia and Spain representing around half of the EU population, and the European Commission will receive influenza vaccines thanks to the contracts concluded today under the Joint Procurement Agreement. This mechanism aims at improving Member States' preparedness to mitigate serious cross-border threats to health, ensuring equitable access to all participating Member States and guaranteeing more balanced prices for the Member States in their joint negotiations with pharmaceutical companies on specific medical countermeasures.

Negotiations with another pharmaceutical company are ongoing in view of signing a second round of contracts, which will maximize the vaccine coverage according to the specific needs of the participating Member States and will further improve their preparedness for the next pandemic.

Read more
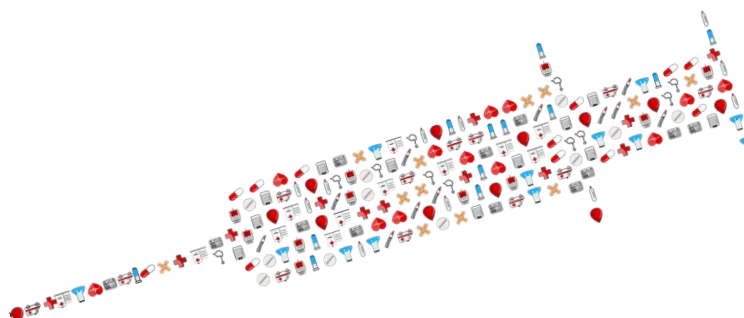
e-Prescriptions and patient summaries: Croatia starts the exchange

For the summer 2019 season, Croatia will dispense ePrescriptions for Finnish citizens and allow the access of Czech patient summaries, while Croatians travelling Estonia can get their ePrescriptions dispensed there. These exchanges will now be possible as the eHealth Network, comprising e-health agencies in Europe, agreed on 2 April 2019 that Croatia can send and receive ePrescriptions across borders and receive the Patient summaries of citizens coming from other European countries (the sending of patient summaries to other Member States will occur in a second time). This decision was supported by a positive vote of eHealth Member State Expert Group (eHMSEG) on 11 March.

Two countries have already started to exchange ePrescriptions in Europe: since 21 January 2019, over 1000 Finnish patients have been able to go to a pharmacy in Estonia and retrieve medicine prescribed electronically by their doctor in Finland. Two other countries, Czechia and Luxembourg, received the approval from the eHealth Network early this year to start exchanging Patient Summaries of citizens coming from other European countries, which will practically occur in the coming months. Croatia will thus be the fifth country which opens this opportunity to the European citizens. These services are indeed progressively put in place by the 22 European countries taking part in the initiative.

Read more

Digital Health: Albania and North Macedonia prepare to transpose the EU legislative framework

Albania and North Macedonia are eager to transpose the acquis in e-health area, while Albania set up a digital agency and started the digitisation of electronic health records. According to the roadmap set out by the Council, both countries are supposed to open the accession negotiations in June 2019.

In this context, a meeting was organised in Brussels on 29 March 2019, concerning the transposition of the acquis communautaire in the field of digital health, as part of a broader exercise on the European consumer and health protection set of rules. On this occasion, the Commission presented the current EU legislative framework on digital health, with a particular focus on Directive 2011/24/EU on the application of patients' rights in cross border healthcare and Commission Implementing Decision 2011/890/EU on the eHealth Network, as well as on the Commission Communication on digital transformation of health and care published in April 2018 and the Commission Recommendation on a European Electronic Health Record exchange format published in February 2019.

Albania and North Macedonia cannot be members of the eHealth Network, and consequently are not able to take part in the EU cross-border exchange of health data through the eHealth

Digital Service Infrastructure. However, in preparation for becoming EU members, they have the interest to start building electronic health records and make them interoperable through the adoption of the standards, interoperability specifications and profiles suggested by the Commission Recommendation on a European Electronic Health Record exchange format. This would allow their citizens and health systems to take advantage of the cross-border exchange of health data at EU level once the countries will become EU members in the future, be it for accessing patient's data in case of emergency, or enabling citizens to retrieve their medicines abroad, ensuring thus continuity of care across borders. The countries are already developing some reforms in the field of digital health: Albania set up a specialized agency dealing with digital health issues at national level and the digitation of citizens' medical records is already on-going.

Artificial Intelligence – Commission Communication & Guidelines

The High-Level Expert Group on AI (AI HLEG) released its **Ethics Guidelines for Trustworthy** on 8 April 2019.

The European Commission welcomed the document through a Communication on "**Building Trust in Human Centric Artificial Intelligence**" while the next steps to bring the Guidelines forward were presented at the Digital Day 2019 event, under the presence of the Commission's Vice President Andrus Ansip and Commissioner Mariya Gabriel.

HOPE contributed with feedback on the Guidelines first draft, and the AI HLEG published a **summary** to indicate how the contributors comments were taken into account.

The AI HLEG Chair, Pekka Ala-Pietilä, announced the next steps that include a piloting phase of the guidelines' assessment list and a revised version thereof by early 2020, as well as the exchange of best practices to ensure the implementation of the seven key requirements for Trustworthy AI.

Artificial Intelligence for Europe - Factsheet

According to the European Commission, an European approach on AI will boost the European Union competitiveness and ensure trust based on European values. This factsheet released on 5 April 2019 provides an overview of AI in Europe.

In its Communication "Artificial intelligence for Europe", the Commission puts forward a European approach to Artificial Intelligence based on three pillars:

- Being ahead of technological developments and encouraging uptake by the public and private sectors
- Prepare for socio-economic changes brought about by AI
- Ensure an appropriate ethical and legal framework

Factsheet on Artificial Intelligence

Internal market

Microplastics: public consultation launched by the European Chemical Agency (ECHA)

The European Chemicals Agency (ECHA) has launched a public consultation regarding its restriction proposal on intentionally added microplastics under REACH, which includes medical devices and *in vitro* diagnostics. The consultation started on 20 March and the first deadline for comments on the restriction proposal is 20 May 2019.

 In particular it is proposed that microplastics shall not be placed on the market in a concentration equal to or greater than 0.1% w/w, with a transition period of 2 years for medical devices and IVDs. Also, the instructions for use should include measures to avoid the release of microplastics to the environment. An exemption is proposed for devices where microplastics are contained by technical means throughout their use to prevent releases to the environment and incinerated or disposed as hazardous waste at the end of their life-cycle.

The consultation can be found **here** and the restriction proposal can be found **here**

An introduction to the topic can be found at the following links: **ECHA Hot topics - microplastics** and **Commission news item**

Employment, Social Affairs and Inclusion

Transparent and predictable working conditions proposal approved in European Parliament Plenary

On 16 April 2019, the European Parliament adopted the legislative resolution on the proposal for a directive of the European Parliament and of the Council on transparent and predictable working conditions in the European Union (COM(2017)0797 – C8-0006/2018 – 2017/0355(COD)).

The proposal aimed at updating and extending the information on employment-related obligations and working conditions, and at creating new minimum standards for all employed workers, including those on atypical contracts. In the European Parliament, the Committee for Employment and Social Affairs (EMPL) has adopted a report focused on the scope of the directive, on employees' working hours and the conditions for making information available to them, and on employers' responsibilities. The provisional agreement concluded in trilogue between European Parliament and the Council negotiators sets, among other things, new rules on the scope of the directive, the date of providing information, the length of probatory periods, and regulates working conditions in the case of variable working schedules.

Work-Life balance directive approved in European Parliament Plenary

The European parliament adopted in plenary the new rules on paternity leave and non-transferable parental leave, in a final vote on 4 April 2019.

The law, informally agreed with EU ministers, and adopted by MEPs with 490 in favour, 82 against and 48 abstentions, sets minimum requirements for all member states, in a bid to boost women's representation in the workplace and strengthen the role of a father or an equivalent second parent in the family. This would benefit children and family life, whilst reflecting societal changes more accurately, and promoting gender equality.

Paternity, parental and carer's leave

The right to at least 10 working days of paid paternity leave for fathers and equivalent second parents (where recognised by national law) has been granted around the time of birth or stillbirth and paid at not less than the level of sick pay. MEPs also added two months of non-transferable and paid parental leave. This leave should be an individual right, creating the appropriate conditions for a more balanced distribution of caring responsibilities within the family.

Member states will set an adequate level of payment or allowance for the minimum non-transferable period of parental leave, taking into account that the take-up of parental leave often results in a loss of income for the family and a higher-paid family member (who is often a man) should be able to make use of this right.

Member states must offer 5 days per year of carer's leave for workers providing personal care to a relative or a person living in the same household and with a serious medical condition or age-related impairment. Member states that already guarantee a payment or allowance of at least 65% of a worker's net wage, for at least 6 months of parental leave for each parent may maintain such a system.

Flexible working

Working parents and carers would be able to request an adjustment to their working patterns including, where feasible, through remote working or flexible schedules. When considering flexible working requests, employers may take into account not only their own resources and operational capacity, but also the specific needs of a parent of children with a disability and long-term illness and those of single parents.

Health Work Programme for 2019

The third EU health programme is the main instrument used by the European Commission to implement the EU Health Strategy, which supports the Europe 2020 strategy.

The annex to Commission Implementing Decision C(2019) 2308 of 29 March 2019, sets out the priorities and actions to be undertaken for the year 2019, including the allocation of resources, to implement the Third Programme of the Union's action in the field of health (2014-2020) established under Regulation (EU) No 282/2014 ('the Programme Regulation').

The allocation of resources for 2019 is as follows:

- for grants (implemented under direct management): EUR 31 750 000 Projects (chapter 2): EUR 5 800 000Joint Actions (chapter 3): EUR 15 000 000 Operating Grants (chapter 4): EUR 5 000 000 Direct award of grants (International Organisations) (chapter 5): EUR 5 750 000 Other direct award of grants (chapter 6) EUR 200 000
- for prizes (implemented under direct management) (chapter 7): EUR 300 000
- for procurement (implemented under direct management) (chapter 8): 24 000 560 EUR
- for other actions (chapter9): 7 893 000 EUR

The main lines of the annual work programme 2019 are built around the following priority areas, while addressing the dimension of health inequalities as a cross-cutting issue:

1. Country specific and cross-country knowledge;
2. Cross border health threats, preparedness and response, including antimicrobial resistance and vaccination;
3. Structural support to health systems and link to digital single market;
4. Promotion of health and prevention of non-communicable diseases.

The global budgetary envelope for 2019 amounts to EUR 63 943 560. The document outlining the Third Programme for the Union action in the field of health (Work Programme for 2019) is now available to view **here.**

Horizon Impact Award

In April 2019, the European Commission launched the first Horizon Impact Award. This prize acknowledges and rewards the most influential and impactful projects under Horizon 2020 or FP7.

The prize will celebrate the best outcomes and the people who made them happen. The contest is now open to all participants who completed an FP7 or H2020 project. Each of the five winners will receive €10 000 at the award ceremony during the European Research and Innovation days in Brussels in September.

Application is possible through the **Funding and Tenders portal**. The deadline for submission is 28 May 2019.

More information | Contact: **EC-Horizon-Impact-Award@ec.europa.eu**

FrailSafe Final Conference

On 3 April 2019, HOPE attended the FrailSafe final conference which took place at the European Institute of Innovation & Technology (EIT) house in Brussels. The event brought together researchers, industry, policy makers, health professionals and end-users to show-case the results and benefits of the EU funded project.

Haar Sören, EITHealh, opened the conference and welcomed participants before Vasilis Megalooikonomou, University of Patras the project coordinator, briefly introduced the FrailSafe project and the structure of the conference.

Setting the scene for the day, the first panel explained how technology is a tool to support independent living among older people and enables them to remain an active actor in society and their community – notwithstanding the importance of social interaction and care. Valentina Ancona, MedTech Europe, picked up this point, clarifying that in every step of care the human touch is not missed but you have the assistance from technology. Liz Mestheneos, 50plus Hellas, provided some insights from an older person point of view. She agreed that technology can support older persons and family carers with information, advice and reassurance but there are still many challenges to face.

The second panel focused on the importance of addressing frailty as early as possible, providing tools and recommendations on how to ensure frailty is properly assessed and managed. Yuka Sumi, WHO Department of Ageing and Life Course, presented the WHO community-based approach that will help to reorient health and social services towards a more person-centred and coordinated model of care. Cristina Alonso-Bouzón, Hospital Universitario de Getafe, Spain, focused more specifically on building a common understanding of frailty in EU Member States, which is the objective of ADVANTAGE, the first joint action on frailty under the third EU Health Programme 2014-2020. Responding to the previous presentations, Joke de Ruiter, Older Women's network Europe, talked about her own experience with frailty and falls, and how an integrated, comprehensive approach focused on older persons is needed. Yannis Ellul, University of Patras, agreed with the previous speakers, stating that FrailSafe has walked towards the WHO integrated approach by adopting a holistic approach of an individual's physical and cognitive skills.

At the beginning of the third panel, the reason behind the FrailSafe project has been clarified as well as its approach: from reactive to proactive/preventive medicine. After a video showing how the FrailSafe system works, Kypros Polycarpou, a Cypriot volunteer of the solution, gave his testimony and experience. The interaction with the audience during the event, raised some questions as regard the deployment of FrailSafe in low- and medium-income countries. Following a modular approach, the system could be adapted in any context.

Concentrating on different aspects of the FrailSafe system, the last panel provided insights into the solution innovative aspects and benefits for users. Vasilis Megalooikonomou, University of Patras, described how FrailSafe uses multiple devices and different parameters to feed the data analytics model that ends up providing a decision support mechanism. Even with a few measurements, the FrailSafe system is good enough to give accurate prediction of adverse events. Marina Kotsani, CHRU Nancy, INSERM Est, described the organisation of clinical studies within FrailSafe in detail and showed that the system provides quick and accurate information for frailty evaluation, can predict hard outcomes and provides an opportunity for preventive strategies. Roberto Orselli, Smartex, showcased the smart vest that collects the FrailSafe data, highlighting its wearability.

Ilias Kalamaras, CERTH/ITI, presented the FrailSafe system's dashboard that provides tailored information to older persons to monitoring their status, clinicians to provide interventions and researchers for visual data analysis – the level of accessibility varying according to the stakeholder.

Marina Polycarpou, Materia Group, shared the positive feedback of older adults, healthcare professionals, informal caregivers, IT professionals, commercial stakeholders gathered during the evaluation of the system. Finally, Kosmas Petridis, Hypertech (KP), highlighted the specific benefits various stakeholders can gain from the solution all in all, FrailSafe has something to offer for a plurality of stakeholders.

For more information on the **project** and the **final conference** click on the related hyperlinks.

Health Workforce Planning and Forecasting Expert Network

On 29 March 2019, HOPE participated to the fourth webinar on 'Interprofessional education for future health workforce collaboration' organise by the joint tender Health Workforce Planning and Forecasting Expert Network.

The keynote speakers were: Prof. Lesley Diack, School of Pharmacy and Life Sciences; Robert Gordon University Aberdeen; and Prof. Thomas Kearns, Executive Director, RCSI Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland.

The online event gathered 47 participants this time, who had lively discussions about the topic of the webinar.

The short report and the presentation of the keynote speakers is available soon on the **website**.

A video of the webinar is available: **here**

Pharmaceuticals – Pricing

HOPE was invited to the kick-off meeting of the Stakeholder Dialogue Platform on Pricing of Medicinal Products that took place on 10 April 2019 in Brussels in the framework of a Grant Agreement.

Setting the Scene, Sylvain Giraud (European Commission, DG SANTE) and Helga Festøy (Chair of the Board of Participants of the Euripid Collaboration and Head of Safe Use Unit at NOMA in Norway) presented the state of play of the **Euripid Collaboration**.

Then the International price comparison 2018, an analysis of Swedish pharmaceutical prices and volumes relative to 19 other European countries, was presented by Niclas Stridsberg, TLV (Sweden).

Following a discussion on the Framework of the Dialogue Platform objectives and mandate, a decision on Working Structure (frequency and set-up of meetings, dates, logistics).

The Grant Agreement No. 826652 of the 3rd EU Health Programme has been concluded between a consortium of NEAK, GÖG, TLV, SÙKL, NOMA and Pharmeca acting on behalf of the Euripid Collaboration and CHAFEA under the powers delegated by the European Commission. The specific objective #3 refers to "Strengthening the cooperation within the EU in the field of pricing of medicinal products". According to the grant objectives and following the joint decision at the last stakeholder meeting on 28 June 2018 in Vienna (under the previous Grant Agreement), the Euripid collaboration intends to establish a sustainable cooperation on information exchange in the field of pricing of medicinal products in Europe with the stakeholders of the pharmaceutical sector and supranational organisations.

The aim is to strengthen the cross-functional cooperation in the field of pricing of medicinal products within the EU/EEA/EFTA in order to enhance patient's access to medicines.

Key objectives of the Dialogue Platform are : To establish a sustainable cooperation on information exchange in the field of medicinal product pricing via the discussion of opportunities and challenges of such a cooperation; To further enhance the current functioning of the Euripid database; To monitor the implementation of the Euripid Technical Guidance Document on external reference pricing of medicinal products; To contribute in making transparent prices of medicinal products better work in practice; To investigate suitable methods to measure patients' access to medicinal products in Europe by using the potential of the Euripid database and website.

'Match your vote' tool launched by an EU-funded project

YourVoteMatters.eu is a multilingual digital platform, designed as an innovative communication tool between the 2019 European elections' candidates and their electorate. The platform is developed by a consortium of five European organizations, composed of: Riparte il Futuro (Italy), VoteWatch Europe (Belgium), European Citizen Action Service (Belgium), Vouliwatch (Greece) and Collegium Civitas (Poland) with the aim of enhancing the

dialogue between all the actors involved in the next round of elections (politicians, political parties, citizens, organizations and stakeholders).

It includes the following sections and tools, each of which is explained in more detail on the main page of each section:

- **News and Views**

This section consists of a series of policy debriefings referring to the latest political developments in the European Parliament electoral campaign.

- **Match Your Vote**

By voting on 25 key issues on which Members of the European Parliament (MEPs) have also voted over the last five years, you can find out which sitting MEP or new candidate most closely matches your views. 25 topics who have generated a lot of discussion, both inside and outside the European Parliament were selected. For sitting MEPs, the 25 answers are based on their public voting record. New candidates are included once they have completed an online questionnaire containing the same 25 questions. Only new candidates who have completed the questionnaire are included in the tool.
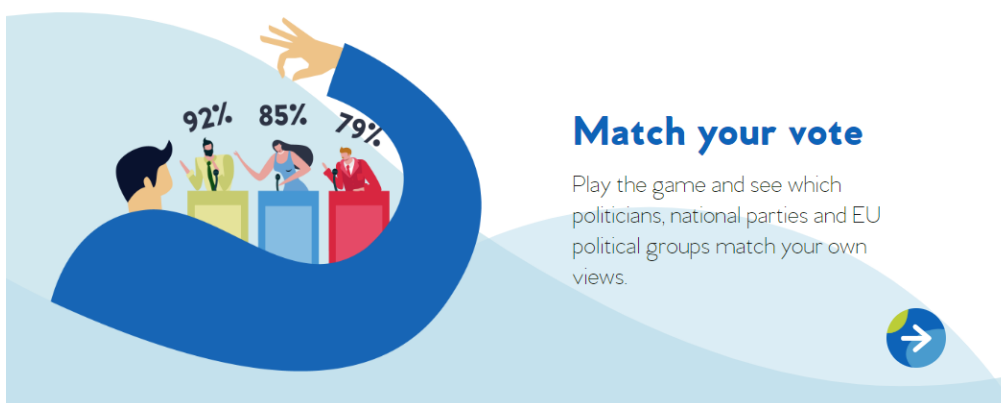
- **Where Do They Stand**

Since all the actors involved in the elections are equally important, YouVoteEU brings to the foreground the profiles and the views of all of them, on a range of 25 issues impacting your everyday life.

- **Alternative futures**

The section shows what the result of European Parliament votes on 25 key issues would have been if all users of this website had voted on them instead of MEPs. We also give you a chance to create your own scenario by allocating seats to each party based on your own prediction of the election result.

This project is funded by the European Union's Justice Programme (2014-2020) / Rights, Equality and Citizenship Programme (2014-2020).

Match your vote

Play the game and see which politicians, national parties and EU political groups match your own views.

Reports

> *European Commission, Expert Group on Health System Performance Assessment*

Tools and methodologies to assess the efficiency of health care services in Europe

While a growing body of evidence suggests that considerable room exists for optimising health care spending without impairing access and quality of care, developing appropriate methods to measure and assess health care efficiency is crucial to correctly identify wasteful practice and design policy interventions that effectively improve efficiency. In this regard, the Expert Group on Health Systems Performance Assessment (HSPA) noted that, despite considerable progress in the last decade, the development of tools and methodologies to assess health care efficiency is still in its early stage, and that an array of technical and informational limitations render developing more advanced efficiency assessment tools an arduous task.

This new report by the Expert Group on HSPA, released on 10 April 2019, aims at supporting national policy-makers in their efforts achieve this objective. To this end, the Expert Group presents an overview of the key theoretical concepts related to health care efficiency, analyse country experiences assessing efficiency of care in Europe, and propose a few ways their assessment methodologies can be incrementally advanced to better support health policy-makers and managers in their quest to deliver better-value care. The findings of this report present an undeniably challenging and complex agenda for policy-makers and researchers. While the report documents several conceptual and methodological difficulties that countries encounter as they seek to develop better tools to assess efficiency of care, acknowledging these limitations is an indispensable part of a process predicated on a strong evidence-based approach to health policy-making.

Link

> *World Health Organization (WHO)*

Public Health Panorama - Volume 5, Issue 1, March 2019

Public Health Panorama is a peer-reviewed, bilingual (English–Russian), open-access journal published by the WHO Regional Office for Europe. It aims to disseminate good practices and new insights in public health from the 53 Member States in the Region.

The mission of Public Health Panorama is to contribute to improving health in the Region by publishing timely and reliable research, and providing evidence, information and data for public health decision-making. One of the key innovations is its publication in both the English and Russian languages, allowing different parts of the Region to come together and share their knowledge. In this issue, the focus is on health information – which is the backbone of public health, according to Zsuzsanna Jakab, WHO Regional Director for Europe.

Health information and evidence, along with innovation, are the most cross-cutting areas of public health and are needed by all public health professionals. Investing in the strengthening of health information and e-health systems brings many dividends, including greater transparency and accountability. Health information from trusted sources is the ultimate enabler for the democratisation of health and is particularly important at times when fake information and poor statistics are highjacked for political agendas.

Link

Prevention and control of noncommunicable diseases in refugees and migrants (2019)

This technical guidance, released in April 2019, outlines current best practice, evidence and knowledge in order to inform policy and programme development in the area of noncommunicable disease management and control for refugees and migrants.

It highlights key principles, summarises priority actions and challenges, maps available resources and tools, and provides policy options and practical recommendations to improve non-communicable disease-related interventions for refugees and migrants in the WHO European Region.

The target audience for this document includes those with a central role in policy-making at local, national and regional levels, and across all sectors of governance; it is not only for those within the health or migration sectors. Clinicians, fieldworkers and other practitioners are invited to draw upon this publication; however, it is not intended to be at a level that would inform their daily work.

Link

Can people afford to pay for health care? New evidence on financial protection in Europe (2019)

Out-of-pocket payments for health can create a financial barrier to access, resulting in unmet need, or lead to financial hardship for people using health services.

The WHO regional office for Europe published in April 2019 a report that brings together for the first-time data on unmet need and financial hardship to assess whether people living in Europe can afford to pay for health care. Drawing on contributions from national experts in 24

countries, the report shows that financial hardship varies widely in Europe, and that there is room for improvement even in high-income countries that provide the whole population with access to publicly financed health services.

Catastrophic health spending is heavily concentrated among the poorest households in all of the countries in the study. Where financial protection is relatively weak, catastrophic spending is mainly driven by out-of-pocket payments for outpatient medicines. Health systems with strong financial protection and low levels of unmet need share the following features: there are no large gaps in health coverage; the way in which coverage policy is designed, implemented and governed, is carefully designed to minimise access barriers and out-of-pocket payments, particularly for poor people and regular users of health services; public spending on health is high enough to ensure relatively timely access to a broad range of health services without informal payments. As a result out-of-pocket payments are low, accounting for less than or close to 15% of current spending on health.

Gaps in coverage arise from weaknesses in the design of three policy areas: population entitlement, the benefits package and user charges (co-payments). The report summarises actions that can reduce unmet need and financial hardship by strengthening coverage policy. It also highlights actions that should be avoided.

Link

> ➢ *Other*

No Time to Wait: Securing the future from drug-resistant infections

On 29 April 2019, the United Nations, international agencies and experts released a report demanding immediate, coordinated and ambitious action to avert a potentially disastrous drug-resistance crisis.

If no action is taken - warns the **UN Ad hoc Interagency Coordinating Group on Antimicrobial Resistance** who released the report – drug-resistant diseases could cause 10 million deaths each year by 2050 and damage to the economy as catastrophic as the 2008-2009 global financial crisis. By 2030, antimicrobial resistance could force up to 24 million people into extreme poverty.

Currently, at least 700,000 people die each year due to drug-resistant diseases, including 230,000 people who die from multidrug-resistant tuberculosis. More and more common diseases, including respiratory tract infections, sexually transmitted infections and urinary tract infections, are untreatable; lifesaving medical procedures are becoming much riskier, and our food systems are increasingly precarious.
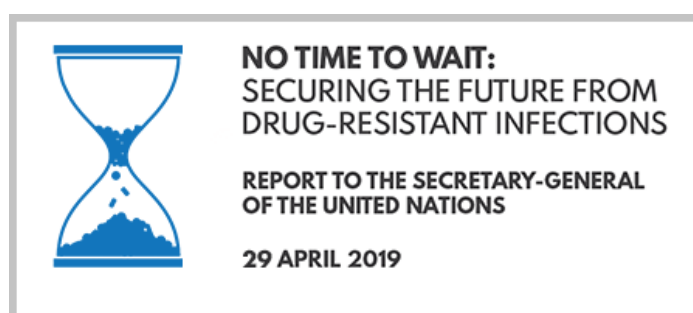
Recognizing that human, animal, food and environmental health are closely interconnected, the report calls for a coordinated, multisectoral "One Health" approach.

It recommends countries:

- prioritize national action plans to scale-up financing and capacity-building efforts;
- put in place stronger regulatory systems and support awareness programs for responsible and prudent use of antimicrobials by professionals in human, animal and plant health;
- invest in ambitious research and development for new technologies to combat antimicrobial resistance;
- urgently phase out the use of critically important antimicrobials as growth promoters in agriculture.

This report reflects a renewed commitment to collaborative action at the global level by the World Food and Agriculture Organization of the UN (FAO), the World Organisation for Animal Health (OIE) and the World Health Organization (WHO).

Report

NO TIME TO WAIT:
SECURING THE FUTURE FROM
DRUG-RESISTANT INFECTIONS

REPORT TO THE SECRETARY-GENERAL
OF THE UNITED NATIONS

29 APRIL 2019

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. This study provides a non-exhaustive and partial overview of the added value achieved so far through European Union (EU) action in the field of health policy. The study, requested by the Coordinators of the European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI), covers the benefits of EU action in the following sectors: the EU Health Programme, cross-border healthcare, pharmaceuticals regulation, medical devices, and prevention and vaccination. The study provides a brief overview of the EU legal framework, policy tools and best practice in each area.

Report

Member State Data on cross-border healthcare – Year 2017

On 12 April 2019, the European Commission published a report on Member State Data on cross-border healthcare for the year 2017.

Directive 2011/24/EU codifies patients' rights to reimbursement for healthcare received in another EU Member State (MS) and obliges MS to provide information about access to such care through their National Contact Points. In order to assess the impact of the Directive, questionnaires have been sent to all MS in 2015, 2016, 2017 and 2018 to collect information

on patient mobility in the preceding year. The data collected each year address treatment provided with Prior Authorisation (PA) from the MS of affiliation (where the patient is insured); as well as treatment where such Prior Authorisation is not required.

This report provides an overview of the data on patient mobility in 2017, collected from February to November 2018. Returns were received from twenty-eight of the thirty countries contacted (being the EU 28 plus Norway and Iceland), no response was received from Cyprus or Iceland.

It should be noted however that several Member States had difficulties in reporting the full mobility data, accordingly the baseline numbers referred in different sections vary, and percentages should be interpreted with caution.

Report

Safety of non-embedded software, including on safety of health, lifestyle and wellbeing apps

The European Commission has published a 'Study on Safety of non-embedded software; Service, data access, and legal issues of advanced robots, autonomous, connected, and AI-based vehicles and systems' (SMART 2016/0071). The Study comprises of two parts: 1.) on Safety of health, lifestyle and wellbeing apps 2.) on CAD/CCAM and Industrial Robots.

The report focusing on safety of health, lifestyle and wellbeing apps, encompasses desk research, interviews and a workshop. The overall conclusion on the basis of this fact finding mission is that at present no safety incidents concerning non-embedded software, in particular in this study of health, lifestyle and wellbeing apps, that do not fall under the Medical devices legislation, can be found in public sources. This however does not mean that safety incidents with health, lifestyle and wellbeing apps do not exist. A number of reasons for underreporting have been identified, such as users who experience a safety incident, but do not relate this incident to the use of the app or users who experience a safety incident, but do not know where and how to report this safety incident, and others.

As part of the 'Study on Safety of non-embedded software', the legal and business landscape and the challenges and opportunities related to new advanced technologies associated with digitisation and AI have also been analysed. The study identified specific issues which affect the impact of CAD-CCAM and provided empirically founded recommendations for policy measures to facilitate the future business uptake of the technology.

Report

An EU approach to health system performance assessment: Building trust and learning from each other

The present article was published in April 2019. EU countries have recently joined forces to carry out common work on Health Systems Performance Assessment (HSPA). After the signature of the Tallinn Charter in 2008, a small group of countries brought the issue of HSPA on the EU agenda; this led the European commission and member states to set up an expert group on HSPA in 2014. This group started by facilitating the exchange of best practices and lessons learnt, with an eye to avoiding duplications with activities of international organisations. While progressing on its work, the group broadened its scope: it stepped into concrete work on policy priorities such as the assessment of quality of care, integrated care and primary care. It also moved into the organisation of country-tailored events and of advocacy activities. The authors identified three main strength factors of the EU expert group on HSPA. First, it is built through a bottom-up participatory approach, which promotes a sense of ownership by the members. Second, it developed a flexible and pragmatic attitude, which makes it able to constantly adapt to emerging needs and priorities. Finally, the group positioned itself in a niche that was still to be exploited: the identification of ways to translate HSPA findings into effective policy making.

Link

A comparative performance analysis of a renowned public private partnership for health care provision in Spain between 2003 and 2015

Recently, the once archetype of the public private partnership (PPP) in the Spanish National Health System (SNHS), namely the Alzira's Model, has come to an end. Advocates defended the superiority of PPPs over public-tenured provision, in terms of quality and technical efficiency.

This paper, released in April 2019, profiles and compares Alzira's life-cycle performance with similar public-tenured providers. Data to develop the study has been gathered by 51 integrated providers (i.e., administrative healthcare areas) and 67 hospitals, in 2003 and 2015. Alzira's 2015 performance (and its variation since 2003) was compared with all public-tenured peers in the SNHS, using 26 indicators analysing the differences in age-sex standardised rates of events or risk-adjusted mortality, severity-adjusted hospital expenditure and hospital technical efficiency. In comparison with the corresponding public-tenured peers, Alzira's 2015 performance was statistically worse than the benchmark in the majority of indicators (15 out of 26); yet, its performance was one of the best in the SNHS in adjusted-mortality after Percutaneous Coronary Intervention (PCI). Over time, Alzira showed a statistically greater 2003–2015 improvement than its peers' average in eleven of the indicators, and a lower improvement in nine.

In this comprehensive comparative study on Alzira's performance, this PPP has not generally outperformed public-tenured providers, although in some areas of care its developments have been outstanding.

Link

How are evidence generation partnerships between researchers and policy-makers enacted in practice? A qualitative interview study

Evidence generation partnerships between researchers and policy-makers are a potential method for producing more relevant research with greater potential to impact on policy and practice. Little is known about how such partnerships are enacted in practice, however, or how to increase their effectiveness.

The authors aimed to determine why researchers and policy-makers choose to work together, how they work together, which partnership models are most common, and what the key relationship-based and practical components of successful research partnerships are. The results of this exercise have been gathered in the present article, published on 15 April 2019.

Semi-structured qualitative interviews were conducted with 18 key informants largely based in New South Wales, Australia, who were researchers experienced in working in partnership with policy in health or health-related areas or policy and programme developers and health system decision-makers experienced in working in partnership with researchers. Data was analysed thematically by two researchers. Researcher-initiated and policy agency-initiated evidence generation partnerships were common.

While policy-initiated partnerships were thought to be the most likely to result in impact, researcher-initiated projects were considered important in advancing the science and were favoured by researchers due to greater perceived opportunities to achieve key academic career metrics. Participants acknowledged that levels of collaboration varied widely in research/policy partnerships from minimal to co-production. Co-production was considered a worthy goal by all, conferring a range of benefits, but one that was difficult to achieve in practice. Some participants asserted that the increased time and resources required for effective co-production meant it was best suited to evaluation and implementation projects where the tacit, experiential knowledge of policy-makers provided critical nuance to underpin study design, implementation and analysis. Partnerships that were mutually considered to have produced the desired outcomes were seen to be underpinned by a range of both relationship-based (such as shared aims and goals and trust) and practical factors (such as sound governance and processes). Findings highlight the important role of policy-makers in New South Wales in ensuring the relevance of research. There is still much to understand about how to initiate and sustain successful research/policy partnerships, particularly at the highly collaborative end.

Link

WHO releases first guideline on digital health interventions

On 17 April 2019, the WHO released new recommendations on 10 ways that countries can use digital health technology, accessible via mobile phones, tablets and computers, to improve people health and essential services.

Over the past two years, WHO systematically reviewed evidence on digital technologies and consulted with experts from around the world to produce recommendations on some key ways such tools may be used for maximum impact on health systems and people's health.

One digital intervention already having positive effects in some areas is sending reminders to pregnant women to attend antenatal care appointments and having children return for vaccinations. Other digital approaches reviewed include decision-support tools to guide health workers as they provide care; and enabling individuals and health workers to communicate and consult on health issues from across different locations.

For example, the guideline points to the potential to improve stock management. Digital technologies enable health workers to communicate more efficiently on the status of commodity stocks and gaps. However, notification alone is not enough to improve commodity management; health systems also must respond and take action in a timely manner for replenishing needed commodities.

WHO Guideline: recommendations on digital interventions for health system strengthening

#SmartHealthSystems Expert Roundtable

On 25 April 2019, HOPE took part in #SmartHealthSystems Expert Roundtable organised by the Bertelsmann Stiftung together with Empirica Communication and Technology Research who presented the results of an exhaustive comparative study on the digitalization of health systems they carried out. It analysed national strategies and achievements in Germany and 16 other healthcare systems.

They presented the key findings of the study with insights on best practices from the countries studied. The #SmartHealthSystems study shows European Union Member States are advancing at different speeds in the digital transformation of the healthcare sector. Countries that are succeeding in digitalizing their healthcare systems feature an effective strategy, strong political leadership and a coordinating institution with a clear national mandate. The European Commission and Member States should continue to foster the exchange of best practices between health systems and promote common technical specifications and standards for digital health tools and exchange formats.

The presentation was followed by a discussion with the audience on what EU Member States can learn from each other and what policy ideas can be drawn at EU level from the study results.

Read more

Survey on Telemedicine, Dresden Technical University - Junior Research Group Care4Saxony

Telemedicine is seen as having great potential in improving quality of care, increasing access to care and closing the existing gaps between different medical fields and professions. However, its implementation is also strained by a large variety of external factors. While some challenges will have to be targeted on the policy level (especially those concerning laws and standards for delivering care using telemedicine technology), others can be addressed more directly within a community itself.

The Junior Research Group Care4Saxony at Dresden Technical University is interested in circulating the following **survey** among the HOPE network, including experts in telemedicine in communities. The purpose of the survey is to understand how a community manages to implement telemedicine strategies which serve each and every member of the community by answering a few questions. The survey will take between 10 and 15 minutes.

For questions concerning the questionnaire or the project, send an email to: lena.otto@tu-dresden.de.

To access the survey, click on the following **link.**

Nanomedicines event

HOPE was invited on 20 March 2019 in the European Parliament to an even**t** hosted by MEP José Inácio FARIA (EPP, Portugal) organised on behalf of the European Alliance for Access to Safe Medicines (**EAASM**), a pharma financed organisation.

Nanomedicines are an emerging product class in the health sector which has been gaining increasing attention in academia and research over the past twenty years. It has the potential to provide personalised, yet more affordable, healthcare while at the same time offering better quality of life for the sick and injured, opening up numerous potential pathways to improving medical diagnosis and therapy.

However, there is a need to establish robust regulation that is fit for purpose, such as the creation of harmonised definitions across Europe and development of protocols for their characterization, evaluation and pharmacovigilance oversight once an NCE is marketed.

This meeting discussed the appropriateness of the current regulatory approval process for nanomedicines and their follow-on products, with an analysis of the potential implications for policymakers, regulators, payers, physicians and patients.

Event page

Citizens' priorities in EU health policy: how to tackle Europe's key healthcare challenges in the 2019 to 2024 term

On 8 April 2019, HOPE participated in a lunchtime discussion hosted by Incisive Health, where have been discussed citizens' priorities in EU health policy ahead of the upcoming European elections. Policymakers, patient organisations, industry, representatives of Europe regions and key healthcare providers came together to talk about how the health policy community can join forces to ensure that health remains at the top of the EU's agenda and that the concerns of European citizens are addressed by policymakers – in Brussels and in EU member states. The discussion was kicked off with an exclusive sneak-preview of the results of Incisive Health polling on citizens' priorities in EU health policy. Key takeaways from the meeting include the need for stakeholders to collaborate even more, including through private-public-partnerships (PPPs), and the importance of working together with healthcare practitioners, patients and women in particular, in order to make our healthcare systems more egalitarian for the benefit of all citizens across Europe. Inspired by the discussion, Incisive Europe will turn the findings from the polling into a report, which will include insights into what European voters in eight EU member states think about EU health policy and what they expect policy makers to do in the new term.

Link

Towards a value-based healthcare system: from concept to implementation

On 10 April 2019, HOPE took part at the event "Towards A Valued-Based Healthcare System: From Concept To Implementation" organised by EUREGHA, the European Regional and Local Health Authorities. European healthcare systems are under pressure: they are struggling with rising costs and uneven quality. The combination of increasing demands upon healthcare is driven by an ageing population and the increasing prevalence of chronic diseases on the one hand, and by constraints upon funding on the other hand, which results in big challenges for health systems across Europe. Value-based healthcare is gaining popularity as an approach to increase sustainability in healthcare. However, to transform value-based healthcare into a concrete model a new strategy is needed. Value-based healthcare is a patient-centred system and, at its core, involves maximizing value for patients: that is, achieving the best outcomes at the lowest cost. The replacement of today's fragmented system, more organization of care and cooperation among stakeholders are central in order to realise optimal patients' outcomes based on what they need and increase sustainability in healthcare systems. The event aimed

to facilitate exchanges among participants and to nurture the debate on value-based healthcare by directly engaging with an audience made of representatives of the EU institutions, international organisations, regional and local health authorities, patient organisations, industry, and European associations.

To access the minutes of the event, click on the following **link.**

Eco-social policies

HOPE attended on 18 March 2019 in the European Parliament the debate Eco-social policies in the European Union, hosted by The Greens/European Free Alliance.

The event was organised by the European Social Observatory (OSE) and the European Trade Union Institute (ETUI) to mark the 19th edition of their flagship book, focused on key issues such as sustainable welfare, degrowth and the distributional and labour market effects of climate policies. The event was hosted by Philippe Lamberts (Group of the Greens). Milena Buchs (University of Leeds), Béla Galgóczi (ETUI), Sebastiano Sabato and Bart Vanhercke (OSE) and Georg Zachmann (Bruegel) presented their views on the topic.

A dominant issue in this annual review is the way in which the European Pillar of Social Rights has influenced EU policy making even before it was politically endorsed. The book examines the impact of the Pillar's new 'rights-based social investment approach' while also questioning if the Pillar could encourage a fully-fledged 'European Social Union'.   This volume looks at social protection of the self-employed, recent progress in occupational health and the impact of the digital transition on job quality.

Event page

Vaccination – WHO

HOPE attended on 25 April 2019 the high-level event "The vaccination challenge: investing in people's health, innovating health systems, including all citizens."

This event was organised by the Belgian Ministry of health to support Dr Hans Kluge, its candidate for the post of Regional Director of the European Region of the World Health Organization.

Vaccination is back on the international agenda as new outbreaks of vaccine-preventable diseases are occurring in Europe today. This resurgence was demonstrated recently with a significant rise in the incidence of measles, quadrupling in 2018. Moreover, the WHO notes a remarkable overall stagnation of vaccine uptake in Europe. Vaccine anxiety is not new, but the viral spread of this anxiety is surprising, especially because vaccine confidence levels are lower Europe than in other regions.

New outbreaks of vaccine-preventable diseases and increasing vaccine anxiety urges us to rethink how we listen to our public, communicate health and tailor our health system delivery to the needs and preferences of users/caregivers. A people-centered health systems approach to strengthening and delivering immunization should foster trust and help people to make the right choice for themselves and their families.

Hence, the Belgian federal minister of foreign affairs Mr. Reynders and the federal minister of social affairs and public health Dr De Block invited ambassadors, health attachés and the broader health community on the occasion of the European Immunization week (24-30 April) to discuss this challenge.

After a moving presentation by the parents of young child who had died, Dr Hans Kluge, gave the key note address and presented his vision on the increasing challenge of vaccination and the way forward in an inclusive partnership with the Member States and stakeholders at all levels. He was then followed by Robb Butler, Senior Social Scientist, Vaccine Demand, UNICEF, Natasha Azzopardi - Muscat, President, European Public Health Association and Helen Bedford, UCL.

The event was concluded by Dr Maggie De Block, Federal Minister of Social Affairs and Public Health and of Asylum and Migration, Belgium.

HOPE Agora 2019

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