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HEALTH PRIORITIES – PUBLICATION OF THE "TRIO PROGRAMME"

In December 2015, the "Trio programme" was published. This document, put together by the Netherlands, Slovakia and Malta, presents the policy priorities for the three Presidencies (from January 2016 to June 2017).

It establishes that health is a "key objective" with, among other, antimicrobial resistance (AMR) as a priority.

Moreover, the priorities of the incoming Dutch Presidency of the Council were outlined to parliamentary committees by Dutch Ministers at the beginning of January.

The "trio programme" is available at:
http://english.eu2016.nl/binaries/eu2016-en/documents/publications/2015/12/30/trio-programme-2016-17/st-15258-2015-init-en.pdf

Discussions in parliamentary committees:
http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fTEXT%2bIM-PRESS%2b20160112IPR09521%2b0%2bDOC%2bXML%2bV0%2f%2fEN&language=EN

Public health

SAFETY OF SURGICAL MESHES USED IN UROGYNAECOLOGICAL SURGERY – FINAL OPINION

Earlier this month, the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) published the final Opinion on the safety of surgical meshes used in urogynaecological surgery. The Opinion looks at the risks associated with the use of surgical meshes for various conditions, how to identify high risk patient groups and further assessment needs.

A key conclusion is that in assessing the risk associated with mesh application, it is important to consider the overall surface area of material used, the product design and the properties of the material used. In addition, the available evidence suggests a higher morbidity in treating female pelvic organ prolapse (POP) than Stress Urinary Incontinence (SUI), as the former uses a much larger amount of mesh.

More information:
http://ec.europa.eu/health/scientific_committees/emerging/docs/scenihr_o_049.pdf

THE HEALTH DIMENSION OF THE EUROPEAN MIGRANT CRISIS – EUROPEAN PARLIAMENT THINK TANK BRIEFING

The European Parliament Think Tank has published a briefing on the health dimension of the European migrant crisis. There is a public health challenge Member States are facing, whether it affects the resident population, and how to respond adequately to migrants' needs, including access to healthcare. The briefing states the fact that the risk of an outbreak of infectious diseases resulting from the arrival of migrants is extremely low.

The European Parliament Think Tank repeats the WHO recommendations which recommend a triage of migrants, to properly diagnose and treat them and to give them full access to high-quality care, regardless of their legal status.

More information:
http://www.europarl.europa.eu/RegData/etudes/BRIE/2016/573908/EPRS_BRI%282016%2957390 8_EN.pdf

MIGRANTS AND REFUGEE CRISIS – POSITION OF THE WORLD PSYCHIATRIC ASSOCIATION

The World Psychiatric Association (WPA) released a statement regarding its position on the migrant and refugee crisis Europe is facing. Together with Care-If, they launched a call for action to look after the mental health needs of migrants ad asylum seekers which, as they establish, are not sufficiently taken care of.

They call for basic healthcare to be provided to migrants following urgent assessments with a clear emphasis on physical care as well as emotional and psychological care and taking into account children's specific needs. Moreover, WPA and Care-If call upon all governments to respect, uphold and apply the United Nations Refugee Convention with fairness and promptness in assessing, screening and deciding on the legal status of migrants in order to reduce uncertainty and provide physical and emotional support. They finally called for safeguards and protection. Furthermore, WPA announced that they would be conducting a series of round table conferences with experts to propose solutions for migrant families, children and refugees.

More information:
http://www.wpanet.org/detail.php?section_id=7&content_id=1772

EBOLA – EU WELCOMES THE END OF EBOLA OUTBREAK

The WHO declared that Ebola outbreak in West Africa had come to an end in January. The European Commission welcomed this achievement but also stated that it would continue to aid to the countries affected.

In fact, in addition to the €2 billion already mobilised in humanitarian aid, technical expertise, longer-term development assistance and research into vaccines and treatments, the Commission announced it would focus less on an emergency response and more on a development response, attending the needs of survivors. The Commission highlighted the risk of re-infection in some countries and the need to change the international response system that failed in the early stages of the spreading of the disease. The Commission announced the creation of a European Medical Corps through which medical teams and equipment from Member States can be deployed swiftly to deal with future health emergencies.

More information:
http://europa.eu/newsroom/highlights/special-coverage/ebola/index_en.htm

APPLICATION OF THE CROSS-BORDER HEALTHCARE DIRECTIVE – PARLIAMENTARY QUESTION

MEP Soledad Cabezón Ruiz (Spain, S&D) asked a question to the European Commission regarding the application of the Directive on patients' rights in cross-border healthcare. Referring to the European Commission's report on the operation of Directive 2011/24/EU released in September 2015, she asked what were the actions the Commission intended to take to close the loopholes in the current legislation, if the inconsistent transposition of the Directive could constitute a violation

of the right to a high level of healthcare protected by the EU Charter of Fundamental Rights and finally if the Commission has planned to take actions to enforce the principle of equal treatment and give options to citizens affected by an incorrect transposition of the Directive.

Commissioner Andriukaitis answered stating that the Commission did launch infringement procedures against 26 Member States and is ready to take further actions should the inconsistent transposition continue as the full and correct transposition of the Directive contributes to the objective of Article 35 of the Charter of Fundamental Rights. Finally, the Commissioner stated that the application of the principle of equal treatment is part of the ongoing compliance check conducted by the Commission but that its enforcement in individual cases is up to the national authorities and courts in the Member States.

The parliamentary question is available at:
http://www.europarl.europa.eu/sides/getDoc.do?type=WQ&reference=E-2015-013661&language=EN

The Commission's answer is available at:
http://www.europarl.europa.eu/sides/getAllAnswers.do?reference=E-2015-013661&language=EN

DESIGNATION BY THE EU OF 2016 AS YEAR OF BREAST CANCER – PARLIAMENTARY QUESTION

MEP Lefteris Christoforou (Cyprus, EPP) asked a question to the European Commission regarding the designation of 2016 as Year of Breast Cancer. He argued that it is important for the EU to adopt a concerted and targeted approach to the problem and to provide substantial financial funding for the necessary policies in all Member States. According to Mr Christoforou, designating 2016 as Year of Breast Cancer would contribute to the intensification of efforts to combat this disease and encourage the direct involvement of the EU.

Commissioner Andriukaitis answered stating that the Commission had not made any decision yet regarding the designation of the topic for the EU year 2016. He listed the actions taken by the European Commission on breast cancer and argued that designating 2016 Year of Breast Cancer would not add much more to the already existing list of actions.

The parliamentary question is available at:
http://www.europarl.europa.eu/sides/getDoc.do?type=WQ&reference=E-2015-013792&language=EN

The Commission's answer is available at:
http://www.europarl.europa.eu/sides/getAllAnswers.do?reference=E-2015-013792&language=EN

EUROPEAN REFERENCE NETWORKS – UPDATE

In January, the Commission published an updated version of the assessment manual and toolbox, highlighting the process for healthcare providers applying to the call for ERNs (European Reference Networks). Such documents were produced by the PACE-ERN consortium of which HOPE is partner. The assessment manual and toolbox describe in details each step of the assessment process as well as the bodies intervening at each stage and their roles and responsibilities.

The purpose of these documents is to provide:

- applicants with tips and tools for developing their application;
- Independent Assessment Bodies IAB (which will have to assess Network's proposals) with methods and procedures for completing the independent assessment of Networks and healthcare provider applicants.

To avoid fragmentation, the Joint Action on Rare Diseases, financed under the EU Health Programme has also recently launched a "Matchmaker tool" aiming to help healthcare providers planning to present a Network proposal to connect.

Furthermore, the ERN Board of Member States, the body in charge of the approval of Networks and its Members agreed on a Strategic paper on the ERN implementation, which lays out strategic recommendations on issues such as how to address fragmentation, how to support collaboration and promote cooperation between similar interested groups in a common thematic field, and how to indicate priorities, thematic areas or strategic values the Member States would like to promote.

The updated version of the assessment manual and toolbox is available at:
http://ec.europa.eu/health/ern/assessment/index_en.htm#fragment6

The "Matchmaker tool" is available at:
http://www.rd-action.eu/european-reference-networks-erns/

The Board of Member States' Strategic paper on the ERN implementation is available at:
http://ec.europa.eu/health/ern/docs/ern_board_implementationstrategy_en.pdf

CRISIS MANAGEMENT FOR HEALTH THREATS IN THE EU – VIDEO

In January, the European Commission released a video on Crisis Management for health threats in the EU.

The Decision 1082/2013/EU on serious cross-border threats to health is an important step forward in improving health security in the European Union and protecting citizens from a wide range of health threats. It helps Member States prepare for and protect citizens against possible future pandemics and serious cross-border threats caused by communicable diseases, chemical, biological or environmental events. The Decision provides four major benefits:

- the strengthening of preparedness planning;
- the improvement of risk assessments and management of serious cross border threats to health;

- the establishment of mechanism for the development and implementation of a joint procurement of medical countermeasures;
- the enhancement of the coordination of response at EU level by providing a solid legal mandate to the Health Security Committee.

The video is available at:
http://ec.europa.eu/health/preparedness_response/policy/decision/index_en.htm#a

CYBERSECURITY – AGREEMENT ON THE DIRECTIVE

After the agreement reached in trilogues last December on the Directive concerning measures to ensure a high common level of network and information security across the Union, the Council published the final compromise text.

The objective of the proposed Directive is to improve the security of the Internet and the private networks and information systems. The proposed text sets up stricter obligations for operators of essential services and digital services providers in order to manage cyber risks. The Directive will also provide a more uniform set of rules across the EU for digital services providers.

Moreover, the proposed text would also set up a national authority in charge of cyber security designated by Member States.

The compromise text is available at:
http://goo.gl/s5Upxi

LEGISLATIVE PROPOSAL AMENDING THE SCOPE OF THE ROHS – COMMISSION PUBLISHES INCEPTION IMPACT ASSESSMENT

The recast of RoHS Directive 2011/65/EU on restriction of the use of certain hazardous substances in electrical and electronic equipment was adopted in 2011. It provided its alignment with the existing legislation such as REACH and the New Legislative Framework (CE Marking and EU Declaration of Conformity). It also introduced new definitions and expanded the scope to cover medical devices and monitoring and control instruments.

The Commission released in January an inception impact assessment which set out the policy objectives of a legislative proposal amending the scope of the RoHS Directive and options as well as the likely impacts of each option.

More information:
http://ec.europa.eu/smart-regulation/roadmaps/docs/2012_env_009_rohs_directive_en.pdf

TACKLING MIGRANT SMUGGLING: IS THE EU LEGISLATION FIT FOR PURPOSE? – PUBLIC CONSULTATION

The European Commission launched on 13 January a public consultation on "Tackling migrant smuggling: is the EU legislation fit for purpose?".

The goal of the consultation is to collect opinions to underpin the on-going evaluation and impact assessment of the EU legislation on migrant smuggling, and to gather views on what improvements could be made to this legislation. This legislation is composed of a package of two instruments, Directive 2002/90/EC and Framework Decisions 2002/946/JHA, adopted together in 2002.

The revision of the legislation was identified as a priority action to enhance prevention and fight against migrant smuggling by the EU Agenda on Migration as well as the EU Action Plan against Migrant Smuggling.

All citizens (EU nationals and non-EU nationals) and organisations are welcome to contribute to the public consultation.

The deadline to submit contributions is 6 April 2016.

More information:
http://ec.europa.eu/dgs/home-affairs/what-is-new/public-consultation/2015/consulting_0031_en.htm

To answer the consultation:
https://ec.europa.eu/eusurvey/runner/Migrant-smuggling-2016

SKILLS AND MIGRATION – EUROPEAN DIALOGUE

HOPE was invited at the European Dialogue on Skills and Migration taking place in Brussels on 28 January 2016.

The keynote speeches were delivered by Dimitris Avramopoulos, Commissioner for Migration, Home Affairs and Citizenship, Iliana Iotova, Vice-chair, LIBE Committee, European Parliament and Gonçalo Lobo Xavier, Vice-President, European Economic and Social Committee.

While the EU is confronted with an ongoing refugee crisis, which is testing the very fundaments of its Union and solidarity, the European Commission expressed the wish to addressing these challenges comprehensively, both now and in the longer term, with all stakeholders. The Commission considers that looking at the longer term the demographic trends and the expected shortages in key sectors of the European economy continue to pose a challenge for the

sustainability of welfare systems and growth. Migration would thus remain an important way to address such challenges and contribute to the EU competitiveness.

Three parallel workshops then took place — on ICT, Health, and Entrepreneurship — moderated by experts in the field.

The Workshop on Health and Care looked at the challenges in the health and care sector in the context of the expected skills shortage in the health sector.

According to CEDEFOP projections, employment in "Human Health and Social Work Activities" should rise from 22.2 million in 2013 to 24.0 million in 2025. Moreover, in addition to the 1.8 million expansion demand in the sector, it is expected that there will be around 10 million job opportunities to be filled over the same period as a large number of health professionals will retire and not enough young recruits are coming through the system to replace those who leave.

Population ageing has a triple effect on the demand and supply of healthcare professionals: working-age population and therefore potential labour force in the sector is declining, healthcare professionals age and leave the sector for retirement, the number of elderly persons (aged 65 and over) will strongly increase, putting pressure on the needs for long-term care.

Many EU Member States have stepped up their education and training efforts of health professionals in the last decade. Nevertheless, the magnitude of expected shortages implies that as in other sectors, shortages should be addressed both by training and development of the existing domestic work force, but also by attracting skills from abroad. In this view, some Member States have included health care occupations among shortage lists in order to facilitate the recruitment of third-country health professionals.

In recent decades, health workforce shortages in many Member States have increased the reliance on the recruitment of healthcare professionals from abroad: recent evidence from OECD shows that foreign-born doctors and nurses account for a significant share of healthcare professionals in the EU countries (16% among doctors and 11% among nurses) and that a majority of them originate in third-countries, though it varies across Member States.

Recruiting health professionals from abroad has several implications. It requires assessing the needs that cannot be covered by the domestic workforce in the future, which is a complex task. Moreover, it has to take place in a way that ensure the retention of domestic health professionals and does not lead to undercut local working conditions and wages. Finally, qualifications requirements in the health sector are an important safeguard for the quality of care and act as a strong constraint, especially when recruiting from third-countries, not covered by the EU Professional Qualification Directive. For those who are foreign-trained, some specific programmes have been designed to prevent a waste of skills and competences. Indeed, as in other sectors, there has been evidence of over qualification among health professionals from third-countries, partly due to the strict qualification requirements.

Another implication contains the risk of 'brain drain' from third-countries as severe shortages of health professionals have emerged in last decades, even if only partly due to emigration. To mitigate the negative effects of migration on fragile health systems, EU Member States are committed to the 2010 WHO Global Code on the international recruitment of health personnel.

Moreover, the Member States that have engaged in cooperation agreements in order to train and recruit healthcare professionals pay increasing attention to the situation of origin countries health systems.

Finally, against the background of increasing inflows of refugees, some of them with previous training or experience in the health sector, the question on how to ensure their quick and full labour market integration is raised. Analysis of recent statistics suggests that the number of health practitioners from top countries of origin of asylum seekers has increased but to relatively low numbers in absolute level. Overall it seems that the obstacles related to transferability of skills, language and other barriers to employment of refugees are even more severe than for other workers coming under labour migrations schemes. It is therefore essential to develop an active policy allowing their effective integration into the labour market, involving both public and private stakeholders.

For the workshop, the discussion was around the following questions:

- How to assess the labour market needs in the health and care sector in the near future?
- What can be the role of recruitment from third-countries to fill the future needs in the health and care sector?
- What specific actions can be taken in order to ensure a better use of the skills of migrants (including refugees) already residing in the EU in the health and care sectors?
- Should, and if so how, EU action further support Member States as regards recognition of qualifications of health professionals from third-countries?
- How do healthcare organisations need to adapt to the growing share of health professionals from diverse cultural backgrounds?

These ambitious questions remain mostly unanswered despite interesting examples provided.

WRITTEN STATEMENT DIRECTIVE – PUBLIC CONSULTATION

On 26 January, the European Commission published a consultation on the Written Statement Directive (91/533/EEC).

In essence, the Directive gives employees the right to be notified in writing of the essential aspects of their employment relationship when it starts or shortly after. It also mentions that additional information must be provided to expatriate employees before departure.

The Directive has a social goal: improve the protection of employees by providing them sufficient information on their rights. By requiring written elements about employment relationships, it can also help to reduce undeclared work.

All citizens and organisations are welcome to contribute to this consultation. Contributions from employees, employees' organisations or employees' representatives, employers, employers' organisations and public authorities are especially sought.

The deadline to reply to the consultation is 20 April 2016.

More information:
http://ec.europa.eu/social/main.jsp?langId=en&catId=699&consultId=18&visib=0&furtherConsult=yes

To answer the consultation:
https://ec.europa.eu/eusurvey/runner/bdc30ce4-6543-b88f-1979-37570483d7ba

APPLICATION OF THE DIRECTIVE IMPLEMENTING THE REVISED FRAMEWORK AGREEMENT ON PARENTAL LEAVE – PARLIAMENT DRAFT REPORT

During the meeting taking place on January, the employment and social affairs committee of the European Parliament discussed the report on the application of the Parental Leave Directive.

The rapporteur highlighted the gap of parental leave between Member States and regretted that the Commission did not publish an application report when it could have used the opportunity of the recently published Roadmap on the new start to address the challenges of work-life balance faced by working families.

More information:
http://goo.gl/lvwlUo

REVIEW OF THE EUROPEAN DISABILITY STRATEGY – PUBLIC CONSULTATION

On 22 December, the European Commission launched a public consultation on the mid-term review of the European Disability Strategy (2010-2020).

The strategy provides a roadmap for the implementation of the United Nation Convention on the Right of Persons with Disabilities, to which the EU is party. The strategy has identified eight main areas for action at EU level: accessibility, participation, equality, employment, education and training, social protection, health and external action.

The European Commission seeks input from citizens, organisations, public authorities, businesses, academics and other stakeholders on what has been achieved so far in each of these areas, on the challenges faced by all persons with disabilities and on how the EU should address these challenges.

The deadline of the public consultation is 18 March 2016.

More information:
http://ec.europa.eu/social/main.jsp?catId=699&langId=en&consultId=19&visib=0&furtherConsult=yes

To answer the consultation:
http://ec.europa.eu/social/main.jsp?catId=699&langId=en&consultId=19&visib=0&furtherConsult=yes

PROFESSIONAL QUALIFICATION DIRECTIVE – ENTRY INTO FORCE

The Directive 2013/55/EU on recognition of professional qualifications, which governs the free movement of professionals in the EU, entered into force on 18 January 2016 across all Member States. The revised Directive was adopted at the end of 2013 and introduces stronger controls and updates minimum training requirement for healthcare practitioners and will make it easier for qualified professionals to practice in other Member States, while ensuring they are competent to do so through appropriate checks and procedures.

The updates include a speeded up online procedure for registering general care nurses, physiotherapists and pharmacists, the introduction of an EU-wide warning system, stronger language controls, updated minimum training requirements for doctors, general care nurses, dentists, midwives and pharmacists, a requirement for all EU countries to encourage continuing professional development, the possibility of more EU-qualified practitioners providing 'temporary and occasional' services and the possibility of changes to the content and standard of training curricula for healthcare professions.

Moreover, the Directive establishes the European Professional Card (EPC) that allows general care nurses, pharmacists, physiotherapists, real estate agents and mountain guides to pursue their professions more freely in other EU countries. The card, which enters in the framework of the Single Market Strategy, aims to ease the free movement of these professionals by simplifying the procedure for getting their professional qualifications recognised in another EU country.

The EPC is an electronic certificate issued via an EU-wide fully online procedure for the recognition of qualifications. It works via the Internal Market Information System (IMI) and allows professionals to communicate with the relevant authorities inside a secure network. The IMI also provides for an official, multilingual communication channel between the regulating authorities for professionals in EU countries to facilitate their cooperation and enhance mutual trust.

The EPC does not replace the 'traditional' recognition procedures foreseen by the Professional Qualifications Directive, but it does offer an advantageous option for professionals who wish to work either temporarily or permanently in another EU country. Professionals can start their application online with their home authority and can be submitted in any EU language.

More information:
http://europa.eu/youreurope/citizens/work/professional-qualifications/index_en.htm

REFORMING REGULATION OF PROFESSIONS: RESULTS OF MUTUAL EVALUATION AND WAY FORWARD – CONFERENCE

On 18 April 2016, the Directorate General for Internal Market, Industry, Entrepreneurship and SMEs of the European Commission will host a conference on the reform of regulation of professions. The conference will focus on the work EU countries have done in the last two years to review their national regulation and on what they propose in terms of regulatory reform.

Stakeholders, including national authorities and professional organisations, will discuss the mutual evaluation of regulated professions, its results and national action plans to address out dated or disproportionate regulation.

Stakeholders will also have an opportunity to discuss the follow-up measures to improve access to professions announced by the European Commission in the Single Market Strategy last October. Finally, the event will also shed light on the empirical evidence gathered to support these actions and to illustrate the importance and economic impact of regulated professions in Europe. New case studies and the results of a recent EU-wide survey on occupational regulation will be presented for the first time and discussed in the presence of the authors and other expert economists. Participants are encouraged to engage in the debate and express their opinions on the issues that will be presented.

More information:
http://ec.europa.eu/growth/tools-databases/newsroom/cf/itemdetail.cfm?item_id=8592&lang=en&title=Conference-on-reforming-the-regulation-of-professions-

INCORRECT APPLICATION OF THE WORKING TIME DIRECTIVE IN GREECE – JUDGEMENT

The Court of Justice of the European Union (CJEU) delivered on 23 December 2015 a judgement on the case C-180/14 Commission v. Greece.

With this judgement, the CJEU clarified the conditions of application of Directive 2003/88/EC of the Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time (Working Time Directive).

The European Commission started an infringement procedure against Greece for not applying the Directive, more specifically, the obligation to work a maximum of 48 hours a week and a resting period between shifts.

Ten doctors association complained to the European Commission stating that Greece was not respecting the dispositions of the Directive. Indeed, the association argued that the Greek authorities make them work between 60 and 91 hours a week and often with 32 hour-long shifts. The Commission, following this complaint, filed a procedure against Greece because of its failure to fulfil its legal obligation.

The Court of Justice established that the maximum 48 hours per week and the rest period between shits were important safety rules which were not applied by the Greek legislation.

The judgement is available at:
http://curia.europa.eu/juris/document/document.jsf;jsessionid=9ea7d0f130d588144200c7da4f928adfe29b60c367ac.e34KaxiLc3eQc40LaxqMbN4OchoTeo?text=&docid=173253&pageIndex=0&doclang=FR&mode=lst&dir=&occ=first&part=1&cid=6964

HA-REACT – KICK-OFF MEETING

This kick-off meeting of the EU Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) took place on 14-15 January in Vilnius, Lithuania. This Joint Action addresses existing gaps in the prevention of HIV and other co-infections especially tuberculosis and hepatitis in priorities areas of the EU.

Despite huge advances in treatment and care and successful implementation of evidence-based preventive interventions in many EU member countries, these infections are still not controlled among certain population groups and regions. HA-REACT aims at changing this state of things.

More information:
http://ec.europa.eu/health/sti_prevention/docs/20160114_hareact_pr_en.pdf

MID-TERM EVALUATION OF THE 3RD HEALTH PROGRAMME 2014-2020

The Commission launched the evaluation and fitness check roadmap of the 3rd Health Programme 2014-2020. The goal of this evaluation is to assess the state of implementation of the Health Programme and its 23 thematic priorities.

This evaluation takes into consideration the results of the final evaluation of the 2nd Health Programme and will affect the establishment of the 4th Health Programme.

More information:
http://ec.europa.eu/smart-regulation/roadmaps/docs/2015_sante_680_evaluation_mid-term_health_programme_en.pdf

PHARMACEUTICALS PRICES – EURIPID PROJECT

HOPE was invited to the Stakeholder Meeting of the EURIPID project, taking place in Brussels on 25 November 2015. EURIPID stands for EURopean Integrated Price Information Database, a project which received a new funding from the European Commission.

Introducing the meeting, Maria Iglesia (DG SANTE) explained the EU agenda for effective, accessible and resilient health systems and put the grant "Statistical data for medicinal product pricing" in a political context. Health is a national competence of the EU Member States and therefore the EC has limited competence and mainly offers support in coordination activities. With

the grant "Statistical data for medicinal product pricing" the EC targeted better coordination through facilitating the exchange of medicine price information.

Gergely Németh (OEP, project manager) explained that the access to the EURIPID database is restricted to competent authorities for pharmaceutical pricing and reimbursement for several reasons: prevent free-riding, data ownership issues, concerns about parallel trade, concerns about misinterpretation of prices, and incalculable effect on pricing and access to medicines on a global level. The main objectives are to determine an optimised dataset and data-layout, providing the necessary (additional) information and developing a guidance document on external reference pricing. The database does not cover yet hospital prices.

Four Stakeholders were invited to prepare a statement on how they consider a long-term EU-level cooperation and how innovative initiatives from Member States' cooperation can be successfully applied.

The European Consumer Organisation (BEUC) that represents 41 national groups in European countries explained that access to medicines is a growing concern of members, especially those which hit most by the economic crisis of the last years.

As a response to these problems BEUC has produced a position paper (http://www.beuc.eu/publications/beuc-x-2015-104_access_to_medicines.pdf).

The Polish Ministry of Health spoke on behalf of EURIPID users and competent authorities on pharmaceutical pricing and reimbursement. In Poland the Ministry of Health is responsible for both pricing and reimbursement. When making decisions the committees are often faced with the difficulty to balance between medical needs and sustainable health budgets. Enhanced cooperation with competent authorities in other countries (e.g. exchange of information) has proven to be very fruitful.

Médecins sans Frontiers (MSF) emphasised that medicines should not be luxury goods and the access needs to be improved. A part of the Nobel prize premium has been used for setting up a campaign on access to life-saving medicines. Barriers to access should be tackled on fronts: there is a lack of appropriated tools to foster R&D for neglected diseases and addressing the causes of high prices for medicines. Transparency of prices is mainly related to the second point. Differential pricing related to ability to pay is not reflected in existing tiered pricing schemes.

The Norwegian Medicines Agency (NOMA) presented a mechanism to set price ceilings for pharmaceuticals in place since 2001. Prices are collected from nine Western and Northern European countries that share economic similarities and are close to Norway. The use of the EURIPID database has facilitated the search of price information. However, also additional sources are consulted, especially when Marketing Authorisation Holders claim that prices determined by NOMA differ from their prices. Furthermore, every year the prices for 250 medicines that account for the highest expenditures are re-evaluated.

A second panel discussion was dedicated to the issue of improving transparency in pricing of medicinal product. Four Stakeholders were invited to prepare a statement on the question of the right balance between transparency and confidentiality.

The International Association of Mutual Benefit Societies (AIM) together with the European Social Insurance Platform (ESIP) has published a position paper on the access to innovative medicines (http://www.aim-mutual.org/fileadmin/Communication/position_papers/ESIP-AIM_Joint_position_on_access_to_innovative_medicines.pdf).

They have identified five priority fields for action to improve access to innovative medicines: steering pharmaceuticals R&D on the basis of needs; ensuring a central role for HTA in market access an pricing and reimbursement decisions; strengthening national pricing and reimbursement mechanisms in an EU context; increasing transparency around innovative pharmaceuticals within the EU; supporting innovation in the context of sustainable health systems.

For the European Federation of Pharmaceutical Industries and Associations (EFPIA), transparency and a database may lower prices in European countries but EFPIA expresses strong concerns that the further demand for transparency may negatively affect prices for pharmaceuticals. The limits of the current pricing mechanisms have been reached which is expressed by shortages and export bans imposed by some countries. Therefore a different approach for pricing is needed. However the idea of a European price is rejected because countries that are able to pay more for medicines should pay more. In recent years a tendency towards Managed Entry Agreements (MEA) and Early Access Schemes (EAS) has been observed and they are conducted on an individual medicine level and they are confidential. Those kinds of agreements between countries and pharmaceutical manufacturers clearly show that the reward for innovation should not be neglected.

The World Health Organization (WHO) considers that from the perspective of national competent authorities transparency of prices is considered a good thing and a desirable goal. However reality looks different and the first question to explore is "Why do confidential agreements exist". This has become even more relevant for high- and premium priced medicines. For that reason WHO has currently undertaken a price comparison between Sovaldi-Sofosbuvir and Harvoni-Ledipasvir-Sofosbuvir in current prices and adjusted for purchasing power parity.

DUQUE PROJECT – PUBLICATION OF 22 ARTICLES

DUQuE, "Deepening our understanding of quality improvement in Europe" is a research project financed by the EU's 7th Research Framework Programme. This 42-month project started in November 2009 and ended in August 2014. HOPE was a partner in this project. The main goal of the DUQuE project was to study the effectiveness of quality improvement systems in European hospitals. This has been done by assessing the relationship of organisational quality improvement systems/management and culture, professionals' involvement, and patient empowerment with the quality of hospital care (including clinical effectiveness, patient safety and patient involvement).

On 7 January 2016, 22 articles on the improvement of quality of care were published on the website of the project.

More information on DUQuE:
http://www.duque.eu

The 22 articles are available at:
http://www.duque.eu/index.php?page=publications

ICT4Life – KICK-OFF MEETING

Almost 10 million Europeans live with dementia or Parkinson's disease today. As a result of ageing, the number of persons affected by one of those conditions is forecasted to double by 2030, making them major health challenges. Those persons want to live in their own homes but because of the symptoms they face difficulties in their daily life both in managing their own care and living independently.

ICT4Life will provide solutions. This three-year project co-financed under Horizon 2020, the EU Framework Programme for Research and Innovation kicked-off in Madrid on 19 January 2016 with the ambition to provide new services for integrated care employing user-friendly ICT tools, ultimately increasing patients' quality of life and autonomy at home.

To reach this goal, ICT4Life will conduct breakthrough research and radical innovation and will implement the *ICT4Life Platform.* Such a platform will deliver a series of innovative services to patients affected by dementia or Parkinson but also to health professionals and formal and informal carers. All solutions will be developed following a user-centred methodology and tested in real life scenarios

This initiative brings together nine partners representing academia, industry and users' groups, all committed in improving patients' lives and advancing Europe's leadership role in personalised services for integrated care.

The partners of this well-balanced and multidisciplinary consortium are namely: Artica Telemedicina (Spain), Polytechnic University of Madrid (Spain), Madrid Parkinson Association (Spain), Netis Informatics Ltd. (Hungary), E-seniors (France), Centre for Research and Technology Hellas (Greece), Maastricht University (The Netherlands), European Hospital and Healthcare Federation (Belgium) and the University of Pécs (Hungary).

HOPE is involved in the project as leader of the Work Package dedicated to dissemination and exploitation and will make sure the project's results are made available to the target audience and the general public.

MIGRATION – THE EU HEALTH PROGRAMME WILL FUND ACTIONS SUPPORTING MEMBER STATES

Following the call for horizontal actions on 'Supporting Member States under particular migratory pressure in their response to health related challenges' published by Chafea in October, the European Commission will fund four actions under the 3rd Health Programme.

The actions will involve NGOs, academics, national and local health authorities, as well as international organisations and stakeholders and will be monitored by Chafea during the year 2016.

More information on the projects financed is available at:
http://ec.europa.eu/chafea/documents/health/migratory-pressure_en.pdf

INTEGRATED CARE – CHAFEA LAUNCHES CALL FOR TENDER

The Consumer, Health, Agriculture and Food Executive Agency has recently launched a call for tender on the topic of integrated care assessment.

The contract will consist of a study that will look at the analysis of the level of penetration or adoption of integrated care models in health systems; of the readiness of health systems to successfully implement integrated care and the development of a framework of indicators to use for assessing the performance of integrated care.

The deadline to apply is 1 March 2016.

More information:
http://ec.europa.eu/chafea/health/tender-08-2015_en.html

Reports

HIT FRANCE – EUROPEAN OBSERVATORY PUBLICATION

The European Observatory on Health Systems and Policies has recently published a health system review on France as part of the series "Health Systems in Transition" (HiTs).

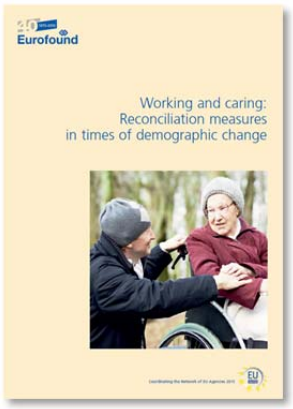
The Health Systems in Transition (HiT) profiles are reports that provide a detailed description of a health system, reforms and policy initiatives under development in a specific country. Main chapters focus on organisation and governance of the health system, financing, physical and human resources, provision of services, principal health care reforms and assessment of the health system.

The French population has a good level of health, with the second highest life expectancy in the world for women and a high level of choice of satisfactory healthcare providers. However, unhealthy habits such as smoking and harmful alcohol consumption remain significant causes of avoidable mortality. Moreover, these habits, combined with the burden of chronic diseases, establish the need for prevention and integration of services, although these have not historically been strengths of the French systems.

Public financing of health care expenditure is among the highest in Europe and out-of-pocket spending among the lowest. Public insurance is compulsory and covers the resident population: it is financed by employee and employer contributions. Taxes also play a more important role in the financing. Complementary insurance plays a significant role in ensuring equity in access. Provision is mixed; providers of outpatient care are largely private, and hospital beds are predominantly public or private non-profit-making. Despite health outcomes are among the best in the European Union, social and geographical health inequities remain. Inequality in the distribution of health care professionals is a considerable barrier to equity. The rising cost of health care and the increasing demand for long-term care are also of concern. Reforms are ongoing to address these issues, while striving for equity in financial access; a long-term care reform including public coverage of long-term care is still pending.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0011/297938/France-HiT.pdf?ua=1

WORKING AND CARING, RECONCILIATION MEASURES IN TIMES OF DEMOGRAPHIC CHANGE – EUROFUND PUBLICATION



As the average age of the European population and of the European workforce rises, more people will have to combine employment with the provision of care, especially considering the ageing of the population.

This study shows the challenges of combining work and care, as well as what measures are available at national, branch and/or company level, to allow working carers to balance these demands.

The study concluded that while a few EU Member States are much further along than others in terms of enabling people to combine working life with care, a great deal remains to be done to encourage working carers to remain in the job market while meeting the demand of looking after a relative at home

More information: http://goo.gl/gf2DKi

PERFORMANCE OF THE BELGIAN HEALTH SYSTEM - REPORT 2015 – KCE PUBLICATION

Health System Performance Assessment (HSPA) is a process that allows the health system to be assessed holistically based on measurable indicators. The report uses 106 indicators and monitors the accessibility, quality, efficiency, sustainability and equity of the Belgian health system.

The report establishes that 78% of the Belgian population is in good health and satisfied with the health system. However, there is a high rate (18%) of out-of-pocket payments which causes many households to delay contacts with health services for financial reasons. Belgian's quality of care is in line with the EU 15 average. Moreover, the report highlights some negative points. In fact, preventive care does not always meet international targets. Several indicators of health promotion and lifestyle show poor results and some indicators related to mental health are alarming.

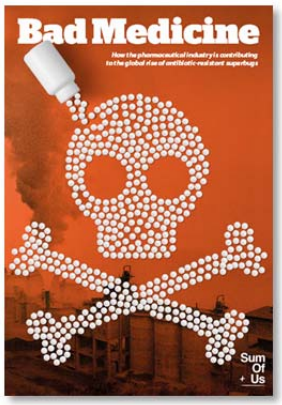
The report states that accessibility and quality of care at the end of life showed mixed results: the use of palliative services is more frequent while the aggressiveness of care is relatively low. The hospital remains the most frequent place of death.

The health system is becoming more efficient in some aspects: the tendency is represented by the shift from classical hospitalisation (at least one night) to one-day surgery, and the decrease of the length of stay for a normal delivery. However inefficiencies persist in different areas, as indicated by large unexplained geographic and inappropriate treatments in many domains of care.

Finally, the report establishes that the total health expenditure represents 10.2% of Belgium gross domestic product (GDP) and that this is mainly financed by the public sector (78%). The total expenditure on health is slightly higher than the EU-15 average and the health spending per capita remained unchanged in real terms for both 2012 and 2013 compared to 2011.

More information:
https://kce.fgov.be/sites/default/files/page_documents/KCE_259C_performancereport2015.pdf

PHARMACEUTICAL INDUSTRY NOT DOING ENOUGH TO TACKLE DRUG-RESISTANT INFECTIONS – REPORT



The report "Bad medicines" calls on the industry to make their global supply chains transparent and adopt environmentally responsible management practices.

The report condemns the fact that the current industry actions are fragmented and non-binding. It urges pharmaceutical companies to do more and support the development of mandatory standards and regulation. Among others actions, it calls on industrials to stop buying active antibiotic ingredients (API) from polluting factories which contribute to antimicrobial resistance (AMR).

More information:
https://s3.amazonaws.com/s3.sumofus.org/images/BAD_MEDICINE_final_report.pdf

HEALTH PROMOTION INTERVENTIONS IN SOCIAL ECONOMY COMPANIES IN FLANDERS (BELGIUM) – BMC PUBLIC HEALTH PUBLICATION

Implementing health promotion (HP) interventions in social economy companies can help reach disadvantaged groups. The authors studied the implementation of those interventions through an online, quantitative survey that was sent to 148 sheltered and social workshops in Flanders. The status of HP interventions and characteristics of the workshop were explored in the questionnaire. Personal factors (such as attitude towards HP, behavioural control, social norms and moral responsibility) were asked to the person responsible for the implementation of HP interventions. Univariate and multivariate logistic regressions were performed.

Respondents of 88 workshops completed the questionnaire. The researchers found out that almost 60% of the workshop implemented environmental or policy interventions.

The authors of the study concluded that sheltered and social workshops are open to HP interventions, but more can be done to optimise the implementation. They also establishes that to persuade the persons responsible for the implementation of HP and to invest more in it, changing attitudes concerning the benefits of health promotion for the employee and the company, is an important strategy.

More information: http://goo.gl/AnPseU

PREHOSPITAL PATHS AND HOSPITAL ARRIVAL TIME OF PATIENTS WITH ACUTE CORONARY SYNDROME OR STROKE, A PROSPECTIVE OBSERVATIONAL STUDY – BMC PUBLIC HEALTH PUBLICATION

The study aims at describing the various prehospital paths and the effects on time delays of patients with ACS (Acute Coronary Syndrome) or strokes. The authors of this prospective observational study included patients with presumes ACS or stroke that may choose to contact four different types of health care providers. Questionnaires were completed by patients, general practitioners (GP), GP cooperatives, ambulance services and emergency departments (ED). Additional data were retrieved from hospital registries.

The authors found that 202 ACS patients arrived at the hospital by 15 different paths and 243 stroke patients by 10 different paths. 95.1% of ACS patients and 60.8% of stroke patients had several healthcare providers involved and almost half of all patients contacted their GP. Moreover, in 65% of all events, an ambulance was involved. The average time between the start of symptoms and hospital arrival for ACS patients was over 6 hours and 4 hours for stroke patients. Furthermore, 47.7% of ACS patients waited more than 4 hours before seeking medical advice compared to 31.6% of stroke patients.

The authors concluded that prehospital paths through which patients arrived in hospital are numerous and often complex. Moreover, various time delays, which depended on the entry point of the health care system, occurred. Therefore, dialling the emergency number seemed to be the best choice. However, further research is necessary regarding the reasons for these different entry choices.

More information: http://goo.gl/nA2rb3

HEALTH PROFESSIONAL MOBILITY IN THE EUROPEAN UNION: EXPLORING THE EQUITY AND EFFICIENCY OF FREE MOVEMENT – HEALTH POLICY PUBLICATION

The WHO Global code of Practice on the International Recruitment of Health Personnel is a very important document in the health workforce migration debate. However, its principles only apply partly within the European Union (EU) because of the prevailing of the principle of free movement.

The authors of the article study whether the principle of free movement of health professionals contributes to "equitably strengthen health systems" in the EU. They introduced a matrix which looks at the effects of health professional mobility in terms of efficiency and equity implications from the points of view of the EU, of destination countries and of source countries. They concluded that there are positive and negative effects for both source and destination countries and that the consequences of mobility are complex. Moreover, it is stated that the free movement of health professionals might benefit wealthier countries more than other countries of the EU. Finally, they reaffirm the relevance of the WHO Code principles within the EU as well as globally.

More information:
http://www.healthpolicyjrnl.com/article/S0168-8510%2815%2900214-6/pdf

HEALTH WORKFORCE GOVERNANCE: PROCESSES, TOOLS AND ACTORS TOWARDS A COMPETENT WORKFORCE FOR INTEGRATED HEALTH SERVICES DELIVERY – HEALTH POLICY PUBLICATION

A competent health workforce is a vital resource for health services delivery, dictating the extent to which services are capable of responding to health needs. In the context of the changing health landscape, an integrated approach to service provision has taken precedence. For this, strengthening health workforce competencies is an imperative, and doing so in practice hinges on the oversight and steering function of governance.

To aid health system stewards in their governing role, the authors of the review tried to provide an overview of processes, tools and actors for strengthening health workforce competencies. The publication draws from a purposive and multidisciplinary review of literature, to the analysis of country initiatives across the WHO European Region's 53 Member States and to experts' opinion. The authors observed that distinct yet complementary roles can be differentiated between health services delivery and the health system. This understanding is a necessary prerequisite to gain deeper insight in to the specificities for strengthening health workforce competencies in order for governance to rightly create the institutional environment called for to foster alignment.

Furthermore, the authors established that it was important to make the difference between, on the one hand, the roles of health services and, on the other hand, the role of the health system in the strengthening of health workforce competencies. This distinction will allow the achievement and sustainability of health improvement goals.

More information:
http://www.healthpolicyjrnl.com/article/S0168-8510%2815%2900246-8/pdf

WHAT IS NEXT FOR mHEALTH IN EUROPE? – BREAKFAST BRIEFING

On 8 January 2016, HOPE attended a meeting organised by the consultancy Hill & Knowlton on the topic "What is next for mHealth in Europe?".

The meeting kicked-off with a presentation by Peteris Zilgavis from DG CNECT, who talked about the recently established European Commission's working group on the Code of Conduct on privacy for mHealth apps. This action is a follow up from the public consultation on the Green Paper on mHealth, which asked stakeholders about main challenges to mHealth deployment. Indeed, respondents recognised security as one of the main challenges highlighting the necessity for users to clearly recognise mHealth apps which are compliant with data protection legislation. The working group already started drafting of the code, which will be presented in the first quarter of 2016 to the Article 29 Working Party (i.e. a Working Party on the protection of individuals with regard to the processing of personal data set up under Directive 95/46/EC) for endorsement. The code focuses on apps that process data concerning health and will contain practical guidelines for developers.

Tapani Piha from DG SANTE highlighted the impact of mHealth on health workforce. The use of new technologies will imply a task shift among the professionals involved. According to Mr Piha, this will happen not without difficulty because of the conservative nature of the healthcare sector. He stressed the various policy instruments put in place by the EU in the area of eHealth such as the EU eHealth Action plan 2012-2020, the Directive 2011/24/EU on patients' rights in cross-border healthcare and the establishment of the eHealth Network, the Digital Single Market and Horizon 2020 and Connecting Europe Facility (CEF) funding instruments. Under CEF, the EU recently funded the project eHDSI, which builds on the results of EPSOS project. Contrarily to EPSOS which was a pilot, eHDSI will use real data. The call for applications from Member States to join this project will close in March 2016.

Finally, Paulo Silva from DG JUST presented an overview of the changes brought by the recently adopted data protection Regulation. Among the novelties, the Regulation introduces a definition of data concerning health (including biometric and genetic data) and an exemption of prohibition of processing sensitive data for new health related purposes (e.g. public health and social care) and historical, statistical and scientific research purposes.

The Commission is currently working with the Member States, Data Protection Authorities and the European Data Protection Supervisor to ensure uniform application of the new rules, which will apply from 2018.

The draft version of the Code of Conduct is available at:
ec.europa.eu/newsroom/dae/document.cfm?action=display&doc_id=12378

MEPS INTEREST GROUPS ON CARERS AND MENTAL HEALTH – JOINT MEETING

On 12 January, HOPE attended a joint meeting organised by the European Parliament interest groups on carers and mental health, well-being and brain disorders.

During the meeting, the European Federation of Associations of Families of People with Mental Illness (EUFAMI) presented the survey "Caring4Carers" which aimed to obtain feedback from family caregivers of people with mental health illnesses. The survey was carried out between June and December 2014 and obtained more than 1100 replies from 22 countries. Results show that 47% of carers never take a break from caring, they typically care for the loved one for an average period of 15 years and 1 in 3 declared to be depressed. It therefore shows how the caring responsibility might affect the carers' health itself.

The meeting followed with a presentation of the Greek association KINAPSI, which is helping families of patients affected by schizophrenia. In his presentation, Secretary General Mr. Spyros Zorbas highlighted the importance of day centres in the therapeutic help provided to patients and their role in bringing down hospitalisation costs. However, he pointed out that deinstitutionalisation cannot be beneficial for the patient without a clear offer of treatment and support services in the community.

Jürgen Scheftlein from DG SANTE raised awareness about the recommendations formulated by the Joint Action on mental health. The improvement of mental health literacy was one the major requests. It was also recognised how prevention and promotion can only happen in collaboration with the education sector.

Finally, a representative from DG JUST declared that the European Commission will issue in 2016 a package to better address the challenges of work-life balance faced by working parents. The package is intended to replace the 2008 Commission proposal to revise the maternity leave Directive, but covers a much broader scope including issues faced by carers. The package will contain different types of legislative and non-legislative instruments. The Commission interest in this area is threefold: 1) Increasing demand for carers means also cross-border provision of services as many carers come often from a different country; 2) it is in line with EU2020 strategy; 3) it allows responding to demographic challenges and workforce shortages.

The results of the survey Caring4Carers are available at:
www.caringformentalhealth.org

"BETTER RESEARCH FOR BETTER HEALTH" A HOLISTIC APPROACH TO CHALLENGES & OPPORTUNITIES

On 21 January 2016, HOPE attended the First annual conference of the Scientific Panel for Health, organised by the European Commission.

The European Commission's Scientific Panel for Health (SPH) is a science-led expert group based on the provisions of the Horizon 2020 Specific Programme that has tasked with helping to achieve better health and wellbeing for all. It has three main roles: to analyse and propose solutions to bottlenecks that prevent improvements in health; to identify long term trends influencing health

through foresight and recommend research and innovation priorities to respond to them and to aid in the translation and implementation of research and innovation results into practice.

The event started with two sessions on the topic of cross-border research, collaboration and innovation where several speakers presented different initiatives of cooperation between institutions from different countries but also between different types of institutions (public and private).

The third session was on the regulatory framework as a facilitating environment for innovation. The various speakers presented different points of view on the current regulatory framework. Some thought that it was too restrictive and prevented innovation, and others on the contrary stated that the regulatory framework was a facilitator and not a barrier to innovation and research.

Finally, the last session was about the possibility of a comprehensive biomedical research policy that could be value-based, health-centred and science-led. This session brought the question of who sets the research agenda. The answer that came out of the discussion is that there are various actors, all of which have a role to play in the setting of the agenda. Indeed, academia, policy makers, patients and investors have a say in the next research focus and cooperation between all of those actors will have to be at the centre in order to set the best research agenda possible.

SUSTAINABLE ACCESS TO MEDICINES IN THE EU

On 26 January 2016, HOPE attended the event organised at the European Parliament in Brussels by the S&D group, the International Association of Mutual Benefit Societies (AIM) and the European Social Insurance Platform.

The meeting started with an introduction from the host, MEP Ismail Ertug (S&D, Germany) who explained the importance of investment and cost effectiveness in the research and development of new drugs.

The first panel discussion was about steering innovation towards public health needs. The speakers each explained the importance of research and innovation and the fact that it had to match public health needs. Some frameworks, such as the Horizon 2020 programme of the European Commission of the Innovative Medicines Initiative (IMI) provide funds for research projects that aim at fulfilling those needs.

The second panel discussion was about adopting pricing and reimbursement models to ensure equitable access to pharmaceuticals. The problem of drugs that are profitable and yet are still sold at a high price was raised among others. The speakers highlighted the need for transparency in the production cost for medicine and the importance of stimulating the use of generic medicine.

There was an overall consensus of the need to have more accessible medicine while stimulating research and development in order to fulfil public health needs.

PROCUREMENT – INITIATIVE OF THE INDUSTRY

The soft launch of the joint project by MedTech Europe (Medical devices companies) and Boston Consulting Group "**MEAT *procurement methodology for MedTech products***" took place on 4 December 2015 at the European MedTech.

Around 120 participants attended the dedicated launch session during which panellists presented the new MEAT framework which aims at supporting a shift from price-based to value-based procurement. Panellists also highlighted the new framework's benefits for the different healthcare stakeholders involved and impacted by procurement, and its alignment with the objective of the new EU public procurement directive to support innovation and SME's.

In conjunction with the soft launch, MedTech Europe and BCG also published a paper entitled "Procurement: The Unexpected Driver of Value-based Health Care". One of the first tangible deliveries of the MEAT project, the report describes into more details what value based procurement is and the key role of procurement in supporting the shift to value-based healthcare.
To further support the soft launch of the project and as part of our MEAT blog series, Eszter Kacskovics, Public Affairs Director SCA Hygiene Products for Incontinence Care Europe, published a blog on MedTech Views: "Value-Based Procurement: can the industry just wait and see?" (http://goo.gl/co8nxS)

The start of the use in practice of value-based procurement will be taking place during our 2nd leaders interactive workshop on "Most Economically Advantageous Tendering and Value-Based Procurement of Medical Technology: Changing Practices, Increasing Value for Money of Health Care". The event, by invitation only, is scheduled to take place on 22-23 March 2016 in Vienna. This second event will focus among other topics on the building-up of a MEAT Community of Practice and on the activities needed to raise the awareness and facilitate endorsement by all healthcare stakeholders of value-based procurement as preferred method of MEAT for MedTech products". Pilots will start immediately after the event, and more initiatives are to be expected during the course of 2016.

Slides of the presentations made during the session:
http://medtechforum.eu/node/103

Document "Procurement: The Unexpected Driver of Value-based healthcare":
https://www.bcgperspectives.com/content/articles/medical-devices-technology-sourcing-procurement-unexpected-driver-value-based-health-care/

JOINT PROGRAMMING INITIATIVE (JPI) "MORE YEARS, BETTER LIVES – THE CHALLENGES AND OPPORTUNITIES OF DEMOGRAPHIC CHANGE"

HOPE was invited to the High Level Data Workshop taking place 27 January 2016 in Brussels.

Since December 2008, Research Ministers of the European Union recognised the need for a new and strategic approach in coordinating European research activities to address societal challenges of common interest on a European or even global scale. The Council welcomed the new approach of Joint Programming proposed by the European Commission in mid-2008 and encouraged Member States to make use of it.

The aim of Joint Programming is to make better use of Europe's limited R&D funds through enhanced coordination and cooperation of research programmes in strategic areas. At the beginning of 2010, a group of Member States took up this approach and presented to the Joint Programming Group (GPC) of the ERAC (European Research Area Committee) a proposal for a new Joint Programming Initiative (JPI) under the title "More Years, Better Lives – the Potentials and Challenges of Demographic Change" (JPI-MYBL, http://www.jp-demographic.eu/). This proposal was accepted in May 2010. As the work proceeded, other states joined the JPI, with a total of 14 European countries and Canada.

J-AGE, the Coordination Action for the early implementation of the JPI-MYBL, supported and fostered the overall management of the project, the development of the Strategic Research Agenda (SRA) and its implementation through joint activities between Member States, the mapping of relevant national programmes and a complementary foresight activity. Among other activities, the JPI-MYBL initiated a Data Mapping Project to map the range of data sources on ageing at the European and national levels on 10 SRA topic priorities (http://www.jpi-dataproject.eu/). The data project aimed to inform the calls and research proposals by identifying relevant sources as well as existing gaps.

The aim of this high-level expert workshop is to invite leading European experts to discuss, validate and enrich the findings reported in the draft thematic data profiles. 10 experts will be invited to make a presentation for each thematic profile to bring their view on the data, discuss what is missing and research and data objectives in the short-medium-long term. The country experts who contributed to the Data Mapping Project, together with experts representing data infrastructures and large surveys (Eurostat, OECD, GGP, SHARE, ESS, Gesis, etc.) will also be invited to lively contribute to the discussion. The inputs of the experts participating in this workshop are paramount to the final report.

The workshop was organised according to the ten research topics of the Strategic Research Agenda (SRA). The outcome of the meeting will then be published in a final report, aimed at informing the SRA of the Joint Programming Initiative "More Years, Better Lives" on the potentials and challenges of the data infrastructure.

More information: http://www.jpi-dataproject.eu/

AGENDA

UPCOMING HOPE CONFERENCES

HONCAB FINAL CONFERENCE

18 February 2016, Brussels (Belgium)

HoNCAB project started in 2012 with the aim to obtain a better understanding of the financial and organisational requirements arising from the implementation of the cross-border healthcare Directive, thus preparing hospitals to the new applying conditions. The project also set up a Hospital Network (Hospital Network for Care Across Borders in Europe) which brings together hospitals interested in sharing experiences and good practices but also critical issues and possible solutions when providing care to cross-border patients.

HoNCAB project is organising its final conference on 18 February 2016 in Brussels to present the main results obtained and to launch the created Hospital Network for Care Across Borders in Europe. The conference will bring together European policymakers, healthcare providers and main health stakeholders to discuss findings and future steps as regards cross-border healthcare in Europe.

As leader of the project dissemination activities, HOPE is assisting in the organisation of the final conference.

More information about HoNCAB: www.honcab.eu

Conference agenda and registration: http://honcab.eu/final-conference/

FIRST eSTANDARDS CONFERENCE IN ConHIT

21 April 2016, Berlin (Germany)

eStandards project is financed under Horizon 2020, the EU research and innovation programme. It started in May 2015 and will run for two years with the main objective of advancing eHealth interoperability and global alignment of standards for health information sharing.

eStandards will organise its first conference on 21 April in Berlin. The event is organised under the ConhIT conference, one of Europe's leading events for health IT.

The event will offer participants the opportunity to debate the first version of the eStandards Roadmap for essential standards development: strategic options and policy instruments.

Registration: http://bit.ly/1TMYDyy

More information on eStandards: http://www.estandards-project.eu/

8TH EUROPEAN CONFERENCE ON RARE DISEASES & ORPHAN PRODUCTS

26-28 May 2016 – Edinburgh (United Kingdom)

The European Conference on Rare Diseases & Orphan Products (ECRD) is organised in partnership with HOPE from 26 to 28 May 2016 in Edinburgh. It is the unique platform/forum across all rare diseases, across all European countries, bringing together all stakeholders - patients' representatives, academics, researchers, healthcare professionals, industry, payers, regulators and policy makers.

ECRD provides the state-of-the-art of the rare disease environment, monitoring and benchmarking initiatives. It now brings together over 80 speakers and more than 800 participants, covering six themes of content over two days: from the latest research, to developments in new treatments, to innovations in healthcare, social care and support at the European, national and regional levels. Registrations for ECRD 2016 will be opening at the end of November.

A call for posters is now open and will close on 31 January 2016.

Patient groups, academics, healthcare professionals and all other interested parties having conducted research or studies on rare diseases or public health projects are encouraged to submit a poster abstract to the ECRD 2016.

More information: www.rare-diseases.eu

More information on the call for posters: http://www.rare-diseases.eu/abstracts/

HOPE AGORA 2016
THE FUTURE OF HOSPITALS AND HEALTHCARE

6-8 June 2016 – Rome (Italy)

HOPE will celebrate its 50th anniversary on 6, 7 and 8 June 2016 in Rome, the city where it was founded. This celebration will engage hundreds of healthcare professionals, HOPE Board members, Liaison Officers and National Coordinators.

Throughout its 50th anniversary HOPE will be hosting in the Agora 2016 a diverse mix of events: meeting former Presidents and the former Secretary-General, listening to the views on the future of key European associations, discussing with healthcare professionals, learning from each… These events will review past achievements while focusing on the present and future role of healthcare services. HOPE Agora 2016 wants to bring to surface different perspectives in an open and stimulating exchange with representatives from national governments, European institutions, national competent authorities, industry, healthcare professionals, academia and patient groups, with the objective of working towards a shared vision for the future.

HOPE Agora will also conclude the HOPE Exchange Programme, which in 2016 will reach its 35th edition. This 4-week training period starting on 9 May 2016 is targeting hospital and healthcare professionals with managerial responsibilities. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working. The topic of the HOPE Exchange Programme 2016 is "Innovation in hospitals and healthcare: the way forward".

Join us in Rome to celebrate some of European healthcare achievements to date and to see what we can imagine for the future.

2016 marks a half-century of HOPE!
Join hundreds of activists across Europe!
HOPE's 50th anniversary marks an incredible milestone!

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