



NEWSLETTER

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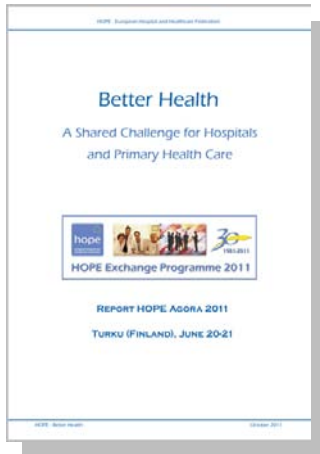
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HOPE EXCHANGE PROGRAMME 2011

BETTER HEALTH - A SHARED CHALLENGE FOR HOSPITALS AND PRIMARY HEALTHCARE



HOPE published on 31 October 2011 “Better health - A shared challenge for hospitals and primary health care”, a report exploring strategies and means adopted in European countries to improve health of patients and citizens through better coordination between the different levels of healthcare.

The report builds on the results of the HOPE Exchange Programme 2011 and clearly shows reforms that aim at fostering healthcare systems’ integration and new pathways of care for the treatment of disease with high need of coordination.

It presents the new, multifaceted tasks that nurses and General Practitioners are holding and points out the role of Information and Communication Technologies in fostering communication and continuity of care.

In many countries, regional and local changes deal with the introduction of specific pathways of care or new patterns for facing specific problems. One of the main implications of a more integrated healthcare system is the change in the role of healthcare professionals.

The report sheds light on the evolution of the integration between primary and secondary care and demonstrates that a lot has been done to foster better health despite the shrink of resources available for the health and social system.

All European countries are enhancing one way or another the coordination within the system and the integration between its different parts, improving the use and distribution of resources as well as the level of quality and safety for citizens.

The report is available on: www.hope.be

EU INSTITUTIONS AND POLICIES

DANISH PRESIDENCY PRIORITIES



DANISH PRESIDENCY OF THE COUNCIL OF THE EUROPEAN UNION 2012

The Danish Ministry of Foreign Affairs has recently made a short overview of the issues for the Danish EU Presidency available on its website.

Although the Danish Presidency will only officially reveal its set priorities in December 2011, it is already possible to have a general idea of issues the Presidency will uppermost deal with. Many of these issues are already on the agenda in Brussels.

The areas the Presidency is expected to concentrate on are: economic growth and the creation of a sound economy; climate, energy, environmental issues, agriculture; justice and home affairs; ensuring that the EU is playing a strong role on the international scene; the Multiannual Financial Framework and the EU's long-term budget.

More information:

<http://um.dk/en/politics-and-diplomacy/denmark-in-the-eu/the-danish-eu-presidency-2012/the-priorities-of-the-danish-eu-presidency/>



EU HEALTH STRATEGY 2008-2013 - MID-TERM EVALUATION

Directorate General Health and Consumers (DG SANCO) released the mid-term evaluation of the EU Health Strategy for 2008-2013 on 5 October 2011. In the evaluation report, the main element brought forward is that the Strategy has had varying success in terms of influencing, guiding and encouraging different actors in the public sector to adopt, revise or adapt policies and take concrete action. As a whole, few public health stakeholders seem to have taken actions that can be without a doubt directly linked to the EU Health Strategy, besides DG SANCO.

The evaluation consisted in three main elements. Firstly, different key players and stakeholders were interviewed (E.g. EU officials, MS representatives of the Council Working Party on Public Health or members of the EU Health Policy Forum). Secondly, a questionnaire on the outputs and effects of the Strategy at member state level was distributed to and filled in by Member States representatives. Finally, the evaluation was complemented by desk-based research.

Amongst other things, the experts who conducted the evaluation proceeded in doing an inventory of the different actions undertaken by key players, in particular the European Commission and Member States. With regards to the European Commission, they highlighted an increase in the number of implemented actions since 2008, most of them in relation to disease-related issues. The evaluators also identified a high level of activities undertaken by the Commission and member states. However, the experts point to the fact that many of these activities cannot be directly attributed to the EU Health Strategy.

According to the report, the EU Health Policy Forum (EUHPF) and the Working Party on Public Health at Senior Level (SLWP) are the two main coordination mechanisms with specific mandates aims to support the implementation of the EU Health Strategy. The desk-based research exercise and stakeholder interviews seem to point to the fact that these mechanisms have fulfilled their role in a limited extent only: to meeting all the terms of their respective mandates, to producing a significant number of concrete outputs or to contributing to policy developments and increased awareness of the EU Health Strategy at member state level.

The stakeholders questioned for the purpose of the evaluation recognized that progress has been made in terms of the Strategy's principles and objectives, but to various extents. For example, while both at Commission and member state level, a lot of focus had been given to the first objective of the Strategy, which is to foster good health in an ageing Europe, limited progress had been made in regards to Principle 1 (A Strategy based on shared values).

While examining the EU Health Policy impact on policies, the evaluation focused on two areas: the impact on EU policies, activities and funding programmes in other areas than public health; and the impact on the health policies of member states. It recognized that the EU Health Policy was relevant for and coherent with EU policies, activities and funding programmes in other areas and that health was taken into consideration in ways that fit with the EU Health Strategy's objectives and principles.

However, according to the evaluators, the Strategy has not had a direct discernable impact on these policies. Regarding national health policies, although a number of similarities between national strategies and the EU Health strategy have been observed, experts emphasized the fact that these similarities were more likely a reflection of aligned priorities between the EU and member states, rather than a sign of significant influence of the EU Health Strategy on member state strategies. The Strategy possibly has reinforced existing strategies in some countries, but according to experts, it does not seem to be the driving force for action at national level.

As a conclusion, the evaluators believe that the Strategy's current main added value is the identification of the health-related issues and problems that could be and should be addressed at EU level. In that way, it can be seen as a guiding framework and a catalyst for action, but at Commission level mostly. According to the evaluation, the Strategy does not really trigger a motivation for action from the other actors and stakeholders.

Overall, the evaluating experts highlight a lack of specification in terms timelines, targets and ways in which public health actors can act in order to implement the EU Health Strategy. The Report on the evaluation identifies a need for the EU Health Strategy to be clearer "as to who has to do what" and to develop monitoring and follow-up mechanisms. What came out of the stakeholder interviews was that they believed the Strategy had to be a spring for joint action, for collaboration and exchange of best practises between all sectors and bodies, both at national and EU level.

Finally, the report presents different scenarios for future adjustments and changes in the EU Health Strategy.

More information: http://ec.europa.eu/health/strategy/key_documents/index_en.htm#anchor0

EU HEALTH POLICY FORUM – 12 OCTOBER 2011, BRUSSELS

HOPE participated to the EU Health Policy Forum, which took place on 12 October 2011 in Brussels.

The by-invitation-only event gathers three times a year representatives of the European Parliament and the European Commission, as well as various health and public health organizations representing different stakeholders such as medical professionals, patients or pharmaceutical industries.

The European Commission presented its new Tobacco campaign "Ex-smokers are unstoppable" and offered an overview of its recent, current and future activities in the health and public health sector. The Council's Presidency trios, Cyprus, Poland and Denmark, also gave brief summaries of their priorities in terms of public health. The Commission also presented updates on the Innovation Partnership for Healthy and Active Ageing and on the mid-term evaluation of the current Health Programme.

The main outcome of the forum was the shared will by many participants for health and public health to be on the agenda and to be regarded as a research priority in terms of its share of the research budget. The secretariat offered to create a document based on the inputs of the

participants on this matter, a sort of common opinion of health and public health stakeholders on health funding.

More information: http://ec.europa.eu/health/interest_groups/events/ev_20111012_en.htm

PHARMACEUTICALS – INFORMATION TO PATIENTS

On 11 October 2011, the European Commission adopted a revised proposal aiming at clarifying the information that industry could supply to patients and the public in regards to prescription-only medicine.

In the revised proposal, the Commission amends its original and controversial proposal of 2008. It maintains the current advertising ban on prescription-only medicines and envisages for certain information only to be allowed, such as information on the label and packaging leaflets, information on prices and clinical trials or instructions for use. The proposal plans also to limit the channels of communication for information on prescription-only medicines. Information on prescribed-only medicines would for example be allowed on officially registered websites, or printed information made available when specifically requested by members of the public, but would be forbidden in general print media. In addition to this, the revised proposal foresees that the delivered information on prescribed-only medicines must fulfil recognized quality criteria: it must be unbiased, meet the needs and expectations of patients, be evidence-based, factually correct and not misleading, and understandable. Finally, in its revised proposal, the Commission recommends for information that has not been approved before to be verified by competent authorities prior to its dissemination.

The revised proposal is now set to be discussed by the European Parliament and the European Council.

The public health community cautiously welcomes this controversial and long awaited proposal. For example, EPHA, the European Public Health Alliance, released a position in which it highlights the impact the provision of information can have on Public Health as well as the obligations of the pharmaceutical industry. EPHA agrees that the internet can be a useful place to provide information, however in the case of medicines information, this should be limited to the Patient Information Leaflet and other medicines safety information. This should be accessed through a portal or database with a single point of entry to avoid confusion and the proliferation of misleading information. Unfortunately, this is not the approach chosen by the European Commission, which still prefers 'information' to be provided by pharmaceutical companies directly on their website.

More information:

http://ec.europa.eu/health/human-use/information-to-patient/legislative-developments_en.htm

http://eur-lex.europa.eu/smartapi/cgi/sga_doc?smartapi!celexplus!prod!DocNumber&lq=EN&type_doc=COMfinal&an_doc=2011&nu_doc=0633

CLINICAL TRIALS DIRECTIVE

The Commission will present its legislative proposal for the review of the Clinical Trials Directive (2001/20/EC) during the second quarter of 2012.

A second public consultation on the review of the Directive closed on 13 May 2011. The responses can be accessed on the Commission website.

The website with responses is available on:

http://ec.europa.eu/health/human-use/clinical-trials/developments/ct_public-consultation_2011_en.htm

The summary made by the Commission is available on:

http://ec.europa.eu/health/files/clinicaltrials/ctresp_2011-06/ct_summary.pdf

COMMISSION'S VIDEO: HEALTHCARE WITHOUT BARRIERS

On 19 September 2011, the European Commission released two videos on cross-border healthcare, following the adoption of the new Directive on patients' rights in cross-border healthcare, which was formally adopted in March 2011.

More information:

http://ec.europa.eu/health/cross_border_care/videos/index_en.htm



SERVICES OF GENERAL ECONOMIC INTEREST – DRAFT LEGISLATION

On 30 September 2011, Joaquín Almunia, Commissioner responsible for Competition Policy, presented the Services of General Economic Interest (SGEI) draft reform legislation in a speech to the College of Europe.

The package includes four instruments: a decision on exemption from notification; a regulation on de minimis compensations; and two communications (one on commercial SGEIs and a general communication clarifying the rules and compensations of SGEIs). It would replace the texts known as the Monti-Kroes package, which will be in force until November 2011. This recast brings a simplification by extending the exemptions of aid notifications mainly for small SGEIs and for SGEIs linked to the social sector.

The Vice-President highlighted the importance of SGEI services in providing essential services to European citizens and the role and responsibility of member states in managing the EU financial aid allocated to SGEI. He presented the main elements put forward by the draft proposal and explained how they differed from existing European legislation. He also emphasized the fact that the proposal would not have hampering effects on competition. He concluded his presentation by saying that he hoped that this reform would lead to *“a smarter use of scarcer public resources”* in the future, help member states reduce their deficits and defend *“one of Europe’s greatest achievements”*.

Stakeholders present at the conference expressed some satisfaction but considered that more work was needed. Various speakers highlighted the overly economic approach of the EU executive and the incomplete nature and even incompatibilities of the package.

More information:

<http://europa.eu/rapid/pressReleasesAction.do?reference=SPEECH/11/618&type=HTML>



COHESION POLICY 2014-2020 - COMMISSION PACKAGE

On 6 October 2011, the European Commission adopted a legislative package for the 2014-2020 Cohesion Policy.

The proposal, which sets up targets and focuses on a limited number of priority areas, is designed to boost jobs and growth around Europe, in line with the Europe 2020 objectives. According to the Commission, it simplifies and harmonizes the five different funds (social, regional, cohesion, fisheries and rural development) in order to ensure a more integrated approach that will enable each of them to serve coherent goals and strengthen each other's impact. Moreover, the proposal accentuates the Cohesion policy's social dimension, notably by securing minimum shares for the European Social Fund and by strengthening the Globalisation Adjustment Fund.

The proposal was rapidly followed by mixed reactions. While many strongly valued EU Regional Policy Commissioner Johannes Hahn's determination in supporting and encouraging energy efficiency, SMEs and urban development, few supported the conditioning of the allocation of the structural funds to macro-economic criteria. The European Trade Union Federation strongly reacted to the macro-economic conditionality criteria (ETUC). According to the ETUC, macro-economic conditionality would impoverish EU populations and be against the main principle of the cohesion policy, which is to reduce the gaps between the development levels of different regions. For the European Social Democrats, *"EU citizens should not be punished for the difficulties of their governments in reducing public deficits as proposed by the European Commission"*. Mercedes Bresso, President of the Committee of the Regions (CoR) also shared this point of view.

Overall, the EU ministers, who met on 11 October 2011, welcomed the proposal, but with a reserve in regards to the macro-economic conditions to funding and to the capping of the European Funding at 2.5% of the countries GDP.

In response to these immediate reactions, Commissioner Johannes Hahn pointed to the fact that the suspension of the funding due to macro-economic conditions would only occur in extreme cases, and advised Member States not to devote too much time to this question. In an online debate that took place on 18 October 2011, Commissioner Hahn declared that more talks were needed in order to determine whether funds should be withdrawn or suspended for non-compliance with budget governance rules established by the EU Growth and Stability Pact. He however stood his ground on the capping of the funding to 2.5% of the country GDP.

The proposal is set to be further discussed in the next months in view of an adoption by the end of 2012. When looking at the recent reactions to the package, it seems that discussions on macro-economic criteria for the allowance of the funding will be at the heart of the negotiations.

More information:

http://ec.europa.eu/regional_policy/what/future/proposals_2014_2020_en.cfm



WORKING TIME LIMITS IN PUBLIC HEALTH SERVICES

The Commission request Greece and Ireland to comply with EU rules on working time limits in public health services.

The two countries have two months to report to the Commission and bring forward evidence that they are taking measures that will bring their legislations in line with EU law.

Under the Working Time Directive (2003), which covers employed doctors, workers are submitted to a limit of 48 working hours per week, including overtime. They are also entitled to a minimum 11 hours' uninterrupted rest per day, and a minimum additional uninterrupted weekly rest of 24 hours. Since 1 August 2009 (and 31 July 2011 for a small number of countries, including Greece and Ireland), these rules also apply to doctors in training.

Although Ireland's national law provides limits to working time for doctors, in practise, these limits are not often respected for doctors in training or non-consultant hospital doctors. In Greece, there is no maximum working time limit for doctors in public hospitals and centres, but a minimum limit of 64 hours per week. Under specific conditions, some workers can be exempt of the working time limit, but these exemptions do not explain the excessive working hours performed by doctors, both in Greece and in Ireland.

According to the Commission, excessive working hours, combined with a lack of minimum rest could engender important health and safety risks for workers and have major consequences on patient's health as well.

More information:

Working Time Directive

<http://ec.europa.eu/social/main.jsp?catId=706&langId=en&intPageId=205>

Infringement procedures:

http://ec.europa.eu/eu_law/infringements/infringements_en.htm

SOCIAL BENEFITS

On 29 September 2011, the European Commission requested the UK to stop discriminating against other EU nationals residing in the UK by requiring some of them to pass a "right to reside" test in order to be able to access certain social security benefits, such as Child Benefit, Child Tax Credit or State Pension Credit. While UK citizens have the right to reside solely based on their UK citizenship, other EU nationals have to fulfil certain conditions in order to pass this "right to reside" test.

Under the EU rules on social security coordination, the UK is allowed to choose to grant social benefits exclusively to those who usually reside in the UK, meaning those who live and have their habitual centre of interest in the UK, but cannot indirectly discriminate against other EU nationals by requiring them to pass an additional “right to reside” test. The 2004/38/EC Directive on free movement allows countries to apply restrictions on the access to social assistance but not on the access to social security benefits. The Commission gave the UK two months to report on the measures it was taking to align its legislation with EU legislation.

More information:

<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/1118&format=HTML&aged=0&language=EN&guiLanguage=en>

MIGRANT WORKERS' PENSIONS

On 29 September 2011, the European Commission requested Slovakia to end discriminatory practices towards migrants in determining the level of their old-age pensions.

Under EU law, member states have the obligation to ensure a migrant worker's pay will not be reduced when exercising their right to free movement. The Slovak authorities determined the amount to calculate the pension of a Slovak migrant worker who worked in Slovakia from 1959 until 1986 and until 1994 in Austria solely on the basis of the level of wages s/he received in Slovakia from 1982-1986. Although the level of wages increased by 118% between 1986 and 1994 in Slovakia, the amounts used for calculating the person's pension were not updated by the Slovak authorities. The resulting old-age pension s/he was allocated did therefore not correspond to the pay she might reasonably have been able to earn had she continued to work in Slovakia.

The Commission gave Slovakia two months to report on the measures it was taking to align its legislation with EU legislation. Otherwise, the Commission may decide to refer Slovakia to the EU's Court of Justice.

More information:

<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/11/1129&format=HTML&aged=0&language=EN&guiLanguage=en>



PROFESSIONAL QUALIFICATIONS DIRECTIVE - EUROPEAN PARLIAMENT

On 18 October 2011, MEPs on the European Parliament's internal market committee released their response to the Commission's Green Paper on the professional qualifications directive, which is set to be uncovered later this year.

In a press release, the members of the committee stressed the need for a faster official recognition of the qualifications of doctors, engineers, dentists and other professionals wanting to work in another EU state, without compromising reliability and the safety of EU citizens. The Committee supports the idea of a voluntary professional card under the IMI system, providing the setting up of a proactive warning system that would supply information to member states about the registration of professionals, the services they are allowed to provide and disciplinary measures. The MEPs also called on the Commission and member states to update the linguistic requirements rules in order to give competent authorities flexibility to determine and test the technical and conversational language skills of professionals if needed.

More information:

<http://www.europarl.europa.eu/en/pressroom/content/20111017IPR29452/html/Cross-border-recognition-of-professional-skills-needs-to-be-faster-and-safer>

EUROPEAN PROGRAMMES AND PROJECTS

AWARDING OF GRANTS FOR PROPOSALS FOR 2011 UNDER THE SECOND HEALTH PROGRAMME

On 11 October 2011, the Directorate-General for Health and Consumers released a document listing the accepted proposals for the award of a financial contribution by DG SANCO.

The two joint actions (on patient safety and on organ donation) and the project (HonCAB, a pilot network of hospitals) in which HOPE is involved have been accepted.

More information:

http://ec.europa.eu/health/programme/docs/award_decision2011.pdf

HEALTH PROGRAMME PROJECT PROPOSALS – COMMISSION BROCHURE

On 28 September 2011, the Directorate-General for Health and Consumers published a brochure providing guidance on the creation of proposals to be submitted under the EU's Health Programme. The brochure also offers information on the eligibility of a project, advice on how to evaluate and promote projects, on how to manage project resources, or how disseminate the results of a project.

More information:

http://ec.europa.eu/eahc/documents/health/leaflet/project_management2.pdf

EURHOBOP – CARDIOLOGY

HOPE is partner in a European project co-financing by the European Union Public Health Programme called EURHOBOP. The project is now entering a phase of collection of information from hospitals all over Europe. It is possible for hospital to participate directly to this project.

EURHOBOP is:

- developing a valid standardized monitoring systems that permit European hospitals to benchmark themselves in a European ranking of outcomes for procedures used in acute coronary syndrome patient management;
- including the most relevant variables of severity in order to improve the quality of the risk adjusted models.

This project is based on the preliminary results obtained in the EUPHORIC cardiovascular pilot study. It is led by the Institut Municipal d'Assistència Sanitària - Institut Municipal d'Investigació Mèdica (IMAS-IMIM), *Spain* in partnership with the European Hospital and Healthcare Federation (HOPE).

WHY IS THE EUROPEAN HOSPITALS CONTRIBUTION IMPORTANT?

The larger the number of the recorded data, the better validated the output of the models to the real European context, and the more reliable the benchmarking will be.

HOW TO BECOME AN AFFILIATED COLLABORATING HOSPITAL

By providing data of more than 200 consecutive patients before 31st March 2012:

In summary, the following information is requested for each patient (detailed information is provided upon registration):

- sex;
- age;
- diabetes;
- hypertension;
- Previous Cardiovascular Disease;
- thrombolysis drug use;
- percutaneous intervention (limited to angioplasty and stenting);
- coronary angiography;
- unstable angina discharge diagnosis;
- myocardial infarction discharge diagnosis;
- vital status on discharge.

This participation will be duly recognized.

Registration: <http://www.eurhobop.eu/?q=node/155>

eHEALTH GOVERNANCE INITIATIVE

Members, including HOPE, of the Joint Action on eHealth Governance Initiative (eHGI) and of the SEHGovIA thematic network met in Brussels on 28 September 2011 for the steering committee. The origin of this initiative lies in the “Council Conclusions on a Safe and efficient healthcare through eHealth”, adopted by the EPSCO Council on 1 December 2009. It was formalised in 2011 with the support of two different EU financing instruments: a Joint Action through the Public Health Programme and a Thematic Network through the Competitive and Innovation Partnership - Information and Communication Technology programme.

The eHGI aims to establish an efficient, appropriately governed and sustainable platform to enable EU Member States and stakeholders to further develop cooperation on eHealth issues to help implement and deploy interoperable eHealth services across Europe. There are 40 beneficiaries including Member States, governmental agencies and eHealth user stakeholder groups, including HOPE. The work packages address the issues of building trust and acceptability, legal aspects, road-mapping and mainstreaming, standardisation and all the issues revolving around technical and semantic interoperability. The eHGI will work very closely with the High-Level-eHealth-Governance-Group (State Secretaries and Director Generals) also called Network Article 14 (of the Directive

2011/24/EU) to ensure effective links and synergies between the political decision making level and the results of more technically oriented work.

As such, the eHGI will support the setup of a European eHealth environment for the benefit of European patients (e.g. support and guidance for implementation, deployment and use of eHealth services throughout national health care systems, increasing patient safety and quality, better use of health care resources).

The aim of the Joint Action is to create a politically driven mechanism to coordinate ongoing and future activities in eHealth in member states and in the European space. SEHGovIA intends to set up a governing and administrative structure complimentary to the Joint Action, using as much synergies as possible.

The eHGI held its first Steering Committee in Brussels on September 28 whose main objective was to define working priorities until spring 2012. The meeting was the occasion to present current advances in terms of the creation of an official EU High-Level Governance Group on eHealth.

The Chair, Martin-Clemens Auer declared that the creation of this High-Level Group was in good progress and that the proposal had been submitted to the Commission, which had expressed its support towards it. Elements on the working priorities for the next months, on reporting and on budgetary matters were also addressed.

The chair passed on the decision of the Executive Committee to focus on the three following items for the next 12 months: creating a directory of eHealth interdependencies; determining a refined set of priorities for eHealth infrastructures; and coming up with a policy brief on electronic ID (eID). The eHGI should deliver by spring 2012 a proposal of recommendations for a common EU framework on eID management that should make possible cross-border eHealth services within the framework of the Directive 2011/24/EU.

More information:

http://ec.europa.eu/information_society/activities/health/policy/ehealth_governance_initiative/index_en.htm

EUROPEAN INNOVATION PARTNERSHIP ON HEALTHY AND ACTIVE AGEING

The 5th sherpa Meeting of the European Innovation Partnership on Active and Healthy Ageing took place on 4 October 2011 in Brussels. During the meeting, Constantine Van Oranje-Nassau, member of the Cabinet of Vice President Kroes, reported briefly about the outcomes of the last Competition Council, highlighting a need to enhancing collaboration with Member states by involving colleagues from different constituencies, pleading for engagement of different segments and strengthening the work with other stakeholders to help speed and communicate better the process of the EIP. He also announced that the European Commission intends to organise a seminar with participation of Member states in mid November aiming to communicate the European Innovation Partnership state of play, how to proceed further.

A draft Strategic Implementation Plan was circulated among the Sherpas. It consists of a strategy part: vision and general objectives wrapped in a framework covering 12 strategic activity areas. However, given a call for a quick delivery, limitation of focused actions was deemed necessary. Therefore, a selection of five actions made based on all contributions received.

Action 1 on prescription adherence action at regional level is linking adherence with health literacy considering three key challenges: lack of knowledge about having a chronic disease, lack of memory to take medication and respect the regimens, multimorbidity and resulting polypharmacy.

Concerning Action 2 on Early-diagnosis and intervention action on frailty and malnutrition to prevent functional decline among older people malnutrition was selected because of a concrete multi-stakeholder project. It will be later open for other stakeholders to be able to join and work together. Action 3 on the programme for falls prevention and early-diagnosis is facing some conceptual difficulties in linking the title of 'innovation enabled personal guidance systems' with more focused action on falls prevention and early diagnosis and how to connect the last two.

Action 4 is about replicating and tutoring integrated care for chronic diseases, including remote monitoring, at regional level.

Action 5 is on Global standards development, guidelines for business models and financing for independent living solutions.

The Commission also opened a discussion on four questions.

- How do ensure an open, but manageable approach for the taskforces to involve interested stakeholders beyond the SG?
- How can we best involve MS and Regions?
- How do we ensure that operational proposals with sufficient commitments will emerge?
- What can the EC do to make it happen? / What should be the EC role?

The Steering Group meeting will take place on 7 November 2011. The Commission will then publish the finalised SIP in the form of a Communication – it will then need approval from the Council and the European Parliament.

REPORTS AND PUBLICATIONS

AGEING AND LONG-TERM CARE – WHO EUROHEALTH

The WHO European Observatory on Health Systems and Policies has just published the Eurohealth, number 2-3, volume 17, which looks at the challenges of ageing and long-term care (LTC).

The European population aged over 80 is expected to more than double by 2050, social patterns are changing and the availability of technologies and the cost of care are both increasing. Thus, to determine future planning and challenges for LTC is now prominent.

This publication discusses costing and demand, forecasting the future LTC expenditure, the changes in cost projections, and modelling the trends in the demand. Moreover, building on findings of a recent OECD study, cost projection scenarios for LTC are shown alongside policy recommendations on how to provide fair LTC protection, while ensuring that over the long run this protection is fiscally sustainable. The sustainability of the care workforce is also analysed.

Some specific articles are dedicated to the innovations in the Information and Communication Technologies (ICTs). In particular, the results of an evaluation of a specific type of ICT used in Sweden by older people with chronic conditions and their carers at home are presented and challenges discussed and the recent developments of four remote care programmes undergoing implementation in the United Kingdom are discussed.

Finally, the issue illustrates the results of an analysis conducted in Finland. They show that acute health care use depends more on proximity to death, suggesting that the need for such services will be less than might have been expected given the likely increase in numbers of older people. The balance of care then is likely to shift from acute to long-term care services.

Available at:

http://www.euro.who.int/data/assets/pdf_file/0018/150246/Eurohealth-Vol17-No-2-3-Web.pdf

HIT PORTUGAL – WHO PUBLICATION

The WHO European Observatory on Health Systems and Policies has published the new profile of the Portuguese health system, 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, providing relevant information to support policy-makers and analysts in the development of health systems in Europe and facilitating the exchange of experiences of reform strategies in different countries. They are based on a periodically revised template in order to facilitate comparisons between countries.

The new HiT on Portugal has just been published to coincide with the completion and the beginning of the two phases of the National Health Plan (2004–2010; 2011–2016). It provides information on key points such as the National Health Service, co-payments, health insurance coverage, health care delivery by public and private providers, and ongoing reforms.

The Portuguese population has access to health care provided by the National Health Service (NHS), financed mainly through taxation. Co-payments have been increasing over time, and the level of cost sharing is highest for pharmaceutical products. Approximately one-fifth to a quarter of the population enjoys a second (or more) layer of health insurance coverage through health subsystems and voluntary health insurance (VHI).

Health care delivery is based on both public and private providers. Public provision is predominant in primary care and hospital care, with a gatekeeping system in place for the former. Pharmaceutical products, diagnostic technologies and private practice by physicians constitute the bulk of private health care provision.

Public hospitals are funded through global budgets, but with an increasing role of diagnosis-related groups (DRGs), and private insurers and health subsystems pay hospitals retrospectively based on DRGs. The Ministry of Health allocates funds to the health regions, based on a combination of historical expenditure and capitation, which pay for primary care and special programmes.

In 2008, Portugal had 189 hospitals, 77 of which belong to the NHS, with a total capacity of 35 762 beds. Almost half of the private hospitals belong to for-profit organizations. There has been a significant decrease in the number of public hospitals over the decades, possibly due to the mergers between public sector hospitals in the recent past.

The Portuguese health system has not undergone any major changes on the financing side since the early 1990s, despite the steady growth of public health expenditure. In the last years, one of the government's current objectives has been to increase capacity and value for money in the NHS by increasing private sector involvement in the building, maintenance and operation of health facilities under the public–private partnerships (PPPs). Many further measures have been adopted to improve the performance of the system, including a change in NHS hospital management structures, pharmaceutical reforms, the reorganization of primary care and the creation of long-term care networks. Most of these reforms have come into effect too recently and it is too early to measure any effects.

Available at:

<http://www.euro.who.int/en/home/projects/observatory/publications/health-system-profiles-hits/full-list-of-hits/portugal-hit-2011>

MOBILITY OF HEALTH PROFESSIONALS IN EUROPE – WHO BOOK



The WHO European Observatory has just published the book “Health Professional Mobility and Health Systems” which gives knowledge about the mobility patterns of healthcare professionals, the broadness of migration, its effect on health systems and the impacts of policy responses across Europe. Health professional mobility affects the performance of health systems and these impacts are assuming greater significance given increasing mobility in Europe, a process fuelled by the European Union enlargement in 2004 and 2007.

This volume presents research conducted within the framework of the European Commission’s Health PROMeTHEUS project. The research gives a comprehensive analysis of the numbers, trends and impacts and of the policy responses to this dynamic situation, examining in particular 17 country case studies from Austria, Belgium, Estonia, Finland, France, Germany, Hungary, Italy, Lithuania, Poland, Romania, Serbia, Slovakia, Slovenia, Spain, Turkey and the United Kingdom.

The publication tries to quantify the mobility in Europe and its geographical patterns, performing both an outflow and an inflow analysis; it gives some evidence of the mobility between neighbouring countries and shed some light on the motivations of migration. Hence, after investigating the magnitude of mobility and the effects of the European enlargement on it, the study analyses the impacts on health system performance and its policy implications, concluding with the policy options to address health professional mobility issues. It concludes that EU enlargements in 2004 and in 2007 did not generate outflows as large as expected. Nevertheless, many countries of EU15 greatly rely on foreign health professionals; they make up more than 10% of doctors in Belgium, Portugal, Spain, Austria, Norway, Sweden, Switzerland, Slovenia, Ireland and UK, more than 10% of nurses in Italy, UK, Austria and Ireland.

The main driver for emigration is the salary differential. To face this challenge and retain professionals some countries, like Poland, Slovenia and Lithuania have improved remunerations, in this way reducing outflows and motivating returns. The impact of mobility is in general not visible at country level but it influences a lot the functioning of the system. Foreign health professionals often fill the gap in healthcare workforce availability in isolated or socioeconomically disadvantaged areas and increase the service capacity of the system. On the other hand, in the countries facing losses impacts are not always related to the comprehensive size of flows, but to specific specialties that, in each country, appear more vulnerable.

To understand future trends and their possible implications it is needed now to improve the quality of data. Another source of uncertainty is the health workforce development in Europe since the European Commission estimates a shortage of around 1 million health professionals by 2020. Hence, this study enhances knowledge not only on health workforce mobility but also on workforce development.

Available at:

<http://www.euro.who.int/en/home/projects/observatory/publications/studies/health-professional-mobility-and-health-systems.-evidence-from-17-european-countries>

MEDICAL TOURISM – OECD PUBLICATION



The OECD has just published the working paper “Medical Tourism: Treatments, Markets and Health System Implications: A scoping review”. The review identifies the key emerging policy issues relating to the rise of ‘medical tourism’, a topics that despite having high-profile media interest and coverage, has a lack of hard research evidence.

Medical tourism is a significant new element of a growing trade in healthcare. It occurs when consumers travel across international borders with the intention of receiving some form of medical treatment, most commonly dental care, cosmetic surgery, elective surgery, and fertility treatment. It introduces a range of attendant risks and opportunities for patients.

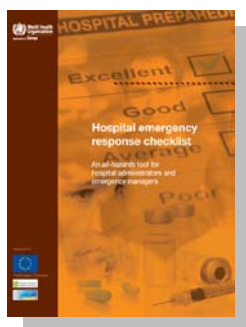
This review details what is currently known about the flow of medical tourists between countries and discusses the interaction of the demand for, and supply of, medical tourism services. It highlights the different organisations and groups involved in the industry, including the range of intermediaries and ancillary services that have grown up to service the industry. Moreover, it highlights the features concerning treatment processes - including consideration of quality, safety and risk - and the system-level implications for countries of origin and destination such as financial issues; equity; and the impact on providers and professionals of medical tourism. It also examines harm, liability and redress in medical tourism services with a particular focus on the legal, ethical and quality-of-care considerations.

The central conclusion from this review is that there is a lack of systematic data concerning health services trade, both overall and at a disaggregated level in terms of individual modes of delivery, and of specific countries. Mechanisms are needed to track the balance of trade around medical tourism on a regular basis.

Available at:

<http://www.oecd.org/dataoecd/51/11/48723982.pdf>

HOSPITAL EMERGENCY RESPONSE CHECKLIST – WHO PUBLICATION



The World Health Organization Regional Office for Europe has developed the booklet “Hospital emergency response checklist. An all-hazards tool for hospital administrators and emergency managers”, a practical tool designed to assist hospital administrators and emergency managers in responding effectively to the most likely disaster scenarios.

Hospitals play a critical role in providing communities with essential medical care during all types of disaster. Depending on their scope and nature, disasters can lead to a rapidly increasing service demand that can overwhelm the functional capacity and safety of hospitals and the health-care system at large.

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This tool comprises current hospital-based emergency management principles and best practices and integrates priority action required for rapid, effective response to a critical event based on an all-hazards approach.

The tool is structured according to nine key components, each with a list of priority action to support hospital managers and emergency planners in achieving objectives like continuity of essential services; well-coordinated implementation of hospital operations at every level; clear and accurate internal and external communication; swift adaptation to increased demands; effective use of scarce resources; safe environment for health-care workers.

The principles and recommendations included in this tool may be used by hospitals at any level of emergency preparedness. The checklist is intended to complement existing multisectoral hospital emergency management plans and, when possible, augment standard operating procedures during non-crisis situations.

Available at:

http://www.euro.who.int/_data/assets/pdf_file/0020/148214/Hospital_emerg_checklist.pdf

UNDOCUMENTED MIGRANTS ACCESS TO CARE – FUNDAMENTAL RIGHTS



On 11 October 2011, the EU Agency for Fundamental Rights released a report on the access of undocumented migrants to healthcare. With the crisis and an ageing population, member states are faced with the necessity to contain public health expenditure in health, while addressing public health concerns and maintaining a right to health for all. The EU Agency for Fundamental Rights report explores the law and practice in regards to the access to healthcare granted to undocumented migrants in 10 EU Member States, namely Belgium, France, Germany, Greece, Hungary, Ireland, Italy, Poland, Spain and Sweden.

Through interviews with a range of different sources including public authorities at the national and local level, health professionals, or non-governmental organisations (NGOs) providing healthcare and irregular migrants themselves, the report documents the legal, economic and practical obstacles that hinder irregular migrants' access to healthcare. It focuses on four specific issues: maternal healthcare, child healthcare, mental healthcare and care for chronic diseases. The report highlights the frequent disconnection between national legislation and what happens in practice, and concludes that the situations and obstacles to the access of migrants to healthcare are diverse. These obstacles are the following: costs of care and complex reimbursement procedures; unawareness of entitlements by health providers and beneficiaries; fear of detection due to information passed on to the police; discretionary power of public and healthcare authorities; and quality and continuity of care.

More information:

http://fra.europa.eu/fraWebsite/attachments/FRA-2011-fundamental-rights-for-irregular-migrants-healthcare_EN.pdf

RARE DISEASES – EUROPEAN COMMISSION PUBLICATIONS

The European Commission has released a series of publications on rare diseases on 10 and 11 October 2011.

Two of the released documents are reports by EUCERD (former Rare Diseases Task Force) on health indicators for rare diseases and for monitoring care in the field of rare diseases. Both reports follow workshops that were organized by EUCERD between 2008 and 2010.

Also available, is a paper on the selection of indicators to evaluate the achievements of rare diseases initiatives by Work Package 5 of the European Project for Rare Diseases National Plans Development (EUROPLAN). In addition to this, EUROPLAN released a guidance document offering recommendations for the development of national plans for rare diseases.

Finally, Orphanet released a report on rare disease research and its determinants written in the context of the RareDiseasePlatform project (RDPlatform). The project, which ended in April 2011, aimed at offering opportunities for multinational teams of researchers to exchange ideas and strategies.

A series of events on rare diseases have also taken place at the end of October, such as the Cluster meeting of projects in the area of rare diseases (Luxembourg, 25-26 October 2011), the third meeting of the European Union Committee of Experts on Rare Diseases (EUCERD) and the second South Caucasian conference on Rare Diseases and Orphan Drugs (Georgia). Various other events on rare diseases are also planned for November.

More information:

http://ec.europa.eu/health//latest_updates/index_en.htm?Page=4

FINANCIAL CRISIS IS DIRECTLY AFFECTING HEALTH IN GREECE

An article published in The Lancet on 10 October 2011, points to the financial crisis' adverse effects on health outcomes in Greece.

The article highlights, amongst other things, the increase in the number of hospital admissions, suicide rates, heroin consumption or HIV contaminations. The authors also mention recent reports stating that less and less people are inclined to go see a doctor or a dentist although they feel it is necessary. According to the article, since the beginning of the crisis, Greek hospitals and street clinics run by NGOs' have suffered major budget costs, and the number of people who obtained sickness benefits heavily declined. Finally, the authors stress the fact that already vulnerable groups seem to be the most affected by the crisis in regards to its impacts on health and access to healthcare services.

More information:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61556-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61556-0/fulltext)

OTHER NEWS – EUROPE

EUROPEAN HEALTH FORUM GASTEIN – 5/7 OCTOBER 2011, GASTEIN (AUSTRIA)

The European Health Forum Gastein, the health policy conference, was this year devoted to “Health by design – the road to wellbeing.”

The forum presented the pilot of a new Commission concept aimed at fostering innovation across the entire value chain in order to address the challenge of ageing and health. The partnership is a stakeholder-led initiative to encourage different public and private actors to work together for common objectives, with an overarching goal to increase the healthy lifespan of EU citizens by two years by 2020. HOPE President, Georg Baum, was invited to share the views of HOPE in the round table discussion: “what to do to make the partnership a success”. This gave him an opportunity to present the work of HOPE in preparing HOSPAGE (www.hospace.eu) the conference closing the HOPE exchange programme 2012 looking at the challenges around ageing workforce and ageing patients.

Other sessions included parallel sessions on non-communicable diseases, personalised medicine, the WHO-Europe Health 2020 strategy, social innovation potential in health and HTA. An exclusive High-level policy dialogue was also organised to provide a brief review of the EU and WHO health frameworks. HOPE was invited to this platform for informal debate and exchange between policy makers, senior officials and heads of NGOs present at the European Health Policy Forum.

More information: www.ehfg.org

CARERS - EUROPEAN PARLIAMENT INTEREST GROUP – 11 OCTOBER 2011

On 11 October 2011, HOPE attended the European Interest Group on Carers meeting, hosted by MEP Marian Harkin at the European Parliament in Brussels. Guest speaker Neelie Kroes, Commissioner for the Digital Agenda, emphasized the importance of carers in an ageing society in providing a better quality of life for the most vulnerable: the elderly, people with disabilities or chronic diseases, etc. She stressed the need for innovating in our human capital by upgrading our workforce skills with innovation technologies. Moreover, Commissioner Neelie Kroes highlighted the fact that information and communication technologies (ICTs) would strongly contribute in addressing the most urgent challenges in the field of long-term care, by helping recipients of care and carers to “feel safe”, stay independent and remain connected for example. According to her, investing in ICT’s in the field of healthcare and providing user-friendly products and services for carers and care recipients are a crucial investment, which will enable carers to improve their productivity. The EU Innovation Partnership on active and healthy ageing was also presented during the meeting.

More information:

<http://europa.eu/rapid/pressReleasesAction.do?reference=SPEECH/11/649&format=HTML&aged=0&language=EN&guiLanguage=en>

MEDTECH FORUM – 12 OCTOBER 2011, BRUSSELS

On 12 October 2011, the European medical technology industry association Eucomed launched at the MedTech Forum in Brussels its 5 year industry strategy report '*Contract for a Healthy Future*' in which the association outlines the role industry must play in steering healthcare systems onto a sustainable path.

The Economist Intelligence Unit (EIU) opened the MedTech Forum by launching its report '*Future-proofing Western Europe's healthcare*'. The report, sponsored by Eucomed, examines how selected countries in Western Europe intend to future-proof their healthcare systems as healthcare demand is growing while budgets are becoming tighter. Five healthcare initiatives are highlighted that show positive changes in preparing for the future.

The EIU report states that to meet the challenges of the future, healthcare systems must be efficient, effective, integrated and informed. The medical technology industry in Europe is ready to play its role in increasing the productivity and efficiency of healthcare systems as well as delivering crucial information by collecting, developing and sharing evidence-based cases of technologies that support healthy ageing.

The change needed in reforming European healthcare systems will require other healthcare stakeholders to play their part too. Industry will prove the cost-saving potential of medical technology and deliver value-based innovation. In turn, it requests that policymakers build better cost models and end silo-based budgeting, while payers are requested to achieve health productivity and efficiency by prioritising value not price.

John Wilkinson, Chief Executive of Eucomed stated: *"The European Commissioner for Health has stated on various occasions that we need innovation in products, services, organisation, delivery and financing. We believe it is shortsighted to cut back on medical technologies when health budgets are squeezed, especially when you consider that 70% of health spending is consumed by personnel and hospital organisation. Compare that with medical technology which accounts for less than 5%. If the industry delivers its promise and enables healthcare systems to become more productive and efficient, governments should reward us and invest in the right technologies"*.

Eucomed launched a special website www.reforminghealthcare.eu where more information on reforming European healthcare systems can be found.

RENEWING HEALTH TELEMEDICINE SHOP TALK – 13 OCTOBER 2011, BRUSSELS

HOPE attended the Renewing Health Telemedicine Shop Talk that was organized by the Continua Health Alliance on 13 October 2011, in Brussels.

The Renewing Health project consists in the implementation of telemedicine solutions in their existing environments, in nine European Regions.

During the event, a general presentation of the project was given, as well as updates on three cases of telemedicine implementations, in Austria, Denmark and Sweden.

More information: <http://www.renewinghealth.eu/project-overview/overview>

ALLERGIES AND ASTHMA – 19 OCTOBER 2011, BRUSSELS

HOPE attended the event for the launch of the call to action of a pan European GA²len Sentinel Network on Allergies, which took place on 19 October 2011 at the European Parliament.

The participants highlighted the prevalence of chronic airway diseases such as asthma or allergies in the European population, especially amongst children, and the lack of attention this issue received at all political levels.

MEP Christopher Fjellner (EPP/SE), who hosted the event, stressed the need to raise awareness amongst health professionals and politicians and to put this issue to the agenda. According to him, chronic respiratory diseases such as asthma and allergies represent a great proportion of non-communicable diseases and should be regarded as a health priority. He believes establishing a network of surveillance for asthma and allergies to be a very timely initiative, which he strongly supports.

Representatives of the EU Commission and the Polish presidency were also present to give updates on the issue of chronic respiratory diseases.

More information: <http://www.ga2len.net/>

EUROPEAN ANTIBIOTIC AWARENESS DAY – 17 NOVEMBER 2011, BRUSSELS

This year's EU-level event celebrating the European Antibiotic Awareness Day (EAAD) will take place in Brussels on the 17th November, at the Berlaymont. Organized by the ECDC (European Centre for Disease Prevention and Control), the objective of the European Antibiotic Awareness Day in 2010 is to support efforts at national level to reduce unnecessary antibiotic use in hospitals through the development and dissemination of educational materials promoting prudent antibiotic use

More information: <http://ecdc.europa.eu/en/EAAD/Pages/Home.aspx/>

INVIVO WORKSHOPS ON HEALTHCARE – NOVEMBER 2011-JANUARY 2012, VIENNA

In autumn/ winter 2011, INVIVO, a professional consultancy organization, will be organizing three workshops on healthcare in Vienna, Austria. The aim of these workshops is to bring together participants with both academic and practise background, and exchange different approaches and experiences.

MANAGING PARADOX

The workshop has been developed based on the NowHereland project (www.nowhereland.info), which shows that a central challenge in providing health care for undocumented migrants (UDM) is to manage a paradox opened up by conflicting demands: national regulations often severely restrict access to services for UDM, while at the same time the right to health care is a fundamental human right ratified by all European countries. Informal solidarity, functional ignorance, and structural compensation are central strategies identified when analysing practice models in Europe. Starting from these experiences the workshop provides conceptual and practical insights into managing paradox in general as well as tools how to overcome the dilemma of conflicting demands.

Vienna, 18-19 November 2011

http://invivo.at/Managing-paradox_E.pdf

MANAGING DIVERSITY

The workshop addresses the need of health care organisations for new ways of communicating and understanding in order to improve the management of the ethno-cultural diversity of teams and clients/patients. Taking diversity as a resource and working ground, the sociological concept of social capital is used to develop new ways of understanding and handling diversity. Tools of connecting within and between diverse groups and group members are presented, discussed and applied.

Vienna, 25-26 November 2011

http://invivo.at/announcement_Managing-diversity_E.pdf

MANAGING EVALUATION

The workshop addresses the need of health promotion initiatives and projects for evaluation, which is an important element for evidence based development of health promoting practices. Taking evaluation as an inspiring learning process for organisations and individuals, the workshop focuses on planning, implementing and managing evaluations.

Vienna, 20-21 January 2012

http://invivo.at/announcement_Managing-Evaluation_E.pdf

OTHER NEWS – WORLD

WORLD MENTAL HEALTH DAY – WHO CONFERENCE

The World Mental Health Day on 10 October 2011 focused on investment, since good mental health contributes to economic prosperity, and improving a population's mental health yields benefits in both human and economic terms while poor mental health has enormous implications for society.

One in four people will require mental health care at some point in their lives but in many countries only two per cent of all health sector resources are invested in mental health services.

The WHO Mental Health Atlas 2011 represents the latest estimate of global mental health resources available to prevent and treat mental disorders and help protect the human rights of people living with these conditions. It presents data from 184 WHO Member States, covering 98% of the world's population.

Facts and figures presented in Atlas indicate that resources for mental health remain inadequate. Average global spending on mental health is still less than US\$ 3 per capita per year. The distribution of resources across regions and income groups is substantially uneven and in many countries resources are extremely scarce.

Good mental health services focus equally on providing patients with a combination of medicines and psychosocial care. The report also finds that the bulk of those resources are often spent on services that serve relatively few people. In lower income countries, however, shortages of resources and skills often result in patients only being treated with medicines. The lack of psychosocial care reduces the effectiveness of the treatment. Meanwhile, many people have no access to mental health services at all. Across the low-and middle-income group of countries, more than three quarters of people needing mental health care do not even receive the most basic mental health services.

As concerning the WHO European Region, mental disorders are estimated to affect at least 25% of the population every year, most commonly through depression and anxiety. Data from countries where information is available show that mental disorders account for as much as 44% of social welfare benefits or disability pensions in Denmark, 43% in Finland and Scotland, and 37% in Romania.

Results from Atlas reinforce the urgent need to scale up resources and care for mental health within countries. Providing the care people want and need has both social and economic benefits: improved well-being and productivity. In consultation with European Member States, nongovernmental organizations (NGOs) and key partners, WHO Europe is developing a strategy that will guide the work for mental health in the European Region over the next decade.

More information:

<http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/mental-health/news2/news/2011/14/investing-in-mental-health-focus-of-world-mental-health-day>

WHO MULTI-PROFESSIONAL PATIENT SAFETY CURRICULUM GUIDE

Following the success of the World Health Organization (WHO) Patient Safety Curriculum Guide for Medical Schools, released in 2009, WHO Patient Safety released mid-October 2011 a Multi-professional edition promoting the need for patient safety education to improve the safety of care.

The new comprehensive Multi-professional Patient Safety Curriculum Guide assists universities and schools in the fields of dentistry, medicine, midwifery, nursing and pharmacy to teach patient safety and focuses on a number of priority patient safety concepts to improve learning about patient safety. The guide was launched by a group of countries of the Western Pacific Region in a special event being held in Manila, the Philippines, on 19 October 2011. The event was organized by the WHO Western Pacific Regional Office, in collaboration with the Philippines Patient Safety Association and the College of Surgeons. As part of the one-day event, a workshop took place on opportunities and obstacles to implementing the Multi-professional Patient Safety Curriculum Guide.

More information:

<http://www.who.int/patientsafety/education/curriculum/en/index.html>

HOPE CONFERENCES AND EVENTS CO-ORGANISED BY HOPE

MANAGEMENT IN PUBLIC HEALTH AND HEALTHCARE ORGANIZATIONS FROM THEORY TO PRACTICE

9 November 2011 – Copenhagen (DK)

Management in health is in crisis: budget cuts, human resources shortages, globalization, ageing population and new technology are only a few issues faced by healthcare organizations and public health policy makers. It is in dire needs of new solutions, methods, and strategies. We need to shift the many theories into effective and efficient practices.

The EHESP School of Advanced Studies in Public Health is organizing with the help of HOPE and EHMA a conference on present and future issues, methods and strategies in Management in the field of Public Health. This conference offers the opportunity to listen to internationally renowned speakers and presenters and debate crucial problems in management network with scholars, professionals and policy makers.

This one-day meeting will take place in Copenhagen on 9 November 2011 as a pre-conference to the 4th European Public Health Conference from 9 to 12 November 2011.

More information: http://www.eupha.org/cgi-files/mem_db.cgi?action=startreg

EUROPEAN HOSPITAL CONFERENCE

18 November 2011 – Düsseldorf (DE)

On 18 November 2011, the European Hospital and Healthcare Federation (HOPE), the European Association of Hospital Managers (EAHM) and the Association of European Hospital Physicians (AEMH) are holding a joint European Hospital Conference, as part of MEDICA 2011 and the 34th Congress of German Hospitals. The EHC will address different political, medical and economic topics from across all of Europe. In addition, high-ranking speakers will take a detailed stance on the following topics:

- Current European hospital policy
Mars Di Bartolomeo, Minister of Health and Social Affairs, Luxembourg
- The EU Directive on Patients' Rights and its Impact on Hospitals,
Annika Nowak, European Commission

Approximately 150–170 top decision makers from Europe's hospitals are expected to attend. All presentations are translated simultaneous into English, French and German.

More information: www.medica.de/EHC2

**AGEING HEALTH WORKFORCE – AGEING PATIENTS:
MULTIPLE CHALLENGES FOR HOSPITALS AND HEALTHCARE IN EUROPE**

11-13 June 2012 – Berlin (DE)

In 2012, HOPE Exchange Programme will be organised for the 31st time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, an evaluation meeting and conference. “Ageing health workforce – ageing patients: multiple challenges for hospitals and healthcare in Europe” is the subject for 2012. HOPE German Member will organise the 31st edition of HOPE Agora in Berlin on June 11-13, 2012.

More information on HOPE Exchange Programme:

<http://www.hope.be/04exchange/exchangefirstpage.html>

More information about the conference HOSPAGE

www.hospage.eu

SAVE THE DATE