NEWSLETTER

N° 110 – December 2013

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HOPE AGORA 2014
QUALITY FIRST!
CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

SAVE THE DATE

HOPE ACTIVITIES

HOSPITAL BASED FINANCING FOR MEDTECH INNOVATION – JOINT EHTI-HOPE DEBATE

On 4 December 2013, HOPE and the European Health Technology Institute for Socio-Economic Research (EHTI) organized a joint debate with the purpose of understanding the opportunities and challenges represented by hospital based financing for MedTech in practice and fostering dialogue by considering the points of view of the different stakeholders and experts involved in this topic.

In times of austerity in Europe, the focus is often being placed on the costs of public services. This frequently results in short term cost-cuttings that can be counterproductive when analysed in the light of societal and long term economic benefits and put financing of innovation at risk. With the demographic trend towards an expanded older population requiring and expecting a high demand of health care and a shrinking of the number of taxpayers, the pressure on healthcare resources will continue to increase. However investments in health and innovation are critical not only because health is a value in itself but also because health is a pre-requisite for economic growth. Innovation to ensure an improved health outcome, sustainability of the healthcare system, delivery of good quality healthcare needs to be appropriately financed.

EHTI has conducted research in order to develop a descriptive process on how innovation for MedTech is financed at hospital level. This research aims at better determining if the current DRGs systems address the financing of innovation, if special financing schemes exist and to which degree the value of innovation is considered when these are set up. It will also ascertain what are the challenges faced by hospitals and manufactures of medical technology in practice. Besides, it will leverage previous studies conducted by HOPE on "DRGs as a financing tool", "Hospital Financing: Diagnosis Related Groups - Leading the debate" as well as HOPE's work related to DRGs and under-nutrition.

HOPE PUBLICATION - PATIENT SAFETY IN PRACTICE

HOPE published in December 2013 the report "*Patient safety in practice - How to manage risks to patient safety and quality in European healthcare*".

The report illustrates the contents and findings of HOPE Agora 2013, which was held in The Hague (Netherlands) on 11 and 12 June, concluding the 32nd HOPE Exchange Programme.
HOPE Agora consisted in a high level conference and an evaluation meeting where the 141 participants of the 2013 programme presented the results of their experiences throughout the four weeks they spent in another country.

In the first part of the report, results and patient safety initiatives identified by the HOPE Exchange participants have been synthesized and clustered in four categories:

- initiatives at national level;
- initiatives at hospital level;
- initiatives involving professionals;
- initiatives involving patients.

The second part of the report contains a more detailed overview of the findings of the HOPE Exchange participants country by country.

The most prominent topics identified by participants were: the prevalence of a culture to report incidents and its diffusion within the hospital; the existence and use of an effective system of data collection; the identification of the "problem owner" of patient safety and of the management and professionals' responsibility; the interrelation of the collected information through a patient safety management system.

Furthermore, HOPE Exchange participants covered several issues with an impact on safety/risk management such as: medication safety; overall hygiene issues; patient involvement before and after the operation; standard operating procedures in each clinical path; patient records and organisation of the archives.

Each presentation explained which measures had been implemented in hospitals to improve patient safety, the most successful actions taken, and the ones which could be transferred to other European healthcare systems.

The publication is available at:
http://www.hope.be/05eventsandpublications/publications_chronologicallist.html

GREEK PRESIDENCY OF THE COUNCIL OF THE EUROPEAN UNION

HEALTH PRIORITIES

The Greek Presidency of the Council of the EU started on 1st January 2014 and will last until 30th June. On 10 December 2013, the Greek Health Minister Spyridon Adonis Georgiadis presented at the Health Council in Brussels, the priorities of the Greek Presidency in the field of health for the next six months.

Legislative priorities of the Greek Presidency in the field of health will include issues related to tobacco products, clinical trials, pharmacovigilance fees and transparency directive, while Presidency's primary aim is to see significant progress on the issue of medical devices. The Greek Presidency is committed to making substantial progress on these proposals in order to reach an agreement as soon as possible.

Non-legislative priorities will include:

- the economic crisis and its impact on healthcare and health systems;
- migration and public health;
- nutrition and physical activity;
- eHealth and health innovation.

More information: ***http://www.gr2014.eu/***

Public Health

DELEGATED ACT ON SAFETY FEATURES FOR MEDICINAL PRODUCTS FOR HUMAN USE – STAKEHOLDER WORKSHOP

On 6 December 2013, HOPE participated to the stakeholder workshop on the delegated act on safety features for medicinal products for human use.

Article 54a of the Directive 2011/62/EU on the community code relating to medicinal products for human use, puts the Commission under the obligation to adopt delegated acts regarding various aspects of "safety features" for medicinal products for human use.

In this context, the Commission is finalising with the Member States the details of the criteria determining the list of exemptions i.e. which medicinal products subject to prescription shall not bear the safety features, and which medicinal product not subject to prescription shall bear the safety features.

During the meeting, the Commission updated the stakeholders on the state of play of the impact assessment on the cost-effectiveness of the safety features. The impact assessment is now under the scrutiny of the Advisory Board, which will have to give its final confirmation for the text to be finalised. The impact assessment is expected to be adopted at the end of 2013- early 2014.

In the second part of the meeting, participants were informed about the current status and next steps in the development of the list of exemptions. The list will be populated by the Member States and submitted to the Commission. Medicines to be placed on the list will be selected based on the criteria set by the Directive 2011/62/EU and on a specific set of criteria (price/volume, falsification, characteristics of the product, severity of conditions, risks to public health). Discussions are still ongoing with Member States to finalise these specific criteria. The specific criteria will not be included in the delegated acts but in a guidance document.

The delegated acts are expected to be finalised by the end of 2014.

More information: ***http://ec.europa.eu/health/human-use/***

PATIENT SAFETY AND QUALITY OF CARE – PUBLIC CONSULTATION

The Commission has recently launched a public consultation on patient safety and quality of care.

The specific objective of this consultation is to seek opinion of civil society on:

- whether patient safety measures included in the Council Recommendation of 2009 are implemented and contribute to improving patient safety in the EU;
- which areas of patient safety are not covered by the Recommendation and should be;
- what should be done at EU level on patient safety beyond the Recommendation;
- whether quality of healthcare should be given more importance in the future EU activities.

Results of this consultation would assist reflection on the future of EU policies on patient safety and quality of care.

More information:
http://ec.europa.eu/health/patient_safety/consultations/patient_safety_quality_care_cons2013_en.htm

IONISING RADIATIONS – COUNCIL ADOPTION

On 5 December 2013, the Council of the EU adopted a Directive laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation.

The directive builds on almost two decades of research on radioprotection at international level (International Atomic Energy Agency, World Health Organization, Organisation for Economic Cooperation and Development, etc.) and represents a significant advance in radioprotection in a wide range of contexts including medical, industrial, power generation and waste management.

In addition, it brings together five Council directives in one single piece of legislation.
These include Council Directive 96/29/Euratom laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionising radiation, which provides the basic radiation protection obligations to be complied with and applies to all activities involving ionising radiations. The other four more specialised acts are the Medical Directive (97/43/Euratom), the Directive on high activity sealed sources (2003/122/Euratom), the Directive on outside workers (90/641/Euratom), and the Directive on public information (89/618/Euratom).

The new directive provides for a system of radiation protection under which the Member States will establish legal requirements and an appropriate regime of regulatory control which, for all exposure situations, reflect a system of radiation protection based on the principles of justification, optimisation and dose limitation. Furthermore, the directive provides for radiation protection education, training and provision of information.

The Member States will have four years to transpose this directive into national legislation.

MODERN, RESPONSIVE AND SUSTAINABLE HEALTH SYSTEMS – COUNCIL CONCLUSIONS

On 10 December 2013, the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council adopted its conclusions on the "Reflection process on modern, responsive and sustainable health systems".

The conclusions take stock of the progress achieved since the reflection process was launched in June 2011, review the challenges which the national health systems currently face and invite the Commission and the Member States to make further efforts in order to identify effective ways of investing in health.

In particular, it invites to continue reflection, on a voluntary basis, on aspects that may have an impact on availability, accessibility, prices, costs, patient safety and innovation of pharmaceuticals and medical devices and share knowledge, experience and best practice in areas such as integrated care programmes. Furthermore, it encourages the development of concrete EU action towards reducing the burden of chronic diseases, including by using the "Joint Action addressing chronic diseases and promoting healthy ageing across the life cycle"

More information:
http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/140004.pdf

MEDICAL DEVICES – EPSCO COUNCIL

During the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council meeting on 10 December 2013, Ministers exchanged views on two draft regulations on medical devices and on in vitro diagnostic medical devices in order to give guidance for future presidencies' work.

Ministers stressed the importance of striking the right balance between reinforcing patient safety on the one hand and accelerating the access to innovations on the other, while avoiding an increase of the administrative burden.

Two issues are currently dividing Member States' positions.
The first one relates to the supervision process and on the question whether the regulatory system should focus mainly on measures in the pre-market stage, such as the scrutiny mechanism and certification by the designated notified bodies, or should also be based on more detailed and stronger post-market surveillance provisions.

The majority of Member Stares prefer to strengthen pre-market measures such as the scrutiny mechanism or the certification of notified bodies. Some insisted that the powers and the scope of action of notified bodies should be reinforced and subject of further requirements. As regards high risk medical devices a few delegations considered that they should be subject of a systematic scrutiny mechanism. Several delegations emphasised the need to reinforce also post-market measures such as the tracing of medical devices.

The second issue relates to the reprocessing of medical devices classified by the manufacturer as "single use". Many Member States opposed to the reprocessing and considered that if reprocessing was allowed at EU level the operators should be subject to the same requirements as the manufacturers. Referring to possible cost savings through reprocessing, some delegations asked to make sure that only medical devices which cannot be reprocessed to be classified as "single use". Others preferred to let Member States decide on national level whether medical devices can be reprocessed, as long patient safety was ensured.

INVESTING IN HEALTH EXPERT PANEL – DATABASE OF EXPERTS

The Commission has set up with the Decision 2012/C 198/06 a multi-sectorial and independent Expert Panel. The Mission of the Expert Panel is to provide the Commission, upon its request, with advice on effective ways of investing in health. The Expert Panel has started its activities on 11 July 2013.

Its first three mandates are related to the investigation of the following topics:

1. Criteria to identify priority areas when assessing the performance of health systems;
2. Definition of a frame of reference in relation to primary care, with a special emphasis on financing systems and referral systems;
3. Assessment of the study "Evaluation of public-private partnerships in health care delivery across EU".

The Expert Panel can also call on additional expertise from a database of experts and from the European and international health care expert community. This database is permanently open to scientists wishing to contribute to the work of the Expert Panel on specific issues, on an ad hoc basis, as members of working groups or for scientific hearings and workshops.

All individuals with a good command of the English language and with a university degree in a relevant scientific area, preferably at postgraduate level, are welcome to register in the Database of Experts.

The application from can be downloaded from this link:
http://ec.europa.eu/health/expert_panel/experts_en.htm

More information:
http://ec.europa.eu/health/expert_panel/index_en.htm

CLINICAL TRIALS – AGREEMENT

On 20 December 2013, the Permanent Representatives Committee (Coreper) approved a compromise on the draft clinical trials regulation reached between the Lithuanian Presidency, the European Parliament and the Commission on 12 December.

The main objective of the draft regulation is to make the European Union more attractive for clinical research and to invert the decreasing number of investigations of medicines in humans conducted in the EU, while maintaining the high standards of patient safety.

The agreement reached sets the timeline for authorisation of clinical trials at 60 days. If no decision is taken within this period the authorisation is deemed to be given ("tacit approval"). Decisions on applications for substantial modifications of clinical trials must be taken within 49 days. In the absence of decision the authorisation is considered to be given.

The agreement also streamlines the authorisation procedure for clinical trials. In the future, one single application will be sufficient for conducting clinical trials in several Member States. Under the current directive an application must be submitted to each Member State where the clinical trial will be conducted.

In order to enter into force the draft regulation still needs to be approved by the European Parliament at plenary and by the Council.

HORIZON 2020 – COUNCIL ADOPTION

On 3 December 2013, the Council of the EU adopted Horizon 2020, the European Union's framework programme for research and innovation for the period 2014-2020. This adoption by the Council follows an agreement at first reading with the European Parliament, voted during the last November plenary session.

The new funding programme will have a budget of 77 billion Euros in current prices for the seven-year period, thus making Horizon 2020 the world's largest research programme. The previous multi-annual programme FP7 had a financial allocation of 53 billion Euros.

The Horizon 2020 budget has been divided as follows between the three pillars composing Horizon 2020 and the other programme sections:

- I. excellent science (31,73%);
- II. industrial leadership (22,09%);
- III. societal challenges, which addresses major concerns shared by citizens in Europe and will focus in areas such as health, climate, food, security, transport and energy (38,53%);
- Spreading excellence and widening participation (1,06%). Those regions with weaker structural research conditions will benefit from targeted measures under Horizon 2020, in addition to the support provided by other EU regional instruments, in order to promote a high quality research capacity across Europe;
- Science with and for society (0,60%). It will be used to increase the attractiveness of scientific and technological careers, in particular for young people, as well as to address the existing gender imbalance in these fields.
- European Institute of Innovation and Technology (EIT) (3,52%). The EIT will be integrated into Horizon 2020 in order to continue to reinforce the innovation capacity of the EU and its Member States and contribute to the objectives of Horizon 2020, mainly by integrating the "knowledge triangle" of higher education, research and innovation. This integration takes place primarily via the Knowledge and Innovation Communities (KICs), which bring together organisations on a long-term basis.

  Five new KICs will be launched over the programme period in three waves. The themes for the first two KICs to be launched in 2014 will be "Healthy living and active ageing" and "Raw materials".
- Joint Research Centre: non-nuclear direct actions (2,47%).

A simplified funding model will be used for the reimbursement of activities. It will be based on a single reimbursement rate for eligible costs that will be applied to all activities within an action. The reimbursement would reach a maximum of 100 % of the total eligible costs of an action, with a ceiling of 70 % for those innovation actions closer to the market and for programme co-funded actions.

Non-profit organisations will benefit a reimbursement of maximum 100% also in innovation actions. A flat rate of 25% of the total direct eligible costs will be reimbursed to cover indirect costs.
Furthermore, the period between the deadline for the submission of project proposals and the conclusion of a grant agreement will be significantly shortened.

More information: ***http://ec.europa.eu/programmes/horizon2020/***

PRIOR AUTHORISATION FOR HOSPITAL TREATMENT – ORDER OF THE COURT

- Regulation 1408/71 – Sickness insurance — Hospital treatment provided in another Member State — Prior authorisation — Compensation for the insured person

In case C- 430/12 (Elena Luca v. Casa de Asigurări de Sănătate Bacău) the Court ruled that Regulation 1408/71 does not, in principle, preclude legislation of a Member State which makes the entitlement to full reimbursement of expenses incurred in respect of hospital treatment provided in another Member State subject to obtaining prior authorisation.

On the other hand, those provisions preclude such legislation which is interpreted as excluding, in all cases, full reimbursement by the competent institution for hospital treatment given without prior authorisation.

More information:
http://curia.europa.eu/juris/document/document.jsf?text=&docid=139803&pageIndex=0&doclang=fr&mode=lst&dir=&occ=first&part=1&cid=550055

FREEDOM TO PROVIDE MEDICAL SERVICES – JUDGEMENT OF THE COURT

- Freedom to provide medical services – Service provider travelling to another Member State to provide the service – Applicability of the rules of professional conduct of the host Member State, in particular those relating to fees and advertising

In case C-475/11 , the Court ruled that national rules relating to the level of medical fees or prohibiting advertising contrary to the rules of professional conduct do not fall within the scope of directive 2005/36/EC on the recognition of professional qualifications.

More information:
http://curia.europa.eu/juris/document/document.jsf?text=&docid=140946&pageIndex=0&doclang=en&mode=lst&dir=&occ=first&part=1&cid=136731

OBTENTION OF THE NECESSARY TREATMENT IN THE COUNTRY OF RESIDENCE – REQUEST FOR A PRELIMINARY RULING

In case C-268/13 (Elena Petru v. Casa Județeană de Asigurări de Sănătate Sibiu and Casa Națională de Asigurări de Sănătate) the Tribunal Sibiu of Romania puts a question to the Court on how to interpret the requirement for a person to be unable to obtain treatment in his country of residence, in the meaning of Regulation 1408/71.

Is this requirement to be construed as categorical or as reasonable? That is to say, where, although the required surgery could, in technical terms, be carried out in good time in the country of residence, does the lack of medicines and basic medical consumables mean that such a situation can, for the purposes of that provision, be equated with a situation in which the necessary medical treatment cannot be provided?

More information:
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2013:207:0030:0030:EN:PDF

CALL FOR TENDER - PILOT PROJECT ON THE PROMOTION OF SELF-CARE SYSTEMS

The European Commission has launched a call for tender for the creation of a platform of experts in self-care and healthcare.

The expert platform shall be run by the contractor and be composed of cross-functional stakeholders with expertise in self-care. The expert platform shall at least be composed of healthcare providers, patient groups, healthcare professionals, academics, communication experts and other relevant stakeholders with experience in policy making both at EU and national level. The expert group should have a balanced geographical coverage and consist of minimum 20 people. DG SANCO shall be consulted and agree on the composition of the platform.

The contractor must produce:

- A guideline for promotion of self-care
- A guideline for the development and production of communication tools
- A report proposing policy actions on self-care at EU level
- A closing/concluding conference in Brussels, Belgium.

The deadline for submissions is 28 February 2014.

More information:
http://ec.europa.eu/dgs/health_consumer/funding/call2_sanco-2013-d2-027_en.htm

HORIZON 2020 – CALLS FOR PROJECTS 2014-2015

On 11 December 2013, the European Commission has officially presented the calls for projects under Horizon 2020, the new European Union's framework programme for research and innovation.

For the first time, the Commission has indicated funding priorities over two years, providing researchers and businesses with more certainty on the direction of EU research policy.

Most calls from the 2014 budget are already open for submissions as of 11 December, with more to follow over the course of the year. Calls in the 2014 budget alone are worth around €7.8 billion, with funding focused on the three key pillars of Horizon 2020:

- Excellent Science: Around €3 billion, including €1.7 billion for grants from the European Research Council for top scientists and €800 million for Marie Skłodowska-Curie fellowships for younger researchers.
- Industrial Leadership: €1.8 billion to support Europe's industrial leadership in areas like ICT, nanotechnologies, advanced manufacturing, robotics, biotechnologies and space.
- Societal challenges: €2.8 billion for innovative projects addressing Horizon 2020's seven societal challenges, broadly: health; agriculture, maritime and bioeconomy; energy; transport; climate action, environment, resource efficiency and raw materials; reflective societies; security.

More information: http://ec.europa.eu/programmes/horizon2020/

Calls for projects are available at:
http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/index.html

ERIC STATUS - AWARD TO FOUR CONSORTIA

The European Commission has recently awarded the "European Research Infrastructure Consortium status" (ERIC status) to four consortia in the fields of health and social sciences research. The decision simplifies their management procedures and allows for further advancement of their research.

The ERIC Regulation, adopted by the Council in 2009 is a flexible legal instrument for establishing pan-European research infrastructures without having to go through a lengthy process of ratification by the Members, as would be the case as for traditional international organisations. This specific legal instrument gives a legal personality recognised in all Member States. It can also benefit from VAT and excise duty exemption, and may adopt its own procurement procedures.

Although Member States remain the main contributors to the setting up and operation of these transnational bodies, up to €37.5 million has been provided in support of the preparation of those four facilities under the EU's Seventh Framework Programme (FP7). Further financial support is expected under Horizon 2020, the next funding programme for Research and Innovation that will run from 2014 to 2020, to support the implementation and operation of these and other world class research infrastructures.
Overall, Research Infrastructures had a budget of €1.7 billion under FP7. This figure has been increased to €2.3 billion in Horizon 2020 (including e-Infrastructures).

The four nominated ERIC infrastructures are:

- ECRIN - building a common platform for pan-European clinical research
- BBMRI - putting together bio-banks and bio-molecular resources
- ESS - exploring social attitudes in a changing Europe
- EATRIS - bridging the gap between medical research and clinical applications

More information: http://ec.europa.eu/research/infrastructures/index_en.cfm?pg=eric

EPAAC – BOOK ON BOOSTING INNOVATION AND COOPERATION IN EUROPEAN CANCER CONTROL

This book explores some of the innovative strategies being deployed against cancer in Europe and how international collaboration has assisted in combating the cancer burden.

It is a product of the European Partnership for Action Against Cancer (EPAAC), in which HOPE is involved as a partner, and it highlights some outstanding examples of how cooperation between national and international entities as well as policy-oriented innovation are contributing to the collective effort to control cancer.

With a rising cancer burden in EU Member States over the last 30 years this is an important and timely call to arms.

More information: http://www.euro.who.int/__data/assets/pdf_file/0014/235211/Boosting-Innovation-and-Cooperation-in-European-Cancer-Control.pdf

EURIPID – PROJECT PRESENTATION

On 2 December 2013, HOPE attended the presentation of the EURIPID project.

This project aims at developing and maintaining a pharmaceutical price database in the EU Member States and EEA/EFTA countries. The project was co-funded from 2010 to 2013 by the European Commission, Hungary and Austria and focuses on the reimbursable medicines, bringing the publicly available price information on a common platform.

The database is operational since 2010 and at the moment exclusively accessible for the national pricing and reimbursement authorities and the EC services. Regularly updated price information is available now in the database from most of the European countries. The database is used in several Member States in decision-making processes.

HEALTH C – INFO PACK

The Health C project has recently made available on its website an "info pack" composed of a brochure and a poster presenting the project and how to be involved in future activities such as the piloting of the training course in communication in health emergency situations and the respective toolkit.
The info pack is available in seven different languages (English, Portuguese, Spanish, Italian, German, Danish and French).

HEALTH C is a two-year initiative co-funded by the European Commission through the Lifelong Learning programme – Leonardo da Vinci – Development of Innovation sub-programme. The project aims at supporting health authorities' staff in development of competences required for managing communication in emergency situations caused by a health crisis in a scenario of transnational emergencies. To this end, the main result of the project will include the development of a training course in communication in emergency situations and the respective training material, including a tool-kit.

The info pack is available at: http://healthc-project.eu/download/

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING – CONFERENCE

On 25 and 26 November 2013, the second Conference of Partners of the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) took place in Brussels. Participants engaged in debates on the Innovation Partnership and its contribution to economic growth and job creation, and on scaling up its activities. Other sessions were also devoted to the Action Groups' first years' results and next steps as well as to horizontal issues.

In the panel session dedicated to Social and economic growth and employment, examples of impact "on the ground" of innovative health initiatives were provided, in particular through the Andalusian example where 5000 jobs have been created in the field of telemedecine. Panellists pleaded also for putting people in the center of health policies and effective use of resources. The French silver economy was illustrated as a strategy to boost supply and demand in products and services for ageing well.

During the panel session on scaling up, information was provided on the coherence between the EIP and other Commission initiatives, from the Horizon 2020 Research and Innovation Programme till the new Active and Assisted Living Joint Programme. Special attention was given to the European Regional Development Fund and other forms of regional funding, and about the smart-specialization strategies that regions need to develop now to become eligible.

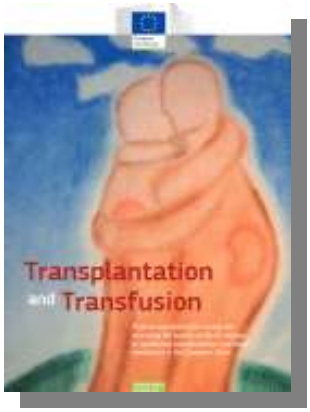
Then the discussion moved to the Action Groups' preliminary achievements (a year after the adoption of their action plans), mostly centered on the analysis and sharing of good practices,

mutual learning; dissemination and awareness raising, and cooperation among partners. For the upcoming year the delivery targets clearly indicate large scale deployment as the next step, including the development of a framework for organizational models, implementation and scaling up, and impact evaluation.

The Conference continued on the second day with a more operational focus: with Action Group workshops on the monitoring framework and on horizontal issues such as the repository of good practices (under construction), and a very animated twinning event with Reference Sites and other interested regions.

More information: https://webgate.ec.europa.eu/eipaha/

TRANSPLANTATION AND TRANSFUSION: PROJECTS AND ACTIONS – COMMISSION REPORT



The European Commission has recently released a publication entitled "*Transplantation and Transfusion: projects and actions for saving and improving the quality of life of citizens by facilitating transplantation and blood transfusion in the European Union".*

Since 2003, about 50 projects and other activities have been funded by the European Union in the area of transplantation and transfusion, in the framework of the EU health and research framework programmes and other European funding schemes.

This report introduces each project with a short summary and provides descriptions of their major outputs. It aims to give an overview as comprehensive as possible and to provide references for later in-depth reading. Furthermore, it aims to illustrate how the outcomes of the projects presented shape the safety of patients, medical professionals and donors in Europe.

More information:
http://ec.europa.eu/eahc/documents/health/leaflet/transplantation-transfusion.pdf

ADHOPHTA – HEALTH TECHNOLOGIES IN EUROPEAN HOSPITALS

Hospitals are the main entry points of new technologies into the health care system. Yet know-how and resources to evaluate these are often lacking in hospitals. Some high-value innovations never reach clinical practice, while technologies with no added value do. This highlights the importance of supporting hospital managers in making sound investment decisions.

Health technology assessment (HTA) is an applied scientific discipline informing decision-makers on the likely value of health technologies in a specific health care context. AdHopHTA aims to bolster the use and improve the impact of high-quality HTA in hospital settings, facilitating the adoption of those health technologies with proven value.

The 9-country AdHopHTA consortium consists of 7 public tertiary hospitals, 2 national/ regional HTA agencies and 1 business school. AdHopHTA's results will facilitate the start of new hospital based HTA programs, will make improved tools available for existing hospital based HTA, will facilitate the liaison with national/regional HTA programs and will set up the basis for a European network of hospital based HTA. AdHopHTA complements EUnetHTA, advancing a more comprehensive HTA strategy across health system levels in Europe.

AdHopHTA wishes to reach a wider community of hospital decision makers.

More information: www.adhophta.eu

REPORTS AND PUBLICATIONS

MEASURING AND COMPARING HEALTH CARE WAITING TIMES – OECD WORKING PAPER

Waiting times for elective (non-emergency) treatments are a key health policy concern in several OECD countries. This study describes common measures on waiting times across OECD countries from administrative data. It focuses on common elective procedures, like hip and knee replacement, and cataract surgery, where waiting times are notoriously long. It provides comparative data on waiting times across twelve OECD countries and presents trends in waiting times in the last decade.

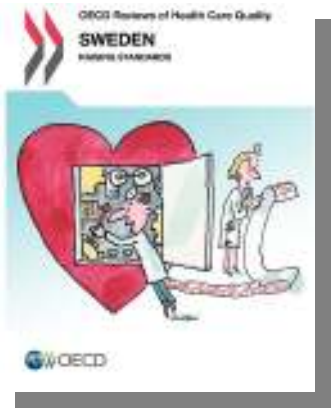
Waiting times appear to be low in the Netherlands and Denmark. In the last decade the United Kingdom (in particular England), Finland and the Netherlands have witnessed large reductions in waiting times which can be attributed to a range of policy initiatives, including higher spending, waiting-times target schemes, and incentive mechanisms which reward higher levels of activity. The negative trend in these countries has however halted in recent years and in some cases reverted.

The analysis also emphasizes systematic differences across different waiting-time measures, in particular between the distribution of waiting times of patients treated versus the one of patients on the list. For example, the mean waiting time of patients on the list is generally higher than the mean waiting time of patients treated though we can find examples of the opposite. Mean waiting times are systematically higher than median waiting times and the difference can be quantitatively large.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/measuring-and-comparing-health-care-waiting-times-in-oecd-countries_5k3w9t84b2kf-en#page1

SWEDEN 2013 - OECD REVIEWS OF HEALTH CARE QUALITY

The OECD has recently published the 2013 review of health care quality for Sweden.
OECD Reviews of Health Care Quality examine what works and what doesn't in countries, benchmarking their efforts and providing advice on reforms to improve quality of health care. The country reviews will be followed by a final summary report on the lessons and good practices relevant to all governments.



According to the review, Sweden's health and elderly care systems deserve their reputation as being among the best in the world. Yet an ageing population with growing chronic conditions and requiring more complex health services are testing Sweden's ability to continue delivering high-quality care.

The quality of health care in Sweden is generally good. Rates of avoidable hospitalisation for chronic conditions such as asthma (22.2 per 100 000 population) are among the lowest in the OECD (average 45.8) and 90% of people using primary care in Sweden said they were treated with respect and consideration by staff. Sweden's quality registers, which track the quality of care that patients receive and outcomes for several conditions, are among the most developed across the OECD.

But the co-ordination of care for patients with complex needs is less good. Fewer than half of patients with type I diabetes, for example, have their blood pressure adequately controlled, with an almost three-fold variation (from 26% to 68%) across counties. Only one in six patients has had contact with a physician or specialist nurse after the discharge from hospital for stroke, again with substantial variation across counties.

Co-ordination of care between hospitals, primary carers and local authorities is becoming the biggest challenge to the continued excellence of Sweden's health and social care system, according to the report. Central government will have to set out responsibilities very clearly, by developing standards, building the evidence base and sharing knowledge. For example, central authorities should be given a more defined role in assuring the quality of services by setting out *national quality standards*. Clear standards are particularly needed to underpin the new intermediate care facilities being developed by municipalities. The information infrastructure must improve by developing new indicators of quality of care provided by GPs and elderly care services. Finding ways to link across different data sources is also necessary, to allow a complete picture of an individual's care to be built up.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/oecd-reviews-of-health-care-quality-sweden-2013_9789264204799-en%20#page1

TOWARD NEW MODELS FOR INNOVATIVE GOVERNANCE OF BIOMEDECINE AND HEALTH TECHNOLOGIES – OECD REPORT

This report examines examples of new and emerging governance models that aim to support the responsible development of diagnostics and treatments based on the latest advances in biomedicine.

In particular, it presents programmes and initiatives that aim to manage uncertainty in the development and approval of new medical products and thereby to improve the understanding of the risk/benefit balance. It also identifies some of the main challenges for policy makers, regulators

and other communities involved in the translation of biomedical innovation and health technologies from the laboratory bench to point of care.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/science-and-technology/toward-new-models-for-innovative-governance-of-biomedecine-and-health-technologies_5k3vohljnnlr-en#page1

ADDRESSING DEMENTIA – OECD BROCHURE

The OECD has recently published a brochure entitled "*Addressing dementia – the OECD response*".

Dementia is a devastating condition for the people affected, their family and friends, and for health systems. OECD has been working to address this challenge. OECD works on how health systems need to be adapted to address the dementia challenge. It looks at ways to harness information technologies and big data to improve the prevention and treatment of the disease and examines the innovation model to mobilise the research and technology needed to address dementia.

The brochure provides an overview about OECD work on dementia as well as links to other relevant OECD publications and databases.

More information:
http://www.oecd.org/sti/addressing-dementia-the-oecd-response.pdf

PROMOTING HEALTH, PREVENTING DISEASE: IS THERE AN ECONOMIC CASE?– WHO PUBLICATION

This new policy summary reviews some of the economic arguments for investing in a number of different areas of health promotion and noncommunicable disease prevention. It argues that there is a substantial evidence base on the effectiveness of a wide range of actions, addressing some of the main risk factors to health including tobacco and alcohol consumption, impacts of diet and patterns of physical activity, children's exposure to environmental harm, the protection of mental health and road safety. While some of these interventions will generate direct cost savings, many will require increased investment but generate additional health (and other) benefits.

This new publication draws on a major international study undertaken jointly by the European Observatory of Health Systems and Policies, OECD and WHO/Europe, that collates the evidence on investing in health promotion and non-communicable disease prevention. This study, that will be

published next year as a book "Health Promotion, Disease Prevention: The Economic Case", forms the basis for one of the evidence pillars for WHO's Health 2020 strategy.

The policy summary was presented at a special event in London on 4 November 2013 hosted by England's Department of Health to inaugurate the newly established partnership with the Observatory, promoting and facilitating international knowledge transfer in health policy making.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0004/235966/e96956.pdf

HIT NORWAY – WHO PUBLICATION

The European Observatory on Health Systems and Policies has recently published a health system review on Norway 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.

According to the review, Norwegian citizens are fortunate to enjoy one of the highest per capita health expenditure in the world. The level of public health care coverage is high (85%) and the health status of the population is very good. However, the satisfaction of people using health care services seems to be "only" average compared to other OECD countries that spend less.

Poor coordination of hospital care with other health services and long waiting times for elective care are the key reasons for dissatisfaction with the health system. While both of these issues have been on the policy agenda for a long time, the "coordination reform" has recently made a renewed effort to improve these two aspects of the system. The Municipal Health and Care Act and the Public Health Act, enacted in 2011, are the cornerstones of the coordination reform. Their aim is to improve coordination between hospital care and other health services, especially in non-hospital settings. This should reduce pressure on overcrowded hospitals (the average bed occupancy rate in Norway is 93%) by reducing both the average length of stay (ALOS) and waiting times. At the same time, and separately from the coordination reform, increased attention is paid to quality of care and patient safety.

The evaluation of the coordination reform is ongoing. Should it lead to improved coordination of care and a reduction in waiting times, it may well succeed in improving the satisfaction of Norwegian patients with the health care system.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0018/237204/HiT-Norway.pdf

GOVERNANCE FOR HEALTH EQUITY - WHO PUBLICATION

This report analyses why policies and interventions to address the social determinants of health and health inequities succeed or fail. It also discusses important features of governance and systems for service delivery that increase the likelihood of success in reducing inequities.

The report presents a systems checklist for governing for health equity as a whole-of-government approach.

This is intended for further discussion and as a framework to support countries in strengthening their governance for health equity in practice, through action on the social determinants of health.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0020/235712/e96954.pdf

ROMA HEALTH MEDIATION IN ROMANIA- WHO PUBLICATION

This paper was commissioned by the WHO Regional Office for Europe and prepared by the Roma Centre for Social Intervention and Studies (Romani CRISS), Romania. The case study was produced to inform a resource package for health professionals to be used in multicountry capacity-building events to promote the reorientation of strategies, programmes and activities related to Millennium Development Goals 4 and 5 (child and maternal health) for greater health equity, with an explicit but not exclusive focus on the Roma population.

The case study uses secondary data (research reports, evaluation reports, legislation and data in the Romani CRISS archives) to provide a critical overview of the Roma health mediation programme in Romania. It discusses the social and political context in which the programme was developed, the general characteristics of the mediation and the lessons learnt after 10 years of implementation.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0016/235141/e96931.pdf

EARLY YEARS, FAMILY AND EDUCATION TASK GROUP - WHO PUBLICATION

The task group on early years, childhood and family was set up as part of the European review of social determinants of health and the health divide in the WHO European Region, a study commissioned to support the development of the new health policy framework for Europe, Health 2020. The task group was asked to identify interventions, strategies and approaches that policy-makers and practitioners in the Region can use in the childhood years to improve and equalize health outcomes throughout the life-course.

The report's analysis is organized in terms of early years and later childhood to reflect phases of children's experience that are distinct in many ways and require different forms of service provision. The report uses evidence from international research, a review of reports from international organizations and case studies of practices in European countries. The report's broad conclusions should be considered in conjunction with more detailed recommendations provided throughout the text.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0006/236193/Early-years,-family-and-education-task-group-report.pdf

POSTNATAL CARE OF THE MOTHER AND NEWBORN 2013 - WHO PUBLICATION

The days and weeks following childbirth – the postnatal period – is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time. Yet, this is the most neglected period for the provision of quality care.

These guidelines address timing, number and place of postnatal contacts, and content of postnatal care for all mothers and babies during the six weeks after birth and include assessment of mothers and newborns to detect problems or complications.

More information:
http://apps.who.int/iris/bitstream/10665/97603/1/9789241506649_eng.pdf

HEALTH INEQUALITIES IN THE EU – COMMISSION REPORT

This report provides an outline of new evidence on health inequalities in the European Union and the policy response at EU and national level to health inequalities since 2009. It contains the results of the work of a consortium led by University College London Consulting (UCLC), and carried out under the EU Health Programme.

This report comprises the following sections:

- background to policy development in this area and the current policy context;
- health inequalities between EU Member States and regions;

- relationship between social and health inequalities in the EU;
- a description of the policy response to health inequalities in the EU;
- recommendations on the actions that should be taken at EU, national and sub-national levels.

The report confirms significant health inequalities between and within EU Member States and concludes that action on health inequalities, such as attention to, and investment in, the type of priorities recommended by the Commission's communication "Solidarity in health: reducing health inequalities in the EU", should remain a public health priority at EU and national levels.

More information:
http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf

TOWARDS A BETTER USE OF OUR GENETIC RESOURCES – COMMISSION REPORT

On 29 November 2013, the Commission published a Report entitled "*Agricultural Genetic Resources - from conservation to sustainable use*" outlining the Commission's aims for the period until 2020.

While issues of conservation and halting biodiversity loss in agriculture remain a central element, the report highlights the need for a change of rationale with greater emphasis on an increased sustainable use of our genetic resources such as traditional or endangered breeds of animals or plants.

This change of approach is reflected in the broadening of the tools supporting efforts to better use genetic resources, so that by 2020 greater financial resources and a wider range of funding opportunities are available. From 2014, several EU policy instruments and tools will be put together in a coherent and complementary way to support this aim, both under the Common Agricultural Policy's rural development measures and under the EU Research and Innovation Framework "Horizon 2020", opening the door for further opportunities for investment, collaboration and the exchange of best practices.

The report is also accompanied by a second document, reporting on existing programmes, as required by the end of 2013 under the current regulation.

More information:
http://ec.europa.eu/agriculture/genetic-resources/pdf/com-2013-838_en.pdf

HIV/AIDS SURVEILLANCE IN EUROPE 2012 – ECDC REPORT

With no clear indication of a decline in the number of diagnoses, HIV continues to be a major public health concern for Europe.
In 2012, over 29.000 new cases were diagnosed in European Union and European Economic Area Member States; a rate of 5.8 cases in every 100.000 people.

This report, prepared by the European Centre for Disease Prevention and Control (ECDC) jointly with the WHO Regional Office for Europe, presents data on HIV and AIDS for the whole European Region.
Analyses are provided for the EU and EEA region, and also by geographical/epidemiological division of the WHO European Region.

More information:
http://www.ecdc.europa.eu/en/publications/Publications/hiv-aids-surveillance-report-2012-20131127.pdf

THE POLITICAL ECONOMY OF AUSTERITY AND HEALTHCARE - ARTICLE

Why have patterns of healthcare spending varied during the Great Recession? Using cross-national, harmonised data for 27 EU countries from 1995 to 2011, authors evaluated political, economic, and health system determinants of recent changes to healthcare expenditure.

Data from EuroStat, the IMF, and World Bank were evaluated using multivariate random and fixed-effects models, correcting for pre-existing time-trends. Reductions in government health expenditure were not significantly associated with magnitude of economic. Nor did ideology of governing parties have an effect. In contrast, each $100 reduction in tax revenue was associated with a $2.72 drop in health spending. IMF borrowers were significantly more likely to reduce healthcare budgets than non-IMF borrowers, even after correcting for potential confounding by indication. Exposure to lending from international financial institutions, tax revenue falls, and decisions to implement cuts correlate more closely than underlying economic conditions or orientation of political parties with healthcare expenditure change in EU member states.

More information: ***http://download.journals.elsevierhealth.com/pdfs/journals/0168-8510/PIIS0168851013003059.pdf***

DETERMINANTS OF HEALTH AFTER HOSPITAL DISCHARGE - STUDY

The period following hospital discharge is a vulnerable time for patients when errors and poorly coordinated care are common. Suboptimal care transitions for patients admitted with cardiovascular conditions can contribute to readmission and other adverse health outcomes. Little research has examined the role of health literacy and other social determinants of health in predicting post-discharge outcomes.

This research will enhance understanding of how health literacy and other patient factors affect the quality of care transitions and outcomes after hospitalization. Findings will help inform the design of interventions to improve care transitions and post-discharge outcomes.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-14-10.pdf***

HEALTHCARE MANAGERS IN NEGATIVE MEDIA FOCUS - A QUALITATIVE STUDY

Over the last decade healthcare management and managers have increasingly been in focus in public debate. The purpose of the present study was to gain a deeper understanding of how prolonged, unfavorable media focus can influence both the individual as a person and his or her managerial practice in the healthcare organization.

The degree of personification seems to determine the personal consequences as well as the consequences for their managerial practice. Organizational support for managers appearing in the media would probably be beneficial for both the manager and the organization.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-14-8.pdf***

A GOVERNANCE MODEL FOR INTEGRATED PRIMARY/SECONDARY CARE FOR THE HEALTH-REFORMING FIRST WORLD - A SYSTEMATIC REVIEW

Internationally, key health care reform elements rely on improved integration of care between the primary and secondary sectors. The objective of this systematic review is to synthesise the existing published literature on elements of current integrated primary/secondary health care. These elements and how they have supported integrated healthcare governance are presented.

All examples of successful primary/secondary care integration reported in the literature have focused on a combination of some, if not all, of the ten elements described in this paper, and there appears to be agreement that multiple elements are required to ensure successful and sustained integration efforts. Whilst no one model fits all systems these elements provide a focus for setting up integration initiatives which need to be flexible for adapting to local conditions and settings.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-528.pdf***

CLINICAL EVIDENCE FOR ORPHAN MEDICINAL PRODUCTS – STUDY

The difficulties associated with organising clinical studies for orphan medicinal products (OMPs) are plentiful. Recent debate on the long-term effectiveness of some OMPs, led authors to question whether the initial standards for clinical evidence for OMPs, set by the European Medicines Agency (EMA) at the time of marketing authorization, are too low.

Therefore, the aim of this study was to quantitatively evaluate the characteristics and quality of clinical evidence that is presented for OMPs to obtain marketing authorization in Europe, using the new and validated COMPASS tool.

More information: ***http://www.ojrd.com/content/pdf/1750-1172-8-164.pdf***

COST-EFFECTIVENESS OF HEALTH-RELATED LIFESTYLE ADVICE DELIVERED BY PEER OR LAY ADVISORS - A SYSTEMATIC REVIEW

Development of new peer or lay health-related lifestyle advisor (HRLA) roles is one response to the need to enhance public engagement in, and improve cost-effectiveness of, health improvement interventions.

This article synthesises evidence on the cost-effectiveness of HRLA interventions aimed at adults in developed countries, derived from the first systematic review of the effectiveness, cost-effectiveness, equity and acceptability of different types of HRLA role.

More information: ***http://www.resource-allocation.com/content/pdf/1478-7547-11-30.pdf***

FREQUENCY OF USE AND KNOWLEDGE OF THE WHO SURGICAL CHECKLIST IN SWISS HOSPITALS - A CROSS-SECTIONAL ONLINE SURVEY

The WHO-surgical checklist is strongly recommended as a highly effective yet economically simple intervention to improve patient safety. Its use and potentially influential factors were investigated as little data exist on the current situation in Switzerland.

Implementation of a surgical checklist remains an important task for health care institutions in Switzerland. Although checklist use is present in Switzerland on a regular basis, a substantial group of health care personnel still do not use a checklist as a routine. Influential factors and the associations among themselves need to be addressed in future studies in more detail.

More information: ***http://www.pssjournal.com/content/pdf/1754-9493-7-36.pdf***

THE INDIVIDUAL AND SOCIETAL BURDEN OF CHRONIC PAIN IN EUROPE - STUDY

Chronic pain is common in Europe and elsewhere and its under treatment confers a substantial burden on individuals, employers, healthcare systems and society in general. Indeed, the personal and socioeconomic impact of chronic pain is as great as, or greater, than that of other established healthcare priorities.

In light of review of recently published data confirming its clinical and socioeconomic impact, this paper argues that chronic pain should be ranked alongside other conditions of established priority in Europe.

More information: http://www.biomedcentral.com/content/pdf/1471-2458-13-1229.pdf

GENOME SEQUENCING - A SYSTEMATIC REVIEW OF HEALTH ECONOMIC EVIDENCE

Recently the sequencing of the human genome has become a major biological and clinical research field. However, the public health impact of this new technology with focus on the financial effect is not yet to be foreseen.

To provide an overview of the current health economic evidence for genome sequencing, authors conducted a thorough systematic review of the literature from 17 databases. The real costs for the whole sequencing workflow, including data management and analysis, remain unknown. Overall, the review indicates that the current health economic evidence for genome sequencing is quite poor.

Therefore, they listed aspects that needed to be considered when conducting health economic analyses of genome sequencing. Thereby, specifics regarding the overall aim, technology, population, indication, comparator, alternatives after sequencing, outcomes, probabilities, and costs with respect to genome sequencing are discussed. For further research, at the outset, a comprehensive cost calculation of genome sequencing is needed, because all further health economic studies rely on valid cost data. The results will serve as an input parameter for budget-impact analyses or cost-effectiveness analyses.

More information: http://www.healtheconomicsreview.com/content/pdf/2191-1991-3-29.pdf

MENTAL HEALTH: CHALLENGES AND POSSIBILITIES - CONCLUSIONS OF THE LITHUANIAN PRESIDENCY CONFERENCE

On 10 and 11 October 2013, the Lithuanian Presidency of the EU held in Vilnius a conference on the theme "*Mental health: Challenges and Possibilities".*
The Conference was attended by about 200 participants from the EU and other countries and was addressed by representatives from the European Commission, the World Health Organization, experts and academicians from Lithuania and foreign countries.

The participants of the conference agreed that although children and youth mental health remains a priority, mental health problems of the elderly are still important at large. It was emphasized that for public mental health and well-being it is essential to work together with non-governmental organizations as equal partners, to consult with experts for advice, to share best practices and to regularly discuss innovation, advancement and development of opportunities. With regards to one of the topics of the Lithuanian presidency of the EU Council in the field of health – sustainable health systems – it has been highlighted that innovative prevention and treatment approaches need to be set up, especially without wasting resources and effectively investing EU funds in accordance with the principles and best practices of contemporary public mental health and well-being.

The conclusions of the conference identified the main challenges, responsibilities and priorities, and contain an invitation to take actions addressed to the Commission and Member States.

The conclusions are available at:
http://ec.europa.eu/health/mental_health/docs/lt_presidency_vilnius_conclusions_20131010_en.pdf

WHO MINDBANK – ONLINE PLATFORM LAUNCHED

WHO MiNDbank is a new online platform bringing together key resources related to mental health, substance use, disability, general health, human rights and development. It is a product of the QualityRights Project, WHO's flagship campaign to improve care and end human rights violations against people with mental and psychosocial disabilities

WHO MiNDbank provides easy access to a range of national level and international resources from across the globe. These include policies, plans, laws, guidelines and service standards.
The platform aims to facilitate debate, dialogue, advocacy and research in order to promote national reform in these areas, in line with international human rights and best practice standards.

More information:
http://www.who.int/mental_health/mindbank/en/

4 APRIL 2014, MILAN – CONFERENCE ON MHEALTH FOR IMPROVING QUALITY OF LIFE

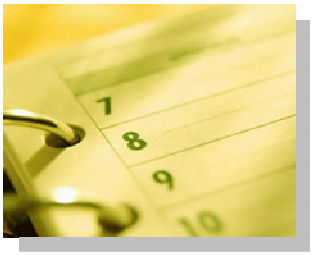
mhealth is the new frontier in delivering healthcare: it holds the promise that high quality, personalized and affordable healthcare can be accessible to all. CERGAS Bocconi and SDA Bocconi School of Management in collaboration with Helsinn Group, are organizing the international conference "mhealth for improving quality of life. Enhancing cancer supportive care", in Milano, Italy on 4 April 2014.

The main objective of the event is to gather all major experts in the field to discuss whether and how mobile technologies can help improving cancer patients' quality of life while keeping healthcare costs under control. This unique international conference will explore the use of innovative mhealth technologies for the clinical and organizational home-based management of patients affected by oncological pathologies, with a particular focus on Cancer Supportive Care.

The conference will highlight different perspectives in a plenary session in the morning and five parallel sessions in the afternoon to cover the different stakeholders' view points: patients, clinicians, policy makers, payers and supporting industries.

More information at:
http://www.sdabocconi.it/mhealth

AGENDA



UPCOMING CONFERENCES

FIRST INTERNATIONAL SYMPOSIUM ON CANCER IN PEOPLE WITH INTELLECTUAL DISABILITY

5-7 February 2014, Montpellier (France)

The first international symposium on cancer in people with intellectual disability, co-organized by the Canceropôle Grand Sud Ouest and Oncodefi, will be held on 5-7 February 2014 in Montpellier, France.

Professionals supporting individuals with intellectual disability and professionals working on cancer share and must solve challenging situations and problems. This meeting offers an excellent opportunity to facilitate collaborative problem-solving and opportunities to explore how to advance research and treatment at the intersection of these fields. The symposium is also a unique opportunity for individuals who are less familiar with this subject to hear speakers and exchange ideas with leading teams in this area.

More information: ***http://oncodefi.org/en***

22ND INTERNATIONAL HPH CONFERENCE

23-25 April 2014– Barcelona (Spain)

The abstract submission for the 22nd International HPH conference, which will be held in Barcelona on 23-25 April 2014 under the title *"Changing hospital & health service culture to better promote health"* has been prolonged.

Topics applicable for abstract submission include:

- Health literacy – an emerging concept for more patient-oriented healthcare
- Developing healthcare organisations into salutogenic workplaces
- Better responding to community health needs through a culture of collaboration
- Child and maternal health
- Older patients
- Migrants and minorities
- Psychiatric patients and mental health
- Alcohol consciousness
- Tobacco cessation
- Physical activity
- Environment-friendly management
- Cooperation between HPH and self-help/patient groups – approaches and experiences
- Health promoting integrated care
- Sustainable and health promoting health services
- Cooperation between HPH and Pain-free hospitals

PROLONGED ABSTRACT DEADLINE

Abstract submission will be prolonged until 17 January 2014.

More information: ***http://www.hphconferences.org/barcelona2014/***

HOPE AGORA 2014

QUALITY FIRST! CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

26-28 May 2014 – Amsterdam (The Netherlands)

From 28 April until 25 May 2014, HOPE organises its exchange programme for the 33rd 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, a conference and evaluation meeting. The 2014 HOPE Agora will be held in Amsterdam (The Netherlands) from **26 to 28 May 2014** around the topic "Quality first! Challenges in the changing hospital and healthcare environment ".

SAVE THE DATE

More information on the HOPE Exchange Programme:
http://www.hope.be/04exchange/exchangefirstpage.html