



Newsletter n°58
January 2009
*European Hospital and
Healthcare Federation*

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EDITORIAL

At a time when Europe is entering in a transition period with the June elections, an unusual number of healthcare related issues are on the EU agenda: the proposed Directive on cross-border care; the proposed Directive on organ donation and transplantation; the proposed Directives of the Pharmaceutical Package; the proposed Recommendation on patient safety and healthcare acquired infections; the Communication on rare diseases; and the Communication on telemedicine. All are on the list of priorities and work programme of the Czech Presidency.

The European Commission is then limiting itself for 2009 to a few initiatives. On cancer, it is considering a proposal for a Council Recommendation and the development of the EU Platform for Action on Cancer. On Alzheimer's disease, the European Commission is evaluating several possibilities for action such as a report and a Communication. The Commission also envisages a Commission Communication addressing inequalities in health in line with the announcement in the Renewed Social Agenda and the Health Strategy.

On the Directive on the application of patients' rights in cross-border care draft reports of rapporteurs are now available in the European Parliament Committees. Braghetto (employment and social affairs), Bowis (environment), Grossetête (industry), Ettl (economic and monetary affairs) and Vergnaud (Internal market and consumer protection) finalised their work. For all of them, the deadlines for amendments are over. Hundreds of amendments were submitted. A vote is still supposed to take place in the European Parliament on 23 April 2009.

However, there is an important gap between most of draft reports and the position of the EPSCO Council as expressed in December 2008; at least on the first articles of the proposed Directive. The French presidency proposed several major changes: on the scope of the Directive, on prior authorisation for the reimbursement of hospital and specialised care and on quality and safety of cross-border care.

The social agenda is also worth mentioning as Council conclusions are waited on the Commission report on the impact of free movement after the enlargement of the EU, a sensitive issue in the healthcare sector. While attention is now focused on the working time directive entering in the conciliation phase, the European Spring summit 2009 will highlight the negative impact of current transitional measures on the free movement of labour.

There remains now only four months for the present European Parliament. It is still unclear what the Parliament will finally be able to handle before the last plenary session taking place the first week of May.

CZECH PRESIDENCY – TOPICS RELATED TO HEALTH

The priorities and the work programme of the Presidency were introduced by Prime Minister Topolánek and Deputy Prime Minister Vondra in Prague on 6 January 2009. The key priorities are the three 'E's': Economy, Energy and Europe in the world. The motto is a 'Europe without barriers' which expresses the will to remove the remaining obstacles between EU Member States, in particular in regard to the internal market – the free movement of goods, services, persons and capital, including the complicated EU and national legislation.

Regarding the healthcare sector, seven priorities are listed in the EU Czech Presidency programme.

➤ Exercise of Patients' Rights in Cross-Border Healthcare

The Presidency will participate in the effort to set out an overall framework for the provision of cross-border healthcare. In connection with this issue and with the high-level process of reflection on healthcare workers in Europe, the Presidency will also seek to address the growing mobility of healthcare workers.

➤ Quality and Safety of Organ Donation and Transplantation

The Presidency will address the issue of the availability and safety of organs that are intended for donation and transplantation. A new legislative initiative adopted in December 2008 includes the principles providing a general framework for quality and safety in relation to the medical use of human organs; for the creation of a common set of quality and safety standards for organ transport and storage; and for reporting serious adverse events. The Presidency will also participate in debates on the Action Plan for close cooperation between Member States.

➤ Rare Diseases

The Czech Presidency will support the Commission initiative on rare diseases which seeks to improve the current situation of patients suffering from such diseases, and increase their chances of obtaining adequate care and available information.

➤ Patient Safety and the Control of Healthcare acquired infections, with a Focus on Antimicrobial Resistance

The main objective of the initiative addressing patient safety and healthcare quality is to provide support to Member States in their effort to ensure safety and quality standards within the entire scope of the EU healthcare systems, namely as regards the continuous quality improvement (CQI) of healthcare and patient safety within national and regional systems. The Presidency will participate in the adoption of appropriate measures for infection control and the definition of relevant standards and preventive measures.

Here, the prevention and control of antimicrobial resistance and healthcare-associated infections in healthcare settings with an emphasis on European hospitals will be a priority. The ministerial conference entitled “The Microbial Threat to Patient Safety in Europe” organised in Prague on 15-16 April 2009 is expected to provide recommendations for specific measures concerning antibiotic programmes in European hospitals and suitable models for the support and financing of these programmes by national governments and healthcare payers, especially health insurance companies.

➤ Financial Sustainability of Healthcare Systems

Considering that the key factors influencing healthcare expenditures are an ageing population, medical progress and innovation, and the growing expectations and demands of patients, the Presidency will focus primarily on the definition of financial sustainability and its objectives, and on the analysis of the resources available for healthcare funding. In terms of long-term care funding, the Presidency considers that it will be necessary to draw attention to the pressure it faces as a result of the growing demand for long-term care services, in relation to the negative demographic trends and the lack of providers of this type of care. The high-level conference organized on 10-12 May 2009 in Prague is to provide a forum for Member States to share experience and exchange information and best practices concerning healthcare systems and their financial sustainability.

➤ e-Health and Telemedicine

The Presidency will also be looking into the issue of improving cooperation between EU Member States, increasing the quality of healthcare provision with the help of telemedicine, and strengthening the interoperability of information systems in the healthcare sector. Attention will be paid to the individual (the citizen as a patient and the healthcare staff, including their mutual interactions), society (education, science and research and their importance for e-Health) and economic aspects (in close relation to the issue of financial sustainability). The topic of e-Health will be discussed at a ministerial conference organised in cooperation with the Commission on 19 February 2009 in Prague.

➤ The Pharmaceutical Package

Adequate regulation of the pharmaceuticals market may significantly contribute to the quality, safety and effectiveness of pharmaceuticals, which in turn significantly influences the health of patients. The Presidency is ready for a serious debate on legislative proposals contained in the Pharmaceutical Package. The proposals focus on three key issues: the aim is to improve the functioning of the pharmacovigilance system at European level, to strengthen the legal distribution chain for pharmaceuticals against illegal or counterfeit products and to provide the general public with information on prescription pharmaceuticals. It also supports the EU objectives regarding the pharmaceuticals market, i.e. the aim to improve and guarantee the high quality and safety of pharmaceuticals, while maintaining cost-effectiveness.

More information:

<http://www.eu2009.cz/en/czech-presidency/programme-and-priorities/programme-and-priorities-479/>

EUROPEAN HEALTH POLICY FORUM – MEETING IN JANUARY 2009

The European Health Policy Forum, gathering the major European health-related associations, took place on 21 January 2009 in Brussels, chaired by Directorate General Health and Consumers (SANCO). During the meeting the EHPF future strategy and activities have been discussed as well as several initiatives of the European Commission.

On cancer, the European Commission is considering two actions: a proposal for a Council Recommendation and the development of the EU Platform for Action on Cancer. The second one is a bottom-up approach that wish to contribute reducing inequalities in tackling cancer by bringing together the full range of stakeholders into a common platform with a common commitment to take concrete actions to prevent and control cancer. Through direct stakeholder participation, this model would enable to widely share information and best practice as well as implementation methods and tools with individuals, groups and organisations who are directly concerned with implementing policies to prevent and control cancer on all levels. To give the EU Platform for Action on Cancer a more formal status, the guidelines for this multi-stakeholder platform, including multi-annual financing and the activities of the platform, should be based on a Communication. It would not mean to be a political document but only a technical guidance on the process to follow.

On Alzheimer's disease, the European Commission is evaluating several possibilities for action: a report on Alzheimer's in Europe and a Communication proposing a European action plan against Alzheimer's. The report would have the impact of highlighting the relevant issues and prompting discussion at European level and within Member States. Indirectly, it would have the likely impact of prompting at least some changes within Member States and some reduction in current inequalities. The Communication would have the direct impact of seeking to bring about change to reduce current fragmentation and inequalities in this area. In addition, this would also have an impact on the formulation of European policy in this area – one of the principles of the EU Health Strategy is that EU action should focus primarily on the causes of ill-health, rather than attempting to have disease-specific strategies at EU level; proposing such a strategy for Alzheimer's and related conditions would undermine this approach more generally.

The Commission envisages a Commission Communication addressing inequalities in health in line with the announcement in the Renewed Social Agenda and the Health Strategy. The Communication would argue the case for an EU policy agenda and actions focussed on reducing health inequalities between and within Member States. Another option that could be proposed is the communication, complemented with a Commission proposal for a Council recommendation setting out the principles for Community and national policies.

Finally, in the field of HIV/AIDS a Communication on combating HIV/AIDS in the EU and the neighbourhood – strategy and second action plan (2010-2014) could be proposed.

PUBLIC HEALTH - CIVIL SOCIETY DIALOGUE PROGRAMME - TAIEX

On 16 January 2009 HOPE took part in a seminar on the subject of “Health Challenges in Europe” organized within the TAIEX instrument new initiative “People to People” managed by the Institution Building unit of Directorate General Enlargement.

TAIEX (Technical Assistance and Information Exchange) is an instrument of the Directorate-General Enlargement of the European Commission. TAIEX helps countries with regard to the approximation, application and enforcement of EU legislation.

The TAIEX mandate to provide assistance covers the following groups of beneficiary countries: Bulgaria, Romania; Croatia, former Yugoslav Republic of Macedonia and Turkey; Turkish Cypriot community in the northern part of Cyprus; Albania, Bosnia and Herzegovina, Montenegro, Serbia and Kosovo. The TAIEX programme is also available to those countries covered by the European Neighbourhood Policy (ENP), as well as Russia.

This seminar (organized in Brussels and in Luxembourg) was aimed at civil society organisations active in the field of public health from the countries of Western Balkans and Turkey.

During the day, the group could learn more about the European legislation on health policy issues, including recent developments and relevant health challenges. The concrete examples on representation, lobbying based on the experience of organizations representing civil society in Brussels have been illustrated to the group.

PUBLIC HEALTH – REPORT ON CANCER SCREENING

The European Commission published on 22 January 2009 the first report on implementing the recommendation of 2 December 2003 on cancer screening (2003/878/EC).

Despite commitments taken at European level to ensure adequate screening for breast, cervical and colorectal cancer, as shown in the Council recommendation, progress on screening has been slow. In the report the European Commission deplors the fact that Member States have not fully put this screening in place. Less than half of the minimum recommended numbers of screening take place in the European Union each year.

The report notes in particular that concerning breast cancer, only 22 Member States are running or establishing population-based screening programmes. For cervical cancer, only 15 Member States are running or establishing population-based screening programmes. For colorectal cancer, only 12 member states are running or establishing population-based screening programmes. And yet these three forms of cancer are responsible for 32% of cancer-related deaths among women. In men, colorectal cancer alone is responsible for 11% of cancer-related deaths.

The current annual volume of screening examinations in the EU is considerable. This volume, however, is less than one half of the minimum annual number of examinations that would be expected if the screening tests specified in the Council recommendation on cancer screening were available to all EU citizens of appropriate age (approximately 125 million examinations per year). Less than half of

these examinations (41%) are performed in population-based programmes which provide the organisational framework for implementing comprehensive quality assurance as required by the Council recommendation.

The Commission considers that Member States should continue to improve or implement population-based cancer screening programmes, supported by collaboration between Member States and professional, organisational and scientific bodies and experts. More progress must be made to improve screening measures and maintain the very best conditions for this, with a view to ensuring quality, performance and good cost-effectiveness at national as well as at European level. The Commission intends to form a European partnership for action against cancer in 2009 by bringing together relevant stakeholders across the EU in a collective effort to fight cancer. The partnership will support Member States in their efforts to tackle cancer more effectively.

Key areas for future cancer activities include: health information, collection and analysis of comparable data; primary prevention; identification and promotion of good practice in cancer-related healthcare; and priorities for cancer research.

The report is available at: http://ec.europa.eu/health/ph_determinants/genetics/keydo_genetics_en.htm

PUBLIC HEALTH - MENTAL HEALTH WORKSHOP

On 29 January 2009 the ALDE group of the European Parliament organised a workshop on mental health in the European Union. The event coincides with the Report Tzampazi on mental health that has been discussed in the ENVI Committee and which points out the need of exceeding the stigma and the alienation, by identifying qualified strategies in order to facilitate a real integration of the mental disabled into the societies. The report will be voted soon in Plenary.

The workshop, chaired by MEPs Donnici (IT) and Matsakis (CY), analysed the approaches and experiences about the psychosocial rehabilitation within health centres in the South Italy, by comparing the current situations in Europe.

Most of discussion focused on the perspective of psychological training and work as an important element to reach a good level of integration for the mental disabled.

The importance of the research activities have been stressed by MEP Matsakis when concluding the seminar. More resources need to be put into analysing the basic problems that cause mental health disorders and not only to the symptoms.

PUBLIC HEALTH - ADVICE ON INFLUENZA VACCINATION

In a scientific advice published on 8 January 2009, the European Centre for Disease Prevention and Control (ECDC) in Stockholm again highlighted the importance of influenza vaccination of people in risk groups and healthcare workers (senior citizens, people with chronic diseases: breathing, cardiac, renal and immunity difficulties). The appeal made by the ECDC comes at a time when several Member States (particularly Portugal, Ireland and the United Kingdom) are reporting consultation rates for influenza above the levels seen in the last two or more seasons. The subtype H3N2 virus this year has

more severe symptoms than subtype H1N1 or B strain of the virus, which are also present. The ECDC's warning is aimed at allowing people who are still not vaccinated to have their shots before flu strikes in other EU countries over the next few weeks.

More information: http://ecdc.europa.eu/en/News_Media/Press_Releases/090108_pr.aspx

CZECH PRESIDENCY - SOCIAL AFFAIRS PROGRAMME

The Czech Presidency of the EU presented on 6 January 2009 the work programme that will focus on four areas in terms of employment and social policy.

Worker mobility on the EU labour market

To increase EU's competitiveness, the aims of the Presidency will be to highlight the advantages of full liberalisation of the movement of workers within the EU, to facilitate and increase workers' occupational and geographic mobility on the labour market.

The Presidency: will propose Council conclusions on the Commission report on the impact of free movement after the enlargement of the EU; will work to complete the modernisation of the legislation on social security coordination for migrant workers; will focus on measures to put an end to undeclared work, to better inform the public of the possibilities and advantages of mobility and will emphasise sharing best practice on removing barriers, such as language barriers. As part of the preparation for the European Spring summit 2009, it will highlight the negative impact of current transitional measures on the free movement of labour.

Increasing employment and labour market flexibility through general flexicurity principles

Still with the aim of increasing EU competitiveness, the Presidency wants to implement guidelines for growth and employment, and also the general principles of flexicurity. It will give priority to increasing labour market flexibility, to flexible employment relationships and social services, based on the principle of "making work pay", to increasing motivation for an active approach to returning to the labour market, and to enhancing the quality of human resources through adult training. It will also highlight preventing the abuse of social protection.

In the light of these priorities, the Presidency: will prepare the conclusions of the Council on the Commission communication "New Skills for New Jobs" and on flexicurity, with emphasis on an integrated approach in times of economic crisis; and will seek a compromise with the European Parliament in a conciliation procedure on the Working Time Directive. Lastly, during the debate on the Lisbon strategy after 2010, the Presidency will address the issue of modernising labour law.

Horizontal support for families within EU policies.

As part of the debate on finding a better work-life balance, the Presidency will consider the issue of parents who stay at home to look after their children and its relation to employment policy. It will continue the discussion of legislative proposals made by the Commission in this area. At a Presidency conference and the informal meeting of EU ministers for family policy (Prague, 4-5 February), the

Presidency will emphasize the need to respect the autonomy and freedom of choice for families. It will take account of the qualitative aspect of care services, the socio-cultural environment and the past experience of member states. At the informal meeting, the Presidency will propose opening a debate on a possible review of the Barcelona objectives in the field of pre-school childcare services.

Social services as a tool for active social inclusion of the most disadvantaged persons and as an employment opportunity

The Presidency:

- will focus on services as a tool for preventing social exclusion and for active inclusion of the most vulnerable and, at the same time, as an area of growing employment opportunities (given demographic trends in the EU, it says in its work programme);
- will address the issue of the availability of social services in terms of location, financing and type;
- will support the combination of policies in the areas of the labour market inclusion policy, workforce mobility, motivation to find a job, support for adequate income and high quality, accessible and efficient social services;
- will pay particular attention to improving the quality, availability and financing of long-term care, protection of the dignity and rights of persons dependent on care, and support for active, healthy ageing and ageing well.

The high level conference on Social Services will be organised on 22-23 April 2009 in Prague under the title “Social Services – a tool for Mobilising the Workforce and Strengthening Social Cohesion”.

More information: www.eu2009.cz

CZECH PRESIDENCY - EPSCO SUMMIT

The EU Employment and Social Affairs ministers met on 22 and 23 January 2009 in Luhacovice in the Czech Republic to discuss workers' mobility.

The meeting was chaired by Czech labour and social affairs minister Petr Necas, who pointed out the credo the Czech Presidency, namely that full liberalisation of the labour market and the removal of obstacles to worker mobility were keys in the field of employment. Petr Necas told that he was certain that professional and geographical mobility and moving from unemployment into employment could be a tool to help the EU manage the current crisis. Regarding the professional mobility, Necas said that the question of a change of employer should be discussed, but also a change of type of job or employer mid-career. Europeans had to be encouraged to make career changes, get retrained and facilitate mobility through tangible measures, he said, noting that this view was shared by his counterparts. The second day, the ministers discussed geographical mobility and helping the disadvantaged and unemployed find work. On geographical mobility, they agreed on the need for progress in the mutual recognition of professional qualifications.

Commissioner Vladimir Spidla argued the geographical mobility also required better coordination of social security systems and portability of rights for workers changing country. On the temporary restrictions in some Member States on the free circulation of workers from countries that joined the EU in 2004 and 2006, Necas said that after May 2009, countries wishing to continue to apply

restrictions would have to provide proof and justifications to the European Commission. He added that the Czech Presidency had the backing of Member States and the Commission in its attempts to reach a compromise with the European Parliament on the working time directive. He said the Czech Presidency would try to define a mandate that would allow it to negotiate with the European Parliament.

SOCIAL AFFAIRS – WORKING TIME DIRECTIVE

On 20 January 2009, Czech Deputy Prime Minister and Labour and Social Affairs Minister Petr Necas discussed the European social agenda with the Members of the European Parliament employment and social affairs committee.

He stressed that a series of bilateral meetings had been held with the MEPs on the committee on the directive on the organisation of working time, which has been the subject of disagreement between the Parliament and Council. He said that he intended to reach a compromise between the EP and the Council on the working time directive.

The first stage, in the Council, will be to come to a flexible position “which is acceptable to both the Council and the European Parliament. The Presidency will be very proactive, looking for a win-win strategy, proposing a new Council position. Two points have to be solved: on-call time and opt-out. “I cannot imagine a situation where the Council would agree to an opt-out, and finding agreement among 27 would be difficult after that. We have to throw ourselves into the future, through drafting a report, for example, to find a solution to the opt-out,” he commented.

Necas told MEPs that “the only way we will get this directive adopted is if each is prepared to make concessions”. Responding to MEPs' questions, the minister told Stephen Hughes (PES, UK) that “15 Member States are hiding behind the opt-out clause because the directive is not up to the job and fails to take account of the reality of the matter. It is important that sectors such as medicine and transport can operate properly”. He noted, indeed, that the Czech Republic had obtained an opt-out in the emergency services sector. He said, too, that one could not prevent someone who wanted to work longer hours from doing so.

SOCIAL AFFAIRS – WORKERS' MOBILITY

On 18 December 2008, the European Parliament adopted by 540 votes to 18 and 31 abstentions the own-initiative report by Monica Iacob-Ridzi (EPP-ED, Romania) thus giving its firm support for the European action plan on professional mobility presented by the Commission in December 2007.

The plan aims to reduce obstacles to job mobility faced by those seeking work, workers and employers. Only 2% of EU citizens work in a Member State that is not their own.

The report by Monica Iacob-Ridzi highlights the fact that the Commission's action plan affects the main aspects of mobility but that more measures are desirable in particular when it comes to tightening links between educational systems and the labour market, the diffusion of practical information, the maintenance of linguistic proficiency acquired by workers and their family members, preparation for

mobility through foreign language teaching, and above all through vocational training and apprenticeship schemes.

MEPs express concern about the number of initiatives taken by Member States aimed at amending their internal legal framework on immigration and interpreting or applying the principle of free movement of workers in a way that runs counter to the spirit and letter of Community norms in force. They recommend that such practices be stopped immediately and encourage Member States to implement programmes for the integration of EU citizens, so that the right of free movement on their territory comes into play, where necessary in collaboration with the member states of origin. MEPs also encourage Member States to speed up implementation of the joint framework for qualifications equivalence. The absence of a common framework intended for comparing, transferring and recognising professional qualifications at EU level is a considerable obstacle to cross-border job mobility.

The Iacob-Ridzi report also calls for legislative and administrative obstacles to be reduced and underlines the need to improve the system for recognising and accumulating social security rights, as well as the transfer of pensions.

Finally, MEPs support the action foreseen by the Commission, aimed at improving the acquisition and safeguarding of complementary pension rights in so far as the increased number of professional retirement schemes makes it necessary to step up portability rules in the workers' favour. As a result, the Commission is invited to present a new draft directive on the portability of supplementary pension rights. The report also invites the Commission to analyse and contribute to the possibility of soon setting in place a single European card that contains all the information on payments made by the card holder and on his/her social rights in all member states where he/she has held a professional activity.

SOCIAL AFFAIRS – SOCIAL PROTECTION COMMITTEE AND SSGI

The Social Protection Committee (a group of high-level officials has been established in 2000 to serve as a vehicle for cooperative exchange between the European Commission and the Member States about modernising and improving social protection systems) adopted a report on the application of Community rules to social services of general interest (SSGI).

In November 2007, the Commission adopted a Communication on "Services of general interest, including social services of general interest: a new European commitment." Then, the two Staff Working Documents, dealing with public procurement and state aid rules, have been issued. These documents provide answers to questions relating to the application of State aid and public procurement rules, most of which were collected during the consultation process in the area of social services. They are complemented by an "interactive information service", which is a web service aimed at providing concrete guidance to citizens, public authorities and service providers in the area of services of general interest (SGI).

In January 2008, the SPC mandated an informal working group on SSGI with the task to analyse the answers provided in the two Staff Working Documents on public procurement and State aid and on 6 and 7 March 2008, a general exchange of views on the two Commission Staff Working Documents took place within the working group who identified a series of questions deserving further examination

and prepared a questionnaire. The questionnaire was sent to Member States and stakeholders active at European level on 7 July 2008. Member States were also asked to envisage, in the preparation of their reply, an involvement of social partners and NGOs, as these actors play an important role in this field. In the report adopted by SPC the main part concerns the analyses of the answers to the questionnaire concerning the application of public procurement and state aid rules. The comments made regarding other Community rules than State aid and public procurement are also included in the report.

In a letter to the Commission, European Networks of social NGOs, representing organisations of providers of personal social services, expressed their worries that social (and health) services of general interest are only dealt with in separate policy processes. They consider that S(H for health)SGI should be dealt with in an integrated manner.

More information: http://ec.europa.eu/employment_social/spsi/ssgi_en.htm

SOCIAL POLICY – REPORT ON SOCIAL ECONOMY

The European Parliament Committee on Employment and Social Affairs on 21 January 2009 adopted a report on the Social Economy drafted by Patrizia Toia MEP (EPP-ED, Italy).

The Social Economy is a largely neglected phenomenon also because of the lack of a common definition but it generally includes cooperative firms, mutual societies, associations and foundations. According to the report, the social economy accounts for 10% of all European businesses, i.e. 2 million businesses, equivalent to 6% of all jobs in Europe, and it contributes to the creation of new jobs and helping to sustain existing ones.

Among other issues, the report calls on the European Commission to promote the social economy in its new policies and to defend the social economy's concept of 'a different approach to entrepreneurship', which is not driven solely by profit but also by social benefit. It also stresses the need for recognition of European statutes for associations, mutual societies and foundations to ensure that social economy businesses can participate at pan-European level and consequently can avoid unfair competition. Hence, it regrets that the European Commission has withdrawn the proposals on the Statutes for a European association and a European mutual society.

In order to better understand and analyse the impact of the Social Economy on the European economy, the EP Committee on Employment and social affairs asks the Commission and Council to create a statistical register of social economy companies in each EU Member State to promote a greater involvement of its representatives in EU decision-making. Finally, the Commission approved an amendment proposed by the rapporteur which asks for the launch of targeted support and instruments to facilitate, in case of a business crisis, the possibility of transforming companies into worker-owned undertakings.

The report will be considered by the European Parliament plenary in March 2009.

PHARMACEUTICALS – PHARMACEUTICAL PACKAGE

The new pharmaceutical package was presented to MEPs during the session in Strasbourg on 13 January 2009, by the European Commission Vice-President Günther Verheugen.

The Commissioner pointed out that the aim of the package was to combat the counterfeiting of medicines, guarantee better information for patients and improve pharmacovigilance. Placing emphasis, in particular, on the dangers in the development of counterfeiting (seizures of counterfeit medicines at EU borders had increased fourfold between 2005 and 2007), Verheugen underlined the need to involve the patient, who could, in future, check that boxes of medicine had not been opened and that they contained the various security features introduced by the new legislation.

During a brief debate, British MEP John Bowis (EPP - UK) welcomed the Commission's desire to place patients at the centre of the system. He welcomed the desire to ensure that product safety extends to syringes, the re-use of which continues to be the cause of many infections. If single-use or disposable syringes were in general use, there would be a reduction in the number of accidents. Bowis also noted that 5% of hospital admissions are due to adverse drug reactions and he felt that pharmacovigilance had to be improved. MEP Anne Ferreira (PSE – FR), however, was critical of the proposal authorising laboratories to provide patients with information on medicines. She felt that this would lead to advertising and bring a sharp increase in the industry's marketing budget at the expense of the research budget.

The Rapporteur in the European parliament on information to patients will be Christofer Fjellner (EPP-SE). Anne Ferreira (PSE-FR) will be shadow rapporteur on both Regulation and Directive. Linda McAvan (PSE-UK) will be rapporteur on Pharmacovigilance, Dorette Corbey (PSE-NL) shadow on the communication on Safe, innovative and accessible medicines and Dagmar Roth-Behrendt (PSE-DE) on counterfeit medicines. There will be no vote before the end of the legislature, but the rapporteurs could work on these pieces of legislations and make some preparatory works.

ENTREPRISE - MEDICINES COUNTERFEITING

On 16 December 2008, the European Commission announced the results of the "MEDI-FAKE" action, which targeted customs control on illegal medicines entering the EU. On the basis of a risk profile disseminated by the Commission, customs from the 27 Member States put special focus over a two month period on coordinated action to stop illegal medicines from entering the European Union. Among the products which were intercepted were antibiotics, anti-cancer, anti-malaria and anti-cholesterol medicines, as well as painkillers, Viagra and drug precursors. This first EU coordinated action had important results, with more than 34 million illegal medicines seized. It also highlighted a number of ways of improving the fight against trafficking in illegal, dangerous or counterfeit goods. It paves the way for future similar actions. Exceptional results have been achieved in many Member States, most notably Belgium, France, the United Kingdom and Spain. The range and number of illegal medicines stopped far exceeds any previous results. Customs at Brussels airport registered the biggest seizure of illegal medicines ever recorded in Europe: 2.200.000 counterfeit medicine tablets were seized, of which 1.600.000 were painkillers and 600.000 were anti malaria pills. This MEDI-FAKE action is the first Priority Control Action to be implemented under the Customs Risk management Framework and introduced a better risk information sharing mechanism and set uniform Community risk-selection criteria for controls, supported by computerised systems.

RESPONSE TO EMERGING INFECTIOUS DISEASE

A first general meeting of the EU financed project “Response to Emerging infectious disease: Assessment and development of Core capacities and Tools” (REACT) was organised in Berlin on 22 and 23 January 2009. HOPE is involved on the project on the basis of its work on occupational health in hospitals.

In the past the EU coordinated response to communicable diseases has experienced major challenges. Differences in public health preparedness and response have repeatedly been seen within the EU. They are difficult to explain to EU citizens and result in delayed public health interventions.

The more persons, goods and media information are moving within Europe the greater is the need for improved and coordinated response to infectious diseases within the European Union. One of the major reasons for the differences is that the evidence does not yet exist or has not yet been critically assessed.

The EU financed project “Response to Emerging infectious disease: Assessment and development of Core capacities and Tools” (REACT) is dealing with those issues. The Robert-Koch Institute, leading the project, was gathering a wide range of expertise in Berlin on 22 and 23 January 2009, for its first general meeting.

The general objective of the project, part of the ambition of the European Commission to reduce cross-border threats, is to provide evidence and tools towards a common European standard for the response to emerging public health threats which are likely to be applicable and acceptable throughout the EU for responding rapidly and co-ordinated to public health threats. The project addresses specific areas where harmonized best practices and tools are not in place, but where the need for harmonization on EU-level has been identified. These areas are crucial for international cooperation on prevention of international spread of infectious diseases.

The project will assess existing and generate new evidence. It will try to establish tools and best practices on: enhanced surveillance during international mass gathering events; surveillance of infectious diseases in health care workers; implementation of International Health Regulations on reporting from local to intermediate/national level; international contact tracing after exposure to infectious disease.

So far, there are no procedures available to assist individual countries to decide what core capacities are needed for the implementation of enhanced surveillance of infectious diseases during a specific mass gathering event. Only a few reports on validated surveillance systems for health care workers focussing on infectious diseases that are likely to cause outbreaks have been published. Close surveillance of health care workers is an important source of information on emerging pathogens of serious public health impact. Events which may constitute a public health emergency of international concern have to be notified to the World Health Organisation. The decision instrument in annex 2 of the International Health Regulation (IHR) is a guidance to assess events. But it is up to the Member States to make systems for detecting and reporting to the national IHR focal points events that needs to

be assessed for IHR notification. Finally, little evidence is available on risk of transmission of infectious diseases in conveyances other than aircrafts, consequently, guidance on when and to what extent contact tracing of passengers should be initiated is not existent.

The project is organised in work packages. Besides the work packages for the project management and evaluation, four subject-specific work packages have been established:

- Work package 4: “Enhanced surveillance during international mass gatherings”
- Work package 5: “Surveillance of infectious disease outbreaks among Health Care Workers”
- Work package 6: “Tools for local implementation of the International Health Regulations”
- Work package 7: “International contact tracing after exposure to infectious diseases”.

The project should provide instruments such as:

- a tool box of core capacities essential to cover surveillances needs in mass gathering situations and a training module;
- a frame work model and an indicator list to detect unusual or clusters of communicable illness in health care workers;
- a tool for reporting events from the local to the national level relevant for the International Health Regulations (2005);
- a criteria list for the necessity and extent of contact tracing after exposure to infectious diseases (ground travel and ship travel) and definition of a minimum set of variables for international contact tracing (all other conveyances than air travel).

Concerning health care workers, the Berlin meeting was an opportunity to debate on whether they have to be considered as amplifiers, front line in Emerging Infection Diseases control and suitable for collecting rich database? Challenges are numerous: clarifying the added value of health care workers surveillance, procedure of early alerting, defining the target population. At the same time health care workers the SARS experience showed that health care workers do not understand disease risk and transmission, since they receive limited teaching and that it is difficult to change behaviour. Equally, ethics issues and most important differences of systems are also important hurdles.

RESEARCH: THE ‘MARIE CURIE ACTIONS’ 2008

The Commission recently published a small booklet “European Research Careers, A Pocket Guide” describing the Marie Curie actions giving all kinds of opportunities for researchers, from career start up to staff exchanges and outreach.

In the larger context of the Community Framework Programmes for Research and Technological Development, the ‘Marie Curie Actions’ have always proven to be one of the most relevant and successful features. In the seventh Framework Programme (FP7), as quantity and quality of human resources have been acknowledged as one of the main competitive elements in science and technology, these actions have been regrouped in the ‘People’ Specific Programme, which is entirely dedicated to human resources in research.

The booklet describes the following actions:

- Starting Out: Initial Training Network (*ITN*);
- Research means business: Industry-Academia Partnerships and Pathways (*IAPP*);

- Research & Career Development: Intra-European Fellowships for career development (*IEF*);
- From the World to Europe: International Incoming Fellowships (*IIF*);
- From Europe to the World: International Outgoing Fellowships for career development (*IOF*);
- Back to a job: European Reintegration Grants (*ERG*);
- Back to Europe: International Reintegration Grants (*IRG*);
- Funds for Funders: CO-FUNDing of regional, national and international programmes (*COFUND*);
- Swapping staff: International Research Staff Exchange Scheme (*IRSES*);
- Research reaches out.

Available at: http://ec.europa.eu/research/fp7/understanding/marie-curieinbrief/home_en.html

EUROPEAN UNION PUBLIC HEALTH INFORMATION SYSTEM - FINAL REPORT

The European Union Public Health Information System (EUPHIX) final Report is now available. It presents the result of a project intended ‘to develop a prototype for a sustainable, web-based health information and knowledge system for the European Union’.

The EUPHIX (*European Union Public Health Information System*) project started on July 2004 coming out from the acknowledgment to move from paper reports to web-based public health information, monitoring and reporting systems. The main aim of the project was to develop the prototype for a sustainable, web-based health information providing users with relevant, structured information on issues of public health across the EU and within its 27 Member States. The website ‘www.euphix.org’ was launched on 20 June 2008. It integrates data, descriptive and analytical information, digested and evidence based knowledge.

The EUPHIX Final Report, published on July 2008, provides the Commission (DG SANCO), who funded the project, and anyone interested, with information about the backgrounds and with documentation of the work carried out.

The report can be considered a kind of ‘field guide’ to what is needed in order to build a health reporting system similar to EUPHIX, addressed to people interested in public health reporting. In fact it provides an overview of the EUPHIX project, its working process and its deliverables and contains an elaborate description of the project’s methods and design, the project organisation, the content design, the editorial process, the expert network, the dissemination and first evaluation of EUPHIX, the status of EUPHIX by June 2008 and an assessment of the future of the project. Besides this, there will be paragraphs providing background information about the technology behind the EUPHIX website, sometimes accompanied with annexes.

Available at: http://www.euphix.info/object_class/euwp_euphixendresults.html

OTHER NEWS AND PUBLICATIONS

PATIENT SAFETY - "SAFE SURGERY SAVES LIVES" - 15 JANUARY 2009

On 15 January 2009, the World Health Organization's "Safe Surgery Saves Lives" initiative held a workshop to promote the implementation and dissemination of the WHO Surgical Safety Checklist and related tools within the European region. The all-day event that took place in London featured speakers from a range of European countries and health care professions, including Dr Atul Gawande (leader, "Safe Surgery Saves Lives"), Sir Liam Donaldson (Chair of the World Alliance for Patient Safety) and Lord Darzi who has led the piloting of the checklist in England.

Surgical care has been an essential component of health care worldwide for a century, but its recent, rapid growth is now having major public health consequences. Annually, an estimated 234 million major operations are performed around the world—one for every 25 human beings on earth. There are almost twice as many operations done globally as child deliveries, and at far higher risk than child birth. A European citizen will get in average 6 to 7 operations in a life time, compared to 9 in the US.

Major complication rates are reported to range from 3-16%, and death rates from 0.2-10%, depending on the setting, translating to at least 7 million disabling complications and 1 million deaths each year. At least half of these are recognized to be avoidable, if basic standards of care were more consistently followed in developed countries as well as developing. It is then easy to conclude that surgery known to be expensive is also risky and not reliable. There are solutions already in place like specializing care, increasing production but those are not viable solutions worldwide.

The Second Global Patient Safety Challenge, "Safe Surgery Saves Lives", launched by the World Health Organization in June 2008, provides strategies and tools for reducing the rising incidence of deaths and complications from surgery worldwide. This includes the WHO Surgical Safety Checklist and defining measures to better track surgical volume and mortality. Most of the attention in the workshop was drawn on that one-page, simple Checklist. WHO aims to work with interested professional associations and Member States to have it in use in operating rooms in 2,500 hospitals by the end of 2009 and to establish simple standardized measures for evaluating surgery at a national level to track results and ensure informed public health policy development. The objective is to have at least one country in each WHO region reporting on these surgical measures by the end of 2009.

The workshop was an opportunity to present the impressive results published in the New England Journal of Medicine of 29 January 2009. Between October 2007 and September 2008, eight hospitals of eight different countries of different development level introduced the Checklist and looked at the results it produced. With the use of the Checklist the rate of death was reduced by half and the rate of complications by a third. The full text of the paper is available free of charge as an Online First publication at www.nejm.org

The main difficulty in implementing the tool is that it implies cultural change. The checklist could be perceived as another bureaucratic tool. To manage the change, creating a sense of crisis is considered as an important element, along with leadership and ownership, as "command and control" does not fit the healthcare sector. The panel discussion, with different professions and nationalities, all early

adopters of the Checklist, showed the importance of leadership, with sometimes the “help” of scandals, in implementing the Checklist in operating theatres. Some experienced skepticism of healthcare professionals, difficulty to convince despite growing evidence. On the other hand, successful implementations show the power it gives the team to break barriers and reduce unnecessary hierarchy. At the same time, the Checklist is flexible enough to include differences in surgical specialties.

The Checklist was also commented by patient organizations. There seems to be a remarkable understanding of the complexity of healthcare and human capacity for errors but a need for openness and honesty, avoid the obviously avoidable, overwhelming support of the checklist, should have to happen, going as far as asking mandatory

More information: www.who.int/safesurgery and www.safesurg.org.

STUDY ON CANCER

A study published on 16 January 2009 shows the great gap between EU Member States when it comes to treatment and the cost of treatment of cancer patients.

According to the study, delivered by Doctor Nils Wilking (Karolinska Institutet Stockholm) and Professor Bengt Jönsson (Stockholm School of Economics) financed by the pharmaceutical industry representative EFPIA, the inequalities and gaps in survival of cancer patients are particularly noticeable when comparing Eastern Europe with Northern and Western Europe.

For example, in Sweden 60.3% of men and 61.7% of women diagnosed with cancer survive compared to only 37.7% of men and 49.3% of women in the Czech Republic. According to the study, patients in Austria and France have the broadest access to newer cancer treatments, while Poland, the Czech and the UK continue to lag behind.

The authors of the report recommend speeding up the introduction of new treatments as, in Europe, 1.2 million people died of cancer in 2006.

Available at: <http://www.efpia.org/Content/Default.asp?PageID=517>

MANAGING CHRONIC CONDITIONS: EXPERIENCE IN EIGHT COUNTRIES

The European Observatory on Health Systems and Policies just published “Managing Chronic Conditions: Experience in Eight Countries” an in-depth assessment of some health system response to chronic diseases.

One of the greatest challenges facing health systems in the 21st century is the need to develop effective approaches to address the growing burden of chronic disease. Chronic diseases are complex and require a long-term, multifaceted response that coordinates inputs from a wide range of health professionals, essential medicines and – where appropriate – monitoring equipment, all of which is optimally embedded within a system that promotes patient empowerment.

With many health systems still largely built around an acute, episodic model of care, the challenge facing policy-makers, health professionals and patient organizations is how to put in place a response that better meets the needs of people with complex chronic health problems. In response to these matters, many countries have experimented with new models of, or approaches to, health care delivery for people with chronic illnesses. As health systems differ widely, each must find their own solution, nonetheless learning one from the others.

The book focuses on three items: a detailed examination and assessment of the current situation, a description of the policy framework and future scenarios, evaluation and lessons learnt. The countries included in the study are Denmark, England, France, Germany, the Netherlands and Sweden, with the addition of Australia and Canada.

The book brings together the different approaches, ideas and plans adopted by the countries to address the policy issues necessary to provide high-quality and affordable health and social care for people suffering from chronic illness. Through the inclusion of two non-European countries and the use of a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis, the study bring out some 'lessons learned' and shows some best practice.

Available at: http://www.euro.who.int/observatory/Publications/20081212_1

REMUNERATION OF GPs AND SPECIALISTS IN 14 OECD COUNTRIES

A Working Paper, published on 18 December 2008 by the OECD, describes and compares the remuneration of general practitioners (GPs) and specialists (both medical and surgical specialists) in a group of 14 OECD countries for which reasonably comparable data were available in *OECD Health Data 2007*.

Health systems employ a large and growing number of medical professionals. On average across OECD countries, the number of doctors per capita increased by 15% between 1995 and 2005. Despite these data, there are concerns in many OECD countries about current or future shortages of doctors; remuneration levels and other aspects of working conditions are important factors in attracting and retaining skilled workers such as doctors, at the same time, payments for health professionals are one of the largest costs in the provision of health services, making physician remuneration a critical concern for policy makers seeking to maintain or improve access to and quality of care while controlling costs.

The 14 OECD countries studied are: Austria, Canada, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Iceland, Luxembourg, the Netherlands, Switzerland, the United Kingdom and the United States.

Data are presented for general practitioners (GPs) and medical specialists separately, comparing remuneration levels across countries both on the basis of a common currency (US dollar), adjusted for purchasing power parity (PPP) and in relation to the average wage of all workers in each country.

The study finds that there are large variations across countries in the remuneration levels of GPs, and even greater variations for specialists. It analyses the impact of a number of factors that might explain

these variations, with a focus on certain characteristics of health systems, including the type of remuneration methods (*e.g.* salaries or fee-for-services for self-employed doctors), and the role of GPs as gatekeepers, and supply-side factors, including differences in workload (as measured by working time) and differences in the density of doctors (as measured by the number of doctors per capita).

The paper also examines the remuneration gaps between GPs and specialists within countries and, finally, collect data for a subgroup of countries on the remuneration for certain medical specialties, including paediatricians, gynaecologists and obstetricians, surgeons and anaesthetists, to illustrate the large variations in remuneration levels that also exist across different medical specialties in each country.

More information: http://www.oecd.org/topic/0,3373,en_2649_37407_1_1_1_1_37407,00.html

EUROPEAN PERINATAL HEALTH REPORT

The European Perinatal Health Report was just released by the EURO-PERISTAT project marking a first step towards providing Europe with the right tools to assess perinatal health problems and their causes.

The EURO-PERISTAT project began in 1999 as part of the Health Monitoring Programme and has continued into a third phase with the aims of developing valid and reliable indicators that can be used for monitoring and evaluating perinatal health in the EU and establishing a sustainable reporting system for these indicators.

The report brings together for the first time statistical information on the characteristics, health, and healthcare of pregnant women and their newborn babies in 25 member states of the European Union and Norway, and includes key data and analyses from three other European projects that monitor perinatal health: Surveillance of Cerebral Palsy in Europe (SCPE), European Surveillance of Congenital Anomalies (EUROCAT), European Information System to Monitor Short and Long-Term Morbidity to Improve Quality of Care and Patient Safety for Very-Low-Birth-Weight Infants (EURONEOSTAT).

It is organised into two parts: the first is a narrative section, in which the EURO-PERISTAT indicators and the contributions of the three other projects are described along with summary tables and graphs. These indicators are presented by theme: Characteristics of the childbearing population, Health services, Maternal health, Foetal and neonatal health. The second section consists of complete data tables on the EURO-PERISTAT indicators.

The European Perinatal Health Report represents the most comprehensive report on the subject to date. Furthermore it takes a new approach to health reporting, instead of comparing countries on single indicators like infant mortality (the 'report card' or 'league table' approach), this report paints a fuller picture by presenting data about mortality, low birthweight and preterm birth alongside data about healthcare and other factors that can affect the outcome of pregnancy. It also illustrates differences in the ways that data are collected, and explains how these can affect comparisons between countries. Finally, in the first chapters the report presents key findings and recommendations for promoting healthy pregnancy and safe childbirth and improving health reporting in the future.

More information: <http://www.europeristat.com/publications/european-perinatal-health-report.shtml>

HOME CARE IN EUROPE: WHO PUBLICATION

The WHO Regional Office for Europe has recently published the booklet “Home Care In Europe. The Solid Facts” that gives an overview of the various aspects of home care based on the best available evidence in Europe.

Demographic, epidemiological, social, and cultural trends in European countries are changing the traditional patterns of care, moving towards a home based model. Sustaining this hypothesis, the book presents the alternatives in organization, service delivery, funding and stewardship for home care and briefly describes some enlightening policies and programmes from cities around Europe. The publication also explores the varied cultural and care contexts in different countries, explaining why health and social services should provide high-quality and targeted home care for disabled, older people and people affected by chronic illness. It provides evidence for the effectiveness of home care, shows how it can be improved and explains the need to ensure equitable access, suggesting how to educate professionals and the public about these issues.

Available at: http://www.euro.who.int/InformationSources/Publications/Catalogue/20081103_2

THE FUTURE APPLICATION OF ROBOTICS IN HEALTHCARE

The “Robotic For Healthcare - Final Report” has been published in October 2008. It shows the results of the study funded by the European Commission, addressed to investigate the potential of robotic in healthcare.

The overall objective of the study was to develop a roadmap of promising applications of robotics in healthcare, encompassing also associated technologies, research directions and expected impact.

The study takes into account the state of the art as well as short and long-term future possibilities with a time horizon ending in 2025. It identifies also intermediate key innovations and “promising applications”, selected on the base of different criteria, such as the added value to solving key challenges in healthcare, relevant economic indicators and the possibility of effective and efficient integration in the healthcare system.

The promising applications focus on high quality, safety and efficiency of healthcare systems, provision of personalized care, disease prevention, early diagnostics, support of people in the ageing society (including home care and independent living) and support of other people in need of long-term care.

However, the study’s findings show that the overall sector of robotics in healthcare is still an emerging area, with different segments that are progressing at different speeds; hence a final conclusion about the future trajectory cannot be made at present.

Nonetheless, the report tries to enlighten drivers, barriers and challenges, which will be helpful for guiding the development into a desired direction for achieving higher quality, safety and availability of care and a shift to prevention.

Available at: http://ec.europa.eu/information_society/tl/qualif/health/index_en.htm (in “library”).

RIGHT TO HEALTH: AN ASSESSMENT OF 194 COUNTRIES

“The Lancet” journal has published on December 13th 2008 a study called “Health System and the Right to Health: an Assessment of 194 Countries”. The aim of the study is to assess the degree to which the health systems of these countries include features arising from the right to the highest attainable standard of health.

This right encompasses medical care, access to safe drinking water, adequate sanitation, education, health-related information; it includes the right to be free from discrimination and involuntary medical treatment and the right to essential primary health care, so it requires an effective, responsive, integrated health system of good quality that is accessible to all.

The assessment proposes 72 indicators. It discusses the key findings and results arising from the available indicators and the data collected, giving special attention to those most relevant for the considered item, as well as to data available at the global level and to data which provide a basis to monitor, over time, health systems and the progressive realisation of the right to the highest attainable standard of health. Finally, the study produces an overall picture of the state of the art and shows where health systems need to be improved to better realise the right-to-health.

Available at:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61781-X/fulltext#article_upsell](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61781-X/fulltext#article_upsell)

CHRONIC CARE: PATIENTS' EXPERIENCE

In November 2008 the “Health Affairs” web journal published a survey named “In Chronic Condition: Experiences of Patient With Complex Health Care Needs, in Eight Countries, 2008”.

The research, supported by the Commonwealth Fund, has the aim of understanding and comparing, through the care experience of chronically ill adults, the access conditions, safety, and care management efficiency in eight countries, which represent a diverse mix of insurance designs and primary care systems: Australia, Canada, France, Germany, the Netherlands, New Zealand, the United Kingdom, and the United States. The Commonwealth Fund International Health Policy Survey interviewed adults with chronic conditions who had recent health care experiences. The main results show that: U.S. patients appear at particularly high risk as a result of coverage gaps and poorly organized care; chronically ill patients in countries with strong primary care infrastructures tend to fare better; deficits in transitional care management during hospital discharge, inadequate coordination for patients seeing multiple clinicians, and weak efforts to engage or support patients to manage their conditions exist in all countries.

The findings of significant variations in care experiences regarding access, safety, and coordination/efficiency indicate that countries' policies and care systems make a difference for patients coping with complex, chronic conditions and highlight the need for system innovations to improve their outcomes.

More information:

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=726492.

HOPE CONFERENCES AND EVENTS CO-ORGANISED BY HOPE

ACCREDITATION OF MEDICAL LABORATORIES, 12-13 FEBRUARY 2009 - PARIS

The 1st European symposium on "Quality Management and Accreditation in Laboratory Medicine" is organized in collaboration with the European society of laboratory medicine, Biorad laboratories and the French Hospital Federation, under the auspices of the International Federation of Clinical Chemistry and Laboratory Medicine and HOPE. The symposium will be a forum to share expertise and ideas from high profile speakers from around the European Union. It will also be a platform to address future strategies to promote development and implementation of the accreditation standard EN 15 189 in the medical laboratories for all laboratory scientists, hospitals managers and stakeholders

More information: b.gouget@fhf.fr

DIAGNOSES RELATED GROUPS - 5 MARCH 2009 - BRUSSELS

HOPE and EHMA are organising a one-day Conference on "Hospital Financing: Diagnosis Related Groups – Leading the debate". This event will take place on 5th March 2009 in Brussels.

The conference is part of a broader initiative aiming to address the interaction of the DRGs agenda and the quality agenda from a comparative European Perspective. The use of DRGs is expanding across Europe. Understanding the interaction between the Macroeconomics of DRGs and the reality of day-to-day health care contracting and provision is therefore increasingly important. Within this context it is also clear that the interaction of the DRG agenda and the quality agenda is relatively unexplored, particularly from a comparative European perspective. There is therefore an important window of opportunity to shape and influence the wider debate on the use of DRGs.

This event is the first of a joint initiative between EHMA and HOPE exploring the practical applications of DRGs in health care planning and delivery. In particular we will explore the interlinkages/impacts of/between DRGs quality and service and system management. It will focus on existing experiences being undertaken in some EU Member States. It will explore good practice in the use of DRGs as well as potential limitations at an operational level. The event will take into account the perspective of the overall health system as well as the perspective of providers and clinicians.

More information: www.hope.be

Registration: sg@hope.be

ORGANISATION OF PSYCHIATRIC CARE– 20/22 APRIL - PRAGUE (CZECH REPUBLIC)

A 1st International Congress on the Organisation of Psychiatric Care is organised under the aegis of HOPE, the European Hospital and Healthcare Federation in Prague on 20-22 April 2009. The main goal of the Congress will be to present and to evaluate experiences and opinions in psychiatric care. The diversity in the organisation of psychiatric care in the Member States of the European Union, clearly indicates various opinions as well as various ways of financing psychiatric care. With growing interest from the World Health Organisation and the European Union, it seems time to look at examples of implementations as well as non optimal situations.

For more information and registration: <http://www.icopc.eu>

HEALTH PROMOTING HOSPITALS – 6/8 MAY 2009 - CRETE (GREECE)

The 17th International Conference on Health Promoting Hospitals and Health Services will take place on 6-8 May 2009, in Hersonissos, Crete with the title: “Hospitals and Health Services without Walls: New Services, New Partnerships, New Challenges for Health Promotion”.

Main topics include: Health care without walls, a vision for health promotion in health care? Integrated health promoting health care for different target groups; How to organise health promoting cooperation between different healthcare providers; Political, legal and economic preconditions for health promoting health care without walls.

The Call for Papers can be found on the conference website. The deadline for abstract submission is 31 January 2009. The Scientific Committee invites papers for oral and poster presentations on the main conference topics and on further topics specified on the conference website. Papers can be submitted online at: <http://www.univie.ac.at/hph/creta2009/abstract.php>

Onsite registration and further information about the conference venue are available at <http://www.univie.ac.at/hph/creta2009/infos.php>

EUROPEAN CONGRES HIT 2009 -- 26/28 MAY 2009 – PARIS

Hit Paris 2009, the European Congress on Health Information Systems, will take place on 26-28 May 2009, at Paris Expo – Porte de Versailles – Hall 7.3, as part of GERONT EXPO-HANDICAP EXPO 2009.

During three days, the Congress will bring together 1400 health professionals involved in the modernisation of the health information system, and will focus on four major areas:

- using information and communication technologies for better quality;
- using information and communication technologies to share information;
- information and communication technologies for better performance;
- information and communication used for care for the elderly and remote care and treatment.

For more information: http://www.health-it.fr/congres/appel_communications.asp

HOPE AGORA 2009 -- 14/15 JUNE 2009 – LISBON

In 2009, the HOPE Exchange Programme will be organised for the 28th time. The traditional HOPE Exchange Programme starts on May 18 and ends on June 15, 2009. This 4 week training period is gathering managers and other professionals with managerial responsibilities. They must be working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and having proficiency in the language that is accepted by the host country.

The exchange programme 2009 will be closed by HOPE AGORA 2009 in Lisbon on 14 and 15 June 2009 on the issue of "Health Professionals in Europe: new roles, new skills".

Save the date