



C O N T E N T

<i>EUROPEAN UNION INSTITUTIONS AND POLICIES</i>	2
CZECH PRESIDENCY OF THE EU e-Health conference	2
CZECH PRESIDENCY OF THE EU e-Health systems	2
CZECH PRESIDENCY OF THE EU Monitoring and benchmarking	3
SWEDISH PRESIDENCY OF THE EU Health Events	4
PUBLIC HEALTH Cross border healthcare in European Parliament	4
PUBLIC HEALTH Cross border healthcare and data protection	5
PUBLIC HEALTH Mobility of nurses-Chief nursing officers	6
PUBLIC HEALTH Green Paper on the workforce for health	7
PUBLIC HEALTH Health inequalities - consultation	7
PUBLIC HEALTH Mental Health Resolution	8
PUBLIC HEALTH Magnetic resonance imaging	8
PUBLIC HEALTH Health effects of electromagnetic fields	9
PUBLIC HEALTH Declaration on Alzheimer	10
PUBLIC HEALTH Public health programme 2009	10
PUBLIC HEALTH Journalism competition	11
COMPETITION Capital of medical testing laboratories in France	11
SOCIAL AFFAIRS Working Time Directive	12
SOCIAL POLICY European Court of Justice - Spain	14
ENTERPRISE Pharmaceutical package debated in the EP	14
ENTREPRISE Pharma inquiry	15
TELECOMMUNICATIONS European 112 day	15
<i>EUROPEAN PROJECTS AND PROGRAMMES</i>	16
<i>OTHER NEWS AND PUBLICATIONS</i>	18
<i>HOPE CONFERENCES AND EVENTS CO-ORGANISED BY HOPE</i>	20

CZECH PRESIDENCY OF THE EU – eHEALTH CONFERENCE

The Czech Presidency organized a ministerial conference “eHealth for Individuals, Society and Economy” in Prague, the Czech Republic from 18 to 20 February 2009. The conference referred back to eHealth conferences that were held in Spain (Malaga, 2006), Germany (Berlin, 2007), and Slovenia (Portorož, 2008).

The conference ended by the adoption of the Prague Declaration in which the Member States and the European Commission endeavour to facilitate the building of a European eHealth area which will enable access to healthcare for all citizens.

For this purpose, according to the Declaration, continued efforts are needed, particularly in the areas of telemedicine services deployment, interoperability as well as Europe-wide cooperation and exchange of best practices. Member States are encouraged to adapt their national eHealth strategies so that the individuals (patients and healthcare professionals), society and economy are all the beneficiaries of eHealth’s positive effects.

The Member States are also urged to participate in discussions about a Europe-wide governance structure for eHealth that will give additional impetus to the introduction of new services and removing existing obstacles.

During the conference HOPE co-organised and took part in the session “Users Perspectives on eHealth and Ethics” with Anders Olauson, President of the European Patients' Forum, as keynote speaker. This was followed by a discussion between users' representatives on "Key issues of the ethical use of eHealth towards building trust on eHealth solutions". All major speeches pointed out to the need for stakeholders, patients and health providers, to be more involved. Such involvement has to be two-directional, i.e., decision-makers reaching out to stakeholders and stakeholders having an active input). The Prague declaration is also stressing the need and importance of Users Stakeholders.

The Spanish presidency of the EU will organise next eHealth Conference in Barcelona on 15-18 march 2010.

More information: <http://www.ehealth2009.cz/Pages/108-Prague-Declaration.html>

CZECH PRESIDENCY OF THE EU – eHEALTH SYSTEMS

In their first informal meeting, EU healthcare state secretaries agreed to form a new formal body, aimed at aligning national eHealth systems. This should help facilitate cross-border care for European citizens. The meeting was held in the run-up to the eHealth 2009 Ministerial conference in Prague on February 18, 2009.

The formal body will include representatives from all Member States who will "take into account all views at a higher political level," said Marek Snajdr, the first Deputy Minister of Health for the Czech Republic, during a press conference. Mr. Snajdr disclosed some basic information about the "formal

body," revealing that it would serve as an umbrella organization to provide a communications platform for eHealth interoperability. He further stated that the body would be dedicated to establishing data protection standards.

"We would like the body to create a political arena and environment to convince stakeholders that eHealth is beneficial. It might help implementations at national level if all stakeholders see that there is international coordination," Snajdr said. He added that in the case of his own country, it was very difficult to implement the legislation needed for the storage of ePrescription data. "If we succeed in creating common standards in terms of data protection, this will be good for everyone," he said.

Snajdr outlined that the variety and incompatibility of eHealth systems used across Europe as well as the different stages of implementation are the main adoption barriers. Another critical aspect is that many people are wary of eHealth solutions and are afraid of innovation. "Politicians must address these concerns," Snajdr said.

The informal meeting of the state secretaries concluded that the barriers to adopting eHealth were similar across all EU countries. International coordination should now avoid the addition of new barriers and ensure that all systems become interoperable while also adequately involving all stakeholders - at a technical, professional and political level.

The conclusions of the informal meeting of the state secretaries will be discussed during the ministerial council in June this year.

CZECH PRESIDENCY OF THE EU- MONITORING AND BENCHMARKING eHEALTH

The day before the Ministerial Conference eHealth a workshop was organized in Prague on 18 February 2009 to present and to discuss the survey on monitoring and benchmarking eHealth in Europe. HOPE invited to provide the healthcare provider point of view.

The "eHealth benchmarking" study is carried out by Empirica on behalf of the European Commission, DG INFSO. The study aimed to collate and analyse existing eHealth monitoring and benchmarking sources in order to identify best practice in data gathering and to develop a framework for an EU-wide eHealth benchmarking activity. The intention is not only to help better understand eHealth progress but also to identify the main gaps, obstacles and barriers in relation to eHealth monitoring /benchmarking to be overcome in the next few years. In doing so, the study covers the Member States of the European Union, Norway, Iceland, Canada and the United States.

The benchmarking sources were identified by means of a combination of different research methods, including a survey among experts, desk research on sources of eHealth data and measurements on a supranational and European level, and research on the national level carried out by a network of national correspondents.

86 sources of eHealth benchmarking were identified but only two cover EU 27. Some healthcare actors are even not covered at all by any survey. One way would be inclusion in existing data gathering activities or a European observatory series of dedicated surveys, repeated at regular intervals, satisfying needs of different stakeholders

The presentation of the study was followed by four examples: the eHospital census now aiming at market forecasting; the use of ICT in Greek public and social security hospitals; the compared perception of citizens and doctors in several European member states; the survey on ICT and EHealth use among GPs in Europe in 2007.

More information: <http://www.ehealth-benchmarking.eu/>

SWEDISH PRESIDENCY OF THE EU – HEALTH EVENTS

Following the current Czech EU presidency, the Swedish Presidency will take place between 1st July and 31 December 2009. It takes place during a challenging period as the new Parliament will be newly elected and a new Commission should be instituted. Moreover, in autumn 2009 the Irish referendum will be held with the unknown future of the Lisbon Treaty, which gives more uncertainty to the Swedish Presidency.

In relation to social policies the Swedish presidency is preparing some meetings such as:

- Innovative Incentives for Effective Antibacterials (September 17, Stockholm),
- 8th European Roundtable on Poverty or Social Exclusion (October 15-16, Stockholm),
- Expert conference on the prevention of alcohol-related harm (September 21-22, Stockholm),
- Expert conference on healthy, active and dignified ageing (September 15-16, Solna),
- Workshop on health threats-zoonoses and climate impact- (July 2-3, Jonkoping),
- High level conference on exclusion (October 26-27; Stockholm).

PUBLIC HEALTH –CROSS BORDER HEALTHCARE IN EUROPEAN PARLIAMENT

The discussion on the proposal for a Directive of European Parliament and on the application of patients' rights in cross-border healthcare adopted in July 2008 is ongoing in the European Parliament and the Council.

The proposal was debated in February within the ENVI (Public Health), EMPL (Employment and Social Affairs) and IMCO (Internal Market and Consumer Protection) committees of the European Parliament. Votes in both IMCO and EMPL committees have been delayed to 9 March 2009, which is only one week later than the original plans, but only three days before the ENVI committee, the lead committee, is to adopt its position on 12 March 2009. The reason of the postponement is that the ENVI Committee, asked the Legal Affairs Committee for advice on the legal basis of the proposed Directive.

This created some tensions. The EMPL committee informed that it occurred without informing the Committees for opinion under enhanced cooperation (EMPL and IMCO). Furthermore, the chair of the EMPL committee indicated that the lead Committee (ENVI) is not acknowledging the fact that, pursuant to the enhanced cooperation, some of the amendments adopted by the EMPL Committee should be accepted by the lead Committee without a vote. This concerns Articles 6 to 9 of the draft directive. There are also some discussions on the competences of the committees involved. In the

ENVI committee, the MEPs will have to look for compromises on prior authorisation reimbursement mechanisms.

Regarding the opinion of the Committee on Legal Affairs (JURI) which was done on the request of the chair of the ENVI committee, the consultation was considered at the JURI meeting on 12 February 2009. JURI analysed the question of amendments that have been tabled in the ENVI to change the legal basis from Article 95 of the EC Treaty to Article 152; Articles 16 and 152; Articles 42, 152 and 308; Articles 137 and 152, or Articles 95 and 152. JURI committee referred to the principles set out in the case-law of the Court of Justice. In conclusion the JURI committee states that the sole legal basis possible is Article 95 alone and it has to be underlined, however, that the analysis is based on the Commission's proposal. Further analysis of the legal basis could be necessary if amendments adopted in the vote in committee substantially altered the aim and content of the proposal. At its meeting of 12 February 2009 the Committee on Legal Affairs accordingly decided to recommend that the proposal for a directive should be based on Article 95 of the EC Treaty.

PUBLIC HEALTH – CROSS BORDER HEALTHCARE AND DATA PROTECTION

In order to make the proposal for a directive on the application of patients' rights in cross-border healthcare more understandable, the European Data Protection Supervisor (EDPS) provided a number of recommendations, in terms of basic steps for amendments.

Step 1 concerns the definition of health data. Article 4 defines the basic terms used within the proposal. The EDPS strongly recommends introducing in this Article a definition of health data. A broad interpretation of health data should be applied.

Step 2 concerns the introduction of a specific article on data protection. The EDPS also strongly recommends the introduction of a specific Article on data protection within the proposal, which could set the overall privacy dimension in a clear and understandable way. According to the EDPS this article should:

- describe the responsibilities of the Member States of affiliation and treatment, including - among other- the need for security of processing, and
- identify the main areas for further development, i.e. security harmonization and privacy integration in e-health. For these matters specific provisions can be made (within the proposed Article), as presented in Steps 3 and 4 below.

Step 3 concerns the specific provision for security harmonization. Following the amendment of step 2, the EDPS recommends that the Commission adopts a mechanism for the definition of a commonly acceptable security level of the healthcare data at national level, taking into account existing technical standards in this field. This should be reflected in the proposal. A possible implementation could be through the use of Comitology procedure, as this is already described in Article 19 and applies for other parts of the proposal. Moreover, additional instruments could be used for the production of relevant guidelines, including all concerned stakeholders, like the Article 29 Working Party and the EDPS.

Step 4 concerns the privacy integration in the ePrescription template. Article 14 on the recognition of prescriptions issued in another Member State provides for the development of a Community

prescription template, supporting interoperability of e-Prescriptions. This measure shall be adopted through a Comitology procedure, as this is defined in Article 19(2) of the proposal. The EDPS recommends that the proposed e-Prescription template incorporates privacy and security, even at the very basic semantic definition of this template. This should be explicitly mentioned in Article 14(2)(a). Again the involvement of all relevant stakeholders is of major importance. In this respect, the EDPS wishes to be informed about and involved in further actions taken on this issue through the proposed Comitology procedure.

Step 5 concerns the subsequent use of health data for statistical and monitoring purposes. In order to prevent misunderstandings, the EDPS encourages clarifying the notion 'other additional data' in Article 18(1). The Article should furthermore be amended in the sense that it refers more explicitly to the requirements for subsequent use of health data as laid down in Article 8(4) of Directive 95/46/EC. Moreover, the obligation to transmit all the data to the Commission, contained in the second paragraph, should be made subject to an assessment of the necessity of such transfers for legitimate purposes which are duly specified in advance.

In the positions, EDPS highlights that the organisation supports the initiatives improving the conditions of cross-border healthcare. However, EC healthcare related initiatives are not always well-coordinated with regard to ICT use, privacy and security, thus hampering the adoption of a universal data protection approach towards healthcare.

More information: <http://www.edps.europa.eu/EDPSWEB/edps/site/mySite/pid/30>

PUBLIC HEALTH – MOBILITY OF NURSES - CHIEF NURSING OFFICERS

Can we ensure and maintain an adequate workforce in Europe to meet the increasing need for health and social care? This is one of the main questions of the Green Paper on the European Workforce for Health recently launched in December 2008 by the European Commission. This was also the core issue of the Policy Dialogue on the migration of nurses organized by the European Commission and the WHO European Observatory in Prague on 5 and 6 February 2009.

This policy dialogue on migration is part of a series of policy dialogues, each of which is looking into a specific policy aspect related to the position of nurses, social care workers and lower-skilled health care workers: planning, training, coordination of care across settings, the role of new technologies.

This one in particular should help feed the Green paper which is expected to lead to sharing of experience in the field of retention policies in source countries and foreign recruitment policies in destination countries as well as to generate some debate about how to commonly address workforce challenges in the European Union.

The European Parliament, also specifically concerned about the increasing imbalances in the health workforce, asked the Commission to organise a range of studies and events to increase the awareness around human resources questions in the health sector and to support mutual learning from each others' experience.

The policy dialogue on the migration of nurses intended in particular to position the issue of migration in the broader context of labour dynamics and the employment situation of the nursing profession and to estimate the magnitude of the phenomenon of migration (based on the best available data). It was also to share relevant experience on how countries perceive and address.

The participants to this policy dialogue were Chief Nursing Officers of EU Member States or equivalent. Selected representatives from professional nursing associations or chambers were also invited. HOPE was invited to speak on the final panel.

PUBLIC HEALTH- GREEN PAPER ON THE WORKFORCE FOR HEALTH

On 13th February 2009, a roundtable debate in relation with the Green Paper on the workforce for health took place in Brussels organized by EHMA. This green paper was adopted on 12 December 2008 and the consultation period will last till 31 March 2009.

HOPE attended this meeting mainly focused on how to tackle the eastern-western movement of the health workers. Some experts on the issue, such as Elisabeth Kidd (DG SANCO), François Decaillet (WHO-EU), Michael Wilks (Standing Committee of European Doctors) and Lucca Brusati (Bocconi University) tried to share their knowledge to arrive to some joint conclusions.

Regarding the topic, it was very difficult to reach concrete decisions, as the world is changing very fast and as the current crisis was affecting the health sector too. The ageing workforce and population, low fertility; inverted pyramid and the differences between western-eastern countries are making deep changes in the health systems.

There is paradox between the internal market rule (Free movement of workers) and the aim of this Green Paper. But it is mainly about providing the workforce with better conditions and salaries that recognize the knowledge acquired in western countries.

More information: http://ec.europa.eu/health/ph_systems/workforce_en.htm

PUBLIC HEALTH- HEALTH INEQUALITIES- CONSULTATION

The European Commission DG SANCO launched a consultation to collect different views on how the European Union can contribute to reducing health inequalities both within and between Member States. The inputs to the consultation paper can be sent to the Commission no later than 1st April 2009. The responses will feed into the development of a Communication tabled in the Commission Legislative and Work Programme for 2009.

More information:
http://ec.europa.eu/health/ph_determinants/socio_economics/documents/cons_paper_en.pdf

PUBLIC HEALTH – MENTAL HEALTH RESOLUTION

On 19 February 2009, the European Parliament adopted, by 609 votes to 33 and 14 abstentions, the report by Greek Socialist Evangelia Tzampazi.

The MEPs call on Member States to step up awareness of the importance of good mental health, mainly among professionals in the health sector but also in target groups such as parents, teachers, social and legal service providers, employers, healthcare workers and, above all, the general public.

The resolution calls on the European Union to use available funding possibilities in the context of the 7th framework programme for research in the field of mental health and welfare, as well as interaction between mental health problems and physical health problems. It also calls on Member States to examine the possibilities of funding mental health initiatives from the European Social Fund and the European Regional Development Fund. It calls on Member States to foresee screening for mental health problems within general health services, and screening for physical health problems within mental health services.

The Parliament calls on the European Commission to extend the mission of the European Centre for Disease Prevention and Control to mental health. Furthermore, it underlines the role of the media in determining changes to the way one looks at mental health and calls for European guidelines to be drawn up recommending that mental health be covered responsibly by the media. It invites Member States to help and strengthen the bodies representing persons faced with mental health problems and their carers, in order to facilitate their participation in the development and implementation of policies, and in all phases of research into mental health.

The Parliament also considers that removing the stigma from mental health presupposes giving up the use of invasive and inhumane practice, as well as internment. It finally considers it necessary to promote and support psychosocial rehabilitation with small public, private or mixed residential structures, either for daytime or residential attendance, which re-establish the family dimension and model and are a part of the urban context, in order to promote integration during the whole phase of the therapeutic and rehabilitation process.

More information: <http://www.europarl.europa.eu/oeil/file.jsp?id=5680602>

PUBLIC HEALTH – MAGNETIC RESONANCE IMAGING

On 17 February 2009 the draft report on magnetic resonance imaging by Frédérique Ries (ALDE, BE) has been voted by the European Parliament Environment and Public Health Committee. In her report Frédérique Ries is raising questions on the health concerns associated with electromagnetic fields. The aim of this report is to give answers to citizens who use the devices concerned and /or live close to base stations or high voltage power lines.

Following the vote, the Alliance for MRI (Magnetic Resonance Imaging) welcomed the support for a derogation for MRI (Magnetic Resonance Imaging) from EMF Directive (EU Physical Agents 2004/40/EC Directive to reduce adverse health effects on workers linked to short-term exposure to electro-magnetic fields).

The “Alliance for MRI” is a coalition of European Parliamentarians, patient groups, leading European scientists and the medical community, who together are seeking to avert the serious threat posed by EU health and safety legislation to the clinical and research use of MRI.

The amendment calling for the European Commission to introduce derogation for MRI from the scope of the EMF Directive (Amendment 35) received cross-party support. In addition, the following two recitals were carried: “Whereas the use of Magnetic Resonance Imaging (MRI) must not be threatened by Directive 2004/40/EC as MRI technology is at the cutting edge of research, diagnosis and treatment of life-threatening diseases for patients in Europe,”“Whereas the MR safety standard IEC/EN 60601-2-33 establishes limit values for electromagnetic fields which have been set so that any danger to patients and workers is excluded.”

The plenary vote on the report will take place on 26th March 2009.

More information:

<http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+COMPARL+PE-418.284+01+DOC+PDF+V0//EN&language=EN>

PUBLIC HEALTH - HEALTH EFFECTS OF ELECTROMAGNETIC FIELDS – OPINION

On 19th January 2009, the Commission's independent Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) published its opinion on possible health effects of electromagnetic fields (EMF).

Due to rapid technological advances and new scientific research, the Commission asked the Committee to update its opinion from 21 March 2007. The update considered more than 200 new scientific papers yet the conclusions differ little from the earlier opinion. Based on current evidence the main conclusions remain that radio frequency fields used in wireless communication technologies are unlikely to lead to an increase in cancer in the human population at large.

However, further studies are needed to clarify if long-term exposure to mobile phones (well beyond 10 years) increases cancer risk for an individual using a mobile phone frequently and to examine the effects on children.

The Commission has committed research funds from the 7th research framework programme to investigate the link between mobile phones and brain cancer risk in children. Data for health effects of intermediate frequency fields used, for example, in metal detectors or anti theft devices in shops, are still lacking. This area of research is important given the increasing exposure to these products and will thus need to be continued. The updated opinion confirms the 2007 opinion that extremely low frequency fields, used in high voltage power lines might contribute to childhood leukaemia. Furthermore, the updated opinion identified 2 new epidemiological studies that indicate a possible link to Alzheimer's disease. These are serious matters and further investigation will be pursued.

More information: http://ec.europa.eu/health/ph_risk/committees/04_scenihr/docs/scenihr_o_022.pdf

PUBLIC HEALTH – DECLARATION ON ALZHEIMER

The European Parliament adopted on 3 February 2009 a Written Declaration on the priorities for fighting Alzheimer's disease.

The Declaration was initiated by Françoise Grossetête MEP, Chairwoman of the European Alzheimer's Alliance, and her fellow MEPs John Bowis, Antonios Trakatellis, Katalin Levai and Jan Masiel. With this Declaration, they are calling on the European Commission and Member States to recognise Alzheimer's disease as a priority for public health policy. They would like them to elaborate a European action plan in order to promote European research on the causes, prevention and treatment of this disease, improve early diagnosis, simplify administrative procedures and promote the role of Alzheimer associations. According to the statistics, from the age of 85, one woman out of four and one man out of five are affected by Alzheimer's Disease in Europe.

More information:

<http://www.epped.eu/Press/showpr.asp?PRControlDocTypeID=1&PRControlID=8274&PRContentID=14362&PRContentLG=en>

PUBLIC HEALTH – PUBLIC HEALTH PROGRAMME 2009

On 26 February 2009, the Commission published its decision adopting the work plan for 2009 for implementation of the programme of Community action in the field of health (2008-2013), including budgetary implications and funding criteria for grants. The total operating budget is estimated at EUR 48 261 000.

The decision:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:053:0041:0073:EN:PDF>

At the same time, the Commission also published the 2009 call for proposals for projects and the respective guide for applicants.

The call for projects:

http://ec.europa.eu/eahc/documents/health/calls/2009_CALL_PROJECTS.pdf

The guide for applicants:

http://ec.europa.eu/eahc/documents/health/calls/2009_Guide_Projects.pdf

All proposals should address important problems in the European public health and be in line with the Commission's priorities expressed in the Work Plan. The successful proposals should concentrate on aspects of public health that cannot be achieved on a national level. They should ensure a significant impact across the EU.

On 18th March 2009, the Executive Agency for Health and Consumers (EAHC) will organise Information Day on the 2009 Calls for proposals. This will be an opportunity to learn about the Health Work Plan for 2009, to take part in small-size workshops aimed at sharing experience and knowledge and to know how to fill in the application forms including technical, financial and IT-related

information. Participants will also have the possibility to discuss with their national focal points, European Commission officials and EAHC staff and receive guidance on project writing and management. The EAHC, based in Luxembourg, implements the EU Health Programme, the Consumer Programme and the Better Training for Safer Food initiative of the European Commission.

The deadline for submitting proposals is 20 May 2009.

More information on Infoday: <http://ec.europa.eu/eahc/health/infoday.html>

PUBLIC HEALTH – JOURNALISM COMPETITION

On 17 February 2009, the European Commission launched the first European journalism competition ever in the field of health - a competition for journalists of the written press and electronic press.

The award will be one of the pillars of the recently launched “Europe for Patients” campaign. According to a Commission, it will help to reward and promote quality health journalism from one end of Europe to the other, on one hand, and to stimulate and fuel the debate on European health questions and more particularly on initiatives under the “Europe for Patients” campaign, on the other.

Articles published in the written or electronic press between 2 July 2008, the date of the first initiative of the campaign and the 5 June 2009, the deadline for participation, will be taken into consideration. Journalists are invited to submit their articles using an online formula available on the “Europe for Patients” internet site.

After a selection procedure, 27 finalists will be invited to Brussels in autumn 2009 for a seminar on the theme of health in Europe intended for the media, and for a prestigious prize-giving ceremony, under the auspices of European Health Commissioner Androulla Vassiliou. The first prize will be EURO 5,000, the second EURO 3,000 and the third EURO 2,000.

More information: http://ec.europa.eu/health-eu/europe_for_patients/prize/index_en.htm

COMPETITION - CAPITAL OF MEDICAL TESTING LABORATORIES IN FRANCE

In February 2009 the European Commission resolved to refer France on the European Court of Justice on the legislation that limits to 25% the share capital of a medical analysis laboratory that can be held by non-health professionals.

After the last year investigations and the inspections on the principal biomedical analysis sites, the European Commission considered the France’s behaviour anti-competitive and against the EU free competition principles, requiring a greater openness of the capital of the laboratories.

The French professionals, on their side, fear that a major involvement of private and non medical capital into professional services that are exclusively healthcare-focused and governed by professional ethics could lead to a prevalence of financial interests on patient’s needs.

SOCIAL AFFAIRS – WORKING TIME DIRECTIVE

On the 17th of December 2008, the European Parliament adopted at second reading 22 amendments to the Common Position by the Council on the Working Time Directive. In its opinion published on 4 February 2009, the European Commission says it can accept 15 of these amendments, either in full or in part.

The opt-out clause, the on-call-time, the compensatory rest and the calculation of working time per worker and not per contract remain the main points of discussion between the European Parliament and the Council. However, the Commission remains convinced of the urgent importance of adopting the amending proposal before the end of the present legislative mandate.

On-call time

The Commission is able to support Amendment 9 concerning on the inactive parts of on-call time (Article 2a), but is prepared to explore a possible overall compromise on the issues covered by amendment 9, which at present are dividing the co-legislators.

This amendment has four parts. The first part states that both active and inactive periods of on-call time shall be regarded as working time (under the Common Position, active periods are working time, but inactive periods are not regarded as working time unless national law or collective agreements so provide. This also reflects the Commission's original and amending proposals).

The second part provides that when calculating working time, inactive periods of on-call time may be counted in a specific manner, (other than hour-for-hour), by national law or collective agreements (the Common Position contains a similar provision, although there are differences of detail).

The third part deals with whether inactive periods of on-call time may be counted towards minimum rest periods (the Common Position allows this to be done by national law or collective agreement; but under the amendment, inactive on-call time could not be counted towards minimum daily or weekly rest periods).

The fourth part deletes a statement in the Common Position that active periods of on-call time are always to be regarded as working time (this point would, instead, be covered by the broader statement in the first part of the Parliament's amendment).

The Commission accepts the third part of Amendment 9, which states that the inactive part of on-call time shall not be counted towards minimum rest periods required by the Directive. This reinstates an important provision from the Commission's original and amending proposals. The Commission can also accept in substance the first, second and fourth parts of the amendment, so that periods of inactive on-call time would be regarded as working time, but could be counted in a specific way when calculating working time. In particular, the Commission considers that the second part of the amendment could, in principle, make a valuable contribution to an overall solution regarding on-call time which would be acceptable both to Parliament and to Council, subject to some reformulation of the text so that the experience in the sector concerned, and compliance with the general principles of protecting workers' health and safety, are both included as relevant criteria.

The opt-out

The Amendment 4 (*opt-out*) (Recital 11) is rejected by the Commission. The amendment makes two changes to the recital about the future of the opt-out: it adds the word 'final' regarding the individual worker's decision to use the opt-out, and states that the Directive's provision for opt-out should end.

The Commission says it cannot accept this amendment. As regards the word 'final', this word was supposed to indicate that the ultimate decision whether to work longer than the 48-hour limit is made by the worker. However, the Commission considers that it could be misleading, since a worker's agreement to opt-out is not final in the sense of being a permanent agreement, and can be withdrawn. For this reason, the Commission would prefer to delete the word at this stage.

The Amendment 5 (*deleting framework for any use of the opt-out*) (Recital 12) is also rejected. The amendment deletes a recital which sets the opt-out in context as a derogation from the 48-hour limit to working time, which is subject to the effective protection of workers' health and safety and to the express, free and informed consent of the worker concerned. The recital also states that the opt-out must be used subject to appropriate safeguards to ensure that those conditions are respected, and to close monitoring.

The Commission could accept this amendment, but only in the context of the solution envisaged by the Parliament (the abolition of the opt-out, under Amendment 16).

The Amendment 6 (*deleting a proviso that other forms of flexibility should be considered before resort to opt-out*) (Recital 13) is rejected. The Commission could accept this amendment, but only in the context of the solution envisaged by the Parliament (the abolition of the opt-out, under Amendment 16).

Amendment 16 (*opt-out*) (Article 22 paragraph 1) is rejected. The amendment would have the effect of terminating the possibility for Member States to allow use of the opt-out, three years after the amending proposal enters into force. The Commission's amended proposal was to eliminate the opt-out after 3 years (but with a proviso that Member States already using it at that stage could apply for a further extension of time, subject to a further review.) The Commission says it cannot accept this amendment.

Amendment 17 (*period for validity of individual opt-out*) (Article 22, paragraph 2, point (a)) is rejected. The amendment provides that where a worker agrees to opt out of the 48-hour limit to average weekly working time, that agreement shall be valid for a period not exceeding six months (rather than one year, under the Common Position). The Commission had proposed a period of one year in its original and amended proposals. The Commission says it cannot accept this amendment, because it would primarily add a bureaucratic burden not in line with better regulation.

SOCIAL POLICY – EUROPEAN COURT OF JUSTICE – SPAIN

The European Commission takes the view that Spain discriminates against EU pensioners by refusing them access to free medication when they stay temporarily in Spain, and it therefore sent a reasoned opinion to Spain on Thursday 19 February 2009 for failing to comply with EU legislation on social security rights for people travelling in Europe. The Spanish authorities now have two months to respond. If they fail to do so or if the response is unsatisfactory, the Commission can decide to take Spain to the European Court of Justice.

In its press release, the Commission explains that under EU legislation (Article 31 of Regulation 1408/71), pensioners staying temporarily in another EU country can make use of their European Health Insurance Card (EHIC) to receive necessary healthcare under the same conditions as pensioners insured in that country. The European Health Insurance Card (EHIC) facilitates access to necessary care when the holder falls ill or has an accident in one of the participating countries. It can be used on any temporary stay abroad, be it for holidays, work or studies. Over 170 million Europeans now hold an EHIC, which is valid in 31 European countries (EU + Switzerland, Norway, Iceland and Liechtenstein).

Spanish legislation allows pensioners insured in Spain to get medication for free. But EU pensioners are required to show an additional document issued by their national social security services, in Spanish, to certify that they are in receipt of a state pension. The Commission believes this is contrary to European provisions and discriminates against EU pensioners on holiday in Spain. Moreover, the requirement to present a supplementary document is not consistent with the principles of the European Health Insurance Card, which aims to simplify procedures and reduce red tape for people travelling in Europe.

ENTERPRISE – PHARMACEUTICAL PACKAGE

The EU Commissioner for Enterprise and Industry, Günter Verheugen, on 17 February 2009 had an exchange of views with the Environment and Public Health committee of the European Parliament on the proposed pharmaceutical package proposed by the European Commission on 10 December 2008

The package focuses on three priority policy areas: Protecting the European market from counterfeit medicines; Improving pharmacovigilance to reduce the adverse effects on medicines; Improving information for patients on prescription of medicines. The Commission's proposals must now to be approved by MEPs and the EU Member States and are not expected to enter into force before 2011 or 2012.

Günter Verheugen during the exchange of views in the European Parliament stressed that it is very important that patients can have confidence in the quality of legal pharmaceutical products. That is why the clear rules should apply to all.

Regarding the difference between advertisement and information, Günter Verheugen stated that any newspaper, any magazine contains information where this grey zone exists, for example: press on cars, medicine, leisure and lifestyle. He recommended that a code of conduct should be established with strict guidelines as to what can be done and cannot be done.

In relation with counterfeit ingredients he stressed that in fact 80% of the ingredients in the medicine are not produced in the EU. 80% of those active ingredients are imported. That's why the focus specifically on monitoring and control is needed. Obviously the responsibility lies with manufacturers who should make sure that the ingredients they use are not counterfeit or falsified.

Although he expressed some doubts regarding the possible control of the internet pharmacy altogether, he confirmed that the restriction of medicine trade on internet can not be done. The Member States should control it.

ENTERPRISE – PHARMA INQUIRY

A sector inquiry into the pharmaceutical industry was published on 28 November last year, alleging breaches of competition law by the pharmaceutical industry. It accused established firms of delaying the entry of cheap generic medicines onto the market and blocking competitors' efforts to develop new drugs. Following the publication of the interim report, the European Commission has received over forty submissions to the consultation process launched in the wake of its inquiry into the pharmaceutical sector. Public consultation finished on 31 January 2009

The contributions will be posted online on the European Commission's website and the comments will be taken by the European Commission when drafting final report which is expected in the spring/summer of 2009. The manner of the investigation was strongly criticized by industry representatives, but the Commission justified its actions by saying it believed some companies may be engaged in restrictive business practices and/or the abuse of a dominant market position".

More information: <http://ec.europa.eu/competition/sectors/pharmaceuticals/inquiry/index.html>

INFORMATION SOCIETY – EUROPEAN 112 DAY

On 11 February 2009, the European Commission, European Parliament and Council of Ministers, signed a tripartite declaration establishing 11 February as the "European 112 Day", the European emergency number.

Although this single number is now accessible in all 27 Member States, many citizens do not know about it or what it is for. European 112 Day will be used to spread the word about 112 and push national authorities to make the EU's single emergency number more multilingual. Although Bulgaria and Romania, the two last Member States to join the European Union, organised excellent awareness campaigns among their citizens, the organisation of such campaigns remains a challenge for other countries, commented Martin Selmayr, Commissioner Reding's spokesman.

Overall, only 24% of the Europeans surveyed could spontaneously identify 112 as the number on which they can call emergency services anywhere in the EU, and 28% of callers have experienced language problems when they called 112 while abroad.

PHARMACEUTICAL HEALTH INFORMATION SYSTEM (PHIS) NETWORK

HOPE has just joined the Pharmaceutical Health Information System (PHIS) network as a partner.

The PHIS project, funded by the European Commission, aims at increasing knowledge and exchange of information on pharmaceutical policies, in particular on pricing and reimbursement, in the European Union Member States, covering both the outpatient and the inpatient sector. It puts also a clear focus on the hospital sector, seeking to learn more about pharmaceuticals in hospitals.

The PHIS project management is a consortium of the project leader *Gesundheit Österreich GmbH, Geschäftsbereich Österreichisches Bundesinstitut für Gesundheitswesen* /Austrian Health Institute (GÖG/ÖBIG) a research institute situated in Vienna (Austria), and four associated partners: the Italian Medicines Agency (Italy), the International Healthcare and Health Insurance Institute (Bulgaria), SOGETI Luxembourg SA. (Luxembourg) and the State Institute for Drug Control (Slovakia).

The project deliverables will be a PHIS Glossary, a PHIS Library, offering country specific information on outpatient and inpatient pharmaceutical pricing and reimbursement for the EU Member States, the PHIS Indicators and the PHIS Database, containing major data for the developed indicators in the Member States, and a PHIS Hospital Pharma Report.

Further information on the PHIS website, at: <http://phis.goeg.at>

QUALITY IN SOCIAL SERVICES OF GENERAL INTEREST – WORKSHOP

With ageing dramatically increasing, the linkage between health and social care is becoming crucial. In the European jargon, the border between the two sectors is even more complex to decipher with the concept of “Social Services of General Interest”. So when an initiative is taken in the social care sector at European level, the healthcare sector should better be watching this carefully.

On 9 February 2009, the CEN (Centre for European Normalisation) organised its first workshop on quality. CEN has been producing a lot of the norms we use today in Europe, on equipments as well as on organisation. Here, the goal is not to produce standards but consensus on quality of social services, and somehow on health services.

This follows recent developments in this field. After a series of activities related to quality of social services in Europe, the Platform of European Social Non-Governmental Organisations (representing different types of social care activities) adopted a common position paper on quality social and health services in June 2008. This position paper aims at safeguarding the provision of quality social and health services and intends to reach highest quality levels and create equal opportunities and independent participation in society.

In parallel, an EQUASS approach was developed by the European Platform for Rehabilitation, different of the other approaches on the market in that it is customised to the social sector. While there

is some inevitable overlap between the Business Excellence model (EFQM) and the EQUASS model, there are also important distinctions. The EQUASS approach is characterised as a non-prescriptive approach and therefore it respects the European cultural variety in the provision of social services. It is based on a self-evaluation process and external verification of measurable performance indicators.

The workshop on quality of 9 February 2009 was carried out in the framework of the project Prometheus, financed by the European Commission through the PROGRESS programme “Promoting Quality of Social Services of General Interest.” The project addresses the various aspects of quality: definition of quality (quality framework and criteria), measurement (indicators), assessment (processes, procedures for (self)-assessment) and improvement of quality of Social Services of General Interest.

OTHER NEWS AND PUBLICATIONS

SUSTAINABLE HEALTHCARE FINANCING IN EUROPE

The second report of the Initiative for Sustainable Healthcare Financing in Europe was presented in Prague as an EU Presidency event on 18 February 2009. The overall initiative is financed by the pharmaceutical company Pfizer and has the support of the Health Ministry of Luxembourg.

This time the report is made up of two separate studies, both of importance for the pharmaceutical industry and in particular Pfizer: one on chronic diseases and one on health technology assessment (HTA).

Reinhard Busse of the University of Technology of Berlin led the work on the future of managing chronic disease in Europe. The report gives an overview of the available strategies and interventions as well as empirical information on their effectiveness and cost-effectiveness.

During the Prague conference, the presentation of Busse was followed by a panel made up of: Skrinath Reddy (Public Health Foundation of India), Professor Jean-Pierre Bayens of International Association of Gerontology and Geriatrics and Iva Holmerova of the Czech Alzheimer's Society. The three were somehow critical of the paper. Reddy insisted on the importance of the human resources with task shifting and sharing. He also emphasized that better care and allocation of money should be linked. Bayens found that ageing was missing and Holmerova considered that the reality of the XXIst century, century of neuro-degenerative diseases was not taken into account.

Panos Kanavos from the London School of Economics was presenting the work on the future of HTA in Europe. The report presents the different experiences European member states have with HTA and make some suggestions for internal collaboration. Not surprisingly it focuses a lot on involvement of stakeholders (ie, the industry).

The panel to respond to his presentation was constituted of Susan Knox of Europa Donna, the European Breast Cancer coalition. She insisted on having European standards the way there are guidelines on breast cancer. Tomas Dolezal speaking on the Czech Republic described the situation is the only EU Member State without a real HTA agency. Finally, Jérôme Boehm representing the Directorate General Health concluded on the perspectives. HTA is present in the Directive on cross border care in article 17. The European Network of HTA agencies (EUNetHTA) should soon find a more sustainable future.

More information: www.sustainhealthcare.org

PUBLIC HEALTH – US CHAMBER OF COMMERCE

The US Chamber of Commerce to the European Union (AmCham EU) has set up a new healthcare committee focusing on enhancing the relationship between health and wealth, promoting the benefits of e-health, informing the debate on cross border healthcare and raising the profile of healthcare issues in transatlantic relations.

More information: www.eucommittee.be

ANTIDEPRESSANT CONSUMPTION - IRDES PUBLICATION

The IRDES (Institut de Recherche et Documentation en Économie de la Santé) has published the Working Paper “Evolution 1998-2002 Of The Antidepressant Consumption In France, Germany and the United Kingdom”.

The study aims to explain the evolution in consumption between 1998 and 2002 and the different types of antidepressant used in the considered countries, comparing antidepressant consumption as a whole and by therapeutic sub-class, together with changes in consumption.

Commercial databases (IMS Health) have been used in conjunction with administrative data (PACT for the UK, GKV for Germany and Afssaps for France) to estimate antidepressant consumption in Daily Defined Doses, covering the widest possible population in each country and all the treatments prescribed to patients both in and out of hospital.

The findings of this study enlighten both medical and economic differences in the level and structure of consumption in these three countries.

More information:

<http://www.irdes.fr/EspaceAnglais/Publications/WorkingPapers/DT21EvoluAntidepressantConsumFranceGermanyUk.pdf>

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.

Fore 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".