# General Report

on the Activities of the

# European Hospital and Healthcare Federation

## 2016

hope

European Hospital and Healthcare Federation

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**General Report on the Activities of the European Hospital and Healthcare Federation — 2016**

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# General Report

on the Activities of the

# European Hospital and Healthcare Federation

## 2016

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# Introduction

The year 2016 marked an important turning point in European politics. The so-called Brexit referendum held in June spread uncertainty on the future of the European Union and its integration process. Furthermore, the leave vote may have major implications on the NHS and on health and social care workers both in the UK and on the continent.

Last year was also a year of change in European health-related policies. While much legislation of interest to HOPE was adopted (e.g. Regulations on medical devices, data protection and falsified medicines), several new initiatives gained momentum on the European political agenda. HOPE closely monitored developments and joined discussions around several topics, such as migrants' health, access to medicines, prudent use of antibiotics in healthcare settings, Health Technology Assessment, and the European Pillar of Social Rights, to name but a few.

In addition, 2016 provided an opportunity to celebrate: HOPE turned 50! Celebrations took place on 6, 7, and 8 June in Rome, where HOPE was founded. Along with healthcare professionals, HOPE Board members, Liaison Officers and National Coordinators attended the event. The 2016 HOPE Agora focused on the theme "Innovation in hospitals and healthcare: the way forward" and closed the 35th edition of the HOPE Exchange Programme for healthcare professionals.

In 2016, HOPE was very active in contributing to the EU non-legislative agenda, mainly through several European projects. The HoNCAB project was successfully completed with HOPE responsible for organising the final conference in Brussels. Moreover, two new projects kicked-off with HOPE as a partner – ICT4Life and EURO-CAS – and the MedEye proposal was successfully submitted.

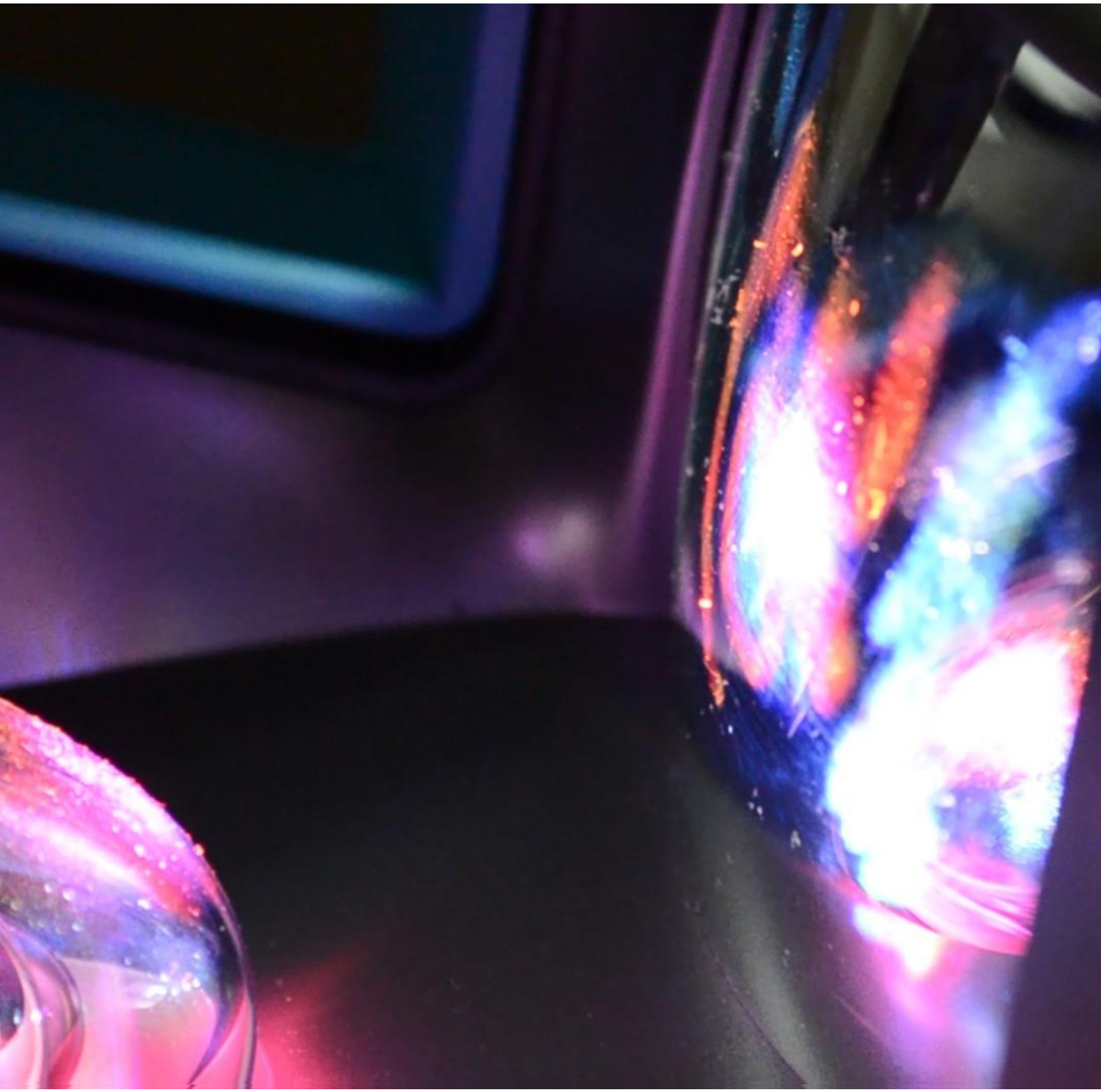
Consistent with HOPE mission to facilitate cross-border exchange of good practices among its members, HOPE participated as a speaker or helped organise several international events.

Finally, as every year, HOPE published its official Reference Book “Hospital Healthcare Europe” and published the main outcomes of the HOPE Exchange Programme in the HOPE Agora Report 2016.

To mark the organisation’s 50th anniversary, HOPE produced a report entitled “50 years of HOPE and Health in Europe”. This publication covers the past fifty years from the perspective of HOPE, the European construction and health in Europe. It aims to give a brief overview of the major changes that took place, as well as serving as a milestone in HOPE history.


*Chapter 1*

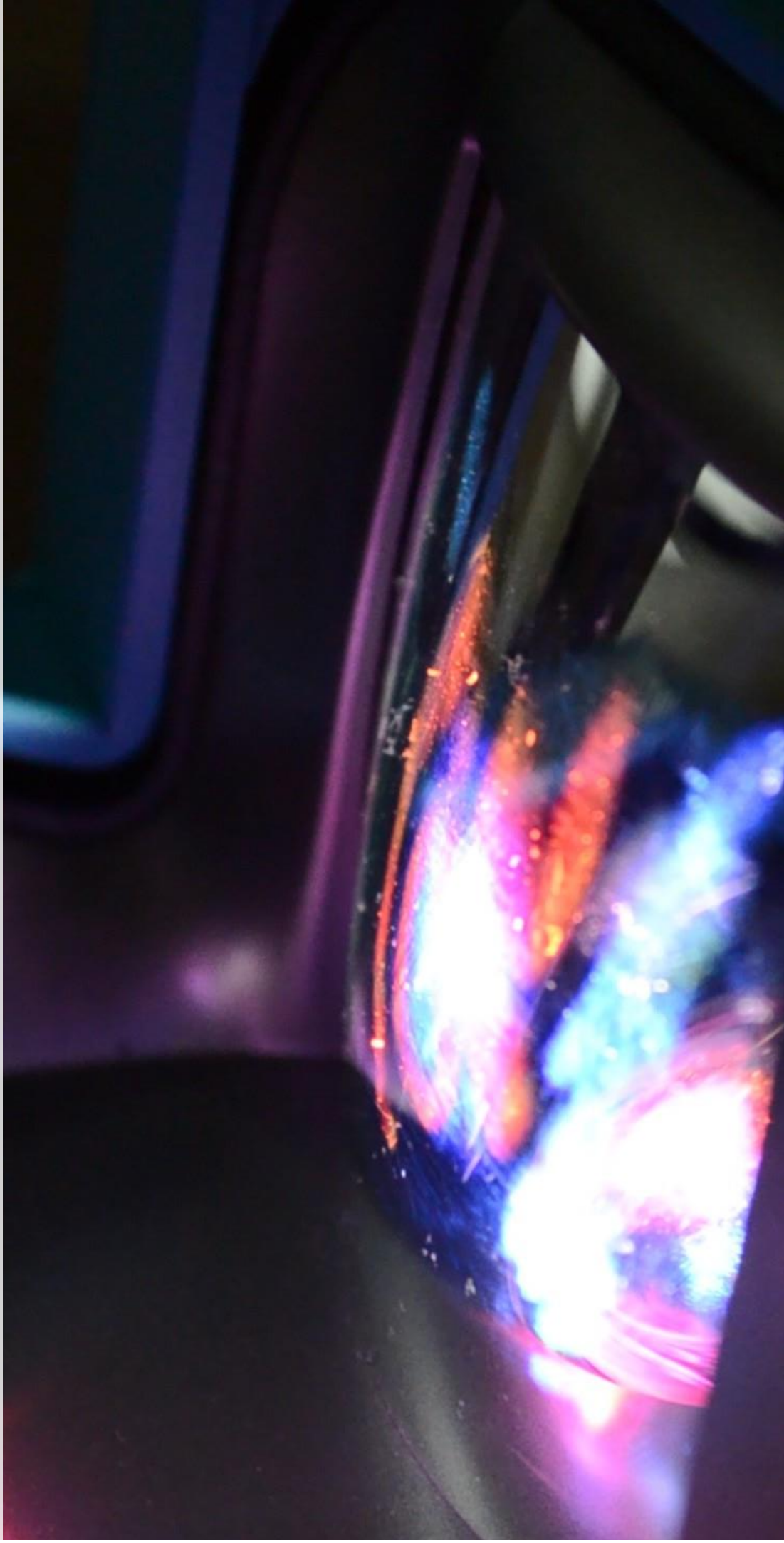
# LIFE AND GOVERNANCE



HOPE gathers 37 national organisations of hospital and healthcare services – public and private – from the 28 EU Member States and two other European countries.

HOPE is organised around a Board of Governors, a President's Committee, Liaison Officers, a network of National Coordinators of the HOPE Exchange Programme and a Central Office.

In 2016, HOPE celebrated its 50th anniversary in Rome, where it was founded. The HOPE Agora 2016 provided an opportunity to debate "the Future of Hospitals and Healthcare" in Europe.



# Governance

HOPE gathers 37 national organisations of hospital and healthcare services — public and private — from 30 countries.

It is organised around a Board of Governors, a President's Committee, Liaison Officers, a network of National Coordinators of the HOPE Exchange Programme and a Central Office.

The *Board of Governors* (BoG) is composed of the President and the Governors, one for each European State represented in HOPE. It is the forum for all major policy decisions. The BoG met twice in 2016: on 6 June in Rome (Italy) as part of the HOPE Agora 2016, and on 14 November in Vienna (Austria).

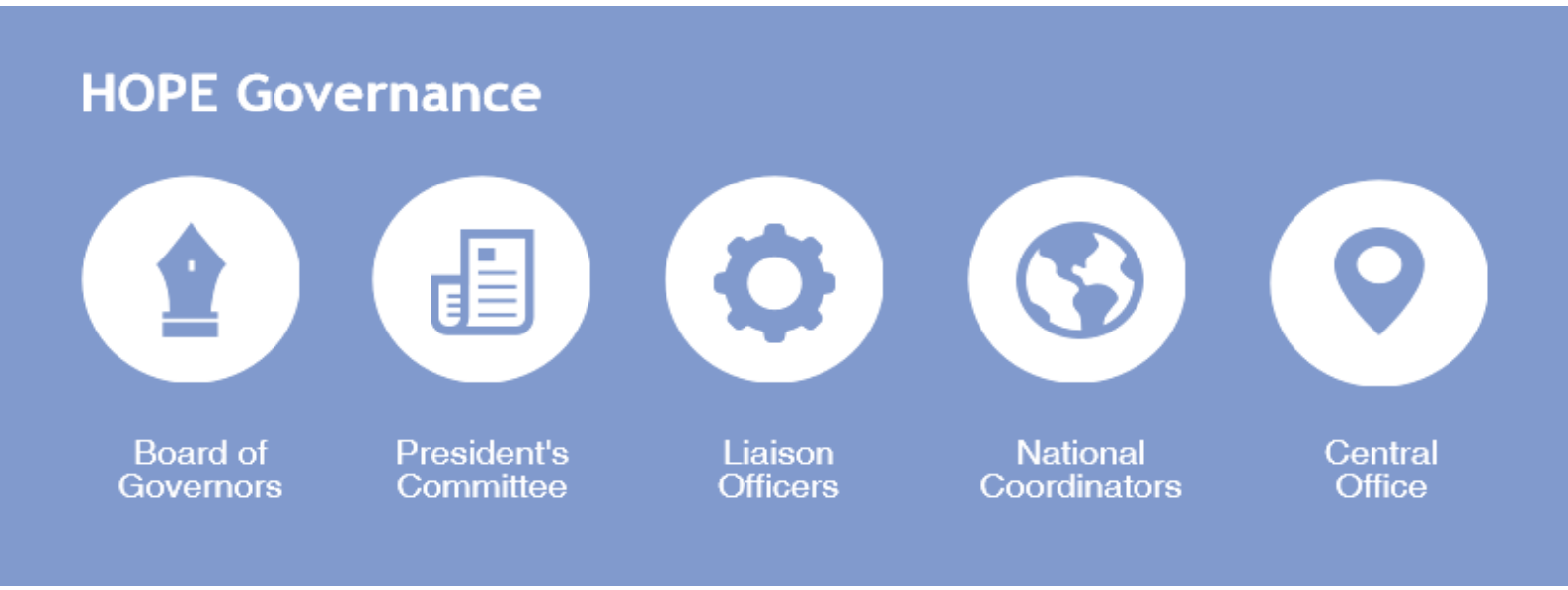
*HOPE Board of Governors in Rome (Italy) on 6 June 2017.*

*From left to right: Mr. David GRUSON (France), Dr. György VELKEY (Hungary), Mr. Francisco Antonio MATOSO (Portugal), Mr. Eamonn FITZGERALD (Ireland), Dr. Simone TASSO (Italy), Mr. Marc HASTERT (Luxembourg), Mr. Nikolaus KOLLER (Austria), Dr. Amleto CATTARIN (Italy), Mrs. Dr. Ulrike SCHERMANN-RICHTER (Austria), Mr. Marc SCHREINER (Germany), Mr. Simon VRHUNEC (Slovenia), Dr. Urmas SULE (Estonia), Dr. Erik SVANFELDT (Sweden), Mrs. Coralie CUIF (France), Prof. Dr. Georgios KONSTANTINIDIS (Serbia), Mr. Willy HEUSCHEN (Belgium), Dr. Jaroslaw FEDOROWSKI (Poland), Mrs. Pascale FLAMANT (France), Mrs. Elisabetta ZANON (United Kingdom), Mrs. Hannele HÄKKINEN (Finland), Mrs. Asunción RUIZ DE LA SIERRA (Spain), Mr. Pascal GAREL (HOPE Chief Executive), Mrs. Eva M. WEINREICH-JENSEN (HOPE Vice-President – Denmark), Mrs. Dr. Sara C. PUPATO FERRARI (HOPE President – Spain).*

In Rome, the following Governors were nominated: Mrs. Dr. Ružica Palić Kramarić (Croatia), Mr. David Gruson (France) and Dr. György Velkey (Hungary). During the year and following the resignation of Mr. Robbert Smet (Netherlands), Mevr. Drs. Margot Van Der Starre, Chief-Executive Officer at the Dutch Hospital Association (NVZ - Nederlandse Vereniging van Ziekenhuizen), was appointed Dutch HOPE Governor.

The President's Committee (PsC) consists of the President, Mrs. Dr. Sara C. Pupato Ferrari (Spain), the Vice-President Mrs. Eva M. Weinreich-Jensen (Denmark), and three Governors, elected for a one-year renewable term. The President has the power to co-opt other representatives of HOPE delegations to contribute to the President's Committee, without voting rights. In June 2016, the mandates of the three sitting members, Mr. Georg Baum (Governor for Germany) Mrs. Dr. Aino-Liisa Oukka (Governor for Finland) and Dr. Urmas Sule (Governor for Estonia) were renewed for a one-year term. The mandates of co-opted members Dr. Jaroslaw Fedorowski (Governor for Poland) and Mr. Simon Vrhunec (Governor for Slovenia) were renewed for a one-year term by the Board of Governors held in Rome in June 2016.

The PsC oversees the implementation of the decisions taken by the Board of Governors, co-ordinates the work of the Liaison Officers and the working parties, acts in the name of HOPE, and authorises legal representation. The PsC met on 27 April in Paris and on 21 September in Copenhagen (Denmark) to discuss the Board of Governors' agenda and the meetings of the Liaison Officers, and to decide on the organisation's priority activities.



The network of Liaison Officers was created to enhance activities and the delivery of objectives. In 2016, HOPE Liaison Officers meetings took place three times: on 6 April (via teleconference), on 7 June in Rome (Italy) and on 8 December in Lisbon (Portugal).
At these meetings, Liaison Officers discussed the latest project developments, major EU health topics of the year and the transposition of EU legislation.

As it does on a regular basis, the network of National Coordinators of the HOPE Exchange Programme met twice to work on the Programme: in Rome during the Agora and on 9 December in Lisbon.

Located in Brussels, Belgium, the Central Office is organised and run by the Chief Executive, Mr. Pascal Garel, assisted by Mrs. Colberte De Wulf, and Health Economist, Ms. Isabella Notarangelo. Ms. Silvia Bottaro, EU Policies Officer, worked until March and was replaced by Ms. Valentina Lisi, who joined HOPE in March as EU Policies Assistant. In 2016, HOPE also welcomed two EU Policies Interns: Ms. Myriam Douo, from October to February, and Ms. Mathilde Gabriel, from September. It also received and met several delegations.

*HOPE Board of Governors in Vienna on 14 November 2016.*

# GOVERNANCE AT THE END OF 2016

| | |
|---|---|
| President | Mrs. Dr. Sara C. PUPATO FERRARI |
| Chief Executive | Mr. Pascal GAREL |

## GOVERNORS

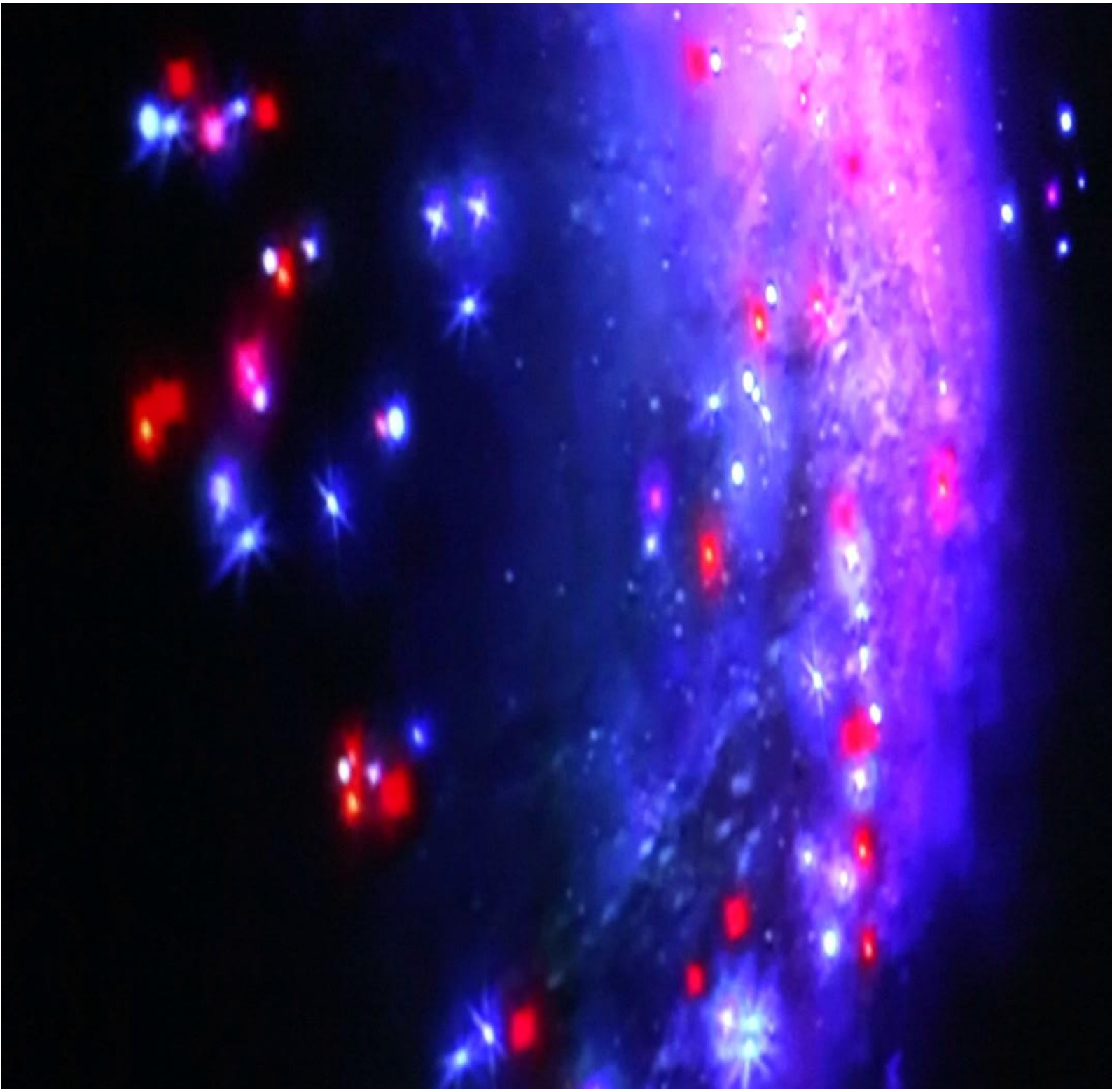
| | |
|---|---|
| Austria | Mr. Nikolaus KOLLER |
| Belgium | Mr. Willy HEUSCHEN |
| Bulgaria | Mrs. Dr. Todorka KOSTADINOVA |
| Croatia | Mrs. Dr. Ružica PALIĆ KRAMARIĆ |
| Cyprus | Dr. Petros MATSAS |
| Czech Republic | Dr. Roman ZDÁREK |
| Denmark | Mrs. Eva M. WEINREICH-JENSEN , Vice-President |
| Estonia | Dr. Urmas SULE |
| Finland | Mrs. Dr. Aino-Liisa OUKKA |
| France | Mr. David GRUSON |
| Germany | Mr. Georg BAUM |
| Greece | Dr. Yannis SKALKIDIS |
| Ireland | Mr. Eamonn FITZGERALD |
| Italy | Dr. Domenico MANTOAN |
| Latvia | Dr. Jevgenijs KALEJS |
| Lithuania | Dr. Dalis VAIGINAS |
| Luxembourg | Mr. Marc HASTERT |
| Malta | Dr. Denis VELLA BALDACCHINO |
| Poland | Dr. Jaroslaw J. FEDOROWSKI |
| Portugal | Mrs. Prof. Ana ESCOVAL |
| Romania | Dr. Dan CAPATINA |
| Slovakia | Prof. Marián BENCAT |
| Slovenia | Mr. Simon VRHUNEC |
| Spain | Mrs. Asunción RUIZ DE LA SIERRA |
| Sweden | Mr. Erik SVANFELDT |
| The Netherlands | Mevr. Drs. Margot VAN DER STARRE |
| United Kingdom | Ms. Elisabetta ZANON |

## HEADS OF DELEGATIONS

| | |
|---|---|
| Observer member Switzerland | Dr. Bernhard WEGMÜLLER |
| Consultant member Republic of Serbia | Prof.Dr. Georgios KONSTANTINIDIS |

*Chapter 2*

# INFLUENCE



A major component of HOPE work is to help shape EU legislation by addressing the realities of healthcare. To achieve this goal, HOPE follows the development of both hard and soft law.

In 2016, HOPE closely followed and took part in the debate around several key health and social policy issues.

While many pieces of legislation on which HOPE has been active in the past years were adopted, 2016 provided an opportunity to engage in several new initiatives that gained momentum on the European political agenda.

# Hard Law

Hard law refers to laws that take precedence over national law and are binding on national authorities. This consists of EU Regulations, Directives and Decisions.

HOPE intervenes at three different stages in the decision-making process: when the first discussions take place, when a proposal is adopted by the Commission, and finally when legislation is adopted and enters the transposition process. This means different types of involvement for HOPE Central Office and HOPE Members.

In 2016, several key health policies which were closely followed by HOPE over the past years reached the end of their political and/or legislative process. Among others, the Delegated act on the safety features appearing on the packaging of medicinal products for human use and the Regulation on general data protection were adopted. Also, political agreement was reached on the draft texts of the Regulations on medical devices and *in vitro* diagnostic medical devices.

However, new legislative procedures have started and several initiatives have been put on the political agenda on topics of interest to HOPE, such as migrants' health, access to medicines, prudent use of antibiotics in healthcare settings, Health Technology Assessment, and the European Pillar of Social Rights, just to name a few. HOPE closely monitored developments and provided input, also participating in key meetings where these issues were debated and making its voice heard by replying to public consultations organised by the European institutions and agencies.

# DIRECTIVES AND REGULATIONS ADOPTED

## MEDICAL DEVICES REGULATIONS

On 25 May, the Dutch Presidency of the Council and representatives of the European Parliament reached political agreement on the draft texts of the Medical Devices Regulation (MDR) and *in vitro* Diagnostic medical devices Regulation (IVDR).

The agreement followed a year of intense discussions: the Dutch Presidency participated in 5 trilogues with the Parliament and the Commission, and organised at least three working parties on Pharmaceuticals and Medical Devices before reaching political agreement with the Parliament. After their legal-linguistic revision, the new draft Regulations were formally approved by the European Parliament in April 2017.

The legislative process started in September 2012, when the European Commission published two proposals for Regulations on medical devices and *in vitro* diagnostic medical devices. The aim of both proposals was to address inconsistencies in interpretation, by the Member States, of the current rules, increase patient safety and transparency, remove obstacles to the internal market and strengthen the rules on traceability. The need to revise the current EU rules emerged in the wake of the scandal about defective breast implants produced by the French PIP company.

The agreed texts have been largely welcomed by stakeholders and the public. Increased safeguards against counterfeit devices and traceability will be guaranteed both in the pre- and post-market stages thanks to the introduction of systems such as Unique Device Identification (UDI). However, the core system of pre-market scrutiny of medical devices will still be based on decisions made by Notified Bodies, thus private companies, rather than public authorities as is the case for pharmaceuticals.

The reprocessing of single-use medical devices was one of the most contentious points during the negotiations, with some stakeholders strongly in favour of allowing reprocessing by default while others strongly against such activities without the consent of the individual Member States. Nonetheless, the new Regulation does not add much to the current legislation, leaving the Member States free to decide on the subject.

Over the last ten years, HOPE has advocated that, when done in a safe way, multiple uses of medical devices are a way to reduce costs and help protect the environment. Re-use of medical devices reduces procurement costs, inventory, waste and overall consumption of raw materials and primary energy. It also results in the better use of cleaning and sterilisation equipment.

Following the agreement on the draft Regulations, HOPE published a document summarising the main provisions of the coming legislation, with emphasis on the changes that will extensively influence hospital activities. Additionally, HOPE is also part of Medical Devices expert group and its Unique Device Identification (UDI) Working Group.

## SAFETY FEATURES FOR MEDICINAL PRODUCTS FOR HUMAN USE

The Delegated Regulation 2016/161, laying down detailed rules for the safety features appearing on the packaging of medicinal products for human use, was adopted by the Commission in October 2015 and published in the EU Official Journal on 9 February 2016.

The delegated act, applicable from February 2019, introduces medicine authentication by means of two safety features: a unique identifier (UI) and an anti-tampering device, which will protect patients from the risks of falsified medicines and the consequences of common dispensing errors. It also provides for an end-to-end verification system to ensure authenticity and integrity of medicine packaging at dispensing points for patients, namely in pharmacies and hospitals.

The Regulation responds to what is stated in article 54a of the Directive 2011/62/EU on the community code relating to medicinal products for human use, which put the Commission under the obligation to adopt delegated acts regarding various aspects of the safety features for medicinal products for human use.

HOPE followed closely the drafting of the delegated act, with particular attention on how the medicines verification system at the point of dispending in hospitals is organised.

***In February 2017, HOPE joined the European Medicines Verification Organisation (EMVO) as Associate Member.***
***The EMVO is the not-for-profit organisation in charge of the medicines verification system management and governance created in February 2015.***
***This collaboration will aim to facilitate a smooth implementation of the Regulation in European hospitals.***

HOPE stated that the only place where the verification could take place would be on arrival at the hospital and urged the Commission to allow flexibility, so as to duly consider different contexts existing in Member States. The Regulation considers HOPE position as it allows for verification and decommissioning at any time after arrival of the medicinal products into the hospital setting.

With a view to facilitating compliance with the Regulation by 2019, HOPE conducted a mapping exercise of hospital representation within the National Medicines Verification Systems (NMVOs) in the Member States in 2016. Moreover, in February 2017 HOPE joined the European Medicines Verification Organisation (EMVO) as Associate Member.

The EMVO is the not-for-profit organisation in charge of the medicines verification system management and governance created in February 2015. This collaboration will aim to facilitate a smooth implementation of the Regulation in European hospitals.

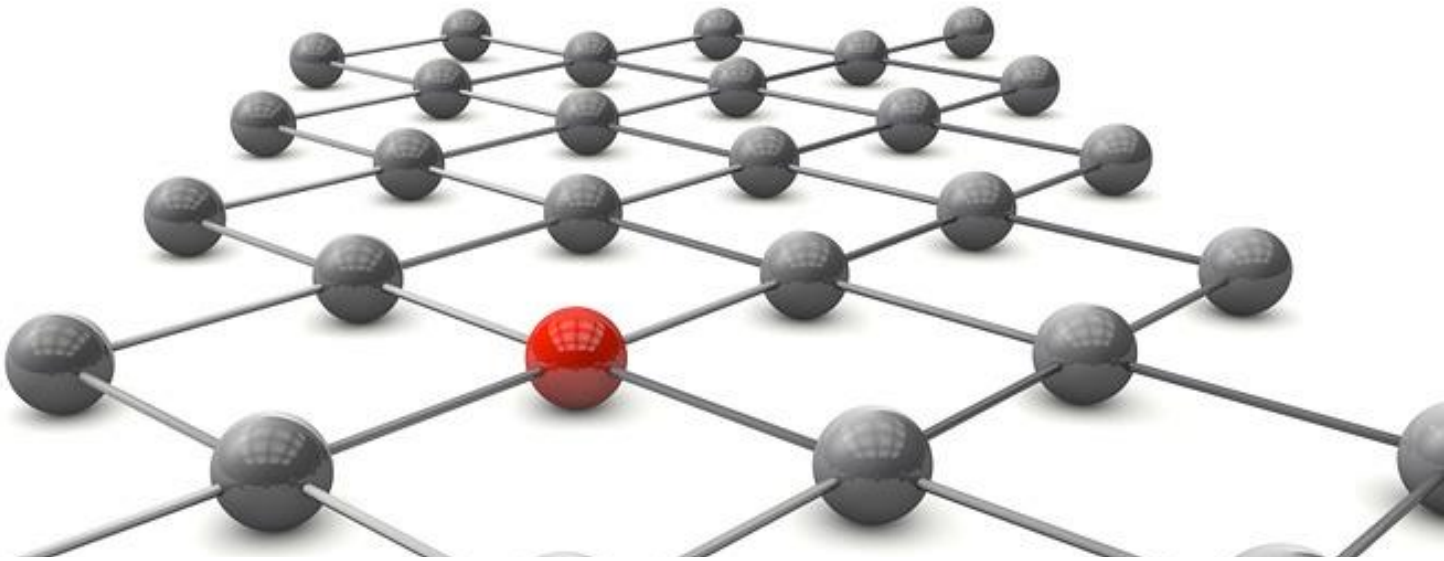
## DATA PROTECTION REGULATION

The General Data Protection Regulation was formally adopted in April 2016 and published in the EU Official Journal on 4 May 2016.

The revision of the general data protection Regulation started in 2012 with the publication of the Commission's proposal. The aim was to strengthen current EU data protection rules and to ensure a more harmonized approach to data protection and privacy across the European Union. HOPE followed very closely the entire legislative process, as data protection rules have an important impact on healthcare services and research.

To influence this legislation, HOPE collaborated with the Healthcare Coalition on Data Protection (which represents key stakeholders in the healthcare sector in Europe and in which HOPE has been involved since 2013) and the European Data in Health Research Alliance (EDHRA) bringing together stakeholders from academia, patient and research organisations from across Europe. The latter collaboration was aimed at ensuring that the review of the Data Protection Regulation would not have limited the use of personal data for health research purposes.

Once the Regulation was adopted, HOPE collaborated with the NHS European Office to share information its impact on the daily work of hospitals and other healthcare organisations. As a result, the briefing "Protecting and managing personal data: changes on the horizon for hospitals and other health and care organisations" was released in May. It provides recommendations for national and EU implementers on how to prepare for a smooth transition to the new law.



## PUBLIC PROCUREMENT

The revised public procurement Directive (2014/24/EU) was adopted on 26 February 2014 and came into force on 17 April 2014. Member States have 24 months to transpose it into national legislation.

The proposal for the review of the Directive was published by the European Commission at the end of 2011. Since then, HOPE has advocated clear and simple rules with less detail and greater reliance upon the general principles of transparency, equal treatment and non-discrimination.

At the expiry of the two-year period allowed for transposition in 2016, HOPE conducted a preliminary mapping exercise of the national legislation transposing the public procurement Directive, along with the challenges that emerged during the process. At the time of writing this report, the Directive has been transposed in all the EU Member States but Luxembourg and Estonia. The latter reported in December that the Directive, touching upon different policy sectors, raised controversies among different parliamentary committees in Tallinn, slowing down the transposition process.

## CYBERSECURITY

On 17 May, the Council formally adopted new rules to step up the security of network and information systems across the EU. The network and information security (NIS) directive was later published in the EU Official Journal in July.

The objective of the proposed Directive is to improve the security of the Internet and the private networks and information systems. It will also increase cooperation between Member States on the vital issue of cybersecurity. It lays down security obligations for operators of essential services, including health, as well as energy, transport and finance. Each EU country will also be required to designate one or more national authorities and to establish a strategy for dealing with cyber threats.

HOPE monitored developments during the legislative process and kept members updated via its monthly newsletter.

# PROPOSED LEGISLATIONS

## MIGRANTS' HEALTH

In July, the European Commission put forward two legislative proposals addressing migrants' health within the framework of the European Agenda for Migration. The Agenda, launched in 2015, aims to provide Member States with tools to better manage migration needs in all aspects in the immediate period as well as in the medium to long term.

The proposal for a Regulation establishing a common procedure for international protection in the EU and repealing Directive 2013/32/EU covers issues related to emergency care for migrants (article 20 on "General principles for the assessment of special procedural needs" and articles 23 and 24 on "Medical examinations").

The Regulation sets out to regulate migrants' medical examinations requested for assessing applications for international protection, which shall be carried out by qualified medical professionals designated by the Member State. Accordingly, the service shall be paid for from public funds. It also provides for medical examinations of unaccompanied minors and regulates the cases where there are indications that applicants may have been victims of torture, rape or of another serious form of psychological, physical, sexual or gender-based violence.

The proposal for a Directive laying down standards for the reception of applicants for international protection (recast of Directive 2013/33/EU) adds new provisions to ensure that applicants receive the necessary health care which should include, at least, emergency care and essential treatment of illnesses, including serious mental disorders. Moreover, the draft directive also refers to preventive medical treatments, such as vaccinations, and access to health care.

Since the proposals were published, HOPE has been monitoring the legislative procedures and reporting on this in its monthly newsletter. HOPE also provided input in relevant meetings and discussions.

Besides activities related to the legislative process, in 2016 HOPE carried out a mapping exercise of good practices in Member States by means of a survey among HOPE members. The good practices selected concern migrants and refugees in their contact with hospital or healthcare services in the fields of care, training, management, financing, etc. Some of the practices could be inspiring at local, regional or national level, and could serve as a basis to better advise on policy options available at European level.

## TRANSATLANTIC TRADE AND INVESTMENT PARTNERSHIP

After three years of discussions, the Transatlantic Trade and Investment Partnership reached its 15th round of negotiations in October. During the year, documents were published specifically addressing the potential impact of the international agreement on healthcare or health-related topics.

In January, the European Commission published its proposal to the United States regarding the regulatory cooperation for generic medicines.

In this technical document, the European Commission develops three approaches to enhance cooperation this field:

- to facilitate scientific evaluation of generic medicines;
- to base the proof of bioequivalence on the harmonisation of the biopharmaceutical classification system (to reduce the number of in vivo bioequivalence studies in favour of in vitro studies);
- to harmonise the criteria related to the scientific data on “complex” generic medicines (hybrid products) in order to reduce clinical trials.

During the 13th round of negotiations in May, the European Commission submitted to the US its proposal on regulatory cooperation in pharmaceuticals. This proposal is aimed at avoiding duplication of work in recognizing good manufacturing practices.

In 2016, HOPE continued to monitor the potential impact of the Transatlantic Trade and Investment Partnership (TTIP) on hospital and healthcare services and published news about this in its monthly newsletter.

During debates and conferences on the topic, HOPE expressed concern over the balance between:

- Medical devices (more safety or quicker access);
- Clinical trials (maintain the transparency obtained with the new regulation or coming back to less transparency);
- Pharmaceuticals (keep the control on evaluation, prices and reimbursement or liberalise it);
- Intellectual property rights (transfer of for the benefit of industry or cheaper prices);
- Professional qualifications (towards recognition as in the agreement with Canada);
- Health of citizens.

In late 2016 TTIP negotiations seemed to have come to a standstill due to the different position of the new US President Donald Trump in relation to the previous administration.

# Soft Law and Other Initiatives

Besides hard law, HOPE also closely monitors soft law in areas such as patient safety, health workforce, eHealth, ageing or chronic diseases, and European economic governance.

Soft law refers to non-binding instruments, such as recommendations and opinions, as well as white and green papers, Commission communications, consultations and programmes.

## EUROPEAN REFERENCE NETWORKS

The year 2016 was very important with regard to the launch of European Reference Networks (ERNs). HOPE closely followed these developments by attending briefing and contributing ERNs under the PACE-ERN project.

European Reference Networks are virtual networks of healthcare providers across Europe aimed at tackling complex or rare medical conditions that require highly specialised treatment and a concentration of knowledge and resources. They fall within the scope of the EU Directive on Patients' Rights in Healthcare (2011/24/EU), which also makes it easier for patients to access information on healthcare and thus increase their treatment options.

In January 2016, the Commission published an updated version of the assessment manual and toolbox highlighting the process for healthcare providers applying to the call for ERNs. These documents were produced by the PACE-ERN consortium of which HOPE is partner (more information on PACE-ERN is provided in this report in Chapter III, section “European Programmes and Projects).

The assessment manual and toolbox describe in detail each step of the assessment process as well as the bodies intervening at each stage and their roles and responsibilities.

The purpose was to provide:

- applicants with tips and tools for preparing their application;
- Independent Assessment Bodies (IAB) assessing the Network’s proposals with methods and procedures for completing the independent assessment of Networks and healthcare provider applicants.

To avoid fragmentation, the Joint Action on Rare Diseases, financed in the EU Health Programme also launched a "Matchmaker tool" to help healthcare providers plan joint proposals via the network.

On 7 April 2016, HOPE attended the Info Day organised by DG SANTE together with the Consumer, Health, Agriculture and Food Safety Executive Agency (CHAFEA) aimed at explaining the call for applications for European Reference Networks (ERNs) to the potential applicants.

The call for interest was launched on 16 March 2016 and organised around a two-step process. Networks participating to the first wave of the call (from March to June 2016) had the possibility to apply to be recognised as an ERN and at the same time to apply for funding schemes provided by CHAFEA. Submissions during the second stage (from June to July 2016) were intended for participants willing to establish a network, although without funding opportunities.

On 15 December 2016, the European Reference Network Board of Member States published a list of approved ERNs. The Commission received 24 applications involving a total of 370 hospitals and nearly 1000 highly specialised units.

The second round of approvals was set for early 2017, ahead of the official ERN launch on 1 March 2017.

## EUROPEAN PILLAR OF SOCIAL RIGHTS

The initiative to build a European Pillar of Social Rights was announced by the President of the European Commission, Jean-Claude Juncker, in September 2015. The proposal is in line with the attempt by European institutions to make the European Union more social, specifically by improving performances in three categories:

- equal opportunities and access to the labour market;
- fair working conditions establishing an adequate and reliable balance of rights and obligations between workers and employers;
- adequate and sustainable social protection, including access to health, social protection benefits and high quality services in childcare, health care and long-term care.

The new Pillar would be part of a broader process of upward convergence towards more resilient economic structures within the euro area. For this reason, the initiative targets members of the Eurogroup, although other EU Member States may join too.

On 8 March, the Commission presented its first outline of the European Pillar of Social Rights and launched a broad public consultation to define the main guidelines.

HOPE took part in the consultation by highlighting the importance of the economic potential of health. There is overwhelming evidence to suggest that significant economic benefits can be achieved by improving health, especially through hospitals and health care.

In this respect, HOPE identifies a clear added value for EU action and convergence in the field of health promotion and primary as well as secondary prevention. This would be particularly beneficial for reducing health gaps among Member States and, in turn, for reducing income differences in the EU.

***There is overwhelming evidence to suggest that significant economic benefits can be achieved by improving health, especially through hospitals and health care. In this respect, HOPE identifies a clear added value for EU action and convergence in the field of health promotion and primary as well as secondary prevention.***

## ACCESS TO MEDICINES

In 2016, access to medicines was a topic extensively discussed at European level. During the Dutch Presidency of the Council, the EU played a major role in raising awareness of the issue.

The Council's conclusions on "strengthening the balance in the pharmaceutical systems in the EU and Member States", published in June, called for measures to ensure that patients have access to essential medicines at affordable prices. The Council also invited the Member States to consider voluntary cooperation to address this problem, and it urged the Commission to conduct an in-depth analysis of the existing EU legislation on pharmaceuticals.

Additionally, following an intense debate, the European Parliament adopted the Report on EU options for improving access to medicines 2016/2057(INI) in early 2017.

In January 2017 HOPE officially adopted the position paper "Expensive medicines: hospitals are concerned". This document calls for greater attention to the consequences that several "innovative" medicines can bring about in hospital activities. HOPE advocated that expensive medicinal products pose new challenges influencing hospitals' financing models and organisation, also potentially leading to treatment rationing, unethical and ineffective from a public health perspective.

The Position Paper provides an overview of the current situation at European level – welcoming the Council conclusions of the 17 June 2016 – and calls for greater voluntary cooperation, by Member States, between relevant authorities and payers. Finally, it sets out recommendations on possible actions at hospital and healthcare services level.

## EUROPEAN SEMESTER

The European Semester is a cycle of economic and fiscal policy coordination between the European institutions and the Member States. It started in 2011 but has significantly changed under the Juncker Presidency of the European Commission. The European Semester has indeed gained importance over the years as an instrument to influence national reform programmes in the European Member States.

HOPE closely monitored the 2016 European Semester and regularly reported on it via its monthly newsletter.

Moreover, in 2016 HOPE carried out a mapping exercise of the references made to the health and long-term care sectors in the Country-Specific Recommendations issued from 2011 to now, noting significantly heightened awareness of health issues.

Besides the recurrent recommendations on cost-effectiveness and fiscal sustainability of healthcare systems, the 2016 recommendations also covered: quality of care and health outcomes; access to care and/or universal health care; better regulation; healthcare funding; and efficiency of the systems.

Structural reforms of the hospital sector sought by the Commission focus on reducing over-reliance on hospital-based care in favour of outpatient care, which shall be associated to greater investment levels on disease prevention and health promotion.

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## STATE OF HEALTH IN THE EU

The “State of Health in the EU” initiative aims to bring together internationally recognised expertise to provide Member States with evidence on health that is relevant to their specific contexts and that can help maximise the effectiveness, accessibility and resilience of their health systems.

The initiative was launched in June by the European Commission Directorate General for Health and Food Safety and draws on close collaboration between the Commission, the OECD and the European Observatory for Health Systems and Policies.

In November, HOPE attended a key event at the European Parliament presenting the first of the four components that will be developed within “The State of Health in the EU” by the end of 2017, that is the publication of the "OECD Health at a Glance: Europe 2016". HOPE will continue to closely monitor this initiative and will keep members informed about new available evidence for inspiring reform of the healthcare sector.

## HEALTH TECHNOLOGY ASSESSMENT

Improved EU cooperation in Health Technology Assessment (HTA) has been designated as a priority by the European Commission 2016 Health Programme.

As defined by the EUnetHTA Joint Action, HTA is "a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value".

Therefore, HTA is a key tool for Member States to ensure the accessibility, quality and sustainability of health care, as it enables them to allocate national resources to effective health interventions.

In September 2016, the European Commission published an inception impact assessment on the strengthening of the EU cooperation on Health Technology assessment (HTA). The document outlines four options to shape such cooperation at EU level. In this respect, the Commission held a public consultation in October 2016 to obtain the views of stakeholders, citizens and Member States.

HOPE closely followed HTA developments at EU level and informed its members in its monthly newsletter. Moreover, HOPE will help shape the future cooperation on HTA in the EU as a member of the Health Technology Assessment Network Stakeholder Pool, to which it successfully applied in December 2016.

## PATIENT SAFETY

HOPE has long been active on patient safety and quality of care and continued in 2016 to push the European political agenda on increased and continuous collaboration on this thematic field.

The Council Conclusions on patient safety and quality of care of December 2014 mandated the Commission and Member States to put forward a proposal for sustainable collaboration by December 2016. On 3 February 2016, HOPE wrote to the European Commission DG SANTE in this respect.

The letter was sent ahead of the meeting of the Health Programme Committee where the 2016 Work Plan was to be put to a vote. HOPE voiced its concern that no proposal regarding sustainable collaboration has been included in the 2016 Work Plan of the 3rd Health Programme, despite the commitment in the Council Conclusions to present such a proposal by December 2016.

Under the EU Health Policy Platform Thematic network on Patient Safety (see section below "EU Health Policy Platform"), HOPE closely collaborated with fellow policy-making organisations in the healthcare sector. These joint efforts resulted in the publication of a joint statement calling for further action in this policy area, as envisaged by the Council Conclusions of December 2014.

Finally, HOPE continues its collaboration with the Commission's Patient Safety and Quality of Care Expert Group (PSQC EG) as a member organisation.

## HEALTH WORKFORCE

The health workforce is at the heart of hospital and healthcare activities. Several challenges need to be addressed here, both in the immediate and near future: demographics of course, given that the EU workforce is ageing without being sufficiently replace, but structural challenges as well due to the development of new patterns of care and technologies, which create the need for new roles and skills. The debate around workforce shortages is also interlinked with the discussion on the mobility of healthcare professionals and the need to understand such a complex phenomenon.

HOPE contributes to the debate taking place at European Union level. It is a member of the European Commission Working Group on Health Workforce, which brings together national governments and European professional organisations to discuss and cooperate on this matter.

## STANDARDISATION

In 2016, HOPE was actively engaged in discussions around standardisation in healthcare at EU level, warning that this may jeopardise good quality of care.

Building on collaboration established in 2015 with the Standing Committee of European Doctors (CPME) and the Council of European Dentists (CED), HOPE additionally joined forces with the European Public Service Union (EPSU) and European Trade Union Confederation (ETUC) on this matter in 2016.

On 6 July 2016, HOPE together with the above-mentioned organisations addressed a letter to national competent authorities, European institutions, and European and national standardisation bodies. The letter calls upon national and EU decision-makers to refrain from initiating or supporting any activities seeking the standardisation of healthcare services by standardisation institutes, both in the context of public policy and private standardisation bodies' initiatives.

Previously in 2015, HOPE had adopted a position paper stating that determining unified specifications is extremely difficult and completely unsuitable in the current medical context. Moreover, European standard specifications would not be adapted to the needs of individual patients and would limit the possibilities for medical care. They would also interfere in an unacceptable manner in the medical profession's therapeutic freedom.








## E-HEALTH

HOPE has been regularly active in eHealth as a member of the eHealth Stakeholder Group (eHSG).

Established by the Commission in 2012 and renewed in 2016, this group currently comprises 30 European umbrella organisations representing different groups like health professionals and managers, patients and consumers, industry, and standardisation bodies. Its aim is to ensure an informed dialogue with the European Commission and to add value to policy design and implementation.

In 2016, the eHealth Stakeholder Group met twice on 18 May and 5 October. HOPE attended the meetings and provided updates on its contribution to the Commission's eHealth policy agenda through the work done on two Horizon 2020 projects funded under, namely eStandards and ICT4Life (more information on these projects is provided in this report in Chapter III, section "Ongoing Project").

## AGEING

In 2012, HOPE joined the European Innovation Partnership on Active and Healthy Ageing, which gathers stakeholders from the public and private sectors, across different policy areas.

The Partnership's main aim is to increase the average healthy lifespan in the EU by two years by 2020. This will call on three strategies:

- improving the health and quality of life of Europeans with a focus on older people;
- supporting the long-term sustainability and efficiency of health and social care systems;
- enhancing the competitiveness of EU industry through business and expansion into new markets.

Moreover, HOPE is particularly engaged in the area of ageing and integrated care as leader of the EU-funded project ICT4Life Work Package on Dissemination and Exploitation of project results. More information on

this topic is provided in this report in Chapter III (section “Ongoing Projects”).

Also within the ICT4Life framework, on 6 and 7 December 2016, HOPE participated in the European Summit on Digital Innovation for Active and Healthy Ageing in Brussels. The summit, organised by the European Commission, was attended by 1,600 people representing European institutions, national ministries, regional authorities, leaders from industry, and civil society.

Throughout the 2 days, participants discussed the Blueprint to innovate health and care in Europe and how the European Innovation Partnership on Active and Healthy Ageing can evolve in its pursuit of innovating at scale for a better quality of life for Europe's ageing population. It also represented an opportunity for stakeholders to express specific needs and call for new policies.

## EU HEALTH POLICY FORUM

The EU Health Policy Forum (EUHPF) was created in 2001 and gathers today 52 umbrella organisations representing European stakeholders in public health and healthcare. In 2016, the EUHPF changed its format and is now based on three main strands:

- An IT platform, composed of a public webpage and of a collaborative platform for registered participants;
- Regular meetings and a biannual summit;
- An annual health award for good practices that promote a healthier EU.

*HOPE is member of the EU Health Policy Forum (EUHPF).*

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*2. Regular meetings and a biannual summit;*
*3. An annual health award for good practices that promote a healthier EU.*

On 5 April 2016, the European Commission presented the EU Health Policy Platform (HPP) to the group of health stakeholders from the 52 EU-level umbrella organisations that belong to the Health Policy Forum. Following to the pre-launch meeting, the Platform has been formally open on 21 April 2016, during the DG SANTE conference on prevention and management of chronic diseases.

The Platform is a new IT tool aimed at building a more structured, regular and transparent dialogue between EU health policy stakeholders. The HPP will also support information sharing, help identify and encourage best practices, as well as provide information in line with "the health in all policies" approach. The Platform is developed on three levels:

- The "Agora", an open forum and the most flexible tool used for communication, information gathering and open consultations. It is accessible by wide-ranging stakeholders such as organisations and businesses, etc.
- The "thematic networks", where most of the stakeholders' (EHPF members especially) work is based.
- The "Network of EU experts and stakeholders groups", exclusively accessible to Members.

Within the platform, HOPE is a member of the network of EU experts and stakeholders groups on chronic diseases, integrated care and independent living solutions.

## ANTIMICROBIAL RESISTANCE

The phenomenon of antimicrobial resistance (AMR) is an ever-greater threat to patient safety. It refers to the ability of microorganisms to resist antimicrobial treatments, especially antibiotics. AMR is a huge threat to human health globally as it causes failure in the treatment of infectious diseases. For healthcare systems and hospitals, these treatment failures lead to treatment failures, prolonged hospital stays and a significant number of deaths.

Between 2011 and 2016, the European Commission implemented an Action Plan on AMR. It was evaluated at the end of 2016. HOPE took part in the evaluation process of this first Action Plan and will inform the European Commission ahead of the launch of the second Action Plan in 2017. HOPE took part in the Commission debate with Member States and Stakeholder representatives on the preparation of EU guidelines on prudent use of antimicrobials in human medicine.

HOPE also collaborates with the European Centre for Disease Prevention and Control (ECDC) to review activities carried out and material disseminated as part of the European Antibiotic Awareness Day (EAAD) campaign.

Since 2008, the ECDC has been coordinating activities as part of EAAD, which takes place every year around 18 November. The campaign is aimed at raising awareness about the threat to public health of antimicrobial resistance (AMR) and about prudent antibiotic use, key to stopping resistant bacteria developing.

In June, HOPE was invited in Stockholm to help prepare the launch of the updated toolkit for hospital prescribers later in 2017.

During the 2016 European Antibiotic Awareness Day, HOPE supported the initiative by disseminating information and EAAD promotional material among its network. As every year, HOPE also attended the EU-level stakeholder event, which took place in Brussels on 18 November, and was active on social media and contributing to the debate on Twitter.

## CHRONIC DISEASES

Chronic diseases represent the major share of the burden of disease in Europe and are responsible for 86% of all deaths in the region.

HOPE has been always active on this topic, as a collaborative partner of the Cancer Control Joint Action (CanCon). This is an initiative co-funded by the European Union running from 2014 and to 2017.

It aims to:

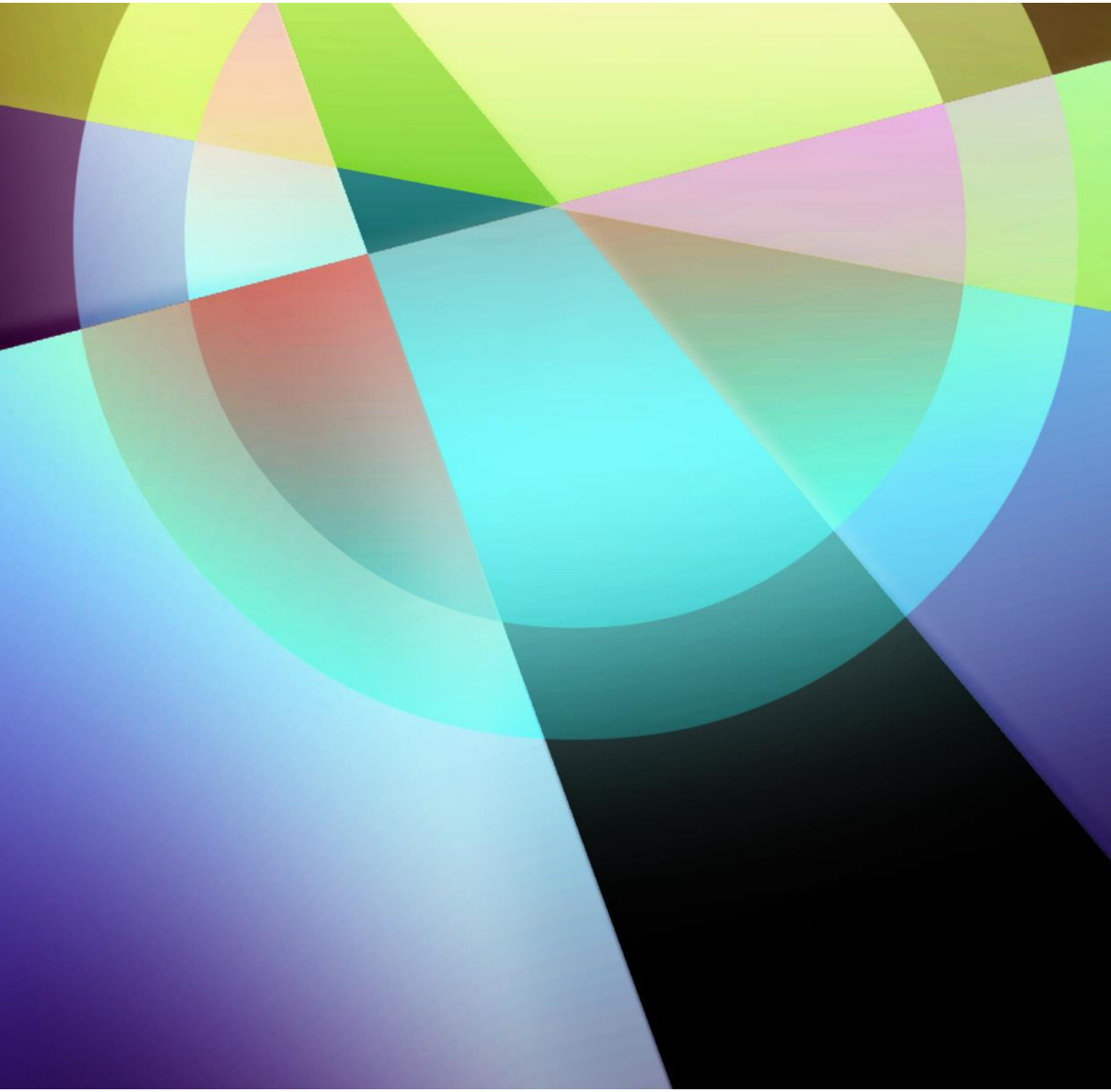
- Improve the quality of cancer care among member states;
- Improve the quality of life of cancer patients and survivors;
- Ensure reintegration and palliative care and a decrease in inequalities at various levels of the cancer control.

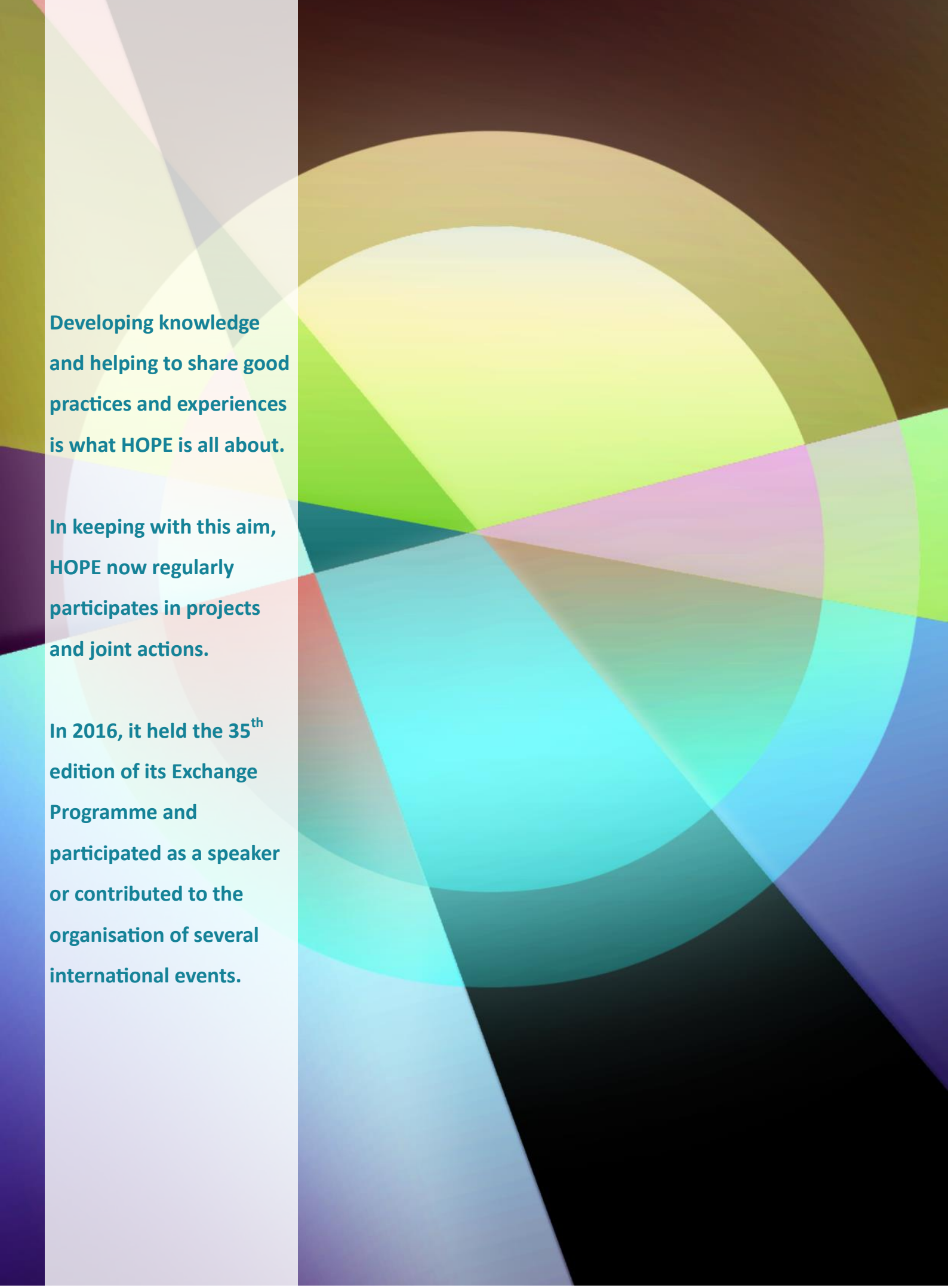
The project's main outcome is the European Guide on Quality Improvement in Comprehensive Cancer Control, which gathered several experts who worked together to produce a key strategic tool for governments and policy makers. Moreover, a pilot model of Comprehensive Cancer Care Network (CCCN) has been set up in the Czech Republic. CanCon will also help member states to place cancer firmly on their national public health agendas and improve national situations by applying and adapting recommendations in the Guide.

On 21 April 2016, HOPE attended the meeting organised by DG SANTE aimed at setting out a practical and effective approach towards better prevention and management of chronic diseases at EU level. This approach would be complementary to the one concluded at the international level through the work of the WHO and the UN.

*Chapter 3*

# KNOWLEDGE AND EXCHANGE





**Developing knowledge and helping to share good practices and experiences is what HOPE is all about.**

**In keeping with this aim, HOPE now regularly participates in projects and joint actions.**

**In 2016, it held the 35th edition of its Exchange Programme and participated as a speaker or contributed to the organisation of several international events.**

# HOPE AS A PARTNER – COMPLETED PROJECTS

## PILOT NETWORK OF HOSPITALS RELATED TO PAYMENT OF CARE FOR CROSS-BORDER PATIENTS - HONCAB

The project to support the creation of a pilot network of hospitals related to payment of care for cross-border patients (HoNCAB) officially ended in February 2016, after obtaining a six-month extension. HOPE was in charge of organising the final conference in Brussels.

The project was co-financed by the European Commission under the Second Programme of Community Action in the Field of Health (2008-2013). Its main objective was to obtain a better understanding of the financial and organisational requirements arising from the implementation of the Directive on patients' rights in cross-border healthcare (Directive 2011/24/EU), thus preparing hospitals for the new conditions for applying.

The final project conference was held on 18 February 2016 in Brussels. HOPE was responsible for organising the event, which gathered around 100 delegates including experts in the area of cross-border healthcare, EU stakeholders, national and regional authorities, representatives from the European institutions and healthcare providers and professionals.

The final conference represented the opportunity to present and discuss the project's main results. The Hospital Network for Care Across Borders in Europe, one of the major project outcomes, was also launched at the event. The network brings together an initial pilot group of hospitals interested in cross-border healthcare and the European Hospital and Healthcare Federation (HOPE) as permanent secretariat, which ensures visibility and dissemination of Network's activities at European level. It allows partners from different Member States to share practical experiences, challenges and solutions.


## JOINT ACTION ON EU HEALTH WORKFORCE PLANNING AND FORECASTING

The Joint Action on health workforce planning and forecasting ran from 2013 to 2016. It was coordinated by Belgium and funded by the third EU Health Programme.

The overall objective of the Join Action on EU Health Workforce Planning and Forecasting was to create a platform for collaboration and exchange between Member States, and to prepare the future of the health workforce. This platform supports Member States in taking effective and sustainable measures in view of the expected shortage in the health workforce at European and national level.

On 16 March 2016, HOPE attended a workshop hosted by the Belgian Federal Public Service Health, Food Chain Safety and Environment. The meeting gathered diverse partners of the Joint Action on European Health Workforce Planning and Forecasting, in order to discuss the sustainability strategy of the project results.

In connection to this meeting, on 17 March, the Expert Group on European Health Workforce met to share ideas on future European cooperation on health workforce planning and policy. During this event, organised by the European Commission – DG SANTE, discussions focused on recruitment and retention, CPD and patient safety, activities to support health workforce policies and findings from WHO and OECD studies.

The Joint Action closing event took place in Mons (Belgium) on 3 and 4 May 2016. During the conference entitled “Towards sustainable health workforce for Europe”, the project partners presented the Joint Action’s main achievements.

The event was welcomed by the European Commissioner for Health and Food Safety, Vytenis Andriukaitis. Examples of results presented to an audience of national Ministries, stakeholders and international organisations include:

- A handbook of good practices and methodologies, providing an overview of methods used in a selection of seven EU countries, and trialled in Italy, Portugal, Germany, Belgium and Moldavia/Romania;
- A study looking at the main drivers for change through to 2035, and implications for the health workforce in Europe;
- Data analysis to support improved data quality, availability and comparability, for the benefit of EU countries.

## EUROPEAN REFERENCE NETWORKS- PACE-ERN

The PACE-ERN consortium was created by EURORDIS, HOPE and Accreditation Europe to answer and submit a tender to create the Assessment Manual & Technical Toolbox for the European Reference Networks.

Under the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, the development of European Reference Networks (ERNs) was seen as a primordial area for cross-border cooperation among Member-States. ERNs aim to unite the best specialists from across Europe to tackle complex or rare medical conditions that require highly specialised healthcare and a concentration of knowledge and resources.

The assessment manual and toolbox produced by PACE-ERN addressed all the stages of the process for the creation of ERNs, from the call for Networks and providers to the approval of the Networks, including the materials and methods to be used and the expected end products.

A first draft of such documents was presented at the second ERN conference which took place in Lisbon (Portugal) on 8 and 9 October and was completed before the launch of the call in March 2016.

The PACE-ERN consortium held its last management meeting with the European Commission on 11 April 2016.

PACE-ERN has taken the first step for the European Commission in moving from legislation to implementation. More information on European Reference Networks is provided in this report in Chapter II on Influence (Section "Soft-Law and other initiatives").

# HOPE AS A PARTNER – ONGOING PROJECTS

## ICT SERVICES FOR LIFE IMPROVEMENT FOR THE ELDERLY - ICT4LIFE

In 2016, HOPE was deeply involved in implementing ICT4Life project activities as leader of the Work Package on Dissemination and Exploitation of project results.

Financed by Horizon 2020 - the EU Framework Programme for Research and Innovation - ICT4Life is a three-year project that kicked-off in Madrid on 19 January 2016 with the ambition to provide new services for integrated care employing user-friendly ICT tools. The ultimate aim is to improve quality of life and autonomy at home for patients with Parkinson's, Alzheimer's and other dementias, and to support their caregivers too.

To reach this goal, ICT4Life brings together nine partners representing academia, industry and end users' groups, all committed to improving patients' lives and advancing Europe's leadership role in personalised services for integrated care.

During the first year of project implementation, ICT4Life partners developed innovative solutions to detect patients' movements at home using sensors and cameras, and to send timely alerts to caregivers and health professionals about any abnormal behaviours detected.

The ICT4Life final product will integrate these technologies with other tools, such as an application for smartphones, tablets and smart TVs that will help patients to train their memory thanks to cognitive games easily

*ICT4Life Consortium at the project kick-off meeting held in Madrid on 19 January 2016.*

adaptable to their own needs and skills. All solutions will be developed following a user-centred methodology and will be tested in real-life scenarios during the pilot phase.

In 2016, the ICT4Life Consortium met in January in Madrid for the project kick-off meeting and convened two other times - in April in Pécs (Hungary) and in September in Paris - to coordinate activities and share project achievements and results.

As leader of the project's dissemination activities, HOPE organised an event addressing "ICT4Life approach and contribution to the challenges of integrated care," in January 2017. The event took place in Brussels, at HOPE central office, and gathered representatives from policy-making organisations, who actively participated in the discussion on ICT4Life technologies.

Besides organising face-to-face events and the final conference, HOPE is also in charge of managing ICT4Life online communication activities on social media, updating the project website and drafting ICT4Life newsletters, and building collaboration with similar projects and initiatives.


*ICT4Life event at HOPE Central Office on 19 January 2017.*

## ADVANCE eHEALTH INTEROPERABILITY – eSTANDARDS

The eStandards project is financed under Horizon 2020, the EU research and innovation programme. The project started in May 2015 and runs for two years with the main objective of advancing eHealth interoperability and global alignment of standards for health information sharing. HOPE is a partner of the project, together with other health stakeholder organisations and leading standards organisations in Europe.

The project held its first conference on 21 April 2016 in Berlin, where project experts presented the draft eStandards roadmap "Essential standards development: strategic options and policy instruments". The roadmap includes eleven recommendations and alternative options for developing collaborative standards.

In 2016, HOPE was highly involved in project activities. It contributed to the activities of four of the seven Work Packages, namely:

- Work Package 3: Develop Roadmap for aligning of Standardisation Activities;
- Work Package 4: Support large-scale eHealth Deployment;
- Work Package 6: Socio-economic aspects of standards-driven eHealth interoperability;
- Work Package 7: Global vision, Local Insight: Networking, Liaison, Stakeholder Engagement.

On 29 September, HOPE attended the eStandards project consortium meeting in Brussels. The meeting was an opportunity for partners to discuss the current state of play of activities and plan the work ahead. Partners involved in Work Package 4 “Support large-scale eHealth deployment: regional, national and cross-border” had the chance to meet for an additional half-day meeting on 28 September to finalise the Deliverable “Guidelines for eHealth deployment project”.

This deliverable, currently publicly accessible via the project website, takes the shape of a practical guideline for large scale eHealth deployment on how to achieve interoperability between deployment projects using competing profiles and standards. The guideline focuses on the use cases “patient summary” and “ePrescription” and provides recommendations based on the lessons learned from the project’s 19 case studies.

## EURO-CAS

On 20 December 2016, the European eHealth Interoperability Conformity Assessment Scheme (EURO-CAS) project kicked off in Vienna.

The aim of the project is to foster the testing of ICT solution interoperability against identified eHealth standards and profiles defined in the eHealth European Interoperability Framework (eEIF).

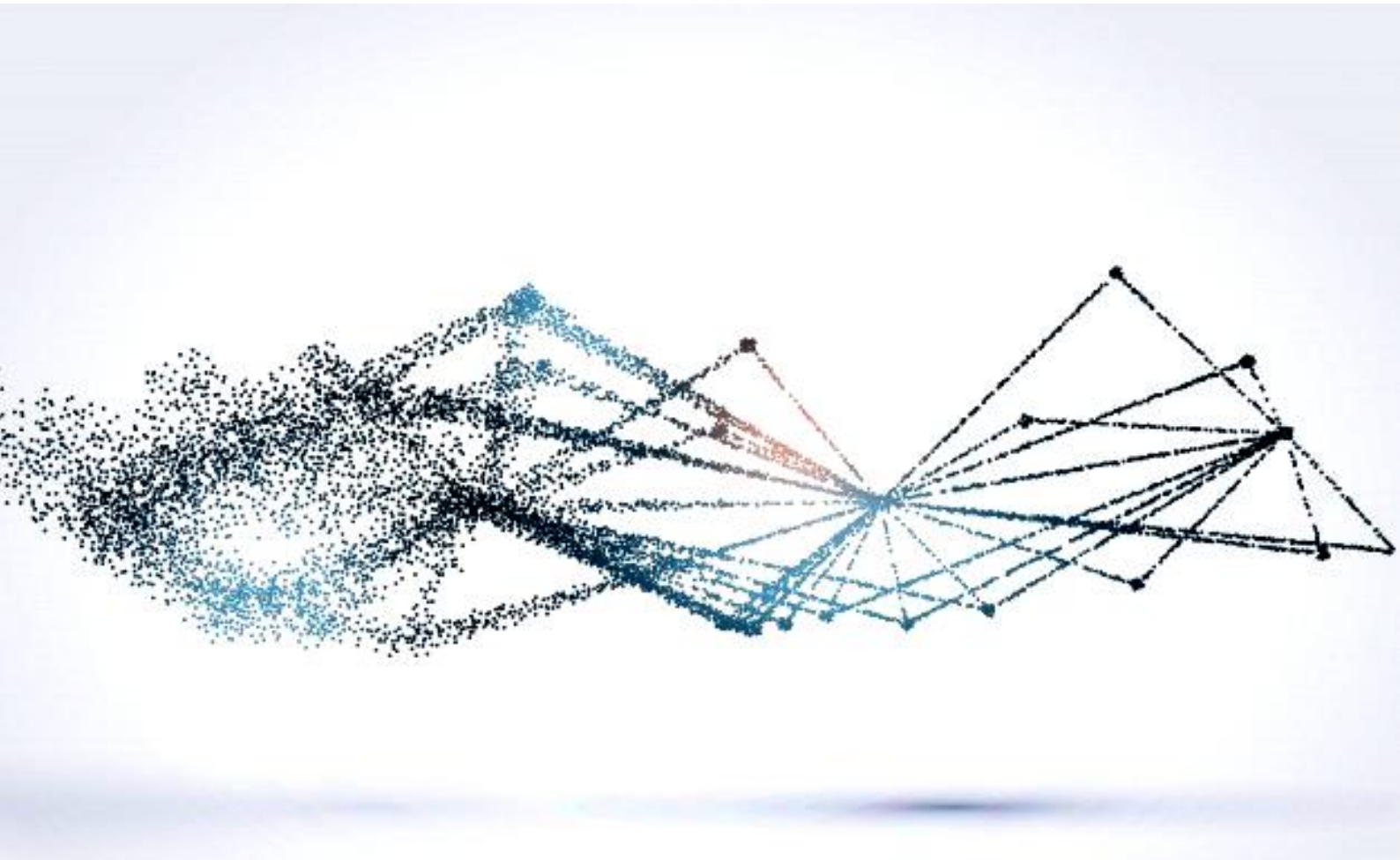
The key deliverable is a sustainable Conformity Assessment Scheme (CAS) for Europe. Based on recommendations of the Antilope project and the state of the art in interoperability testing in eHealth, EURO-CAS is committed to putting in place an operational CAS based on ISO/IEC 17025 that will meet the interoperability requirements of European eHealth projects as well as national and regional eHealth programs. This will allow stakeholders to test the interoperability capabilities of products and services for a single digital market in eHealth in Europe in line with the Digital Agenda for Europe and based on international profiles and standards.


*The EURO-CAS Consortium at the project kick-off meeting held in Vienna on 20 December 2016.*

HOPE is member of the EURO-CAS multi-disciplinary consortium composed of organisations focused on implementing international standards as well as industry stakeholders and healthcare providers.

The consortium will review the state of the art of existing interoperability CAS, collect the requirements and needs at cross border, national/regional levels, establish the CAS for Europe with implementation guidelines and governance, propose business models for the CAS for Europe, validate results and plan national/regional adoption, inform and educate eHealth stakeholders and motivate industry and projects to participate in a European accreditation process.

The CAS for Europe will provide a comprehensive framework to complete the eEIF and which is aligned with the international CAS. Its flexibility will allow better sustainability and harmonisation at European, national and regional levels.



# HOPE AS AN ADVISOR

## ORPHANET

HOPE is a member of the Orphanet International Advisory Board. The body provides recommendations and advises the Orphanet Management Board on the overall strategy of the project.

Orphanet is a resource gathering and improving knowledge on rare diseases so as to improve diagnosis, care and treatment. It aims to provide high-quality information on rare diseases, and ensure equal access to knowledge for all stakeholders. Orphanet also maintains the Orphanet rare disease nomenclature (ORPHAnumber), essential in improving the visibility of rare diseases in health and research information systems.

Orphanet was established in France by the INSERM (French National Institute for Health and Medical Research) in 1997.This initiative became a European endeavour in the year 2000, supported by grants from the European Commission: Orphanet has gradually grown to a Consortium of 40 countries, within Europe and across the globe.

# PROJECTS UNDER CONSTRUCTION

*MedEye Technology*

## MEDEYE

Medication errors occur daily and are a major burden on society. They often lead to adverse drug reactions, lengthened hospital stays, increased healthcare costs, and in the most severe cases, increased mortality. Medication errors pose a significant risk to the European population. Research has shown, however, that 50% of medication errors can be avoided with an automated check at the patient's bedside.

MedEye is an innovative medication verification suite that scans, detects, and verifies medication at the bedside. It prevents medication errors from taking place by verifying medication before it is administered to patients.

MedEye provides nurses and healthcare workers a single place where they can verify all medications – oral solids, injections, compounded and repackaged medication. Administration details are then automatically stored in a patient's medication administration record.

Benefits for hospitals and long term care facilities include fewer medication errors, a common workflow for all nurses, and greater flexibility in logistics which can help increase efficiency.

MedEye has already been tested and validated in several Dutch hospitals with excellent results. Thanks to the support of Horizon 2020 - Fast Track To Innovation Programme (grant agreement N° 730731), activities will be performed to enhance MedEye and facilitate its deployment on a large scale.

Two studies will be conducted to establish transnational performance and cost-effectiveness: One for the hospital sector at the Newcastle Upon Tyne Hospitals Foundation Trust in partnership with Durham University and one for long-term care through central pharmacy Pharmaforce.

HOPE is involved in the project as leader of the Work Package on Dissemination and Exploitation of project results.

# Exchange Programme

## HOPE EXCHANGE PROGRAMME – 35TH EDITION

In 2016, the HOPE Exchange Programme reached its 35th edition. It welcomed 134 healthcare professionals from 22 European countries and focused on the theme "Innovation in hospitals and healthcare: the way forward".

The HOPE Agora 2016, the Exchange Programme closing event, was held from 6 to 8 June 2016 in Rome, where HOPE was founded. It represented the opportunity to celebrate the 50th anniversary of the organisation. Along with healthcare professionals, HOPE Board members, Liaison Officers and National Coordinators attended the event.

HOPE exchange participants reported on their 4-week stay abroad. For their presentations, participants were asked to identify features within the host country's healthcare system for inspiring solutions to the challenges they face at home.

Without judging the system of the country visited, participants described what they would like to see implemented in their own country, region, institution, or ward.

Presentations of the findings focused on innovations in organisation and management. Innovations were identified in the fields of patient care, clinical work, nursing, human resources, information systems, drug management, laboratory operations, finances, quality management, and patient involvement.


*Participants to the HOPE Agora 2016 conference and World Café in Rome.*

# CONFERENCES ORGANISED BY HOPE

## HONCAB FINAL CONFERENCE

The HoNCAB project (September 2012 – February 2016) contributed to a better understanding of the financial and organisational requirements arising from the implementation of the Directive on the application of patients' rights in cross-border healthcare, thus preparing hospitals for the new conditions.

The final HoNCAB conference was organised by HOPE on 18 February 2016 and hosted by the Committee of the Regions. During the event, the project's main results were presented and discussed with the audience, including policymakers and health stakeholders.

The Hospital Network for Care Across Borders in Europe, one of the major project outcomes, was also launched at the event. The network brings together hospitals interested in sharing experiences and good practices on the one hand, and critical issues and possible solutions when providing care to cross-border patients on the other.

*HoNCAB Final Conference held in Brussels on 18 February 2016.*

# CONFERENCES CO-ORGANISED BY HOPE

## HEALTH PROMOTING HOSPITALS CONFERENCE 2016

The 24th International Health Promoting Hospital Conference (HPH) took place from 8 to 11 June at the Yale University campus. The conference was hosted by the Connecticut HPH Network consisting of Planetree, Griffin Hospital and Yale-Griffin Research Center. HOPE was part of the Scientific Committee.

Upon the suggestion of the local hosts, the Scientific Committee decided to focus the 2016 conference on "Creating a Culture of Health through Innovation and Partnership" - a topic that relates to the very core of HPH.

Under this general theme, the conference specifically addressed the following:

- Creating health promoting healthcare delivery systems through innovative partnerships in policy;
- Involving professionals and clients in developing a health promoting organisational culture;
- Innovative health promoting direct service provision.

## EUROPEAN CONFERENCE ON RARE DISEASES AND ORPHAN DRUGS

The European Conference on Rare Diseases & Orphan Products (ECDR) 2016 took place on 27 and 28 May in Edinburgh, Scotland, UK. HOPE helped organise the event.

The programme was structured around six game changers: research, diagnosis, drugs, care provision, social policy, and global society. Specifically, this was the first time the ECRD had devoted an entire theme to the global dimension of rare diseases. By connecting globally, advances in knowledge can be accelerated, along with public awareness and drug discovery and development. Most importantly, patients can be connected to professionals, the public, and each other on an international level.

## PATIENT MOBILITY AT IMTJ MEDICAL TRAVEL SUMMIT

HOPE organised a session on the Cross-border Directive and the results of the HoNCAB project during the IMTJ Medical Travel Summit.

The summit took place from 24 to 26 May 2016 at the Hotel Meliá Avenida América in Madrid, Spain. This high-level event was aimed at senior decision makers involved in the medical tourism and international patient market.

# SOME CONFERENCES WITH HOPE AS A SPEAKER

## INTEGRATED CARE - WHO WORKSHOP

HOPE was invited to speak at a workshop organised on 2 and 3 May by the WHO Office for Europe. The event brought together technical focal points and strategic national counterparts from countries, experts on integrated care and health systems, partners from other agencies, stakeholders from providers and professional associations and representation from WHO headquarters, WHO programmes, and geographically dispersed offices and country offices of the WHO Regional Office for Europe.

The workshop reviewed the draft European framework for action on integrated health services delivery. This document takes forward the priority of transforming health services delivery to meet the health challenges of the 21st century. It adopts the vision of Health 2020 to place the focus firmly on efforts across government and society.

Its contents are consistent with other technical agenda items that were presented at the 66th session of the WHO Regional Committee for Europe in September 2016, specifically those on non-communicable diseases, women's health, reproductive health and disease-specific (HIV and hepatitis C) action plans. The aim is to coordinate and complement actions proposed for the WHO European Region. The framework for action is aligned with: the global framework on integrated, people-centred health services; and also with the global strategy on human resources for health as set out by the 69$^{th}$ World Health Assembly in May 2016. These policies will be adapted to the European context.

According to the WHO, integrated health services delivery, rooted in the same principles as first set out in the health-for-all agenda and primary health care approach, is an approach to transforming services delivery and designing the optimal conditions conducive to strengthening people-centred health systems: comprehensive delivery of quality services across the life-course, designed according to an individual's needs, delivered by a coordinated team of providers working across settings and levels of care, effectively managed to ensure the appropriate use of resources based on the best available evidence and to tackle upstream causes of ill health and well-being by intersectoral action.

## PAIN THERAPY AND THE DEGREE OF PATIENT'S PAIN IN THE AGE OF CROSS-BORDER HEALTHCARE

HOPE was invited to speak on 21 June 2016 in the European Parliament during a session devoted to pain organised by the European Patients' Rights and Cross-border Healthcare Interest group.

Article 8.5 of the Directive 2011/24/EU states that the degree of patients' pain must be taken into account in the application process of the cross-border healthcare Directive. In the transposition process at national level only a few countries have formally recognised the importance of assessing the degree of patients' pain as stated in article 8.5.

During the 2016 Societal Impact of Pain Symposium, held in Brussels in May 2016, detailed policy recommendations were set out as the result of collaboration between chronic pain patients, healthcare practitioners, researchers, scientists and other stakeholders involved in pain care. Starting from these recommendations, the event opened a debate on the topic, based on experiences, good practices and issues faced in the different EU Member States.

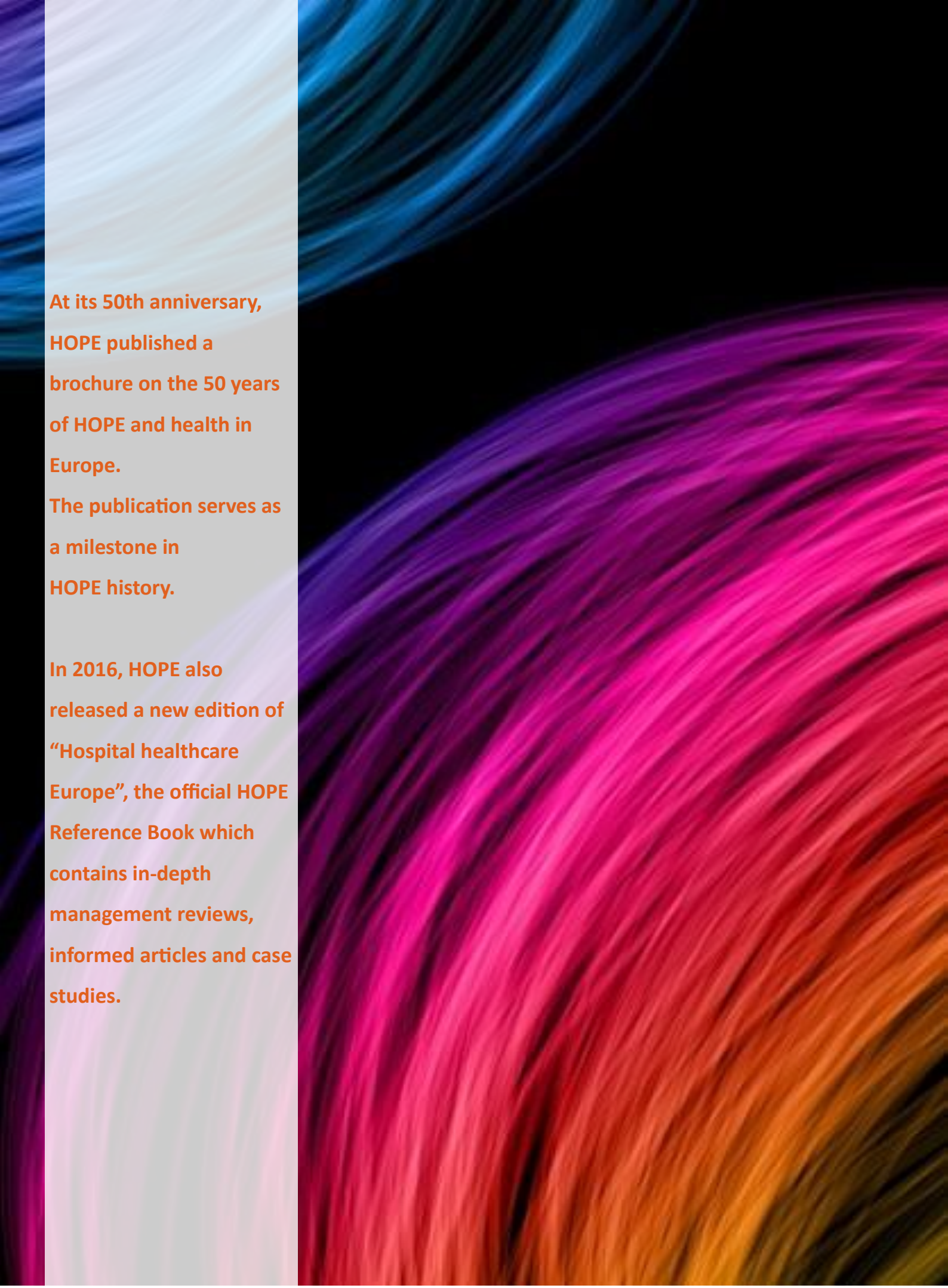
Several organisations were invited to explain how patient live with chronic pain, what suggestions could be made to the European Commission and Member States so that patients' rights are upheld, and which indicators are needed to set criteria for granting access to cross-border health care.

Pain Alliance Europe (PAE), European Headache Alliance (EHA), European Multidisciplinary Network in Pain, Research and Education (EMNIPRE) all gave their views. They were followed by concrete examples by Sine Dolore (Spain), Rede Integrada de Associações de Doença Crónica nos Açores (RIADCA) of Portugal, No Pain Foundation (Malta) and the Hellenic League Against Rheumatism (Greece).

Pascal Garel, HOPE Chief Executive presented the Hospital Network for Care across Borders in Europe, created through the HoNCAB project.

*Chapter 4*

# PUBLICATIONS

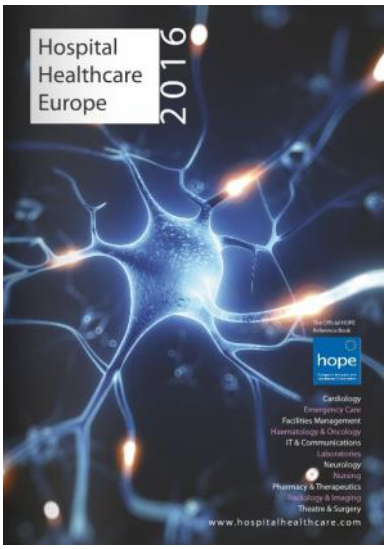


**At its 50th anniversary, HOPE published a brochure on the 50 years of HOPE and health in Europe.**
**The publication serves as a milestone in HOPE history.**

**In 2016, HOPE also released a new edition of "Hospital healthcare Europe", the official HOPE Reference Book which contains in-depth management reviews, informed articles and case studies.**

# Publications

## HOSPITAL HEALTHCARE EUROPE 2016



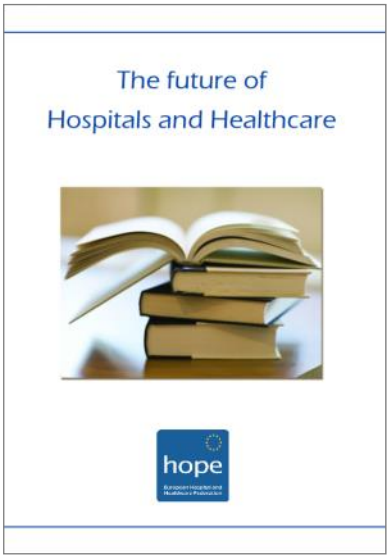

HOPE published the 2016 edition of "Hospital Healthcare Europe", the official HOPE Reference Book. It contains in-depth management reviews, informed articles and case studies.

One section - the HOPE Bulletin - is devoted to HOPE articles and individual sections on cardiology; clinical, nursing and patient care; facilities management; IT and communications; laboratories; pharmacy and therapeutics; radiology and imaging; theatre and surgery.

The HOPE bulletin consisted of the following articles:

- Representing public and private hospitals
- EU mechanisms: how health policy gets made at EU level
- Medical tourism: a HOPE report
- Out-of-pocket payments in EU healthcare systems
- Hospitals in Europe – healthcare data
- EU hospitals and healthcare services: HOPE representatives of 15 EU Member States provide information on the most significant good practices in the last 10 years.

## HOPE AGORA REPORT 2016




This report outlines the main events and outcomes of the HOPE Agora 2016.

In 2016, HOPE celebrated fifty years of success in expanding access to quality and affordable healthcare services to millions of Europeans. Our strong and enduring mission is a testimony of the important past, present and future role of healthcare services to people's health in Europe.

In Rome where HOPE was founded, hundreds of healthcare professionals, HOPE Board members, Liaison Officers and National Coordinators celebrated the organisation's 50th anniversary on 6, 7 and 8 June.

The HOPE Agora 2016 hosted a diverse mix of events: meeting past Presidents and the former Secretary-General, listening to the views on

"The Future of Hospitals and Healthcare" of key European associations, discussing with healthcare professionals, learning from each other...

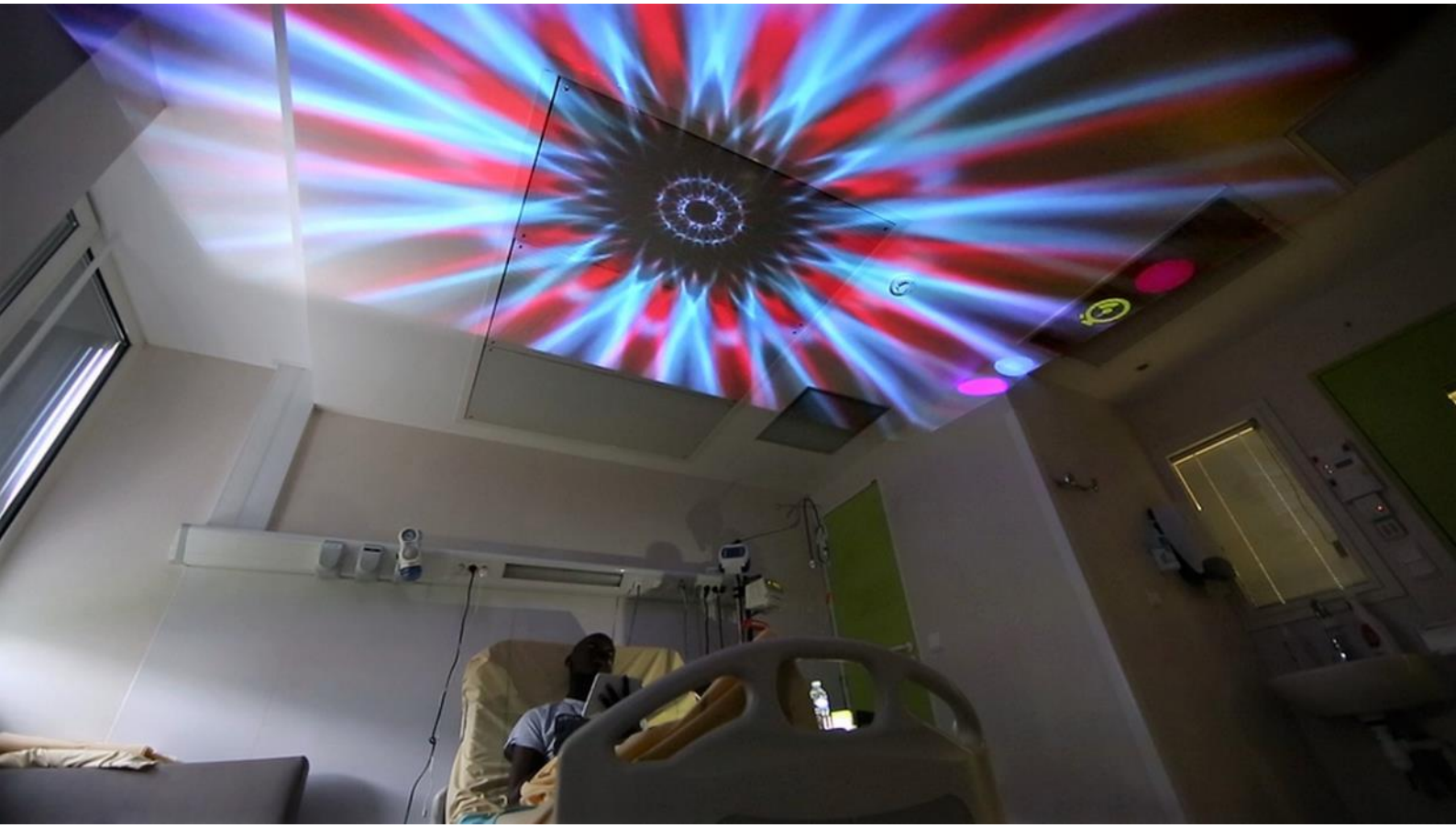
These events reviewed past achievements while focusing on the present and future role of healthcare services. The HOPE Agora 2016 brought to surface different perspectives in an open and stimulating exchange with representatives from national governments, European institutions, national competent authorities, industry, healthcare professionals, academia and patient groups, with the objective of working towards a shared vision for the future.

## 50 YEARS OF HOPE AND HEALTH IN EUROPE

At its 50th anniversary, HOPE published a brochure on “50 years of HOPE and health in Europe” in May 2016.

This publication covers the past fifty years from the perspective of HOPE, the European construction and health in Europe. It serves as a milestone in HOPE history.

The aim is to provide a brief overview of the major changes that took place in HOPE fields of action, from the evolution of EU influence and impact on hospital and healthcare, to health changes in the European countries when it comes to diseases, structures and procedures, human resources, and outcomes



# General Report on the Activities of the European Hospital and Healthcare Federation 2016

hope
European Hospital and Healthcare Federation