



UEMO

UNION EUROPÉENNE DES MÉDECINS OMNIPRATICIENS/MÉDECINS DE FAMILLE

EUROPEAN UNION OF GENERAL PRACTITIONERS/FAMILY PHYSICIANS

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## UEMO BULLETIN N°1 - 2016

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Dear UEMO Members,

I hope you have all enjoyed a pleasant holiday break and are now ready to tackle the New Year of 2016 that lies ahead.

Since the end of 2015, several important events have taken place. Globally, the world continues to be plagued by the Zika outbreak, which was recently announced by the WHO as a public health emergency of international concern. Meanwhile, at EU level, the Netherlands assumed presidency of the European Council on 1<sup>st</sup> January and will steer the agenda of the Council for the next six months.

At UEMO, we have also hit the ground running. Our new Vice-President Daniel Widmer was recently interviewed by the Swiss Journal of General Practice, which in the future will seek to report more on the activities of UEMO.

At the end of last year, the ENS4Care project came to a close and had a great opportunity to host its final event in conjunction with the 7<sup>th</sup> European Innovation Summit, which was held in the European Parliament in Brussels. More about that and much else in this issue.

I wish you a good reading.

Yours sincerely,

*Aldo L'UPO*

UEMO President

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## EU NEWS

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### THE NETHERLANDS EU PRESIDENCY PRIORITIES FOR HEALTHCARE

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12<sup>TH</sup> JANUARY 2016

On 1<sup>st</sup> January, the Netherlands assumed presidency of the European Council for a six month term. The European Council presidency rotates regularly between all 28 EU Member States. The Presidency works closely together with the two Member States that preceded or will follow it. The Netherlands is working with Slovakia and Malta, both of which will follow the Netherlands Presidency and preside over the European Council for the terms July – December 2016 and January – June 2017, respectively.

Even though it is common for the Trio Presidency to set out common priorities, each Presidency draws up its own six-month work programme, highlighting the key issues that it will address during its term. The Netherlands presidency work programme focuses on four key areas: (1) migration and international security, (2) sound finances and a robust Eurozone, (3) Europe as an innovator and job creator, and (4) forward-looking climate and energy policy. Interlinked with these four focus areas are the three basic principles that the Netherlands have set out for their presidency. These are: a Union that focuses on essential, a Union that creates innovative growth

and jobs, and a Union that connects with society.



In healthcare, the Netherlands have put particular priority on addressing issues related to antimicrobial resistance, market access of pharmaceuticals and medical devices, as well as access to innovative, affordable medicines for European citizens. The Netherlands will aim to reach an agreement with the European Parliament on the two regulations concerning medical devices and in-vitro diagnostic medical devices, which are currently being debated in the EU institutions. The Netherlands will also work to promote cooperation amongst Member States on access to medicines and medicine pricing issues, as well as antimicrobial resistance. The topic of antimicrobial resistance will be put on the Council agenda during the Netherlands Presidency and a ministerial conference will be organised to discuss the issue.

#### **Find out more:**

- ❖ The Netherlands Presidency website:  
<http://english.eu2016.nl/>
- ❖ The Netherlands Presidency work programme:  
<http://bit.ly/1PU6p9l>



## EC SETS UP NEW WORKING GROUP TO ENSURE DATA QUALITY FOR MHEALTH APPS

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17<sup>TH</sup> JANUARY 2016

The European Commission has created a new Working Group, which will work to develop guidelines for assessing the validity and reliability of the data that health apps collect and process. The Working Group is comprised of experts from civil society, research and industry organisations. The first meeting of the Working Group will be held in March 2016 and the guidelines are expected to be finalised by the end of this year.



In 2014, the European Commission conducted a public consultation, which identified safety and transparency as one of the main issues for mHealth uptake. Currently, a large number of lifestyle and wellbeing apps are available, but there is little evidence as to their quality and reliability. This has raised concerns amongst consumers, which are starting to doubt their usefulness. The European Commission aims to change these attitudes through the work of the new Working Group and the guidelines that are to be produced. The Commission also

sees ensuring data quality for health apps as essential to linking them to electronic health records and mHealth uptake in clinical practice.

The guidelines that the new Working Group will develop are expected to build on existing initiatives and best practices from across Europe. The Working Group will seek to provide common quality criteria and assessment methodologies that could help different stakeholders in assessing the validity and reliability of mobile health applications.

### **Find out more:**

- ❖ Press release from the European Commission:  
<http://bit.ly/1lyW4Vz>



## EMA RECOMMENDATION ON FIRST SPECIFIC TREATMENT FOR FACTOR X DEFICIENCY

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29<sup>TH</sup> JANUARY 2016

The European Medicines Agency (EMA) has issued a recommendation for the approval of Coagadex, a medicine that prevents bleeding episodes in patients with factor X deficiency.

Factor X deficiency is a rare inherited bleeding disorder, which delays the blood clotting process. People with factor X deficiency are more prone to bleeding than other people and show prolonged bleeding after injury or surgery. Bleeding can also occur within muscles or the spaces between joints, such as in the elbows, knees, or ankles. This can lead to permanent injury, if it happens repeatedly. In severe cases, factor x deficiency can be life threatening, if bleeding occurs in the brain, the spinal cord or the gut.

EMA has indicated Coagadex for the treatment and preventive management of bleeding episodes and the control of bleeding during surgical procedures in patients with hereditary factor X deficiency. The active substance in Coagadex is human coagulation factor X, a protein derived from human plasma.

Currently, the treatment options for factor X deficiency are severely limited. Most popular are replacement therapies, but those are often associated with problems in dosing and the risk of elevating other clotting factors, which may result in further complications. Due to lack of specific treatment options, EMA has fast-

tracked the evaluation and market access of this medicine.



The EMA opinion will now be sent to the European Commission for the adoption of a decision on an EU-wide marketing authorisation. Once a marketing authorisation has been granted, decisions about price and reimbursement will take place at the level of each Member State.

### **Find out more:**

- ❖ Press release from the EMA:  
<http://bit.ly/1Kq2p1e>



## UEMO NEWS

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### INTERVIEW WITH UEMO VICE-PRESIDENT IN THE SWISS JOURNAL OF GENERAL PRACTICE

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31<sup>ST</sup> JANUARY 2016

The new UEMO Vice-President Daniel Widmer was recently interviewed by the Swiss Journal of General Practice. The interview took place in the aftermath of his nomination as the Vice-President of UEMO and mainly focuses on the challenges and opportunities that the new position offers.

In the interview, Mr Widmer explains that he was invited to join the UEMO in 2000 and accepted the offer due to an interest to see and know how general medicine is practiced elsewhere in Europe. Now the Vice-Presidency for him presents an exciting opportunity to be even more at the heart of the exchange of ideas between doctors and other healthcare professionals and to defend the role of family medicine in Europe.

When asked about the key areas that he will try to address during his Vice-Presidency, Mr Widmer highlights the work that needs to be done on European accreditation and continuous training for healthcare professionals, so that it is ensured that credits obtained in one EU Member State are recognised in others. Due to the

current refugee influx in Europe, refugee health also needs to be high on the agenda.

In the interview, Mr Widmer also mentions the important projects that UEMO has been involved in – TellMe and ENS4Care. He also speaks at length about the UEMO working group on competencies and complexity, which he has been chairing already prior to his nomination as UEMO Vice-President.

The full interview is available in French on the website of the Primary Care and Hospital Journal.

#### **Find out more:**

- ❖ Interview with Mr Daniel Widmer (in French):  
<http://bit.ly/1S4HfZa>



## ENS<sub>4</sub>CARE FINAL EVENT HELD DURING 7<sup>TH</sup> EUROPEAN INNOVATION SUMMIT

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10<sup>TH</sup> JANUARY 2016

The final ENS<sub>4</sub>Care event was held on 8th December, as part of the 7th European Innovation Summit, which took place at the European Parliament in Brussels from 7th to 10th December 2015.

During the final event, the guidelines developed by ENS<sub>4</sub>Care were presented. The guidelines address five key areas – prevention, clinical practice, integrated care, continuity of care, and nurse ePrescribing – and focus on the design of advanced role.



Particular emphasis during the ENS<sub>4</sub>Care final event was placed on the need to modernize the EU Workforce Strategy. It is important to shift the focus away from traditional thinking, the traditional push and pull factors discussions, and the time-consuming data collection practices. Focus should instead be put on workforce development, health promotion, disease prevention, and providing support to patients transitioning across secondary and primary care.

The final event was organised in a set of panel discussions, the first of which included members from the ENS<sub>4</sub>Care consortium and also reflected the views of the UEMO. The second panel included notable persons from the EU institutions and discussed the future actions that should be taken after the end of the ENS<sub>4</sub>Care project.

### **Find out more:**

- ❖ ENS<sub>4</sub>Care project website:  
<http://www.ens4care.eu/>





## UEMO AT THE COCIR EHEALTH SUMMIT IN BRUSSELS

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30<sup>TH</sup> JANUARY 2016

The second annual COCIR (European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry) eHealth Summit was held in Brussels on 27<sup>th</sup> and 28<sup>th</sup> January 2016. It aimed to provide key EU and national policy-makers, as well as health stakeholders, with an opportunity to discuss solutions on how to overcome the challenges facing healthcare systems and provide a platform for action.

Organised in cooperation with the European Commission, the COCIR eHealth Summit was structured in a series of panel debates. UEMO Vice-President Daniel Widmer gave a speech at the Summit and participated in the panel debate entitled “Mainstreaming innovation across health and care systems for successful scaling up of innovation”.



The panel debates focused largely on integrated care and innovation in healthcare, as well as the economic sustainability of healthcare systems. Integrated care bridges the silos between primary and secondary care, as well as the health and social care sectors. The Summit explored the ways in which ICT could be an enabler of integrated care and how the uptake of eHealth could be fostered.

### **Find out more:**

- ❖ COCIR eHealth Summit 2016:  
<http://www.cocirealthsummit.org/ehome/cocir2015/323959/?&&>



## OTHER NEWS

### WHO: ZIKA OUTBREAK IS PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

1<sup>ST</sup> FEBRUARY 2015

At the beginning of February, the World Health Organisation (WHO) convened a meeting of its Emergency Committee to discuss the Zika outbreak in Latin America. In particular, the Committee looked at the connection between the Zika virus and a rise in detected cases of congenital malformations and neurological complications. It was found that a causal relationship between the two can be strongly suspected, though it has not been scientifically proven. The lack of effective prevention methods, vaccine and reliable diagnostic tests are reasons of further concern for the level of global health.



On the basis of the discussions in the Committee, WHO General-Director Margaret Chan declared that the recent cluster of neurological disorders constitute a Public Health Emergency of

International Concern. She called for a coordinated international response to improve surveillance, detection of infections, congenital malformations, and neurological complications, to intensify the control of mosquito populations, and to expedite the development of diagnostic tests and vaccines to protect people at risk, especially during pregnancy.

The WHO alert puts Zika in the same category of concern as the Ebola outbreak.

Since October 2015, around 4,000 cases of microcephaly (a neurological disorder associated with the Zika outbreak) have been reported in Brazil.

The Zika virus is spread by the Aedes mosquitoes. Most infections are mild and cause few or no symptoms, although there have been some reported cases of a rare paralysis disorder called Guillain-Barre syndrome. Currently there is no vaccine or medication to stop the Zika virus, so those thought to have been infected are advised to rest and drink plenty of fluids.

#### **Find out more:**

- ❖ Press release from the WHO: <http://bit.ly/1SowcKJ>





## WHO ISSUES GLOBAL RECOMMENDATION ON OBESITY PREVENTION

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26<sup>TH</sup> JANUARY 2016

On 25th January, the WHO Commission on Ending Childhood Obesity issued a report, which reflects the current situation on childhood obesity and recommends preventive steps that should be taken to prevent obesity in children and adolescents.

The report in particular considers children under the age of 5. Currently, according to WHO statistics, there are at least 41 million children across the world in this age group that are obese or overweight. The environment, in which children grow up, is further contributing to the level of obesity. Marketing of unhealthy foods and non-alcoholic beverages has been identified by the WHO as a major factor in the increases numbers of overweight and obese children, especially in the developing world. To this end, the WHO has adopted a global target for all countries to renew their efforts and halt the rise in obesity among children under the age of 5 by 2025.

The WHO recommendations for ending childhood obesity are structured in six focus areas:

- (1) promotion of intake of healthy foods – implement comprehensive programmes that promote the intake of healthy foods and reduce the intake of unhealthy foods and sugar-sweetened beverages;
- (2) promotion of physical activity – implement comprehensive programmes that promote physical activity and reduce sedentary behaviours in children and adolescents;
- (3) preconception and pregnancy care – integrate and strengthen guidance for the prevention of non-communicable diseases with current guidance on preconception and antenatal care;
- (4) early childhood diet and physical activity – provide guidance on, and support for, healthy diet, sleep and physical activity in early childhood and promote healthy habits and ensure children grow appropriately and develop healthy habits;
- (5) health nutrition and physical activity for school-age children – implement comprehensive programmes that promote healthy school environments, health and nutrition literacy and physical activity among school-age children and adolescents;
- (6) weight management – provide family-based, multi component, lifestyle weight management services for children and young people who are obese.

### **Find out more:**

- ❖ Final report of the WHO Commission on Ending Childhood Obesity:  
<http://bit.ly/1Vsli4a>



## JUNIOR DOCTORS ON STRIKE IN THE UK

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4<sup>TH</sup> FEBRUARY 2016

In January, junior doctors in the UK went on strike in opposition to the provisions included in the new contracts. After lengthy discussions with the UK Government, the contracts are still unacceptable, according to the doctors. A strike was already scheduled to take place in December 2015, but was cancelled due to progress in the negotiations with the Government.

On 12th January, junior doctors went on strike and only emergency care was provided to patients. Another strike was planned for 26th January, but was cancelled, since the negotiations seemed to show progress. Now, in a state of stalemate in the negotiations, a full 24-hour walk-out is planned for 10th February. The full walk-out is the first instance of its kind in the history of the UK National Health Service (NHS). Despite initial claims for a full strike on 10th February, emergency care will remain in place, due to high public support for the junior doctors' strike.

According to the doctors, the new contracts involve pay cuts of up to 30 per cent and the slashing of premium rates for doctors working between 7am and 10pm on every day apart from Sunday. The Government claims that these terms are not final proposals, but instead points which were under discussion at the time the union walked away.

The doctors want the new contracts to ensure proper recognition of unsocial hours as premium time, give no disadvantage to those working unsocial hours compared to the current system, and ensure proper hours' safeguards protecting patients and their doctors.



Since junior doctors make up around half of the UK medical workforce, during the strike, hospitals will have to cancel most planned operations and outpatients appointments. The junior doctors will attempt to roster as many senior doctors as possible to cover emergencies.

The new contracts would be due to come into force in August 2016.

### **Find out more:**

- ❖ News article from the Telegraph: <http://bit.ly/1gXSq1O>
- ❖ New article from the Independent: <http://ind.pn/1TwJYdd>



## UK CHANGES GUIDELINES ON ALCOHOL INTAKE

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8<sup>TH</sup> JANUARY 2016

The UK's Chief Medical Officers are working on a revision of the guidelines for alcohol consumption. The new guidelines have been developed to inform the public about the known health risks of different levels and patterns of drinking, particularly for people who want to know how to keep long term health risks from regular drinking of alcohol low.

The new guidelines include three main recommendations – on regular drinking, on single episodes of drinking, and on drinking during pregnancy.



In regular drinking, the advised maximum amount of units has decreased significantly from 21 units to 14 units per week. When drinking more, it is advised to spread the amount over three or more days. However, it is also noted in the guidelines that the risk of developing a range of illnesses increases with any amount drunk on a regular basis.

People who would like to limit the short term health risks of drinking are advised to drink more slowly, drink with food, and

alternate with drinking water in single drinking episodes. Several groups, including young people, the elderly, those with low body weight, health problems, or on medications, have been identified as more susceptible to alcohol-induced health risks and are therefore advised to be more mindful of their level of drinking.

The guidelines advise not to drink alcohol at all during pregnancy to keep risks to the baby at a minimum. In general, increased alcohol consumption is linked to an increased level of health risks to the baby. However, if small amount of alcohol have been drunk before pregnancy is ascertained, the risks of harm to the baby are likely to be low.

### **Find out more:**

- ❖ Summary of the proposed new guidelines: <http://bit.ly/1RxepPk>



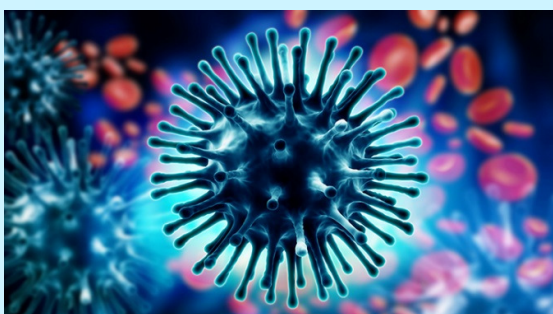
## INFLUENZA SEASON STARTS IN EUROPE

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14<sup>TH</sup> JANUARY 2016

In a recent news statement, the WHO reminds the European population of the beginning of the influenza season and recommends that everyone at risk of severe influenza and healthcare workers be offered the seasonal influenza vaccine.

People at particular risk for severe influenza include pregnant women, the very young, the elderly, immune-compromised people and people with chronic underlying medical conditions. According to recent statistics, there are approximately 180 million people (36% of the total European population) in these specific groups.



It is impossible to predict which influenza viruses will be circulated in a particular season, so each season a new vaccine is developed. The vaccine for the 2015/2016 season incorporates influenza variants A(H<sub>3</sub>N<sub>2</sub>), A(H<sub>1</sub>N<sub>1</sub>), and B.

In order to provide the public with the most recent information on influenza, the WHO collaborates with the European Centre for Disease Prevention and Control (ECDC) to issue the Flu News Europe

bulletin every week. This season, influenza A(H<sub>1</sub>N<sub>1</sub>) has been the predominant virus. Since the current influenza vaccine incorporates influenza A(H<sub>1</sub>A<sub>1</sub>), it is considered that there is a “good match” between this season’s vaccine and most of the seasonal flu viruses. Influenza A(H<sub>1</sub>N<sub>1</sub>) may cause more severe disease and death in younger adults, so they are advised to get vaccines first.

### Find out more:

- ❖ News article from the WHO:  
<http://bit.ly/2olg7tE>
- ❖ Flu News Europe:  
<https://flunewseurope.org/>

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