Dear UEMO Members,

The focus topics in the healthcare community this month are: The activities of the Maltese Presidency in the Council of the EU on Health, Antimicrobial Resistance and the sustainability of the Healthcare systems.

UEMO together with other medical associations have co-signed a letter regarding the implications of a possible ‘Brexit’ for the future of the European medical profession.

UEMO also participated in the event of the first results of ICT4life H2020 project.

I hope you enjoy reading about these developments and much more in this issue.

Yours sincerely,

Aldo LUPO
UEMO President

Under the OSH framework, risks to the safety and health of workers must be eliminated or reduced to a minimum. The Carcinogens and Mutagens Directive sets a number of concrete provisions specific to chemical carcinogens.

Employers must identify and assess risks to workers associated with exposure to specific carcinogens and mutagens, and must prevent exposure where risks occur. Where possible, the carcinogenic substance should be substituted with a less-hazardous alternative – otherwise carcinogens must, so far as is technically possible, be manufactured and used in a closed system to prevent exposure of workers. Where this is not possible either, worker exposure must otherwise be reduced as much as can be.

A lack of national Occupational Exposure Limits (OELs) for some carcinogens, and the high levels of others, not only leads to inadequate protection for EU workers but can also have negative consequences for the internal market. It leads to situations, where businesses located in Member States with less stringent levels (where there are no set occupational exposure limit values, or where they are set at a high level, allowing for greater worker exposure) may benefit from an undue competitive advantage. Varied national OELs can create uncertainty regarding appropriate risk management standards.

From a more general perspective, therefore, OELs promote consistency by defining a 'level playing field' for all users and a common objective for employers, workers and enforcement authorities. The proposal therefore leads to a more efficient system of workers’ health protection in the single market.

Under the Carcinogens and Mutagens Directive, Member States can adopt a lower (i.e. stricter) national limit than the EU value, consistent with the ultimate objective of the Directive, which is to minimise exposure.

Find out more:

- The press release is available [here](#).
On 13 January, the DG CONNECT published information on the DECIPHER, an EU-funded project working on a mobile application that will display a patient’s health data and can become accessible to caregivers when the patient goes abroad.

According to Rossana Alessandrello of the Catalan Agency of Health Quality and Assessment, DECIPHER Project Coordinator, ‘The DECIPHER health application will help patients in various situations ranging from acute care episodes to the management of chronic diseases.’ If a patient becomes ill when they are abroad, the project’s mobile application would provide the medics with access to the health history of the patient. ‘This data can even be lifesaving in the event of urgent cases such as a stroke or heart attack,’ Alessandrello adds.

Access to health data when in another EU country is especially important for individuals with chronic diseases needing frequent medical attention, such as diabetes, since it can contain data on medication and vaccinations.

DECIPHER is using innovative pre-commercial procurement methods. ‘This works by pooling the efforts of several public procurers in procuring R&D services so that they can then access new products and services,’ explains Alessandrello. ‘By sharing risks and benefits with suppliers, the best conditions for a wide commercialisation and take-up of R&D results is created,’ she adds.

Alessandrello has explained that ‘the technologies developed by DECIPHER will be valid for all existing and future electronic patient record initiatives, using EU-wide and EU-recognised interoperability standards’.

The project, which was completed in May 2016, is now testing its technology with Diabetes Type 2 patients. The aim is to enhance the use of secure electronic patient health records.

Find out more:

- The original article is available [here](#).
DG Sante has launched a public consultation on possible activities to include in the new "One Health" Action Plan against antimicrobial resistance (AMR) it plans to adopt by summer 2017.

This consultation consists of questions directed to public administrations and stakeholders and further questions for citizens, to ensure that everyone has their voice heard on how best the Action Plan can support EU countries in the fight against AMR. The consultation will run until 28 April 2017.

AMR is a growing global health threat with societal and economic drawbacks. In the EU alone, AMR is responsible for 25,000 deaths and over EUR 1.5 billion of healthcare costs and productivity losses annually. Due to its growing implications AMR has become a political health priority within the EU and the European Commission has been committed to combatting it since 1999 with a "One Health" approach.

The new Action Plan will build on the evaluation of the existing one and aims to expand the innovative approaches, whilst ensuring the continuation of EU actions that are still needed. It will focus on activities with a clear EU added value and, where possible, on measurable and concrete outcomes.

This wide reaching public consultation should contribute towards the common goal of preserving the efficacy of antimicrobials, strengthening infection control and stimulating innovation into new treatments.

Find out more:

On 5 January 2017, the European Union of General Practitioners/ Family Physicians (UEMO) together with the Standing Committee of European Doctors (CPME), the European Junior Doctors (EJD), the European Union of Medical Specialists (UEMS), the Conseil Européen Ordres Médecins and the Fédération Européenne des Médecins Salariés (FEMS), co-signed a letter addressed to Mr. Michel Barnier regarding the future of the medical profession after Brexit. Mr. Barnier is the Chief Negotiator in the Task Force for the preparation and conduct of negotiations with the United Kingdom under article 50 TEU.

The medical associations addressed this letter to the Chief Negotiator, on behalf of the European medical profession and as a result of the UK Prime Minister's confirmation that she will invoke article 50 “no later than March 2017”. The medical associations have emphasised that the UK’s departure from the EU and the statement of the government “we will decide for ourselves how we control immigration” will have negative repercussions for the European Medical profession and the quality of healthcare across Europe. They emphasised that Europe’s medical workforces are interdependent and free movement plays a crucial role for the doctors’ professional development.

Even though Brexit will decrease professional migration, it will not reverse it. Professional migration enhances medical research and innovation with 15% of the academic staff at UK universities coming from other EU Member States. Researcher’s mobility should be ensured as well as the provision of clear long-term frameworks in a post-Brexit EU.

Moreover, Brexit should not threaten the progress of attendant patient safety measures, like the alert mechanism which informs European regulators when a doctor is banned on their ability to practice.

Lastly, since public health threats, such as those stemming from AMR (antimicrobial resistance) do not respect borders, the UK’s exit from the EU must not create obstacles to the “international cross-sectoral and inter organisational collaboration and coordination...required to... prevent the cross border spread of AMR.”
1ST HISPANIC-BRAZILIAN MEETING ON HEALTH AND HUMAN RIGHTS

12TH JANUARY 2017

The Spanish General Medical Council (CGCOM) and the Brazilian Federal Medical Council (CFM) held last week (12 and 13 January) the 1st Hispanic-Brazilian Meeting on Health and Human Rights. A Declaration was approved called: Madrid Declaration on the Trafficking of Persons, Organs and Minors, Illegal Adoptions and the Role of the Healthcare Professionals. This Declaration condemns the trafficking of human beings, which is considered to be "a deep violation of the human rights, dignity and freedom".

More information is available here: http://www.medicosypacientes.com/articulo/declaracion-de-madrid-sobre-trata-de-personas-trafico-de-organos-y-de-menores-adopciones

ICT4LIFE H2020 PROJECT LAUNCHED WITH THE PARTICIPATION OF UEMO
On 19 January, UEMO Vice-President, Dr. Daniel Widmer together with UEMO Senior Policy Advisor, Ms. Marie-Christine Bonnamour, participated in the presentation of the first results of the ICT4Life project at the European Hospital and Healthcare Federation.

ICT4Life is a three-year project co-financed under Horizon 2020. It kicked-off in Madrid on 19 January 2016 with the ambition to provide new services for integrated care employing user-friendly ICT tools, ultimately increasing patients’ quality of life and autonomy at home. In order to achieve this, ICT4Life will conduct breakthrough research and radical innovation and will implement the ICT4Life Platform. The platform will deliver a series of innovative services to patients affected by Parkinson, Alzheimer and other dementias but also to health professionals and formal and informal carers. All solutions will be developed following a user-centred methodology and tested in real life scenarios.

This initiative brings together nine partners representing academia, industry and users’ groups, all committed in improving patients’ lives and integrated care.

The partners of this multidisciplinary consortium are namely: Artica Telemedicina (Spain), Polytechnic University of Madrid (Spain), Madrid Parkinson Association (Spain), Netis Informatics Ltd. (Hungary), E-seniors (France), Centre for Research and Technology Hellas (Greece), Maastricht University (The Netherlands), European Hospital and Healthcare Federation (Belgium) and the University of Pécs (Hungary).

Find out more:

OECD HEALTH MINISTERS SUPPORT NEW GLOBAL LEAGUE TABLE OF PATIENT OUTCOMES

17TH JANUARY 2017

On 17 January, health ministers supported the new international patient outcomes league table at a meeting in Paris. The patient reported indicator survey (PARIS), in development by the OECD, aims to gather a new generation of health statistics on patients’ own experience of medical care and health care outcomes.

According to OECD’s secretary-general José Ángel Gurría “it will involve the actual rolling out of a set of commonly accepted indicators to track quality, access and value for money of health policies and inputs”. He further added that “we will no longer just measure health inputs, but also whether medical care leads to people being in less pain, more mobile and in better health.”

The data collection will start small, covering representative samples of patients who have had strokes, heart attacks, cancer, hip and knee surgery, and mental illness. The Commonwealth Fund and the International Consortium for Health Outcomes Measurement (ICHOM) will help design survey questions and indicators.

Francesca Colombo, the head of health at the OECD, mentioned that OECD is interested in hearing patients experience and the organisation is currently active in 19 countries. It is important to be aware of patient experiences in order to decrease the cost of healthcare, according to Harvard economist Michael Porter, who co-founded ICHOM in 2012 in order to obtain a value-based healthcare by giving an emphasis on the patients’ needs.

The OECD believes that the surveys could eventually grow to be on a par with PISA (Programme for International Student Assessment), a test comparing the educational attainment of 15-year olds. Currently there are now 65 countries participating in PISA, the results of which dominate analyses of the quality of different national education systems and are used to inform policies and drive change. There are countries such as Canada and Norway that welcome the new system which will provide a more patient-centred approach. However there are still countries that do not wish to be ranked. The reason is that PISA currently reveals stark truths about the relative performance of education systems. The new patient outcomes survey could similarly shame countries into action.

Xavier Prats Monné, director-general of the European Commission’s directorate for health and food safety, has acknowledged the difficulties of using a standardised test to compare different
countries but believes that policymakers should welcome the challenge. Prats Monné stated that “the EU already works with the OECD on research into European health systems and will support the development of the outcomes league table, both politically and financially.” OECD health statistics have driven policy change in the past. For example, South Korea put a huge amount of effort into improvements after it saw its lowly ranking against other OECD members in 30-day mortality after admission to hospital for a heart attack.

Find out more:

- The full article is available [here](#).
On 17–19 January 2017, WHO/Europe convened the first meeting of the Health and SDGs Expert Working Group, aiming to support the WHO Secretariat in drafting the roadmap for Health and Sustainable development in Europe. The meeting was held at the WHO European Office for Investment for Health and Development in Venice, Italy.

Participants highlighted the importance of the SDGs in achieving health and well-being, and the paradigm shift that is necessary in order to reach the SDG targets. Such a shift needs to focus particularly on: governance and intersectoral action for health; leaving no one behind; the alignment of national development and health policies, as well as policy coherence across multiple SDGs; and on the means of implementation. The latter includes partnerships, sustainable financing, research and innovation, and enhanced monitoring and accountability.

The draft roadmap will become available online for consultation by Member States in the Region in mid-February 2017. The roadmap will be presented for endorsement at the next session of the Regional Committee in September 2017.

**Find out more:**

Ending HIV is one of the Maltese Presidency of the European Union of the Council initiatives. Therefore a technical meeting was held 30-31st January to bring together leading experts on HIV prevention and control from across the EU to discuss how Europe can improve its response to HIV and achieve the targets outlined in the Sustainable Development Goals, the actions agreed at the UN High-Level meeting on HIV/AIDS and those adopted in the Global Health Sector Strategy at the World Health Assembly. The experts will discuss practical evidence-based interventions and strategies, share achievements and examples of good practices and identify solutions to common challenges. The priority areas where the EU Member States agree they should scale-up their efforts will be discussed and the proceedings of the meeting will be translated in a technical Malta Declaration.

- ECDC n overview of achievements and gaps in the European HIV response is available here.