



**UNION EUROPÉENNE DES MÉDECINS OMNIPRACTICIENS/  
MÉDECINS DE FAMILLE – EUROPEAN UNION OF GENERAL  
PRACTITIONERS/FAMILY PHYSICIANS**

Dear UEMO Members,

This bulletin is focused on a variety of EU-related health topics including new EU rules for tobacco tracking & tracing, vaccination, the European Cancer Information System, Public Health, HTA cooperation and many more.. We hope you enjoy reading this issue!

Yours sincerely,

**Aldo LUPO**  
UEMO President

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# EU NEWS

## I. HEALTH POLICIES IN THE FUTURE EU BUDGET (2021-2027)



The ESF+ Programme merges existing funds and programmes. The health aspects of the ESF+ Programme intends to facilitate synergies with other EU instruments that provide financing to health-related projects.

On May 2018, the European Commission adopted a legislative proposal for a new European Social Fund Plus (ESF+) Programme based on the proposed Multiannual Financial Framework for the period 2021-2027. It will serve as the EU's main financial instrument guiding investment in peopleSearch for available translations of the preceding link and implementation of the European Pillar of Social Rights, including health policies.

According to the EC, the new strand of the ESF+ programme will allow to strengthen several recent initiatives and to roll out new ones. The focus will be on key areas and priorities where Europe can deliver added value and make a real difference in the life of citizens. With this programme,

the EU intends to: Improve crisis-preparedness, management and response in the EU to protect citizens from cross-border health threats.

- Strengthen health systems, by supporting the digital transformation of health and care, developing a sustainable EU health information system, and supporting national reform processes for more effective, accessible and resilient health systems addressing, in particular, the challenges identified in the European Semester
- Support EU health legislation, and
- Support integrated work, (e.g. ERNs, HTA and implementation of best practices for the promotion of health, prevention and management of diseases).

### More information:

- [EU budget for health policies](#)
- [Press release - EU budget: A new Social Fund, Globalisation Adjustment Fund and Justice, Rights and Values Fund](#)
- [ESF+ legal text and factsheet](#)
- [Health factsheet](#)



## II. EUROPEAN SEMESTER: COMMISSION PROPOSES HEALTH RECOMMENDATIONS TO 12 EU COUNTRIES



On 23 May, the European Commission has adopted proposals for country-specific recommendations. The Commission recommends that the governments of 12 Member States make improvements to their national health systems.

The adoption of proposals for country specific recommendations is a key step in the European Semester process, the EU's yearly cycle of economic and social policy coordination.

Recommendations thus encourage Member States to implement recently adopted or soon-to-be-agreed reforms.

Trends in the recommendations include shifts to outpatient care, ensuring sustainability of health systems, improving access to health services and increasing cost-effectiveness of healthcare systems. In addition, this year, the recommendations dedicate special attention to social challenges such as inclusiveness and effectiveness of social protection schemes, guided by the European Pillar of Social Rights proclaimed in November 2017.

The Commission's proposal for country-specific recommendations will now be discussed in the Council. EU ministers are expected to discuss the country-specific recommendations before EU Heads of State and Government are due to endorse them.

### More information:

- [See all recommendations](#)
- [Press Release on the European Semester 2018 Spring package](#)

## III. STATEMENT BY COMMISSIONER ANDRIUKAITIS ON WORLD NO TOBACCO DAY



On 30 May, Commissioner for Health and Food Safety, Vytenis **Andriukaitis**, made a statement on World No Tobacco Day. Mr. Andriukaitis underlined the work of the Commission but also showed concerns about the current trends among youngsters:

«One of the key aims of the new [Tobacco Products Directive](#), which became fully applicable in the EU two years ago, is to make tobacco products less attractive to young people. However, the growing popularity of new products such as electronic cigarettes among the



young generation worries me a lot.»

In addition, Mr. Andriukatis also mentions the [Tobacco Products Directive](#) (TPD) as well as the [Tobacco Advertising Directive](#) and the [EU track and trace system](#). The full Statement is available [online](#).

**For more information:**

- [https://ec.europa.eu/health/tobacco/overview\\_en](https://ec.europa.eu/health/tobacco/overview_en)
- [https://ec.europa.eu/health/tobacco/products\\_en](https://ec.europa.eu/health/tobacco/products_en)

UNDP and WHO will support countries to strengthen the capacity of their health systems, including by addressing the social, economic and environmental determinants of health. The partnership will also address emerging issues such as antimicrobial resistance (AMR);

The partnership between WHO and UNDP illustrates how the core competencies of the UN health and development agencies can come together to support multi-sectoral responses for health and deliver shared gains across the 2030 Agenda.

**IV. UN'S HEALTH AND DEVELOPMENT AGENCIES JOIN FORCES FOR GOOD HEALTH**



WHO News: UN's Health and Development Agencies Join Forces for Good Health

On 4 May, the United Nations Development Programme (UNDP) and WHO signed a five year Memorandum of Understanding (MoU) to help support countries to achieve the health-related targets across the 2030 Agenda for Sustainable Development and the agenda's commitment to leave no-one behind.

**V. WHO PLAN TO ELIMINATE INDUSTRIALLY-PRODUCED TRANS-FATTY ACIDS FROM GLOBAL FOOD SUPPLY**



On 14 May, WHO released a step-by-step guide for the elimination of industrially-produced trans-fatty acids from the global food supply.

The guide, called REPLACE, provides six strategic actions to ensure the prompt, complete, and sustained elimination of industrially-produced trans fats from the food supply:



**RE**view dietary sources of industrially-produced trans fats and the landscape for required policy change.

**P**romote the replacement of industrially-produced trans fats with healthier fats and oils.

**L**egislate or enact regulatory actions to eliminate industrially-produced trans fats.

**A**ssess and monitor trans fats content in the food supply and changes in trans fat consumption in the population.

**C**reate awareness of the negative health impact of trans fats among policy makers, producers, suppliers, and the public.

**E**nforce compliance of policies and regulations.

Elimination of industrially-produced trans fats from the global food supply has been identified as one of the priority targets of WHO's strategic plan, the draft 13th General Programme of Work (GPW13) which will guide the work of WHO in 2019 - 2023. As part of the U.N.'s Sustainable Development Goals, the global community has committed to reducing premature death from non-communicable diseases by one-third by 2030. Global elimination of industrially-produced trans fats can help achieve this goal.

**More information:**

- [WHO General Programme of Work](#)
- [REPLACE](#)

## VI. COUNCIL CHIEFS BACK POST-BREXIT HEALTH COOPERATION WITH EU



British Local authority leaders have backed a call for continued cooperation with the European Union in order to tackle infectious diseases after Brexit.

The Brexit Health Alliance, which brings together the NHS, medical research, industry, patients and public health bodies, warned the opportunity to maintain robust co-operation 'may be lost'. In addition, it was underlined the need for a strong coordination in dealing with cross-border health threats and alignment with EU standards for food, safety of medicines, transplant organs and the environment.

Cllr Kevin Bentley, chairman of the Local Government Association's (LGA) Brexit Taskforce, said: 'After formal exit from the Union, it is vital that the UK and EU maintain a high level of cooperation in these areas to ensure all countries continue to be able to effectively address health inequalities, tackle chronic diseases and protect against serious health threats.'

**More information:**

- [Alliance's latest Brexit briefing](#)



## VII. REPORT FINDS INTERNATIONAL VARIATION IN AMR POLICIES



Antimicrobial resistance (AMR) poses a serious threat to human and animal health and a significant social and economic burden, both in the EU and globally. The European Commission sent a questionnaire to non-EU countries concerning their national policies and measures to address AMR. The responses received have been analysed in an anonymised way in this report, which presents an interesting overview of measures taken around the world to address the important challenge posed by AMR, both in human and veterinary medicine. This action is in line with the EU One Health Action Plan against AMR, which aims for stronger cooperation with international organisations and countries worldwide.

### More information:

- [Full report](#)

## VIII. ACCESS TO PROFESSIONS: COUNCIL ADOPTS NEW MEASURES ON PROPORTIONALITY



On 21 June 2018, the Council adopted a new directive at a meeting of the Employment, Social policy, Health and Consumer affairs Council. The Directive “will require EU member states to carry out a **proportionality test before establishing new requirements for professions.**”

The directive intends to improve transparency in the way some professions are regulated in the member states. In order to do that, the Council wants to “ensure that national measures are proportionate, and that they do not unduly restrict access to professional activities or create unjustified burdens in the internal market.”

In this regard, to regulate professions, member states will need to address whether “new or revised rules are justified by public interest objectives.”

The directive will be published in the Official Journal of the EU after being signed by the President of the European Parliament and the President of the Council. **The text was adopted after a fierce opposition of many health professional organisations** due to the possibility to justify restrictive measures when public health is at stake (article 6).



The directive is a part of the "Services package" published on 10 January 2017, containing the following legislative proposals:

- Proposal for a services e-card
- Proposal for a services notification procedure
- Proposal for a proportionality test before adoption of new regulation of professions

**More information:**

- [Directive on a proportionality test before adoption of new regulation of professions](#)
- [Easier access to professions: EU ambassadors agree on new measures \(press release, 20/04/2018\)](#)
- [Press release](#)

**IX. BULGARIA PUTS THE FUTURE OF HEALTH AT THE CENTRE OF EU MINISTERIAL DEBATE IN ITS LAST MONTH AT THE EU PRESIDENCY**



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Bulgarian Presidency of the Council  
of the European Union

On 22 June 2018, EU health ministers met during the second day of the Employment, Social Policy, Health and Consumer Affairs Council meeting in Luxembourg. The main

focus of the discussion was the future of health in the EU.

Kiril Ananiev, Bulgarian Minister for Health, said: "The EU needs more visibility for those policies that bring direct benefit to people: health policy is one of them. Today's discussion highlighted those areas where cooperation at European level can bring added value. We also outlined a framework for future action: health care policy should go beyond a consideration of the budgetary aspects to also focus on the human aspects - an intrinsic function of EU's regulatory framework that benefits people and guarantees the quality of life on our continent."

The Council adopted a set of conclusions on 'Healthy nutrition for children: the healthy future of Europe'. The issue has been a priority for the Bulgarian Presidency throughout its term. Bearing in mind that an unhealthy diet is one (avoidable) risk factor behind serious chronic diseases, the conclusions focus on the promotion of healthier diets for children as one of the best investments for a young European generation in good health.

Ministers also held a debate on the proposed regulation concerning health technology assessment, providing guidance for possible ways of improving cooperation.

**More information:**

- [Official activities in health under Bulgarian presidency](#)
- [Council Conclusions](#)



# UEMO NEWS

## I. SUCCESS OF THE UEMO'S GENERAL ASSEMBLY IN PRAGUE

On 1-2 June 2018, the European Union of General Practitioners/ Family physicians (UEMO) General Assembly met in Prague, Czech Republic. At this occasion, the UEMO issued a series of statements related to various political issues including the value of General Practice and Family Medicine in Europe and the proposal for a regulation on health technology assessment. Furthermore, the General Assembly gave a series of recommendations and made a joint statement on patient safety and cross border care in post-Brexit.

More specifically, the following policies and other issues were addressed:

### **The Value of General Practice and Family Medicine in Europe**

UEMO discussed the big pivotal role that General Practice/ Family Medicine has in European healthcare systems. General Practitioners are experienced, highly trained, and expert physicians who are easily accessible to a wide range of patients. Given the right working conditions, General Practitioners are able to provide all different services. Therefore, UEMO has set a series of recommendations for Governments to make sure these working conditions are guaranteed. In addition, UEMO insists that General Practice should be recognised as a European Medical Specialty under Annex V 5.1.3 of the EU Directive on the Recognition of Professional Qualifications (2005/36/EC).

### **UEMO statement on Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on health technology assessment and amending Directive 2011/24/EU**

UEMO aims at studying and promoting the highest standard of training, practice and patient care within the field of general practice throughout Europe; one important point defended by UEMO is general practitioner's freedom of practice in the interest of the patient, permitting a person centred medicine.

UEMO is well aware of the complexity of this issue. Therefore, some points must be underlined:

- For the selection of medical devices, UEMO wants that the 4 basic principles of medical ethics apply: beneficence, do-no-harm principle, autonomy and justice.
- For the creation of coordination group and sub-groups more transparency could be important, for example with a declaration of conflicts of interests.
- Joint scientific consultation is in the Proposal only open to health technology developers. Other stakeholders should also have the possibility to access an HTA assessment.
- Criteria for the selection of stakeholder organisations (established in the open call) should be more transparent.
- Health Care Professionals must be consulted for emerging technologies

### **UEMO supported the multidisciplinary approach on Obesity**





The UEMO welcomes the multidisciplinary paper on obesity by the European Association for the Study of Obesity with the contribution of the UEMO. UEMO acknowledges the cooperation generated by this joint outcome and believes that an update on format could further contribute to its use in daily practice.

### **Joint position on Patient safety and Cross Border Care in post-Brexit**

UEMO reiterated once again its original calls made during 2017 for both the European Union and the UK government to recognise that in relation to Brexit, severe risks will be posed: to patient safety; patient treatment; ongoing medical education, training and scientific research.

UEMO General Assembly unanimously agreed that, in his role as EU Chief Brexit Negotiator, Mr. Michael Barnier, must insist on allowing general practitioners on each side of the Irish border to be able to continue practicing on both sides of the border in the interests of patient care.

To achieve this, UEMO considers essential:

- The ongoing cooperation of safe provision of all cross border patient services, present and future
- The continued recognition of medical qualifications across borders
- The free movement of patients and health professionals
- Clarification of funding for joint medical research initiatives

## **II. UEMO AT THE EMA'S PUBLIC HEARING**

On 13 June 2018, the EMA (European Medical Agency) Public hearing took place in London, UK. 23 speakers from 11 EU different countries had the opportunity to share their experiences with quinolones and fluoroquinolones, a class of antibiotics widely prescribed in the European Union (EU).

UEMO was represented by Dr. McCarthy, UEMO's Vice-President, as one of the healthcare professional speakers of the event.

Part of the meeting was aimed at hearing the side effects of quinolones and fluoroquinolones. The Chair, Dr. June Raine, showed evidences from patients and patient groups. All spoke of symptoms occurring from two hours to six months after ingestion, many of which lasted long after the drug had been stopped. There were statements that these drugs were unlike other antibiotics in that they attacked not just bacterial DNA but also mitochondrial DNA.

There were submissions from many different countries as well as from the industry and healthcare professionals and academia.

**Dr McCarthy, UEMO Vice-President,** stated that antibiotics should only be used for bacterial infections where they would be of significant benefit. Broad spectrum antibiotics should not be used first line and quinolones should be avoided because of their poor side effect profile and association with C Difficile infections.

Side effects may be long-lasting and all tendons may be involved. Lengthening of the QT interval provokes arrhythmias and aortic dissection has been recently reported. They should be reserved for isolates where sensitivity is confirmed and



there is no lower-risk alternative. Publicity about side effects should be disseminated to prescribers and side effects should be reported through national online systems.

In conclusion, **the use of quinolones and fluoroquinolones might be effective but it should be reserved only for severe infections.** Moreover, many agreed on the need of a better communication, points of care testing and more teaching guidelines.

**More information:**

- [EMA Press Release](#)
- [EMA'S Public Hearing Full Video](#)

**III. UEMO AT “WHAT FUTURE FOR EU COOPERATION ON HTA?” HOSTED BY MEP INTEREST GROUP ON ACCESS TO HEALTHCARE**

On 5 June 2018, UEMO was present during the event “What future for EU cooperation on HTA?” which gathered a group of MEP’s from different political parties.

During the panel discussion, UEMO raised the following points:

- The proposal is a good framework to avoid duplication
- Transparency is indeed fundamental in the HTA process
- This is why UEMO defends that the criteria for the selection of stakeholder organisations should be more transparent
- Furthermore, when it comes to the creation of the coordination group and respective sub-groups, transparency can be improved with declarations of

interests, to prevent potential conflicts of interest

- UEMO also defends that for the selection of medical devices, the four basic principles of medical ethics should apply: beneficence, do-no-harm principle, autonomy and justice
- Regarding the joint scientific consultation, it should be open to other stakeholders beyond health technology developers (the Bulgarian presidency is in favour of this)
- Health care professionals must be consulted for emerging technologies

**IV. OBESITY: CONTRIBUTION OF DANIEL WIDMER, VICE-PRESIDENT OF THE UEMO**

Mr. Danicel Widmer, together with Dominic Durer and Yves Schutz, members of the EASO (European Association for the Study Obesity), contributed to the multidisciplinary consensus paper on obesity containing tables and recommendations for action for every healthcare politician as well as for the GP’s practice.

**V. HTA: MEETING WITH THE COMMISSIONER**

On 21 June 2018, UEMO’s president, Mr. Lupo, had the opportunity to attend an event on Health Technology Assessment with Commissioner for Health and Food Safety, Vytenis Andriukaitis.



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