



UEMO

UNION EUROPÉENNE DES MÉDECINS OMNIPRATICIENS/MÉDECINS DE FAMILLE

EUROPEAN UNION OF GENERAL PRACTITIONERS/FAMILY PHYSICIANS

UEMO BULLETIN N°3 – 2016

Dear UEMO Members,

March has shown several interesting developments in the health care sector. First, the EU reaffirmed its commitment to eradicating rare diseases through the new “PRIME” scheme, which will help accelerate the development of medicines for diseases that currently have no cure.

Two important actions have been taken to tackle obesity. First, the CJEU ruled against the German company Dextro Energy, whose new advertising campaign was to include several glucose-positive statements, which are in clear contradiction with common knowledge on nutrition and health. The claims were rejected by both the European Commission and the CJEU.

Secondly, at national level, the UK has announced the introduction of a new levy on sugary drinks, which will be enforced as of 2018. A consultation on the matter will run throughout summer 2016, after which the new levy will be incorporated in the Finance Bill 2017. If successfully implemented, this will be a landmark step in tackling obesity.

Last but not least, the JA-HWF, which the UEMO is part of, has confirmed that its Closure Event will take place on 3rd and 4th May 2016 in Mons, Belgium. Register now and maybe see you there.

Yours sincerely,

Aldo L'UPO

UEMO President

EU NEWS

- ❖ European Commission Adopts Work Programme on Health for 2016
- ❖ EMA Launches “PRIME” Scheme to Foster Development of Innovative Medicines
- ❖ First Call for Interest on ERNs Launched
- ❖ CJEU Rules Against Glucose-Positive Advertising Claims
- ❖ EU Contributes to Global Fight against AIDS
- ❖ Kick-off Meeting of the 3rd EU Joint Action on Health Technology Assessment

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- ❖ Location of JA-HWF Closure Event Confirmed

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- ❖ WHO Report Highlights Uneven Development on eHealth
- ❖ UK to Introduce Tax on Sugary Drinks as of 2018
- ❖ New Ebola Cases Confirmed in Guinea



EU NEWS

EUROPEAN COMMISSION ADOPTS WORK PROGRAMME ON HEALTH FOR 2016

1ST MARCH 2016

According to the annual European Commission's Work Programme on Health Care, adopted at the end of February 2016, EU activities in health care this year will focus on addressing issues related to the health of refugees and other migrants, supporting EU countries to respond quickly and efficiently to health crises, and tackling antimicrobial resistance and healthcare associated infections. Among other identified priority action areas are the establishment of European Reference Networks (ERNs), cooperation on eHealth and Health Technology Assessment, action on chronic diseases and risk factors such as alcohol and tobacco, as well as preventing communicable diseases such as HIV/AIDS, viral hepatitis and tuberculosis.

The European Commission will also seek to promote international cooperation on country specific information on public health and health systems for the 28 EU Member States by working together with the Organisation for Economic Cooperation and Development (OECD) and the European Observatory on Health Systems and Policies.

A total of €58 million will be released in grants and tenders for projects in the identified priority areas. More information on the tenders will be released on the website of the European Consumer, Health, Agriculture and Food Executive Agency (CHAFEA) at a later date.



The 2016 Work Programme on Health Care has been adopted in the context of the EU's Health Programme 2014-2020, which is the EU's main financial instrument for policy coordination in health care. For the period 2014 – 2020 the EU Health Programme has set out as its objectives to (1) promote health and prevent diseases, (2) protect citizens from serious cross-border health threats, (3) support sustainable health care systems, and (4) facilitate access to better and safer healthcare. Under the EU budget, the Health Programme has been granted €450 million for the period 2014-2020 for projects in these areas.

Find out more:

- ❖ Press release from the European Commission:
<http://bit.ly/1RD6b7l>
- ❖ CHAFEA website:
<http://ec.europa.eu/chafea/>



EMA LAUNCHES “PRIME” SCHEME TO FOSTER DEVELOPMENT OF INNOVATIVE MEDICINES

9TH MARCH 2016

The European Medicines Agency (EMA) has launched a new scheme to help foster the development of priority medicines. Entitled PRIME, the scheme will, in particular, focus on medicines that may offer a major therapeutic advantage over existing treatments or benefit patients who currently have no treatment options.



The objective of PRIME will be to pave the way for the accelerated development of medicines that target an unmet medical need. Under the PRIME scheme, medicine developers will receive early, proactive and enhanced support for the research on a medicine’s benefits and risks. By working together with medicine developers at an early stage of medicine development, the European Medicines Agency will strive to strengthen the clinical trial designs through the PRIME scheme.

PRIME will build on the already existing framework and tools for scientific advice and accelerated assessment. Any medicine that will have benefited from the PRIME scheme will be eligible for accelerated assessment when its market authorisation is assessed. Although PRIME is specifically designed to promote

accelerated assessment, it will also help to make best use of other EU early access tools and initiatives, which can be accessed whenever a medicine meets the necessary criteria.

Find out more:

- ❖ “PRIME” Scheme on EMA website:
<http://bit.ly/1Q1eQ5W>



FIRST CALL FOR INTEREST ON ERNs LAUNCHED

18TH MARCH 2016

On 15th March 2016, the European Commission launched the first call for interest on establishing European Reference Networks (ERNs). The call is set up in two stages. In the first stage, running from March to 21st June 2016, organisations seeking financing and ERN status should apply. The second stage will run from June to July 2016 and will be intended for organisations that are interested in obtaining ERN status, but do not require financing from the European Commission. In accordance with EU legislation on European Reference Networks, any group of at least ten healthcare providers established in at least eight Member States may collectively respond to the Call for Interest.



In order to support organisations looking to participate in the Call for Interest, the European Commission will host an Info Day on 7th April 2016 in Brussels to explain the Call for Interest, as well as answer questions from interested applicants and discuss the technicalities of the Call. Registration for the Info Day is required. However, it will also be web streamed live on the day to ensure that all interested stakeholders can participate,

even if they cannot be present in person. Registration is not required to tune into the live streaming of the event.

Find out more:

- ❖ Call for Interest on ERNs: <http://bit.ly/1TKRJhr>
- ❖ Web stream of the ERN Info Day: <http://bit.ly/1M39oQr>



CJEU RULES AGAINST GLUCOSE-POSITIVE ADVERTISING CLAIMS

16TH MARCH 2016

In March, the Court of Justice of the EU (CJEU) was faced with a case which centred on the issue of whether or not companies should be allowed to advertise the sugar content of their products in order to promote physical performance enhancing qualities.

The case was brought by German company Dextro Energy, which produces energy tablets, or “cubes”, which almost exclusively consist of glucose. The company wanted to put on its advertisements such claims as “glucose is metabolised within the body’s normal energy metabolism”, “glucose supports physical activity”, and “glucose contributes to normal energy-yielding metabolism”, and sought authorisation from the European Commission before proceeding with these advertisements.

The European Commission refused authorisation to Dextro Energy for these claims, since they do not comply with commonly accepted advice on nutrition and health. The statements that Dextro Energy wished to make encouraged the consumption of sugar at a time when national and international authorities are advising a reduction in sugar consumption.

Dextro Energy then appealed the European Commission’s decision at the CJEU, which ultimately took the side of the European Commission and supported

its opinion in its Judgment of 16th March 2016.



Dextro Energy now has a two-month period within which it can appeal against the Court’s ruling, but in this instance it is unlikely that any appeal would be successful.

Find out more:

- ❖ Press release from the CJEU:
<http://bit.ly/1Spgt96>



EU CONTRIBUTES TO GLOBAL FIGHT AGAINST AIDS

6TH MARCH 2016

The European Commission has announced a €470 million contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria for the period 2017 – 2019. This is a steep 27% increase from the €370 million donation the EU made to the Global Fund for the period 2014 – 2016.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, founded in 2001, is a partnership between governments, civil society, and the private sector. Each year the Global Fund mobilises and invests global donations to support programs run by local experts in more than 100 countries. It is currently working to help reach the global UN target of ending HIV, tuberculosis and malaria epidemics by 2030.

Contributions from the European Commission and European Union Member States amount to 48 percent of the total contributions to the Global Fund. Since the creation of the Global Fund, the European Commission alone has contributed more than €1.5 billion.



The Global Fund has welcomed the new EU contribution, saying that it demonstrates Europe’s “terrific leadership in global health” and that “ending epidemics is a top priority that is interconnected with social stability, education and expanding opportunity”.

Find out more:

- ❖ Press release from the European Commission:
<http://bit.ly/1L6pbfk>
- ❖ Website of the Global Fund to Fight AIDS, Tuberculosis and Malaria:
<http://www.theglobalfund.org/en/>



KICK-OFF MEETING OF THE 3RD EU JOINT ACTION ON HEALTH TECHNOLOGY ASSESSMENT

2ND MARCH 2016

The European Commission has launched a new Joint Action, which aims at improving cooperation between EU Member States on Health Technology Assessment (HTA). Under the acronym EUNetHTA 3, the Joint Action will build upon two previous EU Joint Actions on HTA. EUNetHTA 3 will aim to strengthen cooperation between HTA bodies in the EU and increase and improve joint work. Additionally, it will also focus on the more operational aspects of ensuring effective ways of taking up good practices and introducing them into the routine HTA procedures successfully.

EUNetHTA 3 held a kick-off meeting in Amsterdam this March, thus marking the launch of the Joint Action which will run until 2019. The Joint Action includes 75 partner organisations from 27 EU countries. During the kick-off meeting the participants discussed ways of closer collaboration on HTA production that will meet the needs of the national healthcare systems.

The Joint Action is part of the EU work on cross-border health care. The EU Cross-Border Healthcare Directive set up an HTA Network, which was officially launched in October 2014 and gathers Member States representatives responsible for HTA related issues. The aims of the HTA Network are to facilitate efficient use of HTA resources in Europe,

create a sustainable system of HTA knowledge sharing, and promote good practice in HTA methods and processes.



Health Technology Assessment is a way of assessing the ways science and technology are used in healthcare and disease prevention. HTA covers medical, social, economic and ethical issues. Any work on HTA must be firmly rooted in research and scientific method, relying on data that is transparent, unbiased, robust, and systematic.

Find out more:

- ❖ Press release from the European Commission:
<http://bit.ly/1OSYAgm>
- ❖ EUNetHTA website:
<http://www.eunethta.eu/news>
- ❖ European Commission webpage on Health Technology Assessment:
<http://bit.ly/1VXDagL>



UEMO NEWS

LOCATION OF JA-HWF CLOSURE EVENT CONFIRMED

20TH MARCH 2016

The date and location of the Closure Event of the Joint Action on Health Workforce Planning and Forecasting (JA-HWF) has been confirmed. Held under the title “Towards sustainable health workforce in Europe”, the final event will take place in Mons, Belgium, on 3rd and 4th May 2016. It will run alongside a JA-HWF Plenary Assembly and Stakeholder Forum. Registration to the event is possible until 15th April 2016.

The Closure Event will also seek to facilitate dialogue on the Global Strategy on Human Resources for Health and cross-policy issues, with the support of the World Health Organisation (WHO) and the Organisation for Economic Cooperation and Development (OECD).



The JA-HWF Closure Event will aim to present the policy, as well

as deliverables and reports written under the JA-HWF. The outputs of the pilot projects and feasibility studies will, in particular, be spotlighted. An important emphasis at the Closure Event will be put on the sustainability of the Joint Action in order to ensure that its results are taken into consideration in future work.

The JA-HWF brought together knowledge and expertise from across Europe to produce Handbooks and Guidelines on the most advanced health workforce planning methodologies of seven countries. The results of the JA-HWF were then tested in pilot scenarios in Italy and Portugal. A feasibility study was carried out in Germany.

Find out more:

- ❖ Registration Page for the JA-HWF Closure Event:
<http://bit.ly/1pWi6UB>
- ❖ Website of the JA-HWF:
<http://healthworkforce.eu/>



OTHER NEWS

WHO REPORT HIGHLIGHTS UNEVEN DEVELOPMENT OF EHEALTH

15TH MARCH 2016

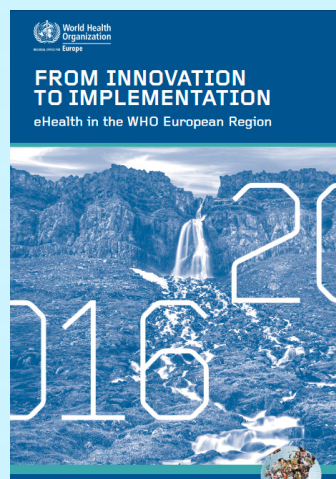
A new World Health Organisation (WHO) report, entitled “From Innovation to Implementation. eHealth in the WHO European Region”, assesses the progress that has been made in the WHO European Region in advancing eHealth. eHealth has been defined by the WHO as any activity in which an electronic means is used to deliver information, resources and services related to health. The conclusions of the report are based on the 2015 WHO Global Survey on eHealth.

The report notes that eHealth is not being adopted evenly across the entire WHO European Region. While some countries show good progress, other countries have weak or no governance, legislation or legal protection in eHealth. The WHO recommends that countries focus on formulating a national vision and action plans on eHealth. Several WHO tools, in particular the National eHealth strategy toolkit, are available to assist countries. According to the WHO, having a national eHealth strategy is a key enabler for strengthening people-centred health systems and public health capacity.

In the report, the WHO emphasizes the need for sustained funding, reimbursement processes and defined standards for eHealth. A cross-sectoral approach to eHealth is necessary. Digital and health literacy among health

professionals and the public should become an area of focus to ensure that eHealth is successfully adopted and that health inequalities are reduced with the digitisation of services.

The report repeatedly highlights the importance of public health authorities taking action before commercial organisations step in to take advantage of the potential economic gains of eHealth.



Find out more:

- ❖ WHO Report on eHealth in the WHO European Region: <http://bit.ly/1TUKrvJ>



UK TO INTRODUCE TAX ON SUGARY DRINKS AS OF 2018

18TH MARCH 2016

On 16th March 2016, the UK Chancellor of the Exchequer, George Osborne, presented the UK Budget for 2016. An important advance is the introduction of a tax on sugary drinks as of 2018.

The new levy for soft drinks will be structured in two levels. The first will target drinks with total sugar content above 5g per 100ml, whereas the second will be intended for more sugary drinks, which have a sugar content of 8g per 100ml or more.

The aim of the new levy will be to encourage drink manufacturers to change their recipes and lower the sugar content of their drinks and to motivate consumers to reduce portion sizes or switch to lower sugar alternatives.



Revenue from the levy is currently expected to be around £520 million and will be used to increase primary school physical education lessons, offer a wider range of activities at secondary schools, including more sports, and provide

additional funding to expand breakfast clubs at schools.

A consultation on the details of the levy will be held throughout summer 2016. The legislation will then form part of the Finance Bill 2017 and be implemented from April 2018 onwards.

Find out more:

- ❖ UK Budget 2016:
<http://bit.ly/1R2QgNv>
- ❖ News article from the BBC:
<http://bbc.in/22lsN4K>



UK TO INTRODUCE TAX ON SUGARY DRINKS AS OF 2018

18TH MARCH 2016

The Government of Guinea has confirmed three new cases of Ebola in the country. This comes almost three months after the country was declared Ebola free in December 2015. The cases were reported in the region of Nzerekore, where the Ebola epidemic initially began in 2013.

The World Health Organisation (WHO) has warned that sporadic cases of Ebola are likely to re-emerge, as the virus can remain in bodily fluids of survivors for quite some time. Some scientists have gone as far as to claim that there is a risk that the Ebola virus may become an ever-present disease in West African society.



The WHO will send an emergency response team to Guinea to deal with the new cases. The team will include epidemiologists, surveillance experts, vaccinators and anthropologists, all of whom will work to investigate the origin of the new infections and identify, isolate, vaccinate and monitor all contacts of the new case and those who have died.

The Ebola outbreak was most prominent in the West African countries of Guinea, Sierra Leone, and Liberia. The epidemic

has cost the lives of more than 11,300 people, making it the deadliest Ebola outbreak in history.

Find out more:

- ❖ Press release from the WHO:
<http://bit.ly/1pYnx5T>
- ❖ News article from the BBC:
<http://bbc.in/1UFWzv2>

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