



Newsletter February 2018

Committee

Workforce Planning

Top Message

On February 9, the Expert Panel on Health released their [opinion on healthcare access and performance of primary care](#), emphasizing the central role of health workforce. This is in accordance with the policies that EHP's [Health Workforce Planning Committee](#) is developing to tackle the deficit of doctors and nurses in EU member countries
#maytheworkforcebewithyou.

Outcomes-based Healthcare

EU health care systems are based primarily on traditional health indicators such as mortality, survivorship, and incidence. At EHP, we believe these indicators don't capture the full picture. It is about time the focus shifted towards outcomes. We advocate for an EU-led, multi-stakeholder platform that will help member countries to better collect and use data.

Robotics, a.i., & Precision Medicine

Digital health is upon us. The Council knows and adopted [conclusions](#) last year, while the Commission is making the final changes to its upcoming communication. But, for digital health to be taken up widely across Europe, these innovations must be available, affordable and acceptable, the EHP says. Why? [Read on.](#)

Antimicrobial Resistance

By 2050, antimicrobial resistance could cause more deaths than cancer if not properly addressed. Let's start by changing behaviors: how do you dispose of leftover antibiotics? Tell us via [Facebook](#) and [Twitter](#) as we finalize our policy recommendations!

Vaccines

The Vaccines Committee believes in the fundamental importance of increasing vaccines uptake and fighting hesitancy through coordinated EU actions. Our goal is to provide recommendations that help promote and improve coverage across the member states, in line with the [Join Action on vaccination](#) led by the European Commission.

MAKE HEALTH GREAT AGAIN

EUROPEAN HEALTH PARLIAMENT

Bottom Message

According to the Expert Panel on Health's fact sheets on [benchmarking health care access](#) and [primary care performance](#) "enough health workers with the right skills need to be in the right place" and "a good planning and support of primary care workforce is essential." The EHP [Health Workforce Planning Committee](#) echoes these ideas and believes that the planning of skills and the mobility of the European health workforce should be addressed on a national level, but with supervision and leadership from the EU. The Committee is gathering opinions from different stakeholders on how the EU can coordinate better monitoring and management of a very mobile health workforce. Skills-wise, the Committee recommends a certain fundamental blueprint that can be used by all institutes EU-wide, in order to set up high-quality and continuous education. Learn more [here](#).

The European Commission (EC) has successfully managed to drive the collection of "hard" data as part of the [European Core Health Indicators \(ECHI\)](#). However, considerable gaps in outcomes data coverage remain unfilled and data is insufficiently leveraged to improve quality of care for patients and caregivers. Beyond inertia and resistance to change, EU member countries face a series of challenges, ranging from data fragmentation, insufficient patient involvement, low investments in technology and infrastructure to the lack of political will in national governments. We believe the EC could spearhead an EU outcomes-based healthcare movement, led by a representative, multi-stakeholder platform that will support member countries in overcoming political, economic, societal, and technical barriers to outcomes-based healthcare.

Should we be worried? [Google's](#) algorithms are outperforming doctors, [Apple](#) wants our health records on its phones, and [Amazon](#) is teaming up with JPMorgan Chase and Berkshire Hathaway to cut costs in – as of now – unspecified ways. There is no reason to be afraid, the EHP Committee on Robotics, AI & Precision Medicine believes – [as long as a few conditions are met](#). We call on the Commission, Council, and Parliament to ensure that digital health solutions are *available, affordable, and acceptable* to European citizens. This will require investing in digital infrastructure to connect hospitals and pilot projects that facilitate implementation. We also need evidence and training so health care practitioners can use new technologies as they become available. And finally, we need standards like GDPR that instill trust in patients and others that benefit from digital health. After all, if consumers are to embrace digital health, they must first accept it.

One of the most effective ways of fighting antimicrobial resistance (AMR) is by preventing infections in the first place. Naturally, less infections mean fewer antibiotic prescriptions and ultimately, resistance rates decrease. This is where vaccination can play a huge role, in both humans and animals. Let's learn from Norway, where thanks to new effective vaccines in aquaculture, the use of antibiotics in salmon and trout has been reduced to virtually zero. Join us to discuss these and other AMR challenges during the [third plenary session](#) at the European Parliament on February 20. Experts from EFSA, French Ministry of Health, EU Joint Action on AMR and Healthcare-Associated Infections (EU-JAMRAI) and industry will come together for what promises to be an insightful debate. You can also follow us on [Facebook](#) and [Twitter](#) as we strive to [#MakeHealthGreatAgain!](#)

The [Vaccines Committee](#) is developing recommendations around three topics: hesitancy, immunization information systems and supply. To tackle hesitancy, we believe in the role of health care professionals as first advocates and educators. Access to vaccines must be made easier, by using pharmacies as the official setting for administration. European institutions should also work towards certification and monitoring of reliable information online, in collaboration with initiatives such as the [WHO Vaccines Safety Net](#). We recommend creating an "electronic EU vaccination passport" as a form of an EU immunization information system. This could help people remember what vaccines they have taken during their life; send notifications when recalls are due; enable national health authorities to track vaccines rate; facilitate cross border recognition and the exchange of information between countries. We also propose the development of a "Pan European Vaccines Information System" that could match information from demand and supply across countries. In fact, anticipating trends and necessities across the EU would help avoid shortages.