



## *The word of the President*

Corruption in the health sector is a huge concern for the medical profession. It occurs in all EU member states but differently from country to country.

Media use to talk about informal payments, medical devices or pharmaceuticals but we know that this is only the top of the iceberg.

We know that a lot of health funds never reach the system and poor people are mostly affected. Hospital administrations, or health units in general, can divert millions of euros from their current accounts.

Detailed health budgets and clear financial information should be mandatory in the health management. Transparency is needed.

Health workers need adequate pay and guarantees that salaries will reach them.

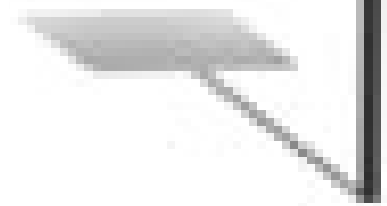
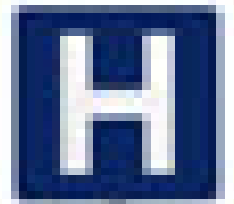
Patients must be sure that their taxes are wisely used.

“0 tolerance to corruption” is our topic for this years’ AEMH conference that will take place in Naples.

I hope to see you all there.

*João de Deus,  
President*

*Check the AEMH website  
News section for the  
[CPD conference report](#)*



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# AEMH Conference 2016: “0 Tolerance to Corruption”

26 May, Naples, Italy

This year, the AEMH annual conference will explore the issue of the corruption in the health systems across Europe. A study\* on corruption in the healthcare sector produced by the European Commission in 2013 concludes that, while the nature and prevalence of corruption typologies varies across the EU Member States, there is no single Member State that remains unaffected. It appears that corruption is a complex phenomenon, as single cases often include several types of corruption. The study identified six typologies of corruption in the healthcare area, as follows:

- ◆ bribery in medical service delivery;
- ◆ Procurement corruption;
- ◆ Improper marketing relations;
- ◆ Misuse of (high) level positions;
- ◆ Undue reimbursement claims;
- ◆ Fraud and embezzlement of medicines and medical devices.

While bribery in doctor to patient service delivery is the most visible form of corruption, in the area of medical devices and pharmaceuticals, it is procurement corruption and improper marketing relations that appear to be the most prevalent.

Concerning the causes of this phenomenon, the study identifies the weaknesses in the healthcare system (the low level of salaries, of healthcare spending or of research budget, as well as the close ties between the industry and healthcare providers) or the flaws and loopholes in the healthcare supervision, anti-corruption legislation or judicial effectiveness.

What is interesting is the general acceptance or at least the tolerance of corruption, which constitutes one of the main driver of this phenomenon. This applies to all the above-mentioned corruption typologies. At the same time, in almost all Member States this trend is however declining, due to corruption scandals, effective sanctioning, the implementation of stricter anti-corruption and healthcare transparency regulations, EU accession, increased living standards as well as the economic crisis.

The study also shows that there is no single successful policy to fight corruption. The solution seems to lie with a combination of effective generic anti-corruption policies and practices, a general rejection of corruption by the society together with specific-anticorruption measures in the healthcare policies and practices.

\*Study on Corruption in the Healthcare Sector, HOME/2011/ISEC/047-A2

## AEMH Conference

Provisional PROGRAMME  
14.00-18.00

**14:00-14:10 Welcome and introduction**  
Sergio Bovenga, MD, FNOMCeO  
Prof Vlad Tica, MD, AEMH Vice President

**14:10-14:40 How to prevent illegal issues and corruption in the health system**  
Roberta Chersevani, MD, FNOMCeO President

**14:40-15:10 Transparency-based Medicine: what does it mean for European Doctors?**  
Jacques de Haller, MD, CPME President

**15:10-15:40 The silent killer: corruption in healthcare. Report on the EU study of corruption in healthcare**  
Paul Vincke, EHFCN Managing Director

**15:40-16:10 Coffee break**

**16:10-16:40 What is corruption?**  
Enrico Reginato, MD, FEMS President

**16:40-17:10 Corruption in the German Health System: Exception or a Widespread Phenomenon?**  
Erich Theo Merholz, MD, AEMH Vice President

**17:10-17:40 (TBC)**  
João Grenho, MD, UEMS Vice President

**17:40-18:00 Q&A, Round Table**



## EU affairs newsflash

⇒ **CPD:** On 11 February 2016, the DG for Health and Food Safety organized a workshop on “Ticking the Boxes or Improving Health Care: Optimising CPD of health professionals in Europe” (Brussels, Belgium). The event brought together experts in the area of CPD as well as representatives of regulatory, professional and educational bodies of the European Commission. It mainly aimed at an exchange of best practice under the EU directive on the recognition of professional qualifications. This came up as a response to the recommendations of the CPD mapping study the Commission had produced in 2015, i.e. to exchange and discuss national experiences on CPD systems and approaches to improve quality of care and patient safety. Among the conclusions of the meeting, we mention the following:

- ◆ Learning comes from the practice itself;
- ◆ Measuring the impact of CPD should focus on real clinical performance;
- ◆ It's difficult to find long-term indicators on improved patient outcomes through CPD;
- ◆ Improving the patient safety culture depends on a range of factors, most importantly behavioural change and the working environment.

The full report is available [here](#).

⇒ **Ehealth:** The Joint Action on eHealth (JAseHN) has launched its website on 1 April. For more information on its ehealth related activities, go to <http://jasehn.eu/>. In point of upcoming ehealth network events we point out the 9th meeting of the eHealth Network on 7 June 2016 in Amsterdam, the Netherlands.

The methodological guidelines and recommendations for efficient and rational governance of patient registries

were released on 11 April 2016. The document is available [here](#). The PARENT (Cross-border Patient Registries Initiative) project website is available at: <http://patientregistries.eu/>.

The annual EU eHealth week takes place this year in Amsterdam, the Netherlands (7-10 June 2016). The programme has just been released and is available [here](#).

⇒ **Cross-border healthcare** The European Commission launches a first call for interest to establish a European Reference Network (ERN). Accordingly, any 10 healthcare providers established in at least 8 Member states may collectively apply with a proposal to establish an ERN in a given field of expertise. This 2016 ERN Call will be combined with a call for grants for the ERNs included in the 2016 work plan of the EU Health programme limited to the approved networks. Only ERN proposals positively assessed according to the legislation and the Assessment Manual for ERNs and approved by the ERN Board of Member States would be eligible for receiving a grant. The ERN applicants wishing to become an ERN and obtain a grant must apply between **16 March—21 June 2016**. More information is available [here](#).

⇒ **News from other EMOs:** On the 9th April 2016, the Standing Committee of European Doctors (CPME) appointed Ms Annabel Seeböhm as its new Secretary General. Ms Seeböhm is currently the Head of the Brussels Office and Legal Advisor of the Bundesärztekammer / the German Medical Association and will take over her new position from the 1 May 2016.

## EMOs Meeting Calendar

- 6-7 May 2016, FEMS Conference and General Assembly, Kyrenia, Cyprus
- 13-14 May 2016, EJD Spring Meeting, Vilnius, Lithuania
- 26-28 May 2016, AEMH Conference and GA, Naples, Italy
- 3-4 June 2016 CEOM Board and Plenary Meeting, Coimbra, Portugal
- 30 September –1 October 2016, EJD Autumn Meeting, Porto, Portugal
- 7-8 October 2016, FEMS General Assembly, Bucharest, Romania
- 20-22 October 2016, UEMS Council, Brussels, Belgium
- 18-19 November 2016, CPME Meeting, Tel Aviv, Israel

## Contact AEMH

AEMH  
Permanent Secretariat

Tel. +32 2 736 60 66

Fax +32 2 732 99 72

[secretariat@aemh.org](mailto:secretariat@aemh.org)

<http://www.aemh.org>