

Feature Stories



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What's next?

24 April	Presidium Meeting - Brussels
6 May	Pharmaceuticals and Medical Devices WG Brussels
21-22 May	Health Systems reform Working group – Brussels
28 May	European Affairs Working Group
29 May	Mutual WG - Brussels
22 June	Africa & Middle East and Latin America Regions – Liège
23 June	European Affairs Committee
23 June	General Assembly and Board of directors
24 June	Long Term Care Working group

Top Tweets



AIM @AIM_Healthcare · 18 mars
"Health mutuals, actors of social economy"
bit.ly/1DACgsl



AIM @AIM_Healthcare · 12 févr.
Impact of lifestyle habits on the efficiency of Europe's #health systems: study published @EU_Commission bit.ly/1uEfps4

AIM @AIM_Healthcare · 19 mars
#R4SHC @V_Andriukaitis: more prevention, use of e-health & integrated healthcare are priorities

Take part in all AIM meetings from your office!

AIM cut the Ribbon of its brand new video conference system at the occasion of its Long-term care working group on 19 February 2015. Every AIM working group is now reachable through video conference. Remote participants only need a high speed internet connection as well as headphones with microphone. Please contact Romain (romain.chave@aim-mutual.org) for more information.



Some Events AIM attended

- 25 March:** Conference at the EESC "Future of Europe: Social economy first?"
- 23 March:** HTA Network
- 19 March:** Meeting of the EU Health Policy Forum
- 25 February:** Joint Action on Mental Health and Well-being
- 12 February:** Workshop Addressing chronic diseases and healthy ageing issues

AIM Working Groups

- 27 March:** Mutual Working group
- 18 March:** Fight Against Fraud Working Group
- 09 March:** European Affairs Working Group
- 05 March:** Pharmaceuticals and Medical Devices Working Group
- 27 February:** Health Promotion and Disease Prevention Working Group
- 19 February:** Long-term care and ageing Working group

➤ *European Commission*

European Commission publishes final Report on comparative Efficiency of Health Systems

20 March – The European Commission published the final report Maceli on “Comparative Efficiency of Health Systems, corrected for selected lifestyle factors”.

The study covering the EU-28 Member States, Iceland and Norway, aims at comparing the cost-effectiveness of all European health systems while taking into account the variation in lifestyle behaviour between countries. The report bases itself on individual-level data, rather than country-level summaries -as preceding studies did-, therefore allowing a more comprehensive understanding on the way lifestyle behaviour affects health systems efficiency.

While showing that more health spending is on average associated with better health, the report highlighted that this correlation is reduced when including factors like Gross Domestic Product (GDP) per capita, as the impact of health spending and GDP were impossible to distinguish.

Lifestyle data showed a variation in lifestyle habits among countries and showed a positive relationship between healthy lifestyles and health outcomes. A slight though less apparent relationship between healthy lifestyles and healthcare use was also found. Differences in wealth also turned out to play an important role and might be more important than lifestyle in explaining the variation in spending across countries.

Another result of the analysis of those data shows that healthy lifestyles would result in higher life expectancy -for the same levels of health spending- and more efficient health systems.

The approach followed by the report enables a clearer understanding of the way lifestyle affects health systems' efficiency. The study investigates the impact of lifestyles on health spending and health outcomes separately – including age, gender and country as confounding factors-; studies the impact of lifestyle changes on mortality and disability by age and gender; analyses multiple hypothetical changes in lifestyle behaviour; and determines whether lifestyle differences could explain efficiency variation among Member States.

Overall, the study demonstrates that healthier lifestyles improve health outcomes but do not necessarily reduce costs as net health spending may actually increase life expectancy in the population. For more information, read the [Report](#).

Commission's Consultation on the Preliminary Opinion on Competition among Healthcare providers

16 March - The opinion was released by the Expert Panel on Effective Ways of Investing in Health and addresses the role of competition among healthcare providers as an instrument to improve efficiency in the use of health system resources.

It is structured in 6 sections:

Section 1 provides a definition of competition and outlines the role of competition in health systems which, as the study underlines, depends on what other health policies are in place, or will be used, to achieve the multiple goals of health care systems.

Section 2 reviews in more detail different types of competition among health care providers in theory (competition between health insurers for the decision of the population regarding health insurance; competition between health care providers to be chosen by the population for delivering health care and competition between health care providers for contracts with health insurers), then summarises evidence on the impact of provider competition on price, quality and equity

Section 3 examines the experience and outcomes of provider competition in EU health systems.

Section 4 highlights some of the key issues and challenges involved in using provider competition to improve health system performance in the European Union

Section 5 discusses the optimal role for provider competition in EU health systems

Section 6 concludes the report with a summary of the study's key finding and implications for policy.

The deadline for answering this [consultation](#) is 8 April 2015.

Results of the public consultation on the Europe 2020 strategy for smart, sustainable and inclusive growth

3 March - The European Commission launched a public consultation to take stock of first years of implementation of the strategy Europe 2020.

The main outcomes from the public consultation are the following:

- Europe 2020 is seen as a relevant framework to promote jobs and growth.
- The five headline targets represent key catalysts for jobs and growth and help to keep the strategy focused.
- Most of the flagship initiatives have served their purpose, yet their visibility has remained weak.
- There is scope and a need to improve the delivery of the strategy through enhanced ownership and involvement on the ground.

EU-LEVEL EUROPE 2020 TARGETS	LATEST DATA
Increasing the employment rate of the population aged 20-64 to at least 75%	68.4% (2013)
Increasing investment in R&D to 3% of GDP	2.02% (2013)
Reducing greenhouse gas emissions by at least 20% compared to 1990 levels	17.9% reduction (2012)
Increasing the share of renewable energy in final energy consumption to 20%	14.1% (2012)
Moving towards a 20% increase in energy efficiency (measured in terms of primary energy consumption and final energy consumption)	Primary energy consumption: 11.9% increase in energy efficiency (2013) Final energy consumption: 12.8% increase in energy efficiency (2013)
Reducing the rate of early leavers from education and training to less than 10%	12.0% (2013)
Increasing the share of the population aged 30-34 having completed tertiary education to at least 40%	36.9% (2013)
Lifting at least 20 million people out of the risk of poverty and social exclusion (equivalent to a target of 96.6 million)	121.6 million people at risk of poverty or social exclusion (2013) ⁵

Source: European Commission

This graphic shows the objectives to be reached by 2020 on the left while the right column shows the current data. Please find the Executive summary [here](#).



European Summit on Innovation for Active and Healthy Ageing

9.10 March - The European Summit of Innovation for Active and Healthy Ageing took place in Brussels.

1200 visitors, 20 start-ups and 2 European Commissioners joined the event to seize the European potential of ICT and Silver Economy. Speakers' presentations are available on the [agenda page](#) and a photo report has been published.

European Union officially gave up on the directive on pricing and reimbursement of medicines

7 March - This directive was meant to repeal and replace the Directive from 1989 concerning the pricing and reimbursement procedures for medicines in the Member States. The draft directive has been facing important disagreements between member states over the past years. The official withdrawal was published on 7 March 2015 in the EU official journal.

February overview: Health in EU's Economic Governance Framework

5 March – In its monthly overviews, EPHA sheds some lights on recent health-related developments in the European Union's economic governance framework.

The Latvian Presidency revealed its main priorities which include: optimising the efficiency of the European Semester, ensuring Member State's commitment, as well as the involvement of parliaments and stakeholders, and reaching a better inclusion of the Semester within Europe 2020 strategy's goals.

On 17 February, the Council of Economic and Financial Affairs adopted its conclusions on the annual growth survey (AGS) and the alert mechanism report (AMR). These encourage Member States to support structural reforms to further build the European social model and incite to put a greater focus on reforms to social security systems and pension structures. The Council's remarks concerning the use of social indicators and in the in-depth reviews are considered as worrying, notably by EPHA. Indeed, the Council States that indicators are limited to "allowing for a broader understanding of social developments linked to the adjustment of macroeconomic imbalances", a use which is

way too limited. As EPHA puts it, social indicators should be considered on an equal basis to economic ones to safeguard the social dimension of the Economic and Monetary Union.

On 24 February, the ENVI Committee adopted an opinion on the ECON Committee on the Annual Growth Survey 2015, calling upon the Commission to include the sustainability of social protection and healthcare systems into the above mentioned Semester. The opinion highlights the value of health as a pre-requisite for stability and economic growth, stressing that investing in it generates more job opportunities and a healthier workforce and reduces negative population health externalities. For more information, please read the full [Article](#).

EU Clinical Trials Regulation: EMA steers away from Transparency

18 February – Together with Health Alliance International (HAI), the International Society of Drug Bulletins (ISDB), and Medicines in Europe Forum (MiEF), AIM issued a joint [Press Release](#) on the European Medicines Agency's (EMA) proposal regarding the specifications of the European Union (EU) clinical trials database.

Considering that the proposal can jeopardise the transparency advances obtained through the European Clinical Trials Regulation, AIM responded to an EMA consultation, asking them to stay true to the Regulation and ensure that its implementation improves public access to scientific evidence about the effects of medicines on human health.

➤ [Council and Presidency](#)

Employment, Social Policy and Health Council: Social protection and European Semester on the agenda

9 March – The Council published its main conclusions on the 2015 European Semester, social protection systems, labour markets and health and safety at work.

The Council discussed how to support well-functioning and inclusive labour markets and boost employment. It highlighted the needs to reform social protection systems in order to guarantee their adequateness and sustainability, a reform for which a prior overall assessment of existing social protection arrangements as well as their challenges will be necessary.

The Council also adopted conclusions on inclusive labour markets according to which everyone should be able to access employment, education or training, as well as adequate social protection.

Finally, the Council confirmed the necessity to improve occupational safety and health legislation in order to prevent risks to health and safety at work and address the challenges posed by longer working careers and an ageing workforce. For more information, click [here](#).

➤ [European Parliament](#)

European Mutual Statute: An Italian MEP asked the European Commission to explain

26 February - An Italian MEP asked last December the European Commission when an EU initiative is foreseen to be taken in order to enable mutual societies to develop cross border.

In her answer, Commissioner Bienkowska responsible for Industry and Enterprise wrote that the Commission was reluctant to propose any legislative initiative which might not get unanimity in the Council as it already happened for the European Foundation Statute. However, the Commission seems to be eager to find other ways, within already existing legislation, to strengthen the position of mutuals.

Reminder:

In January 2014, Antonio Tajani, the predecessor of the current Commissioner Bienkowska announced the launch of a European mutual statute. Since then, the process has been put on hold. You can find the question and the answer [here](#).

European Parliament Social Economy Intergroup: First meeting planned in April

3 February: Seven MEPs from 5 political groups officially launched the Social Economy Intergroup at the European Parliament on 27 January 2015.

The Intergroup aims at formulating concrete proposals to the European Commission in order to ensure the development and visibility of Social Economy in the EU. The first hearing will take place on 22 April at the EESC and will be about how Social Economy could be integrated into the new EU Work Programme. More information [here](#).



Health

➤ *National Health Policies*

Greece: Government seeks for Liquidity Assistance from Social Security Funds, Hospitals and Farmers

2 March - The Greek government is seeking around 2 billion euros to cover the State's immediate need, a liquidity assistance it hopes to get from farmers, hospitals and social security funds.

The government is planning to get part of this money from the Greek Payment Authority of Common Agricultural Policy Aid Schemes and the so-called Green Fund (a fund whose objective is to stimulate growth through protecting the environment and providing administrative, economic, technical and financial support for programmes, measures, interventions and initiatives to improve and restore the environment and combat climate change). In addition, savings of 50 million euros are planned through a reduction in hospitals expenditures. According to Greek media, hospital administrations have already been asked by the finance and health ministers to meet their current needs with only 49% of the money they were granted in January or February last year, an assumption which has been denied by Health Minister Panagiotis Kouroumplis. As far as social security institutions are concerned, many of them have manifested their objections to providing liquidity to the State, among them the Greek Federation O.A.T.Y.E, one of AIM's Greek members. For more information, read the [Article](#).

European Health Consumer Index 2014: The Netherlands are at the top, followed by Switzerland, Norway, Finland and Denmark

13 February - Each year, the Swedish NGO Health Consumer Powerhouse (HCP) ranks healthcare systems in Europe on 48 indicators, including patients' rights and information, accessibility, prevention and outcomes.

The Netherlands ranks first, followed by Finland, Denmark, and Belgium as the countries with the best healthcare, while Romania, Lithuania and Poland scores the lowest. The index highlights a tendency of an increasing equity gap between wealthy and less wealthy countries in the EHCI 2014, with nine Western European countries scoring more than 600 points of the maximum 1,000.

You can download the report [Here](#).

➤ *Medical devices*

Medical devices: Court of Justice of the European Union on the Product Liability Directive

5 March – The Court of Justice issued a judgement stating that “where a medical device has a potential defect, all products of the same model may be classified as defective.”

The judgement was issued in the context of a German case. Pacemakers which were implanted to German patients were found to be potentially defective after quality control checks. They thus had to be replaced by other pacemakers which were provided by the producer free of charge. However, the latter did not pay for the costs related to the replacements. Therefore, insurers claimed these costs to be reimbursed by manufacturers.

The German Federal Court asked the Court of Justice whether, in the frame of the Product Liability Directive, all products of the same model could be classified as defective without being necessary to show that the product is defective in each individual case. The Court answered the question positively, adding that producers are indeed liable under the directive and should therefore reimburse the costs relating to the replacement. Such a decision the European Union's commitments to higher safety standards. For more information, please read the [Press Release](#).

➤ *Trends in health systems*

Healthcare systems: What EU should 'Start', 'Stop' or 'Do Differently' to improve the health of Europe's citizens

4 March - In its latest report, the think-tank Friends of Europe makes 21 concrete recommendations to help fast-track reforms of healthcare system in the EU.

The report, sponsored by the Pharmaceutical Industry, contains four clusters of possible reform areas: collection and exchange of information for decision-making, innovation for health, health governance & governance for health and support to innovative and promising health systems reforms. Download the summary [here](#) and the full report [here](#).

➤ *E-health*

E-health: How to move telemedicine from pilot to scale

5 February – The Momentum project, a three year initiative for the deployment of telemedicine in which AIM is actively involved publishes its [Blueprint](#).

The document underlines critical success factors and performance indicators which contribute to the scaling up of healthcare services from a distance through information technology. The blueprint also offers a self-assessment toolkit which helps determine whether an organization is ready for telemedicine deployment.

As Marc Lange, coordinator of the project, explains: "The Blueprint distils the key learnings from the Momentum project: it can be used as a kind of cookbook or set of guidelines for doing telemedicine scale-up."

➤ *International*

International Trade: TTIP's healthcare chapter to focus on medicines approval

23 March - In the health sector, the Trade and Investment Partnership (TTIP) between the EU and the US is deemed to enhance regulatory cooperation, chiefly on medicines approval.

To increase coordination between the regulators (FDA and EMA), the principle of mutual recognition of products is under negotiation. According to this provision, a product approved in the US can be sold in Europe and vice versa. The EU and the US are also negotiating ways to share confidential information regarding regulatory inspections. In the future, the negotiation might also concern other types of information, such as clinical trials for pharmaceutical products. Another objective is to enhance cooperation on the authorisation of biosimilars, biological products, and on generic drugs. For example when it comes to biosimilars, the US has been paving the way for the authorisation of such products at a much faster speed than in Europe. Read Euractiv's article [here](#) and AIM's position paper on TTIP [here](#).

TTIP: London School of Economics assesses Health Impact

January 2015 – The London School of Economics and Political Science published its study "Transatlantic Trade and Investment Partnership: International Trade Law, Health Systems and Public Health", which aims at assessing the health impact of the proposed free trade agreement (FTA) between the United States and the European Union.

While economic growth has historically led to improve population health, this link is currently weakening thus justifying the need to analyse the (potential) effects of FTAs on health. The study carried out by the London School of Economics aims at estimating, amongst others, whether TTIP will help deliver growth, lead to a reduction in regulatory standards or restrict the ability of the State to regulate in the public interest. The first assertion contested by the study concerns the overall impact of the FTA. While some affirm that benefits of €200bn could be realised within two

decades of the signing, the London School of economics states that projections of net economic benefits should be treated with caution and that the economic impact of the partnership is difficult to measure and to attribute.

As far as the health impact is concerned, few overall specific benefits are highlighted in the report. “Disbenefits”, on the other, will depend on different factors. In relation to trade in goods, the School sees limited possible health benefits, while the main and single risk will consist in tariff reductions leading to an increased consumption of unhealthy food.

On technical barriers to trade (TBTs), the report recognises the positive impact these could have on health but only if pharmaceutical regulatory efficiencies were realised. Even so, increases in pharmaceutical costs might offset such benefits. The study was not able to provide estimates on the overall impact related to the TBT chapter. The same lack of overall conclusion was reached in the case of sanitary and phytosanitary issues, as well as regulatory cooperation and reform. As far as trade in services are concerned, while there is clear evidence on the impact of privatisation on efficiency, quality and deployment terms and conditions, the greatest impact will be on Member States who do not explicitly exclude their health services from TTIP. On ISDS, no assertion is made as on whether it constitutes a new area of risk to public health regulation. Even if the decision should be taken to exclude ISDS from TTIP, the London School of Economics reminds that other international law would still allow to challenge public health policy.

On the Intellectual property chapter, the report states that the impact on pharmaceuticals is likely to be the most important, as an alignment to US provisions might positively influence innovation but also increase cost pressure. Finally, on regulatory health policy, the study sees only limited additional legal scope for stakeholders to challenge the ability of governments to regulate in the area. For more information, read the [Study](#).

Social Protection

Social protection systems in the EU: Report on financing arrangements and the effectiveness and efficiency of resource allocation

10 March - A recent report drafted by the European Commission and the European Social Protection Committee (SPC) provides an overview of how social protection systems in the EU are financed. It examines the sources and structures of this financing, along with how money is spent and resources allocated.

The document advocates for better social investment, for the development of skills and competences in labour markets, for a comprehensive multi-dimensional assessment of the financing of social policies in the European Union. Finally, the document addresses the question of the effectiveness and efficiency of the systems in place and also provides country overviews and relevant data. You can download the report [here](#).

Mutuals / Insurance

Health mutuals, actors of social economy

Among the list of actors of social economy, mutuals are often forgotten. The report published by the Belgian social movement SAW-B (Walloon Alternatives Society) casts a glance at the country's mutuals history, their importance and the present and future challenges to overcome.

Together with cooperatives and funds, mutuals belong to the social economy family. Back in the 19th century, what were then called “societies for mutual help” were born in a period of industrialization, as an answer to the lack of compensation for absence at work and the little access to healthcare which the labour class was facing. These insurance funds were already based on the principles of “savings” and, above all, solidarity.

After the enactment of two laws (1894 & 1898) granting them the right to federate and reinforcing their basic principle of solidarity, the mutualistic movement structured itself and the National Alliance of Christian Mutualities, the National Union of Socialist Mutualities and the National League of Free Mutualist Federations were created, allowing to develop not only the movement itself but also the services offered to the members.

After WWII, health mutuals moved from a voluntary system to a compulsory insurance which covered illness, old age and disability, and which was financed by employees and employers of the private sector and of the State. The latter

were obliged to affiliate but kept their freedom to choose the mutual they wished to join.

In 1963, the law on the “sickness and disability insurance” set the basis of the current system: dialogue between mutuals and healthcare providers; preferential fees for the most vulnerable; the creation of the “INAMI”, the National Institute of Sickness and Disability Insurance in charge of controlling and supervising the healthcare sector and compensations; and the extension of the “sickness and disability insurance” to the rest of the population.

Mutuals are no longer the little local structures from the 19th century. Despite the decrease in autonomy as regards to the public power, they still keep the possibility to develop numerous services complementary to compulsory insurance, and to criticize and foster the evolution of the system according to the needs of the population. Mutuals also participate in the definition of the system together with government representatives, workers, employers and healthcare providers.

In 1990, a new law creates a Control Office and obliges mutuals to join one of the five national Unions. Recognised as the only insuring and paying body in compulsory insurance, their role is reinforced.

More and more, the privatisation of health challenges mutuals’ identity and values. The introduction of competition for some of their services (e.g. hospitalisation insurance) not only has an impact on the quality of products but it also affects the logic of solidarity which underlays any mutual action.

Another important value under threat is democracy. Mutuals should be owned by affiliates and it is thus vital to foster citizens’ commitment.

On a political level, Belgian mutuals aim at getting a maximum of sickness insurance covered by the compulsory insurance, that is, social security. They also strive for a European Mutuals Statute which would help them fight against demutualisation, allow them to carry out cross-border activities and contribute to the recognition and promotion of mutuals as an alternative economic model.

As the report puts it, mutuals have to reconcile with the other members of the social economy family, with which they share challenges, in order to prevent the division between old and new social enterprises. It is time for mutuals to unite in the fight against the privatisation of the general interest. Download the full report [here](#) (FR).

UK: Legislation passed allowing mutuals to raise capital

11 March - The British Parliament has just voted the Mutuals Deferred Shares Bill which will allow the creation of member investment shares for the first time in insurance mutuals.

According to the Conservative MP who introduced the bill: “the important contribution made by mutuals to both innovation and corporate diversity has been significantly undermined by their inability to raise regulatory capital other than by retaining past profits, without losing their mutuality”. Important characteristics to notice are that shares can be transferred but not withdrawn and that each holder of deferred shares will only have one vote regardless of how many shares they have. This is the first legislation dedicated to the mutual insurance industry since 1995. Find the article [Here](#).

New ICMIF Report: Health insurance dominant line of mutual non-life business in Europe in 2013

According to the latest statistics published by ICMIF, the mutual and cooperative sector is the fastest-growing part of the global insurance industry.

The report highlights some key figures of mutual and cooperative activity for 2013 such as **\$1.26 trillion** in premium income, **27.3%** share of the global insurance market, **\$7.8 trillion** in total assets, **1.1 million** people employed and **915 million** members. In terms of growth and resilience, mutual and cooperative insurers have grown their premium income by 28% between 2007 and 2013, whilst the total insurance market only increased by 11% during the same period. Market share of the sector grew from 23.8% in 2007 to 27.3% in 2013. Health insurance was the dominant line of mutual non-life business in Europe in 2013, contributing 41% of total regional premiums in 2013. You can download the complete report [here](#).

Universal health coverage: role of health mutuals highlighted at a conference in Abidjan

25 February - The Western African Office of the African Union of Mutuals (UAM) of which AIM is partner, and AIM's Ivorian member MUGEF-CI organised on 25 February 2015 a conference on the role of mutuals in the universal health coverage in Abidjan.

Thierry Baudet, MGEN's President, as well as Mamadou Sorro, President of MUGEF-CI spoke about the challenges of the implementation of universal health coverage in Africa and the opportunities for mutuals. Further information in French [here](#) and the picture gallery [here](#).



Ivory Coast: Challenges of the implementation of the Universal health coverage

25 February - Ivory Coast decided to cope with the lack of social protection coverage which affects 90% of its population. Universal health coverage will gradually be extended to the entire the Ivorian population.

The government might face some difficulties during the implementation. The first challenge is the healthcare supply in the country. The demand for healthcare services will increase while the supply is currently relatively low.

There is one physician for 10 000 people in Ivory Coast. The average in OECD countries is 3.2 physicians for 1000 inhabitants.

The second challenge is the financial sustainability. Contribution fee will be around 1000 CFA (1.50 euro) per month and per person. It represents a serious amount of money taking into account that half of the population lives with less than one euro per day. The government will finance the contributions of the most deprived. The total healthcare budget is expected to increase substantially.

To cope with these challenges, civil society organizations and private sector will be asked to assist with the implementation. Mutual societies may be appointed by the government to manage on its behalf health coverage of certain categories of the population. They are also developing their own healthcare supply to improve access.

To fulfill these objectives, AIM's partner organization PASS is currently providing mutuals with assistance and expertise. More information on PASS can be found [here](#).

Events and Publications

➤ *Forthcoming Events*

- 9 April** [Mainstreaming medical apps; reducing NHS costs; improving patient outcomes](#), Royal Society of Medicine, London
- 13 April** [Validation of skills and qualifications acquired through non-formal and informal learning](#), EESC, Brussels
- 14 April** [Juncker's investment plan – what place is there for social investment?](#), Eurodiaconia, Brussels
- 14 April** [Capacity Building Seminar on the European Semester](#), COFACE, Brussels
- 16-17 April** [Active Ageing Index and its potential](#), United Nations, Brussels
- 16 April** [International Lifelong Learning Conference](#), Latvian Presidency, Riga
- 21 April** [Active, Healthy Ageing in the EU: Transforming Care, Growing the Silver Economy](#), Public Policy Exchange, Brussels
- 27 April** [The European Parliament: role and functions, the example of selected policy areas](#), Friedrich Ebert Stiftung, Strasbourg

- 21 April** [An EU competition policy for the 21st century](#), Friends of Europe
- 21 April** [Enforcement of Consumer Law in the EU: challenges and needs](#), BEUC, Brussels
- 29 April** [Social Partners Lunch Debate: Youth entrepreneurship in the EU – values, attitudes, policies](#), Eurofound, Brussels

➤ **Publications**

- European Commission** [A beginner's guide to EU funding An overview of EU funding opportunities in 2014–2020](#)
- European Commission** [Working for growth – Supporting the real economy](#)
- EU-OSHA** [The business case for safety and health at work - Cost-benefit analyses of interventions in small and medium-sized enterprises](#)
- European Commission** [Growing the Silver Economy Background Paper](#)
- Abbvie** [Thirteen ways to improve health care sustainability according to industry](#)
- ICMIF** [Global Mutual Market Share 2013](#)
- WHO** [Promoting better integration of health information systems: best practices and challenges](#)
- QUALICOPC** [Final Report Summary - QUALICOPC \(Quality and costs of primary care in Europe\)](#)
- European Commission – SPC** [Social protection systems in the EU: financing arrangements and the effectiveness and efficiency of resource allocation](#)
- Friends of Europe** [Adapting EU health policy to an evolving Europe - What the EU should 'Start', 'Stop' or 'Do Differently'](#)
- EMPATHIE** [Final report of the EMPATHiE project: Empowering patients in the management of chronic diseases](#)
- WHO** [Promoting better integration of health information systems: best practices and challenges](#)
- European Social Observatory** [European socioeconomic governance in action: coordinating social policies in the third European Semester](#)
- WHO** [Assessing chronic disease management in European health systems: concepts and approaches](#)
- WHO** [Bridging the worlds of research and policy in European health systems](#)
- London School of Economics** [Transatlantic Trade and Investment Partnership International Trade Law, Health Systems and Public Health](#)
- European Commission** [Comparative efficiency of health systems, corrected for selected lifestyle factors](#)
- WHO** [What do we know about the strengths and weakness of different policy mechanisms to influence health behaviour in the population?](#)

*The monthly AIM Flash is compiled by Romain Chave and Jessica Carreño Louro.
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For more information on one of the topics mentioned above, please contact the AIM Secretariat.*

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