

Feature Stories



Future of social health insurance

The future of social health insurance in Europe: redefining solidarity and responsibility



EU -US Trade Agreement

The risks for European public policy making and public health



Data Protection

Plenary Adopts Parliament's Position on Data Protection



Solvency 2

The European Parliament recognizes the principle of proportionality

Contents:

AIM and You	2
European Institutions	2
<i>Council of Ministers</i>	2
<i>European Commission</i>	2
<i>European Parliament</i>	4
Pharmaceuticals and Medical Devices	5
European Affairs	5
Mutuals	6
Health and Long-term care	8
Health Events in Europe	10



Next Meeting and visit dates

4 April	Mutuals Working Group <i>In Lisbon</i>
11 April	Pharmaceutical Working Group <i>At AIM offices</i>
28 April	Prevention Working Group <i>At AIM offices</i>
30 April	Internal Audit Committee <i>At AIM offices</i>



AIM @AIM_Healthcare · 3 mars

AIM and EU Healthcare #Fraud Corruption Network sign Memorandum to combat fraud in healthcare @EHFCN2011 Info: bit.ly/1hYoLE3



AIM @AIM_Healthcare · 11 mars

New Study of the policy mix for the #reimbursement of medicinal products funded by EU #Health programme bit.ly/1lvthw4 @EU_Health



AIM @AIM_Healthcare · 14 mars

@eu_health Expert Panel adopts opinion on Criteria to identify priorities when assessing #health #system performance bit.ly/1m3Zs8T

AIM and you

➤ *AIM Activities*

AIM Meetings:

- 3 March:** Pensions Working Group in Brussels
- 6 March:** Committee on the revision of Statutes in Brussels
- 12 March:** Fight against Fraud Working Group in Brussels
- 17-18 March:** eHealth Study Trip in Tallinn, Estonia
- 19 March:** Presidium Meeting in Brussels
- 31 March:** European Affairs Working Group in Brussels

Events AIM attended:

AIM Secretariat attended:

- The International Plasma Protein Congress (IPPC) held by the Plasma Protein Therapeutics Association on 11-12 March, in Vienna;
- The S&D Conference on TTIP: “EU-US Trade Agreement-Myths and Truths” by Socialists and Democrats at the European Parliament on 18 March;
- The Conference on the challenge of healthy ageing organised by P&V on 21 March– for more information please read our dedicated [article](#);
- The Conference on “The Future of Social Health Insurance in Europe: Redefining Solidarity and Responsibility” hosted by the European Observatory on Health Systems and Policies on 21 March– for more information please read our dedicated [article](#).

European Institutions

➤ *Council of Ministers and European Council*

EU Semester. Conclusions on the Annual Growth Survey and Joint Employment Report: Political Guidance on Employment and Social Policies

On 10 March, the Council of ministers adopted conclusions on the 2014 Annual Growth Survey including guidance on social policies. On 20-21 March, the European Council composed by heads of states called member states to respect the Europe 2020 targets.

In a first step, at the beginning of the month the Council of ministers stressed the broad political objectives for social policies adopted in 2013 and put the emphasis on growth and employment policies. Specially in the field of social protection, Ministers insisted that “*social policy reforms need to be comprehensive involving both universal and targeted approaches while avoiding segmented social protection with differences in the levels of coverage, between women and men and in the quality of the protection along the life-course*”. The Council of ministers recommends that Member States should take into account the Council conclusions on the 'Reflection process on modern, responsive and sustainable health systems' from 10 December 2013. For more information please refer to the [Press Release](#) of the Council of Ministers.

On 20 and 21 March, the European Council took the conclusions of the Council of ministers into account and lay the particular focus on deploying a strategy to meet the Europe 2020 targets (see more information in the [Press Release](#) of the European Council).

The next step in the EU semester will be for member states to submit their policy plans by the end of April.

➤ *European Commission*

Public Health: Health Expert Panel ‘Investing in Health’ adopts first three Options

Three non-binding opinions were adopted on 14 March by the independent Expert Panel in charge of advising the Commission on “effective ways of investing in health”.

The first opinion on a “frame of reference in relation to primary care with a special emphasis on financing systems and referral systems” highlights the importance of primary care, proposes a core definition of it and recommends a

strengthening of infrastructures, organization, access and training. A public consultation on the topic is being held and all interested parties are invited to submit by 11 May 2014.

In its second opinion on “Criteria to identify priority areas when assessing the performance of health systems”, the Expert Panel outlines key technical and general issues and the necessary development of a (today non-existent) clear conceptual framework which would clearly define health system parameters. It focusses not only on criteria but also on indicators assessing health, economic and equity impact.

Finally, the third opinion assesses the conclusions of the study “Evaluation of public-private partnerships in healthcare delivery across the EU”.

For more information please consult the [Opinions](#).

External reference pricing of medicinal products: Report on cross-country coordination

This new EU-funded report deals with the issue of the external reference pricing of the medical products and was produced and funded under the EU Health Programme (2008-2013) and under the mandate of the European Commission.

External reference pricing is understood as “the practice of using the price(s) of a medicine in one or several countries in order to derive a benchmark or reference price for the purposes of setting or negotiating the price of the product in a given country”. As such, drug price changes in one country will influence the prices in the other countries. The main goal of the report that includes all 28 Member States is to further, identify and assess external reference pricing (ERP) cross-country coordination issues, while acknowledging the need for sustainable public finances and the delivery of high quality healthcare.

For more information please read the [Report](#).

eHealth in the EU : Two surveys show the resonance in hospitals and GPs

The European Commission published two surveys concerning the use of digital tools and services in eHealth by EU hospitals and GPs.

The surveys show that top performing countries for eHealth uptake in hospitals are Denmark, Estonia, Sweden and Finland. However in total, only 9% of hospitals in Europe allow their patients to access online their medical records. However according to the surveys, there are still barriers for them such as the lack of remuneration, insufficient knowledge of IT skills, the lack of interoperability of systems and the lack of a regulatory framework on confidentiality and privacy for email doctor-patient communication. In the sector of Health Information Exchange and Telehealth, the surveys showed that 48% of EU hospitals share medical information with external GPs. Yet only 9% of GPs offer the alternative of being remotely monitored to patients. GPs don't use e-prescription and doctor-patient email interaction a lot and moreover fewer than 10% conduct online consultations with patients.

For more information please visit [European Commission Press Release](#)

Drug prescribing: An Italian case ignites cartel ruling at EU level

A collusion on drugs between two major international pharmaceutical companies was the cause in Italy for the local competition authorities to launch a cartel ruling, concerning drug prices, prescribing and data, also effective at the EU level.

The Italian Authority for Competition revealed on 5 March that Roche and Novartis had agreed to protect the profits made by the high-priced product sold by Novartis, preventing the use of one of Roche's relatively cheap products as a substitute. The authority announced fines of over 180 Million € for the companies.

The Italian drug regulator, AIFA, refers to the ruling as a “landmark ruling for all of Europe”. The European consumer group BEUC took the chance to condemn all anti-competitive practices from the companies that put profit before consumers' health. This collusion caused by the Italian healthcare system urged the Commission to launch an investigation on the issue at EU-level. AIFA also highlighted that these collusions are a global phenomenon and transparency measures like in the case of clinical trials, are mandatory. On the other hand, the Commission argues that although the Italian collusion case is specific, it is still an issue that also concerns other EU Member States.

For more information please read the [Article](#)

➤ **European Parliament**

Clinical Trials: Close to finish line with an adoption in Plenary on 2 April

On 3 April 2014, the plenary of the European Parliament will formally adopt the trilogue, which was made between the Council and the European Parliament. It approved the new regulation would introduce the submission of one single application dossier through a centralized web-based portal (EU portal) to all Member States where he wants to conduct a clinical trial; and the application will undergo a joint “scientific assessment” by the concerned Member States, led by a reporting Member State. The new text would also create of a new category of clinical trials called “low-intervention clinical trials”. Finally the revision would allow for greater transparency on clinical trials data and results, which is a measure that AIM members have been specifically calling for.

However on 28 November 2013, the European Commission published a new directive proposal on Trade secrets which includes a very broad definition of trade secrets which would undermine progress brought by the Clinical trials regulation.

AIM calls on Members of the European Parliament to remain particularly vigilant during the forthcoming discussions on the Trade Secrets directive, and to demand that clinical data on pharmaceutical products and medical devices remain outside the scope of this directive.

To read AIM and partners’ Press Release before the vote, visit AIM’s [website](#).

Solvency 2: The European Parliament recognizes the principle of proportionality

The European Parliament adopted on 11 March 2014, the prudential supervision framework (Omnibus 2) for the implementation of Solvency 2 expected in January 2016.



This text recognises the principle of proportionality depending on the weight of a mutual society in the market and its risk exposure. It will help soften the monitoring requirements for small organisations.

This text aims at correcting and adjusting some elements that did not fit with European stakeholders. With the principle of proportionality, small mutual societies will benefit from relief measures and simplifications regarding financial reporting in compliance with the

decisions adopted by the national supervisors.

Find more information in the Commission [Press Release](#).

Data Protection: Plenary Adopts Parliament’s Position on Data Protection

The European Parliament voted in favour of the Report on Data Protection with 621 votes in favour.

The Report of the main Committee (LIBE) was validated without any amendments. Mutuals and health insurers should thus be able to continue to process the various categories of health data. The Parliament negotiator and the Commission as well as the Greek and Italian presidencies of the Council aim to reach an agreement on this key legislative before the end of 2014.

However, the target for adoption is not in sight as the respect of this deadline will depend on Member States. Indeed, the Council of Ministers has not found a common position yet. For more information on this topic, please consult the [Press Release](#) of the EU Parliament.

Innovation Investment Package: Private and Public Partnerships for Research and Innovation

The Committee of Permanent Representatives approved an agreement between the Hellenic Presidency of the Council and European Parliament representatives enabling to carry out forward-looking projects under the guardianship of EU’s research and innovation framework programme [Horizon 2020](#).

The proposal endorsed on 26 February relies on two types of cooperation. On the one hand, public-private partnerships were defined as Joint Technology Initiatives in areas such as innovative medicines.

The Innovative medicines initiative (“IMI 2”) falls under this category to improve European citizens’ health and well-being by providing new and more effective diagnostics and treatments such as new antimicrobial treatments.

Moreover, four public-public collaborations were planned to be undertaken by member states in the fields of e.g. healthy ageing. The EU will provide financial support and promote the integration of scientific, managerial and financial aspects in member states’ research efforts.

For more information please refer to the [Press Release](#).

➤ **Pharmaceuticals and Medical Devices**

Medical Devices Regulation: State of play on Medical devices at Parliament and Council level

The Medical Devices regulation is being discussed at the Council of the European Union¹ but no agreement between Member States are seen on the horizon.

On 5 March 2014, the Council's working group on medical devices discussed market surveillance and conformity assessment of medical devices. France, Denmark and Portugal are in favour of a special procedure with a safety and conformity assessment before a marketing authorisation is granted for high risk medical devices in order to protect patient safety better. Germany, the United-Kingdom and the Netherlands would prefer a lighter procedure to enhance medical devices industry. The discussions in the Council will go on as a majority is needed to reach an agreement. From the Parliament's side, MEPs will adopt the Parliament's position from October 2013 by voting a legislative resolution on 2 April 2014 in Strasbourg during the Plenary.

More information is available [here](#).

Reimbursement of medicinal products: Study on mixing policies for the best practice

EU Member States have tried, for a long time, to address the problems caused by the different, partially conflicting health and non-health policy objectives related to the reimbursement of medicines. The study sums up problems such as timely patient access and equity, cost-containment and sustainable funding, and granting reward for innovation to the pharmaceutical industry. The aim of the study is thus to investigate which policy mix related to the reimbursement of medicines consulted stakeholders would consider as the best option. For more details please consult the [Study](#).

➤ **European Affairs**

EU – U.S. Trade: The risks for European public policy making and public health after the 4th round of negotiation

A press release, published by European associations and including AIM partners such as Health Action International, alerts on the consequences that the Transatlantic Trade and Investment Partnership (TTIP) could have on medicine patents, pricing and on national public health policies.

The aim of the TTIP is to liberalise trade, services and investment between the EU and the US. All sectors are included, among them insurance services, pharmaceuticals or medical devices. Negotiators work on regulatory coherence and increasing regulatory compatibility to enable enterprises to conduct activities and invest on both sides of the Atlantic.

According to the signatories of this new position including AIM partners, the negotiations give the industry a chance to try to integrate their wishes, among them, expanding the length of medicines patent monopolies, influencing Member States' regulations to contain costs of medicines and questioning the recent moves by the European Medicines Agency (EMA) towards transparency on clinical trials data.

The proposals about the introduction of an 'investor-to state-dispute mechanism' are of particular concern as they give investors the right to sue governments over public decisions deemed harmful to their investments.

AIM and its European partners are mobilised and follow the issue closely to provide the European Commission with position papers to be sure that public health issues will be taken into account.

A further round of talk is to be held in Washington before the summer.

For more information please refer to the [Press Release](#) or watch the [Press Conference Video](#).



Fraud in Healthcare: EHFCN and AIM sign Memorandum against Fraud in Healthcare

The European Healthcare Fraud and Corruption Network (EHFCN) and AIM signed a Memorandum of Understanding, through which both associations show their commitment to reduce healthcare fraud, waste and corruption in Europe.

The spokesmen of both associations -namely Bernard Hepp, President of the EHFCN, and Hans-Jürgen Faust, Chair of the Fight Against Fraud Working Group within AIM- have underlined the importance of this issue to guarantee not only a good functioning of the mutual system, but also equity in society as a whole. According to them, as the fraud problem expands and implies high costs for insurers and healthcare, the need for international cooperation through

¹ The Council of the European Union or the Council represents the executives of EU member states. The Council is composed of national ministers. Council and Parliament share legislative and budgetary powers equally, meaning both have to agree for a proposal to be passed.

platforms just as the EHFCN and the AIM becomes vital to fight against this now international plague. The memorandum signed on 3 March is meant to be a starting point to strategic collaboration and aims at raising awareness and share information about the issue. Through the mentioned platforms, it will also improve international standards of practice around fraud.

For more information please refer to the [Press Release](#).

➤ **E-health**

E-health study trip: AIM-EHTEL study Trip in Tallinn

The study trip hosted by e-Tervis showed the wide implementation of e-health records and e-prescriptions all over Estonia. The study trip was organised by EHTEL and AIM and took place on 17 and 18 March at the e-health foundation of e-health in Estonia. The Estonian government as well as health stakeholders presented the conditions that enable the set-up of a widespread use of e-health in Estonia, based on legislation and compulsory inclusion of most practitioners. A monitoring of the economic gains of this system is still ongoing.



However the system is very well accepted nowadays by the whole population as well as by health providers. The example of Estonia demonstrates the possibility for other European health systems to use e-health records and e-prescriptions on a systematic basis.

Healthy Ageing: Results of the Project Home Sweet Home (HSH)

The project Home Sweet Home, which got underway in March 2010 and meant to improve the elderly's quality of life mainly through technology, has just come to an end.

AIM was present to represent health insurers in the User Advisory Board.

The project has been experimenting with a new economically viable home help service which aims at extending the independence of older people. In order to do this, the HSH project plans to provide a full range of services which support older people in their everyday activities and allow carers to assess their ability to remain remotely independent. HSH is funded by "[The Information and Communication Technologies Policy Support Programme](#)" (ICT PSP).

Among the most important obstacles identified by the project, the costs and changes in peoples' lives caused by the devices come first. The project reached the conclusions that a personalisation of services and the support from relatives are necessary. As they plead, new technologies can help avoid isolation but cannot replace human contact. For more information on the project, please visit their [webpage](#).

➤ **Mutuals**

European Mutual Statute: The European Economic and Social Committee (EESC) in favour of a European Mutual Statute

The institution representing the European employees and employers voted on an own initiative to urge the European Commission to introduce a legislative proposal creating a Statute for a European Mutual Society as soon as possible. The text, entitled *Statute for a European Mutual Society: views, role and contribution of civil society*, was voted on in plenary with an overwhelming majority (139 voters in favour out of 148) on 25 March 2014. AIM had been contacted beforehand by the Italian EESC Member Mario Campi to help by the redaction of the Report.

Please find the opinion of the EESC on Statute for a European Mutual Society [here](#).

➤ **Events where AIM attended**

Orphan Drugs: AIM represented paying institutions at the International Plasma Protein Congress in Vienna

AIM delivered a speech on 11 March 2014 at a roundtable dedicated to orphan drugs regulation and made the voice of payers heard.

An orphan drug is intended for the diagnosis, prevention or treatment of a life-threatening or chronically debilitating condition affecting not more than five in 10 thousand persons in Europe. There are about 7000 identified rare diseases that affect a 27 million Europeans. The development of orphan drugs is a public health priority for many Member states. Without incentives it is unlikely that the marketing of the medicinal product would generate sufficient return to justify the necessary investment.

Pharmaceutical firms are supported to do research and produce orphan drugs in partnership with public bodies. However orphan drugs are getting more and more expensive. Some pharmaceutical industries want to gain benefits which arise from being badged as an «orphan drug». In this context, national health insurance funds will have difficulties in financing them sustainably. By supporting the measures aiming at enhancing the development of orphan drugs, AIM urges manufacturers, national regulators and payers to have early dialogues to get to a win-win approach beneficial for all parties. If prices for orphan drugs continue to increase in times of economic crisis and cuts in health expenditure, access to patients may become difficult.

Find more information on the European Commission [Website](#) and on the [Portal for orphan drugs and rare diseases](#)

Future of social Health Insurance: 50th anniversary of the Belgian Statutory Health Insurance Act

The conference held in Brussels on March 21 on the occasion of the 50th anniversary of the Belgian Statutory Health Insurance Act casts an eye over history to overview the system's most significant achievements, but also to adapt it to new emerging challenges.

The participants coming from different institutions around Europe, started by analysing the past and particularly some of the current system's achievements such as universal coverage or the maintenance of solidarity as a core value. Going back to take a better step forward, this reflection on health protection also highlighted needs for improvement in the future. Ageing, collaboration at an international level, social cohesion, reducing social inequities and particularly solidarity and responsibility remain issues of primary importance which need to be faced in a new environment defined by the recession. The conference also focussed on the present to enable a comparison of the systems and to learn from it. The eternal debate about preferring either social health insurance or national health systems was also at the centre of discussions but did not lead to any clear conclusions. The conference ended by an interesting panel debate in which representatives of different European health insurance funds –for instance Tanel Ross from the Estonian National Health Insurance Fund, Jean Hermesse from Belgian Christian Mutualities or Ulrike Elsner from the German sickness fund Vdek- explained their systems and gave a recommendation to the INAMI President, Mr Jo de Cock, on the future of social health insurance in Belgium.

For more information and a more detailed list of participants please refer to the [Programme](#).

Healthy Ageing: AIM presented best practice examples form its members at P&V Conference

Corinna Hartrampf, Project Manager at AIM, participated on 21 March in a conference on the challenge of healthy ageing, at which she presented four projects meant to improve in some way the elderly's wellbeing.

The Conference was organised by P&V under the title "Long-term care, the challenge of healthy ageing".

AIM cited various examples of its members engaged in long-term care. The programme of the German sickness fund SVLFG, "Taking care of the caregiver" focusses for example on the health state of caregivers and proposes a training which promotes their well-being, encourages good practices and improves health care, not only through instructions but also by fostering relaxation and the exchange of information between participants.

The programme of the French mutual, MSA, "Peps Eureka" organizes training sessions to keep elderly's memory active. It teaches the elderly to use strategies in order to avoid problems, as well as to evaluate their cognitive strategies.

Finally, AIM was also involved in the User Advisory Board of the project "Home Sweet Home". The project relies on information and communication technologies to offer assistance services which improve social connection, extend independency and improve the quality of life and the feeling of safety, but which, as underlined by Mrs Hartrampf, cannot replace human contact. These four projects will undoubtedly largely contribute to turn healthy ageing in Europe into a reality.

➤ National Health Policies

Switzerland: Health Costs worry Swiss office of price supervision

In his fight against the increase of health insurance premiums, the Swiss "price supervisor" draws attention to the package prices of hospitals and to Cantons' fares.

The Swiss office of price supervision for goods and services denounces in his annual report Cantons' decisions to rise prices for health services. The introduction of a new system of billing for hospitals could be one of the reasons of increase in hospital fares by Cantons.

Cantons' fares are also the target of criticism as they were accused of charging, under a false title, health care costs which were higher as the ones authorised by federal law. While waiting for Canton's tribunals to bring a final end to this abuse, the Federal Office of Public Health has published a comparative of the Cantons, which enables a comparison of hospitalization costs, operating results or the intensity of cares. For more information please read the [Article](#).

➤ *Events Overview*

Chronic Diseases: The first EU summit will be held in April 2014

On 3-4 April 2014, in Brussels, an EU summit on chronic diseases will be organised with the participation of 400 stakeholders, representatives from Member States, non-governmental organisations, professional groups, business operators, academics, and EU institutions.

The purpose of the summit will be to help the European Commission define its future policy on chronic diseases. Participation to the Summit is by invitation only.

For more information please refer to European Commission [website](#)

Health and Long-term care

➤ *Trends in health system*

WHO Europe: Four-fold difference in antibiotic consumption across the European Region

The study, carried out by the WHO Regional Office for Europe and the University of Antwerp with the support of the Ministry of Health, Welfare and Sport of the Netherlands, collected and analysed wholesale data from six south-eastern European and seven central Asian areas and countries.

This complements the work carried out in 29 countries (the 28 EU Member States plus Norway) participating in the European Surveillance of Antimicrobial Consumption Network (ESAC-Net) of the European Centre for Disease Prevention and Control (ECDC). In 2011, the 53 Member States in the WHO European Region adopted a comprehensive European strategic action plan on antibiotic resistance, including a commitment to strengthen surveillance systems to monitor the use of antibiotics.

For more information please refer to the [Press Release](#).

Burkina Faso: A Gateway to Universal Health Insurance

In a country where only high social layers are endowed with social coverage, mutuals have paved the way to Universal Health Insurance.

In Burkina Faso, only 10% of the population, stemming mainly from the private and public sectors, has access to social security, a coverage which the informal and rural strata have no chances to experience. This inequitable state of affairs has pushed social mutuals relying on foresight, mutual help and solidarity to take over the role of a discriminatory and nearly non-existing social security system in the West African country. With their support, the government has also committed itself to guarantee social protection for all social strata, to facilitate the establishment of a Universal Health Insurance and to reach the long left aside sectors by encouraging the creation of community and professional mutuals and establishing a propitious institutional and legal background. Capitalizing mutuals' experiences will help to boost their development and expand Health Insurance to all layers of society.

In this context, the Education & Solidarity Network, of which AIM is a founding member, is involved in setting up a mutual which will be in charge of managing social protection for primary school teachers on behalf of the State of Burkina Faso.

For more information please refer to this [Article](#).

To know more on the Education & Solidarity Network, please visit the [Website](#).

➤ *Call for proposals, Consultations*

Public consultation on VAT legislation on public bodies and tax exemptions in the public interest

14.10.2013 – 25.04.2014 (*new deadline*)

http://ec.europa.eu/taxation_customs/common/consultations/tax/2013_vat_public_bodies_en.htm

Public consultation on the preliminary opinion on Definition primary care with emphasis on financing systems and referral systems

25.03.2014 – 11.05.2014

http://ec.europa.eu/health/expert_panel/consultations/primarycare_en.htm

➤ *Studies, Videos, Positions*

Social Economy

Social Economy Europe: Positions on Social Impact Measurement and on Crowdfunding published

Position on Social Impact Measurement: http://www.socialeconomy.eu.org/IMG/pdf/2013-082_see_position_paper_measurement_and_evaluation_1_-3.pdf

Position on Crowdfunding: http://www.aim-mutual.org/fileadmin/WG/Mutuals_WG/2013-081_SEE_Position_paper_Crowdfunding_1_.pdf

Cross-border Healthcare

EU Commission: Seeking healthcare in another EU Member State

http://bookshop.europa.eu/is-bin/INTERSHOP.enfinity/WFS/EU-Bookshop-Site/en_GB/-/EUR/ViewPublication-Start?PublicationKey=ND0313476

Environment

WHO: Health and environment- communicating the risks

http://www.euro.who.int/_data/assets/pdf_file/0011/233759/e96930.pdf

Crisis and Health

EU Health Observatory: New website Health and Finance Crisis Monitor

<http://www.hfcm.eu/>

Health Systems

EU Health Observatory: New Website: Health Systems and Policy Monitor

<http://www.hspm.org/mainpage.aspx>

Health events in Europe

- 2 April** **EP intergroup “Social Economy” on the future of social economy policies after the Strasbourg declaration**
4-6.30 pm at the European Parliament
- 3-4 April** **EU Commission Chronic Diseases Summit**
By invitation only [Information](#)
Sinisa Varga (HZZO, HR) will be present as speaker at this Conference
- 11 April** **Info Day on the Third Health Programme 2014-2020**
Registration closed
10.00-13.00 at the Centre Albert Borschette (Room: AB-0D) - Brussels
- 28-29 April** **Informal Meeting of Health ministers**
Greece
- 16 May** **European Voice Event on Clinical Trials: Boosting competitiveness in Europe while complying with the EU 2014 CT and data protection regulations**
Paris
- 19-24 May** **World Health Assembly**
Geneva
- 20 June** **Employment, Social Policy, Health and Consumer Affairs Council Meeting (EPSCO)**
- 26-27 June** **European Council**
Brussels

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For more information on one of the topics mentioned above, please contact the AIM Secretariat.

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