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[IBM teams up with Apple to process health data](#)



[European Union health policy obstructed by divisions and delay](#)



[Medicines: Sum-up of EU legal framework for medicines for human use](#)



[Blueprint for safer Healthcare proposed by MEPs](#)


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What's next?

21-22 May	Health Systems reform Working group – Brussels
29 May	Mutual WG - Brussels
22 June	Africa & Middle East and Latin America Regions – Liège
22 June	Presidium Meeting
23 June	European Affairs Committee
23 June	General Assembly and Board of directors
24 June	Long Term Care Seminar
24 June	Workshop "Young People and Social Protection" organised by the Education and Solidarity Network


Top Tweets

 AIM @AIM_Healthcare · 5 mai

AIM-AEIP publish Position Paper on Mental Health @AIM_Healthcare @EU_AEIP bit.ly /1dJFOxq

 4   

 AIM a Retweeté

 Frank Vanbiervliet @Frank_MdM · 5 mai

Menno Aarnout from @AIM_Healthcare "We need sustainable health systems built on fairness and equality" #accesshealth

 4  1  

 AIM @AIM_Healthcare · 22 avr.

SE intergroup: #SocialEconomy will be a priority of the Luxembourgish Presidency of the EU

 3  1  

Some Events AIM attended

- 8 April** Education and Solidarity Network Board of Directors
- 9 April** Participation to the policy advisory board meeting of United for health
- 14 April** TTIP/CETA debate
- 15 April** Pharma stakeholders meeting in Riga
- 22 April** Social Economy Intergroup hearing at the EESC

AIM Events

- 24 April** Presidium meeting
- 28 April** Internal Audit Committee meeting

European Institutions

➤ *European Commission*

European Union health policy obstructed by divisions and delay

20 April - EU officials, industry and non-industry stakeholders are worried about European Commission inertia on health policies.

In the new European Newspaper *Político*, NGOs in the field of health are complaining about Commission ambitions as regard to health. Industry, members of the Parliament and NGOs regret the little political leadership to address growing health issues while a tsunami is gathering of ageing patients, chronic disease, steeper treatment costs, new cross-border health threats and workforce shortages.

Other griefs are the uncomfortable split of main responsibilities for health between the commissioners for health and for industry. Not to mention that health is not written in the Commission work programme 2015 and that Commission still has no director general for health, six months after the last one resigned.

In the Commission defense, national governments are used to jealously defend their health competences even though they would benefit financially in addressing citizens' needs through from more cooperation on health. More information are available [here](#).

CETA and TTIP: A Lobby Wonderland for Industry and Business?

14 April – EU Chief Negotiator for TTIP Ignacio Garcia Bercero took part in a panel debate at which, expectedly, the ISDS issue was recurrently raised. His answer: ISDS will not be out.

The panelists (Academics, MEPs, civil society) voiced their concerns on the agreement, which were in turn answered by the Commission.

On the complaint about biased lobbying, EU Chief Negotiator reminded that the Commission is discussing with everyone. If it is true that, at the beginning, mostly economic interests were discussed, the Commission welcomes input from any actor (NGOs, etc.). He also underlined that a well-balanced advisory group made up by representatives of industry but also of health organisations and consumers' organisations (amongst others) was created. This group has earlier access to proposals.

Deep concerns about ISDS were voiced by both the audience and the panelists. As far as the regulatory cooperation body is concerned, it is, according to Mr. Garcia Bercero, 100% consistent with the regulatory practice of the European Union. It does not aim at creating new ways for industry to influence the dialogue but rather at establishing a

genuine two-way dialogue and ensuring that civil society is also included in it. He underlined that the regulatory cooperation body has no decision power.

He told the audience that he understands the concerns but that ISDS would not be out. The way forward will be reforming the arbitration and TTIP will be the platform for this reform. In order to avoid discrimination and abusive behaviour, international trade agreements must ensure that domestic court procedures are not the only possibility for European companies. Click [Here](#) for a full summary of the meeting.

➤ *Council and Presidency*

Prevention: Towards common EU Nutrition and Alcohol Policies

20-21 April – An Informal Meeting of European Health Ministers took place in Riga. Factors affecting public health were discussed.

The Health Ministers and Heads of Delegation discussed the need for “a new policy framework for reducing alcohol-related harm” and the importance of the creation of a EU general alcohol standard for the international market and in the harmonization of national policies. Alcohol Strategy priorities like pricing and tax measures to reduce drink driving were also put on the table and the importance of collaboration underlined.

Nutrition policy was another topic covered at the meeting. Health Ministers stressed the need for a common framework to “limit the number of trans-fatty acids and to reduce the amount of sugar in foodstuffs”. Click [Here](#) for more information.

➤ *European Parliament*

TTIP: Rise in Parliament’s Opposition to ISDS in TTIP.

14-16 April – Six of the 14 Parliamentary Committees passed draft opinions which reject the arbitration clause in the Transatlantic Trade and Investment Partnership (TTIP).

Opposition to the arbitration mechanism is strengthening within the Parliament, with the Committees on Economic and Monetary Affairs, Legal Affairs, Employment, Environment, Petitions and Constitutional Affairs adopting negative opinions. The 898 amendments submitted show four areas of disagreement between MEPs: data protection, services which could be opened to American investors, environmental sustainability and investor protection mechanisms. The opinion of the European Parliament is not binding. The text will be voted in the Committee in charge of trade on 28 May 2015 and by the Parliament as a whole in June.

The French and German governments have voiced themselves in favor of other options to ISDS such as putting in place an appeal system and establishing a permanent arbitration court. The European Commission hopes to have a new proposal for the mechanism’s improvement on the table by May.

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

European Parliament: Teaching Children to learn about Healthy Ageing

14 April - The European Parliament is to adopt a plan combining two existing EU schemes for handing out fresh milk, fruit and vegetables to pupils. The new programme reduces administrative burden and creates more opportunities to teach children about healthy diets.

Educating the youngest about balanced diets from an early age is essential. The new plan combines the School Milk Scheme launched in 1977 which benefits 20 million European school children every year and the School Fruit Scheme from which nearly 9 million children a year profit since 2009.

It will be up to Member States to decide whether they want to take part of the programme and which products they wish to distribute. For more information, please read the [Article](#).

Blueprint for safer Healthcare proposed by MEPs

14 April – The Health Committee of the European Parliament voted a resolution suggesting measures to improve patient safety and tackle resistance to human antibiotics by promoting responsibility in the use of existing treatments as well as innovation.

The measures proposed notably to prohibit the use of antibiotics without prescription and implement both marketing practices aiming at preventing conflicts of interest between producers and prescribers, and better information, monitoring and infection control. MEPs call for a responsible use of antimicrobials in veterinary use and for the commitment of Member States to ensure that health systems and patient safety in particular are not affected by the economic crisis and remain adequately funded.

The report will be voted in plenary in May. For more information, please refer to the [Press Release](#).

Health

➤ *National Health Policies*

Germany: Statutory Health Insurers opposed to Law on Prevention

April - German Federal Health Minister Hermann Gröhe (CDU) presented a draft Prevention Law aiming at strengthening the national strategy for primary prevention and health promotion. The law should allow for better prevention of chronic and mental illnesses through a systematic expansion of health promotion and prevention in every age and in every stage of life. Vaccination, health courses and consultations are to be fostered.

Overall, 511 million euros are expected to be spent on prevention in the future, with as goal: the improvement of occupational health (especially for small and medium-sized companies), and an earlier influence of risk factors such as chronic stress loads, excessive alcohol consumption, smoking, obesity, unbalanced diet and lack of exercise. Prevention should enable to maintain a high quality of life in old age.

In concrete terms, the law doubles the investments of health insurers for prevention. Instead of the three euros, which are already provided, they are to spend, from 2016, seven euros per insured person per year, mostly for programs in kindergartens, schools and companies.

Vaccination will also be an enforced measure of prevention. The new law is intended to meet this need. It also aims to ensure that employers look after the health of their workers.

The submitted law will probably make of health care for people of all ages a central part of modern social policy. Indeed, attention also needs to be paid to the relationship between income and risk. Poor people are often exposed to the greatest risks. Social justice must also be considered in order to reach all people regardless of their social background. A broader social policy approach is clearly needed.

Despite all those expectations, statutory health insurance companies have raised their voices against the proposed law. The importance of prevention and health promotion measures is not questioned, but rather the cross-subsidization of a federal authority by insurance funds. According to the latter, neither from a technical nor from a regulatory policy point of view does the law make sense. It is not the role of health insurers to provide the Federal Office for Health Education with 35 million euros as the wallets of contributors should not fund a federal authority.

The law, which is now under discussion in the committees, should enter into force in the coming year.

➤ *Pharmaceuticals - Medical devices*

Medical devices: Agreement within the Council before summer

24 April - Some EU officials have been saying that they expect a political agreement for the regulation on medical devices at the Council in June. During the trilogy, the discussions will most likely continue about single-use devices and the scrutiny of market access of high risk medical devices.

Belgium & Netherlands plan joint purchase of rare disease drugs

21 April - Belgium and the Netherlands announced that they would jointly negotiate the purchase of medicines for rare diseases with pharmaceutical groups.

The joint negotiations will focus on the purchase of orphan drugs usually very expensive due to the limited market. Orphan diseases concern 5 in 100,000 people. A coalition of countries represents more patients which will allow them to bargain a lower price and avoid smaller countries to be disadvantaged in negotiations.

Worried about the fact that a spread exchange of pricing information would eat into their revenues, some pharmaceutical companies have spoken up to defend their right to charge different prices to different countries. At present, a company typically agrees a lower — but publicly undisclosed — price for a product in less wealthy countries, while seeking a higher price in wealthier countries.

The Dutch-Belgian effort is among the first where countries are acting together for a better deal.

This joint purchase is part of a more general agreement between Dutch and Belgian health ministers which also foresees a deeper cooperation in the field of Health technology assessment and horizontal scanning of medicines costs. You can find more information [here](#) and [here](#).

Clinical Trials: WHO calls for increased transparency in medical research

14 April - WHO joins the voices of Brussels health non-industry stakeholders by calling for the disclosure of results from clinical trials for medical products.

WHO stated that only transparent clinical trials can ensure that decisions related to the safety and efficacy of vaccines, drugs and medical devices are supported by the best available evidence. More information [here](#).

Medicines: Sum-up of EU legal framework for medicines for human use

April 2015 - A recent document published by the European Parliament sums up the current EU legislation on medicines, clarifies the role of the EU and presents tools that ensure quality and safe use of medicines.

Pharmaceuticals are primarily regulated at the national level by the Member States but there is a large body of EU legislation notably for the marketing authorisation. In the EU regulatory system, there are several routes for obtaining marketing authorisation: either at European level (the centralised procedure) or at national level (the decentralised and mutual-recognition procedures). Under the centralised procedure, EU authorisation is granted by the European Commission via an application to the European Medicines Agency (EMA). The paper reminds further in details the general regularity system and the provisions for specific types of pharmaceuticals such as orphan drugs. You can download the full report [here](#).

Role of the EMA

The EMA based in London coordinates the assessment of the quality, safety and efficacy of medicinal products. It draws up scientific opinions for the evaluation of medicines for the EU institutions and the Member States. The EMA also coordinates Member States' activities in connection with the monitoring of medicines for safety once they have been placed on the market (pharmacovigilance). In addition, the EMA coordinates Member States' supervision and inspection of manufacturers.

➤ *Trends in health systems*

A Systematic Review on Health Resilience to Economic Crises

23 April – A recently published review examines evidence on factors which play a role in the way health is affected by financial crisis.

Ten socio-demographic factors that increased or protected against health risk were identified: gender, age, education, marital status, household size, employment/occupation, income/ financial constraints, personal beliefs, health status, area of residence, and social relations.

Women's mental health appeared more susceptible to crises than men's. Lower income levels were associated with greater increases in cardiovascular disease, mortality and worse mental health. Employment status was associated with changes in mental health. Associations with age, marital status, and education were less consistent, although higher education was associated with healthier behaviours. Find the complete review [here](#).

Right to Healthcare: Social Platform calls for the revision of the Facilitation Directive

17 April – Social Platform calls on decision makers to revise the Facilitation Directive in order to ensure access to healthcare for all.

The Facilitation Directive (2002/90/EC) stipulates that EU Member States shall punish “any person who, for financial gain, intentionally assists a person who is not a national of a member state to reside within the territory”. Social Platform, the largest platform of European rights and value-based NGOs working in the social sector, calls for the revision of the Directive so as to allow for the provision of humanitarian assistance.

Despite the law, some Member States already allow for some degree of assistance but in practice, healthcare services remain rarely accessible notably due to financial and administrative barriers. In Belgium for example, undocumented migrants enjoy emergency healthcare free of charge. However, the administrative barriers remain too high and the fear of deportation prevents migrant from accessing those services. In Sweden, they must pay the full cost for receiving emergency healthcare. The scenario, though adapted, is the same across all Member States: healthcare is far from being universal.

Social Platform underlines the need for a comprehensive directive which would enable access to care for all. For more information, click [here](#).

Universal Health coverage: 1.7% of World’s richest Countries Healthcare Budget to cover free Basic Universal Healthcare in poor Countries

13 April - According to the report “Financing the Future”, by the Overseas Development Institute (ODI), free basic universal healthcare would cost \$74 billion a year in poor countries, that is, 1.7% of what the world’s richest countries spend on healthcare a year.

The report launched at the eve of the UN’s 2015 *Financing for Development* conference to be held in Ethiopia in July, reminds the challenge constituted by poverty reduction in a world where the poor are increasingly concentrated in conflict-prone areas. According to its authors, aid should and can support a “global minimum standard of living for all”. If more aid, delivered in the right way and in the right places is not provided, over half a billion people will be in extreme poverty by 2030 and 4 million children will die annually from a lack of basic healthcare.

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

➤ **E-health**

Big data: IBM teams up with Apple, J&J, Medtronic

13 April - IBM will team up with Apple to use health information gathered with Apple devices to provide data analytics to the healthcare sector.

The new IBM department dedicated to health will aggregate health information from a large number of devices and provide them to healthcare players such as Johnson & Johnson and Medtronic.

IBM will proceed data collected from Apple’s newest machines *HealthKit* and *ResearchKit*. Healthkit is designed to centralize a user’s health data provided by fitness and health apps while Researchkit is an open-source platform that lets researchers create diagnostic apps for use on the iPhone.

Both services generate millions of data and IBM is looking to turn that (anonymized) data into meaningful signals for the treatment of illnesses or rehabilitation.

Johnson & Johnson, for example, said it will work with IBM on mobile-based coaching systems to help patients before or after surgery and will launch new health apps targeting chronic conditions. More information [here](#).

➤ **International**

The EU-Africa Partnership

22 April - The College of the European Commission welcomes to Brussels the College of the African Union Commission for their annual meeting.

The political framework of cooperation between the EU and Africa is the Joint Africa-EU Strategy adopted in 2007, the first and only intercontinental partnership strategy. The Summit agreed that the implementation of the Joint Strategy during 2014-2017 should focus on five priority areas: Peace & Security, Democracy & Human Rights, Human Development, Inclusive Developmental Growth and Global & Emerging Issues. The EU is Africa's biggest trading partner; around a fifth of global foreign direct investment (FDI) flows in Africa comes from EU companies. More information are available [here](#).

Mutuals / Insurance

Irish Central Bank rejects solvency rules

21 April - The Irish Central Bank has joined the growing chorus of regulators who are critical of new capital requirements for insurers across Europe.

"The capital requirements set up by Solvency II are clearly too complex," Mr Roux warned. "I contend that the emphasis given in European insurance regulation to quantitative requirements has gone overboard." Regulators in Britain and the Netherlands have also criticised the rules earlier this year while insurers such as Italy's Generali, which is Europe's third-biggest insurer sales, said Solvency II will make it too pricey for insurance companies to invest in infrastructure. More information [here](#).

Consumers lukewarm on cross-border finance, insurance

21 April - In 2014 the European Consumer Centre in Germany carried out a study on the cross-border insurance market, covering France, Germany, Austria and UK.

The study examined six frequently used insurance products: travel cancellation, liability car insurance, private liability, individual accident, home insurance and life insurance. The aim was to check whether consumers can make online purchases of insurance products with a provider established in another country. Of the 567 insurers approached, only three offered insurance to consumers residing in another member state.

From the consumer side, interest in insurance across borders appears to be low. Not only language and culture represent barriers to contract an insurance contract abroad but the need for post-sale services, such as repair work. According to European Consumers group BEUC, the main issue is that consumers are not aware of the wide diversity of prices for similar products in other member states; they have no information on alternative products that could better meet their needs. More information available [here](#).

Democratic Republic of Congo: Creating a platform of organizations promoting Health Mutuals

April 2015 –DRC is in the implementation phase of "social protection floor" to the entire Congolese population.

The Minister of Employment recently reaffirmed the commitment of the Congolese Government to consider access to health care and social security as a fundamental right while he opened in Kinshasa the Platform for the promotion of the Health mutuals (POMUCO). More information [here](#).

Events and Publications

➤ *Forthcoming Events*

16 May [European Congress of Endocrinology](#), Dublin

18 May [Health 2.0 Europe Conference](#), Barcelona

18 May [Workshop on Dietary strategies for a healthy ageing](#), European Commission, Milan

- 19 May** [Trade show on “Health autonomy”](#), French Hospital Federation, Paris
- 19 May** [The role of the social economy in restoring economic growth and combating unemployment](#), Committee of the Regions Hearing, Brussels
- May 20** [Conference entitled “Empowered patients are an asset to society”](#), European Patients Forum, Brussels
- 20-21 May** [Public Services Summit 2015 - Re-investing in Europe: Investing in Public Services](#), CEEP, Brussels
- 21 May** [The policy priorities of DG SANTE](#), The British Chamber of Commerce, Brussels
- 27 May** [Conference “Building bridges in translational medicine”](#), European Infrastructure for Translational Medicine, Amsterdam.
- 27 May** [Conference “Digital healthcare empowering Europeans”](#), European Federation for Medical Informatics (EFMI), Madrid.
- 27 May** [Stakeholder meeting with the EU TTIP negotiating team for pharmaceuticals, medical devices and cosmetics chapters on issues related to TTIP and health](#), European Commission, Brussels
- 27 May** Breakfast Discussion "Standardisation of Healthcare Services and Patient Safety", European Parliament, Brussels
- 27-28 May** [Conference How to encourage the insurance industry in Africa to provide sustainable insurance services to the unserved](#), ILO, Tunisia
- 29 May** [Workshop: Communicating clinical trial results to meet public needs - A meaningful future for lay summaries](#), European Forum for Good Clinical Practice, Brussels
- 1 June** [Conference: Endocrine disruptors: criteria for identification and related impacts](#), Brussels
- 1-2 June** [Conference on social and health services in the Welfare State](#), Hans Böckler Foundation, Germany
- 3 June** [Conference “Innovative financing opportunities for active & healthy ageing](#), European Commission, Brussels
- 4-5 June** [ESIP European Conference 2015 - "Europe’s social security systems: are they future-proof?"](#), Brussels
- 12 June** [Conference on Smart Public Procurement: new frontiers for public procurement](#), European Commission, Prague

➤ *Publications*

- European Commission** [2015 Ageing Report: Economic and budgetary projections for the EU 28 Member States \(2013-2060\)](#)
- EU Anti-poverty Network** [Assessment of CSRs and European Semester, and proposals on the New Commission Integrated Guidelines at Social Protection Committee](#)
- European Commission** [Social policy innovation - Meeting the social needs of citizens](#)
- UPPSALA** [UPPSALA REPORT - April 2015](#)
- European Medicine Agency** [Annual Report 2014](#)

Corporate Europe Obs	<u>The strange case of the shy lobbyists: why no-one will admit to lobbying for TTIP</u>
European Trade Union Institute	<u>Health care reforms and the crisis</u>
OECD – WHO	<u>Economic cost of the health impact of air pollution in Europe</u>
Eurodiaconia	<u>Briefing and recommendations on the Joint Report On Adequate Social Protection For Long-Term Care Needs</u>
AGE	<u>Active Ageing Index releases its 2014 analytical report</u>
European Commission	<u>Social policy developments in Europe – Country reports</u>
European Commission	<u>Social Investment in Europe: A Study of National Policies .</u>
EUPATI	<u>European study provides new insight into public interest in medicines research</u>

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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