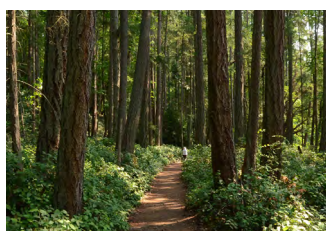




Healthcare and  
social benefits for all

# AIM FLASH

N°143 - July & August 2016



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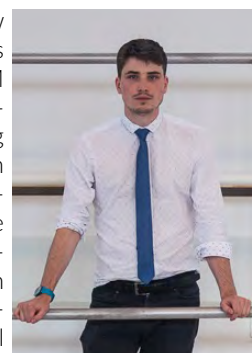
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## **AIM SECRETARIAT: ROMAIN CHAVE MAKES CAREER MOVE TO PARIS**

AIM has to let you know that Romain Chave has decided to leave the AIM secretariat from September 1st 2016. During almost 3 years Romain has contributed significantly to the work of the Association. His dedication and professionalism did not remain unnoticed. Healthcare mutual MGEN in Paris made him



an offer he could not refuse. We thank Romain for his contribution to the work of AIM, especially to the modernisation of the AIM communication tools and successful organisation of unprecedented AIM activities in the African region. His pro-active and enthusiastic attitude has given a boost to the AIM secretariat and has increased the visibility of the mutualist movement and AIM in and outside Brussels. Finding an appropriate replacement of Romain in the team will not be easy and has not yet been finalised, but we hope to be able to present a new colleague soon. We congratulate MGEN and we wish Romain a successful and pleasant time in Paris.

**Rédaction:** Romain Chave, Menno Aarnout & Jessica Carreño Louro. **Realisation & Layout:** Romain Chave & Jessica Carreño Louro. **For more information** on one of the topics mentioned above, please contact the [AIM Secretariat](#). 'AIM Flash' © is a monthly publication of the AIM Secretariat. AIM asserts copyright in all the text of this publication. **Reproduction** of short extracts is welcome provided the source is quoted. Reproduction of complete articles requires written permission in advance from the AIM office.

## AIM AND YOU

### AIM PAID VISIT TO ITS CROATIAN MEMBER HZZO

14 July - AIM Director, Menno Aarnout, visited AIM Croatian Member HZZO. The Croatian Health Insurance Fund is an active member of AIM since 2007.

Menno was welcomed at HZZO headquarters in Zagreb where he met Dr Fedor Dorčić, CEO. Established in 1993, the HZZO is the country's national social health insurance fund which provides comprehensive solidary health insurance to 4.29 million people. HZZO plays a key role in the definition of basic health services covered under statutory insurance, the establishment of performance standards, and price setting for reimbursed services. HZZO is also responsible for the payment of sick leave compensation, maternity benefits and other allowances. In addition, it is the main provider of complementary voluntary health insurance covering user charges. Dr Dorčić briefly presented the ambitious plan to introduce an eHealth tool, integrating at national level applications like electronic health records, ePrescribing, eAppointment, eBilling etc.

The visit provided an opportunity to discuss ongoing cooperation between AIM and HZZO and to reaffirm AIM's commitment to strengthen its action in support of HZZO international activities. The AIM director also met with Croatian Assistant Minister of Health, Dr Vera Katalinić-Janković.

### VISIT OF AIM DIRECTOR TO VZAJEMNA – AIM SLOVENIAN MEMBER

15 July 2015 - Director Aarnout was the guest of Vzajemna Mutual Health Insurance in Ljubljana where he met with Vzajemna CEO Aleš Mikeln.

Vzajemna is enthusiast member of AIM since 2003. It is the first and the largest voluntary health insurance company in Slovenia. It was established in 1999 as a result of legal requirements for separating voluntary and compulsory health insurance. Co-payments are quite high in Slovenia (28.6% of total health expenditure in 2014) and most of the population has a complementary health insurance. Approximately 840.000 citizens are insured with Vzajemna.

Since 1992, Slovenia has had a Bismarck-type social insurance system based on a single insurer for statutory health insurance, which is fully regulated by national legislation. This insurance is universal and based on employment status. Menno Aarnout could discuss with CEO Mikeln the further involvement of Vzajemna within AIM and the upcoming challenges of mutuals in Slovenia.

## TOP TWEETS



AIM @AIM\_Healthcare · Aug 9

Consolidated text of the draft Regulation on medical devices published [bit.ly/2basldG](http://bit.ly/2basldG)



2



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AIM @AIM\_Healthcare · Aug 10

Can pay for performance improve the quality of primary care? [bit.ly/2b2OHo8](http://bit.ly/2b2OHo8)



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AIM @AIM\_Healthcare · Aug 17

Scientists in BMJ argue that neither a scientific nor an ethical case for [#adaptivepathways](http://bit.ly/2b0D5By) has been made [bit.ly/2b0D5By](http://bit.ly/2b0D5By)



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## EUROPEAN AFFAIRS

### PARLIAMENT

### WORKSHOP ON EU OPTIONS FOR IMPROVING ACCESS TO MEDICINES

14 July - The ENVI Committee held a workshop on «EU options for improving access to medicines» in the light of their preparation of an own initiative report on the subject.

The meeting featured the position of many stakeholders: industry, regulators, academics, NGOs. Heavy lobbying was needed from both AIM and ESIP to ensure that payers views could be presented during the workshop. Healthcare payers were represented by the European Social Insurer Platform in the panel about pricing and reimbursement. Christine Dawson, Director of ESIP, reminded that ESIP and AIM have welcomed the EPSCO Council conclusions and the fact that the Parliament is working on a report. She emphasized that transparency across the entire pharmaceutical sector ranging from public-private investment in research, in HTA processes, between Member States, of clinical trials data and of pricing and reimbursement mechanisms is essential. Earlier access to promising medicines in adaptive pathways raises many concerns. Payers expressed the hope that the European Parliament report will encourage the swift uptake of the Council conclusions.

## PHARMACEUTICALS AND MEDICAL DEVICES

### CONCLUSIONS OF ADAPTIVE PATHWAYS INITIATIVE: STILL MANY CLOUDS ON THE HORIZON

3 August - The European Medicines Agency has just published a report on the EMA Adaptive Pathway pilot project launched in March 2014 which aims at launching drugs faster on the market. The report however fails to dispel doubt on the soundness of such initiative.

The final report of the Adaptive Pathways project was eagerly awaited but unfortunately couldn't wipe out the numerous concerns raised by public health stakeholders about the added value and possible consequences of faster drug marketing authorisations. The conclusions of the project fail to provide more



than assumptions on many crucial issues such as the lack of clinical data for the assessment of risk-benefit ratio or the collection of real world data after the drug conditional marketing. Furthermore, the report doesn't give clear and in-depth information about several tests or methods applied during the process because of the confidential nature of the information.

The report is available [here](#). The British Medical Journal and the German Institute for Quality and Efficiency in Health Care expressed their concerns about the conclusions of the initiative [here](#) and [here](#).

## ADAPTIVE PATHWAYS: AIM PRESENT AT DISCUSSION ROUNDS TO PRESENT PAYERS PERSPECTIVE

AIM participated in early July in two workshops organized as part of the IMI ADAPT-SMART project. That project aims to facilitate the development and introduction of so called 'adaptive pathways'.

AIM published recently a press release in which we presented some doubts regarding adaptive pathways. AIM has also concerns about this ADAPT-SMART project. The pharmaceutical industry has a very dominant role in this EU-funded project. AIM is nevertheless present at some of the activities organized under ADAPT-SMART, to be aware of the developments.

The first day of the workshop dealt with so called Managed Entry Agreements, specific contracts between payer and industry and post marketing data collection and registries. AIM will discuss these types of contracts in the next Pharma Working Group on 15 September. The second day was mainly dedicated to the presen-

tation and discussion of a conceptual framework developed by the project describing adaptive pathways. More information can be obtained from the AIM secretariat. The website of the project contains limited [information](#).

## IS THE FUTURE OF DRUG PRICING OUTCOME-BASED?

*The pharmaceutical industry looks at new ways of pricing its product, as a consequence to the global pressure on health spending. The number of pills or vials is no longer the reference but rather the improvement they bring to patients' health.*

Limited funds bring the most benefits if prices are based on clinical outcomes, states the industry. Such a shift has become evident and is already put into practice by some European countries for some treatments. The Swiss drug maker Novartis, for example, made a performance-based deal with two US insurers. The payment for its pill "Entresto" – a medicine used to reduce the risk of death and hospitalization in people with certain types of long-lasting (chronic) heart failure are calculated on basis of the proven reduction in the proportion of insurer's patients admitted to hospital for heart failure.

Such a new model nevertheless requires improvements in data collection and a close collaboration between drug companies and healthcare providers to develop systems able to capture and prove a medicine's added value.

Read the full [Article](#).

## HEALTH POLICIES

### THE NETHERLANDS

## HEALTH IN TRANSITION: THE DUTCH HEALTH SYSTEM UNDER THE MICROSCOPE

13 July – The European Observatory on Health Systems and Policies has published its traditional Health In Transition Report (HiT) about the Dutch health system. It provides an up-to-date assessment on the health system in general, on recent reforms and discusses future challenges.

The Dutch population benefits from an easy access to essential health care services while out-of-pocket payments are (although increasing) low from an international perspective. However, the Netherlands has one of the highest per capita health expenditures in Europe.

The Netherlands has carried out two major healthcare reforms in the last 10 years: the 2006 reform which implemented one universal social health insurance

and introduced managed competition in the health care system and the long term act in 2015. The latter reform tends to shift care from public delivery to more self-reliance of patients and leaves a broader role for municipalities. Whilst these reforms are ongoing, a particular point of interest is how effectively the new governance arrangements and responsibilities in long term care will work together. The report can be downloaded [here](#).

## INVESTING IN HEALTH: MOBILISING FUNDS FOR THE HEALTH SECTOR IN EUROPE

July 2016 - National health stakeholders, both from public and private sector, can get support from the EU while carrying projects aiming at strengthening health systems reminds the European Commission in a document published recently.

The EU provides with different options to get support such as the European Fund for Strategic Investments (EFSI), the European Investment Project Portal (EIPP) or the European Investment Advisory Hub (EIAH). The EU can support investment projects mostly in the following areas: Medical research, Innovative products & services, new models of for primary and integrated forms of care, e-health and medical education & training. For more information on the funding possibilities, please read the European Commission fact-sheet entitled: [Mobilising funds for the health sector in Europe](#).

## TACKLING CLIMATE CHANGE, THE GREATEST GLOBAL HEALTH OPPORTUNITY IN THE 21ST CENTURY

7 & 8 July - The second Global Conference on Health and Climate was organised in Paris, six months after the 21st Conference of the Parties (COP21) with the objective of looking at ways to "turn the expansive global objectives into tangible outcomes that improve the health of the people and the planet".

Actions taken on climate change are directly beneficial to health. To make those actions sustainable on the long term and for changes to be implemented, a plan for action is needed. Four concrete actions are proposed by the Lancet Commission as sine-qua-non ingredients to the "success-pie". Capitalizing on the co-benefits of reducing air pollu-



tion; building adaptable and resilient health systems; counting the costs of climate change and the financial gains in reducing pollution; and tracking the progress in a comprehensive and coordinated approach. More information [Here](#).

## BENENDEN PUBLISHES NATIONAL HEALTH REPORT

The report published by British AIM member Benenden Healthcare examines how effectively - or not - public health messages around healthy diets and lifestyles are reaching UK consumers and, in turn, how well those messages are understood and interpreted. It also takes a look at some topical questions around NHS responsibilities and funding. The results prove that while messages around healthy diet and lifestyles are getting through - particularly to younger consumers - there's still a lot of work to be done as it also found that the problem of "Drunkorexia (the habit of skipping meals in favour of binge-drinking) is now prolific in the United Kingdom. The study also highlights the widespread lack of awareness about basic dietary advice and the labelling of foodstuffs among the British population, which in turn



raises the question on how individuals can be encouraged to assume a greater personal responsibility for their health and well-being.

Read the [Report](#).

## OBS: INVESTING IN HEALTH LITERACY

*The Observatory on Health Systems and Policies (OBS) published a new policy brief on the co-benefits of investing in health literacy in education.*

With nearly 50% of Europeans having troubles to understand, identify and use health information, the consequences to citizen's health are unneglectable and improving the population health literacy skills has become a real challenge. To do so, targeting not only the health sector but also the education sector is highly important, which raises the issue of

intersectorial collaboration and of the difficult yet not impossible breaking of traditional silos. Investing in health literacy in schools contributes to better physical and emotional health of our younger generations, which in turn can pass the effects down to the next ones. The brief published by the OBS summarises the co-benefits of health literacy programmes for the education sector and the evidence on how to secure those benefits.

To find out more, read the [Report](#).

## eHEALTH

### 2021 SCENARIOS: HEALTH DATA UNDER CONTROL OF THE PEOPLE

Matthew Honeyman, researcher at the British charity "The King's Fund" shares his views about the possible benefits but also the potential threats which giving people control over their health data might represent.

The researcher brings us to 2021 to present us two scenarios. The first one relies on the crisis of confidence which has built up around sharing health data. By 2021, viewing that data, modifying it or restricting access to it will probably be done much easier, through a mere click. This click might have disastrous consequences for the future of health research. Good-quality information about patients is vital in the development of fairer and better healthcare systems; in research (for the development of

better treatments notably); and for charities, which need reliable data in order to help improve the whole system.

The other scenario is a much more optimistic one and probably the path to be taken. eHealth and mHealth represent a great potential in the gathering of health data and could greatly contribute to the development of good-quality care. For such data to benefit the whole system, citizens have to become comfortable and gain trust in the way their data will be used on the one hand; and on the other, the data must be properly handled and understood.

For the best scenario to become true, trust must be ensured, just as transparency.

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

## REVOLUTION OF THE DIGITAL ECONOMY, A CHALLENGE FOR SOCIAL SECURITY, INCLUDING HEALTHCARE

The benefits of digital economy and its advances to our lives are undeniable but the impact on social security in its

current state is significant and innovative responses will be necessary.

During the last century, the middle-class has grown stronger but inequalities have also increased and poor social conditions are still a reality. De-standardised work is increasingly common and it blurs the traditional lines between employer and employee. To answer these changes, new and adequate responses will have to be

found. Social security systems in particular will have to face the challenge: adapting to a system which no longer relies on the current model of contributions. On the other

hand, although they might seem liberating for some, these “new ways of working” also put further pressure on others, leading to

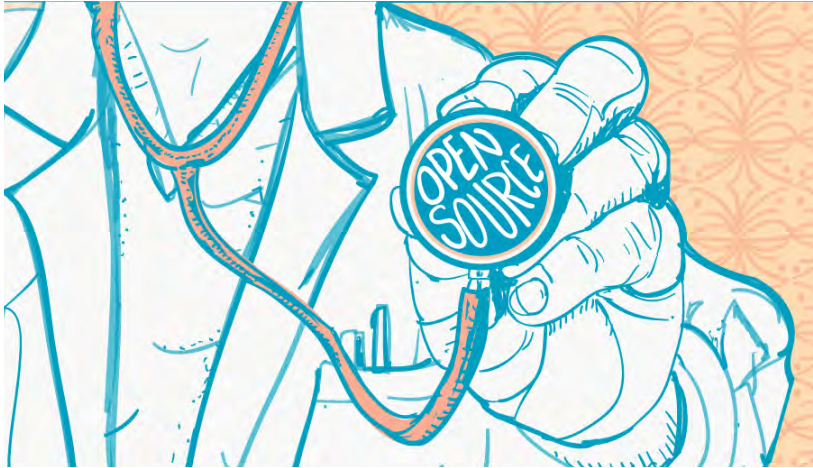
a growth of work-related psychosocial disorders, with consequences for both social security and its financing.

Some possible answers to the problem lie in a strengthening of person-centred prevention, the guarantee of universal protection, a better portability of rights and new forms of contribution collection.

The International Social Security Association (ISSA) will analyse some

of these issues at its World Social Security Forum in November.

Find more information [Here](#).



## INTERNATIONAL

### BURKINA FASO

### TRAINING MUTUALIST GOVERNANCE AND CHARTS OF ACCOUNTS FOR SOCIAL MUTUAL FUNDS

July - AIM Belgian partner MASMUT in collaboration with the French University of Versailles gave a 5 day training session about mutualist governance and accounting practices in Ouagadougou.

The session gathered over 50 participants: representatives from mutuals, civil servants from the Burkinabe Ministry of Labour and social protection and staff of partner organisations. Several modules dealt with all important aspect of the creation of a mutual from the feasibility study to accounting and medical control. This training is recognised by a university certificate.

The training session aims at sharing experiences and fostering transparent and efficient management of mutuals. More information is available [here](#) (FR).



## CALL FOR PROPOSALS, CONSULTATIONS

[Public consultation on the European Pillar of Social Rights](#)  
08.03.2016 – 31.12.2016

[Public consultation on the safety of apps and other non-embedded software](#)  
09.06.2016 – 15.09.2016

## STUDIES, VIDEOS, POSITIONS

[Commission's infographic on the safety of medicinal products in the EU.](#)

[Healthy Prices - Affordable Medicines for all](#)

[Business Europe's Position on The European Pillar of Social Rights](#)

## HEALTH EVENTS IN EUROPE

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### SEPTEMBER

**8**

20 years of Social Partnership for Europe's Citizens - organised by AEIP  
*in Brussels (Belgium)*

**8**

EPHA 7th Annual Conference: Drug-resistant infections/ antimicrobial resistance  
*in Brussels (Belgium)*

**14**

State of the Union address at the European Parliament  
*in Brussels (Belgium)*

**26-27**

AIM-EHTEL study trip "Partnerships for Innovation in Health Care: Hot Spots in the Euro-Mediterranean area"  
*in Palermo (Sicily - Italy)*

**28-30**

European Health Forum Gastein: Demographics and Diversity in Europe - New Solutions for Health  
*in Gastein (Austria)*

### OCTOBER

**6**

First European Compass on Mental Health and Well-Being  
*in Luxembourg (Luxembourg)*

**7**

European Medicines Agency: Public Hearing on Adaptative Pathways  
*in London (United Kingdom)*

**19-20**

EUnetHTA Pleanry Assembly  
*in Brussels (Belgium)*

### NOVEMBER

**10-11**

9 th European Public Health Conference All for Health - Health for All  
*in Vienna (Austria)*

**23-25**

AIM Board of Directors  
*in Paris (France)*