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PRESIDENT JUNCKER'S STATE OF THE UNION ADDRESS



According to some, his speech in the European Parliament was Juncker's most important speech ever. He spoke about terrorism, about Brexit, about a joint EU army, about refugees, about solidarity, but health and healthcare as such he didn't mention. Solidarity within Europe is more than a European Solidarity Corps, or EU states helping one another when there is a fire, an earthquake or an uneven distribution of refugees. Solidarity in the EU should also mean access to healthcare for all. After almost two years in office, Juncker announced for next year his vision for the future of the EU, on how to strengthen and reform the economic and monetary Union (including through a European Pillar of Social Rights). AIM hopes health and healthcare are then given the attention they deserve.

AIM AND YOU

OPEN LETTER ON THE STANDARDISATION OF HEALTH AND SOCIAL SERVICES

The members of ESIP and AIM, social security organisations, mutuals and health insurance funds, are following with great concern increasing efforts at European level for standardisation in the field of health and social services. In particular, recent requests for standardisation in quality of care for elderly people and patient involvement in person-centred care, as well as deliberations on standardisation in the field of healthcare within a CEN working group, represent a fundamental interference with existing national rules and medical guidelines developed by the competent institutions. Read [AIM-ESIP Open Letter](#).

A SPEEDING CAR, ON A HIGHWAY WITH CROSSROADS

The Secretary General of the Belgian Federation of Liberal Mutuality's, Mr Geert Messiaen, active member of AIM, continues to contribute to the discussion about the future of healthcare systems worldwide. He published this month his fifth book on the topic. With the title "Healthcare, a highway with crossroads" (for the moment available in Flemish only), Mr Messiaen addresses latest developments in the field of healthcare, the changing role of different actors in the sector and of healthcare mutuals in particular. The sector sees itself confronted to different challenges: an ageing population, an increase in the prevalence of chronic diseases and fast technological developments. Messiaen: "It is extremely important to look at how the functioning of the sector can be improved taking those changes into account". He adds: "It is of course nice that we can all live longer, but we cannot close our eyes for the challenges it brings". Messiaen sees a decreasing solidarity within societies, increasing health status differences between social classes, but also lots of possibilities to improve the lifestyles of many. If you wish to read the book, click [Here](#).

EUROPEAN AFFAIRS

COMMISSION

WHAT ABOUT HEALTH? 2016 STATE OF THE UNION SPEECH

14 September 2016 – According to some, his speech in the European Parliament was Juncker's most important speech ever. He spoke about terrorism, about Brexit, about a joint EU army, about refugees, about solidarity, but health and healthcare as such he didn't mention. Solidarity within Europe is more than a European Solidarity Corps, or EU states helping one another when there is a fire, an earthquake or an uneven distribution of refugees. Solidarity in the EU should also mean access to healthcare for all. After almost two years in office, Juncker announced for next year his vision for the future of the EU, on how to strengthen and reform the economic and monetary Union (including through a European Pillar of Social Rights).

Healthcare does not appear to be a major concern to Mr. Juncker. The President of the European Commission made no reference to health in its annual State of the Union Speech, only referring to planetary health and the pressing need to ratify the Paris Agreement.

A Europe that protects, preserves the European way of life, empowers our citizens, defends at home and abroad, and takes

TOP TWEETS



AIM @AIM_Healthcare · Sep 14

We knew he would mention solidarity, but did @JunckerEU talk about healthcare? We checked it: goo.gl/A14Rg2 #SOTEU2016 #SOTEU



AIM @AIM_Healthcare · Sep 16

European Pillar of Social rights is 2017 priority for @EU_Commission and @JunckerEU #socialrights #solidarity data.consilium.europa.eu/doc/document/S



AIM @AIM_Healthcare · Sep 16

EU spending on health is €1300 (!) billion per year. @EU_Commission presents 5 options to improve #HTA @EUnetHTA ec.europa.eu/smart-regulati ...



responsibility. Such are the actions stressed by the President and which are to be ensured in order to deliver a better Europe.

If it is true high unemployment and social inequities are punctually mentioned as unresolved problem, the President's address mainly focusses on the urge to create unity, the need to focus on Youth and to develop a strong social market economy, and the necessity to ensure the security and defence of the Union. Underlining the lack of union within the Union and referring to the growth of populism, Juncker calls for a strengthening of the values of freedom, democracy, the rule of law but also the free movement of workers. "Solidarity is the glue that keeps our Union together". The president announced the creation of Solidarity Corps to help people in need due to crisis situation (earthquakes, migration, etc.). Such an initiative is welcome by AIM but long-term and sustainable solutions also need to be found to enable a successful (re)integration of the people affected within society and ensure adequate living standards.

In order to address the root causes of migration, the President also announces an ambitious Investment Plan for Africa and the Neighbourhood, expected to attract public and private investment to create real job and prevent people from taking dangerous journeys in search of a better life. Here again, the solution only answers a very small part of the problem. Conflict is often what pushed individuals to flee. On the other hand, for immigrants which are already on European soil, other responses are necessary.

On other international matters, President Juncker describes CETA (the trade agreement between Canada and Europe) as "the best and most progressive deal the EU has ever negotiated" and an-

nounces that it is to be ratified as soon as possible. The trade agreement has however been criticised for the undemocratic way the negotiations have been held and the potential threat it represents to European citizen's health, which, once more, does not appear to be the main concern for the Commission.

The use of glyphosate in herbicides is another "hot topic" mentioned by Juncker. The agreement which fails to be reached between Member States on the ban of these substances is not to be reached by the Commission. According to him, the Commission's decision would then be undemocratic. No agreement is, for AIM, definitely not a solution either.

The development of digital technologies and digital communications, much needed by economies and our people, are another highlight of Juncker's address. His proposal to equip every village and city with "free wireless internet access around the main

centres of public life by 2020" is undoubtedly a key step forward. Apart from leading to a creation of over 2 million jobs by 2025, as promised and highlighted by Juncker in its speech, such a development also has a huge potential in enabling universal and access to healthcare, empowering citizens in becoming an important player in their own health(care) (and also of others), but also help ensuring the sustainability of healthcare systems which are the foundations of any healthy nation and whose principles of solidarity are, let us not forget, currently undergoing major pressure due to demographic changes and economic recessions. President Juncker announces a vision for the future in a White Paper to be published in March 2017 on how to strengthen and reform the economic and monetary Union taking into account the emerging political and democratic challenges. AIM truly hopes health is this time given the attention it deserves.

WILL TTIP TALKS STOP?

German and French leaders are criticising TTIP, the first stating that TTIP negotiations have failed, and the other saying that he wants to see negotiations stopped altogether. Both countries want to replace the original International-State-Dispute-Settlement by the new model – the international court system (ICS) which is based on pre-appointed judges. While France is interested in procurement, Germany wants higher data protection. The US is not really able to move because it is election year.

Nevertheless, TTIP negotiations are not very likely to stop. Commissioner Cecilia Malmström confirmed, that the European Commission will continue negotiating with the US. The US is also determined to continue with the negotiations although their hands are tied because Congress is not really moving.

However, most Member States are generally in favour of TTIP. The question is at what domestic price. European leaders will have a meeting to decide what to do next. End of September, a bilateral meeting between USTR Michael Frohman and Commissioner Cecilia Malmström will take place during the Bratislava council meeting on 22 and 23 September. They will have to come up with a new strategy.

Meanwhile, Germany will focus on the ratification of the Canada agreement CETA. Vice-Chancellor Sigmar Gabriel just got the back up of his Socialist party after the majority of SPD delegates voted in support of the EU's trade deal with Canada. The deal is supposed to be signed by the EU and Canada next month. However, each EU member state would then need to fully ratify the agreement for it to come into force. For the moment, Austria opposes a proposed free trade deal with the United States. Nearly 90 per cent of Socialists are said not to agree to CETA, according to the survey that was conducted by the party and recently published.

PHARMACEUTICALS AND MEDICAL DEVICES

SAFETY OF MEDICINAL PRODUCTS IN THE EU: COMMISSION PUBLISHED INFOGRAPHIC

The Commission has published an infographic on the way medicinal products are authorised and monitored in the EU. From clinical trials to falsified pharmaceuticals, the infographic provides its readers with relevant information on how medicinal products are

kept safe in the EU. Marketing authorisation, manufacturing, packing, distribution, retailers, advertising and pharmacovigilance are other aspects covered. More information [Here](#).

AMR, A GROWING THREAT TO GLOBAL HEALTH

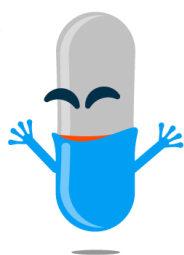
The European Public Health Alliance organized on 8 September an interesting conference about Antimicrobial resistance. AMR occurs when microorganisms (such as bacteria, fungi, viruses, and parasites) change when they are exposed to antimicrobial drugs (such as antibiotics, antifungals, antivirals, antimalarials, and anthelmintics).

Microorganisms that develop antimicrobial resistance are sometimes referred to as "superbugs". As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others. Reputable institutions like WHO and OECD have warned for AMR threatening our ability to treat common infectious diseases, resulting in prolonged illness, disability,

death and increasing healthcare costs. The Pharmaceutical Industry underlines the need for more and better incentives to increase research and development of new antimicrobial medicines, vaccines, and diagnostic tools. But more is needed. Antimicrobials are used too often, both in humans and animals. They should only be used where clinically relevant. We need diagnostics that tell us quickly if a patient needs an antimicrobial drug and look at alternatives for antimicrobial drugs (for example vaccines). And probably most important, we have to wash our hands and respect basic hygiene protocols, both in- and outside hospitals. AIM and its members should, can, do and will play a role in fighting AMR.

Read the full [Article](#).

To find out how it all works, follow
THE LIFE OF PILL



from the
clinical trial to
the use by a
patient.

HEALTH POLICIES

BELGIUM

BELGIUM TO TACKLE HEALTHCARE FRAUD

Belgium plans to tackle healthcare fraud more effectively in the future. Different procedures have been proposed and will have the possibility to be (further) developed: one of them is a resolution proposed by a member of parliament aiming at identifying inadequate prescription; the other is a project which is part of the 2016-2017 Action Plan put in place by the National Institute of Health and Disability Insurance (Inami) which will allow patients to denounce fraudulent behaviours, a project which faces much criticism...

Valérie Van Peel, federal member of the Parliament from the Flemish right-wing group N-VA, introduced a proposal of resolution aiming at fighting inappropriate prescriptions. The proposal aims at creating a contact point for "apparently inadequate prescription behaviours". According to her, the existing platform currently focusses only on social fraud committed by citizens. The new resolution would offer a clear source of information for controls and would guarantee the independence of medical advisors in charge of informing the Inami of any fraudulent activity. Another project, which is part of the 2016-2017 Action Plan put in place by the Inami to reinforce the healthcare control, is expected to give patients and doctors the opportunity to denounce medical overcharging, black payments or the obligation to opt for a single room for hospitalisation (for example) via an online form. These new points of contact are expected to enable savings which mount up to 25 million euros. The project is strongly criticised by the trade union of doctors (Absym) who claim that such a system would harm the relationship between patients and doctors. Moreover, Absym also lashes the healthcare organisation of Belgian mutuals. According to them, the insurer does not have the right to access information on patients' diagnosis as patient selection would then

become a real danger: "Mutuals sell insurances; they are part of many board of directors of hospitals; they manage hundreds of hospitals; etc. If there is fraud and overconsumption, they are as concerned as anyone". AIM asked Mr. Jean Hermesse, CEO of the biggest Belgian mutual (Christian Mutuality), his opinion on the issue. "I regret that some politicians and the trade union of doctors focus on one single action out of an overall program of 34 actions in order to fight fraud and inadequate prescription. The creation of a contact point to denounce medical malpractice is not the most important one. We first of all ask for more transparency because everybody knows daylight is the best prevention of fraud. So several actions of this program intent to relate patient diagnosis and medical prescriptions or services. This transparency can help in pointing out fraud and/or overconsumption. The Belgian Mutualities have interest in controlling healthcare costs as they are co-managers of the obligatory healthcare insurance scheme. It is completely false to pretend they are managing hundreds of hospitals. The reality is that they are present in the board of governors of a few hospitals and with the only mission to represent patients and the correct implementation of the compulsory health insurance. Those who refuse to work more on transparency do not help a rational and ef-

"We first of all ask for more transparency because everybody knows daylight is the best prevention of fraud."

Jean Hermesse, Secretary General of the Belgian Christian Mutualities

ficient system and at the end all health workers will be penalized equally because of the malpractice of some", reacted Hermesse.

FACTORS AFFECTING THE VOLUNTARY UPTAKE AND COMMUNITY-BASED HEALTH INSURANCE SCHEMES

The International Initiative for Impact Evaluation, an international grant-making NGO promoting evidence-informed development policies and programmes, has published a report highlighting the factors which affect the voluntary uptake and community-based health insurance schemes in low- and middle-income countries. Out-of-pocket spending covers most healthcare expenditure in developing countries. The solution proposed to the WHO to this inequitable and inefficient health financing situation has been to encourage Universal Health Coverage (UHC) notably through pooling mechanisms or prepayment. Community-based health insurance schemes (CBHI) based on the mutual operational model were identified as a way to enhance coverage. They allow to reduce out-of-pocket payments and to improve healthcare services. However, for CBHI to be scaled up as a social protection mechanism, progress needs to be made when it comes to attracting but also retaining new members.

The report analyses the factors to be taken into account and puts forward some recommendations: enhancing individuals' literacy on the insurance principle and CBHI more particu-

larly in order to build trust in the scheme; engaging the community in designing the benefit package; and ensuring flexibility in insurance payment modalities. If you wish to learn more about these and other suggestions, please read the [Full Report](#).

SHARED ECONOMY: FROM ENTHUSIASM TO VIGILANCE

"Pour la Solidarité", an independant European "think & do Tank" engaged in favour of a solidary and sustainable Europe, published a report on "collaborative economy" (also called Shared Economy). The concept is often used to describe a new economical paradigm through which citizens would open a new way of consuming and producing.

The world market is undergoing a major change under the impact of new technologies, wide access to the Internet and the broad development of social media and platforms. This transformation of market organisation in turn influence the labour market, which is consequently in need of a deep remodelling. Individuals are free to consume, produce, finance and access knowledge without limits.

New enterprises emerge, creating new forms of work and new relationships towards remunerated activities often in line with sustainable development, ecology, and universal access to material and immaterial goods. The traditional pyramidal model is altered and becomes obsolete when trying to regulate these new emerging collaborative economies which currently elude taxation.

This new type of economy represents thus opportunities but also challenges for the future of our societies. Ensuring social protection for new types of workers will be one of the main issues to be tackled in the future. Whether or not social protection systems will be able to properly adapt to this fast developing trend remains to be seen.

Click [Here](#) for more information on the report.

UK LAUNCHES CHILDHOOD OBESITY PLAN

18 August – The UK Government launches a plan to curb childhood obesity notably through a reduction of the amount of sugar in food and drinks and through the investment of millions of pounds into school sport.

Nearly one in three children aged two to fifteen are overweight or obese in the UK. As biggest source of sugar, sugary drinks are on top of the list. The Childhood Obesity Plan foresees a reduction of 20 per cent in the sugar used in products popular with children like for example sodas. Cutting sugar levels, making smaller portions and encouraging physical activity are the main actions to be developed under the new plan.

Brexit is expected to give the UK greater flexibility in determining its labelling scheme. It hopes to be freer to determine what information is to be displayed on packaged food and drinks and to make it clearer, for example “using teaspoons of sugar”.

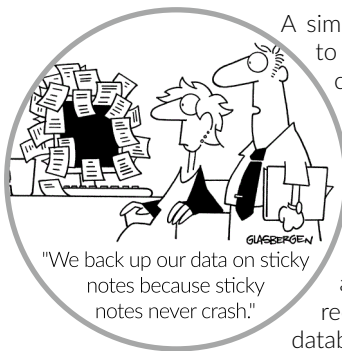
Find out more [Here](#).

HEALTH

THE UK

UK: SELLING DATA WITHOUT PATIENT CONSENT?

The British government has been accused of considering plans to sell patients' data without their consent in its new guidelines on how to handle patient data which include a recommendation that all patient data to be collected.



A similar scheme allowing primary care data to be gathered and shared in order to access care standards (called care.data) was dropped a few months ago as alarm was raised over the lack of transparency on what would be shared and to whom and over poor consent. The new Scheme is, according to its opponents, expected to go further as it excludes any “opt-out” and allows primary care records to be collected and stored in one database run by NHS Digital. In their opinion, such a procedure would thus not take the 1.2 million citizens' wish not to have their data passed on into account. “NHS Digital would then be able to do as they please with private confidential information”, say privacy campaigners. The government, which launched a consultation closed on 7 September, defends itself by ensuring that data will be anonymised and shared only in patients' best interests “where there is a clear health or care purpose”, a promise to be guaranteed by a strong legal framework. The Digital Economy Bill introduced in Parliament in July 2016 is seen as an opportunity to legitimize the process of healthcare records. Some campaigners call for full transparency and consent to be given priority, others reject any proposal to sell patient records.

A petition was launched in this sense, which already gathers 64,840 signatures. The Bill is expected to be formally approved by the end of Spring 2017, after going through the House of Commons (autumn 2016) and the House of Lords.

Find out more [Here](#).

SWITZERLAND

SWITZERLAND: HEALTH DATA SOON UNDER CONTROL OF PATIENTS

The federal law on electronic patient records, voted on 29 June 2016, will come into force in 2017, allowing patients not only to access their data stored on an online electronic file, but also to modify or add health information themselves.

A project of patient electronic file had already been set in Geneva, forerunner in the field. This project (“[MonDossierMedical.ch](#)”), together with the new law, is expected to enhance communication in the health system and to further empower patients, who will become an important player, right next to the doctor. Some weaknesses have nevertheless been identified regarding data safety. These will have to be solved if the project is to be broadened to a federal scale. Switzerland also aims to become part of the Cross Border eHealth Information Services network, which enables different data systems' interoperability. For more information, please read the [Full Article](#) (FR).



ROBOTS ARE COMING TO HELP

The European Cooperation in Science and Technology (COST) has announced the publication of guidelines for the use of robots in the assessment of patients later this year.

The shortage of healthcare professionals and the growing demand due to the ageing of the population call for innovative solutions which, according to COST, can be found in the development of robotics. At the moment, robots can provide locomotion training to people requiring rehabilitation following neurological diseases. They can also motivate patients through virtual technologies and serious gaming. However, barriers exist when it comes to the implementation of the use of those technologies on a large scale, amongst which the structure and funding of healthcare systems. The inclusion of all relevant stakeholders seems key in the future development of robotics and of their use. Healthcare payers should undoubtedly be part of the discussion. Find out more on COST Action [Here](#).



INTERNATIONAL

DATA GAP PREVENTS AFRICAN COUNTRIES FROM MAKING INFORMED POLICY DEVELOPMENT DECISIONS

Evidence-based research and good-quality data are essential when it comes to developing, planning and evaluating economic and social policies. A lot of African countries -just like many Europeans- currently lack accurate, timely and widely available data.

Solving social and economic problems is only possible with the strong basis of statistics. However, in a country like Nigeria, one of Africa's largest economies, decisions were for long based on inaccurate and obsolete data. Indeed, the country became the biggest economy in Africa overnight in 2014, when the calculation of the Gross Domestic Product was changed and carried out again. This calculation which is theoretically to be done every three or five years had not been carried out for decades, meaning that all policy decisions had been based on data which was neither timely nor credible. In such context, the effectiveness of existing policies becomes very hard to prove.

For the situation to improve, Donatien Beguy, Head of Statistics and Surveys Unit (SSU) at the African Population and Health Research Center, identifies four main reasons to this lack of data: "the lack of autonomy and stable funding for national statistical systems; misaligned incentives contributing to inaccurate data; the dominance of donor priorities over national policies; and limited access to and usability of data". For these challenges to be overcome, more and different funding is necessary, just as the creation of institutions which can produce accurate and unbiased data. Prioritizing accuracy, timeliness, relevance and availability is also key.

For more information, read Donatien Beguy's [Article](#).

CALL FOR PROPOSALS, CONSULTATIONS

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

PLANNED

Public consultation on the 3rd Health Programme & the results of its mid-term evaluation
September 2016

Commission Implementing Directive on General Manufacturing Practices for medicinal products for human use
October 2016

STUDIES, VIDEOS, POSITIONS

[New Health Systems in Transition \(HiT\) report for Roumania](#)
[European Observatory](#) – 20.09.2016

[The Lancet Global Health – Health in times of uncertainty in the eastern Mediterranean region. 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013](#)

HEALTH EVENTS IN EUROPE

OCTOBER

6

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

6-7

Ageing and Society: Sixth International Conference
in Norrköping (Sweden)

7

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

11

Annual Health Care Summit (Politico)
in Geneva (Switzerland)

19-20

EUnetHTA Plenary Assembly
in Brussels (Belgium)

NOVEMBER

10-11

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

23-24

AIM Board of Directors Meetings
in Paris (France)

25

AIM International Conference on Financial Regulation for Healthcare Mutuals
in Paris (France)

DECEMBER

1

Outside in Series: Transforming Healthcare with Disruptive Innovation (Politico)
in Brussels (Belgium)