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Social Investment

Commission publishes Social Investment Package



Clinical Trials

Consideration of Draft Report on Clinical Trials



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Medical Devices

Results of the Hearing on Medical Devices

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Next Meeting and visit dates

12-13 March	E-health study Trip to <i>Barcelona</i>
13 March	Cocktail in the European Parliament on the European Mutual Statute <i>Strasbourg</i>
18 March	European Affairs Working group
22 March	Pharmaceuticals and Medical Devices Working group
13-14 June	General Assembly and board Meetings <i>Gent</i>

AIM launches its new Website:



Visit www.aim-mutual.org
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➤ *AIM Activities in February*

Working Groups:

27 February: Mutuels Working Group at AIM

Events:

On 21 February, AIM attended the Workshop "Strengthening Health in times of Economic crisis"

On 22 February, AIM attended the Workshop Priority Medicines for Europe and the World 2013 (WHO)

On 26 February, AIM attended the Workshop on Medical Devices at the European Parliament

➤ *Members' news*

- Change of Name:

AIM's Croatian Member, the HZZO, the "Croatian Institute for Health Insurance", CIHI changes its title in English as the „Croatian health insurance fund“, CHIF. The mission of the HZZO remains identical.

- Article on the European Mutual Statute

Read about the European Mutual Statute in Benenden's dedicated [article](#):

"Proposals for a European Mutual Statute backed by healthcare mutual benenden health"

European Institutions

➤ *EU Council and Presidency*

EPSCO Council: Conclusions of the last EPSCO council on 28 February

Ministers for Social Affairs and Health discussed the Social Investment Package, the "Youth guarantee": helping young people to enter the labour Market, and also the 2013 European semester, political guidance for employment.

On the Topic of the Working Time directive, the Commission briefed the Council on the outcome of the negotiations between the social partners. There is an obligation for the Commission to consult the social

partners before proposing EU social policy legislation. The social partners, however, did not reach

an agreement on this issue. The Commission is now considering possible ways forward.

For more information, read the Council's [Press Release](#).

On 4 March, an Informal Meeting of Health ministers should focus on Tobacco, children's health and patient safety.



➤ *European Commission*

Social investment: Commission urges Member States to focus on growth and social cohesion

On 20 March, the European Commission published its Social Investment Package.

The overall aims of these 9 documents are summarised by the Commission as ensuring that social protection systems respond to people's needs, encouraging simplified and better targeted social policies, to provide adequate and sustainable social protection systems and upgrading active inclusion strategies in the Member States.

The package is presented by the Commission as one of its answers to the crisis. Commissioner for Social Affairs Laszlo Andor declared for example: "Social investment is key if we want to emerge from the crisis stronger, more cohesive and more competitive". The Social Investment Package is composed of 9 documents in total ([link](#)).

-The [Communication](#) on Social Investment

-A [Staff Working Document on Investing in Health](#), containing strategies to improve the efficiency and effectiveness of health systems in a context of tighter public healthcare budgets and discussing how health can contribute to increasing human capital and social inclusion;

-A [Staff Working Document on Long Term Care](#), presenting challenges and policy options;

-A Staff Working Document on confronting homelessness,

-A Staff Working Document outlining how the European Social Fund will contribute to the Social Investment Package.

- A Commission Recommendation on 'Investing in Children'
 - A Staff Working Document containing evidence on demographic and social trends and social
 - A Staff Working Document on Active Inclusion for people excluded from the labour market
 - The 3rd **Biennial Report on Social Services of General Interest** to help public authorities and stakeholders understand and implement the revised EU rules on social services.
- See the [Press Release](#) with a [Video of Commissioner Andor](#), Commissioner for Social Affairs.

Social Investment: Long-term Care in ageing Societies

The [Staff Working Document](#) highlights that it finds that there is a need for a longer-term strategy of social investment combining policies of prevention, systematic productivity drives in care delivery and promotion of independent living. The role that the EU sets itself is to enable mutual learning between states as Long-term Care policies vary widely from state to state. The SWD therefore examines how long-term care needs may develop given the trends in demography and health. It describes the diversity of LTC provision across the EU and discusses the strengths and limits of present LTC approaches from a social protection perspective.

Differences among member states depend on the relative weight of formal and informal care and on the way formal care is organised, financed and delivered (e.g. as home care or institutional care).

In most member states, long-term care is mostly financed by individuals. The report concludes that *“Expanding formal services, leading to higher public expenditure, will result in hitherto hidden costs becoming visible, with social protection to cover long-term care being developed to share the risks of disability in old age more equitably. Importantly, it will not be possible to ensure equality of access to long-term care, guarantee its quality or develop productivity unless most of the current informal care is lifted into the formal sector”*.

The Commission looked at future initiatives such as: a report of the Social Protection Committee on Innovative approaches to social protection against LTC risks and a project of the Institute for Prospective Technological Studies (from the EU Joint Research Centre) to produce guidelines for the Member States to design long-term care strategies.

Social Investment: “Investing in Health”: Health spending is 'growth friendly' expenditure

As part of the social investment package, the “Investing in health” Staff working document (SWD) places health within the Europe 2020 strategy.

The key message of the Commissioner is to say that *“health expenditure is growth-friendly expenditure”* while repeating that more cost-effectiveness is essential if the European countries want to face the demographic, social and economic challenges ahead.

The document outlines three main areas of action: sustainable health systems, healthy people as human capital and reduction of health inequalities.

Under Sustainable health systems, cost-effective measures proposed are: prevention, use of generics, use of Health Technology Assessment, financial incentives to encourage patients to register with a general practitioner, introducing activity- and/or quality-based payment for diagnosis-related Groups among others.

In the second area of action: improving employability with healthy people, key priorities are patient empowerment and active ageing and health workforce.

For the third area, the reduction of health inequalities, the Commission outlines that *“a multisectoral approach is required”* with a focus on the less advantaged groups.

Read the full [Investing in Health](#) SWD.

State aid: Commission publishes updated Guide on services of general economic interest (SGEI)

On 18 February, the European Commission published an updated guide to explain how EU rules in the fields of state aid, public procurement and the internal market apply to services of general economic interest (SGEI).

Originally published in 2010, it has now been revised to take account of the new state aid rules on SGEI that the Commission adopted in December 2011 and April 2012 - the so-called "Almunia" Package. The guide provides detailed explanations on the scope of Member States to define SGEI, the requirements for the legal act that entrusts the provider with the SGEI and the rules on how the provider can receive compensation for the provision of the SGEI. Under the new rules, a public service compensation of an amount below €500,000 per undertaking over three years is deemed free of state aid. In addition, social services are exempted from the obligation of prior notification to the Commission, regardless of the amount of the compensation they receive. All other SGEIs are exempted provided the compensation amount is less than €15 million a year. Read the [Press Release](#).

Tobacco in the EU: Exposure to second hand smoke reduced, but still too high, says Commission report

On 22 February, the commission published a [Report](#) on the implementation of the Council Recommendation of 30 November 2009 on Smoke-free Environments.

The report dispels concerns about smoking bans impacting negatively on the revenues of bars and restaurants, by showing that the economic impact has been limited, neutral and even positive over time. However, the report also illustrates that some Member States are lagging behind, in terms of comprehensive laws protecting public health, and enforcement. Tonio Borg, European Commissioner for Health and Consumer Policy, said: *"The report published today shows that Member States have made steady progress in protecting their citizens from second hand smoke. Citizen's exposure to smoking, however, still varies widely across the EU and there is a long way to go to make "Smoke Free Europe" a reality. I urge all Member States to step up their efforts to enforce legislation, commend those who have adopted ambitious smoke free laws and urge the others to follow-suit"*.

Exposure to second hand tobacco smoke is a wide-spread source of mortality, morbidity and disability in the EU.

According to conservative estimates, more than 70 000 adults in the EU died due to exposure to tobacco smoke in 2002, many of them non-smokers or employees exposed to second hand smoking at their workplaces.

See the [Press Release](#).

Statistics: European Health Interview Survey

The Council took a step to have consistent EU-wide statistics on public health and health and safety at work, based on the European Health Interview Survey (EHIS) with the Commission Regulation 141/2013 implementing Regulation 1338/2008 (Regulation on Community statistics on public health and health and safety at work).

On 19 February the Council adopted this regulation which will require member states to transfer data on a sample of its citizens by 2015. Health data will include on Self perceived general health, Long-standing health problems, work absence, visits of practitioners, unmet healthcare need, and access to healthcare among many other parameters.

See the [Implementing Regulation](#).

➤ **Pharmaceuticals and Medical Devices**

Clinical Trials: Consideration of draft report on Clinical trials

AIM published its [position](#) on Clinical Trials together with the Medicines in Europe Forum, The International Society of Drug Bulletins and Wemos, a Dutch NGO and Rapporteur gave the first lines of her Report.

Clinical trials are studies on humans aimed at testing the safety and efficacy of medicines. The [Draft Report](#) of Glenis Willmott (S&D, UK) was discussed in the ENVI Committee on 19 February.

MEPs pointed that the Ethics Committees should have a more important place in the report. On the topic of transparency: there are two strands in the debate those who favour publishing raw data and those who prefer having only the summary of the trial public, while the Rapporteur proposes as a compromise to publish the Clinical study report. Regarding timelines, the rapporteur has proposed to stick to timelines of the Commission.

AIM and its partners want to point out to the necessity for more transparency, for a clarification on definitions and the need to keep former definitions; the need to better protect trial subjects with limitation for the new 'low-intervention' clinical trials. More information on Clinical trials on the [page](#) of the Commission

Medical Devices: ENVI Workshop on "Medical devices and In Vitro Diagnostic Medical Device"

On 26 February the Parliament held a Workshop on Medical devices and In Vitro Diagnostic (IVDs) in the context of the current review of the dispositions.

The workshop was chaired by MEP Roth-Berendt (S&D, DE) and MEP Liese (EPP, DE) the rapporteurs on the Medical Devices Regulation and on the In Vitro Diagnostic Medical Devices.

The workshop part on Medical devices was divided into 3 topics and roundtables: The system of approval of medical devices, definition of single-use devices and reprocessing and finally the system of notified bodies.

In the first roundtable, the topics of Pre-market approval, preliminary control procedures and classification were discussed. The Rapporteur concluded from the discussions with the industry, the Commission, doctors, consumers and the European Medicines Agency that many elements of the Commission proposal should be reviewed.

Reprocessing, the topic of the second roundtable showed more consensus among stakeholders with the conclusions that the same norms of security should apply to Single-Use Medical devices and multiple use medical devices.

In the third panel on the expertise and structure of notified bodies the IDF (International Diabetes Forum), ESIP (European Social Insurers Platform) and the BMJ (British Medical Journal) concluded that more evaluation of Notified bodies are needed and for some actors also a remaking of the system.

Read the [Agenda](#) of the Workshop.

➤ **Mutuals and Social Economy**

European Mutual Statute: Adoption of the Own-Initiative Report on the European Mutual Statute

On 14 March, the European Parliament will vote on the Own-Initiative Report on the European Mutual Statute in plenary sitting. This vote marks the end of the process of the text in the European Parliament. AIM members decided to organise a Cocktail on 13 March in Strasbourg with MEP Pervenche Bérès (S&D, FR) on the European Mutual Statute.

To register, e-mail the [Secretariat](#).

European Mutual Statute: Commission publishes Public Consultation on Mutual Societies

The Commission is starting a public Consultation on Mutual Societies. All mutuals and federations are invited to reply to the public consultation.

In some states, health mutuals and insurance mutuals are not allowed to operate due to the lack of existing legal framework, and have limited possibilities for cross-border activities with mutuals in other countries. The study contains details on characteristics, legal frameworks, corporate governance, and economic importance, as well on barriers that these enterprises face in Europe, when they wish to engage in activities across borders or to create groups. Period of consultation will be from 11 March to 14 June 2013. The [questionnaire](#) of the Consultation is already available.

Follow all news on the European Mutual Statute on Twitter under the Hashtag (Key word) **#EUMutualStatute**

Health and Long-term care

➤ **Trends in health system**

WHO Europe: Intersectoral coordination and disease control at points of entry: critical to avert and control health crises

European countries have identified intersectoral coordination and disease control at international airports, ports and ground crossings (points of entry) as critical to ensuring their effective implementation of the International Health Regulations (IHR). This would help avert and control health crises, such as the influenza pandemic and the recent outbreaks of foodborne disease and of measles affecting many European countries.

This was the main conclusion of over 100 participants from 50 IHR State Parties, who gathered in Luxembourg on 26–27 February 2013 to discuss the achievements and remaining challenges in the WHO European Region in improving preparedness for and response to health crises under the IHR.

More information on the WHO Europe [website](#)

WHO Europe: Using health services must not break family finances

High-level officials from health and finance ministries in 27 countries met on 18-19 February in Geneva and discussed universal health coverage.

Experts strongly supported the ideas underlying universal health coverage – that all people, irrespective of ability to pay, should have access to the health services they need, without putting their families at financial risk.

The participants agreed that establishing political commitment to universal health coverage at the highest level was essential. They identified key areas requiring particular focus in order to achieve universal health coverage such as affordability of healthcare, addressing shortages in human resources; improving information systems and monitoring progress.

You can find more information on the meeting on WHO [website](#).

➤ **Call for proposals**

Horizon 2020: Call for expressions of interest for Experts for Horizon 2020 Advisory Groups

http://ec.europa.eu/research/horizon2020/index_en.cfm?pg=h2020-experts

EIP AHA: New round of Invitations for Commitment launched: your chance to join in the work of the European Innovation Partnership on Active and Healthy ageing

<https://webgate.ec.europa.eu/eipaha/news/index/show/id/302>

➤ **Studies**

European Health observatory: Building European reference networks in health care. Exploring concepts and national practices in the European Union

<http://www.euro.who.int/en/what-we-publish/sections/latest-books/building-european-reference-networks-in-health-care.-exploring-concepts-and-national-practices-in-the-european-union>

EU Commission: General Report on the Activities of the European Union 2012 (Health, p.120, 121)

http://europa.eu/generalreport/pdf/rq2012_en.pdf

Ecorys (EU Commission): Study on European Cooperation on Health Technology Assessment: Economic and governance analysis of the establishment of a permanent secretariat

http://ec.europa.eu/health/technology_assessment/docs/study_ecorys_european_cooperation_hta_en.pdf

Eurostat: Healthy life years in 2011

http://europa.eu/rapid/press-release_STAT-13-35_en.htm?locale=en

Worldbank: 22-country study of universal health coverage

<http://www.worldbank.org/en/news/press-release/2013/02/14/World-Bank-Group-releases-22-country-study-of-universal-health-coverage>

Health events in Europe

- | | |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4-5 March | <i>Council:</i> Informal meeting of Health Ministers
Agenda is expected to focus on patient safety and MS experience with policies, childhood obesity, children with learning disabilities (particularly autism) and the impact of the crisis |
| 4-8 March | Conference “ EU Science: Global Challenges, Global Collaboration ”
Including 50 Year Roadmap for the Future of Medicine
European Parliament, Brussels, Website of the event |
| 12 March | London School of Hygiene & Tropical Medicine: Health in times of transition in nine former Soviet countries
Brussels, Anderlecht, Register |
| 14 March | AIM Member IKK Event „Krankenhauskeime: Schicksal oder ignorierte Gefahr?“
Member event (“MRSA, a Fatality or an ignored danger?”)
Berlin, Germany, Invitation |
| 26 March | Eurohealthnet Workshop on “Applying EU Structural Funds for greater Health Equity”
Brussels, Committee of the Regions, Register |
| 13-15 May | eHealth week
Dublin, Website of the event |
| 19 April | AIM Member Socialist Mutuality (UNMS)’s 100th Anniversary
Member event Brussels |
| 20 – 21 June | EPSCO Council |

The monthly AIM Flash is compiled by Blandine Cassou-Mounat.

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

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