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US [#healthcare](#) system wastes approx. \$375 billion annually in paperwork. [cnb.cx/1B0VBkD](#) What about the EU?

[Voir la traduction](#)



Health Insurers: Possible Saviours of our Health Systems? [bit.ly/1zfCK2m](#)

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02:00 - 29 janv. 2015



The positive contribution made by [#mutuals](#) to growth and [#healthcare](#) [@benendenhealth](#) [bit.ly/15IHu6j](#)

[Voir la traduction](#)

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05:19 - 29 janv. 2015

Health for all. Everywhere. Universal Health Coverage Day to be celebrated on 12 December

On 12 December 2012, the United Nations endorsed a resolution urging all countries to provide universal access to healthcare without financial hardship. The date is celebrated every year to applaud progress towards health for all and hold leaders accountable.

Worldwide, 1 billion people lack access to basic healthcare or to medicines. 100 million people fall into poverty every year trying to access needed services. Universal Health Coverage Day calls for universal health coverage to be considered as a priority by the sustainable development agenda and by all nations. AIM has joined 350+ organisations around the world to launch the first-ever Universal Health Coverage Day on 12 December 2014.

For more information, visit the [Website](#).

Some Events AIM attended

30 January 2015: Annual *Prescrire* Conference on the pricing of new medicines

28 January 2015: Final conference of the Social Entrepreneurship Network, Committee of the Regions

27 January 2015: Launch of 2014 Euro Health Consumer Index (EHCI), Health Consumer PowerHouse

20 January 2015: GAMIAN Interest Group on Mental Health, European Parliament

20 January 2015: Hearing on Protecting Trade Secrets, European Parliament

European Institutions

➤ *European Commission*

EU Commission presents its Report on ISDS Consultation

13 January – The Commission presented the results on the consultation on investor-to-state dispute settlement (ISDS) in the Transatlantic Trade and Investment Partnership (TTIP) which took place between 27 March and 13 July 2014 in order to assess and develop a possible “EU approach”.

The consultation's general objective was to seek for feedback on whether the proposed approach would achieve “a right balance between protecting investors and safeguarding the EU's and Member States' right and ability to regulate in the public interest”. Despite the efforts of Cecilia Malmström, Commissioner for Trade, to reassure Europeans - “[The TTIP agreement which is being negotiated will be] good for citizens- good for growth and jobs here in Europe- [...], “and would help us protect our strict standards.”-, the consultation has clearly shown a huge scepticism against the ISDS instrument.

From the almost 150,000 replies, one third indicated opposition to or concerns around TTIP as a whole and another third around ISDS in particular. The remaining replies commented on the proposed approach by providing broad and divergent views. From these answers, the Commission identified four main areas which were of particular importance to respondents and which will be subject to further exploration: the protection of the right to regulate; the establishment and functioning of arbitral tribunals; the relationship between domestic judicial systems and ISDS; and the review of ISDS decisions for legal correctness through appellate mechanisms. The Commission plans to organize a number of consultation meetings with EU governments, the European Parliament and different stakeholders on these particular areas of concern in the first quarter of 2015.

For more information, please read the Commission's [Report](#).

EU Pharmaceutical Committee to establish Expert Group

9 January – The Expert Group STAMP established by the EU Pharmaceutical Committee held its first meeting on 27 January in Brussels, with as main aim to speed up access to medicines.

The Expert Group on Safe and Timely Access to Medicines to Patients (STAMP) is born as a response to increasing calls for earlier access to affordable and safe medicines for patients. Its main aim will be to advise the Commission on the implementation of pharmaceutical regulation and policies -amongst others- and to analyse the initiatives and experiences in different Members States. For the latter, the Expert Group embodies an opportunity for their voice to continue being heard at European level.

Adaptive pathways – a more phased approach to getting medicines to patients- will be the main point on STAMP's agenda and, more particularly, the assessment of a pilot project carried out by EMA on these.

In the long run, Member States hope the Expert Group will not only lead to a decrease of development costs and, consequently, of final costs of medicines, but also promote innovation.

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

EU trade secrets directive threat to health, environment, free speech and worker mobility

6 January – In an open statement released end of 2014, AIM and its partners spoke against the EU directive on trade secret and called for greater protection of patients and consumers.

The directive, currently discussed in the Council of ministers and the European parliament, foresees a very broad definition of 'trade secrets' which offer high protection for companies when their trade secrets are concerned. In the fields of health, pharmaceutical companies argue that all aspects of clinical development should be considered a trade secret.

This new provision will impede the access to biomedical research data, notably data on drug efficacy and adverse drug reactions. Access to such data is essential to assess therapeutic added value and save public money as well as ensuring patient safety. The proposed directive should not obstruct recent EU developments to increase sharing and transparency as foreseen in the clinical trial directive adopted in April 2014.

➤ **Council and Presidency**

Latvian Presidency priorities discussed by EP committees

22 January - The priorities of Latvia's EU Council Presidency have been discussed in the various parliamentary committees.

In the ENVI committee, safety, health at work and gender equality issues will be the Presidency's key priorities. The health Minister Guntis Belēvičs intends to begin negotiations with the European Parliament on reforming EU regulations on medical devices and in vitro diagnostic medical devices. He recognized that there were many areas where the Council still has to find an agreement in the field. Find out more [Here](#).

For information: Medical devices are being discussed by the Council since 2012, while the European parliament already set out its position in April 2014. The Lithuanian Presidency has identified the file as one of its priorities. It remains nevertheless ambitious to expect an agreement in the council before the summer.

➤ **European Parliament**

Commission's 2015 work programme: no resolution adopted

12 January - MEPs voted on seven draft resolutions dedicated to the 2015 work programme setting out the Commission's priorities for the 12 months ahead. None of the resolutions won the necessary majority to be adopted. The European Commission's 2015 work programme will then be deployed without any input from the Parliament. Find the proposed resolution [Here](#).

2015 European Year of development and cooperation: April dedicated to health

9 January - The EU has dedicated the year 2015 to development cooperation and aid. The whole year is divided into [thematic months](#).

It starts in January with "Europe in the World" and concludes in December with "Human Rights". April will be dedicated to health, a good opportunity to show the role of mutual societies as key development players in the field of social protection. Concretely, the year will consist of public events, definition of new calls for projects, forums and thematic hearings organized by the European Parliament. An official opening event took place in Riga, Latvia, on 9 January. An important forum will take place in Brussels on 3-4 June at which focus will be put on how member states and people can help to eradicate poverty and defend human rights worldwide.

➤ National Health Policies

Poland: facing the Challenge of an Ageing Society

Just as many European Member States, Poland is currently facing rapid societal changes. According to the EU Commission's "Ageing Report", should the situation remain unchanged, half of the population will be retired in 50 years' time.

The problem thus constitutes a real burden for the Polish healthcare system and keeping people at work is considered as a priority. The Polish government has already undertaken some measures such as moving the retirement age to 67 or building a roadmap in favour of a healthy and active ageing society. However, doubts arise on whether these measures will be sufficient. Filip Raciborski, vice-president of the Polish foundation for healthy ageing, has developed his own vision on the issue: for policy changes to be effective, not only should they focus on keeping the population active, but also on the inclusion of people suffering from chronic diseases into society and the workforce more particularly. Such measures would, according to him, benefit not only patients themselves, but also the economy as a whole. In line with his beliefs, the vice-president has been coordinating a project which promotes the inclusion of people with long-term diseases. The project started by collecting data in order to enable the development of a pilot programme based on e-learning methods and meant to educate for example employees about health at work.

In Poland, 25% of the 6 million economically inactive people suffer from an illness or a disability. It is then important, according to Mr. Raciborski, to consider them as individuals who are able to work. The success lies in the inclusion of all actors in society, in more pro-health education, early diagnosis and rehabilitation.

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

Wales: Children experimenting with E-cigarettes

3 December – The latest Childhood Exposure to Tobacco Smoke study commissioned by the Welsh Government shows that 6% of 10 to 11-year-old children report having used an e-cigarette.

The CHETS Wales 2 study assesses the impact of the smoke-free legislation in Wales on children's exposure to second-hand smoke. The findings show that while, for example, exposure to smoke in family vehicles has dropped, an alarming new form of experimentation with nicotine seems to have emerged through the use of e-cigarettes.

The Government put forward proposals in the Public Health White Paper to bring the restrictions in the use of e-cigarettes in line with the ones of conventional tobacco consumption. The World Health Organisation and other international bodies have already called for greater regulation on for instance the use of e-cigarettes in public spaces and bans on sales to children and young people. For more information on the study, read the [Article](#).

➤ eHealth

mHealth: Results of the Consultation published

12 January – The European Commission published the results of the public consultation on mHealth which was open from 10 April until 10 July 2014.

The 211 responses gathered provided view on 11 issues related to the uptake of mHealth in the EU: data protection; big data; state of play of the applicable EU legal framework; patient safety and transparency of information; mHealth role in healthcare systems and equal access; interoperability; reimbursement models; liability; research and innovation; international cooperation; and access of web entrepreneurs to the mHealth market.

The consultation revealed that there is a strong concern around privacy and security, with 50% of respondents calling for a stronger enforcement of data protection and of the rules applicable to mHealth services, in order to build, amongst others, users' trust.

Despite some warnings against the risks of over-regulation, nearly half of the responses highlighted the need for more patient safety and transparency of information.

One third of the respondents called for the clarification of "performance and safety

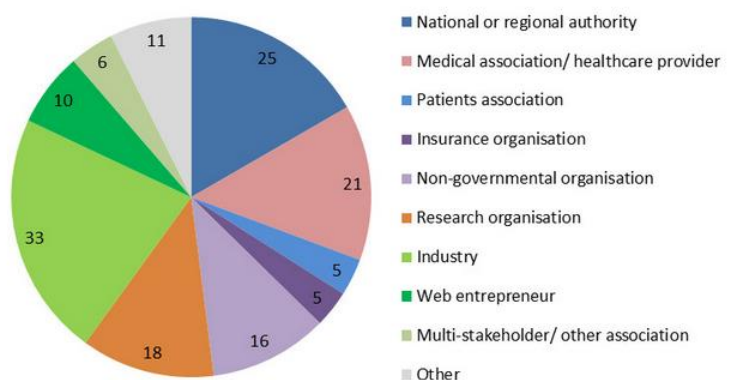


Figure 1: Overview of the Respondents

requirements and liability rules applicable to lifestyle and wellbeing apps through legislation, self-regulation or guidance”.

Despite recent statistics which showed that national and EU funding initiatives in the field are being fruitful, 20% of responses asked for more evidence on the cost-effectiveness of mHealth.

Finally, some respondents also stressed the necessity of a greater involvement of healthcare professionals in the design of mHealth solutions. For more information on the results, please read the [Article](#).

➤ **Trends in health systems**

Universal Healthcare, no more excuses!

While universal healthcare (UHC) constitutes a social objective in most countries around the globe, poverty is often used as an excuse to its implementation. In his Article published in “The Guardian”, Amartya Sen bases himself on concrete cases of success in poor countries in order to state his case: UHC is an affordable dream.

The examples described in the article (Thailand, Bangladesh and Rwanda) highlight the ingredients which are key to success: political commitment to UHC, good administration in healthcare, effective school education for all and a greater involvement for women.

But not only does Amartya Sen give examples. His article states strong arguments against the idea that poor countries cannot provide UHC, the first of which is the “price of labour”. Basic healthcare demands an intensive labour activity, which, in developing countries, can be provided at reduced costs as country wages are lower. Her second argument is that UHC brings greater equity and larger overall health achievements for the nation. It is not about how much healthcare is provided but about what is affordable within the country’s means. According to the writer, this cannot be left to peoples’ ability to buy medical services as it would negatively impact the fight against easily curable diseases and the prevention of avoidable ailments. It is therefore important to differentiate between complete equality and UHC. Whereas the first demands more radical economic and social changes, the second may and should be implemented with comparative ease. On the other hand, it should be kept in mind that healthcare is a collective good and that “covering more people together can sometimes cost less than covering a smaller number individually”. Finally, many diseases are infectious and as such, their spreading and the spending they involve could be cut through UHC. According to the writer, Ebola could have been mitigated or even eliminated if the countries of origin of the disease would have benefited from UHC.

One last point made by Amartya Sen relies on the concept of “asymmetric information”. The power of overpriced and inefficient private healthcare which can exclude “high-risk” individuals from coverage has to be mitigated by a well-organised public health system covering all.

Find the article [Here](#).

Solidarity: the Core Value of European Health Systems

Marc Bell, CEO of Benenden Health -AIM’s British member- describes two of the most common European health systems models, underlining their common root principle: solidarity.

“National Health Service” systems (NHS systems) and “Social Health Insurance” systems (SHI systems) are the two main historical systems described by Mr Bell. The first type is present in countries like the UK, Scandinavia or Spain. Its funding comes from national taxation, whereas Social Health Insurance Systems’ funding relies upon social contributions paid by employers and employees. Healthcare is then based on a system of reimbursement. SHI systems are present for example in France, Germany and Belgium, countries where, on the other hand, there is a higher proportion of complementary healthcare schemes, complementing statutory coverage and relying on a mix of operators including mutuals.

The NHS system offers universal access to healthcare. In the case of social health insurance systems, contributions are based on income. In those systems, mutuals have a role of utmost importance as they uphold “the fundamental principle of solidarity by providing insurance without discrimination”. Benenden Health, unique model of health mutual in the UK, is the living example of the relevance of the mutual model for NHS systems as well.

With the Commission planning to assess health systems during its new term, the CEO of Benenden Health is convinced that solidarity should remain the basis of all current and future systems.

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

OECD publishes Report on Health in Europe

“Health at a Glance: Europe 2014” provides its readers with an overview of health across 35 European Member States by focusing on key indicators of health and health systems. The report shows that though significant improvements in public health have been achieved, important disparities remain between and within Member States.

Health at a Glance compares the most recent data on health status, access to high-quality healthcare and risk factors to health in the 28 Member States, candidate countries and European Free Trade Association Countries.

While life expectancy at birth has continued to increase, the comparative study shows that inequalities still persist with a gap of around 8 years between countries with the highest and the lowest life expectancies. Moreover, disparities are also observable within States themselves with people with a higher education or from higher socioeconomic groups tending to live longer.

The report also assesses the impact of the crisis on European health. Between 2009 and 2012, the expenditure on health has fallen by 0.6% each year on average due to cuts in health workforce and salaries, lower pharmaceutical prices and increased patient co-payments amongst others. On the long term, the economic recession might also have contributed to a significant rise in obesity.

Despite the harsh economic context, most EU countries have managed to maintain universal coverage for a core set of health services. However, a significant proportion of population is uninsured in Bulgaria, Greece and Cyprus.

With a population which continues ageing and which increases the demands on health and long-term care systems, the challenge will be to preserve high-quality and affordable healthcare for the whole population in the coming years.

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

Insurance

Insurance: New prudential rules for banks and the insurance sector to become EU law

The European Parliament and the Council agreed on new rules designed to strengthen resilience of Europe’s banking and insurance sector.

These delegated acts are meant to ensure high quality securitization. Securitization is the transformation of mortgages, credit-card debt and other cash flows into new marketable securities. In its simplest form, securitization is beneficial and is able to boost both credit and growth. However, used recklessly, securitization can be dangerous. It created the catastrophic boom in American subprime mortgages.

Nota: The Solvency II rules will apply from 1 January 2016 and the detailed liquidity coverage requirement from 1 October 2015. More information [Here](#).

Health Insurers: Possible Saviours of our Health Systems?

Health insurers often earn a bad reputation not only among patients, frustrated notably by co-pays and rising deductibles, but also among physicians and other care providers, constantly forced to negotiate prices of services. Despite this negative image, Sukanya Soderland, partner in Oliver Wyman’s Health and Life Sciences practice, a leading global management consulting firm, is convinced that they might embody the much-needed heroes of our health systems.

According to her, insurers can help “cut through the complexity of the current system, demand true value from providers, and create better options for consumers” by using their market power. It is in their hands to help providers change their operating model by providing them with the data, the clinical-care teams and the managerial support they need. By helping providers become more efficient, insurers would operate a transition from fee-for-service to fee-for-value economics.

Another important role which payers could endorse consists in enabling a better quality and more appropriate 24/7 care for patients. Moreover, by improving data connectivity, they could also ensure a constant follow-up by primary care providers while at the same time reducing healthcare costs by partnering with telehealth providers or retail, urgent care clinics. The much need shift towards more self-care could also be encouraged through the reimbursement of wellness- and prevention-oriented treatment.

In her article “What the Insurance Industry Can Do to Fix Health Care”, Sukanya Soderland also defends a new model, different from today’s “preferred provider organisation”, which according to her needs to be fostered in order to pave the path towards a possible future “à la carte insurance customisation”. The latter would on the one hand cut costs considerably through a more coordinated care delivery in which health coaches, providers and retail clinics would be in constant contact; and on the other, underline and improve value through the use of transparency tools and crowd-sourced reviews.

In a similar way, insurers can improve patients' experiences with care by making it more supportive and simpler. Indeed, more personalized services which would make full use of navigation apps with decision support, reward programs or peer-to-peer support would undoubtedly build tougher consumer relationships.

Investing on eHealth devices, such as wearable monitoring technologies, would encourage healthier lifestyles or behaviour change, which constitute 50% of the health determinants. All is then about "connect[ing] people with the solutions that work best for them". To do so, payers will still have to bridge the chasm between those newly developed tools and consumer use.

In Sukanya Soderland's view, Insurers have the power to meet consumers' needs and create a low-cost, value-based healthcare system. The reality might however differ as it must not be forgotten that the nature of heroes' powers drastically varies and that each of them has its own kryptonite. For more information, read the [Article](#).

Events

➤ Events

- 5 February** [The European Commission to publish its winter European economic forecast](#)
- 9.10 March** [European Summit on Innovation for Active and Healthy Ageing](#) , European Commission, Brussels
- 10-11 February** [Conference - EU pharmacovigilance legislation](#), Euroforum, Copenhagen
- 10-12 February** [Open Innovation Conference](#), Digital Health Assembly, Cardiff
- 12 February** [Long-term social care and deinstitutionalization](#), EESC, Brussels
- 12 February** [International Symposium on Occupational Safety and Hygiene - SHO](#), EU agency for safety and health at work, Portugal
- 13 February** [Towards a strategic implementation of the new EU public procurement directives](#), EU Commission, Brussels
- 16 February** [Social impact investing and its role in future social public/private investments: continuing dialogue](#)
Social platform, Brussels
- 22-23 February** [High Level Conference "Healthy lifestyles: nutrition and physical activity for children and young people at schools"](#), EESC, Riga
- 24 February** [Social and Environmental Progress: Europe in a Long-Run Perspective](#), EU Commission, Brussels
- 24 February** [Monthly Forum: Corporate social responsibility and trade unions - perspectives from across Europe](#), ETUI, Brussels
- 25 February** [European Parliament plenary session](#), Strasbourg
- 26 February** [Recent developments in digital health – 2015](#), Royal Society of medicine, London
- 3-4 March** [Health & Wellness conference at Mobile World Congress 2015](#), EU Commission, Barcelona
- 21 April** [Active, Healthy Ageing in the EU: Transforming Care, Growing the Silver Economy](#), Public Policy Exchange, Brussels

➤ **Publications**

Social Protection Committee

[Review of recent social policy reforms for a fair and competitive Europe - 2014 report of the Social Protection Committee](#)

European Commission

[Social Agenda n.38 - Health and safety 2014-2020 \(06/10/2014\)](#)

European Commission

[Impact of information on patients' choice within the context of the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare](#)

EPHA, CPME, PGEU

[Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU](#)

Uppsala Pharmacovigilance

[Uppsala Reports 68 – January 2015](#)

European Civil Society Platform on Lifelong Learning

[EUCIS-LLL Activity Report 2014](#)

EU Commission

[Online public consultation on investment protection and invest or-to-state dispute settlement \(ISDS\) in the Transatlantic Trade and Investment Partnership Agreement](#)

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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