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Menno Aarnout joins AIM as new Executive Director

4 October - AIM, welcomed Mr. Menno Aarnout as its new Executive Director.



Menno Aarnout is an economist by training. He began his career at the Dutch Ministry of Health, subsequently he held different positions in the field of healthcare in the European Commission, in the Directorate General for Health and Consumers (SANCO), where he worked on pharmaceutical policy and cross-border healthcare, DG Development Cooperation (DEVCO) where he worked on strengthening of healthcare systems in developing countries and in DG Economic and Financial Affairs (ECFIN) where he dealt with sustainability of healthcare systems, the European Semester and the healthcare chapters of economic adjustment programmes. Menno Aarnout stated:

“The mutual health insurance organisations worldwide are key in giving access to good quality and affordable healthcare to all and contribute therefore to one of Europe’s most important objectives. I look forward to contributing to these important goals and to consolidate the global mutual movement to promote the values of solidarity and universal access to healthcare”.

Juncker alive to AIM arguments: responsibility for pharmaceutical policy remains with health Commissioner

AIM is very pleased with the decision of the President-elect of the European Commission, Jean-Claude Juncker, to keep the primary responsibility regarding pharmaceuticals and health technology with the health Commissioner. He said today that the "responsibility for medicines and pharmaceutical products will stay with the Directorate-General for Health [...]. The relevant policy will be developed jointly by Vytenis Andriukaitis and by Elzbieta Bienkowska. Recently AIM urged the President-elect, together with 34 other organisations in the European Public Health community, to reconsider his earlier decision to move the responsibility back from the health Commissioner to the Commissioner for Enterprise and Industry.

The President of AIM, Mr Christian Zahn, is very satisfied with the decision of Mr Juncker: “The main driver of EU policies concerning pharmaceuticals and health technologies should be promoting and protecting health and patient safety. With the health Commissioner responsible for these files these elements are best taken into account. The President-elect has shown strong leadership, by not sticking to his initial ideas but to remain open to take into account the arguments of the European Public Health Community”

AIM would have considered a move of the pharma file to the Commissioner for Enterprise and Industry a retrograde step, with dire consequences for healthcare systems in Europe. In 2009, responsibility for medicines and medical devices were moved into the hands of the health Commissioner to harmonize pharmaceutical governance within Member States and facilitate emergency preparedness. Zahn: “Returning these files to the Commissioner for Enterprise and Industry is unjustified and would have given the wrong signal that economic interests come before the health of European citizens. With his recent decision, Mr Juncker has put EU health interests first.”

It is now for the health Commissioner-designate, Mr.Vytenis Andriukaitis, to guide policy development in the right direction, also in relation to the Medical Devices Regulation. Zahn: “In brief, what is needed for medical devices is a regulatory framework close to what already exists for medicinal products. Marketing applications for medical devices should follow a centralised procedure in order to optimally harmonize the competence, performance and activities of bodies responsible for assessing medical devices. It is a top priority for AIM that the same level of safety of medical devices is guaranteed for all European citizens.

On the same topic, AIM co-signed with other NGOs different press releases and open letters:

- [Joint press release](#): The European Health Community welcomes President-elect Juncker’s decision to ensure the security of all Europeans by regulating health for the public good
- [Open Letter](#) to President-elect Jean-Claude Juncker on move of medicinal products and health technologies to the portfolio of the Commissioner for internal market and industry

- [Open letter](#) to President-elect Jean-Claude Juncker Are we to understand that the portfolios for medical devices and health technologies will not remain with the Health Commissioner?

AIM signs the European Declaration on Palliative Care

15 October – Policymakers and stakeholders in the field of palliative care and long-term care were brought together at a conference held in Brussels aiming at presenting the results of the two EU-funded projects IMPACT and EURO IMPACT and developing a set of recommendations for policy, practice and research.

Currently, 22% of healthcare spending is spent on 1% of the population, a population which, on the other hand, is ageing and more and more inclined to chronic diseases. It becomes thus evident that an improvement of palliative care access and quality would help reduce the need for a high-cost care.

The conference identified some main areas of improvement to be taken into account for further action.

The need for a more holistic approach was highlighted: palliative care neither applies only to cancer nor exclusively to end of life treatments. Non-cancer patients often have symptoms and health problems for longer and palliative care is required from an early stage in the disease till the very end of life. More specialists are needed in order to be able to provide 24/7 availability of care. Moreover, accredited training should be promoted for all healthcare professionals involved in the delivery of palliative care. Another important point mentioned was that families should also be taken into account when discussing the healthcare of their relatives as they are a key member of the “healthcare team”. Palliative care needs to become more patient-centered and family-oriented in order to reach a more personalized care. The lack of funding and need for investment and research were of course also put on the table.

Our culture of death and dying needs to change. Annually, 40 million people require palliative care. It is time to recognize the importance and added value of the approach in an age-friendly Europe. The declaration signed on 15 October calls on policy and decision makers to open their eyes.

For more information on the conference, please visit the [webpage](#).

European Institutions

➤ European Commission

Implementation Report on the Commission Communication on a European Initiative on Alzheimer’s disease and other Dementias published

16 October – The Implementation Report published by the European Commission describes implementation activities and the achievements which have been reached since the publication of the Commission’s Communication on a “European Initiative on Alzheimer’s disease and other dementias” in 2009.

The Communication set out four strategic objectives: the early diagnose of dementia and the promotion of well-being with age, the need for improvement of epidemiological knowledge and research coordination across Member States, the sharing of best practices for the care of people with dementia, and the respect of their rights.

In order to reach these improvements, the Joint Action Alzheimer Cooperative Valuation in Europe (ALCOVE) was carried out between 2011 and 2013 and co-financed by the EU Health Programme 2008-2013. It has built up more knowledge around mental illnesses and promoted cooperation and coordination between Member States in order to “preserve the health, quality of life, autonomy, and dignity of people living with dementia and their caregivers.” The Joint Action has created networks which will continue their activities and has provided guidance for future action in the field of dementia.

Other developments within EU’s policy areas followed this initiative. The European Innovation Partnership on Active and Healthy Ageing has identified good practices on cognitive decline, on functional decline and on frailty in general. It has also highlighted issues of empowerment of people with dementia and their carers in the development of ICT solutions. Action on dementia has also been made a priority for EU research and eHealth policies which have provided financial resources to be spent not only on research, but also on a stronger collaboration between Member

States. The latter were also influenced by the Commission's Initiative and more than half of them have since then adopted national plans and strategies on dementia or started working on them.

In view of these achievements, the Commission has launched action to continue coordinating the development of the EU policy on dementia and supporting Member States at national level. A second Joint Action on Dementia, which will build on the results of JA ALCOVE, is also planned. Further opportunities of research will be funded under Horizon 2020 and the development of eHealth solutions will be stimulated.

AIM supports the Commission on its actions and is also convinced of the benefits eHealth solutions can bring to professionals but also patients and their carers and family. In this vein, the association is organizing an event on mental health on 14 November in Dubrovnik. At this meeting, a debate on eMentalHealth involving experts on the topic will be held in order to highlight the challenges met today and propose possible solutions for the future.

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

State aid: Commission finds Slovak system of compulsory health insurance involves no state aid

15.10.2014 – The European Commission confirmed that the Slovak system of compulsory health insurance does not contain elements of state aid.

In particular, the Commission has found that the state-owned health insurers SZP/VZP are not undertakings because they do not carry out an economic activity within the meaning of EU rules. Their activity is therefore outside the scope of EU state aid control. Following a complaint from a competitor, the Commission opened an in-depth investigation in July 2013 to assess whether a number of state measures in favour of the publicly-owned health insurers SZP/VZP, including capital increases and debt discharges, were in line with EU state aid rules.

Context

There are currently three companies providing compulsory health insurance in Slovakia, i.e. the state-owned players SZP/VZP, the privately-owned insurer Dôvera and the privately-owned insurer Union Health. In 2007 Dôvera lodged a complaint alleging that unlawful state aid was granted in 2005-2006 to one of the two state-owned health insurers (SZP), in the form of a €15 million capital increase. In 2011, the complainant extended the scope of its allegations to several other measures (i.e. additional capital increases, debt discharges and direct subsidies) in favour of SZP as well as VZP, the other Slovak state-owned health insurer with which SZP had merged in 2010.

European Commission launches 4th Edition of the European Code against Cancer

14 October – The Commission officially launched the fourth edition of the European Code against Cancer, with some surprising and debate-leading changes...

One in three men and one in four women would be directly affected by cancer in the first 75 years of life. Almost 2.7 million people were diagnosed with cancer in the EU28 in 2012 and currently, one out of four deaths are attributable to cancer. The costs of cancer are thus high not only in terms of suffering but also as far as the viability of our health systems is concerned. The European Commission has thus committed herself to reduce the burden of cancer, a mission which AIM, as a member of the EU Commission's Expert Group on Cancer Control, also endorses.

In this context, the fourth edition of the European Code against Cancer was launched on 14 October 2014. The code is structured in 3 levels: recommendation (code), questions and answers (Q&A) and scientific justification and aims at raising awareness for cancer prevention in members of the general public by effectively communicating the current state of the science. Not consuming alcohol –not even the previously recommended one glass for men and two for women-, having a healthy diet and not smoking are some of the recommendations aiming at reducing the burden cancer represents for public health. For more information on the code, visit the [website](#).

Commission adopts detailed prudential rules for banks and insurers

10 October - The European Commission has today adopted delegated acts under the Solvency II Directive and the Capital Requirements Regulation.

The acts adopted include, among others provisions, detailed rules to implement the Solvency II Directive, particularly concerning:

- the valuation of assets and liabilities, including the so-called 'long-term guarantee measures';
- how to set the level of capital and calibrate various asset classes an insurer may invest in;
- how insurance companies should be managed and governed.

The text foresees simplified methods and exemptions to be applied in some cases to make the application of Solvency II easier, in particular for smaller insurers. Find out more [Here](#).

Hearing of Elżbieta Bieńkowska, Commissioner-designate for Internal Market and Industry

2 October - "Let's get Europe back to work!" Such was the slogan uttered by Mrs. Elżbieta Bieńkowska, Commissioner-designate for Internal Market and Industry, when closing her opening speech. Rich in catch-up phrases, her statements nevertheless failed to highlight any concrete priority among all the ones which were mentioned.

If reindustrialization in Europe needs to be boosted, Mrs. Bieńkowska recognized that such a priority is no excuse for a lowering of social standards. Europe should be competitive not only in quality and quantity of goods and services but also in terms of quality of life. "The social aspect of the internal market is there for good", she stated.

SME's were of course put on the table. The Commissioner-designate for Internal Market and Industry plans to dismantle unhelpful and burdensome rules and simplify laws regulating their activities. For SMEs which do research in pharmacology, Mrs. Bieńkowska promised to support them not only by cutting red tape but also by improving access to the possibility of doing research.

"Patients' health and safety, and the quality and availability of medicines will be our top priorities!" Mrs. Elżbieta Bieńkowska voiced her commitment to work together with Member States so that regulations on medical devices respect the balance between promoting clinical trials and the protection of data. On the move of health technology and pharmaceutical policy from DG SANCO to DG Enterprise and Industry (ENTR.), the Commissioner-designate declared that she considers that it is "fully justified" as it was simply, according to her, brought back to where it belonged. AIM strongly disagrees with this opinion as the consequences of such a change for public health might be disastrous.

Time and attention will be devoted to the availability of finance, innovation, research, development and access to the market for pharmaceuticals. On their pricing however, Mrs. Bieńkowska implied that the reduction of the imbalance between what patients and the industry pay will be a mission for Member States. As far as the issue of pharmaceuticals in the Transatlantic Trade and Investment Partnership is concerned, the Commissioner-designate for Internal Market and Industry plans to treat them with the special focus they deserve and to particularly protect the interests of innovative SMEs which might bring about significant advances such as the discovery of new treatments.

The challenge is hard to meet but definitely worth the try. AIM truly hopes that Europe's social dimension and European citizens' health will be safeguarded in Elżbieta Bieńkowska's quest for European reindustrialization. A more solidary and inclusive Europe should be and always remain our Holy Grail.

Hearing of Vytenis Andriukaitis, Commissioner-designate for Health and Food Safety

30 September - Promotion, prevention and protection. Those were the top priorities set out by Mr. Vytenis Andriukaitis, Commissioner-designate for Health and Food Safety, at his hearing at the European Parliament.

Mr Andriukaitis also declared himself committed to promoting economic recovery, to which he has no doubt health and food safety can contribute. The former doctor promised collaborate with Member States to help them improve the sustainability and equity of care, by developing health systems performance in order to strengthen universal coverage and promote quality of care. "I say no to the lowering of European safety standards", stated the Commissioner-designate for Food and Safety when asked about the hot "Transatlantic Trade and Investment Partnership" (TTIP) negotiations issue. He reminded the Parliament that EU standards are the highest and the best example of how to protect people, a mission his Hippocratic Oath has bound him to conduct. Mr. Andriukaitis thus promised to protect those standards and to fight for transparency in the negotiations. According to him, both national and European Parliaments must be involved in every stage of TTIP.

Another must of his mandate will be the Cross-Border health Directive, on which he however did not wish to deepen too much.

On the move of Pharmaceuticals and Medical devices to DG Trade, the Lithuanian Minister of Health tried to justify President Juncker's decision. Member States need to create a clearer price-making system for medicines. The major pressures they are undergoing makes the dialogue with industry particularly important. Together with Mrs Elzbieta Bieńkowska, Commissioner-designate for Internal Market and Industry, he will ensure that not only access to cheap and innovative medicines but also patients' safety remain a priority. In the same vein, he underlined the utmost importance of the medical devices legislation but also the need to modernize healthcare.

With Universal Rights as a banner, Vytenis Andriulaitis declared that the privatization of health, despite the budget cuts which have occurred cannot be undertaken if citizen's rights are under threat. Other solutions such as technology or eHealth should be taken into consideration.

Issues on nutrition labelling were also raised and Mr. Andriulaitis committed himself to providing consumers with the much needed information on the origin of food. The Commissioner designate also stressed the need for an active system of control for food safety in the EU.

On the whole, Mr. Vytenis Andriukaitis seems to be willing to act for European citizens' health and safety sake, while striving for the resilience of our endangered health systems. AIM truly hopes that, in case his election is confirmed the Commissioner's Hippocratic Oath will remain unbroken throughout his mandate.

Commission gets the ball rolling on European Reference Networks

The Cross-border Healthcare Directive (2011/24/EU) gives the Commission the mandate to support Member States in developing European Reference Networks (ERNs) between healthcare providers and centres of expertise in EU countries.

By connecting highly qualified health professionals from across the EU, the aim of setting up ERNs is to advance highly specialised healthcare and provide a concentration of knowledge and resources for the benefit of patients, especially in areas where resources are scarce, such as complex, low prevalence or rare conditions.

Tomorrow, two Decisions concerning the setting up of ERNs will enter into force:

1) A delegated Decision (2014/286/EU) which sets out criteria and conditions to be fulfilled by Networks and healthcare providers wishing to join an ERN. See Decision:

http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOL_2014_147_R_0006

2) An implementing Decision (2014/287/EU) which sets out criteria for establishing and evaluating ERNs and their members, and for facilitating exchange of information, and expertise on establishing and evaluating the Networks. See Decision:

http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOL_2014_147_R_0007

On 23 June, the Commission is organising a conference on the ERNs in Brussels, bringing together highly specialised healthcare providers, experts, national authorities, decision-makers, and independent bodies with experience in the assessment and evaluation of healthcare providers. The aim of the conference is to discuss the organisation of ERNs in accordance with the Decisions mentioned above, and the next steps in the deployment process, in preparation for the forthcoming call for European Reference Networks in 2015. More information on this conference is available here:

http://ec.europa.eu/health/ern/events/ev_20140623_en.htm

➤ Council and Presidency

Europe 2020 strategy mid-term review: Council position

16.10.2014 - The Council of the EU held a policy debate on the mid-term review of the EU 2020 strategy and the European Semester.

The Council took stock of the Europe 2020 strategy which sets five headline goals covering employment, education, social inclusion, innovation and climate/energy. The European Semester evaluation was also part of the debate, as it is an important instrument in the implementation of the strategy. According to the Council, the crisis has hampered the achievement of the employment and poverty targets. He asks for more coordination and balance between economic and fiscal policies and social policies.

The Council also endorsed a joint contribution from the Employment Committee and the Social Protection Committee (SPC) ([13809/14](#)) as well as an SPC report on social policy reforms for a fair and competitive Europe, which provides the SPC's key messages for the 2015 annual growth survey ([13693/14](#)).

The Commission is expected to present its proposals on the mid-term review of the strategy early next year, taking into account the results of the public consultations and the Council debates. Find out more [Here](#).

TTIP negotiating mandate made public

9.10.2014 The Council declassified the negotiating directives for the transatlantic trade and investment partnership (TTIP) which already leaked months ago in the press.

Carlo Calenda, the deputy minister for economic development of Italy and president of the Council said that "the declassification of the negotiating mandate is an important step towards ensuring the transparency of negotiations with the US. "

Reminder:

The mandate was agreed in June 2013, and the Commission is leading the negotiations on behalf of the EU. Seven negotiating rounds have been held, the latest in Washington from 29 September to 3 October.

Find the mandate [Here](#).

Corporate Social Responsibility: the Council approves new rules on transparency for big companies

29 September – Certain EU big companies will be required to release a yearly statement on their environmental, social and employee-related and anti-corruption matters.

According to the directive, adopted end of September by the Council, the statement will have to include a description of the policies, outcomes and the risks related to those matters. The Italian minister of economy and Finance Pier Carlo Padoan said: "With the approval of this directive, EU legislators have acknowledged this fact and reinforced the framework of corporate social responsibility. It will allow investors to reward socially responsible business conduct, thus promoting sustainable growth".

Member states will have two years to incorporate the new provisions into domestic law, which will be applicable in 2017. Find more [Here](#).

➤ European Parliament

Parliament elects new European Commission

22 October- European Parliament approved the new college of 27 Commissioners, as presented by Jean-Claude Juncker on Wednesday morning, with 423 votes in favour, 209 against and 67 abstentions.

In his opening statement on Wednesday morning, President-elect of the European Commission Jean-Claude Juncker outlined a number of changes to portfolios as requested by committees after the hearings of Commissioners-designate. He defended its new architecture, with Vice-Presidents to "coordinate, put together and organise ideas". Taking on board criticisms expressed by MEPs as part of the hearings, Mr Juncker said he had decided to give the pharmaceuticals back to the health commissioner Vytenis Andriukaitis, jointly with Elzbieta Bienkowska.

Next steps:

The new Commission needs to be formally appointed by EU heads of state or government to enable it to take up duty on 1 November for a five-year term.

Sakharov Prize for Freedom of Thought 2014 goes to Congolese Gynaecologist Denis Mukwege

21 October – The European Parliament awarded the Sakharov Prize for Freedom of Thought 2014 to Denis Mukwege, a gynaecologist from the Democratic Republic of Congo, for his fight for women's protection.

Though war is officially over in the democratic republic of Congo, the eastern part of the country is still under armed conflict and attacks against civilians continue to occur, among which gang rapes. In view of the critical situation, Denis Mukwege founded the Panzi Hospital in Bukavu in 1998, where he treats victims of sexual violence who have

undergone serious injuries. The Sakharov prize, which was set up in 1988 to honour individuals and organisations defending human rights and fundamental freedoms, will be handed out to him on 26 November in Strasbourg. For more information on the topic, read the [Article](#).

Transatlantic Trade and Investment Partnership (TTIP) negotiations: State of play

9 October– The European Parliament released a state of play of TTIP negotiations which gives a rapid and overview of the main objectives and issues. The 10 page document provides a timetable and a focus on the biggest chapters: Investment, Intellectual property right, market access as well as the next steps.

You can find the document [Here](#).

Health

➤ *National Health Policies*

The reimbursement of medical expenses incurred in another Member State cannot be refused where a lack of basic medical supplies impossible for the insured person to receive hospital treatment in good time in own country

9 October - A Romanian citizen who suffered from a serious cardiovascular disease which required an urgent open heart surgery was operated in Germany because of a lack of medication and basic medical supplies in her country. After the operation, she applied to the Romanian health insurance authority to cover the costs of the surgery. The application was refused on the grounds that there was no indication that the healthcare service sought could not be provided in Romania within a reasonable length of time.

The Regional Court of Romania asked the ECJ to determine whether a situation in which there is a lack of medicines and basic medical supplies can be equated with a situation in which the necessary medical treatment cannot be provided in the Member State of residence.

The Court of Justice of the European Union (CJEU) stated in a judgment that the authorisation of the reimbursement of medical expenses incurred in another Member State cannot be refused where it is because of a lack of medication and basic medical supplies and infrastructure cannot be provided in good time in the insured person's Member State of residence. Find the detailed judgment [Here](#).

France takes Action to fight Tobacco Consumption

8 October – The French Health Minister, Mrs. Marisol Touraine, has announced her top measure in the fight against tobacco consumption, to be adopted from 2016: the use of plain tobacco packaging.

The standardization aims at making tobacco less attractive by harmonizing packages in terms of shape, size, colour and typography. The brand will still be displayed but limited to a certain size and location. And the remaining space left to sanitary advertisements. Other measures include the restriction of the use of ecigarettes in public places, the prohibition to smoke in cars in presence of children under 12 and in playing areas, and the improvement of weaning reimbursement. Cigarette manufacturers have already raised their voices and demonstrations are foreseen, particularly in view of the announced new raise of tobacco prices planned for January.

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

➤ *Data protection*

European data protection rules could hinder fight against fraud

22 October - According to Insurance Europe, the European insurance and reinsurance federation, the EU Data Protection Regulation currently being discussed has the potential to hinder the fight against insurance fraud.

Among others, Insurance Europe stresses the rights to be forgotten which could prohibit companies from processing people's personal data. This could make it impossible for insurers to identify potential insurance fraudsters and asks for the possibility for insurers to retain and process the data in certain circumstances.

William Vidonja, Insurance Europe's head of single market and social affairs: "Detected and undetected fraud is estimated to represent up to 10% of all claims expenditure in Europe. This is why the new EU Data Protection Regulation should include an explicit legal basis allowing data processing for fraud prevention and detection purposes." Find Insurance Europe Press release [Here](#).

EMA's final policy on access to clinical data: proactive access to some data, but strings attached

2 October - The European Medicines Agency (EMA) finally adopted its policy on access to clinical data.

From 1 January 2015 onwards, the general public will be able to "view on screen" selected parts of trial reports submitted in support of marketing authorisations, and academic and non-commercial researchers will be allowed to download this data. The policy, unfortunately, also gives pharmaceutical companies the upper hand in deciding the contents of the clinical reports by allowing them to redact data on the grounds of "commercial confidentiality". The implementation of the policy will need careful monitoring.

Pierre Chirac, coordinator of the Medicines in Europe Forum, commented: "It seems that the EMA has found an easy solution to avoid having to release much clinical data: by just not requiring it from pharmaceutical companies in the first place..."

According to the EMA, its new policy is "designed to guard against (...) breaches of intellectual property rights that might disincentive future investment in R&D" and "the Agency respects and will not divulge CCI[commercially confidential information]". CCI is very broadly defined by the EMA and grants the pharmaceutical industry wide and far-reaching data protection

Find out more [Here](#).

➤ Trends in health system

Psychological risks in Europe: Prevalence and Strategies for prevention

24 October - 25% of European workers say they experience stress all or most of their working time with work having a negative effect on their health. The joint report from the European Foundation for the Improvement of Living and Working Conditions (Eurofound) and the European Agency for Safety and Health at Work (EU-OSHA) presents information on the nature and incidence of psychosocial risks in the workplaces, provides examples of initiatives already carried out at different levels, and describes a framework for the prevention of such risks.

According to the report, psychological risks are most of the time related to the type of task to be carried out – monotonous and complex tasks being more stress-causing- but also to the intensity of work. The higher this intensity the heavier the impact on our health and well-being. A good work-life balance and social support are on the contrary key to safeguarding health at work.

As the report highlights, long working hours and the lack of social support have, since 2005, been less reported. Unfortunately, the economic crises, cases of restructuring and the advance of ITC have led to a growth in job insecurity and, in some European countries, workers are currently undergoing more work pressure, violence and harassment.

Working conditions very much depend on the sector. However, managers' bigger concerns, regardless of their occupation, is time pressure and the problems related to dealing with difficult patients/pupils/clients. The lack of strategies or programs set up by establishments to deal with psychological risks is thus appalling, with less than one third of these institutions having such procedures, according to the joint report. Psychological risks must be tackled effectively and solutions are to be adapted to different European companies and implemented by them. Social dialogue is also stressed as a key to the improvement of working conditions. Member States should provide legislation and inspection, provide practical tools and involve social partners.

Eurofound and EU-OSHA call on policymakers and stakeholders to commit themselves to tackle the risks to which workers are most exposed and to increase awareness of the importance of a psychologically healthy working

environment. Social dialogue both at EU and workplace level will help develop policies and actions and contribute to that raising of awareness. Well-functioning occupational safety and health management should be set in all EU companies and policies on career development, socioeconomic support and restructuring must be developed to tackle job insecurity.

Work can have positive consequences on an individual's health. Growth, social integration, financial resources and career development are only some of the examples of its possible benefits to people's physical and mental wellbeing. Furthermore, good working conditions contribute to a healthy workforce, which is key to the financial sustainability of the European social model.

AIM shares Eurofound and EU-OSHA's vision. Therefore, we have committed ourselves to action and some of our members have already undertaken some projects on occupational safety. The AIM has also applied to become an official partner of the EU-OSHA Campaign "Healthy Workplaces Manage Stress".

For a description of AIM members in the field of occupational health, visit our [Webpage](#).

An international survey for a better understanding of working conditions in education

The Education and Solidarity Network, of which AIM is one of the founding organizations, is looking for feedback on working conditions and determinants of health at work.

The Education and Solidarity Network is an international partnership dedicated to the promotion of health and quality education through solidarity based projects. They support the development of mutual benefit societies and fair social protection systems across the globe. The Network is now conducting an international survey about education workers' occupational health. They are looking for respondents still active in the education sector. The questionnaire is available in English, Spanish and French.

By completing the questionnaire (requiring no more than 15 minutes), participants are making the survey more accurate and thus more useful. Input will help develop a keener understanding of working conditions across borders and cultures and shape future projects of relevance to the entire education sector. The questionnaire is anonymous and that the data collected will not be used in the pursuit of any other motive.

- The questionnaire in English can be found [Here](#).
- If you are interested in promoting the survey, the Network will be happy to assist you. You will find the relevant contact details. [Here](#).

Events and Publications

➤ Events

3-5 November - Inclusive Growth Research Infrastructure Diffusion: Winter School on Intergenerational Inequalities, Brussels

<http://inclusivegrowth.be/about-ingrid>

6 November – EHFCN: Conference: "Less fraud, waste and abuse in healthcare ? Change the paradigms !", Athens

<http://www.ehfcn.org/>

7 November - AEIP: "European Conference on local investments, complementary healthcare and integrated welfare...", Venice

http://www.aeip.net/index.php?option=com_content&view=article&id=329%3Avenice-conference-2014&catid=18%3Aevents&Itemid=5&lang=fr

12 November- TransAtlantic Consumer Dialogue: "Can we afford our medicines? The access to medicines crunch in Europe", European Parliament, Brussels

<http://tacd.org/event/can-we-afford-our-medicines-the-access-to-medicines-crunch-in-europe/>

17-18 November - Italian presidency of the European Union: Social economy event : « Unlocking the potential of the social economy for EU growth, Rome

<http://italia2014.eu/en/news/post/unlocking-the-potential-of-the-social-economy-for-eu-growth/>

19 November – EIOPA: National Conference. Topics: pensions and solvency, Brussels

<https://eiopa.europa.eu/conferences-events/2014/eiopa-conference-2014/programme/index.html>

25 November - Euregenas project final Conference : “Suicide Prevention: From Regional Needs to European Solutions”, Brussels

<http://www.euregenas.eu/suicide-prevention-regional-needs-european-solutions/>

➤ **Publications**

Transatlantic Trade and Investment Partnership (TTIP) negotiations: State of play, European Parliament

http://www.europarl.europa.eu/RegData/etudes/BRIE/2014/536397/EXPO_BRI%282014%29536397_EN.pdf

Active & healthy ageing A European innovation partnership, European Commission

<http://bookshop.europa.eu/en/active-healthy-ageing-pbND3212090/?CatalogCategoryID=iEKep2Ix3hEAAAEud3kBgSLq>

Overview of Pension schemes, European Parliament

<http://bookshop.europa.eu/en/pension-schemes-pbQA0414715/?CatalogCategoryID=iEKep2Ix3hEAAAEud3kBgSLq>

EU law-making in principle and practice, European Institute of Public Administration

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<http://www.helpage.org/global-agewatch/>

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The monthly AIM Flash is compiled by Romain Chave and Jessica Carreño Louro.

Realisation & Layout: Romain Chave and Jessica Carreño Louro

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

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