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CAM VISITS AIM



AIM President Christian Zahn and AIM staff were honoured by the visit of AIM Argentinian member CAM. More information [Here](#).

AIM & You

AIM MEETS ITS ARGENTINIAN MEMBER CAM

28 February - AIM President Christian Zahn had the pleasure to welcome representatives of its Argentinian member, the Confederación Argentina de Mutualidades (CAM), headed by their CEO Alejandro Russo.

The meeting was an opportunity for President Zahn to thank CAM for its active involvement within AIM activities. Likewise, Mr Russo thanked in turn the President for its support to the Argentinian mutual movement and more precisely for the letter sent to the President of the Bank of the Nation of Argentina regarding the apparently unreasoned closure of some mutuals' bank accounts. Priorities for the next triennium were also discussed, as well as the possibility to organise a conference in Buenos Aires with the next Presidium.



PREVENTION WORKING GROUP DISCUSSES STRATEGIES TO REDUCE ALCOHOL CONSUMPTION

13 March - The health promotion, environmental health and disease prevention working group met in Brussels. Topics such as the funding and organisation of prevention in Poland, the latest developments regarding the Audiovisual Media Services Directive and Endocrine Disruptors, and effective strategies to reduce alcohol consumption were discussed.

The Polish presentation was third of a series aiming at comparing the actors responsible for prevention and health promotion in countries across Europe (after Germany and the Netherlands). After a general presentation of the system, Mr Robert Liana presented KRUS, the Institute for Social Insurances for the Agricultural sector, which is one of the largest state executive institutions of the government administration that successfully provides social insurance services for farmers and performs other tasks commissioned and financed by the state budget funds for farmers population regarding social policy, health care and others.

Representatives of Eurocare and Trimbos Institute gave participants an insight into effective strategies to reduce alcohol consumption and some recommendations on which actions could be carried out by healthcare payers in particular. AIM's potential involvement in activities related to climate, energy and air quality were also discussed and the campaign "Unmask my city" to be launched in May 2017 described. Documents and minutes of the meeting are available on AIM webpage. Please contact [us](#) to get the password.

TOP TWEETS

 AIM @AIM_Healthcare · Mar 3
 .@JunckerEU white paper gives role for mutuals in the future of #EU. Looking forward to discussing the social dimension of Europe paper!

 Christian Horemans @ChHoremans · Mar 20
 .@ZNnieuws presenting new legislative proposal prohibiting profits for Dutch #healthcare #mutuals at @AIM_Healthcare. Important consequences

 AIM @AIM_Healthcare · Mar 21
 Our president met today the Luxembourg Minister of Social Affairs Mr Romain Schneider and our members #CSM and #CMCM.



AIM'S MUTUALS WORKING GROUP MET IN BRUSSELS

20 March - AIM's working group on mutuals met in Brussels. On the agenda were a position paper on the social economy as well as interventions from Social Economy Europe and ZN.

The working group finalised discussions on the working group's position paper on the social economy. The position paper explains the different forms of social economy actors as well as the different companies that make up the social economy landscape. The paper ends with AIM's requests to the European institutions with regards to social economy. The working group will also develop a similar document for mutuals.

The group received the visit of Bert Jager, financial expert at ZN, who informed the group of the current examination in the Netherlands of a draft law that would apply strict financial regulations over the reserves managed by health funds in the country. If passed the law would for instance drastically reduce health funds' own reserves mobility and their ability to transfer them from one affiliate company to another. The law is now examined in the Senate and the final adoption is foreseen before the end of the year 2017.

Victor Meseguer, Director of Social Economy Europe (SEE) also participated in the meeting and explained current legislative developments with regards to social economy. He informed that the European Parliament's draft report on social enterprises is not drafted yet. Mr Meseguer also informed that the European Commission has developed a set of actions to support social economy, ranging from support to the development of legislation supportive of social economy enterprises, to guidelines on social economy procurement, or international cooperation.



AIM'S PHARMACEUTICALS WORKING GROUP GATHERS

23 March – AIM's working group on pharmaceuticals met in Brussels. Many items were on the agenda and the group received MEP Jose Inacio Faria (EPP, PT), who presented the European Parliament's work on the EP report on access to medicines, about the Estonian pricing and reimbursement system and Ad Schuurman, from the Dutch Health Care Insurance Board.

The Estonian Health Insurance Fund (EHIF) covers about 94% of the Estonian population. While this is the only health fund and that it ensures public interest mission, it is governed by private law. There is a relatively low level of health spending in the country, owing to the fact that the country has only relatively recently entered capital market economies. This can however be an issue in terms of product launches, due to the small size of the countries, which counts 1.3 million inhabitants. Participants also heard about the centralised electronic prescription system, which helps better manage the health system in the country. The second invitee, MEP Jose Inacio Faria (EPP, PT) joined the meeting to give his views on the final report of the European Parliament on access to medicines. MEP Faria advised that should organisations such as AIM support some of the calls in the EP report, they should directly contact member states as they have the upper hand in many of the areas that the report deals with.

Ad Schuurman, from the Dutch Health Care Insurance Board presented to AIM the current dialogue that has been initiated by the European Medicines Agency (EMA) and the payers' community, represented by Ad Schuurman.

Participants also heard about three AIM draft papers. The first is AIM's reply to the public consultation on antimicrobial resistance, that working group participants approved. The second one is a paper describing AIM members' roles in the overall functioning of their respective country's health system. The meeting heard about a last paper that will follow-up to AIM's work on access to medicines so far.

EUROPEAN AFFAIRS

COMMISSION

STRATEGIC INVESTMENT FOR THE FUTURE OF HEALTHCARE

27 February – The Commission published its report on the seminar "Strategic Investment for the Future of Healthcare" which highlights the need and an opportunity for smart investment to transform our health systems for the better.

Challenges such as the rise of chronic diseases or ageing populations call for a restructuring of care delivery based on public-private partnerships and on collaboration between a wide variety of stakeholders from investors to health providers, policy makers, payers, universities, etc. The report calls for sustained financing coming from multiple sources which should follow an integrated investment approach, considering technology, infrastructure and service models all together. These investments should be enabled and encouraged by regulatory environments. The document also encourages to adopt a strategy aiming both at reforming and delivering care services and at planning investment. It also demands a "rethinking" of contractual models.

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



WHITE PAPER ON THE FUTURE OF EUROPE PRESENTED

1 March – The European Commission presents a White Paper on the future of Europe. The document presents five scenarios on how the European Union could evolve by 2025. According to it, Europe's prosperity will depend on its ability to stick together, its openness and its strong links with its partners.

The five scenarios cover a range of possibilities: carrying on following the Commission's New Start for Europe from 2014 and the Bratislava Declaration; re-centring itself on the single market with no common ground on other policy areas; proceeding as today while at the same time allowing some Member States to do more in areas such as defence, internal security or social matters; focussing on selected areas to work more efficiently (but do less); or sharing more power, resources, and decision-making. The White Paper will be followed by a series of reflexion papers notably on developing the social dimension of Europe.

Please find more information [Here](#).

THE EUROPEAN COMMISSION LAUNCHES TWO NEW CALLS FOR AS PART OF THE EU HEALTH PROGRAMME

As part of its health programme, the European Commission launched to new calls for proposals, in the fields of health promotion and for operating grants respectively.

On 16 March the European Commission opened a call for projects on supporting Member States in mainstreaming health promotion and disease prevention in health and educational settings. Award-winning projects will aim to communicate the potential of health promotion and disease prevention and health determinants in the Member States and to increase the commitment of public authorities to this topic. A workshop, a report providing an overview of the current situation in the EU as well as a conference will also take place in the frame of the project.

On 28 March the European will open calls for operating grants for the period 2018-2021. Operating grants may be awarded to non-governmental bodies that pursue one or more of the specific objectives of the Health Programme. Operating grants are awarded according to the eligibility criteria established by Article 8(2) of the Programme Regulation. Awarded non-governmental bodies are expected to assist the Commission with the information and advice necessary for the development of health policies and the implementation of the Programme objectives and priorities.

Please find the calls [here](#) (call for projects on health promotion) and [here](#) (call for operating grants 2018-2021).

THE EUROPEAN COMMISSION STEERING GROUP ON PREVENTION ADOPTS ITS MANDATE AND ACTION PLAN

On 17 March the European Commission's steering group on prevention met.

During the meeting, during which it adopted its mandate and work plan as well as the criteria for selecting best practices, it decided that its name will be "the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases." The steering group had a first look at selected best practices and agreed to identify first priorities for implementation as soon as possible.

Please find the meeting's flash report [here](#).

EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT PUBLISHES REPORT ON INTEGRATED CARE

The European Commission expert group on health systems performance assessment has dedicated its latest efforts to the topic of integrated care. It has analysed that integrated care is a tool to address care needs.

On 20 March the European Commission's Expert Group on Health Systems Performance Assessment published the report "BLOCKS: tools and methodologies to assess integrated care in Europe". The report dives into the measurement of integration as well as of performance of integrated care, in an effort to improve the level of information in this field, which is considered a key lever

to address ageing populations, increasing costs as well as the onset of chronic diseases. The report concludes that integrated care is not a goal in itself but a tool to address complex care needs which, if it is not implemented appropriately, might result in suboptimal outcomes. However, the transition to care integration is a complex process, which can be as complex as the health problems it intends to address and the following success factors are needed to have access to better care integration: 1) Political support and commitment, 2) Governance, 3) Stakeholder engagement, 4) Organisational change, 5) Leadership, 6) Collaboration and trust, 7) Workforce education and training, 8) Patient focus / empowerment, 9) Financing and incentives, 10) ICT infrastructure and solutions and 11) Monitoring / evaluation system.

Please find the report [here](#).



PARLIAMENT

EUROPEAN PARLIAMENT ADDRESSES SOCIAL AND SOLIDARITY-BASED ENTERPRISES

22 March - the European Parliament's Committee on Legal Affairs and on Employment and Social Affairs held a joint hearing on "Statute for social and solidarity-based enterprises". While most speakers agreed that a European action on social enterprises is needed, they do not all agree on the legislative measures that the EU should take in the field. MEPs also ask for additional data on the benefits of social enterprises as well as expected benefits of European harmonisation in the field.

Speaking at the hearing was the drafter of the European Parliament's study on A European Statute for Social and Solidarity-Based Enterprise, Prof. Antonio Fici, University of Molise (Italy). Prof Fici underlined that the creation of a specific European statute for social enterprises would allow to protect the legal mark "social enterprise" and would protect their name. It also allows stakeholders to recognise social entrepreneurs in the corporate landscape and could help safeguard the principles that such entrepreneurs uphold. A statute would also allow to better delineate the rights that such enterprises can have under competition, tax law, and also helps put together statistics on social enterprises. Drawing on the experience on the stalled work on statute for European foundations, Prof. Fici extrapolated that there is not much appetite currently to work more on such topics at EU level. Prof. Fici underlined that there should also be work on social economy, not only social enterprises.

Prof. Möslein, Professor of Business and Company Law at the Marburg University said that social entrepreneurship deals with many different kinds of companies. These companies show that profits and general interests can be combined. To prof. Möslein, social enterprises belong to a 4th sector, beside the private, public and non-profit sectors. There is a need to reform company law, in order to allow forms of organisation that include a sense of purpose, which could also introduce such a sense of purpose directly into shareholders. To Prof. Möslein however the many forms of national regulations on social enterprises limited competence for the EU to develop a EU-level statute on social entrepreneurship and there is a little appetite at Member States level to regulate company law. Therefore, any form of EU regulation should focus on bigger forms of European social economy enterprises, such as those that are listed on stock markets. Prof. Möslein therefore advises to develop social enterprises as part of *societas europaeae*. European certification is also a key question – it will be enough to send signal effects regarding the purpose orientation. However, whether such a certification is delivered on the manager's or on public authorities' discretion is still to be confirmed.

Marek Juha, Vice-President of Chamber of Social Enterprises in the Czech Republic discussed the topic from the point of view of return to employment for socially disadvantaged people. To Mr Juha, social undertakings should have a local relevance and should employ over 40% of people that would be from socially disadvantaged background. Another key feature of such companies is the reinvestment of profits into the company or into its employees/clients. Targeted groups are people with handicaps, people who've dropped out of school or have left prison, carers, long-term unemployed. In social enterprises, the client is also the worker Mr Juha argued.

Mr Juha pointed to the need to win over public administrations' support to help with the development of social enterprises. Help is needed from the unemployment office, or support through public procurement procedures.

She also asked more about the kind of framework that would be most desirable for the development of social enterprises in the EU.

Juan Antonio Pedreño Frutos, President of Social Economy Europe (SEE) underlined that the European Parliament report's scope is too limited. To him the European Parliament should also look into social economy as a whole, which encompasses many forms of companies with many different sizes. The confusion between social enterprises and social economy enterprises have led to a lot of confusion, which hampered the development of social undertakings and social economy enterprises. Mr Pedreño asked for 1) a coherent definition of social undertakings and 2) a policy on the whole of social economy. Mr Pedreño welcomed the European Parliament's work so far on those topics. He referred to the existing EP intergroup on social economy as well as the May 2016 EP resolution on a Single Market Strategy,



MEP questions:

- Evelyn Regner (S&D, DE) inquired about the added value of EU action on social enterprises. She also said that it is difficult to create something new in company law at EU level. She also showed scepticism for the concept of certification of companies but underlined that it is important to make all companies good companies.
- Jiří Maštálka (GUE/NGL, CZ) asked questions about companies needing local promotion and the fact that they need to be small. He asked whether such companies can work well without European regulations and asked if the economic and social impact of these companies can be expressed in statistics.
- On behalf of MEP Heinz Becker (EPP, AT), Sven Schulze (EPP, DE) asked if there is a difference between social and solidarity-based enterprises as well as what company tasks are best done by private companies and those that are done by state-owned companies and if there is anything else that can be done instead of new EU legislation to develop social enterprises.
- Javi Lopez (S&D, ES) asked if there is a way to calculate the impact of different national legislations on social enterprises, as he would like to understand which approaches have worked best. He also asked about details about the positive impacts of EU regulation on the job market, etc...
- Emil Radev (EPP, BG) underlined that social enterprises have helped create jobs but also mentioned the lack of recognition, lack of funding and the inexistence of a regulatory framework on social enterprises in some member states, which is a problem. He asked to the Prof. Fici is harmonisation will have a positive impact on social enterprises.
- Marie-Christine Vergiat (GUE/NGL, FR) reminded the audience that social enterprises have created a lot of jobs over the last years and have been resilient to the economic crisis.

which specifically calls for the support to the development of the social economy sector. He also mentioned member states' key roles in developing the social economy. Mr Pedreño mentioned the December 2015 Council Conclusions on the promotion of the social economy as a key driver of economic and social development in Europe, that ask among other things for a roadmap to support the development of the social economy. Mr Pedreño mentioned too that in November 2016 the Slovakian Presidency of the European Union supported a conference on the social economy and social enterprises in Bratislava, during which 10 member states recognised the relevance and importance of the social economy.

Prof. Dr. Josef Hochgerner (AT), Professor of Sociology at Donau-Universität Krems presented that the social economy links the private and public sectors. A social enterprise would have the following characteristics:

- A for-social-profit enterprise – the non-profit trap should be avoided as social enterprises must be able to make profit, in order to deliver social benefits
- It is a very good initiative to discuss in the European Parliament. Social enterprises need to find within the labour market and economic policies via a favourable ecosystem. Social issues, health and educations are the areas where social enterprises would be most needed. Social enterprises can also be pioneers in societal areas in order to support creative uses of technology, climate change and better mitigate the impacts of environment

Giving closing remarks to the meeting, Prof. Fici said that the best idea going forward to help with the development of social enterprises is respecting national cultures. Prof. Möslin said that CSR present limits particularly as there is only so much companies can do in terms of social benefits it they want to maximise profit too. A statute on social enterprises is therefore much needed. Mr Juha asked for a definition of what is a social enterprise.



COUNCIL

MINISTERS OF HEALTH HOLD INFORMAL MEETING IN MALTA

Ministers of Health met in Malta, as part of the programme of activities of the Maltese Presidency of the European Union. These meetings are usually held to prepare political declarations that will be adopted during formal Health Council meetings. This week, ministers of health discussed obesity, HIV as well as structured cooperation in the field of health systems, especially in the frame of access to innovative medicines.

On 20 March Ministers of Health met during the informal health Council meeting in Valletta. The meeting discussed the thematic priorities that the Maltese Presidency has selected namely Childhood Obesity, HIV and Structured Cooperation between Health Systems. Maltese Minister of Health Chris Fearné highlighted that stepping up voluntary cooperation where there are clear synergies and EU added value is a valid approach to address these challenges. Minister Fearné also advised to avoid a “one size fits all” approach to these issues, especially in the context of the current debates on the future of Europe.

In the area of childhood obesity, the meeting assessed the willingness of member states to further action in areas such as food labelling and taxation, marketing as well as the empowerment of families, where action has been slow. Ministers discussed how can adequate supply of a healthy diet to children can be ensured through multiple instruments.

In pharmaceuticals, member states discussed the possibility of a voluntary structured cooperation approach to facilitate access to expensive health technologies, including the need to work together on horizon scanning exercises in order to be prepared for the impact of innovation on health systems, financial sustainability as well as the evaluation of the effects of these therapies in real life.

Please find the meeting's press release [here](#).

PHARMACEUTICALS AND MEDICAL DEVICES

REPORT PROPOSES STRATEGY FOR BOOST OF R&D INTO NEW ANTIBIOTICS

23 February – Investing in research for new antibiotics is far from being attractive to the pharmaceuticals industry. In order to tackle the general lack of funding for research and development of novel antibiotics, the report “Breaking through the Wall; a Call for Concerted Action on Antibiotic Research and Development” written by the Boston Consulting Group for the German Ministry of Health proposes a global union for research and development, a global research fund and a global launch reward.

The Global Union for Antibiotics Research and Development (GUARD) put forward by the report should set clear Target Product Profiles and funding mechanisms for R&D of new antibiotics. These profiles should be based on the Global Priority Pathogens List for R&D of new antibiotics published by the WHO but should go beyond those pathogens in order to include clinical needs (notably focussing on resistance and disease in addition to pathogens themselves). These Target Product Profiles should be developed by an interdisciplinary committee gathering all relevant stakeholders (including clinical practitioners from different geographical areas, drug developers, experts in regulatory approval processes, etc.) and updated on a regular basis. The report also encourages the development of a Global Research Fund (GRF) and a Global Development Fund (GDF). The GRF would help build infrastructure and fund promising projects addressing key drug discovery challenges. According to the same report, such a fund would “triple dedicated global funding for antibiotics-related basic research, and increase preclinical funding by almost 50 %”. It would foster collaboration between researchers and contribute to bridging the gap between science and industry.

A GDF would aim at increasing total funding available but also

at steering development towards clinical need. It would mainly support small and medium sized biopharmaceutical companies to be involved in the development of antibiotics, which is currently an unattractive commercial proposition. Financial support could be offered via forgivable loans.

Please read the [Report](#) for more information.

COUNCIL ADOPTS NEW EU RULES ON SAFER MEDICAL DEVICES

7 March – The Council adopted new Rules improving the safety of medical devices for the benefit of the patient while ensuring timely access to innovative healthcare solutions. The scope of these rules has been broadened to cover products which do not specifically have a medical purpose and to encompass recent technical developments.

The new rules give independent notified bodies a stronger mandate in the assessment of medical devices before they reach the market with the final objective of improving their safety. They are also expected to allow manufacturers to react quickly in case of concerns or safety problems, to improve their products continuously and to take fast and effective measures in case of problems. A central database will also be set up to provide comprehensive information on products available in the EU to both patients and healthcare professionals thus allowing better informed decisions.

The Parliament is expected to adopt both regulations in April. The rules will apply three years after publication in the case of medical devices and five years in the case of in vitro diagnostic medical devices. More information [Here](#).



OFF-LABEL USE OF MEDICINAL PRODUCTS IN THE EU

February 2017 - The Commission published a Study on Off-label Use of Medicinal Products in the European Union, which covers the health aspects related to off-label use and analyses both the risks and benefits for patients as well as the framework which regulates that it.

Off-label is defined as “any intentional use of an authorised product not covered by the terms of its marketing authorisation and therefore not in accordance with the Summary of Product Characteristics (SmPC)” included in the product information of medicinal products.

The study describes existing and planned practices regarding off-label use across Member States (MS), providing information about its prevalence and incidence. It carries out a factual analysis which takes into account national and EU frameworks and identifies specific aspects and therapeutic areas that need specific attention at EU level. Findings shows a lack of harmonisation in the way MS deal with off-label use and variations in prevalence between and within MS, which, on the other hand, are all faced with the issue to some extent. Paediatric populations seem to be the most exposed to off-label use. Orphan diseases, elderly patients and pregnant women are also highlighted as areas of interest.

The report also analyses the positions of all parties regarding existing measures and towards potential future regulatory tools. Better access of patients to innovative treatments and the fulfilment of medical needs as well as the possible economic advantage of off-label use –which contributes to the sustainability of healthcare systems- are highlighted, while concerns about the issue of liability in case of negative consequences are voiced.

Some of the potential driving factors behind off-label use are also listed, including the lack of incentives for the pharmaceutical industry to extend the labelling of existing products; the increasing requirements for marketing authorisation and the time and costs entailed by investigating new indications.

The document also summarises the opinions stated by stakeholders in an expert meeting where actions to be taken at EU, MS and healthcare provider-patient level were put forward. The EU could explore the possibility of including evidence other than industry-based randomised control trials for marketing authorisations of off-label indications; it could provide guidance to MS on off-label use; and create incentives for pharmaceutical companies to register new indications and other modalities. On the other hand, MS could ask prescribers to apply for permission to prescribe off-label with the competent authority and take reimbursement measures. Finally, guidelines could be developed by professional bodies at national level and patient information improved.

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

THE WORLD HEALTH ORGANIZATION'S REGIONAL OFFICE FOR EUROPE PUBLISHES REPORT ON ITS HEALTH TECHNOLOGIES AND PHARMACEUTICALS PROGRAMME

The World Health Organization has engaged in a programme to support its member states for the purchase and provision of health technologies and has just released the latest update on the programme's activities.

On 20 March the World Health Organization (WHO) Regional Office for Europe published the annual report of its Health Technologies and Pharmaceuticals (HTP) Programme. The programme has the overarching goal of supporting access to essential, quality health technologies including medicines. In 2016, the HTP programme of work contributed to strengthening countries' pharmaceutical sector systems through advice on selection and responsible use of medicines, support to national regulatory authorities, the development or revision of national pharmaceutical policies, expanding the use of Health Technology Assessment (HTA), developing medicine pricing policies, and in new directions in procurement and supply chain management. The WHO Regional Office for Europe's support to countries in the region consisted in on-site participation in country activities through trainings, networking or conferences. Please find the WHO report [here](#).

HEALTH

A TASK FORCE TO BRIDGE HEALTH AND DIGITAL DOMAINS

27 February – The European Commission set up a task force aiming to further develop the digital strategy in health of DG CONNECT, DG SANTE, and other DGs.

Working across portfolios, the Task Force will make concrete proposals to improve healthcare in Europe through an enhanced use of data and technology. Data protection will also be a focus and making the exchange of data across the EU secure a priority. Pan-European cooperation networks will be strengthened in order to help accelerate genetic research and make the best use of supercomputing applications, which have the potential to reach more effective treatments and save lives, to analyse health data and enable more personalised care. Developing "people-powered" health and care systems" is indeed another aspect into which the task force will look. More information [Here](#).

THE REPORT ON THE EUROPEAN COMMISSION'S PUBLIC CONSULTATION ON THE SAFETY OF APPS SHOWS DISSATISFACTION WITH THE PROTECTION AGAINST RISKY APPS

The results of a Commission public consultation show that a large number of respondents still think that safety of apps is not ensured.

On 15 March the European Commission published the results of a public consultation in ran in June 2016 on the safety of apps and other non-embedded softwares. The European Commission received around 80 replies to the public consultation which dealt with questions such as: What type of apps or other non-embedded software pose safety risks? What kind of risks do they pose and which sectors are most affected? Whether citizens have encountered any problems with unsafe apps? Or questions over the regulatory coverage of the safety of apps, as well as whether the legislative framework has influenced the industry's decision to invest in apps. The respondents replied that health and well-being apps are those that pose the most safety problems, related to improper protection of personal data, or the risk to provide wrong information to users. Respondents think the sectors most affected by safety problems are the health, electronic communications/telecommunications, finance and home automation/domotics sectors. More than a third of respondent citizens said they experiences problems with the use of the app. Although those problems had no significant consequences, they occurred in areas such as data protection, an app turning on a house's lights, or compatibility problems. A bit more than the half of citizen respondents reported that there is not enough responsibility to hold someone responsible for a device's malfunction. Some respondents said that it is unclear who to contact in case of damage and fell that consumers are not protected in case of damage. Out of 14 citizens who took action to solve problems caused by an app, only five could solve the problem. Academia and industry pointed that the safety of apps is not adequately covered under the EU legislation. It could be increased via for instance the requirement to use clinically validated and accurate apps, as well as regulating them under the medical devices legislation. All in all, the industry said that the legal framework positively influenced investment decisions as it provides clarity. Please find the synopsis report [here](#).



HEALTH POLICIES

NEW BOOK ON HEALTHCARE FRAUD, CORRUPTION AND WASTE IN EUROPE

1 March – The European Healthcare Fraud and Corruption Network (EHFCN) and the NZa (the Dutch Health Authority) published the book "Healthcare fraud, corruption and waste in Europe. National and academic perspectives" as a follow-up of the conference 'Ensuring financially sustainable healthcare in Europe: countering fraud, waste and corruption'.

The sustainability and quality of European healthcare systems are threatened by fraud, corruption and waste. These issues are put under close scrutiny by the report which offers examples of best practices from European countries as well as a comparative overview. The book, which will be officially launched on 12 May, aims at raising awareness on the phenomena and enable a more efficient and effective fight against them.

Find out more [Here](#).

EUROPEAN PROJECT ON SELF-CARE HOLDS ITS FINAL MEETING IN BRUSSELS

The PiSCE project held its final meeting in Brussels. It was the opportunity to hear about what has been done by the project over its lifetime, as well as presentations and interventions from European Commissioners and academia on how self-care can help shape the healthcare of tomorrow.

On 17 March in Brussels the pilot project on the promotion of self-care systems in the European Union (PiSCE) held its final conference in Brussels. The project, which started in September 2014 and will end in May 2017 aims at supporting self-care, which is expected to support cost-effective healthcare resources utilisation. The project put 5 diseases in focus: Cold, athlete's foot, heartburn, urinary tract infection and cough and was divided up into three workstreams, namely on the promotion of self-care, guidelines for the development and production of communication tools for self-care and a report on proposing policy actions at EU level.

Speaking at the event, Professor Ilona Kickbush, from the Careum foundation, stressed the importance of acknowledging that a lot of care is taken over by patients. For instance, a lot of care is produced during everyday life and outside of acute care settings. She also underlined that a lot of healthcare depends on environmental factors. For Professor Kickbush, while we need to democratise health, such a democratisation must not aim at giving more rights to patients, but acknowledging the current situation. Professor Kickbush also underlined that patients that are involved in care coproduction are usually more satisfied than patients who aren't.

Dr. Bert Vrijhoef instructed participants that the future of healthcare is now, that the technology will drive the development of self-care and that removing barriers is important. Such barriers are silos of personal data, a clinical culture that does not value data quality, also separating relevant information from "noise". Dr Vrijhoef also mentioned the industry's bias to address the "worried well", i.e. people who worry about their health despite them being in good health. Lastly, Dr Vrijhoef mentioned that health system improvement requires change but change brings a range of challenges, such as organisational challenges.

John F. Ryan, European Commission Director for Public health, country knowledge, crisis management gave comments on the wider context in which PiSCE takes place. He pointed to the need to address sustainability problems in health systems, issues with chronic diseases prevention, the shortage of healthcare professionals, gender equality regarding access to healthcare and informed need to have studies on the impact of self-care. Regarding the reduction of the impact of chronic diseases, Mr Ryan informed about the existence of the UN High-Level group on noncommunicable diseases that is at the time trying to extract best practice on chronic diseases management. The European Commission is also working in guidelines on how to procure food in a nutrient-friendly way.

The guidelines on the promotion of self-care aim to enable its target users to promote self-care in minor conditions and ultimately to enable the readers of this guideline help themselves. They are divided up into 5 consecutive steps ranging from problem identification to the evaluation of the impact of self-care strategies. The communication initiatives aim at supporting documents developers, from leaflet to app developers. The last deliverable consisted in proposing policy actions and collaboration on self-care at EU-level. The policy recommendations include EU policy recommendations on self-care including establishing a framework that will encourage the exchange of best practices on self-care, securing an Engagement Platform to support national or regional initiatives on self-care, including self-care in school education and lifelong learning, including skills to support self-care as part of curriculum in education and training of health professionals, integrating new technologies to support people's self-care and embedding self-care in health literacy initiatives.

Please find the conference's agenda [here](#).



CALL FOR PROPOSALS, CONSULTATIONS

[Open Public Consultation on possible activities under a 'Commission Communication on a One Health Action Plan to support Member States in the fights against Antimicrobial Resistance \(AMR\)'](#)

27.01.2017 - 28.04.2017

[Open public consultation on the reform of VAT rates \(proposal for a Council Directive amending Directive 2006/112/EC on the Common system of value added tax as regards the rules governing the application of VAT rates\)](#)

20.12.2016 - 20.03.2017

[Public consultation on Building the European data economy](#)

10.01.2017 - 26.04.2017

PLANNED

Revision of 2008/118/EC Directive - Alcohol "Structures"
Mid-April 2017

Evaluation of the Fee System of the European Medicines Agency
September 2017

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Health information in the European Union
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in Brussels (Belgium)

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[Environmental noise policy](#)
in Brussels (Belgium)

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Active and healthy ageing – Addressing
the challenges of multi-medication in Eu-
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eHealth Week
in St Julian's (Malta)

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Second EU Compass Forum on Mental
Health and Well-Being
in Luxembourg (Luxembourg)

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Sixth Ministerial conference on Environ-
ment and Health
in Ostrava (Czech Republic)

STUDIES, VIDEOS, POSITIONS

[New HiT on the Maltese Healthcare System](#)
European Observatory - March 2017

[Listened to, but not heard? Social partners' multilevel involvement in the European Semester](#)
OSE - March 2017

[WHO QualityRights guidance and training tools](#)
WHO - March 2017