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**EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS**  
**EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE**  
**EUROPESE VERENIGING VAN STAFARTSEN**  
**DEN EUROPÆISKE OVERLÆGEFORENING**  
**ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ**  
**ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI**  
**DEN EUROPEISKE OVERLEGEFORENING**  
**ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES**  
**ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES**  
**EUROPEISKA ÖVERLÄKARFÖRENINGEN**  
**EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVNIKOV**  
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**EUROPSKA UDRUGA BOLNIČKI LIJEČNIKA**  
**ΕΒΡΟΠΕΪΣΚΑ ΑΣΟЦΙΑЦΙΑ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**  
**ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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In the past few months, I have:

### Meetings attended

1. All the EPHA Policy Coordination Meetings (one per month), representing and discussing the matters in relation with AEMH's interests.

June, July, September, October, November

2. The [EPHA conference](#) and general assembly (September)

I attended the GA where the standard subjects were presented: annual financial report, elections of Board, approval of new members, etc.

The conference addressed the future of public health in Europe just before the start of business of the new European Parliament and Commission as well as the review of the EU's long-term objectives (Europe 2020). The main topics discussed were:

- The public health consequences of the economic crisis
- The Transatlantic Trade and Investment Partnership (TTIP)

The former and new Commissioners for health were present, and made excellent presentations, Tonio Borg calling for more investment in public health and giving a "legacy" speech, and Dr. Andriukaitis explaining what he will be working on in relation with Juncker's priorities.

3. Met with ECDC representatives at AEMH's office (with Diana and Thomas - October)

We discussed their plan for the 18<sup>th</sup> November, on the occasion of the European Antibiotic Awareness Day (EAAD).

4. The EuropeanVoice (EV) health check annual forum meeting (November)

This Forum was to allow us to learn more about the opportunities and challenges in healthcare facing the EU for the next 5 years (term of the EC and EP mandate). Apart from presentations on existing health threats (Ebola, tuberculosis), we did not hear about anything that is not actual: representatives of patients, of the European Commission (Health and Research DGs), of the pharmaceutical industry and diseases presented the issues they are facing but we did not hear much about the solutions: involving more the patients in decision making process for healthcare, ensuring healthsystem sustainability with less funds but a better use of the latter, the role of the EU to mediate and collaborate in the latter, and the subsidiarity role of the EU in the field of health and care. Interestingly, it was the representative of WHO European region office who made the strongest plea for health to be higher on the social agenda at national and international level. He insisted on the importance of chronic diseases and on how they could be tackled, if more resources were dedicated to fighting them, with a specific focus on tobacco harm.

It was highlighted that "health is a political choice" and that protecting it should be part of education, right from the childhood – when this is insufficient, there should be more bans of unhealthy products.

### Advocacy work

5. Liaised with EPHA and took part in the [advocacy](#) for medicines and medical devices file to stay with DG SANCO, rather than be under the leadership of DG Enterprise and Industry, as planned by new EC President, JC Juncker. With the support of some key Member States and MEPs, the campaign succeeded and medicines are maintained within DG SANCO but it still unclear where medical devices.

AEMH was associated to this campaign, as it is important that medicines and medical devices are first considered as health products, before being associated with industrial and market matters.

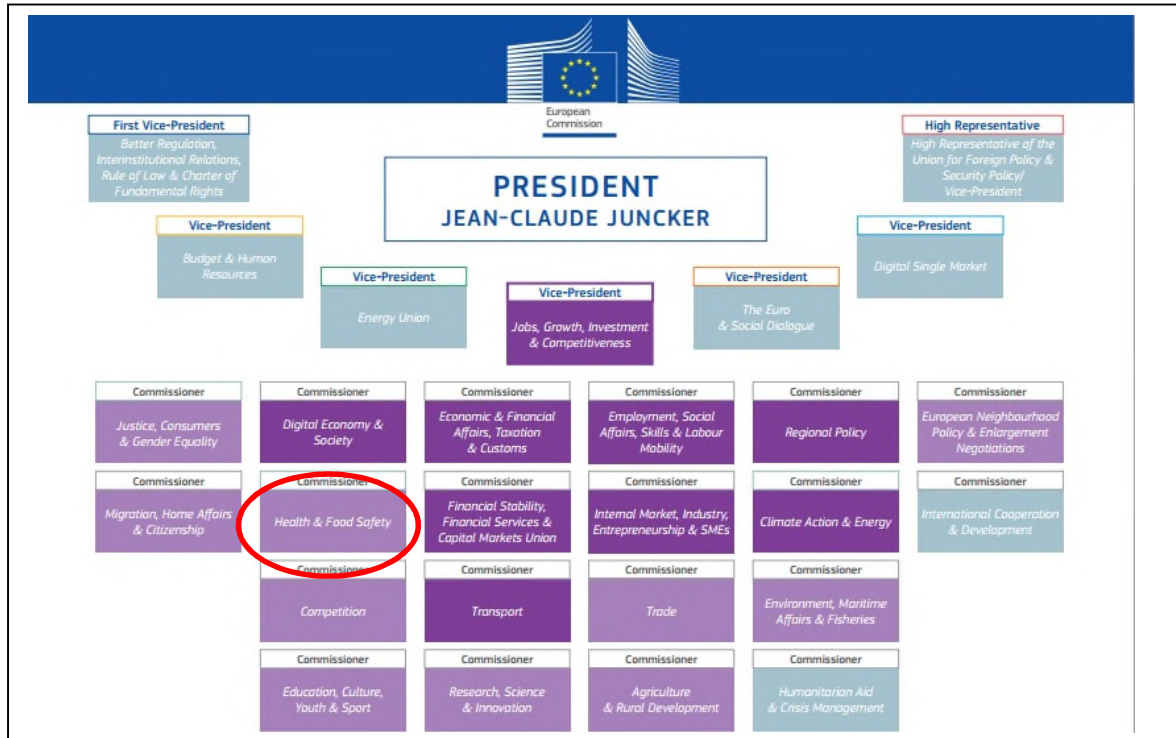
### Monitoring and communication

6. Monitored the developments and appointment of new [Commissioners](#). See brief presentations of the Commissioners who will matter for AEMH, at the end of this report.
7. Started profiling the MEPs members of the Environment and Health committee (“ENVI”) to find who could be potential supporters of AEMH

## Brief profile of new EU Commissioners’ responsibilities, relevant to AEMH

The new European Commission (2014-2019) is presided by Jean-Claude Juncker, a Luxembourgish politician, former prime minister and President of the Euro-Group. He is said to have very little interest in health related matters and to be a heavy drinker and smoker...

He organised the college of Commissioners by “clusters” (see graph below): Commissioners are members of project teams, which are led by Vice-Presidents – however, health does not seem to be under the leadership of any Vice-President, despite the fact that **Dr. Andriukaitis’ letter of mission** speaks about a close collaboration with the “jobs, growth, investment and competitiveness”



The new Minister for “Health and Food safety” is Vytenis Andriukaitis, a cardiac surgeon and historian by training, who has also been a politician for over 20 years in his home country, Lithuania. A social democrat, his role was instrumental, in 2013, when Lithuania held the EU presidency, for the adoption of the famous Tobacco Products Directive

There is no more Commissioner for the Internal Market, nor a specific Directorate General for this subject; instead there is now a Commissioner for “Internal Market, Industry, entrepreneurship and SMEs”. **Elżbieta Bieńkowska**, deputy Prime Minister in the last Polish government is heading this super portfolio. Her DG should be in charge of the sectoral professions, and, I suppose, all questions related to physicians’ training and responsibilities if the latter are still considered from a freedom of movement perspective.

**Marianne Thyssen** is the new European Commissioner for “Employment, Social Affairs, Skills and Labour Mobility”. A former Belgian MEP, Mrs Thyssen will be responsible for the free movement of workers and migration, skills development and promotion of lifelong learning, to ensure that European labour markets are able to deliver jobs and growth. She could also be responsible for sectoral professions, although it has not been mentioned in any of the documents related to the

distributions of files between the commissioners. The addition of the term “skill” to the name of the DG may well indicate that training of physicians, CPD and CME will be under her leadership.