

From: BILLAUX Cecile (CAB-MALMSTROM)
Sent: Thursday 5 February 2015 15:40
To: ASENIUS Maria (CAB-MALMSTROM); BURGSMUELLER Christian (CAB-MALMSTROM); CEBALLOS BARON Miguel (CAB-MALMSTROM); EICHHORN Nele (CAB-MALMSTROM); LARSSON Joakim (CAB-MALMSTROM); MUNGENGOVA Jolana (CAB-MALMSTROM); NORRGARD Catrine (CAB-MALMSTROM); NYMAN Jon (CAB-MALMSTROM)
Cc: Art. 4.1b (TRADE); (TRADE); (CAB-MALMSTROM); (TRADE); (TRADE)
Subject: Meeting CM/European Heart Network on TTIP/Reg coop/health, 02.02.2015
Attachments: follow up meeting with Malmstrom; Re: Protection of public services in trade agreements - follow-up to today's meeting

---please register in ares ---

Participants:

- Susanne Løgstrup, Director of European Heart Network (EHN)
- Fiona Godfrey, Director of EU Public Affairs, European Association for the Study of the Liver (EASL).
- Nina Renshaw, Secretary-General, European Public Health Alliance (EPHA)
- Emma Woodford, Director for Strategic Partnerships and Development, EPHA

EHN shared their priorities/concerns in TTIP negotiations in five areas:

- (1) Recognition of importance of non-communicable diseases as part of public health negotiations in TTIP
- (2) Mainstreaming public health in different sections of TTIP agreement (i.e. better quality of life, better environment, improving conditions for people) – idea of having a reference to contributing to improve the conditions of living as in the preamble of the WTO agreement
- (3) ISDS –not convinced ISDS is needed between two developed countries. CM stressed that inter alia ISDS would be important as non-discrimination principle is not part of US constitution law and there local courts can discriminate against foreign investors.
- (4) Clarity about public services exclusion – CM letter to the Social platform was shared with them after the meeting
- (5) Regulatory cooperation chapter - difficult to envisage how it will work and concerns that it would cause further delays and oversight of the US on level of protection for public health EU legislation in the future. Composition of the body? Democratic oversight? As regards car safety, US has no protection for pedestrians so it is wrong to say that EU and US have same levels of protection. CM stressed the advisory nature of the envisaged Regulatory Cooperation Council (RCC) and shared their views that strict timeframe for comments by RCC would be needed in order to avoid unnecessary delays and it should not affect the EU Right to Regulate either.
- (6) Access to medicines: EHN agrees that clinical trials convergence (when oversight/safety can be guaranteed) is important for getting the products quicker on the market and at a better price. At the same time, it is important that on the IP side, TTIP would not to lead to lengthening patent expiration time.
- (7) Transparency gains and link with trade secrets Directive: transparency gains made in the EU Clinical Trials directive should not be undermined by pressure from pharmaceutical companies, the FDA and the Trade Secrets Directive via the TTIP. Should be flexible enough to evolve over time to protect patient's rights, along the idea of a 'living agreement'.

CM was also officially invited to the EPHA conference on public health in Brussels on 2-3 September 2015.

For the DG especially - attached two follow-up emails from EHN which include more details on these aspects.