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European Year for Active Ageing and Solidarity between Generations 2012



EU INSTITUTIONS

EU COUNCIL

HUNGARY EU PRESIDENCY



<http://www.eu2011.hu/>

EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS COUNCIL

The Hungarian EU-Presidency organised on 4-5/04 an informal EPSCO Council. The overarching theme of the meeting was "*Patient and Professional Pathways in Europe*". It is essential for the healthcare systems to be upgraded; and healthcare professionals should have better working conditions, stressed the Minister of State for Healthcare. [More](#) Health ministers declared at the meeting that health worker migration is threatening the health services, therefore, Member States have to find a common solution. Professional salaries can be six times as high in certain western Member States compared with eastern ones. Member States have to find a common solution and they have to agree on the ethical exchange programmes. [More - Presidency: Upgrading the healthcare systems](#) A joint study by the European Observatory on Health Systems and Policies and the World Healthcare Organisation's was presented. The publication titled, "Health Professional Mobility and Health Systems - Evidence from 17 European Countries," examines the flow of labour force and its impact on the healthcare systems. [More](#)

EUROPEAN COMMISSION

AGEING

RESULTS ON PUBLIC CONSULTATION ON ACTIVE AND HEALTHY AGEING

In follow-up of the public consultation on the European Innovation Partnership on Active and Healthy ageing in January 2011, the Commission published a report with the analysis of the responses to this consultation. Overall, stakeholders

sent 524 contributions. The Commission analysis of the responses is available here: [report](#). AIM responded to the public consultation too. [More](#)

COMPANY LAW

PUBLIC CONSULTATION ON EUROPEAN COOPERATIVE SOCIETY

The European Commission launched a Public Consultation on the results of the study on the implementation of Regulation 1435/2003 on the Statute for a European Cooperative Society (SCE). The questionnaire is available in English, German and French. Deadline to respond is 15 June 2011. [More](#)

E-HEALTH

PUBLIC CONSULTATION ON EHEALTH ACTION PLAN 2012-2020 – DEADLINE 25 MAY 2011

The European Commission launched a public consultation to elaborate its new eHealth Action Plan for 2012-2020 with the aim to develop targeted policy initiatives aiming at fostering widespread adoption of eHealth technologies across the EU.

The Commission wants to focus on the following 4 issues:

- Increase awareness of the benefits and opportunities of eHealth, and empower citizens, patients and healthcare professionals
- Address issues currently impeding eHealth interoperability
- improve legal certainty for eHealth
- Support innovation and research in eHealth and development of a competitive European and global market.

The deadline of the consultation is 25 May 2011. [More](#)

NEELIE KROEAS ON ICT ACHIEVEMENTS FOR BETTER AGEING AND INDEPENDENT LIVING

On the occasion of a Conference organized on the 3rd European Day on Solidarity between Generations (29th May), the Commissioner for the Digital Agenda, Neelie Kroes, delivered a speech on benefits of the effective

deployment of ICT which is, according to the Commissioner, an essential component not only of healthy ageing and independent living but also of the sustainability of our healthcare system. [More](#)

HEALTH

FIGHT AGAINST ANTIMICROBIAL RESISTANCE MUST CONTINUE ON A GLOBAL SCALE

This year's World Health Day focused on the growing threat of potentially deadly bacteria developing resistance to antimicrobial drugs - especially to antibiotics. The Commission joins the World Health Organisation in calling for strengthened efforts to combat antimicrobial resistance, which is a global health hazard. In the Union alone, it is estimated that drug resistant infections cause more than 25,000 deaths and 1.5Bn€ in extra healthcare costs every year. [More](#)

HEALTH CLAIMS: PUBLICATION OF EFSA'S SET OF OPINIONS

The European Food Safety Authority's (EFSA) published its fourth set of opinions covering more than 440 health claims on food products. The four sets of opinions cover more than 2,100 health claims of the approximately 4,600 submitted for scientific advice. In total, the Member States submitted to the Commission more than 44,000 health claims. The Commission consolidated these into a list of approximately 4,600. EFSA is expected to finalise by the end of June 2011 its assessment of all claims on substances, other than the so-called "botanicals". The Commission will then immediately follow up in order to establish in one step the list of permitted health claims for all substances other than "botanicals". [More](#)

INTERNAL MARKET

SINGLE MARKET ACT: THE EUROPEAN COMMISSION ADOPTED TWELVE PRIORITY PROJECTS

On 13/04 the Commission adopted 12 priority projects to re-launch the single market. The leitmotiv for future action is "Growth and jobs". These twelve key actions are:

1. Access to finance for SMEs
2. Worker mobility in the Single Market
3. Intellectual property rights
4. Consumers: Single Market players
5. Services: strengthening standardisation
6. Stronger European networks
7. Digital Single Market
8. Social entrepreneurship
9. Taxation
10. More social cohesion in the Single Market
11. Regulatory environment for business
12. Public procurement

In our opinion (AIM-Secretariat), these decisions completely ignore the results which came out of the public consultation: the proposed study on mutual organisations included in Action 37 (priority 2 indicated in responses to public consultation), does not figure any more in the communication adopted by the Commission on 13/04. AIM President Budde sent a letter to President Barroso expressing the Association's disappointment. More information is available here:

- [Commission press release](#)

- [Single Market Act EN - FR](#)
- [Speech from President Barroso](#)

CORPORATE GOVERNANCE FRAMEWORK FOR EUROPEAN COMPANIES: WHAT NEEDS TO BE IMPROVED?

One of the lessons of the financial crisis is that corporate governance, until now usually based on self-regulation, was not as effective as it could have been. It is important that companies are better run. If companies are better run, not only is a future crisis less likely but they should also be more competitive. The European Commission has launched on 5/04 a public consultation that addresses the ways in which corporate governance of European companies can be improved. Corporate governance is traditionally defined as the system by which companies are managed and controlled. The consultation covers a number of issues such as how to improve the diversity and functioning of the boards of directors and the monitoring and enforcement of existing national corporate governance codes, and how to enhance the engagement of shareholders. The deadline for submitting contributions is 22 July 2011.

[More](#) - [Frequently Asked Questions](#) - [Green paper: The EU corporate governance framework](#)

COMMISSION PROPOSES UNITARY PATENT PROTECTION

The European Commission has tabled on 13/04 a package of two legislative proposals, under enhanced cooperation, that will allow any company or individual to protect their inventions through a single European patent which is valid in 25 Member States. The proposed regulations lay down the terms and conditions for obtaining unitary patent protection, its legal effects and the applicable translation arrangements. The draft regulations will now pass to the Council and the European Parliament for consideration. The Commission hopes Spain and Italy, who are not yet among the participants, will join the enhanced cooperation. [More](#) - [FAQ](#)

TAXATION: COMMISSION REQUESTS GERMANY TO EXTEND VAT EXEMPTIONS FOR SHARING COSTS OF SERVICES

The European Commission has formally requested Germany to amend its value added tax (VAT) legislation so as to extend the scope of the exemption from VAT for services supplied to their members by independent groups of persons with no right to deduct VAT. German legislation restricts this possibility to services in the medical and health care sector, whereas EU law requires such VAT exemptions to be available in all sectors. [More](#)

FREE MOVEMENT: COMMISSION REQUESTS GERMANY TO PAY BENEFICIARIES FULL PENSION GRANTED UNDER BILATERAL AGREEMENTS

The European Commission has requested Germany to pay pension beneficiaries the full amount of pensions granted under a bilateral agreement when a citizen moves to another EU Member State. The Commission considers that by reducing the amount of pension paid to the pensioner because they move residence to another Member State, Germany is creating an obstacle to free movement. The freedom to move and work in another Member State is an EU fundamental right, as is the right to export a pension. [More](#)

PROFESSIONAL QUALIFICATIONS: COMMISSION ASKS SWEDEN TO CHANGE ITS LAWS ON THE RECOGNITION OF GENERAL PRACTITIONERS' QUALIFICATIONS

The Commission has asked Sweden to comply with EU rules on the automatic recognition of general practitioners. The Commission considers that Sweden has breached these rules by maintaining two different qualifications for general practitioners: 'specialist in general medicine' (higher level) and 'Europa doctor' (lower level) and by not applying automatic recognition to all general practitioners of other EU Member States. This puts general practitioners from other Member States who want to work in Sweden at a disadvantage, as they are automatically recognised, at the lower level, as 'Europa doctor' only. [More](#)

PHARMACEUTICALS

MORE SAFETY ON HERBAL MEDICINAL PRODUCTS

From May 1st, the EU has reached the end of a transition period, based on a Herbal Directive (2004/24/EC), which was given producers and importers of traditional herbal medicinal products the necessary time to show that their products have an acceptable level of safety *and efficacy*. The expiry of the 7 year transition period set out in the Directive means that only medicinal products which have been registered or authorised can remain on the EU market after 1 May 2011. The Herbal Directive introduces a simpler registration procedure than for other medicinal products, in respect of the long history of use of traditional herbal medicinal products. [More](#)

FINANCIAL PENALTIES CONCERNING INFRINGEMENTS ON CENTRALLY AUTHORIZED MEDICINAL PRODUCTS

On 12th April, the European Commission launched a public consultation to describe the scope of amendments that the Commission is planning to put forward to Commission Regulation (EC) No 658/2007 concerning financial penalties for certain obligations in connection with centrally authorized medicinal products in the human and in the veterinary sector. The deadline for sending contributions is 30 May 2011. [More](#)

EU ANTITRUST INVESTIGATION ON US AND ISRAEL PHARMACEUTICAL COMPANIES

The European Commission has opened a formal antitrust investigation to assess whether an agreement between US-based pharmaceutical company Cephalon and Israel-based generic drugs firm Teva may have had the object or effect of hindering the entry of generic Modafinil in the European Economic Area. Modafinil is a medicine used for the treatment of certain types of sleeping disorders. The opening of proceedings does not mean that the Commission has conclusive proof of an infringement, only that it will investigate the case as a matter of priority. [More](#)

SOCIAL AFFAIRS

EU POPULATION OLDER AND MORE DIVERSE

The third Demography Report published on 1/04 in cooperation with Eurostat reveals Europeans are living longer and healthier lives. It also shows how

the structure of Europe's population is continuing to change with the number of over 60s in the EU is growing by 2m each year. The report confirms recent trends and brings new data on fertility, life expectancy and migration with a special focus on mobility and migration. It shows an increase in life expectancy where, on average, Europeans are now living two to three months longer for every year. The report provides timely data which will feed into the European debate on demographic change.

- [EU population older and more diverse – new demography report says](#) - [|de|](#) - [|fr|](#)
- [Frequently asked questions](#)
- [Latest figures on the EU demographic challenges](#)
- [Demography report 2010](#)
- [Eurobarometer survey on new Europeans](#)

EUROPEAN PARLIAMENT

EP STUDY ON DIFFERENCES IN COSTS AND ACCESS TO PHARMACEUTICALS IN THE EU

At the request of the EP ENVI committee (in particular Peter Liese) the LSE realised a study on differences in costs and access to pharmaceuticals in the EU. This report reviews the differences in the prices of pharmaceuticals among Member States. It presents an overview of the prices for pharmaceuticals protected by patents as well as those for off-patent pharmaceuticals subject to competition from lower-priced "generic" versions. The report reviews the approaches that Member States have used to regulate the pharmaceutical market on both the supply and demand sides, and assesses evidence regarding the impact of these different approaches on pharmaceutical prices, cost-containment, industry innovation. The report also considers the implications for patient access to pharmaceuticals. The report considers policy options to strengthen coordination among Member States and exchange best practice. [Report](#)

EP STUDY ON ROLE OF MINIMUM INCOME

The EP published a study on [The role of minimum income for social inclusion in the European Union 2007-2010](#). The study was realised at the request of the EP Employment committee.

BILL GATES: WE HAVE TO BE SMARTER ABOUT AID SPENDING

The fight against poverty and disease was in the spotlight on 5/04 when Microsoft founder and major private aid donor Bill Gates was in Parliament's Development Committee to present his Living Proof initiative, aimed at showing what can really be achieved by development aid. Private philanthropy versus government aid was one issue discussed. [More](#)

SINGLE MARKET: TIME TO ACT

On 6/04, the EP adopted three non-legislative resolutions as a first response to the proposed Single Market Act, which aims to relaunch the Single Market ahead of the 20th anniversary of Jacques Delors' original 1992 programme. Parliament's vote anticipated Commissioner Barnier's 13 April presentation of the final steps and measures to be taken. Each resolution sets out 5 key priorities, some specific proposals for legislation, and more general policy recommendations. An analysis of the content of these 3 reports was presented at the AIM European affairs expert panel meeting on 12/04 (cf. below). [More](#)

DHA IN BABY FOOD: EUROPEAN PARLIAMENT APPROVES HEALTH CLAIM

Proposals to allow producers to claim that adding the fatty acid DHA to baby food "contributes to the normal visual developments of infants up to 12 months of age" were backed by the European Parliament.

EU COURT OF JUSTICE

[Judgment of the Court of Justice in Case C-169/07 Hartlauer:](#)

For more information: <http://curia.eu.int/>

29 April 2011, "[Third European day on solidarity between generations](#)":
Join the campaign to mark 29 April 2010

**GENERAL NEWS****HEALTH INSURANCE****REFORM****EUROPE'S FAILING HEALTH**

Soaring costs in health expenditure have made it necessary to explore other ways of financing health systems, says the *Wall Street Journal*. "No longer do governments plan to rely almost entirely on taxpayers' money or social contributions". Reformers want to reduce the state's role in health-care delivery and introduce a competitive element, like in the Netherlands and Switzerland. Those against change are adamant that a health-care system without state involvement is health care without a heart. For example, looking at the English health reform, NHS staff representative says "There is absolutely no evidence that competition nurtures efficiency. That's a myth that promotes marketization and in the end makes health care more expensive. ... The big fear is that these reforms promote a system where you can top up. And this diminishes the quality of health and creates a two-tier system." Other says that "bringing the market into health care can serve everyone in terms of falling waiting times and improving the provision of health care". The need for innovation has never been stronger. [More](#)

TRENDS**REASONS FOR PLANNED EU CROSS-BORDER TREATMENTS: COST SAVINGS AND COMBINATION OF TREATMENT AND HOLIDAY**

These are the two key reasons for opting specifically for treatment in another European country, according to a study from the German Techniker Krankenkasse TK (2010). The latter reflects the trend towards health care tourism even among TK members. The vast majority are senior members over the age of 60. In future, TK would like to provide this group of members with an even greater level of professional advice on their way to the European health care market. This is TK is planning a further Europe Study which will concentrate on analysing the needs of these TK members and their experiences in other EU countries. "[German patients en route to Europe](#)", TK Europe survey.

ALTERNATIVE DOCTOR PAYMENT MODELS COULD MANAGE COSTS AND IMPROVE COORDINATION ACROSS THE CONTINUUM OF CARE

An often cited source of inefficiency in the Canadian system is its overwhelming reliance on the fee-for-service (FFS) physician payment mechanism, according to a research of Canadian Health Services Foundation. Inefficiencies resulting from FFS payments are especially important since physician expenditure is second only to hospital expenditure as a share of total public-sector spending on healthcare. The FFS payment mechanism creates financial incentives for physicians to encourage overconsumption of care, since physicians are rewarded for a higher volume of services. Alternative payment mechanisms that aim to reduce health expenditures by curtailing the provision of excessive (i.e. inefficient) care have been proposed and implemented in Canada and abroad (capitation, mixed payments, pay-for-performance and profit sharing). A mixed payment system that includes capitation and FFS components is a promising solution for Canada, says the author. Implementing a mixed payment system in combination with physician monitoring will provide physicians with incentives to consider costs and benefits of different treatment options, and thus lead to an efficient level and quality of care. [Physician Payment Mechanisms: Overview and Options for Canada](#)

CUTTING USELESS MEDICAL TREATMENTS TO MAKE SAVINGS

Primary Care Trusts in England are currently paying for treatments that cost the taxpayer money, and according to clinical experts have little or no real value to patients, says an Audit Commission. This needs to change. Cutting the number of treatments that have low clinical value would save the NHS €562m a year. Examples of the types of treatments that are deemed no longer necessary include: those considered to be relatively ineffective such as tonsillectomy; those where more cost effective alternatives are available, such as heavy menstrual bleeding - the treatment often used to be hysterectomy but alternatives exist; those where the benefit and risk balance is close, such as some cases of wisdom teeth extraction; some cosmetic procedures, such as orthodontics. A single national evidence base would also reduce variation in the treatments available and duplication of effort, added the Audit. Commenting on the findings the health minister said that decisions on the appropriate treatments should always be led by

clinicians who know their patients best, in line with NICE guidance. [More](#)

SPECIFIC NEWS

AGEING AND HEALTHCARE COSTS

“BOOMERANGST”- MYTH: THE AGING POPULATION IS TO BLAME FOR UNCONTROLLABLE HEALTHCARE

Healthcare costs don't inflate uncontrollably just because there are more seniors, according to a paper of the Canadian Health Services Foundation. “Boomerangst”, as it has been cleverly dubbed, isn't based in reality, so say the experts. While the impact of the aging population alone won't bankrupt the healthcare system, there is still a need to get age-specific cost increases under control, especially those related to death and dying, say experts. The good news is that problems expected to arise from population aging can be managed with smart changes to care delivery for the elderly. It's the other issues—such as the growing cost of healthcare services and the increased costs arising from technological innovation—that are causing expenditures to escalate. These are the cost drivers that require the foremost attention, says the paper. [More - FR](#)

CHERNOBYL

CHERNOBYL 25 YEARS ON: TIME TO ACT AND STUDY

Lessons have not been learnt and the full public health implications are unknown, states the *BMJ*. Latency periods for diseases caused by radiation generally extend from 10 to 60 years, so much could still be learnt and “no evidence of health damage” after comprehensive investigation would be a valuable result. Now it is time to act, both to ensure that the protection of the population exposed to fallout from Fukushima benefits from the experience of Chernobyl, and that the long term health effects of Chernobyl are subject to appropriate and ongoing study. Looking forward, the European Commission ARCH group's strategic research agenda recommends that a lifespan study—in part bringing together cohorts already under study in the most affected countries, Belarus, Russia, and Ukraine - is funded by the European Commission. [More](#)

EFFECTIVENESS OF HEALTH SYSTEM

EFFECTIVENESS OF THE PUBLIC HEALTH CARE SPENDING CAN BE RAISED

This year's issue of *Going for Growth* features a chapter on health care (Chapter 6), a key contributor to individual well-being and an important driver of long-term economic growth, according to OECD. The report has assembled new cross-country comparative data on health policies and health care system efficiency which show that there is room in all countries surveyed to improve the effectiveness of their public health care spending.

- On average across the OECD, life expectancy at birth could be raised by more than two years, while holding health care spending steady, if every country were to become as efficient as the best performers.

- For more than one-third of countries, better efficiency could improve life expectancy as much in the ten years to 2017 as in the previous ten years, while keeping health care spending constant.
- Alternatively, improving the efficiency of health care systems could result in large public spending savings approaching 2% of GDP on average.
- There is **no single type of health care system that performs systematically better** in delivering cost-effective health care. **It may thus be less the type of system that matters but rather how it is managed.** Policymakers should aim for coherence in policy settings by adopting best practices from the different health care systems and tailor them to suit their own circumstances. Nevertheless, the international comparison highlights a number of sources of potential efficiency gains, such as from improving the coordination of the bodies involved in health care management, strengthening gate-keeping, increasing out-of-pocket payments, enhancing information on quality and prices, reforming provider payment schemes or adjusting regulations concerning hospital workforce and equipment.

[New Look at OECD Health Care Systems: Typology, Efficiency and Policies](#)

EVIDENCE BASE MEDICINE

EVIDENCE MEDICINE MAKING IT BETTER

Evidence Based Medicine began as a “bottom-up” paradigm that taught medical residents to search the literature for the best available evidence and to critically appraise it for making patient care decisions, according to *Economic and political Weekly*. As its popularity increased, there evolved a huge market for ready-made EBM summaries and reviews and there is now a scramble to provide this service. Those who provide the service come to wield tremendous influence and power. This article describes the evolution of this important tool and the pitfalls in how it is practised. Marcia Angell editor of the *NEJM* for 20 years wrote, “It is simply no longer possible to believe much of the clinical research that is published or to rely on the judgment of trusted physicians or authoritative medical guidelines”. People in the healthcare field need to understand all these aspects of EBM if they are to exploit its potential for public health. [More](#)

HEALTH INEQUALITIES

GP INCENTIVE SCHEME HAS HAD LITTLE EFFECT ON HEALTH INEQUALITIES IN ENGLAND

In a study made by the King's Fund, the author said that a lot of money had been spent on financial incentives for GPs through the Quality and Outcome Framework (QOF) and therefore “it is disappointing that we have not gained greater return on investment so far in terms of health improvement in deprived areas.” QOF, introduced in 2004, rewards GPs for meeting a range of quality targets, such as on managing coronary heart disease, heart failure, and hypertension; cervical screening; and surveillance of child health. The BMA's General Practitioners Committee, said, “Health inequalities exist for reasons that stretch far beyond the reach of general practice. Addressing this is much more complex than simply altering the QOF. Tackling health inequalities is a matter for society as a whole.” The minister for care services, said, “The public health white

paper announced that at least 15% of the QOF should be devoted to public health incentives." [More](#)

PREVENTION

STUDY SHOWS CANCER SCREENING RESULTED IN OVERDIAGNOSIS BUT DOES NOT PREVENT PROSTATE CANCER DEATHS

Previous studies have questioned the short term benefit of prostate cancer screening, but these lack long term follow-up, says the BMJ. A 20-year randomised controlled study showed that the risk for overdiagnosis and overtreatment in the screening group is considerable. After 20 years of follow-up the rate of death from prostate cancer did not differ significantly between men in the screening group and those in the control group. It re-emphasises that screening using PSA testing and digital rectal examination will detect a large number of prostate cancers that don't need treatment.

Thus, before undergoing prostate specific antigen testing, asymptomatic men should be informed about the potential hazards of treatment with curative intent in case prostate cancer is diagnosed. The next goal for prostate screening should rather be to find ways of discriminating indolent tumours

from high risk tumours and to develop less aggressive treatment for indolent tumours rather than to optimise sensitivity of the diagnostic tests. [More](#)

UNIVERSAL ACCESS TO HEALTHCARE

UNIVERSAL ACCESS TO HEALTH CARE REMAINS FAR FROM A REALITY: MAKING HEALTH AID WORK BETTER

New Action for Global Health (AfGH) report "[Aid effectiveness for health: towards the 4th high level forum, Busan 2011](#)" highlights how European assistance for health in developing countries is falling short of promises, both in terms of how much is provided and how effectively it is spent. Indeed, [new figures from OECD](#) show that aid from members of the OECD's Development Assistance Committee rose by 6.5% in 2010, but remains well below the target of 0.7% required to meet the Millennium Development Goals (MDGs), at just 0.32%. European donors contribute relatively less to health than other international donors and total aid for health therefore remains well below the 15% of ODA necessary to reach the health MDGs by 2015. Today, universal access to health care remains far from a reality.

READERS' DIGEST

NEWSPAPER

EURO HEALTH

- New issue: [European Union law and health and Health Technology Assessment](#). Topics are: EU law and health; health technology assessment for implantable medical devices in Greece, Poland and Serbia; pharmaceutical policy reform (Croatia), pharmaceutical consumption (Spain) and the challenges and performance of managed competition (the Netherlands).

HEALTH ECONOMICS, POLICY AND LAW

- The [latest online issue](#): original research articles on pay scheme preferences in health policy, on antenatal care utilisation, on equity in Irish health care, on managed competition in the Netherlands and on competition and cooperation in anaesthesia.

HEALTH IN TRANSITION

- [Slovakia Health System Review 2011](#), *European Observatory on Health Systems and Policies*. The Slovak health system is a system in progress. Major health reform in the period 2002-2006 introduced a new approach based on managed competition. The challenges posed by an ageing workforce and professional migration may lead to a shortage of health care workers. Some key challenges remain: improving the health status of the population and the quality of care while securing the future financial sustainability of the system

OECD

- [New Look at OECD Health Care Systems: Typology, Efficiency and Policies](#) *OECD*. This year's issue of *Going for Growth* features a

chapter on health care (Chapter 6), a key contributor to individual well-being and an important driver of long-term economic growth. The OECD has assembled new cross-country comparative data on health policies and health care system efficiency, which show that there is room in all countries surveyed to improve the effectiveness of their public health care spending.

BOOKS - REPORTS – LINKS

COMPARISON OF HEALTH POLICY

- [Comparative health politics: the US and the UK](#), *Journal of Health Politics, Policy and Law*
- [Health care prioritizing in ageing strategies in UK and Hong Kong](#), *Health Policy*. In a survey comparing UK and Hong Kong, data show that the highest rankings were accorded to "treatment for children" and "high technology services in Hong Kong. Compared with the UK findings, there are stark contrasts in the low ranking of end-of-life care and the high ranking of high technology services among the HK population.

HEALTH SYSTEM GOVERNANCE – EU LAW

- [Health Systems Governance in Europe: The Role of EU Law and Policy](#), *European Observatory on Health Systems*

HEALTH PROMOTION

- [Health Promotion in Primary Care: How should we intervene? A qualitative study involving both physicians and patients](#), *Biomed*. The effects of tobacco, physical exercise, diet, and alcohol consumption on morbidity and mortality underline the importance of health promotion and prevention (HPP) at the primary health care (PHC) level. Likewise, the deficiencies when putting such policies into practice and assessing their

effectiveness are also widely recognised. The objectives of this research were: a) to gain an in-depth understanding of general practitioners' (GPs) and patients' perceptions about HPP in PHC, and b) to define the areas that could be improved in future interventions.

PERFORMANCE OF HEALTH SYSTEMS

- [Performance Measurement for Health System Improvement: Experiences, Challenges and Prospects](#), *European Observatory on Health Systems*. In a world where there is increasing demand for the performance of health providers to be measured, there is a need for a more strategic vision of the role that performance measurement can play in securing health system improvement. This volume, published in 2009 is now free to download.

PHARMACEUTICALS

- [Reimbursement of pharmaceuticals: reference pricing vs health technology assessment](#), Eur. J. Health Ec. The conclusions are that the role of reference pricing in making reimbursement decisions should be limited to drugs which are therapeutically equivalent. HTA is a superior strategy for obtaining value for money because it addresses not only price but also the appropriate indications for the use of the drug and the relation between additional value and additional costs. However, given the relatively higher costs of conducting HTAs, the most

efficient approach might be a combination of both policies.

SIMULATION OF HEALTH SYSTEM

- [Commissioning for the future: learning from a simulation of the health system in 2013/2014](#), *King's Fund*. The reforms in England set out in the coalition government's White Paper have wide ramifications, particularly for GPs. NHS Lincolnshire decided to help GPs to understand the issues and behaviours that might emerge as a result of the reforms by running a one day simulation exercise. It offers observations about individual and organisational behaviours and about system dynamics as a whole.

VARIATION IN HEALTHCARE

- [Variations in healthcare: the good, the bad and the inexplicable](#), *King's fund*. Variations in health care in the NHS are a persistent and ubiquitous problem. But which variations are acceptable or warranted – for example, variations driven by clinical need and informed patient choice – and which are not? The important question is how to promote 'good' variation and minimise 'bad' variation.

WORLD MALARIA DAY

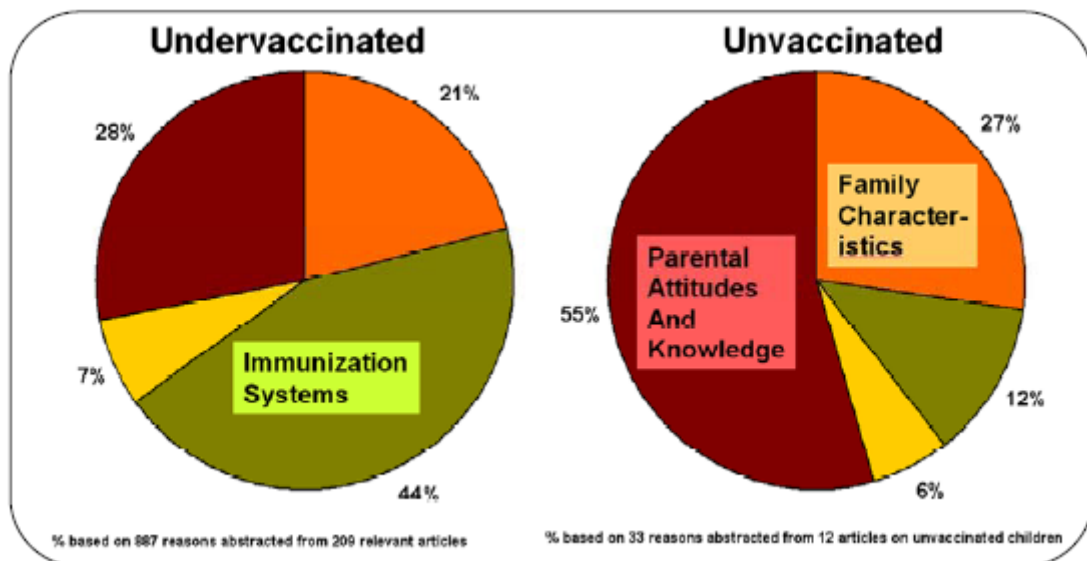
- The theme of the 4th [World malaria day](#)- on 25 April is "Achieving Progress and Impact - heralds the international community's renewed efforts make progress towards zero malaria deaths by 2015"

GRAPH OF THE MONTH

European Immunization week (23-30 April)

Nearly a million people in the WHO European Region do not receive basic vaccination and vaccine preventable diseases continue to cause illness, disability and even death. Immunization must be prioritized. [More](#)

Reasons for being un-/under-vaccinated



Source: WHO Europe, 2010

EVENTS

HUNGARIAN EU PRESIDENCY (SELECTION)

TRIO PRESIDENCIES

1/2010-6/2011: Spain, Belgium, Hungary

7/2011-12/2012: Poland, Denmark and Cyprus

HUNGARIAN EU PRESIDENCY (1-6/2011)



www.eu2011.hu/

- 19 May: [Employment, Social Policy, Health and Consumer Affairs Council](#)
- 6-7 June: Informal EPSCO
- 24 June: [European Council](#)

OTHER EVENTS

- (10-12 May, Budapest), 9th eHealth Ministerial Conference and the World of Health IT Conference
- 12-13 May 2011, Copenhagen, Denmark conference on [The role of social services of General Interest in EU law: new challenges and tensions](#)
- European Health Care Conference 2011 “[England and Germany in Europe – What lessons can we learn from each other](#)” - DE (Friday 20 May 2011, headquarters of TK in Hamburg, Germany), organised by Techniker Krankenkasse (TK), the Scientific Institute of TK for Benefit and Efficiency in Health Care (WINEG) and EHMA
- “[Observatory Venice Summer School 2011: the ageing crisis](#)”, European Observatory on Health Systems and Policies. 24-30 July 2011, San Servolo in Venice, Italy.

AIM

AIM WORKING GROUPS

EUROPEAN AFFAIRS EXPERT PANEL, 12 APRIL

The European affairs expert panel met on 12 April. Participants discussed a contribution from Vzajemna (Slovenia) on the Commission infringement procedure against the Slovenian complementary health insurance. Cornélia Federkeil-Giroux (FNMF) informed on cases where the Commission took action against France. In addition following topics were discussed:

- Mutual sector in Europe: EP study and announced Commission study
- EP Written Declaration N° 84 [more](#) - [AIM press release](#)
- European Single Market Act: results of consultation [More](#) and EP reports [More](#)
- Services of general interest: [EP draft own-initiative report on Social Services of General Interest](#) and [Proposed EMPL amendments](#)
- Commission communication of 23 March 2011 on the reform of EU state aid rules regarding Services of general economic interest [More](#)

- Directive on patients rights and cross-border healthcare: Simulation event (EHMA - INAMI - AIM) and Commission implementation roadmap
- Solvency II: results of QIS5
- 2012 European Year of active ageing
- On-going public consultations:
 - Consultation on the modernisation of EU public procurement policy - Towards a more efficient European Procurement Market (Deadline 18 April) [more](#)
 - Consultation on health security in the EU (deadline 29/04) [more](#)
 - Green Paper on the future of VAT - Towards a simpler, more robust and efficient VAT system (deadline 31/05) ([more](#))
 - eHealth Action Plan 2012-2020 [More](#)
 - Transparency measures regulating pricing & reimbursement of medicines [More](#)

Next meetings: 7 June and 7 July

Presentations and documents are available on the AIM Intranet.

AIM AGENDA (MAIN ITEMS)

- Pharmaceutical expert group (Brussels, 26 May)
- European affairs expert panel (Brussels, 7 June) on EP' study on Mutuals in Europe (if available).
- **AIM General Assembly (Brussels, 15-16-17 June 2011)**
 - 15/6: Disease Management and Telemedicine
 - 16/6: *Morning*: International Cooperation Committee * – *Afternoon*: European Affairs Committee**
 - 17/6: *Morning and Afternoon*: General Assembly and Board of Directors**
- * *Simultaneous French, English and Spanish translation.* - ***Simultaneous French, English and German translation.*
- European affairs expert panel (Brussels, 7 July)

The monthly AIM Flash is compiled by Ph. Swennen, R. Kessler and M. Machalska.
For more information on one of the topics mentioned above, please contact the AIM Secretariat.
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