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European Year for **Active Ageing**  
and **Solidarity between Generations 2012**



## EU INSTITUTIONS

### EU COUNCIL



<http://pl2011.eu/en>

#### POLAND EU PRESIDENCY

The Polish Presidency (from July - December 2011) along with the new troika (Denmark and Cyprus) will focus its health policy priorities mainly on following focal issues:

- Reduction of Health gaps between EU countries
- Health determinants, especially nutrition and physical activity (prevention, health promotion and education)
- Chronic diseases: prevention and control of respiratory diseases in children
- Children's communication problems aimed at hearing, vision and speech
- Preventing and treating brain degenerative disease (e.g Alzheimer), mainly focused on elderly care and looking at innovation in care across social and health silos
- Pharmaceuticals : Information to Patients on prescription medicines

[Polish Presidency priorities](#) -

[Trio Presidency Programme](#) (Poland, Denmark, Cyprus) - [More](#)

#### EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS

The Health Council on 6 June adopted conclusions on following issues:

- [Towards modern, responsive and sustainable health systems](#). The Commission was invited to initiate a reflection process under the auspices

of the Working Party on Public Health at Senior Level.

- [Innovation in the medical device sector](#)
- [Childhood immunisation: successes and challenges of European childhood immunisation and the way forward](#)
- [The European Pact for Mental Health and Well-being: results and future action'](#)

For more information, see the e-Mail of AIM Secretariat of 6/06. [More on Council conclusions](#)

#### EMPLOYMENT AND SOCIAL POLICY COUNCIL MEETING ON 17 JUNE 2011

The EU's Council of Employment and Social Policy Ministers met on 17 June. Most important issues concerned:

- Progress report on the Directive regarding **equal treatment** irrespective of religion or belief, disability, age or sexual orientation. The directive aims at extending the protection against discrimination i.e. to social protection, social security and healthcare. During the Hungarian presidency, the discussions have focused on the provisions concerning "reasonable accommodation" for persons with disabilities. [More](#)
- Information about the agreement on the Commission's proposal to designate 2012 as the European Year of Active Ageing and Solidarity between Generations
- Progress report on negotiations to amend the existing regulations 883/2004 and 987/2009 on the **coordination of social security schemes**
- The Council endorsed the Social Protection Committee opinion on the **social OMC** on how best to ensure coherence between objectives and working-methods of the social OMC in the new context of the Europe 2020 strategy. The Social OMC should continue working in a holistic way along its three strands: social inclusion, pensions and health care and long-term care. The overarching objectives of the Open Method of

Coordination for social protection and social inclusion are to promote

- eradication of poverty and social exclusion
  - Adequate and sustainable pensions
  - Accessible, high-quality and sustainable **healthcare and long-term care**
- The adoption of Council conclusions on Child Poverty, on reconciling work and family life in the context of demographic change and on the European disability strategy 2010-2020.

[More](#)

#### PROGRESS ON FOOD LABELLING

A compromise text aimed at ensuring that food labels carry essential information in a clear and legible way has been endorsed on 22/06 by the Permanent Representatives Committee (Council level).

The main objective of the new regulation is to enable consumers to make balanced and healthier dietary choices. In order to achieve this, prepacked food must in future be labelled with the energy value and the quantities of fat, saturates, carbohydrates, protein, sugars and salt ("mandatory nutrition declaration").

In order to enter into force the compromise text must be approved by the European Parliament (early July) and the Council (probably after the summer break) in second reading and published in the Official Journal of the EU. [More](#) - [FAQ](#)

#### EUROPEAN COUNCIL MEETING ON 23/24 JUNE

The European Council met on 23-24 June. One of the main discussion topics concerned the economic policy in Europe. The European Council assessed the first semester and endorsed country-specific recommendations to be taken into account in upcoming national decisions on budgets and structural reforms. [More](#)

### EU COMMISSION

#### CONSUMER PROTECTION

##### BETTER INFORMATION TO CONSUMERS ON SPECIALIZED FOOD PRODUCTS

On 20 June the European Commission adopted a draft regulation that will better inform consumers across the EU on specialised food products/dietetic foods. The draft regulation strengthens and clarifies provisions for foods intended for vulnerable groups of the population who need particular protection – namely infants and children up to three years old, and people with **specific medical conditions**, such as cancer patients or individuals with metabolism disorders. [More](#) - [FAQ](#) - [MEMO](#)

#### GENERAL AFFAIRS

##### POPULATION PROJECTIONS 2010-2060

According to an EUROSTAT study EU27 population is expected to peak by around 2040. One person in eight aged 80 or more in 2060. The EU27 population is projected to increase from 501 million on 1 January 2010 to 525 million in 2035, to peak at 526 million around 2040, and thereafter gradually

decline to 517 million in 2060. The EU27 population is also projected to continue to grow older, with the share of the population aged 65 years and over rising from 17% in 2010 to 30% in 2060, and those aged 80 and over rising from 5% to 12% over the same period. [More](#)

#### HEALTH

##### TACKLING CANCER IN EUROPE – OPEN FORUM OF THE EUROPEAN PARTNERSHIP FOR ACTION AGAINST CANCER (EPAAC)

EPAAC held its first open forum on 14 and 15 June 2011 in Madrid. The discussions focused on cancer care and research, including important issues such as:

- the need for guidelines for pediatric oncology
- increasing importance of psychosocial health for oncology patients
- nutritional support for patients
- challenges posed by rare cancers
- cancer control and health-policy perspectives
- coordination of funding for European projects
- best practices from EU funded projects
- stakeholder views on EPAAC (patients, industry, EU).

Presentations should be made available by end of July. To tackle cancer on a European level, the European Partnership for Action against Cancer (EPAAC) was set up in February 2011. This three-year joint action, co-funded by the EU Health Programme, brings together 37 partners from across Europe in an effort to consolidate knowledge and identify important fields for cancer control in the future. AIM participates in the work package on Cancer Prevention and Health Promotion as a collaborating partner. All AIM members are invited to share their activities on cancer prevention in order to be able to promote them within the partnership. [More](#)

##### EUROPEAN HEALTH INSURANCE CARD (EHIC)

National administrations provided new figures on European Health Insurance Card. Over 188 million people in Europe now have an EHIC (or a replacement certificate). This is over 37% of the total EU population. [More](#)

##### FIGHT AGAINST TOBACCO: EUROPEAN COMMISSION LAUNCHES A PAN-EUROPEAN CAMPAIGN

"Ex-smokers are unstoppable" is the slogan of the EU-wide campaign launched on 16/06 by European Commissioner for Health and Consumer Policy. Tobacco is the single largest cause of avoidable illness in the European Union and the estimated cause of death of over 650,000 people in the European Union every year. 1 in 3 people smoke. The 3 year campaign will focus on the positive effects of stopping smoking. [More](#) - [FAQ](#)

##### HEALTH AND ENVIRONMENTAL EFFECTS OF FLUORIDE

The Commission's independent Scientific Committee on Health and Environmental Risks (SCHER) has published its critical review of the hazard profile, health effects, and human exposure to fluoride and fluoridating agents in drinking water.

The critical review covers all possible sources of exposure to fluoride and includes a range of possible exposure scenarios (e.g. sources and age groups). It also evaluates the effectiveness of fluoride in

preventing tooth decay and identifies exposure scenarios of particular concern.

The full document can be found [here](#). More information on SCHER can be found [here](#)

#### **BLOOD, TISSUES AND ORGANS**

The European Commission published its [2nd report on Voluntary and Unpaid Donation of Tissues and Cells](#).

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### **INTERNAL MARKET**

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#### **CONSULTATION ON MODERNISATION OF PROFESSIONAL QUALIFICATIONS DIRECTIVE, INCLUDING HEALTH PROFESSIONS**

On 22/06, the European Commission published a Green Paper to launch a public consultation on the modernisation of the Professional qualifications Directive. A part of the consultation focuses specifically on [health professions](#) (language requirement, minimum training period, etc.). Contributions should be submitted before 20 September 2011.

Click here to read the [consultation document](#). More information on the consultation is available [here](#). Commission press release in several languages is available [here](#).

#### **EVALUATION RESULTS OF CONSULTATION ON EU PUBLIC PROCUREMENT FRAMEWORK**

On 24/06 the Commission published the results of a comprehensive evaluation of the impact and effectiveness of EU public procurement legislation. It also published a synthesis of the main views expressed by the over 620 respondents to the Green Paper on modernisation of EU public procurement legislation ([IP/11/88](#)). The consultation also focused on **health spending and the inclusion of socially responsible requirements in public procurement**. The reform of public procurement legislation is one of the 12 priority actions articulated in the Single Market Act, which was adopted in April. The Commission will draw on the evidence collected in the evaluation, and the insights obtained from stakeholder consultation, to prepare its legislative proposals before the end of 2011. [More – Comprehensive evaluation report – More on Commission Website - FAQ](#)

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### **PENSIONS**

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#### **PENSION FUNDS: COMMISSION REFERS POLAND TO COURT AND CALLS ON ESTONIA TO COMPLY WITH EU RULES**

On 16/06 the European Commission decided to refer Poland to the Court of Justice of the EU for failing to fully implement the Occupational Pensions Directive into national law. It also sent Estonia a reasoned opinion for not fully and completely implementing the Directive into national law.

This directive allows pension funds to manage occupational pension schemes for companies which are established in another Member State and allows a pan-European company to have only one pension fund for all its subsidiaries across Europe. [More](#)

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### **PHARMACEUTICAL SECTOR**

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#### **GLOBAL HEALTH POLICY FORUM**

The meeting of the Global Health Policy Forum on 16/06 focused on access to medicines in developing countries. [More](#)

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### **RESEARCH**

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#### **COMMISSION REPORT HIGHLIGHTS EUROPE'S INNOVATION EMERGENCY AND ANALYSES MEMBER STATES' PROGRESS**

The EU's innovation performance needs major improvements in many areas if the [Europe 2020 strategy](#) is to deliver smart sustainable growth, concludes the European Commission's 2011 [Innovation Union Competitiveness Report](#). Europe needs more and "smarter" investment in both public and private research and development – not only does this boost growth in the medium-term, it also has a counter-cyclical effect in times of crisis. [More](#)

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### **RIO + 20 CONFERENCE**

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#### **TOWARDS A GLOBAL GREEN ECONOMY AND BETTER GOVERNANCE**

On 20 June the European Commission adopted a Communication preparing the ground for the EU's position at the Rio+20 UN Sustainable Development Conference, which will be held in Rio de Janeiro in June 2012.

The Communication outlines objectives and specific actions on the two inter-linked themes of the Conference: enabling the transition to a green economy in the context of sustainable development and poverty eradication, and ensuring better governance for sustainable development. [More](#)

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### **SOCIAL POLICY**

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#### **EU LEADERS ENDORSE COMMISSION'S PLAN FOR ROMA INTEGRATION**

The European Commission's EU framework for national Roma integration strategies ([IP11/400](#), [MEMO/11/216](#)) was endorsed on 24/06. Under the EU Framework for national Roma integration strategies, each of the EU's 27 countries will set out how they intend to improve the situation of the most vulnerable Roma communities living on their territory. Member States will have to address four key areas for better social and economic integration – education, employment, **healthcare** and housing – and set out measures proportionate to their Roma population. EU funding and a strong legal framework to combat discrimination are available to support national efforts. Governments have until the end of 2011 to submit their national strategies. The European Commission will then assess the plans and report back next spring. [More](#)

#### **EU EMPLOYMENT AND SOCIAL SITUATION QUARTERLY REVIEW**

According to the new EU Employment and Social Situation Quarterly Review, the EU labour market is continuing to recover but at a slow pace and with large variations across EU countries.

Even if the overall trends during the last year points to a slight recovery of the labour market, long-term social

risks are apparent, especially for specific sub-groups, including young people, migrants and low-skilled.

The impact of the crisis on the risk of poverty or exclusion is beginning to appear in some Member States. Material deprivation and especially those aspects relating to financial stress faced by the households reflect the social impact of the crisis.

[More](#)

#### **THE SOCIAL DIMENSION OF THE EUROPE 2020 STRATEGY: REPORT OF THE SPC**

The Europe 2020 strategy aims to deliver high employment, productivity and social cohesion. This report of the Social Protection Committee (SPC), a policy forum for Member States and the Commission, on Europe 2020's social dimension examines actions to promote inclusion and reduce poverty. It details the current poverty and social exclusion situation in the EU and assesses related policy options for addressing these challenges. It also outlines findings of the SPC thematic work on social inclusion and protection in 2010. [More](#) - [en](#)

### **EUROPEAN PARLIAMENT**

#### **EP STUDY ON MUTUALS**

On 27/06, the Dutch organisation "Research voor Beleid" presented the report on mutuals to the EP. The meeting was limited to the participation of MEPs only. The powerpoint presentation is available at the AIM Secretariat. The study should be published in July 2011.

#### **THE FUTURE FOR SOCIAL SERVICES OF GENERAL INTEREST (SSGI) - DE ROSSA**

After agreement on the 38 compromise amendments and a vote of more than 300 amendments, the Employment Committee adopted the draft report early June.

The report highlights the importance of the SSGI for the quality of life, their economic contribution and for

maintaining social cohesion. SSGIs play an important role as socio-economic stabilisers during crises but they face key challenges to maintaining quality in their delivery, adequate and efficient financing and clear rules ensuring legal certainty.

The report supports the modernisation of EU public procurement rules, the review of State Aides undertaken by the Commission and calls for the introduction of social criteria relating to the provision of services. It urges the Commission to recognise the non-market characteristics of SSGI and to ensure conformity with Single Market and the social provisions of the Treaty.

The report proposes in particular the establishment of a high-level stakeholder Working Group to be co-chaired by representatives of the Parliament and the Commission to consider, among others, establishing a European Observatory for SSGI, to clarify legal uncertainties, to evaluate the impact of single market regulations on SSGI provision, the gender dimension of SSGI, the promotion of innovations and actions based on the European Voluntary Quality Framework (EVQF).

It also calls for a 4th European Forum on SSGI to continue the initiative of the 2007 Ferreira report to review progress on reform and for the proposed Working group to submit a progress report to the 4th Forum. Finally it puts forward proposals regarding the EVQF.

The report is scheduled to be voted in early July Plenary. [More](#)

#### **BLOOD DONATION SAVES LIVES, NEEDS MORE PROMOTION**

Voluntary blood donation is on the rise in the EU, but young Europeans are giving less than the older generation. According to MEPs who regularly donate blood this is the ultimate expression of generosity and solidarity and it should be promoted. On 15/06 the Environment Committee discussed the latest European Commission report on blood donation. [More](#)

## **GENERAL NEWS**

### **HEALTH INSURANCE / SYSTEM**

#### **REFORM**

#### **COMPETITION KEY TO COST CONTAINMENT IN THE NETHERLANDS? A MYTH THAT OBSCURED A CRUCIAL REALITY.**

Advocates of the system of competition among private insurers, introduced in 2006 in The Netherlands, argued that it would reduce health care spending, enhance consumer choice, and improve the quality of care and the health system's responsiveness to patients, says an article in the *NEJM*. The reality of managed competition in the Netherlands, however, has not matched the rhetoric, say the authors of the article. Four key points emerge from the Dutch experience.

- Competition has not sharply slowed the rate of growth in health care spending. Reforms aimed at increasing and managing competition also produced high administrative costs and complexity.

- Some Dutch people remain uninsured, and there has been a substantial increase in the number of insured persons failing to pay their insurance premiums.
- The expansion of consumer choice has not worked as envisioned. Only about 4% of the Dutch population changes plans each year and accelerating consolidation of the health insurance market has restricted meaningful choice of insurance plan, with four insurance conglomerates control about 90% of the health insurance market. Recent polls suggest public dissatisfaction with private insurers.
- Notwithstanding the rhetoric of competition, the Netherlands still relies heavily on regulation. Indeed, the Dutch case shows that competitive systems that seek to escape supposedly centralized, bureaucratic control of medical care paradoxically require sophisticated regulation and government intervention in order to work.

Systemwide regulation of spending, rather than competition among insurers, is the key to controlling health care costs, stresses the article. The Netherlands, after all, spent much less on medical care than the US with virtually universal insurance coverage long before it began experimenting with managed competition in 2006. [More](#)

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## TRENDS

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### HEALTH SPENDING CONTINUES TO OUTPACE ECONOMIC GROWTH IN MOST OECD COUNTRIES

Health spending reached 9.5% of GDP on average in 2009, the most recent year for which figures are available, up from 8.8% in 2008, according to OECD Health Data 2011. But health spending as a share of GDP is likely to stabilise or fall slightly in 2011. This is due to improving economic growth and lower health spending as governments seek to rein in budget deficits. While governments must do more to get better value for money from healthcare spending, they must also continue pursuing their long-term goals of having more equitable, responsive and efficient health systems. The rise in the health spending share of GDP was particularly marked in countries hard hit by the global recession. In Ireland, the % of GDP devoted to health increased from 7.7% in 2007 to 9.5% in 2009. In the UK, it rose from 8.4% in 2007 to 9.8% in 2009. [More](#)

## SPECIFIC NEWS

### EVIDENCE OF DISEASE MANAGEMENT

#### GERMAN DIABETES MANAGEMENT PROGRAMS IMPROVE QUALITY OF CARE AND CURB COSTS

Impact of disease management programs is still uncertain, according to an article in *Health Affairs*. A four-year study of nearly 20,000 enrollees in a diabetes management program in Germany (Barmer health insurance), where more than 14 % of total health spending is for diabetes care, overall mortality for patients, complications, frequency of hospitalisation and drug and hospital costs were all significantly lower for patients in the program compared to the control group. The German disease management program is based in primary care practices and carried out by physicians, and it draws on their personal relationships with patients to promote adherence to treatment goals and self-management. These results suggest that the German disease management program is a successful strategy for improving chronic illness care. [More](#)

### HEALTH SYSTEM APPROACH

#### GOING HORIZONTAL – SHIFTS IN FUNDING OF GLOBAL HEALTH INTERVENTION

Health systems researchers have long debated whether health care is better organized separately for one or a few specific diseases (vertically) or jointly for many diseases through general health care systems (horizontally), according to the *NEJM*. For example, the Global Fund initiatives have made great strides in reducing deaths from such diseases as HIV, TB, malaria, etc, but at a great cost to many developing countries' health care delivery capabilities. Their programs have led to a critical reduction of the primary healthcare workforce

because of the higher salaries they provide compared to the government. The long-needed global shift in funding to horizontal programs has been delayed for too long.

The apparent policy shift in global health funding from vertical toward horizontal interventions carries the promise of improving health care delivery in developing countries — but also the danger of failure, if changes in delivery structures are undertaken without regard for local health threats, context, and capacities. [More](#)

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## MEDICAL DEVICES

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### CLINICAL DATA ON HIGH RISK MEDICAL DEVICES SHOULD BE MADE PUBLICLY AVAILABLE

Doctors and patients should have access to information on clinical trial data used to approve high risk medical devices so that they can make informed decisions about the devices they use, a WHO agency says, according to the *BMJ*. In a report the Belgian Health Care Knowledge Centre, part of WHO's Health Evidence Network, recommends that the EU Medical Devices Directive should be adapted to require all manufactures of high risk medical devices to carry out "high quality randomised trials . . . with clinically relevant endpoints." Its report places more emphasis on testing devices for their clinical effectiveness rather than the current focus on assessing safety and performance. The Belgian Agency claims that centralising the process of approving devices could be a way of harmonising the standards across the EU and providing conditions to make the process of pre-market evaluation more transparent. [More](#)

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## PHARMACEUTICALS

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### BIG PHARMA WOULD LIKE TO BEFRIEND YOU

The pharma industry can use social media to create "personal relationships" with patients and healthcare providers, said a "webinar" sponsored by big pharma, according to the *BMJ*. The benefits of "social CRM" (customer relationship management), include the ability to direct patients to branded drug sites, recruit patients into clinical trials, and to collect business intelligence on patients and healthcare providers. It also allows the industry to identify "KOOLs" (key online opinion leaders). For the industry, social media can reduce advertising costs and give companies the ability to target specific individuals. More controversially they also give drug companies the ability to improve the credibility of their message by packaging promotional material as personal experience and effectively to disguise marketing messages as independent, third party assessments, which are then spread across social networks.

In November 2010 four public interest organisations filed a 144 page complaint with the US Federal Trade Commission to investigate what they called a "sophisticated and largely stealth medical marketing apparatus designed to promote the use of specific brand drugs and influence consumers," by using "unfair and deceptive advertising practices that consumers face as they seek health information and services online." [More](#)

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## QUALITY

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### MORE THAN ONE THIRD OF DIABETIC PATIENTS HAVE POOR BLOOD GLUCOSE CONTROL IN ENGLAND

More than one third of patients diagnosed with type 1 or type 2 diabetes have blood glucose levels above recommended targets putting them at high risk of complications, warn results from the latest audit of diabetes care in England, says the *BMJ*. Glucose control was particularly poor in patients with type 1 diabetes, with only 28% of achieving the HbA<sub>1c</sub> target. Patients in this group tended to be young and from the most deprived areas of the country. The author suggested that healthcare managers and clinical staff need to work together to provide accessible care tailored to patients. They also need to be more rigorous in ensuring that all patients with diabetes have all of the recommended checks and receive appropriate treatment to reduce their risk of diabetic complications. [More](#)

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## SOCIAL PROTECTION FLOOR

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### SUPPORT MOUNTS FOR A SOCIAL PROTECTION FLOOR FOR THE WORLD'S MOST VULNERABLE PEOPLE

The decision to work towards a global policy on essential social services was taken by consensus

during a session of an ILO committee on social protection and formally approved on 17 June by ministers from 183 countries attending the annual ministerial meeting. The blueprint should consist of four basic social security guarantees: nationally defined minimum levels of income security during childhood, working age and old age, and affordable access to essential healthcare, the draft report says. The move for a minimum global social protection floor has gathered momentum with the onset of the global financial crisis. It has strong political support from President Nicolas Sarkozy of France in his capacity as rotating head of the G8 and G20. Such guarantees can sometimes have "a tremendous impact on poverty reduction," said M. Cichon from ILO, who pointed to countries such as Mexico, South Africa, Nepal, and Ghana that had introduced basic benefits. [More](#)

### THERE IS AN IMPORTANT PETITION GOING ON

Sign up and support the Social Protection Floor Initiative. Many thanks.

<http://www.gopetition.com/petitions/signature-campaign-social-protection-floor.html>

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## READERS' DIGEST

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### NEWSPAPER

#### EURO OBSERVER

- New Euro Observer: [Mobility of health professionals in Europe](#). European Observatory on Health Systems. The issue looks at the factors that influence health professional mobility between the countries of Europe. Case studies on Germany, Lithuania, Poland, Romania, Spain and the United Kingdom.

#### HEALTH AFFAIRS

- June 2011 edition: [Strategies For The 'Decade Of Vaccines'](#)

#### HEALTH ECONOMICS, POLICY AND LAW

- [Latest issue](#). Perspective on patient safety and care quality in France and the US; Link between patient information and physician career satisfaction; Productivity in the NHS; Prescription drug prices in the OECD; The generic drug market in Japan; Offering risk-sharing contracts to pharmaceutical companies; Preferences for funding orphan drugs.

### BOOKS - REPORTS – LINKS

#### ENVIRONMENT AND HEALTH

- [Environmental burden of disease associated with inadequate housing. Summary report](#), WHO Europe, 13 p. Improving housing in a way that removes or minimizes the negative impact on health and safety and promotes a healthier living environment is good for the residents and beneficial for society.

#### HEALTHY AGEING

- [Active Ageing and Prevention in the Context of Long-Term Care. Rethinking Concepts and Practices](#), European Centre for Social Welfare Policy. 17 p. Relating prevention with long-term care is often thought of as something contradictory. It generally provokes the question whether preventive or activating measures are still feasible or even existent for a person already in need of long-term care. Occasionally it is even considered sarcastic to speak of prevention or rehabilitation when long-term care has already entered the stage.

#### INCENTIVES FOR HEALTH PROMOTION

- [Incentives, health promotion and equality](#), Health Economics, Policy and Law. The paper begins with an overview of existing and proposed incentive schemes, with distinction between 'positive' and 'negative' incentives. It assesses them with respect to equality of access and equality of outcomes. It concludes by considering a number of trade-offs and caveats relevant to the assessment of incentive schemes.

#### INTERNAL MARKET AND HEALTH

- ["European Health systems and the internal market: reshaping ideology"](#), *Healthcare analysis*. Departing from theories of distributive justice and their relation with the distribution of health care within society, especially egalitarianism and libertarianism, this paper aims at demonstrating that the approach taken by the European Court of Justice regarding the application of the Internal Market principles (or the market freedoms) to the

field of health care services has introduced new values which are more concerned with a libertarian view of health care. Moreover, the paper also addresses the question of how these new values introduced by the Court may affect common principles of European health systems, such as equity and accessibility.

**LONG TERM CARE**

- [Quality management by result-oriented indicators: Towards benchmarking in residential care for older people](#). European Centre for Social Welfare Policy (Austria). This Policy Brief is an output of the European project which lies within the framework of the PROGRESS programme of DG EMPL.
- [Patients need information. Is that clear?](#), *Cancer World*. The urgent quest for novel cancer treatments engages much of the attention, but could one be overlooking other opportunities for increasing patients' survival and quality of life? We know that providing patients with clear information is important for outcomes. Patients who understand more

about their disease, their treatment and their general health often feel more able to cope and can contribute to improving their survival and quality of life through the choices they make. And we can and must do better.

**PHARMACEUTICALS**

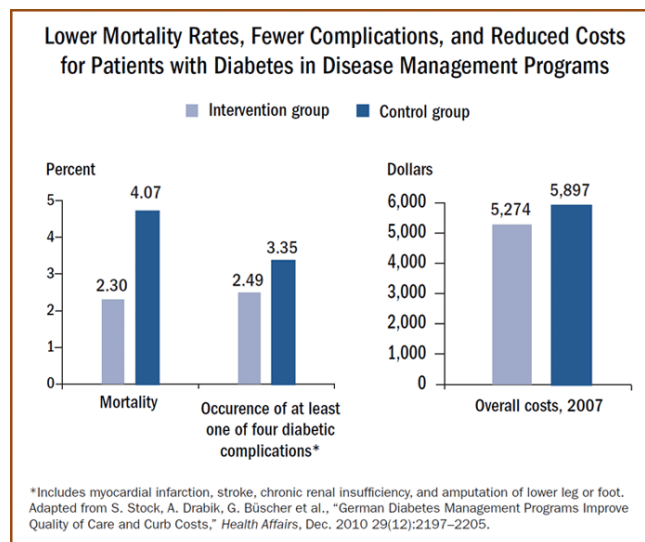
- [Reviews on pharmaceutical pricing policies and interventions in low and middle income countries](#), HAI/WHO. The first five reviews: 1: External reference pricing; 2: The role of health insurance in the cost-effective use of medicines; 3: The regulation of mark-ups in the pharmaceutical supply chain; 4: Competition policy; 5: Sales taxes on medicines

**SOCIAL PROTECTION**

- [Studies on social protection and social inclusion in Armenia, Azerbaijan and Georgia online](#) - A series of studies has been completed on social protection and social inclusion in the six Eastern Partnership countries in the European Neighbourhood Policy (ENP) region.

**GRAPH OF THE MONTH**

**German Diabetes Management Programs Improve Quality Of Care And Curb Costs**



Source: Health Affairs, 2011

**EVENTS**

**POLISH EU PRESIDENCY (SELECTION)**

**TRIO PRESIDENCIES**

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

POLISH EU PRESIDENCY (6-12/2011)



<http://pl2011.eu/en>

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**OTHER EVENTS**

- [Observatory Venice Summer School 2011: the ageing crisis](#), European Observatory on Health Systems and Policies. 24-30 July 2011, San Servolo in Venice, Italy.
- 14<sup>th</sup> European Health Forum Gastein [Innovation & wellbeing – Europe's health in 2020 and beyond](#) (5-8 October 2011, Austria). Topics of the parallel Forum Sessions are: Towards Health 2020 ; Active and Healthy Ageing ; Health Technology Assessment ; Social Innovation in Health ; Non-communicable Diseases ; Future of Medicine

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**AIM****AIM WORKING GROUPS****AIM GENERAL ASSEMBLY  
(BRUSSELS, 15-16-17 JUNE 2011)**

The highlights of the meetings on Disease Management and Telemedicine, International Cooperation Committee, European Affairs Committee and the General Assembly and Board of

Directors, were summarised in a short AIM report available on the AIM website.

The slides presentations of the meetings can also be found on the AIM website.

**AIM AGENDA (MAIN ITEMS)**

- European affairs expert panel (Brussels, 7 July 2011)
- Health system reform working group (Warsaw, 9 September 2011) - open to all
- Pharmaceutical expert group (Brussels, 17 November 2011)

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***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.  
How to use the hyperlinks in this document? Press the Ctrl button and click simultaneously on the link.***