

**Next AIM meetings open to all AIM members**

**6 September 2011, Brussels (Belgium):** Presentation of the report on “*The role of mutual societies in the 21<sup>st</sup> century*” realised by the Dutch organisation Research voor Beleid on behalf of the EP EMPL committee.

**9 September 2011, Warsaw (Poland):** AIM and NFZ have the pleasure to invite you to a Health system reform workshop on “Health system in Poland”

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



**MEMBER'S CORNER**

**BELGIUM**

**HEALTH MUTUALS INFORM THE BELGIANS OF THE EFFECTS OF THE ENVIRONMENT ON HEALTH**

Belgian health mutuals publish a joint booklet in which appear practical advices to improve the environmental quality. This action is a concrete consequence of the adhesion of the Belgian mutuals to the network Health and Environment Alliance. [Press release](#) (FR) - [NL](#)

**FRANCE**

**DRUG MEMENTO**

The Mutualité Française has just published the 2011 edition of its “Medicines Memorandum”. This folder provides to the mutualist decision makers and the actors of the health system the main data on the drug market in France for the year 2010 and the detail of its financing by the mutuals. [Press release](#) (FR)  
[Memento médicament 2011](#) (FR)  
[Commentaires Memento médicament 2011](#) (FR)

**EU INSTITUTIONS**

**EU COUNCIL**

**POLAND EU PRESIDENCY**



<http://pl2011.eu/en>

**INFORMAL MEETING OF HEALTH MINISTERS**

On 5 and 6 July, the Polish Presidency organised an informal meeting of health ministers. Topics of discussion focused on fight against health inequalities, communication disorders in children, transplantation, health determinants (diet and physical activity), drugs and eHealth. [Meeting agenda](#) - [More](#)

**POLISH HEALTH MINISTER PRESENTS PRIORITIES TO EUROPEAN PARLIAMENT**

On 13 July, the Polish Health Minister Ewa Kopacz presented to the EP Health Committee (ENVI) the planned work of the trio of the next three presidencies (Poland, Denmark and Cyprus). The focus will be on improving public health, protecting European citizens against certain risk factors and ensuring good healthcare. The key issues in the coming months would be non-communicable diseases, health without borders and the work on diseases of the brain, including Alzheimer. Other issues to be tackled include prevention of smoking and alcohol abuse (the causes of many premature deaths), e-health and diseases affecting the elderly. The minister underlined that a healthy childhood is a first step to a healthy and active old age, and added that the presidency will work on an improved Commission text on patient information which should be published soon.

[More](#) – [Polish EU Presidency](#)

**EU COMMISSION  
EUROPEAN PARLIAMENT – EP  
EUROPEAN ECONOMIC AND SOCIAL  
COMMITTEE – EESC  
COMMITTEE OF THE REGIONS - COR**

**AGEING**

**CALL FOR PROPOSAL ON HEALTHY AND ACTIVE AGEING**

The European Commission published a Call for Proposals on innovative policies to support healthy, active and dignified ageing and raise the effectiveness and efficiency of spending on social, health and long-term care services and benefits. Interested parties are invited to send in their proposals before 26/09.

**THE CHALLENGES OF AN AGEING POPULATION**

In a recently adopted recommendation, the European Commission calls on EU Member States to develop and pursue a common vision on how to coordinate research at EU level in the field of ageing. The Recommendation entitled "*More years, better lives - the potential and challenges of demographic change*" urges Member States to participate in a Joint Programming Initiative on ageing populations in research areas such as how to retain people in the labour market, how to help older people remain active for as long as possible, in good health and with a better quality of life and how to make our future care systems sustainable.

[More - Recommendation](#)

**WORKSHOP ON SOCIAL EXPERIMENTATION TO DEVELOP INNOVATIVE HOME CARE SOLUTIONS**

The Commission is organising on 12/09 a workshop to discuss three examples of how social experimentation may trigger social innovation and result in new types of home care arrangements. It will also explore the general idea of promoting social innovation through social experimentation. To support this process, the Commission has already launched a series of [calls for proposals](#). [More](#)

**2012 – EUROPEAN YEAR FOR ACTIVE AGEING**

On 7 July, the EP adopted by overwhelming majority a resolution regarding Year 2012 designated as European Year of active Ageing and Solidarity between Generations. Maintaining the vitality of older people, enhancing their social participation and removing the barriers between generations should be in focus of activities all over the EU during the European Year 2012 for active. [More](#)

**CONSUMER PROTECTION**

**ROAD SAFETY: EU ROAD FATALITIES FALL BY 11% IN 2010**

On 5/07, the European Commission has published new statistics showing that EU road fatalities decreased by 11% in 2010. However, country by country statistics show that the number of deaths still varies greatly across the EU. Most countries achieved double-digit reductions in the number of road deaths over the past year, the best ones being Luxembourg (33%), Malta (29%) Sweden (26%) and Slovakia (26%). However there is still a lot of work to be done. [More](#)

**NEW EU RULES TO STRENGTHEN TOY SAFETY**

Member States and economic operators will need to respect the substantially strengthened EU-rules on toy safety as from 20 of July 2011. With the entry into force, the new Toys Directive adopted in 2009, all actors involved in the production, selling and control of toys on the EU market will get more responsibilities to better protect children. [MEMO/11/448](#). - [More](#)

**CONSULTATION ON REGULATION ON TOBACCO PRODUCTS**

On 27/07 the European Commission published the results of the public consultation on the upcoming revision of the Tobacco Products Directive. The public consultation generated an unprecedented 85 000 responses. [More](#)

**NEW RULES ON FOOD LABELLING**

After four years of discussions, food labelling information is set to become simple, clear and more transparent following the agreement on the new EU legislation reached on 6th July in the EP. The new rules will make nutritional labelling mandatory for nearly all pre-packed processed.

[More - FAQ](#)

**HEALTH CLAIMS**

The European Commission will present by the end of the year 2011 a list of permitted health claims on food products for all substances other than the so-called "botanicals". The aim is to [assure](#) EU that all health claims on the EU market are substantiated by science and are not misleading. [More](#)

**COMPETITION**

**SERVICES OF GENERAL ECONOMIC INTEREST REFORM**

On 12/07, at a meeting at the EP ECON committee, Vice President Almunia outlined Commission's plans to reform European State aid rules on services of general economic interest. The Commission is preparing three instruments:

- A communication to clarify the key concepts the Commission is using to carry out the control.
- A decision to implement a simpler and more flexible approach for local services and certain social services. The idea is to extend the range of social services that are exempted from notification obligation which at present is limited to hospitals and social housing. It is also foreseen to introduce a de minimis rule specific to SGEI.
- A framework to take care of large compensation amounts granted to operators outside of social services.

The Commission intends to finalise the texts during the summer and to publish them for public consultation by mid-September. The texts should then be discussed with Member States in October and adopted by the end of January 2012. [More](#)

**DIGITAL AGENDA**

**CONSULTATION ON OPEN ACCESS TO SCIENTIFIC INFORMATION**

The European Commission launched a public consultation on access to, and preservation of, digital scientific information. European researchers, engineers and entrepreneurs must have easy and fast access to scientific information, to compete on an equal footing with their counterparts across the world. Modern digital infrastructures can play a key role in facilitating access. However, a number of challenges remain, such as high and rising subscription prices to scientific publications, an ever-growing volume of scientific data, and the need to select, curate and preserve research outputs. Open

access, defined as free access to scholarly content over the Internet, can help address this. The consultation will run until 9 September 2011. [More](#)

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## GENERAL AFFAIRS

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### EU27 POPULATION

On 1 January 2011, the population of the EU27 was estimated at 502.5 million, compared with 501.1 million on 1 January 2010. The population of the EU27 grew by 1.4 million in 2010, an annual rate of +2.7 per 1000 inhabitants, due to a natural increase of 0.5 million (+1.0‰) and net migration of 0.9 million (+1.7‰). The population increased in twenty Member States and decreased in seven, with considerable variations between Member States. [More](#)

Commission multi-annual budget 2014-2020

On 29/06 the Commission's proposal for a multi-annual budget for 2014-2020 was made public. It focuses on priority funding at the EU level that provides true added value. The overall amount proposed for the next seven years is €1,025 billion in commitments (1.05% of the EU GNI) and €972.2 billion (1% of EU GNI) in payments.

On **health policy**, a new **Health for Growth programme** will be oriented towards actions with clear EU added value, in line with the Europe 2020 objectives and new legal obligations. The principal aim is to work with Member States to protect citizens from cross-border health threats, to increase the sustainability of health services and to improve the health of the population, whilst encouraging innovation in health. For example, the programme will support health policy by developing best practices and guidelines for the diagnosis and treatment of rare diseases, supporting European reference networks on diseases, developing best practices and guidelines for cancer screening and developing a common EU approach to health technology assessments and e-Health. Research and innovation actions in the area of health will be supported under the Common Strategic Framework for Research and Innovation. [More](#)

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## HEALTH

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### COMMISSION WELCOMES IMPROVED MARKET ENTRY FOR LUNG DISEASE TREATMENTS

The European Commission has closed on 6/07 an antitrust investigation into allegations by Spanish pharmaceutical company Almirall that the German pharmaceutical company Boehringer Ingelheim had filed for unmeritorious patents regarding new treatments of chronic obstructive pulmonary disease (COPD). The Commission investigation concerned the alleged misuse of the patent system in order to exclude potential competition in the area of COPD, in breach of EU antitrust rules. As Boehringer agreed to remove the alleged blocking [positions](#), this lifts the obstacles to the launch of Almirall's products and the Commission no longer needs to pursue the case. [More](#)

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## INTERNAL MARKET

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### SINGLE MARKET FORUM

The Single Market Forum will be organised in Krakow, Poland, from October 3-4, 2011. The Forum will gather market participants such as businesses,

social partners, non-governmental organisations, public authorities at various levels of government and Parliaments. It will examine the state of the single market, the transposition and application of existing directives aimed at making the single market work in practice, and facilitate exchanges of best practice. Workshops will take place on following issues:

- [Professional qualifications: the potential of a European Professional Card](#)
- [Alternative Dispute Resolution and Online Dispute Resolution - the future](#)
- [Doing business made easier: the "Points of Single Contact"](#)
- [E-commerce: perspectives and challenges](#)
- [Posting of workers and fundamental social rights](#)
- [Improving the functioning of EU public procurement legislation](#)
- [Bridging the gap between citizens and the Single Market](#)
- [Implementing the internal market to ensure citizens' rights - success stories from Member States](#)

More information is available [here](#).

### CONSULTATION ON CORPORATE GOVERNANCE

AIM sent a contribution to the Commission public consultation on corporate governance. More info available from the AIM Secretariat.

### COMMISSION MOVES TO SUPPORT TAKE-UP OF E-PROCUREMENT

E-procurement, the use of electronic communications and transaction processing by governments and other public sector organisations when buying supplies and services or tendering public works, can deliver significant savings to European taxpayers. The European Commission announced on 29/07 a series of measures to boost the take-up of e-procurement in the EU. The actions launched include:

- Creation of an informal expert group on e-tendering: by the end of 2012, the group will develop a blue-print for common solutions for electronic submission of offers.
- Launch of work-stream on e-procurement monitoring and benchmarking.
- In addition, the Commission has also published a detailed summary of responses to the Green Paper on expanding the use of e-procurement.

[More](#)

### FIGHT AGAINST COUNTERFEITING

According to the 2010 Commission's annual report on EU Customs enforcement of intellectual property right (IPR), published on 14/07, the EU Customs seized more than 103 million products suspected of violating IPR. Top categories of articles stopped by customs were cigarettes, office supplies, clothing and toys. 2010 knew a spectacular increase of detentions in the postal traffic mainly for medicines (69 %) and body care products which reflect a growing number of online purchases. The most popular counterfeited medicines (99%) are life-style medicines such as diet pills or Viagra. However, also medicines such as antibiotics, antidepressants or medicines that provoke abortion were intercepted by customs.

[FAQ](#) - [More](#)

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## MUTUALITY

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### STUDY ON MUTUALS IN 21<sup>ST</sup> CENTURY

On 27/06, the Dutch organisation “research voor Beleid” presented to MEPS the study they prepared for the EP EMPL committee with the title “The role of Mutual societies in the 21<sup>st</sup> century”. Following documents are now available: [Executive summary](#) and [Powerpoint presentation](#). The study report is not made public yet. “Research voor Beleid” will present the study to AIM members at a meeting on 6 September.

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## PHARMACEUTICAL SECTOR

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### PUBLIC CONSULTATION OF THE REVISED COMMISSION GUIDELINES ON GOOD DISTRIBUTION PRACTICE OF MEDICINAL PRODUCTS FOR HUMAN USE

On 15/07 DG SANCO launched a public consultation on the revised guidelines for good distribution practices of medicinal products. The content of the Guidelines on Good Distribution Practice published in 1994 is no longer adequate. It needs to be reviewed to take into account advancements of practices for an appropriate storage and distribution of medicinal products in the European Union. Comments and suggestions should be sent by 31 December 2011. [Consultation document](#)

### COMMISSION WELCOMES NEW DECREASE IN PROBLEMATIC PHARMA PATENT SETTLEMENTS IN THE EU

The European Commission's second monitoring exercise of patent settlements in the pharmaceutical sector, published on 6/07, shows a continuing decline of settlements potentially problematic under EU antitrust rules. This highlights an increased awareness of so-called originator and generic companies of which types of settlements can give rise to antitrust scrutiny – generally the so-called pay-for-delay settlements – and is good news for consumers who will benefit from cheaper pharmaceuticals. The number of patent settlements increased in 2010, however, showing that the Commission's vigilance does not prevent firms from settling disputes successfully within the boundaries of the EU rules. [More](#)

### NEW DIRECTIVE ON FIGHT AGAINST FALSIFIED MEDICINES

[New Directive on Falsified Medicines published in the Official Journal of the European Union](#)

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## RESEARCH

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### €7 BILLION BOOST FOR RESEARCH AND INNOVATION WILL CREATE JOBS AND GROWTH

On 19/07 Commissioner Máire Geoghegan-Quinn announced nearly €7 billion to kick-start innovation through research. Grants will promote research to tackle the biggest societal challenges facing Europe and the world. The **European Innovation Partnership on Active and Healthy Ageing** will also be supported by FP7 projects. In all, €220 million of the €656 million available for **health research** and €240 million of the €1.3 billion in funding for information and communication technology (ICT) will be allocated to work aimed at tackling the challenge of providing for an **ageing population**. [More](#) - [FAQ](#) – [FAQ on added value of Research & Innovation](#)

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## SOCIAL POLICY

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### FIRST ANNUAL CONVENTION OF THE EUROPEAN PLATFORM AGAINST POVERTY AND SOCIAL EXCLUSION, OCTOBER 2011

The Convention, to be organised on 17-18 October in Cracow, will review the progress made towards the headline target of reducing poverty and social exclusion by at least 20 million by 2020 and the implementation of the [European Platform against Poverty](#). It will also debate suggestions for future actions. In collaboration with AGE and SEE, AIM participated in the submission of a project to organise a workshop on social economy and on healthy and active ageing. [More](#)

### SOCIAL SERVICES OF GENERAL INTEREST

On 6 July, the EP adopted by overwhelming majority a resolution on social services on general interest. The resolution was tabled by EP Social Affairs Committee on the basis of the report by Proinsias De Rossa (S&D, IE). The document highlights the importance of social services for the quality of life, their economic contribution and role in maintaining social cohesion. MEPs urge the Member States to keep the social services as accessible, affordable and high-quality as during the period of fast economic growth. [More](#) - [Adopted Resolution](#) - [More from the EP](#).

### SOCIAL BUSINESS INITIATIVE

The Social Business Initiative was adopted by the Commission as key [priority action n°8 to boost the Single Market on 13 April 2011](#). The initiative is primarily focusing on business models in which societal concerns take precedence over the exclusive objective of financial profit. In the opinion of AIM, this initiative should therefore also concern health mutuals considering their social objectives. A communication on the Social Business Initiative will be published beginning of October 2011. On 18 November, a dedicated conference on this initiative will be organised.

In the meantime the Commission launched a [public consultation on promoting Social Investment Funds](#). The deadline of consultation is 14 September. AIM members are invited to send input for this consultation to the AIM Secretariat before early September.

The European Economic and Social Committee is preparing an opinion on “Social entrepreneurship”. The rapporteur is Ms Ariane Rodet (Sweden). A public hearing was organised on 28/07 to prepare the draft report. In her report, Ms Rodet is focusing on the definition and the use of concepts. She prefers to speak about ‘Social enterprises’ and draws the attention to the importance of Social economy organisations in this field. She is also looking to aspects of financing and support programmes, awareness raising, trust building, transparency and accountability. Alain Coheur (UNMS, B) intervened during the hearing as Social Economy Europe President.

### MIGRATION - EUROPEAN AGENDA FOR INTEGRATION

On 20/07 the Commission adopted a 'European Agenda for the Integration of Third-Country Nationals' to enhance the economic, social and cultural benefits of migration in Europe. The Agenda puts the emphasis on migrants' full participation in all aspects of collective life and highlights the key role of local authorities. [More](#) The Eurobarometer on [Migrant Integration](#) covers many aspects of the co-existence of people with different backgrounds and presents the role of mutual attitudes, cultures, ability to speak the country's language and employment in the integration process. The report also presents ideas for improving migrants' integration in the host societies. The results show the key role of school and work. [FAQ](#)



**REPORT ON EUROPE 2020'S SOCIAL DIMENSION**

The Social Protection Committee (SPC) has issued a report on the "[Social dimension of the Europe 2020 strategy](#)" that examines actions to promote inclusion and reduce poverty, in line with the strategy's headline targets. The report details the challenges in fighting poverty and social exclusion in the EU and assesses policy options for addressing them. It analyses actions focusing on:

- sustainable and adequate reforms of social protection systems
- active inclusion strategies
- well-designed universal and targeted benefits for families and groups at risk
- future pension adequacy and long-term financial sustainability of pensions
- increased effectiveness of health care and long-term care

[More](#)

**STAKEHOLDERS****EDUCATION AND SOLIDARITY NETWORK****J-PH. HUCHET (MGEN, F) ELECTED PRESIDENT**

On 20 July 2011, the Education and Solidarity Network, founded by MGEN, AIM and International of Education (EI), held its General assembly at Cape Town (SA), at the occasion of the 6<sup>th</sup> Congress of the International of Education. It adopted its new working programme for 4 years and elected its new Board. Jean-Philippe Huchet (MGEN, F) was reelected president and Alain Coheur Vice-president, representing AIM. The other members of the Board come from North America, Australia, Africa, Latin America and Asia. [More](#)

**INTERNATIONAL OF EDUCATION: RESOLUTION ON SOCIAL PROTECTION EDUCATION**

The Education International 6th World Congress, Cape Town (South Africa), 22-26 July 2011, adopted a Resolution on Social Protection Education. Indeed, EI is convinced that social protection is an essential part of economic growth and human development, that it is a major instrument in the strategies to combat poverty and inequality, and that it has a stabilising role economically and socially in times of crisis. The resolution enjoins EI inter alia to include the topic of health and social protection education in its development cooperation programmes. It enjoins also to continue its own involvement and encourage that of its members in the "Education and Solidarity Network", around the creation and development of mutual benefit societies, training, education and the dissemination of a social protection culture, and the active implementation of cooperation and solidarity between teachers within the field of social protection. [EN](#) - [FR](#) - [ES](#)

**EUROPEAN SOCIAL NETWORK****HEALTH INSURANCE ASSOCIATION TAKES UP ENVIRONMENTAL HEALTH**

The AIM has decided to work with the Health and Environment Alliance (HEAL) in a strategic partnership to improve prevention of chronic diseases caused, or facilitated, by environmental factors. AIM has applied to become a member of HEAL as have all six federations of Belgian mutual benefit societies. [More](#)

**CONFERENCE ON SOCIAL AND HEALTH SERVICES**

The European Social network organised its 19<sup>th</sup> European Social Services Conference in Warsaw on 6-8 July 2011. Among others, the workshops focused on following issues:

- Developing health policies for young people
- Raising standards in the social services workforce
- Strategic innovation to reshape social and health services
- Measures to promote volunteering by older people
- The transformation of social care: collaborative and integrated service delivery in a hi-tech world

More information and presentations are available [here](#).

**HEALTH ENVIRONMENT ALLIANCE****HEALTH INSURANCE ASSOCIATION TAKES UP ENVIRONMENTAL HEALTH**

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**GENERAL NEWS****HEALTH INSURANCE / SYSTEM****TRENDS****RECONFIGURING HEALTH PROFESSIONS IN TIMES OF MULTI-MORBIDITY: 8 RECOMMENDATIONS**

In a conference on "*Health Reform: Meeting the challenge of ageing and multiple morbidities*", held on 21 June at the occasion of the OECD 50th Anniversary, Barbara Starfield and others discussed the challenge of reconfiguring the professional models of care in such a way that multi-morbid patient populations are better served. This reconfiguration features three consecutive steps:

1. Defining and categorizing the patient and population health needs and problems;

2. Reorganizing professional domains around the needs of populations with specific needs;
3. Reorganizing professional domains by eliminating work that could be done in primary care or by the patients themselves.

The eight recommendations provided in this paper mainly address strategies that could help channel professionalization in the desired direction rather than further consolidating the existing 20th century configuration of health professions. For example, the education of health professionals must be fundamentally reformed to facilitate this reconfiguration. Lastly, supportive payment models are another strategy to stimulate the proposed reconfiguration, but being creative like the proposals to move pay-for-performance towards pay-for-population-health-performance. [More](#)

### MYTH: CANADA'S PUBLICLY-FUNDED HEALTHCARE SYSTEM COVERS ALL NECESSARY HEALTH SERVICES

A lengthy hospital stay in Canada does not pose the threat of financial ruin, unlike in countries without universal healthcare. However, accessing certain necessary services out-of-hospital or by a non-physician can cost you, according to the Canadian Healthcare Research Foundation. According to a recent column, a "person with a \$20,000 annual drug bill... would pay nothing in the Northwest Territories, roughly \$1,500 in Quebec, \$8,000 in Saskatchewan and \$20,000 in Prince Edward Island." Despite the iconic status medicare has in Canada, the notion that medicare covers everything does little to prepare Canadians for all costs associated with maintaining or improving their health. [More](#)

## SPECIFIC NEWS

### COMPARISON OF HEALTH SYSTEMS

#### OPPORTUNITIES FOR CROSS-NATIONAL LEARNING TO IMPROVE HEALTH SYSTEM PERFORMANCE

The U.S. has a relatively young population, average or below-average rates of chronic conditions, and comparatively few doctor visits and hospitalizations, according to a cross-national comparison of health systems of twelve industrialized nations by *The Commonwealth Fund*. Despite this context, the major reasons for higher health spending in the US include substantially higher prices and more fragmented care delivery that leads to duplication of resources and extensive use of poorly coordinated specialists. Concerning drugs, the U.S. are the highest among 12 countries on drug utilization, prices, and spending. In terms of quality the situation is variable. While cancer care in the U.S. seems to be of particularly high quality based on five-year survival rates, the high rates of hospital admissions for chronic diseases suggest opportunities for improvement. So, more effective treatment and management in primary care settings may have the potential to simultaneously improve patient care while preventing the unnecessary use of scarce and expensive resources. [More](#)

### COMPETITION IN HEALTHCARE

#### NHS SERVICES TO BE OPENED UP TO COMPETITION

The English government will open up more than £1bn of NHS services to competition from private companies and charities, according to *The Guardian*. In the first wave, beginning next April, eight NHS areas – including musculo-skeletal services for back pain, adult hearing services in the community, wheelchair services for children and primary care psychological therapies for adults – will be open for "competition on quality not price". The new policy would lead to better care and promote innovation, says the Ministry of Health. It pointed out that the former prime minister's abnormal heart rhythms could today be treated by using the telephone to measure the heart beats and give an instant diagnosis, followed by a call from a nurse advising on whether the patient needed to "go to hospital or not". "You could cut dramatically the number of hospital admissions like this." It also pointed out that major savings could be made, citing

the example of chronic leg wounds, where the NHS pays out £18,000 per patient over four years, often without curing them. One not-for-profit company – Wound Healing Centre in Sussex – manages to treat patients successfully for £720. Labour and other critics say that the policy was just a step towards privatisation, with NHS becoming a market-driven service, with profits first and patients second. [More](#)

### COST CONTROLLING

#### DISINVESTMENT INCREASES EFFICIENCY AND QUALITY, BUT IS UNLIKELY TO ACHIEVE THE HUGE SAVINGS REQUIRED FOR COST CONTROLLING

The current financial climate requires all healthcare systems to find ways of controlling costs without cutting quality of care, according to the *BMJ*. Disinvestment is one of the tools: identifying "low value" activities that could be stopped - because they are not clinically effective (and not cost effective), have a poor risk-benefit profile, or are not supported by adequate evidence. Over the past 10 years NICE has identified over 800 clinical interventions for potential disinvestment. But although disinvestment will increase efficiency and quality, the opportunity for cash saving is unlikely to meet the necessary targets. Furthermore international experience has shown that identifying and removing those low value services can be problematic and controversial.

Disinvestment is part of a broader agenda to improve efficiency and quality focusing on public health and prevention and ensuring that patients receive the right care at the right time in the right way. Although this approach releases resources in the long term, it may entail investment in the short term. It is very important to make the distinction between improving the efficiency of care and saving money. Disinvestment may also necessitate increased use of an alternative or re-engineering of the clinical pathway. [More](#)

### ENVIRONMENT AND HEALTH

#### STAY HEALTHY, STOP MERCURY

21 countries in the European region have a level of mercury above a widely-accepted recommended safety dose, according to findings of the "Stay Healthy, Stop Mercury" campaign by HEAL (Health Environment Alliance). Although the small-scale survey involved approximately 250 women, the results reaffirm figures published in the EU's 2005 extended impact assessment. The findings are worrying because scientific reports have shown conclusively that low-level exposure to mercury in the womb can cause brain damage in children. [More](#) - [Mercury full report](#)

### EPIDEMICS

#### OBESITY EPIDEMIC - PARANOIA OR EVIDENCE-BASE?

The Bow Report (from the Bow Group Health and Education Policy Committee in the U.K.) defines and describes the epidemic of obesity accurately and thoroughly, documenting the efforts that have already been made, leaving the reader with no doubt that obesity is a major medical and societal problem that needs addressing urgently. Obesity is "the state of being fat or overweight", calculated by a Body Mass Index  $\geq 25$  (WHO). BMI is controversial and there are calls to directly measure body fat in populations. This report assesses current predictions indicating that 60% of the U.K. population will be classified as clinically

obese by 2050 and recommends action to reduce this risk. [More](#)

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## HOSPITAL PRIVATIZATION

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### WEAK EVIDENCE ON THE IMPACT OF PRIVATIZATION ON PUBLIC HOSPITAL FUNCTIONING

Much of the underlying argument in the debate on that issue is ideological rather than evidence based, according to *Health Care Analysis*. Those who promote versions of privatization or corporatization claim that decreased government involvement in the management of hospitals leads inter alia to benefits such as greater efficiency, better quality services, and increased choice for patients. Those who argue against say that increased privatization leads to deleterious outcomes such as decreased equity, compromised efficiency and poorer quality of care. The evidence is often weak and at times conflicting. Privatization and corporatization are difficult to implement, and at best produce mixed results, and their impact seems to depend more on the motivation of the evaluator than the standard of the results. [More](#)

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## MEDICAL DEVICES

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### MEDICAL DEVICES: THE FEAR OF A SECOND MEDIATOR AFFAIR

Breast implants, cardiac catheters, tooth feelings: these health devices are marketed in the absence of sound clinical evaluations. Voices rise to claim the reinforcement of the regulation around these medical devices. The CE mark is not sufficient. Following the example of drug, the Mutualité Française requires that a true marketing authorization (AMM) be applied to the highest risk medical devices by an independent health authority on the basis of three criteria: quality, effectiveness, safety. The European commission will put forward proposals in order to modify the regulation at the beginning of 2012. [More](#) (FR)

See also articles in the BMJ on the urgent need to review the EU medical devices directive: [More](#) - [More](#)

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## PERSONAL HEALTH BUDGET

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### THE DUTCH EXPERIENCE OF PERSONAL HEALTH BUDGETS

The Netherlands has been using personal health budgets (persoonsgebonden budget or PGB) since 1996, according to a case study of the English Health Foundation. The adoption of PGB arose partly from limitations in the traditional healthcare system, but also from a desire to offer service users more choice and control over their care. There was also a belief that handing control of budgets to the end user would help to reduce costs. Implementing PGB has not been without its difficulties, but the system is highly popular with both the public and politicians, yet very complicated, and very expensive, says the author.

Unless carefully designed, personal health budgets will not necessarily reduce health and social care costs in the long term, nor will they automatically improve quality of traditional services through competition. As the schemes expand and traditional care services decline, there is a risk that people will

be forced to use personal health budgets even if they are not suitable for them, particularly the elderly. Yet, it would have been interesting to have the experiences of Japan and Germany, which have different schemes that had very different outcomes. [More](#)

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## PREVENTION

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### NET COST SAVING TO THE NHS, AFTER MODEST POPULATION-WIDE REDUCTION IN ANY MAJOR CARDIOVASCULAR RISK FACTOR

A programme across the entire population of England and Wales (about 50 million people) that reduced cardiovascular events by just 1% would result in savings to the health service worth at least €34m a year compared with no additional intervention. Legislation or other measures to reduce dietary salt intake by 3 g/day (current mean intake approximately 8.5 g/day) would prevent approximately 30 000 cardiovascular events, with savings worth at least £40m a year. Legislation to reduce intake of industrial trans fatty acid by approximately 0.5% of total energy content might gain around 570 000 life years and generate NHS savings worth at least £230m a year. So, any intervention that achieved even a modest population-wide reduction in any major cardiovascular risk factor would produce a net cost saving to the NHS, as well as improving health. [More](#)

### NUDGE EFFECTS DISAPPEAR WHEN INCENTIVES FOR CHANGING BEHAVIOUR ARE SHORT TERM

As the evidence shows that trend, policy makers should take a closer look at 'deposit contracts', which would give people a real financial incentive to change their behaviour, says Adam Oliver in a *LSE blog*. He added also that it is important to note, however, that many people have raised objections to the use of financial incentives to change lifestyle behaviours. [More](#)

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## PREVENTION AND AIDS

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### SCIENCE HAS DELIVERED ON AIDS PREVENTION. NOW WHAT?

The last AIDS conference in Rome in July unveiled stunning weapons to prevent the spread of HIV, says *The Independent*. But getting these impressive prototypes to the field will take time. Not all may be suitable. And deploying them will need massive funding at a time of AIDS fatigue.

**Treatment as prevention:** giving antiretroviral drugs to an HIV-infected person not only saves them from death, but giving the infected partner an early start on HIV drugs slashed the risk of infecting the other by 96%. The message is that treatment as prevention works, but the problem now is financial. **Pre-exposure prophylaxis:** this means giving antiretrovirals protectively to the non-infected partner. The risk of HIV transmission falls by up to 73%, according to new trials. But that is likely to remain a niche rather than mainstream strategy, at least for now. It will be more cost-effective to treat someone who is infected. **Circumcision:** efforts in Africa to promote male circumcision, which reduces the risk of HIV infection for men by 60%, were given a powerful boost by three studies. And this is a simple intervention which costs 40€, takes 20 minutes and is done only once in a lifetime. **Quest for cure:** the idea is to attack the virus in "reservoirs", where it retreats after being suppressed by drugs. But this is still a big task. Even those who believe it attainable say it would be a "functional cure",

in the same way that cancer goes into remission and its rebound cannot be ruled out.

**But financial help is flagging**, says the author. Just to get 15 million badly-infected people on AIDS drugs by 2015, in line with the newly stated goal by UN members, will require about \$24 billion annually. Even more will be needed if the WHO's guidelines

are revised to recommend immediate treatment rather than wait for infection levels to reach specific thresholds. Emerging giant economies, led by China will come under intensifying pressure to become donors to the Global Fund, rather than recipients of it. [More](#)

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## CAMPAIGN TO KEEP ACCESS TO GENERICS IN DEVELOPING COUNTRIES

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### EUROPE! HANDS OFF OUR MEDICINE

Millions of people in developing countries rely on affordable generic medicines to stay alive. More than 80% of the medicines used by MSF to treat AIDS across the developing world are produced in India. But the European Commission is now shutting off the tap of affordable medicines by attacking the production, registration, transportation and exportation of generic medicines. People who need these will be left without a lifeline. Join the campaign to tell [Europe: HANDS OFF OUR MEDICINE!](#), by helping Médecins Sans Frontières to send a message to the European Commission to keep their HANDS OFF OUR MEDICINE!




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## READERS' DIGEST

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### NEWSPAPER

#### EURO HEALTH

- New Eurohealth: [Pharmaceutical policy and the effects of the economic crisis](#). European Observatory on Health Systems and Policies. Contents: pharmaceutical policy and the effects of the economic crisis in the Baltic States; results of a systematic review on reference pricing for pharmaceuticals; pharmaceutical reform and social health insurance (Germany); the decline in nursing staff (Hungary).

#### HEALTH AFFAIRS

- July 2011 [New direction in system innovation](#), Wanted: Lots Of Ideas And A Sense Of What's Possible

### BOOKS - REPORTS – LINKS

#### COMPETITION IN HEALTHCARE

- [NHS competition study splits academic community in England](#), The Guardian. LSE research suggests link between greater choice and death rates - but critics claim study is flawed.

#### CRISIS AND HEALTH SYSTEM

- [The crisis, hospitals and healthcare](#), HOPE, April 2011. The financial and economic crisis is hitting European hospitals and healthcare services. Spared at an earlier stage, most of them are now clearly impacted.

#### HEALTH WORKFORCE

- [Future physician: changing doctors in changing times](#), Report of the English Royal College of Physicians. Calls for actions. The economic crisis means that either the doctors forge their destiny by developing innovative ways of delivering patient care more efficiently, with doctors leading change, or they return to the days of short-term and ill-directed cuts to patient services. Doctors should not waste a good crisis.

#### HETEROGENEITY IN HEALTHCARE

- New [NHS Atlas of variation in healthcare in England](#), QIPP, RIGHT CARE. Reducing unwarranted variation to increase value and improve quality. [Atlas](#)

#### INDICATORS

- [Doctors are the best hospital managers, study reveals](#), *The Guardian*. Would hospitals have fared better over the last 30 years if doctors were in charge? New research suggests they may have done.

#### INDICATORS

- [Monitoring of emergency obstetric care](#), WHO, July 2011. - [FR](#) - [ES](#)

#### LONG TERM CARE/DISABILITY

- [The first ever World Report on Disability](#) The World Health Organisation and the World Bank jointly released the first ever World report on disability: more than one billion people in the world experience disability

#### MUTIPLE MORBIDITIES, AGEING AND HEALTH REFORM

- Slides presentations of the OECD Conference on "Health Reform: Meeting the challenge of ageing and multiple morbidities", held on 21 June at the occasion of the OECD 50th Anniversary. [More](#)
- [For 50 years OECD countries have continually adapted to changing burdens of disease; the latest challenge is people with multiple chronic conditions](#)
- [Ageing, Health and Innovation: Policy Reforms to Facilitate Healthy and Active Ageing in OECD Countries](#)
- [The challenge of financing care for individuals with multiple morbidity: rocket science or child rearing?](#)
- [Reconfiguring health professions in times of multiple morbidity: eight recommendations for change](#)
- [Health Sector innovation and partnership: policy responses to the new economic context](#) (examples from NL, SW, UK)



**PREVENTION AND COST-EFFECTIVENESS**

- Free health behaviour change [Value for money evaluation tools](#) , The National Social Marketing Centre (The NSMC), England. They can be used both to estimate value for money of existing interventions and to find out whether planned programmes are likely to be cost-effective. They attempt to translate the current research evidence and expert consensus on the value for money of achieving behaviour change indicators for smoking, alcohol, obesity, breast feeding and bowel cancer screening into practical tools for local evaluation teams. They provide different measures of value for money in terms of impact on health and other local services as well as individuals, employers and government, expressed as Social Return on Investment.

**SOCIAL POLICY 2030**

- [Growth, well-being and social policy in Europe: trade-off or synergy?](#). Challenge Europe. Well-

being 2030 is a two-year research project co-financed by the European Commission and the European Policy Centre to establish a strategic vision for the long-term development of social policy in Europe, and investigate what policy choices are most likely to deliver a higher level of well-being by 2030.

**SOCIAL PROTECTION FLOOR**

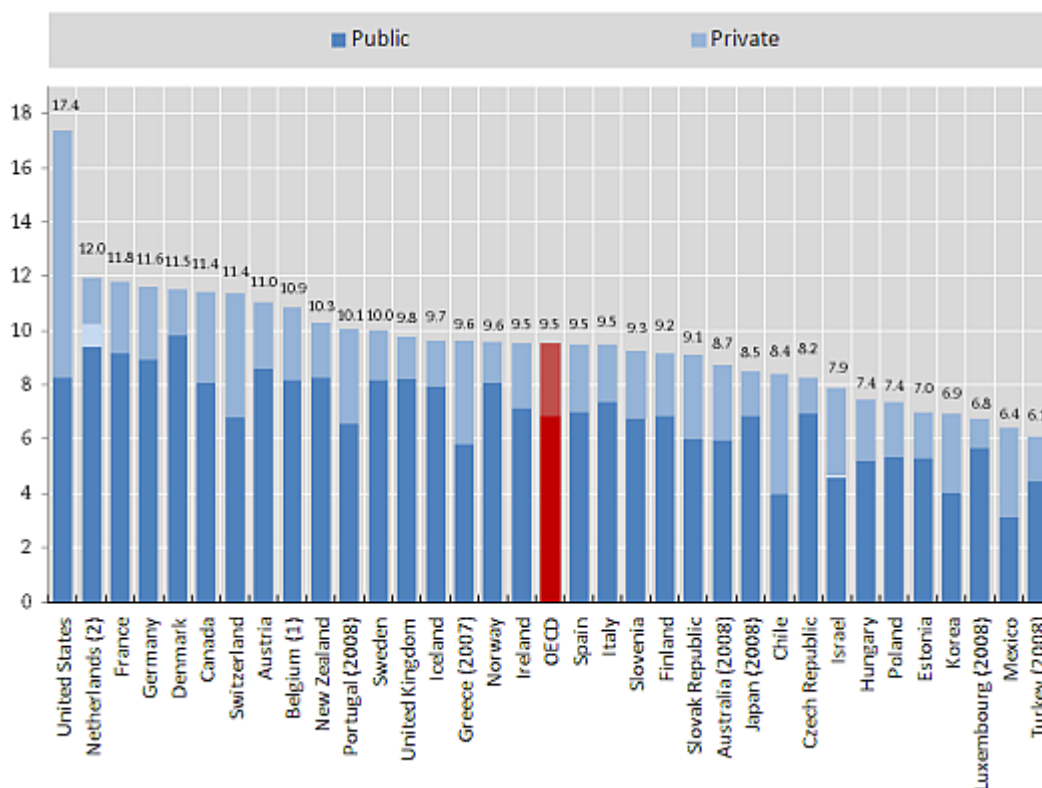
- New issue of ILO's GESS (global extension of social security): [EN](#) - [FR](#) - [ES](#)  
 - [The 100th ILC Session](#) of the International Labour Conference ends with a commitment to establish national social protection floors.  
 - A new section in GESS on [the Social Protection Floor](#) (SPF) presents updated information: Why a SPF, Strategy, Legal framework, Stakeholders, SPF Advisory Group (hyperlink), International endorsement (hyperlink), Affordability, Implementation and National experiences

**GRAPH OF THE MONTH**

**Health spending continues to outpace economic growth in most OECD countries**

In 2009, there were large variations in how much OECD countries spent on health and the health spending share of GDP.

Total health expenditure as a share of GDP, 2009



Source: OECD health data 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>

- [Polish EU Presidency Agenda in Health:](#)
- **09.09.2011** (Krakow) Education in quality of care and patient safety
- **07.10.2011** (Warsaw) Expert Conference on eHealth
- **12-14.10.2011** (Warsaw) Meeting registration agency lawyers (pharmaceutical legislation)
- **23-26.10.2011** (Warsaw) Working group on counterfeit medicinal products

- **05-06.11.2011** (Poznan) Expert Conference on “Strengthening Public Health Infrastructure in the EU – a network of national institutes of public health.”
- **07-08.11.2011** (Poznan): Solidarity in health-closing the health gap across the EU
- **18.11.2011** (Warsaw): Expert Conference on new developments in health care quality

## OTHER EVENTS

- 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
- Conference on Social Economy (10 November 2011) in the European Parliament organised by SEE.

## AIM

## AIM WORKING GROUPS

## EUROPEAN AFFAIRS EXPERT PANEL

The AIM European Affairs expert panel met on 7/07. Flora Giorgio from the European Commission gave an overview on eHealth initiatives. Participants also discussed following issues:

- Priorities of Polish EU-Presidency
- European Year 2012 of active ageing and Solidarity between Generations

- European Innovation Partnership on Active and healthy Ageing
- AIM member shim in HEAL
- European Platform against poverty and social exclusion
- European Council conclusions on sustainable health systems
- EP Report on mutuals in Europe

More info is available on the AIM Intranet [here](#).

## AIM AGENDA (MAIN ITEMS)

- Task Force Mutuality (Brussels, 6 September 2011, in the afternoon): Presentation of the report “The role of mutual societies in the 21<sup>st</sup> century” by the Dutch organisation “Research voor Beleid”, open to all
- Health system reform working group (Warsaw, 9 September 2011) - open to all
- Pharmaceutical expert group (Brussels, 21 September 2011)
- European affairs expert panel (Brussels, 26 September 2011)
- AIM Board and Extraordinary general assembly meetings (Paris, 14-15 November 2011)
- Pharmaceutical expert group (Brussels, 17 November 2011)

**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.**