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**AIM conference pre-announcement**  
**“REINVENTING HEALTHY AGEING”**  
**Thursday 29 November 2012**

29 April 2011, “[Third European day on solidarity between generations](#)”: Join the campaign to mark 29 April 2012



**AIM'S CORNER**

**JOINT POSITION PAPERS**

**JOINT AIM, ESIP, ISDB AND MIEF POSITION PAPER ON THE REFORM OF THE MEDICAL DEVICES DIRECTIVES**

On 27/03, AIM, ESIP, ISDB and Mief adopted a joint position paper on the reform of the medical devices Directives. The main suggestions relate to an entire overhaul the European authorisation and surveillance system for high-risk medical devices. The new framework should focus on strengthened transparency and patient safety, in particular for the following three pillars:

- marketing authorisation
- surveillance and vigilance
- reinforcement of patient rights and liability.

More info on the AIM Website.

**MEMBERS**

**BENENDEN STUDY TOUR TO BRUSSELS**

A delegation from Benenden Healthcare Society (UK) was in Brussels on 28 and 29 March 2012. This study trip was co-organised by the AIM secretariat. The delegation had the opportunity to meet with delegates of AIM members from France, Germany and Belgium as well as with members of the European Parliament.

**NEW CENTER OF KNOWLEDGE FOR COUNTERING HEALTHCARE FRAUD IN THE NETHERLANDS**

On 8-9 May in Zeist (NL), during the Open House 2012 of AIM's Dutch member Zorgverzekerings Nederland (ZN), ZN will present its Center of Knowledge for Countering Healthcare Fraud in the Netherlands. It is the occasion to learn more about one of the best System to fight healthcare in fraud in Europe.

You can find more information [here](#). To register e-mail to [fraudebeheersing@zn.nl](mailto:fraudebeheersing@zn.nl) by 20 April.

**WORKING GROUPS**

**EUROPEAN MUTUAL SOCIETY**

The AIM working group mutual societies met on 7/03 and 26/03 under the lead of its chairman Mr Pedro Bleck da Silva .The objective of this group is to follow initiatives at EU level regarding mutuals, in particular:

- The European Commission study on mutuals which should be finalised by November 2012
- The EP legislative own-initiative report on a European statute for mutuals.
- On 7 March an AIM delegation, under the lead of Vice-President Christian Zahn, met with MEP Luigi Berlinguer (S&D, I), EP rapporteur on the own-initiative report on the Europeans statute for mutuals for the EP legal affairs committee.
- The joint AIM-AMICE task force on the European statute for mutuals met on 26 March. Delegates discussed with the assistant of Mr Berlinguer on the different steps in view of the preparation of the own-initiative report on mutuals in particular the organisation of a public event in the EP (possibly in September).

**EUROPEAN AFFAIRS WORKING GROUP**

The European affairs working group met on 9 March. Officials from the European Commission presented the legal proposals on:

- Data protection
- State aid package for social services of general interest

The group also discussed:

- the communication on VAT rules,
- initiatives relating healthy and active ageing, the health for Growth programme 2014-2020,
- the WHO Europe consultation on Health 2020 policy and

- the public consultation on European Company law.

#### PHARMACEUTICALS & MEDICAL DEVICES WORKING GROUP

The pharmaceuticals and medical devices working group met on 30/03 under the chairmanship of Mr Rolf Stadié, chairman of this working group. Mr John Chave, secretary general of PGEU (European association of pharmacists) presented the pharmacists point of view on the framework of the future safety feature to be put on pharmaceuticals packages to avoid entry of falsified medicines in the legal supply chain. The working group also discussed the recently adopted legal proposals relating the transparency Directive and information to patients. Next meeting: 28 June 2012

#### NEXT AIM MEETINGS

- Joint AIM-AMICE task force on the European Mutual society (Brussels, 2 May 2012)
- AIM Board and General assembly meetings (Brussels, 31 May - 1 June 2012)
- European affairs working group (Brussels, 15/06/12)
- Pharmaceutical and Medical devices working group (Brussels, 28/06/12)
- Fight against fraud working group (25/07)
- European affairs working group (Brussels, 6/09/12)
- AIM Board meetings and AIM Conference on healthy ageing (Brussels, 28 and 29 November)
- Fight against fraud working group (30/11)

## EU INSTITUTIONS

### EU COUNCIL

#### DANISH EU PRESIDENCY



- <http://eu2012.dk/en>

#### COMBATING ANTIMICROBIAL RESISTANCE

- The conference organised on 14/03 by the Danish Presidency aimed to address the challenges of antimicrobial resistance by, among other things exchanging best practices and discussing possible solutions to the problem of antimicrobial resistance in humans and animals with focus on improving the data collection and surveillance, stopping the overuse of antibiotics, and reducing the use of the critically important antibiotics. [More](#)

### EU COMMISSION EUROPEAN PARLIAMENT

#### AGEING

#### CONFERENCES IN THE FRAMEWORK OF THE EY2012 OF ACTIVE AGEING

[List of conferences](#)

#### COMPANY LAW

#### EP DISCUSSED DRAFT REPORT ON THE STATUTE FOR A EUROPEAN MUTUAL SOCIETY

Ms Regina Bastos (EPP, P) presented her draft report on a Statute for a European Mutual Society on 27 March to the EP Employment and Social Affairs committee. Two shadow rapporteurs presented initial comments.

Ms [Birgit Sippel](#), Shadow Rapporteur (S&D, DE):

- Importance for S&D to have this European Statute for Mutuals because mutuals are based on solidarity and non-for profit approach which makes them a very important of the European economy
- Wants to clarify point 6 and 12 of draft report

- Need to avoid demutualisation

Ms [Marian Harkin](#), (ALDE, IE), shadow rapporteur:

- What changed since withdrawal in 2006?
- Lessons learnt e.g. from European Cooperative?
- Solvency II might have a big impact on mutuals: how could the EMS help?
- make sure that anything we do should help but not hinder
- know more on case law from the ECJ on mutual societies

Ms Pervenche Berès (S&D, F), chairwoman of EMPL committee stressed to organize a public hearing in EMPL committee.

Mr Apostolos Ioakimidis from the European Commission, (DG ENTR) informed that:

- The Commission ordered a study on mutuals which will be finalised by November 2012
- DG MARKT launched a public consultation on future of European company law.
- Social Business Initiative: provides funding of a study looking at demutualization
- The problem is the Council: unanimity

The Commission will not come up with any new initiative before having the results of these two initiatives.

MEPs discussed a **new timetable for EMPL committee** (need to be confirmed later on) to be more in line with the timetable of JURI committee:

- Public hearing in EMPL committee on 20-21 June
- Deadline for amendments: 11 July
- Discussion of amendments in September (6 or 18/09)
- Vote in EMPL committee on 8 or 9 October

The draft report is available in the following languages by clicking here: [bg](#) [cs](#) [da](#) [de](#) [el](#) [en](#) [es](#) [et](#) [fi](#) [fr](#) [hu](#) [it](#) [lt](#) [lv](#) [mt](#) [nl](#) [pl](#) [pt](#) [ro](#) [sk](#) [sl](#) [sv](#)

#### THE EUROPEAN COOPERATIVE SOCIETY

Sven Giegold (Greens, D) was rapporteur of the European Parliament resolution adopted on 13 February 2012 regarding the Statute for a European Cooperative Society with regard to the involvement of

employees (2011/2116(INI)). This report raises many points concerning the social economy, including "Calls on the Commission to consider a European Year of Social Economy" [More](#). Sven Giegold's [press release](#).

On 25th April Sven Giegold is organising an event in the EP on the subject "The Social and Solidarity Economy in the European Union - A Green Programme beyond the Crises". At this meeting the Greens will present their programme on social economy with the participation of Commissioner Michel Barnier. [More info](#)

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## CITIZENS INITIATIVE

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### COMMISSION FIRES STARTING GUN ON EUROPEAN CITIZENS' INITIATIVES

1 April marks the launch of European Citizens' Initiatives. From that day, a million citizens from across Europe can come together on an issue that is important to them, and ask the Commission to do something about it.

The request must be made by a citizens' committee made up of at least seven EU citizens who are resident in at least seven different EU Member States.

Once registered, the committee will have 12 months to collect the necessary statements of support from at least seven Member States. The threshold to count as one of those seven Member States is fixed at 750 times the number of MEPs for that Member State.

The Ombudsman will be an important redress mechanism for individuals and organisations who have complaints about maladministration in the Commission's handling of citizens' initiatives. [More](#)

[More - MEMO " European Citizens' Initiative \(ECI\)](#)

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## CONSUMER PROTECTION

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### ROAD SAFETY: PROGRESS IN CUTTING EU ROAD DEATHS FALLS TO 2% IN 2011

Progress in cutting road fatalities significantly slowed last year (to -2%) compared with a very promising EU-wide reduction throughout the last decade (on average -6%), according to new figures published by the European Commission. The problem of motorcycles – where fatalities have still not fallen after more than a decade – still persists.

[More](#)

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## DEVELOPMENT

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### GLOBAL HEALTH POLICY FORUM

[Global Health Policy Forum, Brussels, 22 March 2012 - Summary of discussions](#)

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## HEALTH

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### PUBLIC CONSULTATION ON CHRONIC DISEASES

The European Commission launched a stakeholder consultation to provide input to the chronic disease reflection process. The consultation paper (8 p.) is built upon different areas for which specific questions are indicated. The deadline to respond is 15 April 2012. More information [here](#)

### EUROPEAN PARLIAMENT CALLS FOR EU DIABETES STRATEGY

The EU needs a dedicated strategy to tackle its growing diabetes problem, says a resolution adopted by MEPs on 14 March 2012. This is essential to improve research cooperation and focus on prevention and early diagnosis, they say. Diabetes is estimated to affect more than 32 million EU citizens. MEPs say the EU strategy should target diabetes prevention, diagnosis, management, education and research. It should complement EU countries' efforts, though MEPs note that many do not have a national diabetes programme. Parliament adopted the resolution with an overwhelming majority. [More - EP resolution](#)

### ICT AND HEALTH: ACCELERATING INNOVATION

On 29/03, top-level experts discussed how eHealth could help reduce mortality by 45%, cut hospital admission by 14% and reduce healthcare costs by 8%. UK research, led by KPMG, covering 6000 patients with a chronic disease has come up with compelling evidence of the potential of telehealth and telecare. [Speech by Vice-President Kroes: "eHealth – Accelerating Innovation"](#).

The report will also be discussed at a [conference](#) in Brussels on 3 April "European Innovation Partnership on Active and Healthy Ageing. From Plan to Action".

### TOBACCO PRODUCTS: COMMISSION ADOPTS A NEW SET OF WRITTEN HEALTH WARNINGS

On 7/03, the European Commission adopted 14 new health warnings to appear on tobacco packs. Written health warnings on tobacco products sold in the EU have been compulsory since 2003. The legislation in force also foresees periodic updating of the health warnings. The 14 new health warnings adopted were chosen from amongst 24 possible messages and following tests among focus groups made up of citizens from all 27 Member States through a Eurobarometer study. Whereas most adult smokers in the EU are probably aware that smoking is harmful for their health, they tend to underestimate or ignore the manifold dangers that smoking poses. Available evidence suggests that textual warnings have an impact on smokers' attitudes and behaviours. In order to remain effective however, such warnings need to be updated regularly. Pictorial health warnings are currently in place in nine Member States: Belgium, Romania, United Kingdom, Latvia, France, Malta, Spain, Hungary and Denmark. Other Member States have passed or are planning to pass similar legislation. Commission Directive: [More](#) - Eurobarometer: [More](#) - Information on EU Tobacco Control: [here](#)

### FP7 HEALTH OPEN INFORMATION DAY

On Tuesday 29 May 2012, the European Commission organises an information day on health related topics included in the 7<sup>th</sup> Framework programme. What's in it for you?

- Learn more about the main priorities of this year's call for proposals (to be published in July) and find out how to apply during the morning plenary.
- Get deeper insights and guidance on specific funding areas at three thematic workshops in the afternoon, including clinical trials, international cooperation and for SME targeted topics.

[Register now!](#)

## UNITED NATIONS REPORT ON DISASTROUS DIETS

On 6/03 the United Nations published a food report tackling disaster of unhealthy diets. "Our food systems are making people sick," warned Olivier De Schutter, the United Nations Special Rapporteur on the right to food, on Tuesday. "One in seven people globally are undernourished, and many more suffer from the 'hidden hunger' of micronutrient deficiency, while 1.3 billion are overweight or obese."

"Faced with this public health crisis, we continue to prescribe medical remedies: nutrition pills and early-life nutrition strategies for those lacking in calories; slimming pills, lifestyle advice and calorie counting for the overweight. But we must tackle the systemic problems that generate poor nutrition in all its forms," the independent expert said as he presented his report\* on nutrition to the UN Human Rights Council.

Mr. De Schutter identified five priority actions for placing nutrition at the heart of food systems in the developed and developing world:

- taxing unhealthy products;
- regulating foods high in saturated fats, salt and sugar;
- cracking down on junk food advertising;
- overhauling misguided agricultural subsidies that make certain ingredients cheaper than others; and
- supporting local food production so that consumers have access to healthy, fresh and nutritious foods.

Read the [full report](#)

## COMMISSION AND WHO COLLABORATION

At the 9th annual Senior Officials Meeting hosted by the Commission on 7 March, the progress on the wide range of topics where cooperation has been ongoing over the last year was reviewed. They also looked at new challenges and to plan for further cooperation during 2012. Six broad categories were used to frame the discussions - health security, innovation and health, health systems strengthening, health inequalities, health information and e-health. [More](#)

[9th annual EC/WHO Senior Officials Meeting, Brussels, 7 March 2012 - report, roadmaps and global agreements](#)

Roadmaps

- [Roadmap on innovation and health](#)
- [Roadmap on health systems strengthening](#)
- [Roadmap on modernizing and integrating the public health information system](#)
- [Roadmap on health inequalities](#)

Global agreements

- [Global agreement on in-country collaboration on health systems strengthening in developing countries](#)
- [Global agreement on innovation and health at the global level](#)
- [Global agreement on health inequities](#)
- [Global agreement on eHealth and health information at the global level](#)

## INTERNAL MARKET

### COMMISSION TO BOOST PROTECTION FOR POSTED WORKERS

To make the EU single market work better for workers and for business, the Commission has proposed new rules to increase the protection of workers temporarily posted abroad. Worker protection and fair competition are the two sides of the EU single market's coin, yet findings suggest that minimum employment and working conditions are often not respected for the one million or so posted workers in the EU. To address the specific issues of abuse where workers do not enjoy their full rights in terms of for example, pay or holidays, especially in the construction sector, the Commission has put forward concrete, practical proposals as part of an enforcement Directive to increase monitoring and compliance and to improve the way existing rules on posted workers are applied in practice. This will ensure a level playing field between the businesses involved, excluding companies that don't follow the rules. [More](#)

### EP PUBLIC HEARINGS ON PUBLIC PROCUREMENT AND AWARD OF CONCESSION CONTRACTS

#### Public Procurement

On 20/03 the EP internal market committee held a hearing on **Modernising EU Public Procurement rules** (rapporteur: Marc Tarabella (S&D)). It aimed to bring together all stakeholders with a view to making these more efficient and more supportive of common societal goals. [Programme](#). [Presentations](#). [Shadow rapporteurs](#): Frank Engel (EPP), Jorgo Chatzimarkakis (ALDE), Heide Rühle (Greens), Malcolm Harbour / Edvard Kožušník (ECR), Dennis de Jong (GUE), Matteo Salvini (EFD)

#### Concessions

The hearing on **Award of Concession Contracts** (rapporteur: P. Juvin (PPE)) on 21/03 looked at how concessions contracts are awarded and managed, with emphasis on procedural requirements. A first exchange of views took place on 29/02.

[Shadow rapporteurs](#) are: Antonio Panzeri (S&D), Cristian Silviu Buşoi (ALDE), Heide Rühle (Greens), Malcolm Harbour / Edvard Kožušník (ECR), Dennis de Jong (GUE), Matteo Salvini (EFD). [EP timetable for adoption](#). [More – IMCO working document](#)

### EUROPEAN COMMISSION LEVELS THE PLAYING FIELD FOR EUROPEAN BUSINESS IN INTERNATIONAL PROCUREMENT MARKETS

The European Commission proposes to improve business opportunities for EU firms in procurement markets. The main objective of the initiative is to help open worldwide public procurement markets and to ensure European businesses have fair access to them. The proposal also aims to ensure that all companies (both European and non-European firms) are on an equal footing when it comes to competing for business in the EU's lucrative public procurement market. [More](#)

### ADOPTION BY COUNCIL OF REGULATION STRENGTHENING INTELLECTUAL PROPERTY RIGHTS BODY

The adoption of this Regulation by the European Parliament and the Council is the first legislative delivery from the Commission's IPR Strategy of May

2011, 'Towards a single market for intellectual property rights'.

IPR infringements are a growing threat to the economy. Between 2005 and 2010, the number of registered cases at the EU borders of goods suspected of infringing IPR increased from 26,704 to over 80,000. The OECD has estimated that the annual loss to the world economy of this problem is around EUR 200 billion.

To respond to this phenomenon of IPR infringements, the European Observatory on Counterfeiting and Piracy was set up within the Commission in 2009, as a platform for coordinating actions to protect intellectual property rights across Europe. [More](#) - [Memo "Commissioner Barnier welcomes the strengthening of intellectual property rights body"](#) - [Memo "Adoption by Council of Regulation strengthening intellectual property rights body"](#)

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## PENSIONS

### COMMISSION REQUESTS CYPRUS TO CLARIFY THE PENSION RIGHTS OF FORMER CYPRIOT CIVIL SERVANTS

On 22/03 the European Commission has requested Cyprus to clarify two issues linked to former Cypriot civil servants working in another EU member state or for the EU institutions. The current law in Cyprus states that those with at least 5 years of service and over the age of 45 receive a lump sum payment on departure as well as a consolidated pension when they reach 55. However, civil servants who resign before the age of 45 only receive a lump sum but no future pension entitlement. The Commission's request takes the form of a 'reasoned opinion' under EU infringement procedures. Cyprus now has two months to inform the Commission of measures it has taken. [More](#)

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## PHARMACEUTICALS & MEDICAL DEVICES

### EUROPEAN MEDICINES REGULATORS AGREE A COMMON, EUROPE-WIDE APPROACH FOR THE IDENTIFICATION OF COMMERCIALY CONFIDENTIAL INFORMATION AND PERSONAL DATA

The Heads of Medicines Agencies (HMA) and the European Medicines Agency (EMA) have adopted a joint guidance document, providing for the first time for a consistent Europe-wide approach to the identification of commercially confidential information and personal data in a marketing authorisation application.

This is a major step for transparency. In future, regulatory authorities in the European Economic Area (EEA) will apply the same principles to identify which parts of an application dossier can or cannot be released in response to access to documents requests.

The guidance document limits the scope of what information regulators will consider to be commercially confidential in a marketing authorisation application.

The authorities plan to publicly present the final documents to stakeholders at a meeting to be organised next June by HMA, EMA and the Danish EU Presidency in Copenhagen. [More](#)

### EUROPEAN MEDICINES AGENCY MANAGEMENT BOARD STRENGTHENS CONFLICTS OF INTEREST POLICIES AND TRANSPARENCY

Following its implementation in September 2011, the Management Board reviewed the initial experience with the Agency's revised policy on the handling of conflicts of interest for scientific-committee members and experts. Amendments focus on following issues:

- Clarification of involvement in academic trials and in publicly funded research/development initiatives,
- align risk and related restrictions for the different roles in the scientific decision process and tighten the rules in the case of grants from pharmaceutical industry
- introduction of a 'breach of trust' procedure in case of incorrect or incomplete declarations of interests,
- the introduction of ex-post cross checks on the correctness of the declared conflicts of interest, and of the risk mitigation measures.

[More](#)

### EU MEDICINES AND FOOD SAFETY AGENCIES FAIL BUDGET DISCHARGE TEST

The EU Medicines Agency, Environment Agency, Food Safety Authority and Council of Ministers all failed to win the EP Budgetary Control Committee's approval on 27/03/12 for the way in which they spend EU funds. All other EU Institutions and agencies were granted budget management "discharges" (approvals).

The decision to postpone the discharge for the Medicines Agency in London was taken with 14 votes in favour and 9 against. MEPs asked for an action plan to improve procurement and contract management and sought assurances as to the impartiality of the Agency's employees and of national experts temporarily seconded to it. MEPs were also not amused by the refusal of the Agency's Management Board to establish a new payment system. [More](#)

### CROSS-BORDER CARE: RECOGNITION OF PRESCRIPTIONS

[Results of the public consultation on measures for improving the recognition of prescriptions issued in another Member State now available](#)

### SAFETY OF PIP SILICONE BREAST IMPLANTS

[SCENIHR - Request for an updated scientific opinion on the safety of PIP silicone breast implants](#)

### HEALTH EFFECTS OF NANOMATERIALS USED IN MEDICAL DEVICES

[SCENIHR - Request for a scientific opinion on Health effects of nanomaterials used in Medical Devices](#)

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## SOCIAL AFFAIRS - SOCIAL SECURITY

### COMMISSION MOVES TO BOOST SOCIAL SECURITY RIGHTS FOR PEOPLE MIGRATING TO AND FROM THE EU

On 30/03 the European Commission put forward a package including a policy Communication on the External Dimension of EU Social Security Coordination, together with 4 proposals for Council Decisions on the EU position concerning social security coordination with Albania, Montenegro, San Marino and Turkey. In today's globalised labour market EU workers often spend part of their careers working outside the EU. In the same way, non-EU nationals make up around 4% of

Member States' workforces. Yet, despite effective social security coordination system within the EU, there is a fragmented approach to social security coordination as regards the rest of the world. This is why the Commission is putting forward fresh ideas to clarify the social security rights of people migrating into and out of the EU. The aim is to ensure better protection of workers' rights, in particular acquired state pension rights. [Memo: "Communication on the External Dimension of EU Social Security Coordination and four proposals for Council Decisions"](#) – [More](#)

#### IRONING OUT CROSS-BORDER WORKERS' SICKNESS BENEFITS

EU citizens working in one country but living across the border are at the heart of an EU-funded project called SSCALA, on the coordination of social security systems in the France-Belgium-Luxembourg-Germany border regions. [More](#)

#### EP HEARING ON SOCIAL BUSINESSES AND SOCIAL ENTREPRENEURSHIP FUNDS

On 20/03 the EP economic and monetary committee organised a public hearing on EU Social

Entrepreneurship Funds ([programme](#)). All presentations are to be downloaded [here](#).

The European Parliament's Social Economy Intergroup (IGES) held its last public hearing on 29/03/2012 on the topic of social business and were looked at: "European Social Funds"; "Social business initiative"; "Social Business Package". Some points concerning "public procurement" and "SSGIs" were raised by some members of the audience in the context of Mr TARABELLA's report on "The modernisation of public procurement". [More](#)

#### EU COURT OF JUSTICE

No 36/2012 : 29 March 2012 [Judgment of the Court of Justice in Case C-185/10 Commission v Poland](#) [es](#) [cs](#) [de](#) [el](#) [en](#) [fr](#) [it](#) [pl](#) [sk](#) [sl](#) Approximation of laws. Polish legislation authorising the placing on the market of foreign medicinal products lacking authorisation which are cheaper than, but similar to, those already authorised is contrary to European Union law.

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

## STAKEHOLDERS

#### 2012 INTERNATIONAL YEAR OF CO-OPERATIVES



The United Nations General Assembly approved the [resolution A/RES/64/136](#) and proclaimed 2012 as the International Year of Co-operatives (IYC) in December 2009. The resolution recognizes that co-operatives promote the fullest possible participation in the economic and social development of all people, that co-operatives are becoming a major

factor of economic and social development and contribute to the eradication of poverty.

At European level the international Year of Co-operatives will reach its climate with the Co-operative Week, which will take place in Brussels from 23 to 27 April 2012. The Co-operative Week aims to get a wide recognition and integration of the co-operative business model into EU strategies. [More](#)

On Monday 23/04 the week will start with the European conference "[Co-operative contributions to the EU 2020 strategy](#)", an event organised by Cooperatives Europe in collaboration with the European Commission. Commissioners Tajani and Barnier are going to participate in the meeting.

## GENERAL NEWS

#### HEALTH INSURANCE / COVERAGE / HEALTH SYSTEM

##### REFORM

#### THE CONTROVERSIAL HEALTH AND SOCIAL CARE BILL BECAME LAW IN ENGLAND, AFTER A YEAR OF DEBATE AND MORE THAN 1,000 AMENDMENTS

The principal purpose of the reforms by the Government is to extend choice and competition in the NHS, reminded the *BMJ*. What has changed? What the coalition wanted:

- GPs to take responsibility for £60bn of NHS funds (60% of the NHS budget)
- Competition to be extended to more NHS services
- Reduced bureaucracy and fewer managers
- An increased role for the private sector
- Backing from every professional group involved.

What they have had to compromise on:

- NHS professionals such as hospital consultants and nurses given greater say in spending
- Competition limited to quality not price
- More managers to look into perceived risks
- All providers to be assessed for their suitability to run services.

Some other examples: responsibility for public health issues like obesity, smoking and alcohol abuse is handed to local councils. All hospitals become foundation trusts and compete for treatment contracts and the cap on how much hospitals can earn from private patients rises from as little as 1.5% to 49%.

Critics say that despite the amendments made, the emphasis on competition will lead to greater privatisation of services and fragmentation of the NHS. Furthermore, radical restructuring of the NHS will be a major distraction for clinicians and managers at a time when it faces the biggest financial challenge in its history. [More in the BMJ](#) [NHS shake – BBC news](#) – [More: Ministry of Health](#)

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**TRENDS**


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**ACCESS TO HEALTHCARE IS HIGHEST IN MASSACHUSETTS, LOWEST IN TEXAS**

Geographical variations “can be quite substantial” within states and within cities, said a new healthcare performance scorecard on access, costs, quality, and outcomes in the US, by the Commonwealth Fund. Access is the crucial first step. The state of Massachusetts has led the way in healthcare reform and only 5% of the population lack health insurance. At the other end of the spectrum are two counties in Texas where more than half of adults lack some form of health insurance coverage. And access is closely linked to quality care. Patients also need systems that are responsive to their needs, such as after hours availability, preventive care, and integration of services once one leaves the hospital. But even, much of the region of Central Pennsylvania which is a mountainous region of often isolated smaller towns and cities performs well on most measures. It reflects the success that can come from having a backbone of electronic health records and an integration of general and specialty care. It is a good example “of re-engineering care,” particularly for those with chronic conditions that consume a disproportionate share of healthcare services. [More BMJ – Commonwealth fund](#)

**WILL THE EU STEER THE NATIONAL HEALTH SYSTEMS ACROSS EUROPE?**

Health systems are a central area of national policy, reminded Nick Fahy in the *BMJ*. However, one of the less visible consequences of the financial crisis has been for much increased involvement of international organisations in running national health systems, normally been seen only in developing countries. As part of the international “bailouts” for Ireland and Greece in 2010, and for Portugal in 2011, these countries had to agree detailed economic adjustment programmes with the “troika” (the European Commission, the International Monetary Fund, and the European Central Bank). These programmes include some strikingly detailed prescriptions for change in the health systems. As the EU moves toward more collective supervision of national budgets, the kinds of requirements made in the bailout agreements may be the future for health systems throughout the EU. [More](#)

**UNION URGES SPANISH DOCTORS TO REPORT EFFECTS OF BUDGET CUTS ON PATIENT CARE**

The regional health department in Catalonia (Spain) has launched an inquiry after one of its public hospitals, which is under private management, rented out theatre space so that a patient could have a private operation after cuts to the region’s health budget as part of austerity measures, although the hospital says that the income will be used for improving infrastructure, said Spanish experts in the *BMJ*. The case is just one example of how the Spanish national health system is responding to cuts in its budget of 8.7%, or €5bn since 2010. Catalonia added a €1 tax on each prescription and a further 3% reduction is also being made to public servants’ salaries on top of cuts already made, such as halving Christmas bonuses and a 5% cut in salaries. The Spanish Medical Association has launched a campaign to encourage

doctors to report cuts that affect the care of patients. However, further cuts are planned, as Madrid has a mandate from the EU to cut this year’s public deficit from the current 8% to 4.4%, which will mean additional cuts of €25bn. [More](#)

**EUROPE’S HEALTH SYSTEMS CAN SURVIVE ECONOMIC SQUEEZE**

A single healthcare system across Europe is unlikely to be realised in the future, said the participants of “Healthcare in Europe 2012” organised by *The Economist Conferences*. Europe’s “pre-industrial” health systems must build prevention into their systems speakers underlined. Healthcare must be integrated with social care, avoidable hospital admissions and unwarranted practice variation reduced, and patients with chronic disease empowered to manage their own disorders. Immediate access to interoperable ehealth records at all points along the patient journey was also seen as essential. Countries must focus on measuring health outcomes and payment to providers based on results and patient and consumer satisfaction with service provision, not input and process. Providers should be fully accountable for the money they consume. “Patients must be involved in shaping and evaluating services,” said the European Patients Forum. New technologies as well as personalised and predictive medicine are likely to force the pace of healthcare reform. The cost of obesity was identified as a problem that governments were failing to confront. Several participants called for countries to follow Denmark’s lead and impose taxes on food and beverages with high fat and sugar content. [More](#)

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**SPECIFIC NEWS**


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**HOSPITAL COMPETITION****DOES COMPETITION IMPROVE PUBLIC HOSPITALS’ EFFICIENCY?**

The switch to a more competitive market structure in 2006 amongst NHS hospitals in England, was associated with reductions in heart attack mortality rates, and it also led to shorter length of stay for routine operations like hip replacements, cataract and hernia operations, according to a study of the *Center For Economic Performance* (London School of Economics). Average length of stay went down more in those places with a lot of potential choice than in places with few potential choices. This was true both for the time spent in hospital after an operation, and for the time spent in hospital waiting for an operation to happen. Whereas competition between NHS providers reduced length of stay, competition with private providers tended to increase the average length of stay for patients in NHS hospitals. The most likely explanation is that private providers could ‘cherry pick’ patients that had no additional complications and were likely to be easier to treat.

The main message is that choice and competition amongst NHS public providers seems to have generated some positive incentives and has been a force for improvement. Yet, if private hospitals are to compete with NHS providers under a reformed NHS, safeguards need to be in place to ensure that NHS hospitals are properly compensated for the more risky and challenging mix of cases they could end up treating. [More](#)

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## MEDICAL DEVICES

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### HOW SAFE ARE METAL-ON-METAL HIP IMPLANTS?

The US Food and Drug Agency has announced it is seeking expert opinions on the risks and benefits of metal on metal hips, says the *British Medical Journal*. The announcement comes in response to the high failure rates of some of these implants. Metal on metal hips can leach ions into the surrounding tissue, damaging tissue and bone and harming some patients' lymph nodes, spleen, liver, and kidneys, found the *BMJ* ([How safe are metal-on-metal hip implants?](#)). The FDA also said it is also considering whether to make hip implants subject to more rigorous testing and require manufacturers to conduct clinical studies before the devices are put on the market. It looks like Europe will not follow suit. Draft documents covering new EU legislation on device regulation say that trials or clinical studies for high risk devices—such as hip implants—are unlikely to become mandatory in Europe. [More](#)

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## PERSONAL HEALTH BUDGET

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### PERSONAL HEALTHCARE BUDGETS: WHAT CAN ENGLAND LEARN FROM THE NETHERLANDS?

The Department of Health in England is currently exploring the possibility of personal health budgets to give patients more control over their care, said an article in the *BMJ*. One option is for disabled and chronically ill people to hold their own budget and pay directly for services to meet their needs. Pilot projects are underway. But the Netherlands, which has had a similar system, is in the process of restricting it in light of several problems. The Dutch Ministry of Health has argued that it has become unsustainable, said the authors. Since 1997, patients in the Netherlands have been able to hold a personal budget to purchase care. But between 2002 and 2010, the number of personal budget holders increased tenfold, while spending increased on average by 23% a year. There have also been credible reports of fraud and concerns about the growth of private agencies that broker arrangements between clients and providers. As a result, the eligibility criteria for personal budgets in the Netherlands will change substantially. By 2014, only people who would otherwise have to move to a nursing or residential home will be able to keep their budget or apply for one to enable them to continue living at home. [More](#)

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## PHARMACEUTICALS

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### DRUG FIRMS CALL FOR CHANGES TO GERMAN LAW THAT LIMITS DRUG PRICES

Until recently Germany was the only country where drug companies could determine the price of new drugs on the market, says an article in the *BMJ*. However, in 2011 a new law required firms to provide a dossier with independent studies proving that the new drug is more efficient (in cost-benefit analyses) than similar drugs on the market. The dossier is examined by IQWiG (German equivalent of NICE), and if a drug is thought not to be more efficient its price is adjusted according to the prices of products with similar action. Drugs with a proved added value can have higher prices, and these have to be negotiated between drug firms and health

insurance companies. However, after severe criticism of the law by the drug industry, a political initiative has attempted to water down the law in favour of drug companies and pharmacists. [More](#)

### 4 NGOS CALL ON EU PARLIAMENT TO CONDEMN ACTA INDEPENDENTLY OF THE ECJ REFERRAL

On February 22, the European Commission announced its intent to ask the European Court of Justice (ECJ) for an opinion on the conformity of the Anti-Counterfeiting Trade Agreement with fundamental freedoms, says 4 NGOs. Having denied the need for any legal or impact assessment before, the Commission has resorted to this referral in an attempt to deflect growing protests and avoid ACTA being definitively rejected by national governments and the European Parliament. The ECJ referral will only assess ACTA's compatibility with EU Treaty law and not with obligations under international agreements in relation to access to medicines. HAI Europe, Oxfam, MSF and TACD urge members of the European Parliament to adhere to its current timetable and vote on ACTA instead of accepting the European Commission's manoeuvres to postpone the final vote. [More with HAI](#)

### INDIA DEFENDS COMPULSORY LICENSING OF PATENT DRUGS

India defends its decision to allow Indian drug makers to produce and sell copies of patented drugs under the so-called compulsory licensing norms, according to *Livemint.com Wall Street Journal*. US commerce secretary, on a visit to India, raised concerns over the use of compulsory licensing with his Indian counterpart. Compulsory licensing allows a local drug maker to manufacture a generic version of a life-saving patented drug that is not freely available in the market, without the consent of the patent owner. Earlier this month, India's patent office invoked the provision for the first time, granting a licence to Natco Pharma Ltd to make and sell a copy of Bayer's cancer drug Nexavar after determining that the life-saving drug was not available at a reasonably affordable price. The Indian Ministry defended India's decision, saying the country's intellectual property rights regime is consistent with the trade-related aspects of intellectual property rights (TRIPS), a WTO agreement of which India is a signatory. [More](#)

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## PREVENTION

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### WHAT PRIVATE FOR PROFIT SCREENING COMPANIES DON'T TELL YOU ABOUT SCREENING?

Life Line Screening, one of many companies in the UK offering testing to asymptomatic people, advertises in newspapers and also sends personal looking letters to people, says an article in the *BMJ*. "Did you know that the majority of strokes can be prevented?" Its business model is to send letters to people in an area before setting up ultrasound scanners and electrocardiography machines in church halls or leisure centres. For around €120-€240, it will perform Doppler ultrasound examinations of the carotid arteries and abdomen, and electrocardiography. It also has extra packages offering ultrasound assessment of risk of osteoporosis and a "10 year heart disease risk assessment [that] includes a cholesterol and preventable diabetes glucose test." Although it is completely legal for the companies to offer these screening services, "screening tests should be offered only when there is evidence that their use in asymptomatic populations will produce more benefit



than harm.”, says the UK National Screening Committee (UK NSC). Offering screening without explaining fully the risks relating to false positives, which can lead to raised anxiety and further unnecessary diagnostic tests, and false negatives, which provide false reassurance, is unethical.” UK NSC would like providers of screening tests to be obliged to plainly state the risks of having these tests in their advertisements. [More](#)

**USER FINANCIAL INCENTIVE**

**USER FINANCIAL INCENTIVES REDUCE HEALTH INEQUALITIES IN THE CASE OF MEDICAL ADHERENCE**

Can implementing “user financial incentives” to encourage health-related behavior change reduce health inequalities former in the contexts of the UK and the United States?, asked a study published in *Journal of health politics, policy and law*. Payments for some aspects of medical adherence may offer a promising way to address, to some extent, inequalities in health and health care in both countries. However, payments for more sustained behavior change, such as that associated with smoking cessation and weight loss, have thus far shown little long-term effect, although more

research that tests the effectiveness of different incentive mechanism designs, informed by the findings of behavioral economics, ought to be undertaken. Many practical, political, ethical, and ideological objections can be waged against user financial incentives in health, and this article reviews a number of them. [More](#)

**WORLD HEALTH DAY**

**ACTIVE AGEING ADDS HEALTHY LIFE TO YEARS**

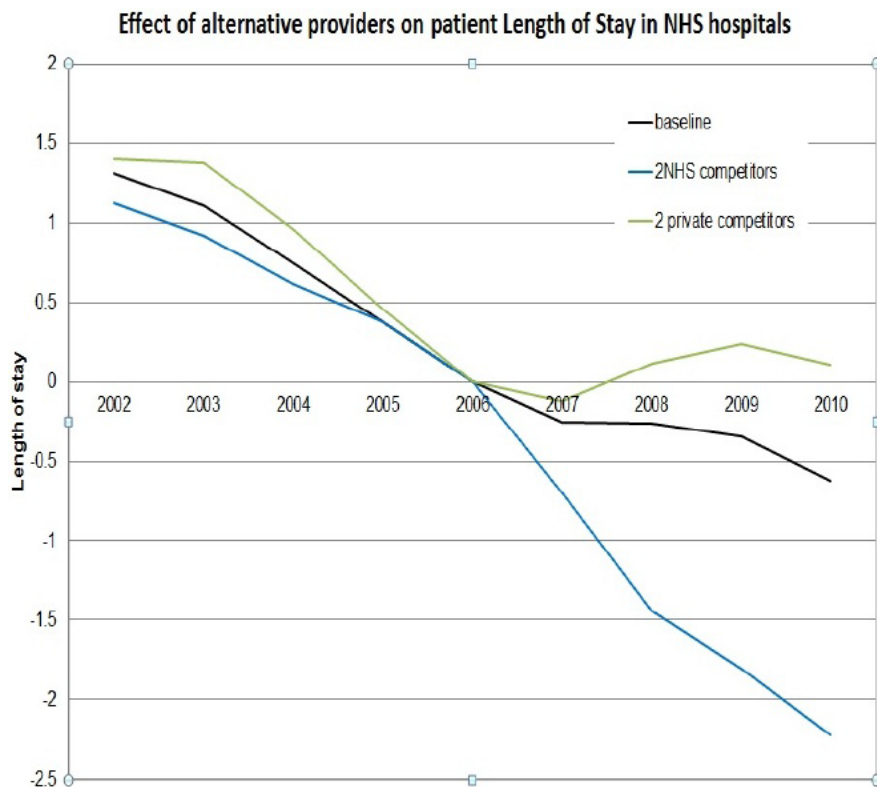
The topic of World Health Day in 2012 (7 April) is *Ageing and health* with the theme "Good health adds life to years". The focus is how good health throughout life can help older men and women lead full and productive lives and be a resource for their families and communities. Ageing concerns each and every one of us – whether young or old, male or female, rich or poor – no matter where we live.

More: [WHO Europe](#) - [WHO Africa](#) - [OMS America Eastern Mediterranean Region](#) -

Restricted mobility and social isolation do not have to go hand in hand with getting old. In the run up to World Health Day, April 7, this issue of the [WHO Bulletin](#) reports on the potential of innovative technologies to help maintain the physical health and independence of older people.

**GRAPH OF THE MONTH**

**Competition and hospitals in England**



Length of stay is declining overall (black line) even in baseline paces with no competitor hospitals. After introduction of choice in 2006, length of stay falls faster in areas where there are more NHS competitors (blue line). When there are more private competitors after 2008, length of stay starts to increase (green line) relative to the baseline.

Source: Center For Economic Performance, London School of Economics

**READERS' DIGEST**

**BOOKS - REPORTS – LINKS****COMPETITION AND HEALTH**

- [Competition improves health services](#), Think Tank Reform. A new report by the market oriented think tank provides examples of healthcare systems around the world to show that, far from fragmenting services, competition and reconfiguration can integrate and improve them.

**HEALTH SYSTEM REVIEW**

- Health systems in transition, Denmark: health system review 2012, European Observatory on Health Systems. Lifestyle related risk factors and chronic illnesses are increasingly becoming major health issues which are still more challenging as an effect of the ageing population. This has pressed the health system towards a model of provision focused much more on the management of chronic care conditions. Although this report reveals a system that generally provides high quality services within each sector, the fragmented structure of the Danish health system poses serious challenges in providing effectively coordinated care. Traditionally characterised as a decentralised system, several reforms from 2007 have strengthened coordination and centralised control.
- [Colombia's response to healthcare crisis](#), BMJ. In 2009 Colombia declared a state of emergency in its healthcare system. This interesting article describes the origins of the crisis and explore the extent to which the reforms that followed are likely secure better healthcare for the population.

**HEALTH SYSTEM STRENGTHENING**

- [RESYST](#): new international research consortium on health systems strengthening. It aims to enhance the resilience and responsiveness of health systems to promote health and health equity and reduce poverty. Subscription to the [RESYST Newsletter](#) Funded by UKAid from the Department for International Development, RESYST works in Kenya, Tanzania, Nigeria, South Africa, India, Thailand and Vietnam. Their research will cover three critical health system components:
  - Financing: focusing on how best to finance universal health coverage in low and middle-income countries.
  - Health workforce: identifying effective, practical interventions to address human resource constraints.
  - Governance: studying the relationships among frontline actors and mid-level management, and leadership in health policy implementation processes.

**HOSPITAL SECTOR**

- [Hospital competition: quasi-markets with fixed prices perform better](#), London School of Economics blog. Both economic theory and evidence from the UK shows that state-funded healthcare which incorporates market-type

incentives will save more lives and reduce more suffering

**MEDICAL DEVICES**

- [Massive lobbying effort by medical device industry threatens public health](#), Report by Citizen (USA). Regulation of medical devices - a \$350 billion industry - is at a crossroads. With a major reauthorization bill up for debate, members of US Congress have introduced 14 bills that aim to accelerate devices' path to the market, often by weakening measures intended to ensure patient safety. "Substantially Unsafe: Medical Devices Pose Great Threat to Patients; Safeguards Must be Strengthened, Not Weakened".

**ONLINE MARKETING**

- [Online marketing of medical procedures needs better regulation](#) BMJ. With the increase in so called medical tourism, where surgeons or providers of a medical service are based abroad and market themselves to patients in the UK, regulating and enforcing codes of practice are becoming serious problems. These foreign sites are not regulated by any European National body. The EU e-commerce directive (2000/31/EC) requires companies only to display ways in which the website can be contacted. Clear and enforceable international guidelines on the content of advertising of medical services are needed.

**PREVENTION**

- [Chronic disease and the shifting focus of public health: is prevention still a political lightweight?](#), *Journal of health politics, policy and law*
- Cost effectiveness of strategies to combat cardiovascular diseases, diabetes and tobacco use in sub-Saharan Africa and South East Asia, BMJ. This comparative economic assessment has identified a set of population-wide and individual strategies for prevention and control of cardiovascular disease that are inexpensive and cost effective in low resource settings. Estimates of "best buys" in sub-Saharan Africa and South East Asia are a good start, but findings must be assessed within the contexts of particular countries, said [another article](#) in the BMJ

**SOCIAL PROTECTION**

- [Crisis responses in social protection](#), World Bank paper for the World Bank 2012–2022 Social Protection and Labor Strategy
- [Building social protection and labor systems](#), - Concepts and Operational Implications, World Bank 2012
- [Social protection floors for social justice and a fair globalization](#), ILO 2012. - [Spanish](#) - [French](#)

**WHO AMERICA**

- [PAHO Launches New Platform to Promote Access to Health Technologies and Innovation](#)



To be launched on 7 May, the objective is to improve transparency, information

flow, and cooperation among countries of the region in order to promote access, innovation, rational use,

and governance of essential drugs, biological medicines, and diagnostics in public health.

## EVENTS

### DANISH EU PRESIDENCY (SELECTION)

#### TRIO PRESIDENCIES

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

#### DANISH EU PRESIDENCY (1-6/2012)



DANISH PRESIDENCY  
OF THE COUNCIL OF THE  
EUROPEAN UNION 2012

<http://eu2012.dk/en>

- 18/4, Copenhagen: [Steering Group on access to medicine in Europe](#), The Ministry of Health
- 26-27/4, Copenhagen: [Informal meeting of the Committee for Medicinal Products for Human Use \(CHMP\)](#), Ministry of Health and Danish Medicines Agency
- 26-27/4, Copenhagen: [Informal meeting of the Pharmacovigilance Working Party – human](#), Ministry of Health - Danish Medicines Agency
- 07-09/5, Copenhagen: [High Level eHealth Conference 2012](#), Ministry of Health, National Board of eHealth and National Board of Health
- 23-24/5, Copenhagen: [Informal meeting of the Committee for Orphan Medicinal Products](#), Ministry of Health and Danish Medicines Agency
- 24-25/5, Copenhagen: [Informal meeting of the Committee for Advanced Therapies \(CAT\)](#), Ministry of Health and Danish Medicines Agency
- 24-25/5, Copenhagen: [MISSOC Network Meeting](#), The Ministry of Social Affairs and Integration
- 21-22/6, Luxembourg: [Meeting of Employment, Social Policy, Health and Consumer Affairs \(EPSCO\)](#), Council of the European Union

### OTHER EVENTS

- [First European conference on patient empowerment](#) (11-12 April Copenhagen, DK) will address how patient and citizen empowerment can contribute to the future of health and social care in Europe. Organized in technical collaboration with the WHO Regional Office for Europe under the auspices of the Danish EU Presidency
- European Diabetes Leadership Forum (Copenhagen, 25-26 April 2012), co-hosted by the OECD and the Danish Diabetes Association in the context of the Danish Presidency of the EU. [More](#)
- [ehealth week 2012](#) (Copenhagen, 7-9 May), organised by the E. Commission, Danish EU Presidency and WoHiT.
- [ESIP European conference 2012](#) (Brussels, 23 May), "Active and healthy ageing and solidarity between generations: role of the social insurances"



- 8th Annual World Health Care Congress-Europe (Amsterdam, 23-24 May): [Sharing global innovation in health](#) (with **Thomas Ballast**, CEO vdek Germany, **Pieter Hasekamp**, DG ZN The Netherlands, **Roger van Bortel**, Chairman **Menzis** The Netherlands, as guest speakers)  
**In partnership with AIM: get a 25% discount by using promotional code CFX532**
- [Arctic light ehealth conference](#) (Norboten, Sweden 19-20 June) - From policy to action: ehealth to anyone, anywhere, at anytime.
- Apply now for [Observatory Venice Summer School 2012](#) on performance assessment (Venice, 22-28 July 2012), European Observatory on Health Systems: to marshal the evidence on performance, to review what it means for health systems and to share experiences of responding through policy and in practice.



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



*The monthly AIM Flash is compiled by Ph. Swennen, R. Kessler and Blandine Cassou-Mounat. For more information on one of the topics mentioned above, please contact the AIM Secretariat.*