

CONTENTS

NEWS ON THE EU INSTITUTIONS	P.1
GENERAL INFORMATION ON HEALTH INSURANCE AND HEALTH SYSTEMS	P.4
GRAPH OF THE MONTH	P.5
READER'S DIGEST	P.6
EVENTS, MEMBER'S CORNER AND AIM NEWS	P.7

EU INSTITUTIONS

EU COUNCIL

HUNGARIAN EU PRESIDENCY (1-6/2011)

-  www.eu2011.hu/

HUNGARIAN PRESIDENCY OF THE EU: WHO/EUROPE CONTRIBUTES TO HEALTH PRIORITIES

WHO/Europe is working closely with the Hungarian Presidency, providing expertise on a range of health issues in preparation for and during upcoming events. [More](#)

EU COMMISSION

DIGITAL AGENDA : E-HEALTH

SIMPLE SMART PHONES AND REMOTE CONTROLS HELP ELDERLY AND DISABLED TO MANAGE THEIR HOMES

With €2.7 million of EU funding, researchers from the Czech Republic, Germany, Portugal, Spain and Sweden have developed a solution to give elderly and disabled people easier control over the various electronic appliances and services in their homes using their mobile phone or other devices. The "I2HOME" project has developed a personalised and simplified Universal Remote Console interface based on existing and evolving open standards. This interface can be in a universal remote control, a mobile phone, a computer or other devices and can be used to, for example, switch on and programme washing machines, lighting, heating, air conditioning, TVs, DVD players/recorders and other household devices. Harnessing information and communications technologies to support dignified and high quality independent living for the elderly, visually impaired or people with cognitive disabilities is one of the key objectives of the Digital Agenda for Europe, adopted by the Commission in May 2010 ([IP/10/581](#), [MEMO/10/199](#), [MEMO/10/200](#)).

EUROPEAN INNOVATION PARTNERSHIP ACTIVE & HEALTHY AGEING

PUBLIC CONSULTATION

A summary report of the stakeholders' conference on the pilot European Innovation Partnership on

Active and Healthy Ageing, which took place in Brussels on 26 November 2010, is now available at following web page, clicking on "Stakeholder event (26 November 2010)" [here](#).

The online public consultation on the pilot partnership closed on 28 January 2011. AIM responded to the consultation. AIM members were strongly encouraged to participate in the consultation too. The consultation questionnaire is available [here](#).

HEALTH

PATIENT RIGHTS IN CROSS-BORDER HEALTHCARE

On 19/01/11, the EP plenary approved at a very large majority the Directive on patients' rights in cross-border healthcare. The text approved by MEPs is the result of an agreement reached with Council in December, which must also give its formal approval. Once signed into law, Member States have 30 months to make changes to their national legislation. [EP press release](#) – [Adopted text](#)

Main issues covered by the Directive:

- Rules for reimbursement of cross-border healthcare
- Prior authorisation
- Relation to regulation 883/2004
- national contact points & information to patients
- cooperation among member states (rare diseases, HTA)

[Statement by Commissioner John Dalli - FAQ_EN](#)

SOCIAL DETERMINANTS AND HEALTH INEQUALITIES

[Meeting of the Expert Group on Social Determinants and Health Inequalities, Brussels, 12-13 October 2010](#) : Meeting report and presentations available now.

MONITORING AND EVALUATION OF STRATEGIES ON NUTRITION, OVERWEIGHT AND OBESITY RELATED HEALTH ISSUES

The presentations made at the conference organised by the Belgian EU Presidency in December 2010 on monitoring and evaluation of strategies on nutrition, overweight and obesity related health issues are now available [here](#).

INTERNAL MARKET

FRANCE: COMMISSION RULES AGAINST THE UNEQUAL TREATMENT RESULTING FROM CERTAIN INSURANCE POLICIES - "CONTRATS SOLIDAIRES" AND "CONTRATS RESPONSABLES"

The European Commission has reached the conclusion that a French plan to grant tax aid to insurers for managing certain supplementary sickness insurance policies ("contrats solidaires" and "contrats responsables") is not compatible with the rules on state aid in the EC Treaty. Without calling into question the social objective of the proposed measures, the Commission's investigation has shown that they were not of a kind to guarantee that benefits would actually be passed on to the final consumer. The measures also risked creating discrimination in favour of the incumbents. The Commission tried to persuade France to modify the two regimes so as to render them acceptable. In 2007 it approved a similar regime of supplementary health insurance for French civil servants. As the policies are still in draft form this decision does not give rise to aid recovery. [More](#) In a statement published on 26/01 FNMF condemns the Commission position. [More - News Press release of the Mutualité Française](#) (FR)

COMMISSION LAUNCHES PUBLIC CONSULTATION ON THE PROFESSIONAL QUALIFICATIONS DIRECTIVE AND A EUROPEAN PROFESSIONAL CARD

The Commission services have launched on 7 January a public consultation on the Professional Qualifications Directive ([Directive 2005/36/EC](#)). This concerns among others architects, **doctors**, engineers, lawyers, mountain guides, **midwives**, **pharmacists**, engineers, real estate agents, tourist sector professionals and others. The consultation is an opportunity for stakeholders to highlight areas of the Directive they feel could be simplified and made more user-friendly. It also seeks views on how to better integrate professionals working in the Single Market, and raises the option of a European Professional Card. The results of the Consultation will feed into an evaluation report and a Green Paper due this autumn. The Commission will come forward with a proposal for modernising the Directive in 2012. Stakeholders are invited to respond until 15 March 2011, and a public hearing is scheduled for 21 February 2011. [More - FAQ](#)

COMMISSION LAUNCHES PROGRAMME TO DEEPEN THE SINGLE MARKET FOR SERVICES

While services currently represent two-thirds of the EU's GDP and employment, they only make up for around one-fifth of total intra-EU trade. According to the Commission this lack of dynamism not only hampers choice for consumers, but also prevents small and innovative businesses to grow, develop their activities and become more competitive. To unlock this potential of the Single Market for services by 2012, the European Commission has adopted on 27/01 a set of targeted actions to tackle remaining problems. The **Services Directive** aims at removing unnecessary and burdensome obstacles to trade in services in the Single Market. One year after the implementation deadline, the Commission and the Member States have completed an assessment of how the Directive has been implemented on the ground. The results of this

so-called "mutual evaluation" exercise conclude that, while much has been achieved so far, the Single Market for services is not yet delivering its full potential. [More - FAQ](#)

EUROPEAN COMMISSION CONSULTS ON THE MODERNISATION OF THE EUROPEAN PUBLIC PROCUREMENT MARKET

Public procurement accounts for roughly 17% of the EU's GDP. In times of tight budgets and economic difficulties in many Member States, public procurement policy must ensure the most efficient use of public funds, with a view to supporting growth and job creation. This would require flexible and user-friendly tools that make transparent and competitive contract awards as easy as possible for European public authorities and their suppliers. With these objectives in mind, the European Commission has launched a consultation. This open debate with interested parties will focus on the modernisation of the rules, tools and methods for public procurement to deliver better on these goals. The deadline for responses to the Green Paper is 18 April 2011. [More - FAQ](#)

EUROPEAN INTEGRATED V.A.T. STRATEGY

On December 1st 2010, the Commission has launched a public consultation on a [Green Paper on the future of VAT](#) "Towards a simpler, more robust and efficient VAT system". The purpose of the paper is to look closer at obligations, deductions as well as rates. Based on this Green Paper on the future of VAT, the Commission will publish a new VAT strategy in 2011. Contributions can be sent by 31st May 2011. [More](#)

PHARMACEUTICAL SECTOR

COMMISSION LAUNCHES SECOND MONITORING EXERCISE OF PATENT SETTLEMENTS IN PHARMA SECTOR

The European Commission has addressed information requests to selected pharmaceutical companies, asking them to submit copies of their patent settlement agreements concluded in the European Economic Area (EEA) in 2010 between originator and generic companies. This is the second monitoring exercise following the Commission's competition sector inquiry of 2009 (see [IP/09/1098](#) and [MEMO/09/321](#)) that pointed to significant risks for European consumers stemming from certain types of patent settlements. [More](#)

PHARMACOVIGILANCE

Following the adoption by the Council and the EP, the new legislation on pharmacovigilance was published on 31 December 2010 in the Official Journal of the EU. The new legislation, a [Regulation](#) and a [Directive](#) will become applicable in July 2012. More information can be found [here](#). To find the Regulation and Directive in your own language, use the following [Link](#).

This legislation is the outcome of the legal proposals on pharmacovigilance that the Commission put forward in December 2008.

SOCIAL AFFAIRS

EU RATIFIES UN CONVENTION ON DISABILITY RIGHTS

Following formal ratification, it is the first time in history the EU has become a party to an international human rights treaty – the United Nation's (UN) Convention on the Rights of People with Disabilities. The Convention

aims to ensure that people with disabilities can enjoy their rights on an equal basis with all other citizens. It reflects the EU's broader commitment to building a barrier-free Europe for the estimated 80 million people with disabilities in the EU by 2020, as set out in the Commission's disability strategy (IP/10/1505). [More](#)

NEW GUIDE TO HELP PUBLIC AUTHORITIES TO PROVIDE HIGH QUALITY AND EFFICIENT SERVICES OF GENERAL INTEREST

This new Guide on services of general interest aims at clarifying the European rules applicable to the organisation and financing of services of general interest. This Guide thus helps public authorities, especially at local level, to provide high quality and efficient services in line with the EU rules. It also clarifies the conditions under which the provision of social services can be limited to non-profit providers. The document provides specific guidance on the application of the Internal Market rules, and of the Services Directive to social services. The Commission also published another guide ([IP/11/105](#)) to help public authorities to buy goods and services in a socially responsible way in line with EU rules (a Guide to taking account of social considerations in public procurement). [More](#)

EUROPEAN PARLIAMENT

PATIENT MOBILITY

Cf. above

WRITTEN DECLARATION ON EUROPEAN STATUTE FOR MUTUAL SOCIETIES, ASSOCIATIONS AND FOUNDATIONS

Currently 185 MEPs signed the written declaration. To be effective, 369 MEPs need to sign the Declaration. AIM invites therefore all its member organisation to mobilise their MEPs in February – very last opportunity - to support the initiative. [More](#)

EP SOCIAL ECONOMY INTERGROUP

On 13/01 the Social economy intergroup organised a hearing on the subject "**Different European**

statutes for the social economy actors". Ms

Federkeil-Giroux (FNMF, F) intervened on behalf of AIM on the European statute for mutuals.

Presentations and a press release are available [here](#). Next hearing: March 2nd, 2011 from 1.30pm to 3pm in the EP in Brussels.

ALZHEIMER'S: WILL IT BECOME A HEALTH PRIORITY FOR EUROPE?

A report adopted by the EP in plenary session on 19/01 calls for more sharing of scientific knowledge, raising public awareness to recognise early symptoms and setting up specialist centres. The number of sufferers of some form of dementia could nearly double every 20 years, possibly reaching 65.7 million in 2030. The report by Portuguese MEP Marisa Matias (GUE/NGL) calls on European governments to make combating and treating Alzheimer's disease and other dementias a priority. [More](#)

SWINE FLU: LESSONS TO LEARN FROM "DISPROPORTIONATE" EU RESPONSE

On 25/01, by adopting with a nearly unanimity, the resolution drafted by Michèle Rivasi (Greens/EFA), MEPs of the ENVI committee have criticised the EU's "disproportionate" response to the outbreak of the H1N1 ("swine flu") virus in 2009-2010. The resolution recommends action for the future, including group purchasing of vaccines and more safeguards against conflicts of interest. [More](#)

EP WORKING PART ON A SINGLE MARKET ACT

In response to the Commission's Single Market Act, published October 27th 2010, the European Parliament Internal Market and Consumers committee (IMCO) has prepared three draft reports:

- [The single Market Act for Enterprise ans Grotwth](#) (Rapporteur: C. Silviu Busoi - ALDE.)
- [The single Market for Europeans](#) (Rapporteur: A.F. Correia De Campos – S&D)
- [Governance and Partnership in the Single Market](#) (Rapporteur: S. Kalniete - EPP)

STAKEHOLDERS

EUCOMED: REVISION MEDICAL DEVICES DIRECTIVES

The European medical technology industry association – Eucomed - restated on 27/01 its position regarding the upcoming revision of EU medical technology legislation. The industry agrees that the current decentralised system needs to be adapted and improved. However, the decentralised approach, which is the essence of the system, should remain as this approach has proven that it allows people to benefit from the latest innovative products while guaranteeing the highest level of patient safety and fostering innovation. Eucomed believes that individual member states would want to retain control over the health and safety of their citizens, as well as make sure that the innovation

and jobs derived from medical technology in their respective country continue to flourish. [More](#)

REVUE PRESCRIRE ON MEDIATOR SCANDAL IN FRANCE

Prescrire applauds the report on benfluorex-Mediator^o from France's Inspection Générale des Affaires Sociales or IGAS, the public welfare inspectorate. The IGAS report details the unacceptable behaviour of the drug company Servier, as well as the numerous dysfunctions, equally unacceptable, on the part of drug regulatory bodies. These behaviours exposed patients to totally unjustified risks and resulted in a large number of victims. The full [Prescrire press release](#). See also article of BMJ below.

GENERAL NEWS

HEALTH INSURANCE

REFORM

OBAMA HEALTH REFORM: FROM FEE FOR SERVICE TOWARD COORDINATED CARE

The Obama health reform in the US aims to simultaneously improve the quality of care and reduce costs, says the *NEJM*. Doing so will require focused efforts to improve care for the 10% of patients who account for 64% of all U.S. health care costs. Much of this cost derives from high rates of unnecessary hospitalizations and potentially avoidable complications, and these are partially driven by fee-for-service incentives that fail to adequately reward coordinated care that effectively prevents illness, underline the authors. Achievement of this level of care coordination will require the development of larger integrated delivery organizations- preferably, “accountable care organizations” (ACOs) that incorporate primary care practices structured as patient-centered medical homes. A crucial question is who will control these ACOs: physician contracting with hospitals or hospitals that will employ physicians. [More](#)

US: HOW TO BUILD PATIENT LOYALTY TO HEALTHCARE NETWORK

To address the problem of fragmentation and low quality of healthcare in the Obama health reform, many analysts support the development of accountable care organizations (ACOs), according to the *NEJM*. ACOs could take various forms, but they have generally been conceived of as groups of primary care physicians, specialists, and sometimes hospitals, joined together in either vertically integrated systems or networks that are accountable for improving the quality and affordability of care for a defined patient population and that are eligible for financial bonuses if performance goals are met. But ACOs that is disconnected from the way patients seek care may fail to achieve its cost-saving and quality goals. Indeed, Except in closed, integrated delivery systems (such as Kaiser Permanente), most patients are not obligated to obtain care only from a particular provider group. There has been little discussion about binding patients to ACOs, however, largely because the freedom to choose one’s providers is highly valued in U.S. health policy, stresses the *NEJM*. So, policymakers should focus on creating incentives to build patients’ loyalty to an ACO, says the authors. [More](#)

TRENDS

RISK ADJUSTMENT AND RISK EQUALIZATION: WHAT NEEDS TO BE DONE?

An increasing number of countries permit a periodic consumer choice of insurer in their social health insurance schemes (e.g. Belgium, the Czech Republic, Germany, Israel, the Netherlands, Slovakia, Switzerland and Medicare in the US), according to an article in Health Policy and Law. However, a competitive health insurance market tends toward risk-adjusted premiums and risk selection (rejection by insurers of high-risk applicants). Therefore, in all these countries,

insurers are not allowed to reject applicants (open enrollment) and different strategies have been implemented to make health insurance affordable, like risk equalization. However, in practice, risk adjustment is still imperfect, says the author. Since it is still questionable whether in practice a sufficiently refined risk adjustment system can be developed, policy makers should also seriously consider the use of ex-post cost-based compensation and premium subsidies to enrollees, while at the same time reconsidering the use of community rating, which induces incentives for risk selection and may not be effective in the long term. [More](#)

RISE IN USER FEES IN GREECE COULD REDUCE ACCESS TO HEALTHCARE

Concern is growing in Greece that the rise in user fees announced by the minister of health could reduce access of many cash strapped and vulnerable groups to healthcare, said Médecins sans Frontières (MSF), according to BMJ. The minister noted that Greece spent about 10% its of GDP on healthcare but that the quality of its healthcare service didn’t reflect that amount of spending. Reform of the health sector to generate efficiency gains and transparency, including strengthened procurement practices, was part of the conditions imposed by the IMF and the European Central Bank for bailing out Greece with a €110bn loan. The government estimates that lower drug prices and renegotiation of prices with suppliers will result in savings of about €1.4bn. But MSF said that many people in Greece were facing cuts in income of up to 30%, which meant that they had to contend with “many new barriers either to access public hospitals or to medicines.” Experience in African countries that rises in user fees greatly reduce access to healthcare, stressed MSF. [More](#)

SPECIFIC NEWS

EHEALTH

ENGLISH DOCTORS ARE RELUCTANT TO USE TELEMEDICINE AND MISUNDERSTAND WHAT PATIENTS WANT

The NHS Confederation, which represents 95% of NHS organisations in England, raised concerns about the cost of the information revolution proposed by government’s plans for the NHS England, in a [report](#), says the BMJ. But the report is upbeat about the potential for IT to transform healthcare. Resistance by doctors, which is often based on incorrect assumptions about what patients want, has “stifled” the use of telemedicine and ehealth records in the NHS, say the authors. Doctors should be encouraged to take the lead in digital technologies and their report recommends that “monetary incentives” be re-examined to ensure that digital medicine is paid at the same rate as face to face treatment.

PHARMACEUTICAL

A PUSH TO EASE PRESCRIPTION DRUG SHORTAGES IN USA

According to a US senator, 150 drugs are now considered in short supply in the US -- twice as many as five years ago, says the Startibune. The shortages have been blamed, in part, on production problems as

well as decisions by drug manufacturers to stop making inexpensive generic drugs. As a result, the senator plans to introduce legislation, which would require drug manufacturers to warn the FDA of impending shortages, and to ease rules on importing drugs from Canada and other countries.

[More](#)

REFORM OF DRUG REGULATION IN FRANCE, AFTER BIG SCANDAL ON “MEDIATOR”

The drug “Mediator”, which was sold by the pharma company Servier as an antidiabetic drug, while concealing its true appetite suppressant nature, has been linked to around 500 deaths, according to the BMJ. The delay in banning the drug in France is set to be one of the biggest medical scandals of recent years. A ministerial inquiry report says that health authorities have been misled over the past 35 years by Servier who concealed the true pharmacological nature of the drug. The report points at incomprehensible decisions made by the French medicines agency, which missed several opportunities to take benfluorex off the market, and

works through a process that benefits companies rather than patients and public health. The French health minister has announced radical reforms in the drug regulation. For example, he favoured granting a marketing authorisation only to drugs which showed they are “at least equivalent to reference drugs on the market.” He strongly advocated greater transparency to expose conflict of interests, including compulsory declarations of interests by cabinet members and ministers, says the BMJ. [More](#)

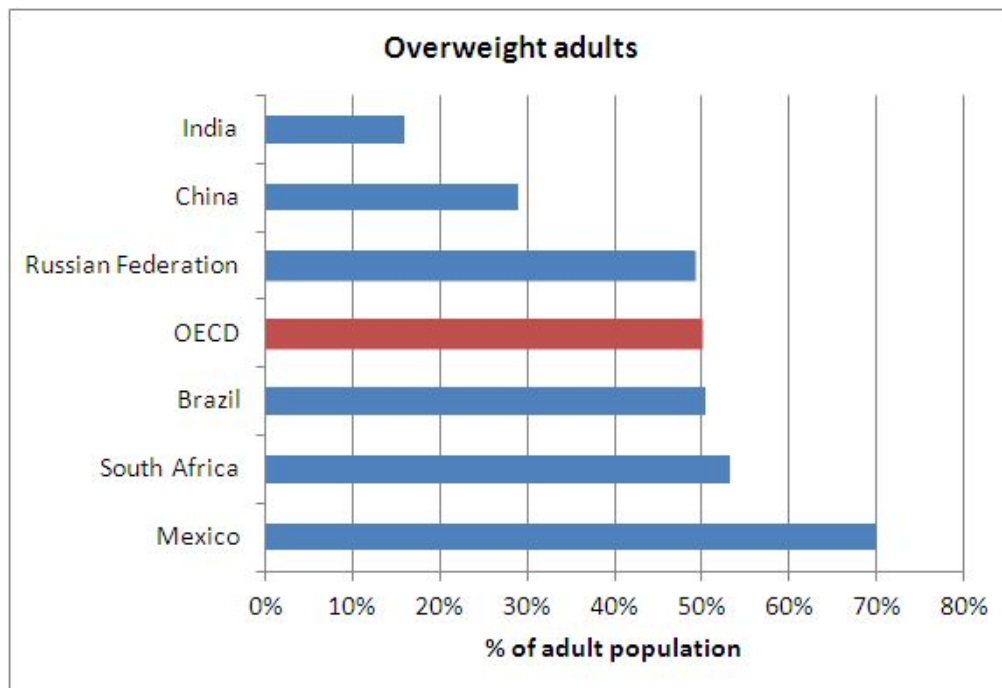
WEB APPLICATION

THE FRENCH RED CROSS LAUNCHED “APPLI” TO SAVE LIVES

The French Red Cross has launched its free iPhone application to give a chance to everyone to save life anywhere at any time. It is accessible to all, free and offers four main features: a list of numbers of medical emergency both in France and abroad, a guide to life-saving measures, understanding and knowing the environment, the risks, the measures to adopt to cope and protect themselves, and donation. [More](#)

GRAPH OF THE MONTH

Obesity becoming a global problem, affecting countries at all levels of income



Overweight and obesity are amongst the leading causes of major chronic diseases, and therefore have a large impact on health care expenditures. Obesity accounts for up to 1% of GDP in most OECD countries, over 1% in the US and up to 4% in China.

The annual cost of broad-based prevention strategies tackling obesity and other health threats, such as alcohol consumption, smoking, high blood pressure and cholesterol, would be less than USD 2 per-person per-year in India and China, less than USD 3 per-head in Brazil, and around USD 4 per-person in South Africa, Russia and Mexico.

Source: www.oecd.org/health/chronicdiseases

READERS' DIGEST

NEWSPAPER

EURO HEALTH

- New issue: "[Measuring-and-managing-performance](#)". European Observatory on Health Systems and Policies. This issue focuses on performance monitoring to maintain high quality health services. Also covered are the topics of user fees in the Czech Republic; private sector providers in England; and providing a solid evidence base for policy makers through the ECHI initiative.

HEALTH ECONOMICS, POLICY AND LAW

- [Contents](#): exciting debate section on the **effects of the Dutch health care reforms**, with a perspective article on 'what needs to be done' in the area of risk adjustment, primary care strategy in New Zealand, changes in mental health inequalities in Australia, eliminating drug price differentials across US government programmes, banning tobacco advertising in Europe, evolution of Taiwan's health care system.

BOOKS - REPORTS – LINKS

ENVIRONMENTAL HEALTH

- "[WHO's Health in the green economy series](#)": Many strategies to reduce climate change have large, immediate health benefits. Others may pose health risks or tradeoffs. Examined systematically, a powerful new dimension of measures to address climate change emerges.

HEALTH SYSTEM

- "[Greek Health in Transition](#)", European Observatory on Health Systems and Policies. Despite success in improving the health of the population, the Greek health care system faces serious structural problems concerning the organization, financing and delivery of services. It suffers from the absence of cost-containment measures and the high percentage of private expenditure goes against the principles of fair financing and equity. Efficiency is also in question

due to the lack of incentives to improve performance in the public sector. In addition, the oversupply of physicians, the absence of a referral system and irrational pricing and reimbursement policies are the factors encouraging under-the-table payments and the black economy. These shortcomings result in low satisfaction with the health care system expressed by citizens.

HEALTH WORKFORCE

- "[Broadening the Scope of Nursing Practice](#)", NEJM. To bridge the gap between demand for primary care and available primary care practitioners and establish new approaches to care delivery, health care providers should be able to practice to the fullest extent of their knowledge and competence. This means establishing a broadened scope of practice for nurse practitioners.

LONG TERM CARE

- Final new [Instrument for classifying and mapping LTC services in Europe](#) – the e-DESDE Long Term Care toolkit, funded by the EC. Due to semantic variability and service complexity, existing national listings of services do not provide an adequate framework for patient mobility. It aims at developing an operational system for coding, mapping and comparing services for Long-Term Care (LTC) across Europe in order to facilitate semantic interoperability in this field.

WEBSITE

- [More Patients Making Appointments Online As Doctors Embrace Web](#), Kaiser news online. A web-based company called www.zocdoc.com is surfing on doctors' increasing willingness to let patients make appointments online, as patients report increasing difficulty getting a doctor's appointment. Patients pay nothing. Doctors pay about \$250 a month to be listed.

EVENTS

HUNGARIAN EU PRESIDENCY (SELECTION)

TRIO PRESIDENCIES

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

HUNGARIAN EU PRESIDENCY (1-6/2011)



- www.eu2011.hu/
- 21-22 February: Conf. on Early Childhood Education and Care - "Excellence and Equity in Early Childhood Education and Care"
- 7 March: Employment, Social Policy, Health and Consumer Affairs Council
- 1 April: [Informal Meeting of Ministers responsible for Demography and Family Policy Issues](#)

- 5 April: [Informal Meeting of Ministers responsible for Health](#)
- 19 May: [Employment, Social Policy, Health and Consumer Affairs Council](#)
- 6-7 June: Informal EPSCO
- 24 June: [European Council](#)

OTHER EVENTS

- 30 March – 1 April 2011, Vienna, Austria, "[Hospital Pharmacists in a changing world – opportunities and challenges](#)", congress organized by EAHP- European association of hospital pharmacists. <http://www.eahp.eu/Congresses>
- 12-14 April 2011, Paris, International conference "[Children's health and environment](#)", organized by HEAL, ARTAC, ISDE

MEMBER'S CORNER

BELGIUM

MUTUALITÉ LIBÉRALE

The Belgian Mutualité Libérale ML created in 2010 a new association "Liberale Vereniging van personen met een handicap" (LVPH), whose aim is to be the focal information point for their members to take stock of the problems encountered by the disabled people. The goal is to improve the general functioning and to defend the interests of the disabled people. [More](#) (NL)

SWITZERLAND

SANTESUISSE: A SINGLE STATE HEALTH INSURANCE FUND IS A VERY BAD MEDICINE

The initiative "For a single public health insurance fund" was launched on 31 January 2011, in spite of two popular refusals noted these last years, according to a press release of santésuisse. This initiative does not solve any health issues. A single state health insurance fund guarantees more State, more bureaucracy, more expenditure, and consequently more premiums, but in exchange of less freedom and less choice for the patients and the insured people. [Press release in DE](#) - [Press release in FR](#)

AIM

AIM WORKING GROUPS

TASK FORCE EUROPEAN MUTUAL STATUTE

On 10/01, European AIM members met to discuss main topics related to a European Mutual statute.

The discussions focused essentially on two main issues:

- The announced study by the European Commission on the mutual sector (proposal included in the Single Market Act).
- The EP written declaration n° 84 on European Statutes for Mutual Societies, associations and foundations.

PHARMACEUTICAL EXPERT GROUP

On 20/01, the pharmaceutical expert group mainly discussed following topics:

- Pharmaceutical package: pharmacovigilance – fight against falsified products – information to patients
- AIM participation in EUnetHTA Stakeholder Forum:
- AIM participation in working groups of the high-level process on corporate responsibility in the field of pharmaceuticals:

- Presentation of German reform regarding pharmaceutical pricing and reimbursement system, by Angelika Kiewel, IKK (D)
- Revision of transparency Directive
- Revision of the medical devices Directives
- Mediator affair in France

Next meetings: 31/03 – 26/05 – 8/09 – 17/11

EUROPEAN AFFAIRS EXPERT PANEL

On 31/01, the European affairs expert panel will mainly discuss following topics:

- The European Commission study on Mutual sector
- European Single Market Act
- EP Written Declaration n° 84 on European Statutes for Mutual Societies, associations and foundations
- Directive on patients rights and cross-border healthcare

Up-dated information on European topics (conclusions EPSCO Council, 6-7 December 2010 - Green Paper on the future of VAT system - e-health/disease management - Long term care & healthy ageing).

AIM AGENDA (MAIN ITEMS)

- Study trip on telemedicine and integrated care (Odense, Denmark, 17-18 March 2011)
- Health reform group (Luxembourg, 29 March 2011)
- Pharmaceutical expert group (Brussels, 31 March)
- European Affairs meeting (Brussels, 12 April)
- Pharmaceutical expert group (Brussels, 26 May)
- **AIM General Assembly (Brussels, 15-16-17 June 2011)**
15/6: Disease Management and Long Term Care
16/6: *Morning*: International Cooperation Committee * – *Afternoon*: European Affairs Committee**
17/6: *Morning and Afternoon*: General Assembly and Board of Directors**
* Simultaneous French, English and Spanish translation. - **Simultaneous French, English and German translation.

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.