



CONTENTS

NEWS ON THE EU INSTITUTIONS	P.1
GENERAL INFORMATION ON HEALTH INSURANCE AND HEALTH SYSTEMS	P.4
READER'S DIGEST	P.5
EVENTS AND AIM NEWS	P.7

EU INSTITUTIONS

EU COUNCIL

HUNGARY EU PRESIDENCY



[Website](#) - [Spanish EU Presidency Program](#)

COUNCIL ADOPTED DIRECTIVE ON CROSS-BORDER HEALTHCARE ADOPTED

The Council officially adopted on 28/02 the Directive on cross-border healthcare. The adopted text reflects a second-reading-compromise reached between the Belgian Presidency and representatives of the European Parliament in an informal triologue on 15 December 2010. The EP already adopted the agreed text on 19/01/2011. Member States will have 30 months to transpose the directive's provision into national legislation. [More](#)

EU COMMISSION

CONSUMER PROTECTION

BISPHENOL A: EU BAN ON USE IN BABY BOTTLES ENTERS INTO FORCE NEXT WEEK

A ban prohibiting the manufacture in the European Union of baby bottles containing Bisphenol A (BPA) substance enters into force on March 1. BPA is widely used in the production of plastic baby bottles. The ban is foreseen in an EU directive (2011/8/EU) adopted in late January which also cover, on June 1, the placing on the market and import into the EU of baby bottles containing BPA. [More](#)

DIGITAL AGENDA

COMMISSION LAUNCHES PUBLIC CONSULTATION ON E-SIGNATURES AND E-IDENTIFICATION

In order to tackle low levels of consumer and business confidence in online transactions, the European Commission is asking citizens and other interested parties how electronic signatures and electronic identification (eID) and authentication can help the development of the European Digital Single

Market. Currently, difficulties in verifying people's identities and signatures are a significant factor holding back the development of the EU's online economy. Electronic signatures and electronic identification (eID) and authentication can be an important tool to enable both users and providers to rely on secure, trustworthy and easy-to-use online services but must work in all Member States to be effective. The results of this consultation will feed into the Commission's review of the existing eSignature Directive and the preparation of a planned initiative on the mutual recognition of electronic identification and authentication. The online consultation runs until 15 April 2011. [More](#)

COMMISSION CALLS ON MEMBER STATES TO INCREASE AWARENESS OF EUROPE'S SINGLE EMERGENCY NUMBER "112"

To mark "European 112 Day" on 11th February, the European Commission urged Member States to step up their efforts to increase public awareness of the existence of 112, the number which can be used in all EU Member States to reach emergency services. An EU-wide survey shows around three out of four EU citizens still do not know this life-saving number. However, EU telecoms rules require Member States to make their citizens aware of the 112 number. To increase the protection of EU citizens, Member States are further required to improve the accuracy and reliability of caller location information under the new EU telecoms rules, which must be implemented into national law by 25 May this year (see [MEMO/09/568](#)). [More](#) - [FAQ](#)

GENERAL AFFAIRS

SMES: REVIEW OF SMALL BUSINESS ACT

Europe's 2020 strategy and Europe's economy heavily rely on Small and Medium-sized Enterprises (SMEs) achieving their potential. In the EU, some 23 million SMEs employ 67% of the private sector workforce. The Small Business Act (SBA) is the EU policy framework aimed at strengthening SMEs so that they can grow and create employment. Between 2008 and 2010, the Commission and EU Member States implemented actions set out in the SBA to alleviate administrative burden, facilitate SMEs' access to finance and support their access to new markets. Although most initiatives foreseen by the SBA have been initiated, a review of implementation so far reveals that more must be done to help SMEs. [More](#)

LINKING BUSINESS REGISTERS ACROSS EUROPE WILL STIMULATE CROSS-BORDER TRADE AND SAVE UP TO 70 MILLION EURO A YEAR

The Commission adopted a proposal to interconnect business registers within the EU. Company registers provide company information that is essential for consumers and business partners alike, such as information on a company's legal form, its seat, capital and legal representatives. The proposal will help to facilitate cross-border electronic access to business information, by ensuring business registers are updated, and business information is more easily and readily accessible. These changes are crucial for companies when setting up branches, conducting cross-border trade or providing cross-border services in the EU. The proposal will now pass to the Member States and the European Parliament for consideration. [More](#) - [FAQ](#)

eHEALTH

REPORT ON eHEALTH INFRASTRUCTURES IN EUROPEAN COUNTRIES: EVIDENCE ON PROGRESS AND RECOMMENDATIONS

The synthesis report on Europe's progress in eHealth policies and implementations is now online, along with more than 30 country reports. Study results show that in virtually all European countries surveyed, political as well as stakeholder interest in eHealth policies, and the planning and implementation of national or regional infrastructures, has gained great momentum. [Report](#) - www.ehealth-strategies.eu

HEALTH

CANCER: NEW EU GUIDELINES ON COLORECTAL CANCER SCREENING AND DIAGNOSIS

On the occasion of the World Cancer Day (4 February), in an effort to improve the screening and diagnosis of colorectal cancer, the European Commission published the first edition of the European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis. Colorectal cancer is the second most common newly diagnosed cancer in the EU. It is the second most common cause of cancer death in the EU, accounting for one in seven new cancers and one in eight cancer deaths. Improving diagnosis and screening is key to reduce the mortality rates from colorectal cancer. [More](#)

RENEWED COMMITMENT OF STAKEHOLDERS TO COMBAT OVERWEIGHT AND OBESITY-RELATED HEALTH ISSUES

Over half the EU adult population is now overweight or obese according to the "Health at a Glance: Europe 2010" report published by the European Commission and the OECD on 7 December. The European-level umbrella organisations, ranging from the food industry, health organisations and other civil society NGOs, who are members of the European Commission's Platform for Action on Diet, Physical Activity and Health agreed to step up action to tackle the growing problem of overweight and obesity related health problems. The members committed to boosting activities that contribute to the objectives of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues by 2013. Priorities focus on children and how

to make healthy choices available whilst also encouraging physical activity and sports. Action will target vulnerable groups, including children and adolescents and low socio-economic groups. The need to improve existing commitments in product composition for healthier food and in advertising and marketing to children was also highlighted. [More](#)

RARE DISEASES DAY: SURVEY SHOWS STRONG PUBLIC SUPPORT FOR EUROPEAN COOPERATION ON RARE DISEASES

Rare diseases cause great suffering to many EU citizens. Up to 36 million Europeans are affected, and need proper diagnosis and treatment. A Eurobarometer survey published on 28/02, on the 4th World Rare Diseases Day, reveals widespread support for action on rare diseases at EU level. [More](#)

HEALTH AND SAFETY AT WORK: WORKERS' AND EMPLOYERS' AGREEMENT IS HELPING TO DEAL WITH STRESS AT WORK

Over the last ten years, work-related stress has increased in nine Member States and has only fallen in Sweden. Studies suggest that between 50% and 60% of all lost working days are related to stress. The direct costs related to stress at work are now estimated to be as high as 4% of EU GDP. In response to these developments, European workers' and employers' representatives reached an agreement in 2004 to ensure a minimum level of protection against stress at work. The European Commission has published an evaluation of this agreement, concluding that it has had positive effects where implemented. Although the agreement has not been implemented evenly in all countries, 19 Member States now have legislation or binding collective agreements that address stress or other psychological risks at work. [More](#)

OPEN INFORMATION DAY ON HEALTH RESEARCH, 9 JUNE 2011, BRUSSELS

The European Commission (Research & Innovation DG - Directorate Health) is organizing on 9 June 2011 in Brussels an Open Information Day on FP7 Health research. The event aims to highlight the novelties in the planning of the 2012 Work Programme due to be published in July. It will provide guidance on proposal preparation and management. [More](#)

HEALTH INSURANCE

SLOVENIA REFERRED TO EU COURT OVER COMPLEMENTARY HEALTH INSURANCE

The Commission has decided to refer Slovenia to the Court of Justice because its rules on complementary health insurance do not fully comply with EU non-life insurance Directives and EU rules on the free movement of capital and the freedom to provide services. The Commission considers that Slovenia's current rules may lead to distortions in the Single Market for insurance and less choice for Slovenian consumers. The Commission sent a reasoned opinion to Slovenia in September 2010, requesting the Slovenian authorities to comply with EU law. [More](#)

STATE AID: THE COMMISSION APPROVES FRANCE'S SCHEME TO SUPPORT SUPPLEMENTARY SOCIAL WELFARE COVER FOR LOCAL GOVERNMENT STAFF

The European Commission has ruled that the scheme to support supplementary welfare cover for local government staff put forward by France is compatible

with EU Treaty rules on state aid in view of its social character.

The draft scheme notified by France involves local government institutions and local-government-managed bodies contributing to the funding of supplementary social welfare cover for their staff. Under the scheme, local government institutions and local-government-managed bodies will be able to pay staff and retired staff members an allowance if they take out insurance contracts and packages which have been approved by the Oversight Authority or if they sign up to supplementary welfare arrangements established between the local government body and an insurance undertaking after a competitive tender procedure. Both selection processes will be open to any type of insurance undertaking with which staff will be able to take out a contract or join an arrangement for supplementary welfare cover. The allowance provided by local government institutions and local-government-managed bodies, in the form of a single annual payment per staff member, will either be paid directly to staff or to the insurance undertaking, which will have to deduct the amount in full from the fee or premium payable by the staff members covered by them. [More](#)

EU COURT RULING ON SEX DISCRIMINATION IN INSURANCE CONTRACTS

Taking the gender of the insured individual into account as a risk factor in insurance contracts constitutes discrimination. The rule of unisex premiums and benefits will apply with effect from 21 December 2012. [More - MEMO_EN](#)

INTERNAL MARKET

SINGLE MARKET ACT

AIM finalised its contribution to the single market act and submitted it to the Commission services. More info is available from the AIM Secretariat and on the AIM Website.

PHARMACEUTICAL SECTOR

REGISTRATION OF TRADITIONAL HERBAL MEDICINES : 3 MONTHS TO GO

In 3 months time, on 30 April 2011, the transitional period of 7 years to register certain traditional herbal medicinal products expires. All medicinal products, including herbal ones, need a marketing authorisation to be placed on the EU market. Although herbal medicinal products are natural, they are not automatically without risk as natural substances can be highly toxic. Herbal medicinal products have specific characteristics in particular a long tradition of use. Therefore, a lighter, simpler and less costly registration procedure than for other medicinal products was introduced in the legislation. [FAQ](#)

RESEARCH

EU RESEARCH AND INNOVATION FUNDING: COMMISSION CONSULTS ON RADICAL CHANGES TO CREATE MORE GROWTH AND JOBS

The European Commission launched a consultation on major improvements to EU research and innovation funding to make participation easier,

increase scientific and economic impact and improve value for money. The proposed "Common Strategic Framework", set out in a Green Paper, would cover the current Framework Programme for Research (FP7), the Competitiveness and Innovation Framework Programme (CIP) and the European Institute of Innovation and Technology (EIT). The Commission's Green Paper also provides the basis for far-reaching simplification of procedures and rules. The changes aim to maximise the contribution of EU research and innovation funding to the Innovation Union and the Europe 2020 Strategy. Stakeholders have until 20 May 2011 to respond. [More](#)

EU MARIE CURIE SCIENTIST PRESENTS NEW EVIDENCE OF 'ASTHMA GENE' IN CHILDREN

A scientist supported by the European Union's Marie Curie research fund has found new evidence that a specific 'asthma gene' is a cause of the respiratory condition in children. These findings could change the understanding of childhood asthma and lead to new treatments for the potentially fatal condition, which affects 100 million people in Europe and three times as many worldwide. [More](#)

SOCIAL AFFAIRS

SOCIAL SECURITY COORDINATION: COMMISSION TAKES SPAIN TO THE EUROPEAN COURT OF JUSTICE FOR DISCRIMINATING EU PENSIONERS

The Commission has decided to take Spain to the European Court of Justice for refusing EU pensioners access to free medication while temporarily residing in Spain. Under EU social security legislation ([Regulation 883/2004](#)), pensioners temporarily residing in another Member State can make use of their European Health Insurance Card (EHIC) to receive necessary healthcare under the same conditions as pensioners insured under the sickness insurance scheme of the visiting Member State. Under Spanish law, pensioners can get medication for free which is why pensioners from other EU Member States should equally have an access to free medication when temporarily residing in Spain.

The Spanish authorities however, refuse free medication to EU pensioners because the European Health Insurance Card does not indicate that they are pensioners. Spain requires EU pensioners to present a supplementary document issued by their national social security services certifying in the Spanish language that he or she is in receipt of a state pension. [More](#)

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

This new Guide 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. [More](#)

EUROPEAN PARLIAMENT

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

In follow-up of the EP plenary sessions in February 364 MEPs signed the written declaration. To be effective, 369 MEPs need to sign the Declaration. Given these very positive results, the EP accepted to postpone the

deadline to 10 March to give the opportunity to find the 5 missing signatures at the next plenary session from 7 till 10 March. AIM invites therefore all its member organisations to mobilise again their MEPs before 10 March – very last opportunity - to support the initiative. [More](#)

EP APPROVES DIRECTIVE TO FIGHT AGAINST FALSIFIED MEDICINES

The Directive to fight against falsified medicines was approved by Parliament on 16 February. The Directive introduces new safety and traceability measures as well as sanctions against counterfeiters but focuses also on Internet sales. The text approved by MEPs results from an agreement reached with Council, which must also give its formal approval. Once it is signed into law, Member States have 24 months to make any necessary changes to their national legislation. [More on EP press release - FAQ](#)

EP GIVES GO-AHEAD FOR ENHANCED COOPERATION ON EU PATENT

The European Parliament gave its consent on 15/02 for a common EU patent system to be created using the enhanced cooperation procedure. In December 2010, twelve Member States made a request to launch such a procedure, after it was concluded that not all the Member States could agree on an EU-wide patent system.

Next steps: the Council of Competitiveness Ministers is expected to formally adopt the decision authorising enhanced cooperation on 9-10 March. The Commission will then submit two legislative proposals: one establishing the single patent (under

the co-decision procedure) and the other on the language regime (consultation procedure).

A unitary patent system, abolishing differences between Member States over patent rights, would make it easier and cheaper for inventors to protect their patents throughout the EU, help tackle infringements and create a level playing field for Europe's innovative businesses. [More](#)

SUSTAINABLE EUROPEAN PENSION SYSTEMS

The non-legislative EP report on "*solutions and adequate, sustainable and safe European pension systems*" drafted by Dutch Christian Democrat Ria Oomen-Ruijten was approved on 16/02/2011 by 535 votes to 85 with 57 abstentions. The report urges stable, reliable and sustainable pensions systems and says principles of solidarity between generations and national solidarity are key. One of the ideas to make pension systems healthier is to raise the retirement age. [More](#)

MEPS URGE EU TO FIGHT TUBERCULOSIS WORLDWIDE

The fight against tuberculosis should be included in the flagship Europe 2020 Strategy, says Parliament in a resolution adopted on 3/02. And European research should be made to count in developing countries, where the disease is most deadly, demand MEPs. [More](#)

EU COURT OF JUSTICE

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

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

STAKEHOLDERS

SOCIAL ECONOMY EUROPE

At its meeting on 15/02, SEE discussed various topics among others the European platform against

poverty and social exclusion as well as the consultation on the modernisation of EU public procurement policy. The next meeting is scheduled on 3/05.

GENERAL NEWS

HEALTH INSURANCE

REFORM

IRISH HEALTH SYSTEM GOING DUTCH?

The Irish party Fine Gael (FG) which won the last election has been speaking about plans to reform health care system, according to a [press release](#). Fine Gael's [FairCare Health Strategy](#) will eliminate long waiting lists, end the unfair public-private two-tier system, system that doesn't work for the people who need it most, and replace it by 2016 by a Universal Health Insurance (UHI) system based on the successful Dutch model. They set out 3 phases for health reform. Phase 1 (2011-14): FG will reform the current system to bring down waiting lists and build a stronger primary care system. Phase 2 (2014): FG will change the way hospitals are paid. Block grants will be replaced by a system based on the numbers of patients they treat – 'money follows the patient'. This will increase productivity by between 5% and 10%. Phase 3: (2016): FG will begin the introduction of UHI. However, they know this is a long term project and bedding down all of

reforms will take place during the following five years.

SPECIFIC NEWS

CHRONIC CONDITIONS AND SENIORS

MULTIPLE CHRONIC CONDITIONS, NOT AGE, MAIN DRIVER OF HEALTH SYSTEM USE BY SENIORS

The number of health care services seniors use is determined more by the number of chronic conditions they have than by their age, according to a new study from the Canadian Institute for Health Information (CIHI). The study found that older seniors (85 and older) with no chronic conditions made less than half the number of health care visits as younger seniors (65 to 74) with three or more chronic conditions, such as diabetes, hypertension and heart disease. [More](#)

HEALTHY AGEING

TO STAVE OFF ALZHEIMER'S, LEARN A LANGUAGE?

Speaking at least two languages may slow dementia in the aging brain, according to an article of National Geographic. Scientists already knew that bilingual

young adults and children perform better on tasks dictated by the brain's executive control system. Recent studies have revealed that advantages of bilingualism persist also into old age. In other worlds, it has been shown that bilingualism is "protecting older adults, even as Alzheimer's is beginning to affect cognitive function. [More](#)

PHARMACEUTICALS

PATIENT ORGANISATIONS: VOICE OF THE INDUSTRY?

HAI Europe's latest research has established a link between patient and consumer groups' perspectives on EU medicines policies and the funding they receive from the pharmaceutical industry. Worryingly, these findings highlight the potential for the erosion of the patient and consumer voice in pharmaceutical policy debates at the European level. Currently under debate, this EU legislative proposal, known as Information to Patients Directive and Regulation, could loosen the controls on medicines information generated by the pharmaceutical industry, allowing companies to communicate directly with patients about its products. Final results showed that those organisations receiving company funding supported an expanded role of the pharmaceutical industry as an information provider. [More](#)

TELEHEALTH

HEALTHCARE WITHOUT WALLS: DELIVERING TELEHEALTH AT SCALE

"While evident that telemedicine can offer a great potential, it does create challenges, especially in terms of its funding and impact on current reimbursement schemes...without a clear national direction, the risk is that a fragmented, point-to-point approach is adopted without taking advantage of common national infrastructure", say the authors of

the Think tank 2020 in a "[report designed to inform the future NHS strategy for telehealth](#)". The scale of the problem is immense: a rise of 23% in LTC patients will occur over the next 25 years; LTC patients account for 31 % of the population, 52 % of all GP appointments and 65% of all outpatient appointments; Three out of every five people aged over 60 in England have a LTC and it is not just the elderly who are suffering from chronic disease. Many of the young obese could develop diabetes, heart disease and arthritis among other things in their 30's. The report demands urgent Ministerial support to facilitate the use of the remote capture and relay of health information from the home for clinical review and early intervention.

DOES RMT WORK?

Is the evidence gathered so far enough? If not, what else need to be done? Those are the questions raised in a report of the European Commission "[Strategic Intelligence Monitor on Personal Health Systems \(SIMPHS\): Market Structure and Innovation Dynamics](#)". The evidence is increasingly compelling but seems not yet sufficient to convince all stakeholders and lead to full acceptance and deployment of RMT. On the non-conclusive evidence on reduced hospitalisation and on the assumption that this is probably not a correct measure to assess the contribution of RMT, the conclusion of the report is that the cost of providing RMT should be weighted almost entirely against the clinical outcomes. As a matter of fact, the Swedish Presidency study cited earlier, reports potential benefits expressed in volume metrics and does not contain a single estimation of the monetary value of the reduced costs. They can conclude that, regardless of the scientific accuracy of such extrapolations, the order of magnitude clearly conveys the message that we stand to lose large potential benefits if the deployment of RMT remains at the current very modest level.

READERS' DIGEST

BOOKS - REPORTS – LINKS

DISEASE MANAGEMENT EVALUATION

- "[Disease management evaluation. A comprehensive review of current state of the art](#)", Rand Technical Report. It reviews the academic and grey literature to help advance the task of improving the science of assessing disease management initiatives in Europe. It provides a comprehensive inventory of current evaluation methods and performance measures, and highlights potential challenges to evaluating complex interventions such as disease management.

E-HEALTH

- New publication highlights recommendations for rapid uptake of e-Health: Rapid action is needed to increase patient access to e Health technologies by setting targets for EU countries on reimbursement and access to innovative technologies. [More](#)
- "[Why is it difficult to implement e-health initiatives? A qualitative study](#)", University College London. The use of information and

communication technologies in healthcare is seen as essential for high quality and cost-effective healthcare. However, implementation of e-health initiatives has often been problematic, with many failing to demonstrate predicted benefits. This study aimed to explore and understand the experiences of implementers - the senior managers and other staff charged with implementing e-health initiatives and their assessment of factors which promote or inhibit the successful implementation, embedding, and integration of e-health initiatives.

- "[Remote control: the patient-practitioner relationship in a digital age](#)", NHS Confederation. This report says that, while for many of the NHS' main users – especially the very old – face-to-face will continue to be the most sensible way to provide care, for an ever-growing number it is not. More and more people expect to be able to manage parts of their healthcare remotely using modern communication technologies, as they do with other areas of their life. The NHS has to cater for this section of society to offer high-quality care and ensure that resources can be used more appropriately where face-to-face contact is the best option.

HEALTH INDICATORS

- "[A Citizen's Guide to Health Indicators](#)", Health Council of Canada. Written for individuals with an interest in health care and in using health information, this resource provides an introduction to health indicators-what they are, where they come from, what their limitations are, and how they can influence health care decisions and policies. Stories in the guide outline how indicators are used to make real-life choices. Included are links to helpful resources and information on what makes a good health indicator, and the challenges associated with using health indicators.

HEALTHCARE SYSTEM

- "[Healthcare in Israël for overseas readers: a series of 6 monographs](#)", Brookdale Institute, 2011. With government-financed insurance coverage provided through 4 competing health plans, Israel's per capita costs are less than half of those of the US and its health outcomes are good. To explore key lessons from the Israeli system for the US, The Brookdale Institute published 6 monographs on in-depth analyses of how Israel addresses several questions that are relevant to current efforts to transform the US delivery system: - What is the role of government in containing costs and promoting better services and outcomes of care within budget constraints? - How do the structure and financing of Israeli health plans create incentives for care management, investment in primary care and cost containment? - How is medical education financed and organized in Israel and what are the consequences of financing medical education primarily through government support?
- "[Healthcare in Asia. The innovation imperative](#)", Economist Intelligence Unit report. The report examines technical, financial and organisational innovation in Asian healthcare, assessing challenges to adoption and the potential impact of innovation on healthcare systems across Asia. It also seeks to identify best practices for governments seeking to learn from pioneers across the region.

HEALTH INEQUALITIES

- "[Rural poverty and health system in the WHO Region](#)", WHO, 2011. Globally, poverty tends to have a rural face. In disadvantaged rural areas, the drivers of poverty are also the drivers of ill health. This short analysis of rural poverty and health systems in the WHO European Region is divided into four main sections: rural poverty in the Region; selected social determinants of health in disadvantaged rural areas; differences in health system performance and health between rural and urban areas; and the implications for health systems. This briefing is a follow-up to key European resolutions, charters and communications on how to reduce health inequities.
- "[What does Eurostat's Labour Force Survey say about health and health inequalities in the EU?](#)", WHO. This publication presents

extensive analysis of newly available data from the above-mentioned survey to measure health and socioeconomic inequalities in health in 25 European countries over a period including 1983–2004 at most. The study first defined several, predominantly labour-market-related health indicators, plus one weighted, overall health index. The authors documented the limitations of using this information to measure average national health status, and focused on the use of the health information to assess socioeconomic inequalities in health.

- "[Early Years Interventions to address Health Inequalities in London - the Economic Case](#)", WHO. This report demonstrates how early years interventions provide high returns on investment for individuals and society. In other words, it is economically efficient for young Londoners' future life chances and meets the economic growth needs of London, the region with the highest rates of child poverty in the UK. This paper sets out the findings from a early years interventions to identify 'what works' and 'what doesn't', provide international and national comparisons and translate data and potential savings into a UK and London context. It has been developed for, among others, service planners and commissioners in children's services, health, schools and other agencies.

PERSONAL HEALTH SYSTEM

- "[Strategic Intelligence Monitor on Personal Health Systems \(SIMPHS\): Market Structure and Innovation Dynamics](#)", European Commission. Personal Health Systems (PHS) and Remote Patient Monitoring and Treatment (RMT) have the potential to alter the way healthcare is provided by increasing the quantity and quality of care. This report explores the current status of PHS and RMT market in Europe. It addresses the question of how these technologies can contribute to dealing with some of the challenges facing the European healthcare delivery systems caused by higher pressure of demand through chronic diseases and demographic change, combined with diminishing resources for health care. Uptake and diffusion of these services would potentially reduce death rates, and avoid recurring hospitalisation in a cost-effective manner. However, the report identifies various barriers which hamper the full deployment of RMT in Europe and it provides a number of tentative policy options which aim specifically to foster EU-wide deployment of RMT/PHS.

PREVENTION WEBSITE

- US – "[Prevention Institute](#)": This Institute is committed to preventing illness and injury, to fostering health and social equity, and to building momentum for community prevention as an integral component of a quality health system. It synthesizes research and practice; develops prevention tools and frameworks; helps design and guide interdisciplinary partnerships; and conducts training and strategic consultation with government, foundations, and community-based organizations nationwide and internationally.

PUBLIC HEALTH PRIORITY

- “Violence against women: an urgent public health priority”, WHO. Violence against women has been described as “perhaps the most shameful human rights violation, and the most pervasive.” Violence is also an important cause of morbidity from multiple mental, physical, sexual and reproductive health outcomes, and it is also linked with known risk factors for poor health, such as alcohol and drug use, smoking and unsafe sex. This WHO publication summarizes the existing evidence on strategies for primary prevention, identifying those that have been shown to be effective and those that seem promising or theoretically feasible. It also recognizes the importance of strategies to empower women, financially and personally, and of challenging social norms that perpetuate this violence.

QUALITY OF HEALTHCARE PROVIDERS

- “How health systems make available information on service providers: experience in seven countries”, Rand Europe. This report reviews information systems that report on the quality or performance of providers of healthcare in seven countries (Denmark, England, Germany, Italy, the Netherlands, Sweden and the United States) to inform the use and further development of quality information systems in the English NHS.

WEB PORTAL

- [2020health](#) is a UK independent, grass-roots, health and technology policy Think Tank. Interested in realistic solutions, it captures the insight of the NHS, shapes policy with grass-roots common sense and asks the questions about cultural impact. Core themes: innovation, accountability, information and partnership.

EVENTS**HUNGARIAN EU PRESIDENCY (SELECTION)****HUNGARIAN EU PRESIDENCY (1-6/2011)**

- www.eu2011.hu/
- 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
- “[Observatory Venice Summer School 2011: the ageing crisis](#)”, European Observatory on Health Systems and Policies. 24-30 July 2011, San Servolo in Venice, Italy.

AIM**AIM WORKING GROUPS****PRAESIDIUM MEETING ON 18/02**

The Praesidium met on 18/02 to discuss among others the reflection process on the future of AIM and the General Assembly in June 2011. The

Praesidium also had an exchange with Professor Fici from EURICSE and AMICE delegates on the announced Commission study on mutual societies in Europe. Next meeting: 11/03.

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 Telemedicine
16/6: *Morning*: International Cooperation Committee * – *Afternoon*: European Affairs Committee**
17/6: *Morning and Afternoon*: General Assembly and Board of Directors**
* Simultaneous French, English and Spanish translation. - **Simultaneous French, English and German translation.

The monthly AIM Flash is compiled by Ph. Swennen, R. Kessler and M. Machalska.