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- 29 April 2011, "[Second European day on solidarity between generations](#)":
Join the campaign to mark 29 April 2010



MEMBER'S CORNER

FRANCE

FNMF SUGGESTIONS TO IMPROVE PHARMACEUTICAL POLICY IN FRANCE

In follow-up of the "Mediator" affair in France, FNMF adopted a roadmap based on 4 objectives and 10 proposals to modernise and to improve pharmaceutical policy in France. Concretely FNMF recommends to:

- Avoid any confusion of roles of the different actors
- Improve the marketing authorisation system
- Not to confuse medicines with simple consumer products
- Mobilise health professionals

[More - FNMF proposals FR](#)

EU INSTITUTIONS

EU COUNCIL

HUNGARY EU PRESIDENCY



<http://www.eu2011.hu/>

SOCIAL SUMMIT: EU DEBATED IMPACT OF BUDGET CONSTRAINTS ON JOBS AND GROWTH WITH WORKERS AND EMPLOYERS

On 24/03, the Social Summit discussions focused on the effect of budgetary and fiscal consolidation on jobs and growth as well as the governance role of social partners. [More](#)

EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS COUNCIL, 7 MARCH 2011

The Council of EU Employment, Social Policy, Health and Consumer Affairs Ministers met on 7/03. Main agenda items focused on employment and social inclusion, in particular:

- the adoption of the Joint Employment Report and the endorsement of the main points of the Commission's Annual Growth Survey, as well as an agreement to maintain the employment guidelines from last year (2010-2014). [More](#)
- The presentation of the summary of contributions to the Green Paper consultation on pensions.
- Council conclusions on the European Pact for Gender Equality (2011-2020) [More](#)

- New European Pact for equality between women and men for the period 2011 - 2020 [More](#)
- Council conclusions on the European Platform against Poverty and Social Exclusion: A European framework for social and territorial cohesion [More](#)
Among others the Council invites that the Platform should pay attention to promoting a partnership approach and the **social economy**. The Council also invites Member States to encourage social economy in the implementation of national policies to reduce poverty.

Council press [release](#)

EUROPEAN COUNCIL, 24/25 MARCH 2011

The European Council adopted a comprehensive package of measures to respond to the crises, preserve financial stability and lay the ground for smart, sustainable, socially inclusive and job-creating growth. Heads of State or government agreed on a "Euro Plus Pact" aiming stronger economic policy coordination for improving competitiveness leading to higher convergence. One aim is to **enhance the sustainability of public finances**. In order to secure the full implementation of the Stability and Growth Pact, the highest attention will be paid to the **sustainability of pensions, health care and social benefits**. This will be assessed notably on the basis of sustainability gap indicators. [More](#)

EU COMMISSION

AGEING

RESEARCH ON POPULATION AGEING: COMMISSION AWARDS NEW EU LEGAL STATUS TO CROSS-BORDER DATABANK

On 17/03 the Commission decided to start a multi-national research databank on population ageing. The Survey of Health, Ageing and Retirement in Europe (SHARE) will become the first European Research Infrastructure Consortium (ERIC). SHARE-ERIC is hosted by Tilburg University in the Netherlands, provides open and free of charge access to data, and aims to help researchers understand the impact of population ageing on European societies and thus to help policy makers make decisions on health, social and economic policy. [More](#)

HIGH LEVEL CONFERENCE "TOWARDS THE EUROPEAN YEAR FOR ACTIVE AGEING AND SOLIDARITY BETWEEN GENERATIONS (2012)"

The European Commission is organising on 29/04 a conference in view of the European Year for Active Ageing and Solidarity between Generations (2012) and should help to mobilise stakeholders at all levels. A first version of the future website of the European Year 2012 will be launched. The conference will also mark the 3rd European Day on Solidarity between Generations. You can preregister for this conference by filling in the [online form](#). [More](#)

HEALTH

CONSULTATION ON HEALTH SECURITY IN THE EU

The aim of this consultation is to seek the views of stakeholders on what action the European Commission should take to protect EU citizens more effectively against serious cross-border health threats. The Council of the European Union invited Member States in 2010 to further improve their coordination and collaboration in facing serious cross-border health threats, including a coherent approach to preparedness and response to pandemic influenza and to other public health emergencies of international concern. This implies reinforced preparedness, ensuring coherent risk assessment and risk management as well as improving the coordination of public communication on any matter related to health-related crisis involving or likely to threaten more than one Member State.

Respondents should submit their contribution by accessing the [online questionnaire](#) before 29 April. You are advised to read the [introductory paper](#) before completing your contribution. [PDF version of the online questionnaire](#) [More](#)

EU-FUNDED RESEARCH PROJECT PRESENTS SURVEY AND RECOMMENDATIONS ON PALLIATIVE CARE

An EU-funded research project presented its findings on tailoring palliative healthcare to the needs and preferences of patients and their families. These findings will be available to policymakers and clinicians. This is a concrete example of how EU-funded research on health issues can providing data and other tools to support

clinical decision-making and management. This research project, led by the PRISMA Consortium, sets out a five-pronged approach: symptom control; emotional well-being; family support; choice of where to be cared for; and meeting information needs. It has also launched new guidance on how to measure the effectiveness of end-of-life care, and developed a novel system - known as the "POS-S hand-held symptom card and booklet" - to help improve measurement of clinical care. PRISMA is receiving €1 651 000 from the EU's Seventh Framework Programme for Research (FP7). The findings and survey results can be found at www.prismafp7.eu

REPORT ON VOLUNTARY AND UNPAID DONATION OF BLOOD AND BLOOD COMPONENTS

A report published on 23/03/11 shows that nearly all Member States have provisions in place for citizens to donate their blood voluntarily and without being paid for it. As set out in the 2002 Directive on quality and safety for blood and blood components, Member States shall take the necessary measures to encourage voluntary and unpaid blood donation. The Commission reports on the principle of voluntary and unpaid donation every 3 years. [Link to the report](#)

COMMISSIONERS MEETING WITH DIRECTOR-GENERAL OF THE WHO

On 25/03, Dr Margaret Chan, Director-General of the WHO met with Health and Consumer Policy Commissioner, John Dalli, and Research Commissioner Máire Geoghegan-Quinn. The purpose of Dr Chan's visit is to identify areas of possible strategic collaboration between the Commission and the WHO. In September 2010, a joint Declaration on how they saw mutual collaboration as helping European Member States to improve the health status of their citizens was adopted. Six particular areas of cooperation were identified: investing in health, in-country collaboration, health security, health inequalities, innovation and research, and health information.

DATA ON THE HEALTHY LIFE YEARS IN THE EU

A Healthy Life Years (HLY) improvement is the main health goal for the EU. At present HLY at birth in the EU is, on average, 15 years shorter than overall life expectancy for men and 20 years shorter for women.

The [data calculated by Eurostat for the year 2009](#) ^{fr} shows clear differences between Member States in life expectancies without disability. As a whole men in the EU27 were expected to live 79.7% of their life without disability in 2008. Women in the EU27 could expect to live 75.2% of their lives free of disability in 2008. Some suggest that life expectancy has reached its limits; however, there is no evidence for this. If the current trend of life expectancy increasing by 2.5 years per decade persists, the average lifespan may be 100 years by 2070.

The disability burden expressed in health-care expenditure (in kind and in cash) and pensions is a major proportion of national expenditure. Increasing age and life years spent in poor health mean greater medical needs in particular with regard to pathologies such as degenerative vascular diseases, cancer, and Alzheimer's and other neurodegenerative diseases. The sick elderly are a greater financial commitment than their healthy counterparts. If the retirement age is to be

raised, people must be physically able to work and enjoy healthy life years.

The percentage of the population aged 65 and over, which started to rise sharply from the latter part of the last century, is continuing to rise. In 2008, 17% of the EU27 population were aged 65 and over (countries ranging from 11% to 20%), and this is likely to rise to around 24% by 2030. [More](#)

COMMISSION LAUNCHES 3RD HEALTH PRIZE FOR JOURNALISTS

On 30/03, registrations opened for the 3rd EU Health Prize for Journalists. The aim of this prize is to raise awareness on health issues by showcasing the talents of the best health journalists from across the 27 Member States. The theme of the 3rd prize is 'Europe for Patients', which includes issues like cross-border healthcare, rare diseases, health workforce, patient safety, organ donation and transplantation, cancer, flu vaccination, prudent use of antibiotics, mental health, Alzheimer's disease and other dementias and childhood vaccination, pharmaceuticals. The focus of articles should be on the patient. The winners will receive cash prizes of 6.000 € for first place, 2.500 € for second place and 1.500 € for third place. New this year is a special prize of 3.000 € that will be awarded for an article that highlights the health dangers of tobacco. [More](#)

INSURANCE

SOLVENCY II: QUANTITATIVE IMPACT STUDY RESULTS

The European Insurance and Occupational Pensions Authority (EIOPA) has published the results of a Quantitative Impact Study. The Commission welcomes those results which show that while technical refinements of certain matters are still needed, insurance and reinsurance undertakings are well positioned to meet the new Solvency II capital requirements. The Solvency II Directive to be implemented by 1 January 2013 sets the framework for the next generation of supervisory rules for insurance and reinsurance companies in the EU. The rules of the Solvency II Directive need to be complemented by implementing measures, which will be adopted by the Commission this year. The Quantitative Impact Study (QIS5) was run by the EIOPA from August to November 2010 ([IP/10/1064](#)) to ensure that the finalisation of the implementing measures is based on sound, empirical data. This is the fifth quantitative impact study conducted in the context of the elaboration of the new insurance and reinsurance framework.

[EIOPA Report on the fifth Quantitative Impact Study \(QIS5\)](#) - [More](#)

INTERNAL MARKET

SINGLE MARKET ACT - RESULTS OF CONSULTATION

The Commission made available on-line the 740 responses to the public consultation they received on the single market act. Respondents were given the possibility to signal up to ten actions which they considered to be the most important of the 50 actions in the SMA: the actions on consultation with civil society in the preparation and implementation of EU texts (Action 48) and for the improvement of the legal status of entities operating in the field of

social innovation (Action 37) – including a study on mutual societies in Europe - received the largest number of preferences by far.

[Evaluation of contributions](#) - [More](#)

AUTOMATIC RECOGNITION OF PROFESSIONAL QUALIFICATIONS EXTENDED TO SPECIALISTS IN MEDICAL ONCOLOGY AND MEDICAL GENETICS

The Commission Regulation amending the Professional Qualifications Directive ([Directive 2005/36/EC](#)) extends automatic recognition of qualifications to specialists in medical oncology and medical genetics. For the professionals concerned, moving to another Member State to work will become much simpler as they can move in the knowledge that no aptitude test or probation period can be imposed on them. Nor will their training be compared with the training requirements of the host Member State. [More](#)

PHARMA & MEDICAL DEVICES POLICY

CONSULTATION ON EU TRANSPARENCY RULES REGARDING PRICING AND REIMBURSEMENT OF MEDICINES

The Commission has launched a public consultation in view of modernising rules on the transparency of Member States' decisions regarding the pricing and reimbursement of medicines. The consultation invites all interested parties to share their views on the review of [Council Directive 89/105/EEC](#), often referred to as the 'transparency directive'. This directive has not been amended since 1989 despite substantial changes in the pharmaceutical market. Although the prices of medicines and reimbursement are decided at national level, the Transparency Directive is aimed at facilitating the free movement of medicines in the EU.

The consultation will help the Commission determine how to best update the existing rules to reduce pharmaceutical prices, guarantee transparent national procedures and facilitate a broader and timely access to medicines. Some of the issues covered in the consultation include:

- Delays in pricing and reimbursement procedures highlighted by the Commission [competition inquiry into the pharmaceutical sector](#) (July 2009);
- Consistency between existing transparency rules and:
 - the development of increasingly innovative products;
 - the evolution of pharmaceutical cost-containment mechanisms in the Member States.
- The role of the case-law of the European Court of Justice, which has always provided an extensive interpretation of the existing rules in order to guarantee their effectiveness.
- The opportunity and feasibility of extending the scope of the Transparency Directive to include medical devices.
- Explore the possibility of a community-wide system of penalties in case of delays in pricing and reimbursement decisions.

The deadline for submitting contributions is 25 May 2011. [More](#) – [Consultation questionnaire](#)

EMA SUGGESTIONS ON COMPARATIVE CLINICAL TRIALS FALL BACK BEHIND ETHICAL AND SCIENTIFIC STANDARDS

A reflection paper from the European Medicines Agency (EMA) outlines proposals on clinical trials procedures that does not properly fulfil its duty to protect European citizen from inferior medicines. A broad coalition composed by AIM, ISDB and MiEF demands that the EMA adheres to agreed ethical and scientific standards and requests comparative evaluation of new medicines against standard treatment. More information on the AIM Website [here](#)

EU REGISTER OF CLINICAL TRIALS NOW ON-LINE

As from 22/03, all EU citizens will have access to information on the thousands of authorised pharmaceutical clinical trials that are underway in the EU. The aim of this official public register is to make clinical research on pharmaceuticals more transparent for patients and others and to avoid unnecessary duplication of clinical trials. Every year approximately 4000 clinical trials are authorised in the EU. Since most of them last 2 to 3 years, this means that around 10 000 trials are ongoing at any given time. [More](#)

MEDICAL DEVICES: HIGH-LEVEL CONFERENCE ON DELIVERING INNOVATIVE HEALTHCARE

EU Health and Consumer Commissioner John Dalli, and Hungary's Minister of State for Health, co-chaired on 22/03 a High Level Conference on "*Exploring innovative healthcare – the role of medical technology innovation and regulation*". They called for improvements in the innovation process so that, safe, life-saving and life-enhancing medical equipment can be brought to Europe's patients and consumers as quickly as possible. The outcomes of the Conference should feed into concrete initiatives, in particular to the recently launched European Partnership on Innovation and the upcoming Recast of the medical device legislation. Rolf Stadié (Knappschaft, D) and Angelika Kiewel (IKK, D) attended on behalf of AIM the high-level conference. [More](#)

EU'S INNOVATIVE MEDICINES INITIATIVE FUNDS EIGHT MORE PROJECTS WORKING TO DEVELOP NEW DRUGS

On 8/03, the Innovative Medicines Initiative (IMI), Europe's largest public-private partnership in the biopharmaceutical sector, launched its second wave of research projects. With a total budget of €172 million, the eight new projects will aim to develop new treatments for cancer, rheumatoid arthritis and infectious diseases. Detailed factsheets on the projects and full details of the organisations taking part will be available [here](#).

SOCIAL AFFAIRS

COMMISSION MOVES TOWARDS REFORM OF STATE AID RULES ON SERVICES OF GENERAL ECONOMIC INTEREST

The communication on the revision of European Union State aid rules on Services of General Economic Interest (SGEI) and the report on their application, adopted on 23/03 by the Commission, show that these rules, also known as the 2005 post-Altmark package, have brought increased legal

certainty for Member States and for the service providers. The principles on which they are based, that the public service obligation is clearly defined and the compensation commensurate with its cost plus a reasonable profit, have proved their worth. The revision of the SGEI package due in November this year shows, nevertheless, that certain aspects would gain from being further clarified and the rules further simplified for what concerns small amounts of aid and regarding compensation for social services. The Commission also considers increasing the link between costs and efficiency and quality of services for large commercial activities, such as those of network industries with a clear EU-wide dimension. The Communication launches political debates on these ideas before preparing draft new texts that will be published, and discussed with Member States and stakeholders, by next July. [More](#) - [Commissioner Almunia speech to EP](#)

EUROPE'S SOCIAL DIALOGUE VITAL TO OVERCOMING CRISIS SAYS NEW REPORT

Dialogue between workers' and employers' representatives and between governments has been crucial in helping to shape Europe's response to the crisis. The involvement of workers and employers (the social partners) in negotiation and consultation has helped companies and workers adapt to change and their contribution has, in particular, helped to minimise job losses in Europe according to a new report published on 3/03 by the European Commission. Strong social dialogue led to responses such as the introduction or extension of short-time working schemes in a number of EU countries and sectors. The social partners are also playing an important role in the successful implementation of the EU's 'Europe 2020' strategy for smart, sustainable and inclusive growth. [More](#) - [MEMO=en](#)

COMMISSION REPORT TRACKS PROGRESS IN ENFORCING FUNDAMENTAL RIGHTS IN THE EU

The EU Charter of Fundamental Rights has now been legally binding for over a year – primarily on the EU institutions (European Parliament, Council and the European Commission) when preparing new European laws, but also on national authorities if they are implementing EU law. The Annual Report on the application of the Charter shows that fundamental rights are relevant across a wide range of policies. The report is a first step in clarifying where the Charter applies and where it does not. The report should help citizens determine where they need to turn when they believe that their fundamental rights have been violated by an EU institution or a national authority. The Annual Report is therefore part of the Commission's strategy to ensure that fundamental rights are effectively implemented so that people can rely on them in practice (see [IP/10/1348](#)). [FAQ](#) - [More](#)

EUROPEAN PARLIAMENT

EP ADOPTED WRITTEN DECLARATION ON EUROPEAN STATUTES FOR MUTUALS, ASSOCIATIONS AND FOUNDATIONS

The EP adopted on 10 March 2011 by a large majority (386 signatures) a written Declaration for the establishment of European statutes for mutual societies, associations and foundations. Among others, the EP invites the European Commission to take the necessary steps to introduce a proposal for a European statute for mutual societies as well as to launch a

related impact assessment study. The written Declaration was launched on 10 November 2010 by Marc Tarabella (S&D, B), Regina Bastos (EPP, P), Renate Weber (ALDE, RO), Pascal Canfin (Greens, F) and Marie-Christine Vergiat (GUE-NGL, F). This is a stunning political victory, given how hard it is to get a Written Declaration adopted by the European Parliament. For the 2004 to 2009 legislature, only 37 out of 473 initiatives were adopted by the EP. AIM was at the initiative of the Written Declaration and worked closely together with the European associations representing the associations and foundations. The AIM press release is available in EN-FR-DE on www.aim-mutual.org – [EP written Declaration](#) – [List of EP signatories](#)

EUROPEAN YEAR FOR ACTIVE AGEING ... AND SOLIDARITY BETWEEN GENERATIONS

Maintaining the vitality of older people, enhancing their involvement in society and removing barriers between generations should be the main aims of European Year for Active Ageing and Solidarity between Generations in 2012, believes the EP Employment Committee. The EMPL committee adopted its report on 17/03. [More](#)

IMCO REPORTS ON SINGLE ACT

On 17/03, the EP Internal market (IMCO) committee voted on three non-legislative draft resolutions setting out recommendations for the Single Market Act, the wide programme launched by the Commission last October to give a fresh boost to the EU Internal Market. The three adopted reports on "Governance and Partnership in the Single Market" ([here](#)) (Rapporteur: Sandra Kalniete), "A Single Market for Enterprises and Growth" [here](#) (Rapporteur: Cristian Silviu Buşoi) and "A Single Market for Europeans" ([here](#)) (Rapporteur: António Fernando Correia De Campos) will be debated and voted at the EP plenary session on 06.04.11 In the report on a "Single Market for Europeans" the EP calls on, among others, for measures to create an appropriate legal framework for mutual societies (item 46) [More](#)

DHA IN BABY FOOD: ENVIRONMENT COMMITTEE OPPOSES HEALTH CLAIM

Plans to allow baby food makers to claim that adding the natural fatty acid DHA (DHA – Docosahexaenoic acid - is a fatty acid naturally occurring in breast milk) to baby food "contributes to the normal visual development of infants up to 12 months of age" were rejected by the Environment Committee in March. MEPs believe more research is needed on the effects of DHA supplements. To stop the health claim being permitted, this vote needs to be confirmed by Parliament as a whole. A plenary vote is scheduled for April. [More](#)

MANAGEMENT OF H1N1 INFLUENZA

On 8/03, the EP adopted a resolution drafted by Michèle Rivasi (Greens/EFA, FR), member of the Environment Committee. According to Rivasi, "this report is an important attempt to highlight the concerns that have been raised about the disproportionate response to swine flu in Europe, as well as the potential influence of pharmaceutical companies in response processes." [More](#) The evaluation of the management of H1N1 influenza in the EU shows that there is a need for more cooperation, more independence and more transparency. The EP claims that studies on vaccines and antiviral medications should be independent of pharmaceutical companies. [More](#) - [Text adopted](#)

EU COURT OF JUSTICE

[Judgment of the Court of Justice in Case C-437/09](#) (3-03-2011) *Case Bakery vs AG2R* - This French Case concerns a preliminary ruling concerning a baker who wanted to refuse to join the scheme for supplementary reimbursement of healthcare costs managed by AG2R for the French traditional bakery sector. The Court concluded that public authorities can make compulsory at the request of the organisations representing employers and employees within a given occupational sector, an agreement which is the result of collective bargaining and which provides for compulsory affiliation to a scheme for supplementary reimbursement of healthcare costs for all undertakings with the sector concerned, without any possibility of exemption.

GENERAL NEWS

HEALTH INSURANCE

REFORM

IRELAND TO GET UNIVERSAL HEALTH INSURANCE

The new Irish Government will introduce Universal Health Insurance with equal access to care for all, according to its programme (see p. 31 of the [Programme for Government 2011](#)). Under this system there will be no discrimination between patients on the grounds of income or insurance status. The two-tier system of unequal access to hospital care will end. The Universal Health Insurance system will be designed according to the European principle of social solidarity: access will be according to need and payment will be according to ability to pay. The principle of social solidarity will underpin all relevant legislation. As a statutory system of health insurance, guaranteed by the State, the Universal Health Insurance system will

not be subject to European or national competition law. Everyone will have a choice between competing insurers. The VHI will be kept in public ownership to retain a public option in the UHI system.

DOUBLING EXPENDITURE ON THE ENGLISH NHS BETWEEN 1997 AND 2010 HAD A VARIABLE IMPACT ON HEALTH SYSTEM PERFORMANCE

Perhaps the single most significant factor in the NHS transformation in England between 1997 and 2010 was the large increase in public expenditure on health care, according to a ["New HiT Report on England"](#) (European Observatory of health system). However, much of this increase was taken up by more staff, pay rises, increased capital costs and increases in costs associated with improvements in care through, for example, the implementation of national service frameworks and NICE recommendations, says the authors. Although there is evidence that the NHS failed to achieve improvements in productivity, there was substantial progress in some areas, particularly in

improving access to elective care, with a halving of the waiting list. In the context of the significant changes to the structure of the NHS launched by the current Coalition, it is clear that the financial framework that the NHS faces in the next five years will be very different from that of the last ten years. The key question is whether an NHS that found improvements in productivity so difficult to deliver at a time of record increases in expenditure will find it any easier as spending begins to fall back, ask the authors.

SPECIFIC NEWS

CONSUMERISM AND HEALTH

PATIENTS CONVERTED INTO CONSUMERS, BIOMEDICALIZATION OF THE LIVES AND THE INDUSTRY

In the 1990s, structural adjustment policies facilitated health reforms that allowed the entrance of multinational financial capital into publicly-financed and employer-based insurance, says an article in *Globalization And Health*. This model operated in contraposition to the interests of the medical industrial complex, which since the middle of the 1990s had developed silent reforms to regain authority in defining the health-ill-care model. These silent reforms radicalized the medicalization. Some reforms took place through deregulatory processes, such as allowing direct-to-consumer advertisements of prescription drugs in the United States. In other countries different strategies were facilitated by the lack of regulation of other media such as the internet. The pharmaceutical industry also has had a role in changing disease definitions, rebranding others, creating new ones, and pressuring for approval of treatments to be paid by public, employer, and private plans. The dispute for the hegemony of the health sector between financial and pharmaceutical companies has deeply transformed the sector. Patients converted into consumers are exposed to the biomedicalization of their lives. [More](#)

MILLENNIUM DEVELOPMENT GOALS

GLOBAL SOCIAL HEALTH PROTECTION FUND FOR FINANCING THE MDGS FOR HEALTH

Many of the Millennium Development Goals (MDG) are not being achieved in the world's poorest countries, according to an article in *Globalization and Health 2010*. The financing of these Goals is not merely insufficient; current evidence indicates that the temporary nature of the financing, as well as



challenges to coordinating its delivery and directing it to the most needy recipients, hinder achievement of the Goals in countries that may benefit most. Traditional approaches to providing development assistance for health have not been able to address both prevalent and emergent public health challenges captured in the Goals; these challenges demand sustained forms of financial redistribution through a coordinated mechanism. A global social health protection fund is proposed to address recurring failures in the modern aid distribution mechanism. [More](#)

PAYMENT OF PHYSICIANS

MYTH: MOST PHYSICIANS PREFER FEE-FOR-SERVICE PAYMENTS

In contrast to conventional wisdom that physicians prefer only fee-for-service, research shows that a growing number of Canadian physicians are interested in alternative payment models, says the Canadian Health Research Fund. According to a survey, the percentage of physicians preferring fee-for-service as their sole source of income declined from 50% in 1995 to 23% in 2007 (more among female and younger physicians). Recent decades have seen the introduction of alternative payment plans such as salary, capitation and blended models (which combine multiple payment schemes). More recently, some payers have introduced new payment plans as part of a primary healthcare reform agenda that promotes interdisciplinary team-based care, with the goal of improving accessibility and comprehensiveness of care. Alternative payment plans often include a variety of incentives to encourage physicians to provide after-hours care, obstetrics and hospital visits, in contrary with the fee-for-service model. However, as the alternative systems are recent, limited research is available to assess their impact and existing evidence indicates only modest differences in patient outcomes and service delivery. [More](#)

WORLD HEALTH DAY

ANTIMICROBIAL RESISTANCE: NO ACTION TODAY, NO CURE TOMORROW

For World Health Day 2011 -7 April 2011 - WHO will launch a worldwide campaign with a six-point policy package to combat the spread of antimicrobial resistance, to safeguard these medicines for future generations. Antimicrobial resistance and its global spread threaten the continued effectiveness of many medicines used today to treat the sick, while at the same time it risks jeopardizing important advances being made against major infectious killers.

READERS' DIGEST

NEWSPAPER

EUROSERVER

- ["EuroObserver: decentralization in healthcare"](#): Case studies on Norway, Spain and the UK highlight how decentralized arrangements work in practice in these countries. Main points: The complexities of decentralization; Centralizing

England and decentralizing the United Kingdom: The paradox of power in British health services Health system; decentralization in Spain: a complex balance; Recentralization 10 years later – success or failure in Norway?

OECD

- [“Asia-Pacific: life expectancy improving, infant mortality falling, spending rising”](#), OECD News. Asian economies spend just over USD 500 per person per year on health, against over USD 3000 in OECD countries. This amounts to more than 4% of GDP, on average, compared to over 9% in OECD countries.
- [“Mortality amenable to healthcare in 31 OECD countries”](#), OECD working paper.

BOOKS - REPORTS – LINKS

CROSS BORDER HEALTHCARE

- [“Cross border health care in the EU. Mapping and analysing practices and policies”](#). European Observatory on Health Systems and Policies. Cross-border health care has become a much more prominent phenomenon in the European Union. When in need of medical treatment, patients increasingly act as informed consumers who claim the right to choose their own providers, including those beyond borders. This new book explores such trends and also looks at the legal framework for cross-border care as well as examining some of the uncertainties surrounding it.

DISEASE MANAGEMENT

- [“Evaluation of a large scale implementation of disease management programs in the Netherlands”](#), *BMC Health Services Research*, 2011. The authors develop in the article a specific protocol to evaluate disease-management programmes (DMP) currently ongoing in various Dutch regions by capturing them in a single conceptual framework.

GLOBAL HEALTH

- [“Creating a global health policy worthy of the name”](#), Friends of Europe think tank and *Europe's World*. This discussion paper evaluates the EU's performance on health and explores the challenges and possibilities of constructing a truly global health policy. Published on the occasion of the European Development Days 2010.

HEALTH 2020

- [“First meeting of the European Health Policy Forum – working papers available online”](#), WHO. In Andorra, the first meeting of the European Health Policy Forum of High-level Government Officials was held on 9 March 2011, to launch a two-year process that will shape Health 2020, the new European policy for health. Four working papers have been submitted for discussions: [Developing the new European policy for health – Health 2020](#), [Interim report on implementation of the Tallinn Charter](#), [Strengthening Public Health Capacities and Services in Europe: A Framework for Action](#), [Assessing System Performance for Health Governance](#)

HEALTH CHOICE CAPACITY

- [“The economics of choice”](#), *Health Expectations*. The article examines whether an increased choice of patient improves quality, enhance patient satisfaction and reduce health disparities.

HEALTHCARE EFFICIENCY

- [“Defining care products to finance healthcare in the Netherlands”](#), *European Journal of Health Economics*. The article emphasizes a case-mix project started in the Netherlands with a primary goal to define a complete set of health care products for hospitals. The paper presents the major results of the study, which cover 687 product groups for 24 medical specialties used for billing purposes.

HEALTH INEQUALITIES

- [“Putting our own house in order: examples of health-system action on socially determined health inequalities”](#), WHO. The health system alone cannot significantly reduce health inequalities, but it nevertheless has a vital role in achieving that goal. The publication illustrates the wide range of actual and potential actions that the health system can take to “put its own house in order”: ensuring equity of access to health services and improving the investment in and approach to working with other sectors so that the health system is instrumental in creating the conditions for health for all groups in the population.

HEALTH REFORM

- [“Where next for English NHS reform?”](#), NHS Confederation discussion paper. Key points:
 - Are the NHS reforms misunderstood, are substantive policy changes necessary, or should the Government simply press ahead?
 - The reforms have become increasingly controversial, notably at the recent Liberal Democrat spring conference.
 - Concerns expressed have focused on competition, GP commissioning consortia, accountability and the transition period.
 - The NHS Confederation has supported the Government's objectives but we are disappointed that communications around the reforms have failed to support the reform programme.
 - This paper analyses the concerns and suggests potential practical steps for how ministers could respond.

HEALTH SYSTEM - HIT

- [“New French health system profiles \(HiT\) 2010”](#). European Observatory on Health Systems. The French health system has achieved success in meeting its goals of full coverage, access without waiting lists, patient choice and satisfaction. However, major problems include lack of coordination between hospital and ambulatory services, between private and public provision of care and between health care and public health. Furthermore, the relatively high level of health expenditure is increasingly of concern at a time when the public system is facing chronic deficits, which are likely to increase with the current economic downturn.

- [“New HiT Report on England”](#) It provides a detailed analysis of the changes made to the health care system in England between 1997 and 2010. The report’s author assesses the impact that these changes have had in terms of access, equity, efficiency, quality and health outcomes.

INNOVATION

- [“Identification of innovation in public health”](#), *Oxford Journal of Public Health*, The article provides with results of a survey-based analyses to help define and describe the distinction between innovative and non-innovative Public Health Interventions.

INTERNATIONAL RECRUITING OF HEALTH PERSONNEL

- [“Contribute to the WHO public hearing on international recruiting of health personnel”](#): A web-based public hearing from 21 March to 17 April 2011 will discuss the draft guidelines for monitoring the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

MEDICAL DEVICES

- [“Medical technology procurement in Europe”](#), *Health Policy*, The paper examines public medical device procurement across five European countries (England, France, Germany, Italy and Spain), identifying key similarities and differences between systems. According to the article, all national procurement systems are cost-containment focused, but not on criteria, such as quality or health outcomes.

MUTUAL IN RWANDA

- [“Mutual health insurance in Rwanda”](#), *Health Policy*. The article is on a recent expansion of mutual health insurance in Rwanda, to examine the effect of mutual health insurance on utilization of health services and financial risk protection.

NATIONAL HEALTH SYSTEM REFORM

- [“Where next for English NHS reform”](#), NHS Confederation. Key Points: Are the NHS reforms misunderstood, are substantive policy changes necessary, or should the Government simply press ahead? - The reforms have become increasingly controversial, notably at the recent Liberal Democrat spring conference. - Concerns expressed have focused on competition, GP commissioning consortia, accountability and the transition period. - The NHS Confederation has supported the Government’s objectives but we are disappointed that communications around the reforms have failed to support the reform programme. - This paper analyses the concerns and suggests potential practical steps for how ministers could respond.

PENSION

- [“Making the Dutch pension system less vulnerable to financial crisis”](#), OCDE paper. OECD simulations indicate that under current policies in Holland, it is unlikely that funding rates will be secured that enable the funds over the long term to fulfil their promises of a replacement rate of up to 80% of average wages. This raises the challenge of implementing parametric changes that secure pension benefits without large detrimental effects on intergenerational equity and growth. Occupational pensions are transferable, which enhances labour market mobility. But it is often very difficult for workers to assess how one pension scheme compares to another, posing practical barriers to mobility that should be eased.
- [“Pension at a glance 2011”](#), OECD. Many countries have increased pension ages in the face of population ageing and longer lives. Some have introduced an automatic link between pensions and life expectancy. Improvements to the incentives to work rather than retire are also a common part of recent pension-reform packages. However, ensuring that there are enough jobs for older workers remains a challenge.

PERFORMANCE OF HEALTH SYSTEM

- [“Performance measurement for health system improvement: experiences, challenges and prospects”](#). European Observatory on Health Systems and Policies. In a world where there is increasing demand for the performance of health providers to be measured, there is a need for a more strategic vision of the role that performance measurement can play in securing health system improvement. This volume, first published in 2009 and now free to download, meets this need by presenting the opportunities and challenges associated with performance measurement in a framework that is clear and easy to understand.

PERSONALISED MEDICINE

- [“Clinical Utility of Personalised Medicine”](#), Australia’s National Health Research Council (NHMRC). Genetic knowledge has the potential to influence lifestyle choices and decisions about preventative measures as well as medical and surgical treatments to improve patient outcomes. Through personalised medicine, it is anticipated that in time, the ‘single-fit-all’ drug will be replaced by more effective drug interventions and treatments that are specifically designed and customised to an individual’s personal genetic profile. Robust evaluation and sensible regulation of genetic tests are necessary to realise the promise of personalised medicine.

SOCIAL EXCLUSION

- [“Poverty and Social Exclusion of Migrants in the EU”](#), European Center for Social Welfare Policy. Migrants from outside the European Union are occasionally exposed to a multiple times higher risk of poverty than the “indigenous” population. EU and non-EU migrants constitute two rather distinct groups in most countries in terms of their exposure to poverty.

SUSTAINABILITY OF HEALTH CARE

- “[Cost drivers in the health sectors and proposed policy options in Canada](#)” Canadian Health System Research Fund. While ministries of health have little or no control over cost drivers such as demographics, inflation and income growth, they may be better positioned to establish policies that address healthcare spending growth that falls within the enrichment factor (i.e. medical science and technological innovation). Government policies may also ensure efficiency in areas where most healthcare funds are currently allocated (i.e. to hospitals and physicians) or where expenditure growth significantly exceeds revenue growth (capital, drugs and public health). Potential

emerging cost pressures include a trend toward personalized medicine and the presence of direct-to-consumer advertising for diagnostic and genetic testing. Policy options are described

WEBSITE

- “[Globalization and Health](#)” is an open access, peer-reviewed, online journal that provides an international forum for high quality original research, knowledge sharing and debate on the topic of globalization and its effects on health, both positive and negative. The journal is affiliated with the London School of Economics.

EVENTS

HUNGARIAN EU PRESIDENCY (SELECTION)

TRIO PRESIDENCIES

1/2010-6/2011: Spain, Belgium, Hungary

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

HUNGARIAN EU PRESIDENCY (1-6/2011)



www.eu2011.hu/

- 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
- 12-13 May 2011, Copenhagen, Denmark conference on [The role of social services of General Interest in EU law: new challenges and tensions](#)
- “[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

CHRONIC DISEASE WORKING GROUP

The working group chaired by Jan Van Emelen (MLOZ) organised with ETHEL a study trip on telemedicine and integrated care in Odense (University hospital), Denmark on 17-18 March 2011. 18 participants attended the visit which was very well appreciated. The slides presentations will be available on the AIM website or could be asked to the secretariat on request.

HEALTH REFORM GROUP

On 29 March 2011, the Conseil Supérieur de la Mutualité welcomed in Luxembourg the working group chaired by Jean Hermesse (ANMC). 25 participants attended the meeting which was very well appreciated and dynamic. The slides presentations will be available on the AIM website or could be asked to the secretariat on request.

AIM AGENDA (MAIN ITEMS)

- 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.
For more information on one of the topics mentioned above, please contact the AIM Secretariat.**