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



EU INSTITUTIONS

EU COUNCIL

POLAND EU PRESIDENCY



<http://pl2011.eu/en>

INNOVATION IN SOCIAL POLICY IN A PERIOD OF ECONOMIC CRISES

Ministers but also experts and representatives of non-government organisations debated on 26-27/09 at the ministerial conference the Innovation and social effects of the crisis: The debate focused mainly on 2 issues:

- the influence of the economic crisis on European societies and the Social Welfare System.
- A new tool to improve the efficiency of social policy will be presented, the so called, 'social policy programme experimentation.' (testing new solutions on a smaller scale before their wider application).

[More](#)

CONFERENCE ON PREVENTION AND CONTROL OF ASTHMA AND ALLERGIES IN CHILDREN

On 20 and 21 September an experts' conference took place, attended by representatives of the Ministries of Health of EU Member States, the European Commission as well as prominent experts from international and national scientific associations and NGOs.

The aim of the experts' conference was to discuss the problems of allergies and asthma as the most frequent developmental disorders which affect the future state of health, and to prepare draft conclusions of the Council of the European Union relating to this matter. [More](#)

EU EXPERT CONFERENCE ON EDUCATION IN QUALITY CARE AND PATIENT SAFETY

The Polish Presidency has organized on 9/09 an Expert Conference on Education in Quality Care and Patient Safety. The focus was made on fact that studies and analysis conducted and published i.a. in European Union (UK, Denmark, Spain, France) prove considerable defects in health sector. 10% of hospitalized persons experience damage during the treatment when half of these cases could be avoided. A number of redundant surgery procedures (not based on evidence based medicine) and prescribed medical examinations or medicines reach the level of 20-25%.

[More](#)

EU COMMISSION EUROPEAN PARLIAMENT – EP

AGEING

COMMISSION STAFF WORKING PAPER ON THE PILOT EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING (AHA)

The Commission adopted early September 2011 a [staff paper](#) that reports on the first available experiences in terms of governance of the partnership and draws lessons for future partnerships. [More](#)

NEW BROCHURE ON EU FUNDING POSSIBILITIES TO PROMOTE ACTIVE AGEING

In August, the European Commission in collaboration with the Committee of the Regions and AGE Platform Europe have issued a brochure presenting EU funding possibilities for regional and local initiatives to promote active ageing and solidarity between generations. The brochure aims to make a particular contribution to the European Year for Active Ageing and Solidarity between Generations 2012.

The brochure presents numerous examples of projects which have received EU funding. It also includes short presentations of the most relevant EU funding

programmes to support new active ageing projects. Report in [EN](#) - Report in [FR](#) - [More](#)

FIRST ANNUAL CONVENTION OF THE EUROPEAN PLATFORM AGAINST POVERTY AND SOCIAL EXCLUSION

The Convention, to be organised on 17-18 October in Cracow, will review the progress made towards the headline target of **reducing poverty and social exclusion by at least 20 million** by 2020 and the implementation of the European Platform against poverty. It will also debate suggestions for future actions. Discussions will focus on different aspects accordingly to specific workshops; two of which are co-organised by AIM and focus on social inclusion of older people on the one hand and the role of social economy on the other. [More](#)

CONSUMER PROTECTION

ROAD SAFETY: EP PROPOSES 103 MEASURES TO HALVE ROAD ACCIDENT DEATHS BY 2020

The EU should promote the use of alcolocks on commercial goods and passenger vehicles and seek an EU-wide 30 km/h speed limit in residential areas, says a resolution approved by the European Parliament on 27/09. The EP calls for a [new road safety action plan](#) as a matter of urgency, and recommends harmonising road traffic rules, road signs, roadworthiness tests and blood alcohol limits. [More](#)

EU STRENGTHENS CONSUMER PROTECTION WITH RESPECT TO TOOTH WHITENING PRODUCTS

The Commission welcomed the adoption on 20/09 by the Council of a directive on tooth whitening products which strengthens consumer protection with respect to these products in Europe. The Member States will now have 12 months to implement the Directive into their national legislations. [More](#)

COMMISSION TAKES FIRST STEP TO ENSURE LIFE-SAVING EMERGENCY CALL SYSTEM FOR ROAD ACCIDENTS IN PLACE BY 2015

The Commission wants the life-saving eCall system to be fitted to all new models of cars and light vehicles from 2015. eCall automatically dials Europe's single emergency number 112 in the event of a serious accident and communicates the vehicle's location to the emergency services. A Commission Recommendation adopted on 8/09 urges Member States to ensure that mobile phone network operators upgrade their infrastructure so that eCalls are efficiently passed on to emergency services. [More](#)

DEVELOPMENT AND HEALTH

SOUTH AFRICA: LAUNCH OF NEW HEALTH CARE PROGRAMME TO FIGHT HIV AND TUBERCULOSIS

On the occasion of a visit in South Africa from 13th to 16th of September, European Development Commissioner discussed EU-South Africa development cooperation and visited a number of key projects to see EU-South Africa cooperation in action on the ground. He launched, together with the South African Minister of Health, a major EU-financed health care programme to help the South African government to enable more people to access better health services. [More](#)

MILLENNIUM DEVELOPMENT GOALS INITIATIVE TO SUPPORT MATERNAL HEALTH

Millennium Development Goals like Water and sanitation, maternal health, hunger and child mortality are most off-tracks and will be allocated an additional €1bn by the European Commission, said EU Commissioner Piebalgs on 21/09 during a round table on Nutrition at the UN General Assembly. The European Commission is finalising the identification of the projects presented by African, Caribbean and Pacific countries themselves. [More](#)

EUROPEAN ECONOMY - CRISIS

2011 REPORT ON PUBLIC FINANCES: THE SUSTAINABILITY OF THE PUBLIC FINANCES IS THE KEY POLICY CONCERN IN THE WAKE OF THE CRISIS

The economic crisis has taken a heavy toll on EU Member States' public finances, making debt sustainability a major challenge across the Union. At the same time, a major overhaul of EU fiscal surveillance is underway. The 2011 Report, released on 12/09, on the Public Finances in EMU takes a look at the recent developments in public finances, analyses new ways of assessing debt sustainability and describes the changes to budgetary surveillance in the EU. These reforms put prevention and debt reduction at the centre of EU budgetary surveillance, reflecting on the lessons of the crisis. [More](#) - [Report](#)

GENERAL AFFAIRS

OMBUDSMAN CALLS FOR MORE PRO-ACTIVE TRANSPARENCY IN THE EU

On the occasion of the "*International Right to Know Day*", the European Ombudsman called on the EU administration to be more pro-active as regards access to documents and information.

More than one third of the Ombudsman's inquiries concern complaints about lack of transparency in the activities of the EU administration. Access to information or documents, the composition of expert groups, or an institution's policy making process constitute the subject matter of most such complaints. [More](#)

EUROPEAN COMMISSION PROPOSES TO MAKE 2013 THE "EUROPEAN YEAR OF CITIZENS"

By designating 2013 as the European Year of Citizens, the European Commission is delivering on the promise made in the EU Citizenship Report and answering the [European Parliament's call for such a year](#).

The purpose of the European Year of Citizens is to facilitate Union citizens' exercising their right to move and reside freely within the EU by ensuring they can easily access information about their rights. More specifically, the aim of the Year is to:

- raise citizens' awareness of their right to reside freely within the European Union;
- raise citizens' awareness of how they can benefit from EU rights and policies and to stimulate their active participation in Union policy-making;
- stimulate debate about the impact and potential of the right to free movement, in particular in terms of strengthening cohesion and people's mutual understanding of one another.

The Commission Decision will need to be approved by the European Parliament and the Council of Ministers

according to the "ordinary legislative procedure" (co-decision). The Commission expects to work in close cooperation with the other EU institutions, notably the European Parliament, and with the Member States to make sure the Year has a strong and lasting impact. [More](#)

HEALTH

OVER 50% OF PREMATURE DEATHS AMONGST MEN ARE AVOIDABLE

A report published on 25/08 by the European Commission puts the spotlight on the health of men in Europe. Its purpose is to inform policy makers, health professionals, academics and the wider population of the health challenges men face. The report provides a comprehensive overview of the state of men's health across 34 countries. It analyses conditions that specifically affect men, as well as how universal challenges such as cancer, cardiovascular diseases, tobacco and alcohol impact on men's health. Patterns emerging from the data show large disparities in men's health outcomes between and within European countries. This variability demonstrates that men's health disadvantage is not a biological inevitability. The report leads to the conclusion that the high level of preventable illness and death amongst men can be addressed by targeted action. This report is a European Commission initiative funded by the Health programme and carried out by a consortium of authors lead by Professor Alan White. Link to the report: [Report](#) – [Extended report](#)

LATEST EP STUDY ON RARE CANCERS

[Workshop Report on 'Rare Cancers : The Added Value of Closer Cooperation'](#)

This report has been realised on request of the EP Environment and Health Committee (ENVI).

NEW PUBLICATIONS

- [Joining together to tackle HIV/AIDS in Europe](#)
- [Project Management in Public Health in Europe](#) : This brochure offers guidance on the creation of proposals to be submitted for funding under the health Programme and their management. It provides useful information on the definition and eligibility of a project and offers ideas on evaluating and promoting projects, managing resources and disseminating the results

WORLD HEART DAY

On the occasion of the World Heart Day, on 29/09 Commissioner Dalli reminded the major health, societal and economic burden caused by cardiovascular diseases and other chronic diseases. 4 million EU citizens die every year because of a chronic disease. Cardiovascular diseases, as it is the case with many other chronic diseases, are largely preventable. They are often the result of smoking, poor diet, insufficient physical activity and harmful alcohol consumption. Therefore Commissioner Dalli has put prevention at the heart of EU health action. [More](#)

HEALTH PROGRAMME

[Read the 2009 report about EU Health Programme's implementation](#)

SOCIAL DETERMINANTS AND HEALTH INEQUALITIES

[Expert Review and Proposals for Measurement of Health Inequalities in the European Union : Summary – Full report](#)

TOBACCO

On 14/09, European Commissioner for Health and Consumer Policy presented the next phase in the EU-wide "Ex-smokers are Unstoppable" campaign. The campaign is about empowering people to quit smoking by showing the benefits of life without tobacco.

[Ex-smokers are Unstoppable! Commissioner Dalli presented next steps in the campaign](#)

EU STATEMENT ON THE UNITED NATIONS POLITICAL DECLARATION ON NON COMMUNICABLE DISEASES

The EU welcomed the political declaration which was adopted on 19/09 by the General Assembly of the United Nations addressing the prevention and control of non-communicable diseases and agreed to take coordinated action at global level. The declaration is the culmination of discussions between world leaders on how to act together to prevent and control non-communicable diseases such as cardiovascular disease, cancer, chronic lung diseases and diabetes. [More](#)

TALLINN MEDICAL CENTRE RECEIVES EUR 43.5 M LOAN FROM THE EIB

The European Investment Bank (EIB) will provide € 43.5 m for extending and renovating the North Estonia Medical Centre, a key project which will improve access to cardiac, oncology and other advanced forms of treatment in the country. [More](#)

INSURANCE SECTOR

EU JUSTICE COMMISSIONER MEETS WITH LEADERS OF EUROPE'S INSURANCE INDUSTRY

On 21/09 European Justice Commissioner Viviane Reding met with leaders of European insurance companies to discuss European contract law in the insurance sector, the **follow-up to the Court of Justice** of the European Union's 1 March Test-Achats [ruling](#) on **gender discrimination in insurance pricing**, limitation periods for civil claims arising from road traffic accidents and insurance-related implications of collective redress proceedings. [More](#)

PHARMACEUTICAL POLICY

RESULTS OF PUBLIC CONSULTATION ON THE POSSIBLE REVISION OF TRANSPARENCY DIRECTIVE

The European Commission conducted a public consultation on the possible revision of the Transparency Directive 89/105/EEC. from 28 March 2011 to 30 May 2011. The consultation received 102 contributions; **including AIM**. The Commission services prepared a [summary of the consultation results](#). [More](#)

RESEARCH & INNOVATION

COMMISSION CALLS FOR PARTNERSHIPS TO TACKLE SOCIETAL CHALLENGES

An invitation to public and private actors to join forces at European level to apply research and innovation solutions to major challenges facing society has been issued by the European Commission on 21/09. The [Commission Communication](#) draws on first experience from pilot projects and outlines steps that will lead to

more, and more effective, public-private and public-public partnerships. Research and innovation offer solutions to major societal challenges such as an ageing population and reduced availability of resources, and major new growth opportunities.

[More - FAQ](#)

SERVICES OF GENERAL INTEREST

COMMISSION HOLDS CONSULTATION ON THE TEXTS OF THE NEW RULES FOR SERVICES OF GENERAL ECONOMIC INTEREST (SGEI)

The European Commission published on 16/09 the proposals for the new texts regarding the application of state aid rules to Services of General Economic Interest (SGEI) for consultation of Member States and stakeholders before submitting a final text to the College. The new rules are expected to be adopted by the end of January 2012. The main objective is to have clearer and simpler rules to make life easier for the public authorities and the service providers. To put less emphasis on local services that often involve small compensation amounts and focus more on the services that have a cross-border impact. It is planned to extend the range of social services that are exempted from prior scrutiny - currently only hospitals and social housing benefit from such safe haven - and to introduce a specific de minimis rule to exclude the very small and local services. The ultimate goal is to contribute to making services of general economic interest more efficient, because public finances in many countries are in need of repair and taxpayers' money should be carefully spent. For draft texts see [here](#).

- Draft Communication from the Commission on the application of the EU State aid rules to compensation granted for the provision of services of general economic interest [bg cs de el en es fr hu it lt lv nl pl pt ro sk sl sv](#)
- Draft Commission Decision on the application of Article 106(2) of the Treaty on the Functioning of the EU to State aid in the form of public service compensation granted to certain undertakings entrusted with the operation of services of general economic interest [bg cs de el en es fr hu it lt lv nl pl pt ro sk sl sv](#)
- Draft Communication from the Commission: EU framework for State aid in the form of public service compensation (2011) [bg cs de el en es fr hu it lt lv nl pl pt ro sk sl sv](#)
- Draft Commission Regulation on the application of Articles 107 and 108 of the Treaty on the Functioning of the EU to de minimis aid granted to undertakings providing Services of General Economic Interest [bg cs de el en es fr hu it lt lv nl pl pt ro sk sl sv](#)

SINGLE MARKET

CONFERENCE ON SOCIAL ECONOMY AND SOCIAL BUSINESS ON 18.11.2011

With its roots in the local environment and the objectives they pursue, social businesses help to strengthen the real economy, while contributing to social cohesion, employability and the reduction of geographical imbalances. As a follow-up to the Commission's Social Business Initiative (SBI) which will be adopted soon by the European Commission, the objective of the Conference on 18 November in

Brussels is to gather the main EU policy makers and stakeholders of Social business in the EU to take stock of the potential for development of social business, but also the barriers within the Single market. Many social entrepreneurs do not fully benefit from the growth potential the internal market could provide. With this in mind, the Conference will discuss the Commission's proposals in the SBI. [Programme](#) – [More](#)
Pre-registration: [Invitation](#) - [Online pre-registration](#)

WORKING TIME: COMMISSION REQUESTS IRELAND AND GREECE TO COMPLY WITH THE EU RULES ON LIMITS TO WORKING TIME IN PUBLIC HEALTH SERVICES

On 29/09 the European Commission has requested Ireland and Greece to ensure full compliance with the EU rules on limits to working time for doctors in public health services. The request takes the form of a 'reasoned opinion' under EU infringement procedures. Ireland and Greece now have two months to inform the Commission of measures they have taken to bring their legislation into line with EU law. Otherwise, the Commission may decide to refer Ireland and Greece to the EU's Court of Justice.

In Ireland's case, national law provides for limits to doctors' working time, but in practice public hospitals often do not apply the rules to doctors in training or other non-consultant hospital doctors. There are still numerous cases where junior doctors are regularly obliged to work continuous 36-hour shifts.

For Greece, doctors working in public hospitals and health centres often have to work a minimum average of 64 hours per week and over 90 hours in some cases, with no legal maximum limit. [More](#)

THE FUTURE OF THE SINGLE MARKET

On 2-4 October, Krakow will host the [Single Market Forum](#), a major event organised by the Parliament, the Commission and the Polish Presidency, gathering businesses, social partners, NGOs and public authorities. The Forum will examine the state of the Single Market, the transposition and application of directives, and exchange best practice. Professional qualifications, ADR, e-commerce, public procurement, services and citizen rights will be among the topics addressed in [specific workshops](#). The Forum will be webstreamed. [Programme](#)

SINGLE MARKET: OBSTACLES CITIZENS STILL FACE

On September 2011 the European Commission disclosed the results of its [latest Eurobarometer survey](#) and compiled a [list of the 20 main concerns faced by people in the Single Market](#). This list represents a snapshot of difficulties encountered by people (understood in a wide sense: citizens, businesses, consumers, workers, students, pensioners) when attempting to exercise their EU rights. Complex **social security procedures** and **funding of healthcare abroad** figure among the 20 concerns mentioned. Recognition of professional qualification (including health professions) are also pointed out.

[Press release](#) (26.09.2011) - [FAQ](#) - [Full results](#)

Qualitative studies: [Obstacles citizens face in the Internal Market](#) - [Local authorities and the governance of the Single Market](#)

Top 20 main concerns: [Report](#) - [Full report \(including methodology\)](#) - [SEC\(2011\)1003](#) - [Feedback](#)

[More](#)

SOCIAL SECURITY

COORDINATION OF SOCIAL SECURITY SYSTEMS

(1) Commission requests Slovakia to end discrimination in calculating migrant workers' pensions

On 29/09 the Commission has requested the Slovak authorities to end discriminatory practices in determining the level of certain social security benefits, namely that of old-age pensions. [More](#)

(2) Commission requests United Kingdom to end discrimination of EU nationals residing in the UK regarding their rights to specific social benefits

EU nationals who habitually reside in the UK are subject to the so-called 'right to reside' test to qualify for certain social security benefits. As this test indirectly discriminates non-UK nationals coming from other EU Member States it contravenes EU law. This is why the European Commission has requested the United Kingdom to stop its application. The request takes the form of a

"reasoned opinion" under EU infringement procedure. The UK has two months to inform the Commission of measures it has taken to bring its legislation into line with EU law. Otherwise, the Commission may decide to refer the UK to the EU's Court of Justice. [More](#)

EU COURT OF JUSTICE

EUROPEAN COURT OF JUSTICE RECOGNISES CO-OPERATIVES' SPECIFICITIES

On 8/09, in its [judgment](#) on the Italian case 'Paint Graphos', the European Court of Justice approved co-operatives specificities in Member States' fiscal regimes. Luigi Marino, president of Confcooperative and spokesperson for the newly created Alliance of Italian Co-operatives, welcomed the judgment. 'The ECJ – he said - has acknowledged that co-operatives have specific functioning mechanisms, which make them different from any other form of private business, thus confirming that specific fiscal regimes linked to a mutualist activities do not represent State Aids.

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

STAKEHOLDERS

EU UMBRELLA ORGANISATIONS CALL FOR A CONCRETE EU-LEVEL ACTION FOR BETTER ADHERENCE TO THERAPIES

On 21/09, in a lunch debate held at the European Parliament in Brussels EPF (patients), CPME (doctors), PGEU (pharmacists) and EFPIA (research-based pharma industry) brought together perspectives of patients, doctors, community pharmacists and the research-based pharmaceutical industry presenting examples of best practices on adherence to therapies and demonstrating how a coordinated, multi-stakeholder and patient-centred approach – involving patients, their carers/families, health professionals, industry, and the public, is a key factor in improving patient safety and the quality of healthcare tailored to patients' needs. EPF, CPME, PGEU and EFPIA

called for a concrete EU-level action on adherence, for example through:

- Prioritising adherence and concordance in the future EU Health Programme, in the Steering Group of the European Innovation Partnership on Active and Healthy Ageing and the Research Framework Programmes
- Setting up information and awareness campaigns targeted to patients and the public, as part of an EU strategy for health literacy and information to patients
- Using the Structural Funds to implement adherence intervention

[More](#)

GENERAL NEWS

HEALTH INSURANCE/PROTECTION

REFORM

IRELAND LACKS ESSENTIALS FOR GOING DUTCH

Ireland lacks the essential preconditions for the successful introduction of 'managed competition' - a vital component of universal health insurance under the Dutch healthcare model, says a *Tilburg University paper* [Managed competition for Ireland?](#). That would require a lengthy transition period with considerable uncertainty surrounding the ultimate benefits. The authors recommended that rather than implement a system of managed competition, Irish policy makers should consider refining incentive schemes within a single payer framework.

The paper stated that there had been a marked increase in clinical outcome measurement and publication in the Netherlands since 2006, while in Ireland these processes were comparatively undeveloped. They noted that Ireland's private health insurance market currently contained only

three players. "Instilling the requisite industry competitiveness would more likely require new entrants, but there is no universally agreed benchmark for determining an appropriate minimum number of insurers," the report stated. It would take time, the researchers also observed, to develop contracting and administrative capacity in both existing and new insurance firms. Developing robust risk equalization would also take considerable time and involve major technical challenges.

HEALTH SYSTEM COMPARISON

NHS AMONG DEVELOPED WORLD'S MOST EFFICIENT HEALTH SYSTEMS, SAYS STUDY

A [comparative study](#) in the Journal of the Royal Society of Medicine examined 19 Western countries mortality rates over a period of 26 years and it found that the NHS was one of the most cost-effective healthcare systems over this period of time, according to [The Guardian](#). The "surprising" findings show the NHS saving more lives for each pound spent as a proportion of national wealth than any other country over 25 years.

Among the 17 countries considered, the United States healthcare system was among the least efficient and effective. Looking at elderly patients, the difference was even more stark with the best performers – the UK and New Zealand – having health systems that were three times more effective and efficient than the worst – Switzerland, Portugal and the US.

This contradicted assertions by the English health secretary who argues that patients should choose between competing hospital services and GPs, in order to have a more efficient NHS. The Department of Health said that the “modernisation plans aims to improve choice for patients to drive up the quality of care and improve patient experience”.

SPECIFIC NEWS

COMPETITION

DOES HOSPITAL COMPETITION SAVE LIVES?

Through the recent set of market-based health reforms introduced in the English National Health Service (NHS) from 2002 to 2008, policy makers hoped that their efforts to encourage patient choice would create quality competition between hospitals in England, which would prompt providers to improve their clinical performance, says a study published in *The Economic Journal*. The results suggest that competition in the current fixed price market did save lives. These results are consistent with an American study in 2005 that were focused on hospital competition in the US and found that hospital competition within a market with fixed prices led to an increase in hospital quality, as indicated by a reduction in acute myocardial infarction mortality. [More](#)

Questions remain: is this sort "competition" the most cost effective? Given all the effort, is this outcome 'worth it'? Could other things have been done with better outcome? Would competition have worked at all without the extra money (of which there's now left)? What about the unintended negative consequences of competition (which could be health or other-related)?

E-HEALTH RECORD

PULL PLUG ON NHS E-RECORDS IN ENGLAND

"Trying to create a one-size-fits-all electronic care records system in the English NHS was a massive risk and has proven to be unworkable", said the Public Accounts Committee chairman, according to *BBCNews*. The scheme was launched in 2002 with the aim of revolutionising the way the health service uses technology, and of reducing the use of paper files. But the scheme was beset by delays and uncertainty. If this £7bn project - an important element of the £11billion NHS IT project - stopped, the remaining budget could then be spent on a better system, say MPs. Ministers should consider pulling the plug on the central part of the NHS IT programme in England, MPs say. Instead of a centralised set-up, local NHS trusts and hospitals will be able to buy computer systems to suit their needs. [More](#)

HEALTH FINANCING IN AFRICA

HEALTH FINANCING: THE LESSON OF RWANDA

"Stop imploring. Let us have a vision, a strategy, take resolutions (...) let us fight corruption in our systems (...) coordinate your partners in the direction of your vision. Those who do not want, refuse their money (...) We are not poor. We are rich and exploit our riches", emphasized the Health Minister of Rwanda at the time of the debate on health financing in Africa, at the occasion of the 61st session of the WHO Africa regional committee in Ivory Coast. While it is true that the African health systems suffer from insufficient financing, they also suffer because of the great wasting of the allocated resources, said an expert. The WHO Director estimated that the Health Ministers must better explain the contribution of health to the economy. The participants stressed that health insurance is one of the key solutions to reach universal access to services. Ghana, Rwanda were very often quoted in example for this case. [More - WHO](#)

HOSPITAL IN THE HOME

HOSPITAL IN THE HOME IN AUSTRALIA: LOWER COST CARE COMPARED TO HOSPITAL CARE AND EQUIVALENT CLINICAL OUTCOMES

Hospital in the Home (HITH) involves the provision of treatments by health care professionals at a patient's home, as a substitute for inpatient care at a hospital, says an *Economic analysis by Deloitte*. Evidence from these studies suggests that mortality outcomes and hospital readmissions are not significantly different between HITH care and hospital care. However, it was found that HITH care significantly decreased hospital length of stay and increased total days of care with HITH, as well as provided a higher patient satisfaction and no consistent evidence of increased carer burden with HITH. When the cost of informal care was included, HITH care was found to be less costly than hospital care for all 6 studied AR-DRGs except COPD, where it was estimated to be 6% more expensive. Consequently there is an argument to increase access to HITH for those conditions where health outcomes are found to be equivalent or better. [More](#)

NON COMMUNICABLE DISEASES

PHARMA SUPPORTERS ENSURE NEW DRUGS FOR CANCER ARE NOT ON THE UN AGENDA ON NON COMMUNICABLE DISEASES

"We are hearing much about the prevention of the "lifestyle" (or non-communicable) diseases (NCDs) at the UN summit on NCDs in New York, which is clearly a very good thing, but little about treatment for cancer, heart and lung disease and diabetes", according to *The Guardian*. But as these diseases become more and more of a burden on developing countries, that position may become harder to argue. Indeed, the EU and USA lobbied hard to prevent any mention in the UN declaration on NCDs of legal loopholes to allow poor countries to obtain new drugs for cancer, heart and lung diseases and diabetes on the cheap. Campaigner, like HAI (Health Action International) position regarding the Doha Declaration and TRIPS flexibilities remains consistent in that they are regarded as just as relevant for unmet medical need for NCDs as they are for communicable diseases (HIV-AIDS). [More](#)
[Political declaration on NCDs adopted at the UN General Assembly](#)

PRIMARY CARE

CHRONIC DISEASES ARE BADLY TACKLED

A group of international experts, under the direction of Jan De Maeseneer, professor of general medicine at the University of Ghent, launched a vibrating call to reconsider the approach of the not-communicable diseases (NCDs), in *The Lancet* (“[Comment: Tackling NCDs: a different approach is needed](#)”). How to tackle the booming chronic diseases? It is the stake of debates held in the United Nations, in New York, in September. To face the intense lobbying of the NCD-Alliance, which federates the organizations dedicated to NCDs in 170 countries, Prof. De Maeseneer and his colleagues defend an approach which is not limited to ensure the access to the drugs needed for the treatments, in the framework of plans centred on each disease (a diabetes plan, a cancer plan, etc). For him, it is rather more important to invest massively in the first line care. Including in Belgium, where one would be well inspired, to establish the total exemption from payment for the GP consultations.

RURAL HEALTH

A RURAL WAY TO HEALTH IN CANADA

Approximately 30% of Canadians live in rural or remote areas. One of the biggest challenges they face is the lack of timely access to health-care services, says the *Canadian Institute of Health Research*. This access barrier, and other factors such as lifestyle differences, has led to an urban/rural health disparity. Canadians who live in rural areas tend to have higher rates of injury, premature death, cardiovascular disease and respiratory illnesses than their urban counterparts.

Through creative solutions, such as telehealth programs, researchers are working to extend health-care services to all Canadians. Among these, one is examining whether an interdisciplinary clinic, The Rural and Remote Memory Clinic, coupled with a telehealth program can improve dementia treatment for rural patients. Another one is to bring mental health treatment to youth in rural and remote areas through phone- and web-based therapy sessions. [More](#)

UNNECESSARY TREATMENT

UNNECESSARY TREATMENTS BURDEN FOR HEALTHCARE BUDGETS

“Yet there is blatant and increasing over-treatment in hospitals.”, said the president of the *European Health Forum Gastein* (EHFG) in a press conference. Fully 80% of back operations were unnecessary, he said, quoting the latest data from the Techniker Krankenkasse (TK) in Germany. OECD figures showed enormous differences across Europe in the number of hip and knee replacements, with 289 hip operations per 100,000 people in Germany, 243 in Austria – but in Poland 39, and in Cyprus 15. Knee operations per 100,000 ranged from 206 in Germany to 5 in Romania. As for over-prescription of drugs, this was also becoming chronic, especially among elderly patients. A study by Salzburg Medical University showed that prescriptions issued to patients averaging 82-years old were unnecessary in 36% of cases and in 30% of cases the drugs they were given were inappropriate. Healthy ageing, prevention, social innovation, personalised medicine, eHealth, and Health Technology Assessments will be among the strategies for relieving pressure on health budgets being discussed at next EHFG conference in Austria (5-8 October). [More](#)

READERS' DIGEST

NEWSPAPER

EURO HEALTH

- New Eurohealth: [Ageing and Long Term Care](#), *European Observatory on health systems*. Meeting the challenge of ageing and long-term care covering European and OECD countries with topics including: future demand, cost projections, chronic diseases, remote care, workforce issues, etc. Other articles on: implication of the European Directive on cross-border health care in England; the future of NICE (England); and the effects of hospital ownership on performance (Germany).

HEALTH AFFAIRS

- September 2011; Volume 30, Issue 9: [The New Urgency To Lower Costs](#). There would be no silver bullets in cost containment, but only “silver buckshot”. That requires not especially new tool, but rather putting known measures in place. Whether that can happen will largely be a function of the collective will of the body politic and the health care delivery system.

HEALTH SYSTEM IN TRANSITION

- [Portugal HiT \(2011\)](#). *European Observatory on health systems*. The Portuguese population enjoys good health, but there is an overall awareness and concern about the rise in health care expenditure. Challenges remain and the effects of the reforms are still to be seen.

BOOKS - REPORTS – LINKS

CLINICAL EFFECTIVENESS

- [What works? Clinical effectiveness new portal: PubMed Health website](#). Focusing on reviews of clinical effectiveness research, the portal provides easy-to-read summaries for consumers, as well as full technical reports. It is based on systematic reviews of clinical trials, showing what treatments and prevention methods have been proven to work, and what remains unknown. It has been built in partnership with the U.S. Agency for Healthcare Research and Quality (AHRQ), the U.K.'s National Institute for Health and Clinical Excellence (NICE), the German Institute for Quality and Efficiency in Health Care (IQWiG), and The Cochrane Collaboration, among others.

COUNTRY HEALTH SYSTEM

- Santésuisse: health system in Switzerland : [Système de santé suisse – 2010-2012](#) (FR) [Gesundheitswesen Schweiz 2010-2012](#) (DE)
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ENVIRONMENT

- [WHO calls for improved city air quality to preserve health](#). Air pollution is reaching levels that can threaten people's health in many cities, according to a new compilation of data on air quality released today by WHO. WHO is calling for greater awareness of health risks caused by urban air pollution, implementation of effective policies and close monitoring of the situation in cities.
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EVIDENCE BASED MEDICINE

- [UK doctors' attitude towards evidence-based medicine](#). Int. J. of Evidence Based Healthcare. The results of an online questionnaire show that 73% of UK doctors agreed that EBM improves patient outcomes and over 85% of respondents understand the EBM terms (particularly the young graduated doctors (< 10 years).
 - [The updating of clinical practice guidelines: insights from an international survey](#), Implementations Science. While there is an enormous popularity of clinical practice guidelines (CPGs), The authors found that there is an urgent need to develop rigorous international standards for the updating process, and to minimise duplication of effort internationally.
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HEALTH INEQUALITIES

- [Reducing health inequalities in the European Union](#). European Commission. This brochure reviews several health inequality items (especially life expectancy) and explores the role of health determinants with a specific focus on the social gradient. Specific explanations are provided on the role of EU and national policies in this area. The brochure concludes with three case studies (Germany, Hungary, UK) that demonstrate improvements achieved in areas such as children's health, the health of the unemployed and the health of ethnic minorities. Brochure available in all the EU languages
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HEALTH SYSTEM

- [Greece's healthcare system is on the brink of catastrophe](#), The Guardian. Patients who cannot afford treatment and hospitals without critical supplies are among victims of the financial meltdown
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HEALTH WORKERS

- [No-Child out of reach: Time to end the health worker crisis](#), Save the Children. The report stresses that it is time for decisive action to tackle the staggering global shortfall of 3.5 million health workers. It sets out the scale and the causes of the crisis, and recommendations for how it can be overcome.
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LONG TERM CARE FINANCING

- [Recent developments in financing LTC in USA, UK, Japan and Israel](#), London School of Economics. The seminar focused and debated on challenges in balancing of responsibility between the state and the individual in financing of long-term care (LTC). [Recent developments in USA](#), RTI International, USA. [Recent developments in Israel](#), Myers-JDC-Brookdale Institute, Israel, [Recent developments in Japan](#), Doshisha University, Japan, [Recent developments in UK](#), LSE, UK
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MEDICAL TOURISM

- [Medical Tourism: Treatments, Markets and Health System Implications: A scoping review](#). OECD working paper 2011. Medical tourism is apparently growing rapidly and yet there is little data on the extent of the provision of health care services across borders. This OECD paper identifies the key emerging policy issues relating to the rise in this new market.
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MUTUALS AND CROSS-SUBSIDIES OF ENROLMENT

- [The impact of reducing financial barriers on utilisation of a primary health care facility in Rwanda](#), Global Public Health, Harvard Public Health School. This study investigates the impact of subsidising community-based health insurance (mutuelle) enrolment, removing point-of-services co-payments and improving service delivery on health facility utilisation rates in Mayange, a sector of rural Rwanda. The findings suggest that in order to achieve improved health outcomes, key short term objectives include improved service delivery and reduced financial barriers. Based on this pilot, higher utilisation rates may be affected if broader swaths of the population are enrolled in mutuelle and co-payments are eliminated.
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NON COMMUNICABLE DISEASES

- [Scaling up action against noncommunicable diseases: How much will it cost?](#), WHO. It describes a financial planning tool for scaling up delivery of cost-effective health care interventions in low- and middle-income countries, to address the growing burden of non-communicable diseases. The list includes measures that target the population as a whole, such as excise taxes on tobacco and alcohol, smoke-free indoor workplaces and public places, health information and warnings, as well as campaigns to reduce salt content and replacement of trans fats with polyunsaturated fats, along with public awareness programmes about diet and physical activity.
 - [Noncommunicable diseases \(NCDs\) profiles 2011 in 193 countries](#), WHO. This report indicates where each government needs to focus to prevent and treat the four major killers: cancer, heart disease and stroke, lung disease and diabetes.
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NUTRITION

- ["Primary care referral to a commercial provider for weight loss treatment vs standard care"](#), The
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Lancet. Partnership between GPs and Weight Watchers allows a weight loss twice more important than a standard follow-up.

PHARMACEUTICAL SECTOR

- [The role of health insurance in the cost-effective use of medicines](#), 75p., WHO and HAI. This report provides a description of strategies that can be used by health insurers to improve cost-effective use of medicines, an overview of the use of these strategies in high-income countries and a critical review of the literature on these strategies and their impact in low- and middle-income countries (LMIC). The report concludes with policy recommendations for LMIC and case studies on strategies in four LMIC: Ghana, Jordan, Mexico and Thailand.

SOCIAL PROTECTION FLOOR

- [Social protection : a lifelong necessity](#): This film presents three Successful Social Protection

Floor Experiences : Bolsa Família (Family Grant) Programme in Brazil, the medical assistance scheme for the needy in Morocco and the 500 Baht Universal Pension Scheme in Thailand. This film is brought by GIP SPSI which brings together the key French actors of international cooperation for health and social protection. GIP SPSI and its members support the Social Protection Floor. FR: [La protection sociale: une nécessité tout au long de la vie](#)

TELEMEDICINE

- [Structured telephone support / Telemonitoring \(STS\) as a support for patients with chronic heart failure](#). Int. J. of Evidence Based Healthcare. Findings show that STS programme for patients with chronic heart failure (CHF) can reduce the risk of all-cause mortality by 12% and reduce the risk of hospitalisation by more than one-fifth. Author suggests to consider STFS in an overall management plan for community dwelling individuals with CHF.

GRAPH OF THE MONTH

Comparison of costs in UK and India for a selection of procedures with waiting list in the UK

The saving would be about £120 million and £200 million if the patient travels alone. Some subsets of the population, such the Indian diaspora, may prefer go back "home" for treatment.

Costs for patient and one accompanying person travelling

Procedure	Cost UK (£) ^a	Cost procedure India (£) ^b	Cost of flight ^c	Total cost India	Cost saved per operation (£)	Waiting list ^d	Total saved (£)
Coronary artery bypass graft (CABG)	8,631	3,413	500	3,913	4,718	97	457,646
Coronary angioplasty	2,269	2,363	500	2,863	-594	25,241	Not worth it
Total hip replacement	8,811	3,413	500	3,913	4,898	28,800	141,062,400
Total knee replacement	6,377	5,145	500	5,645	732	53,911	39,462,852
Femoral hernia repair	1,595	819	500	1,319	276	1,686	465,336
Inguinal hernia repair	1,595	717	500	1,217	378	65,064	24,594,192
Total							206,042,426

Source: Medical Tourism: Treatments, Markets and Health System Implications: A scoping review. OECD 2011

EVENTS

POLISH EU PRESIDENCY (SELECTION)

TRIO PRESIDENCIES

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

POLISH EU PRESIDENCY (6-12/2011)



<http://pl2011.eu/en>

- [Polish EU Presidency Agenda in Health](#):
- **07.10.2011** (Warsaw) Expert Conference on eHealth

- **12-14.10.2011** (Warsaw) Meeting registration agency lawyers (pharmaceutical legislation)
- **23-26.10.2011** (Warsaw) Working group on counterfeit medicinal products
- **05-06.11.2011** (Poznan) Expert Conference on "Strengthening Public Health Infrastructure in the EU – a network of national institutes of public health."
- **07-08.11.2011** (Poznan): Solidarity in health-closing the health gap across the EU
- **18.11.2011** (Warsaw): Expert Conference on new developments in health care quality

OTHER EVENTS

- 14th European Health Forum Gastein (5- 8 October 2011, Bad Hofgastein, Austria), on Innovation & Wellbeing - Europe's Health in 2020 and beyond". [Final programme 2011](#)
Topics of the parallel Forum Sessions are: Towards Health 2020 ; Active and Healthy Ageing ; Health Technology Assessment ; Social Innovation in Health ; Non-communicable Diseases ; Future of Medicine
- Conference on Social Economy (10 November 2011) in the European Parliament organised by SEE.
- EUnetHTA Conference (December 8-9, 2011, Gdansk, Poland), dedicated to Health

Technology Assessment in national and cross-border healthcare in Europe, jointly organised by the Health Care Insurance Board, [CVZ](#), NL and the Agency for Health Technology Assessment, [AHTAPol](#), Poland, supported by the EUnetHTA Secretariat. The conference will focus on the results from the current EUnetHTA Joint Action. Representatives from EUnetHTA, national Health Ministries and stakeholders from industry, patients and health insurers will debate the current and future role of this European HTA collaboration in policy-making on national and cross-border healthcare. More details on the programme and for registration: <http://www.eunetha2011.pl/>

AIM

AIM WORKING GROUPS

WORKING GROUP ON MUTUALS, 6/09

The working group on mutuals met on 6/09 under the presidency of its chairman, Mr Bleck da Silva (UMP, P). Simon Broek from *Research voor Beleid* (NL) presented the study his organisation prepared on behalf of the EP Employment committee with the title "*The role of mutual societies in the 21st century*".

The documentation and report are available on the AIM Intranet [here](#).

PHARMACEUTICAL EXPERT GROUP, 21/09

The pharmaceutical expert group met on 21/09 under the presidency of its new chairman, Mr Rolf Stadié (Knappschaft, D). Following main topics were discussed:

- Revision of Transparency Directive
- [Court of Justice ruling Case C-316/09 of 5 May 2011](#), on advertising to the general public of prescription medicines in Germany
- Process on corporate responsibility in the field of pharmaceuticals
- A guest speaker from the Belgian HTA body – KCE -, Mr Hulstaert Frank, presented the KCE report on "*the pre-market clinical evaluation of innovative high-risk medical devices*" ([Report](#)).

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

EUROPEAN AFFAIRS EXPERT PANEL, 26/09

The European affairs expert panel met on 26/09. Following topics were discussed:

- [EP study on the role of mutuals in the 21st century](#) and forthcoming Commission study on mutuals
- AIM draft [Memorandum for Danish EU-Presidency \(January- June 2012\)](#);
- Up-dated information on European topics
- Leen Meulenbergs, Executive Manager, Strategic Partnerships, WHO/Europe, presented the [WHO new European policy for health - Health 2020 \(Summary in DE - Summary in FR - Full report EN\)](#)
- Dominique Evrard (Project Manager, ANMC) presented the complaint of the EU Commission against Belgium regarding the legislation on complementary health insurance provided by sickness funds and subsequent legal changes.
- Chris Dawson (Director, ESIP) presented up-dated info on the European Innovation Partnership on Active and Healthy Ageing ([More](#)) and Dr. Jan Van Emelen (MLOZ, B) presented a proposal on concept for common action in the field of Chronic Disease Management.
- Alain Coheur (UNMS) presented up-dated info on SEE.

Next meeting: 12/01/2012. More info is available on the AIM Intranet [here](#).

AIM AGENDA (MAIN ITEMS)

- AIM Board and Extraordinary general assembly meetings (Paris, 14-15 November 2011)
14/11: *Afternoon*: International conference on "Development of healthcare systems and challenges for long-term care, the mutual benefit societies' point of view".
15/11: *Morning*: European Affairs Committee*
Afternoon: Extraordinary General Assembly and Board of Directors*
**Simultaneous French, English and German translation.*
- Pharmaceutical expert group (Brussels, 17 November 2011)
- Study visit to the Scottish NHS 24 and telemedicine in support of GPs (19-20 January 2012, Edinburgh)
- European affairs expert panel (Brussels, 12 January 2012)

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.