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Conference pre-announcement
AIM Conference on "REINVENTING HEALTHY AGEING"
 Thursday 29 November 2012



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



AIM'S CORNER

AIM STAFF

NEW JUNIOR PROJECT MANAGER

Ms Blandine Cassou-Mounat is our new junior project manager, replacing Magdalena Machalsa. She began her work end of January with a fixed term contract of 1 year. She will focus on AIM communication and European affairs. Her CV is available on AIM website.

AIM WORKING GROUPS

WORKING GROUP MUTUAL SOCIETIES

The working group met on 11/01 under the lead of its chairman Mr Pedro Bleck da Silva (UMP, P). The objective of the meeting was to discuss next steps and lobby strategy in view of a statute for European Mutual Society (EMS). Emmanuel Vallens from the European Commission (DG MARKT) presented the Social Business Initiative.

On 25/01, a small group of the working group met to analyse the old 2007 AMICE-AIM text of on EMS to see if there is need of modernization. Mr Mauro Lengo from Legacoop (I) presented his proposals to amend the text of 2007.

Next steps:

Preparation of a note of political argumentation for a European mutual society

AIM members reactions on proposals of Legacoop on EMS text of 2007

Accompanying the realisation of Commission study on mutuals

15/02: meeting of AMICE-AIM task force on EMS

8/03: meeting AIM WG mutual societies

WORKING GROUP ON EUROPEAN AFFAIRS

The working group met on 12/01. Following main topics were discussed:

The Danish EU-Presidency priorities were presented by Ms Rostrup from the Danish Permanent Representation to the EU

Commission call for projects under the health programme in 2012

Legal proposal on professional qualifications

Communication on the future of VAT

State aid rules for services of general economic interest

European Year 2012

Next meeting: 9 March

DISEASE MANAGEMENT/TELEMEDECINE WORKING GROUP

On 19-20 January, AIM and ETHEL organised a study visit on Edinburgh Scotland to the Scottish NHS 24 and telemedicine in support of GPs (open to all). 30 Participants from AIM and ETHEL attended the meetings which was quite fascinating and full of lessons.

The slides presentation and documents on NHS24 are available at the AIM secretariat and will be sent soon. A case report on the study visit is under preparation.

The next visit is planned for the second half of 2012.

NEXT AIM MEETINGS

Joint AIM-AMICE task force on European statute for mutuals (Brussels, 15 February)

Fight against Fraud working group (Brussels, 16 February)

Meeting of the Region Africa of the AIM members (Abidjan, 27-29 February)

Mutuality working group (Brussels, 8 March)

European affairs Working Group (Brussels, 9 March)

AIM Presidium (Athens, 23 March)

AIM Board and General assembly meetings (Brussels, 31 May - 1 June 2012)

AIM Board meetings and AIM Conference on healthy ageing (Brussels, 28 and 29 November)

EU INSTITUTIONS

EU COUNCIL

DANISH EU PRESIDENCY



DANISH PRESIDENCY
OF THE COUNCIL OF THE
EUROPEAN UNION 2012

<http://eu2012.dk/en>

DANISH EU PRESIDENCY: HEALTH PRIORITIES

Antimicrobial Resistance

Action Programme in the field of health

Amendment of the Directive on Tobacco

Amendment of the Transparency Directive

The Health Threats Package

[More](#)

The next Health Council meeting is on 17/02

OPENING CONFERENCE FOR THE 2012 EUROPEAN YEAR FOR ACTIVE AGEING AND SOLIDARITY BETWEEN GENERATIONS

The European Year of Active Ageing and Solidarity between Generations, 2012 was inaugurated at a conference on 18 - 19/01/2012. [More](#) - [Programme](#). All presentations made are available [here](#).

EUROPEAN PARLIAMENT ELECTIONS

MEP MARTIN SCHULZ ELECTED EUROPEAN PARLIAMENT PRESIDENT FOR THE SECOND HALF OF THE LEGISLATIVE TERM

On Tuesday 17 January MEP Martin Schulz (S&D, DE) was elected President of the European Parliament in the first ballot with 387 votes, for the period 2012- 2014. In his acceptance speech, he noted that in these times of crisis "our interests can no longer be separated from those of our neighbours. Either we all lose, or we all win".

In the framework of the second half of the legislative term, the election of the Chair and up to four Vice-chairs of all of the standing Committees took place from 23 - 25.01.12.

Most chairs of committees that AIM is actively following have been confirmed in their positions:

Employment and Social Affairs (EMPL): Pervenche BERÈS (S&D, FR)

Industry, Research and Energy (ITRE): Amalia SARTORI (EPP, IT)

Legal Affairs (JURI): Klaus-Heiner LEHNE (EPP, DE)

Internal Market and Consumer Protection (IMCO): Malcolm HARBOUR (ECR, UK)

Matthias GROOTE (S&D, DE) was elected as new chair of the Environment, Public Health and Food Safety Committee (ENVI).

You can find the President's speech on the European Parliament [website](#) - [Press release](#) - [Members elect chairs and vice-chairs of parliamentary committees](#)

EU COMMISSION EUROPEAN PARLIAMENT

AGEING

PRE-ANNOUNCEMENT OF THE 5TH CALL FOR PROPOSAL: AMBIENT ASSISTING LIVING

The information event on the 5th Call for proposals of the AAL Joint Programme: ICT-based Solutions for (Self) Management of Daily Life Activities of Older Adults at Home takes place on 13th March 2012, in Brussels. [More](#)

ACTIVE AGEING AND SOLIDARITY BETWEEN GENERATIONS, A STATISTICAL PORTRAIT OF THE EUROPEAN UNION, 2012

Eurostat opened the 2012 European Year for Active Ageing and Solidarity between Generations by publishing [a statistical portrait of the European Union active ageing and solidarity between generations](#). The publication is divided into six chapters: demographics; older people and labour market; transition from work to retirement; well-being, health and healthcare; living conditions and consumption expenditure; participation in society. [More publications](#)

ACTIVE AGEING

[Commissioner Dalli delivers speech on the European Year for Active Ageing and Solidarity between Generations](#)

[European Innovation Partnership on Active and Healthy Ageing in the 2012 EAHC call for proposals](#)

[Eurobarometer on Active Ageing released](#)

COMPANY LAW

EUROPEAN STATUTE FOR FOUNDATIONS

On 8 February, the Commission will present a draft regulation creating a European Foundation Statute. This Statute will focus specifically on foundations pursuing public benefit causes. The main benefits of using this new, optional, Statute will be that:

European Foundations will be subject to uniform requirements across the EU;

European Foundations will receive the same tax advantages as granted by Member States to their national foundations without any additional procedures or costs.

Foundations will receive a "European Foundation" label which will make them recognisable to donors in other countries.

EP OWN-INITIATIVE REPORT ON EUROPEAN STATUTE FOR MUTUALS

The EP is on the point to decide to draft a legislative own-initiative report on the European statute for mutuals. The rapporteur should be Mr Luigi Berlinguer (S&D, I). A first meeting scheduled on 26/01 in the JURI committee was postponed to March 2012.

HEALTH

E-HEALTH

[Commission implementing decision establishing the network of national responsible authorities on eHealth.](#)

COMMISSION ANNOUNCES WINNERS OF THE 3RD EU PRIZE FOR JOURNALISTS

On 31/01 four prizes were awarded to European journalists for the best articles on health issues, selected from nearly 500 submitted by journalists from all 27 Member States.

The prizes were awarded in the context of the 2011 EU Health Prize for Journalists, which aims to showcase and reward the work of journalists from across the European Union that raise awareness on important health issues that affect the lives of all EU citizens. [More](#)

COMMISSIONER DALLI SPEECH AT WORLD ECONOMIC FORUM IN DAVOS

On 27/01, Commission Dalli delivered a speech on scenarios for sustainable health systems at the world Economic Forum in Davos. [More](#)

EP VOTE ON MISLEADING NUTRITION CLAIMS LABELLING

On 2/02 the European Parliament voted by an overwhelming majority (393 for, 161 against with 21 abstentions) to ban misleading nutrition claims labelling. This is a positive step for public health. [More](#)

COMMISSION HEALTH-EU NEWSLETTER

The issue of 3 February is available [here](#).

HEALTH INSURANCE

COMMISSION ACTS TO PROTECT POLICY-HOLDERS AND TO ENSURE LEVEL PLAYING FIELD IN THE BULGARIAN HEALTH INSURANCE SECTOR

On 26/01, the European Commission has acted to ensure that Bulgarian voluntary health insurance undertakings are subject to EU insurance rules. The Commission is concerned that the Republic of Bulgaria has failed to apply the First and Third Non-life Insurance Directives ([73/239/EEC](#) and [92/49/EEC](#)) to voluntary health insurance undertakings. If these rules are not properly applied there is a risk of insufficient prudential regulation and supervision of the insurance sector. The Bulgarian rules outlined above are liable to deter or impede cross-border investments. In addition, by not applying EU insurance rules to all health insurers, Bulgaria precludes a level playing field on the health insurance market. [More](#)

INTERNAL MARKET

COMPREHENSIVE REFORM OF DATA PROTECTION RULES: PROCESSING OF PERSONAL HEALTH DATA ARE CONCERNED BY THE REFORM

On 25/01 the European Commission has proposed a comprehensive reform of the EU's 1995 data protection rules to strengthen online privacy rights and boost Europe's digital economy. The processing of personal health data is concerned by this reform.

The Commission expects a final adoption by the EP and the Council by the end of 2012.

The reform includes:

1. a policy Communication setting out the Commission's objectives and two legislative proposals

2. a Regulation setting out a general EU framework for data protection and
3. a Directive on protecting personal data processed for the purposes of prevention, detection, investigation or prosecution of criminal offences and related judicial activities.

- [Frequently asked questions](#)
- [Press pack including factsheets and legislative documents](#)
- [EU data protection policy](#)
- [VIDEO. Press conference by Viviane Reding](#)

PHARMACEUTICAL & MEDICAL DEVICES SECTOR

DEFECTIVE BREAST IMPLANTS: EUROPEAN COMMISSION AND EP ASK FOR FURTHER SCIENTIFIC STUDY AND DRAWS FIRST LESSONS FROM THE RECENT FRAUD ON BREAST IMPLANTS

Following the publication on 2/02 of the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) on the safety of silicone products manufactured by the Poly Implant Prothèse (PIP) Company, the European Commission requested to conduct further in-depth study on the potential health impact of faulty breast implants. The Commission will also discuss with the Member States how surveillance of the medical devices can already be reinforced immediately within the existing legislative framework. In parallel a "stress test" of the legislation on medical devices is under way in order to identify how best the questions raised by this issue can be addressed in the revision of this framework already foreseen for 2012. [SCENIHR opinion](#) - [More](#)

The EP Environment and Public Health Committee (ENVI) discussed the PIP topic too at its meeting on 24/01. Medical devices such as silicone breast implants, should be subject to stricter controls and better traceability, said MEPs representatives. Linda McAvan (S&D, UK), author of a parliamentary "[oral question](#)" on the issue, pointed out that as many women are unsure whether their breast implants are defective, unique identification of products could ensure effective tracking in future. Ms McAvan also highlighted the need for better cooperation within the EU and internationally, noting that problems identified by the US Food and Drug Administration (FDA) several years ago had come to light only very recently. You can watch Linda McAvan's full interview by clicking on the following [link](#).

More info on MEPs comments [here](#).

EUROPEAN MEDICINES AGENCY COUNTS DOWN TO INTRODUCTION OF NEW PHARMACOVIGILANCE LEGISLATION

The European Medicines Agency, together with the European Member States and the European Commission, is preparing for the introduction of the new pharmacovigilance legislation in July this year, which will bring the biggest change to the legal framework since the establishment of the Agency in 1995. Over the next five months, the Agency will finalise its preparations for the inaugural meeting of the new Pharmacovigilance Risk Assessment Committee (PRAC), planned for 19 July 2012. [More](#)

GREECE INVITED TO ESTABLISH FAIR PLAY ON PARALLEL IMPORTATION OF MEDICINAL PRODUCTS

On 26/01 the European Commission has requested Greece to amend its legislation on fixing of prices of parallel imported medicine in order to comply with EU rules on the free movement of goods. The national measures in force and/or practices hinder the trade of parallel imported medicine. The Commission takes the view that rules or practices which result in imports being channelled in such a way that only certain traders can effect these imports, whereas others are prevented from doing so is a violation of Article 34 TFEU. [More](#)


COMMISSION CALLS ON ITALY TO COMPLY WITH EU RULES ON MARKETING AUTHORISATION OF GENERIC DRUGS

On 26/01 the European Commission has formally requested Italy to apply EU legislation concerning the marketing authorisation procedures of generic drugs. Italy has not respected the timeline for adopting the relevant EU amendments to its national law, and thus continues to fail to adequately protect manufactures. In particular, in Italy, a law prevents manufacturers of generic products to submit their request for marketing authorisation prior to the penultimate year of the lifetime of a patent on a reference product. [More](#)

The European Generic medicines Association (EGA) together with the Italian association for generic medicines (ASSOGENERICI) welcomed the European Commission's formal call on Italy to comply with EU rules on the marketing authorisation of generic medicines. [More from EGA](#)

CONSULTATION ON PRINCIPLES AND GUIDELINES OF GOOD MANUFACTURING PRACTICE FOR ACTIVE SUBSTANCES IN MEDICINAL PRODUCTS FOR HUMAN USE

In the framework of the Directive 2011/62/EU to fight against falsified medicines Member States have an obligation to take appropriate measures to ensure that manufacturers of active substances on their territory comply with good manufacturing practice ('GMP') for active substances. It also places an obligation on the Commission to adopt, by means of delegated acts, the principles and guidelines of good manufacturing practice for active substances.

The Commission released a [concept paper](#)  (35 KB) for public consultation with a view to preparing the delegated act on principles and guidelines of good manufacturing practice for active substances in medicinal products for human use. Deadline of consultation is 20 April. [More](#)

SOCIAL AFFAIRS

WHITE PAPER ON FUTURE OF PENSIONS IN EUROPE

On 14/02, the Commission will publish a White paper on the future of pensions in Europe. The White Paper sets out ideas and proposals to ensure pensions in the EU are adequate and sustainable in the long run.

COMMISSION AND OECD BOOST CO-OPERATION ON EARLY CHILDHOOD EDUCATION AND CARE

The European Commission and the Organisation for Economic Co-operation and Development (OECD) are stepping up policy co-operation in the area of early childhood education and care. Later this year the Commission will launch a new expert policy group that will look into ways of improving the quality and accessibility of early childhood education. Set up at the request of EU Education Ministers, the group will report back in the first half of 2014. More information: European Commission: [Early Childhood Education and Care](#) ; European Commission: " [Early Childhood Education and Care - providing all our children with the best start for the world of tomorrow](#) "

EU COURT OF JUSTICE

No 1/2012 : 17 January 2012: [Judgment of the Court of Justice in Case C-347/10Salemink](#)
[bg](#) [es](#) [cs](#) [de](#) [el](#) [en](#) [fr](#) [it](#) [hu](#) [nl](#) [pl](#) [ro](#) [sk](#) - Social security for migrant workers: Workers employed on gas-drilling platforms at sea, on the continental shelf adjacent to a Member State, are as a rule subject to EU law

No 142/2011 : 21 December 2011: [Judgment of the Court of Justice in Case C-495/10Dutruieux](#)
[bg](#) [es](#) [cs](#) [de](#) [el](#) [en](#) [fr](#) [it](#) [hu](#) [nl](#) [pl](#) [ro](#) [sk](#) - Approximation of laws: The liability of a public healthcare establishment, in its capacity as a service provider, does not fall within the scope of the Product Liability Directive

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

STAKEHOLDERS

2011 REVUE PRESCRIRE AWARD ON MEDICINES

Attributed in total independence by Prescrire's Editorial Staff, the Awards reflect the analysis of available data on new products and new indications carried out and published by Prescrire during the preceding year.

The 2011 annual Drug Awards, announced on 26 January in Paris, included not a single winner: no

"Golden Pill", no new entries to the "Honours List", not even a "Noteworthy" new drug. [More](#)

At the awards ceremony, a conference-debate was held on the theme "Drug research financed independently of pharmaceutical companies: for better patient care". Financing of drug research by pharmaceutical companies has numerous drawbacks. Independent clinical trials should be developed, in the interest of patients. [More](#)

GENERAL NEWS

HEALTH INSURANCE / SYSTEM

REFORM

REFORM TO PRIVATISE STATUTORY INSURANCE
WITHDRAWN IN ROMANIA

The Romanian President has withdrawn plans for radical healthcare reform which would have enabled private operators to provide accident and emergency services, says “healthcareuropa”. This prompted the resignation of the Minister of Health. The measures would also have seen the privatisation of statutory insurance with a single state payor replaced with a series of competing insurers. These controversial measures were presented as a presidential decree which meant they would not have been properly debated in the parliament which would simply have voted to pass the package or not. The analysis of “healthcareuropa”: Radical reform of Romanian healthcare is long overdue. Trouble is Romanian politics is corrupt and dominated by shifting coalitions of small parties. Parliament resents the heavy-handed approach which would have meant these radical changes were not properly debated. [More](#)

BACK TO THE FUTURE: 10 YEARS OF EUROPEAN
HEALTH REFORMS

The challenges facing European health systems have changed little over 30 years but the responses to them have, according to an article in *Health Policy, Economics and Law*. The constraints on public spending in the Euro zone as a result of the financial crisis and continuing debt crisis are likely to bite deeply into publicly funded health care systems. It is not clear that all of the approaches of the past decade will survive this squeeze.

Activity-based funding for hospitals in some countries was used to contain costs in a shift away from fee for service and per diem payments, in others such as England it was to encourage activity in order to tackle waiting times and to reward hospitals for attracting patients. Payors, including insurer, sickness funds and local authority purchasers and commissioners, will be seeking new ways of transferring financial risk to providers as well as rewarding quality. However, measures such as HTA aimed at containing cost will no doubt continue to play a significant role as questions are asked about the comprehensiveness of coverage and whether priorities have to be set.

Although growth in the proportion of the population who are old is still often cited as a key challenge for health systems, it is clearer now that the challenge comes from the increasing burden of chronic illness, in particular multiple co-morbidities and people with complex social and health care needs.

Many of the approaches required to deliver better care of people with chronic illness are in tension with existing institutions and incentive structures. For example, activity-based payment encourages more hospital activity rather than the prevention of admissions and provision of care outside of the acute hospital. Patient choice of hospital provider at the point of referral may encourage fragmentation of

the patient pathway, when these patients need coordinated and integrated care.

Despite the differences there is value in learning from the neighbours then it also suggests a continued demand for cross-country health policy research and analysis that can help policymakers find solutions to the common challenges we face. [More](#)

TRENDS

RISING HEALTH CARE COSTS IN THE G-20 AND
STANDARD & POORS

For the period from 2010-2050 the governments' fiscal burdens will increase significantly over the coming decade, with the highest deterioration in public finances likely to occur in Europe and other advanced G-20 economies, such as Japan and the U.S, said a Standard & Poor's report. These countries' high existing social protections and rapidly worsening demographic profiles leave them with little room to maneuver in managing their health care spending compared with emerging economies, where demographics and economic growth are still slightly more favorable. While pensions look set to remain the biggest expense item in the budgets of advanced G-20 economies, health care will likely be the fastest growing expenditure in the coming decades. Without policy changes, health care spending in a number of advanced economies, such as Germany, the U.S., the U.K., France and Japan will increase by around 6% of GDP by 2050. Non-demographic factors such as the costs of evolving technology and treatment coverage are the main drivers of future rises in health care spending.

In general, policymakers have focused more on reforming other areas of age-related spending-- particularly pensions--to improve the long-term sustainability of social protection systems, while the health-care related challenges have not yet been appropriately addressed. As the demographic profile of electorates ages further in the coming years, the political climate for reforming pension and health care spending may become even more difficult than it is now." [More](#)

SPECIFIC NEWS

AUSTERITY AND HEALTH SYSTEM

CUTS IN PORTUGAL'S NHS COULD COMPROMISE CARE

This year will be crucial for Portugal as the bailout and subsequent austerity measures will demand huge sacrifices for its people. The government is seeking to slash NHS expenditure by nearly 12% in a single year, cutting the budget of just over €8.6bn by €1bn. A government report about a new hospital reform proposed substantial cuts through the myriad of services and hospitals. Controversy arose when the same report suggested that more than 2300 of 19 000 doctors who work in the NHS should be moved from big cities to where they are most needed. There will be also cuts in overtime payments to doctors and the increase of all user fees starting in January, 2012. Even with the increased fees, the inappropriate use of emergency services is still a reality: it is estimated that around 25% of the attendees at hospital emergency units do not need immediate care.

Additional measures are expected to be implemented in 2012, including the introduction of cheaper generic drugs and some more unpopular measures such as the decrease of the public co-payment of drugs. The NHS needs to be reorganised and reformed to become sustainable but looking at the 2012 budget it is still unclear how so many cuts will be made without affecting the quality of health-care services. [More](#)

COORDINATION OF HEALTHCARE

OVERCOMING FRAGMENTATION IN HEALTH CARE: CHRONIC CARE IN AUSTRIA, GERMANY AND THE NETHERLANDS

The growing recognition of care fragmentation is causing many countries to explore new approaches to healthcare delivery for better coordination and so better support the rising number of people with chronic health problems. Using examples from Austria, Germany and the Netherlands, the authors find that the three countries have implemented a range of policies and approaches to achieve better coordination within and across the primary and secondary care interface and so better meet the needs of patients with chronic conditions. This has involved changes to the regulatory framework to support more coordinated approaches to care (Austria, Germany), coupled with financial incentives (Austria, Germany) or changes in payment systems (the Netherlands). What is common to the three countries is the comparative 'novelty' of policies and approaches aimed at fostering coordinated care; however, the evidence of their impact remains unclear. [More](#)

COUNTERFEITING MEDICINES

COUNTERFEITING OF MEDICAL PRODUCTS AND RELATED CRIME THREATEN THE LIFE AND THE HEALTH OF INDIVIDUALS

The phenomenon is spreading on a global scale, no country is spared. To combat this, the Council of Europe has drawn up an international convention – the MEDICRIME Convention – a legally binding instrument criminalising all acts of counterfeiting of medical products. Designed to protect the public health, MEDICRIME introduces criminal sanctions and measures for the protection of the victims. [Brochure](#) - [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](#)

HEALTH REFORM

MASSACHUSETTS HEALTH REFORMS: UNINSURANCE REMAINS LOW, SELF-REPORTED HEALTH STATUS IMPROVES AS STATE PREPARES TO TACKLE COSTS

The Massachusetts health reform initiative enacted into law in 2006 in the US continued to fare well in 2010, with uninsurance rates remaining quite low and employer-sponsored insurance still strong, according to *Health Affairs*. Access to health care also remained strong, and first-time reductions in emergency department visits and hospital inpatient stays suggested improvements in the effectiveness of health care delivery in the state. There were also improvements in self-reported health status. The affordability of health care, however, remains an issue for many people, as the state, like the nation, continues to struggle with the problem of rising health care costs. And although nearly two-thirds of adults continue to support reform. Taken together, Massachusetts's reform initiative, which became the template for the structure of the Affordable Care Act, highlights the potential gains and the challenges the nation now faces under federal health reform. [More](#)

HOSPITALS AND DRG

PAYING FOR HOSPITAL CARE: SIMILARITIES AND LACK OF RIGOROUS ASSESSMENT OF ACTIVITY-BASED FUNDING IN FIVE EUROPEAN COUNTRIES

Following the US experience, activity-based funding has become the most common mechanism for reimbursing hospitals in Europe, says an article in *Health Policy, Economics and Law*. Despite differences in the prevailing approaches to reimbursement, the five countries surveyed (England, Finland, France, Germany and Ireland) shared several common objectives in moving to activity-based funding during the 1990s and 2000s. These include increasing efficiency, improving quality of care and enhancing transparency.

There is substantial cross-country variation in how activity-based funding has been implemented and developed. In Finland and Ireland, for instance, activity-based funding is principally used to determine hospital budgets, whereas the models adopted in the other three countries are more similar to the US approach. While assessing the impact of activity-based funding is complicated by a shortage of rigorous empirical evaluations, the evidence currently available, though, suggests that the introduction of activity-based funding has been associated with an increase in activity, a decline in length of stay and/or a reduction in the rate of growth in hospital expenditure in most of the countries under consideration. [More](#)

MEDICAL DEVICES

HUGE MEDTECH PRICE DIFFERENCES IN EUROPE

It is astounding how fragmented the healthcare services market is and how much variation in medtech products (consumables and capital goods) there is across Europe in prices, says *Healthcareurope*, interviewing Proceur (a group purchasing organisation for the European healthcare industry). Stents are 2-2.5 times more expensive in France than the UK for the same product from the same suppliers, according to a recent

study. Dutch hospitals are typically paying 20-25% more for medtech products than their German counterparts, according to AT Kearney.

Overall, it seems that for most categories price differences of 100% across Europe are probably the norm, rather than the exception. Big differences even exist for large capital goods. For example, imaging equipment is usually 30-40% cheaper in the USA, than in Europe. All these price differences reflect the fact that reimbursement in some countries are tariff fixed. (This is the case for stents in France, for instance). It also reflects the different purchasing paths in different countries. It is clear that, particularly in the public sector, most surgeons are still free to specify the product they want to use. This is true, for instance, in the English NHS and the 100 big Dutch not-for profit foundation hospitals. This means hospitals and payors are unable to leverage volume.

This is all likely to change. Procurement and logistic hubs are growing - particularly private operators such as DHL. Payors are also beginning to be involved. In the Netherlands, the Dutch statutory healthcare insurers fresh from achieving eye-watering price cuts of 50-80% in generics, are now keen to achieve the same in medtech.

The potential is huge. But there is a shocking lack of transparency. People in procurement usually have no idea of what is going on in neighbouring countries. So the evidence for these price discrepancies is anecdotal and limited. The initiative of Proceur who is comparing prices across Europe for hospital groups can change that - if people are prepared to share the data. [More](#)

PHARMACEUTICALS

TOWARDS NEW MODELS OF R&D OF MEDICINES TO THE SERVICE OF THE PATIENTS: TO RELY ON A BINDING WORLD CONVENTION

Changing the model of R&D is essential to give access of the populations to useful medicines, in particular in the developing countries, says German Velasquez, advisor to the South Center and former Director of the WHO, at the event *Pilule d'or* (*Prescrire Paris*, 26 Jan). Relying on a bidding world Convention, to negotiate under the aegis of the WHO, could make it possible to ensure a durable financing of R&D of useful and affordable medicines for the populations.

The adoption of such a Convention by the WHO, in accordance with article 19 of its Constitution, would also make it possible to reconsider the world medical governance. This model of R&D would aim to better meet the health needs of the world's population by depending on publicly funded research and unlinking the price of drugs from the costs of research, so as to permit the greatest number of people to useful new medicines.

POLISH HEALTH MINISTRY AMENDS REIMBURSABLE DRUG LIST AFTER PROTESTS

More drugs will be included on a new list of reimbursable medicines coming in force as of January 1, 2012 Polish Health Minister said, after a sitting on the matter by the Sejm lower house health committee, according to the Warsaw Voice. The list

announced on December 23, 2011 excluded 847 heretofore reimbursed medicines and has evoked harsh criticism from doctors' and patients' lobbies. Poland's Health Ministry made some amendments to that version interpreting the announced changes as last-minute corrections of previous mistakes which left patients who suffer from certain diseases with no subsidized medicines. [More](#)

GREECE'S FINANCIAL CRISIS DRIES UP DRUG SUPPLY

The Greek Government's austerity drive has inadvertently triggered problems with the country's drug supply, causing shortages of hundreds of medicines. Last year, the government mandated lower drug prices to cut down its medical expenses. Medical expenses were €2.4 billion in 2004, €5.2 billion in 2009, and dropped to €1.65 billion in 2011, after the measure was taken. However, the government's decision has fed a secondary market since wholesalers prefer to sell their products in other countries where the profit is higher. International drug companies prefer to sell their products in countries other than Greece, due to the nation's financial situation [More](#)

PREVENTION

A PENNY-PER-OUNCE TAX ON SUGAR-SWEETENED BEVERAGES WOULD CUT HEALTH AND COST BURDENS OF DIABETES

Sugar-sweetened beverages are a major contributor to the US obesity and diabetes epidemics, says an article in *Health Affairs*. Using the Coronary Heart Disease Policy Model, the study examined the potential impact on health and health spending of a nationwide penny-per-ounce excise tax on these beverages. The study found that the tax would reduce consumption of these beverages by 15% among adults ages 25–64. Over the period 2010–20, the tax was estimated to prevent 2.4 million diabetes person-years, 95,000 coronary heart events, 8,000 strokes, and 26,000 premature deaths, while avoiding more than \$17 billion in medical costs. In addition to generating approximately \$13 billion in annual tax revenue, a modest tax on sugar-sweetened beverages could reduce the adverse health and cost burdens of obesity, diabetes, and cardiovascular diseases. [More](#)

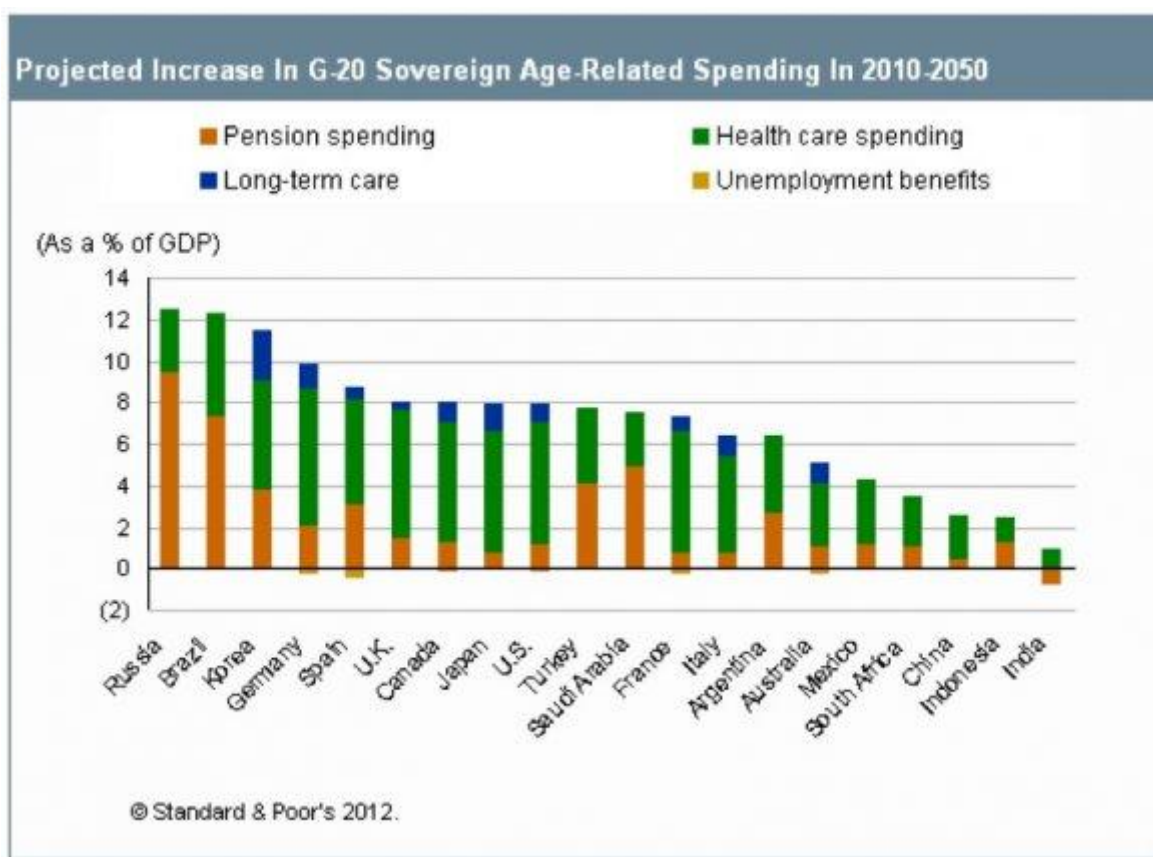
PRIMARY CARE

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.

GRAPH OF THE MONTH

G-20 governments' fiscal burdens will increase significantly in 2010-2050



Source: Standard & Pools

READERS' DIGEST

NEWSPAPER

HEALTH AFFAIRS

- Health Affairs new issue January 2012: [Confronting The Growing Diabetes Crisis](#)

HEALTH ECONOMICS, POLICY AND LAW

- January issue:
 - [Reflections on the evolution of health technology assessment in Europe](#)
 - [Choice policies in Northern European health systems](#)
 - [Paying for hospital care: the experience with implementing activity-based funding in five European countries](#)
 - [The rise of the regulatory state in health care: a comparative analysis of the Netherlands, England and Italy](#)
 - [Overcoming fragmentation in health care: chronic care in Austria, Germany and the Netherlands](#)

BOOKS - REPORTS – LINKS

COUNTRY HEALTH SYSTEM

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

- [Health systems in transition. Russian Federation: health system review](#), European Observatory on Health Systems. At independence from the Soviet Union in 1991, the Russian health system inherited an extensive, centralized Semashko system, but was quick to reform health financing by adopting a mandatory health insurance (MHI) model in 1993. MHI was introduced in order to open up an earmarked stream of funding for health care in the face of severe fiscal constraints. While the health system has evolved and changed significantly since the early 1990s, the legacy of having been a highly centralized system focused on universal access to basic care remains.

ECONOMIC GROWTH AND GOOD HEALTH

New book examining the link between good health and economic growth: [Health systems, health, wealth and societal well-being. Assessing the case for investing in health systems](#). European Observatory on Health Systems. By reviewing the complex relationship between health systems, health and wealth, it argues that health systems need not be, as is often believed, simply a drag on resources but rather can be part and parcel of improving health and achieving better economic growth.

HEALTHY AGEING

- [EuroHealthNet launches website on healthy ageing](#): The new website highlights key factors

such as promoting healthy diets, physical activities, social relations and meaningful activities necessary for ageing healthily throughout a person's life.

- Germany: [Healthy and active ageing report](#): Commissioned by the German Federal Centre for Health Education (BZgA) and published by EuroHealthNet, this report is a compendium of programmes, good practices and other resources for promoting and sustaining healthy ageing.

[Regional and local initiatives promoting healthy and active ageing \(Brussels, 28 February 2012\)](#)

The conference, organised as part of the activities of the Social Inclusion Regional Group (SIRG), will

seek to raise awareness of local and regional authorities' role in promoting active and healthy ageing.

NUTRITION

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

TRAINING COURSE

ILO training course: "addressing inequities in access to health care", in French and English, Turin, Italy, 12 to 23 March 2012. [Social Health Protection - Protection sociale en matière de santé](#)

EVENTS

DANISH EU PRESIDENCY (SELECTION)

TRIO PRESIDENCIES

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

DANISH EU PRESIDENCY (1-6/2012)



DANISH PRESIDENCY
OF THE COUNCIL OF THE
EUROPEAN UNION 2012

<http://eu2012.dk/en>

- 18-19/1, Copenhagen, DK: [Opening Conference for the 2012 European Year for Active Ageing and Solidarity between Generations](#), Ministry of Employment, Ministry of Social Affairs and Integration, Ministry of Health
- 17/2, Copenhagen: [Meeting in the Council for Employment, Social Policy, Health and Consumer Affairs \(EPSCO\)](#), Council of the EU
- 14-15/3, Copenhagen: [Combating Antimicrobial Resistance - Time for Joint Action](#), Ministry of Health
- 26-27/3, Copenhagen: [Informal EMCO/SPC meeting](#), The Ministry of Employment and the Ministry of Social Affairs and Integration
- 18/4, Copenhagen: [Steering Group on access to medicine in Europe](#), The Ministry of Health
- 26-27/4, Copenhagen: [Informal meeting of the Committee for Medicinal Products for Human Use \(CHMP\)](#), Ministry of Health and Danish Medicines Agency
- 26-27/4, Copenhagen: [Informal meeting of the Pharmacovigilance Working Party – human](#), Ministry of Health - Danish Medicines Agency
- 07-09/5, Copenhagen: [High Level eHealth Conference 2012](#), Ministry of Health, National Board of eHealth and National Board of Health

- 23-24/5, Copenhagen: [Informal meeting of the Committee for Orphan Medicinal Products](#), Ministry of Health and Danish Medicines Agency
- 24-25/5, Copenhagen: [Informal meeting of the Committee for Advanced Therapies \(CAT\)](#), Ministry of Health and Danish Medicines Agency
- 24-25/5, Copenhagen: [MISSOC Network Meeting](#), The Ministry of Social Affairs and Integration
- 21-22/6, Luxembourg: [Meeting of Employment, Social Policy, Health and Consumer Affairs \(EPSCO\)](#), Council of the European Union

OTHER EVENTS

- [Regional and local initiatives promoting healthy and active ageing \(Brussels, 28 February 2012\)](#). The conference, organised as part of the activities of the Social Inclusion Regional Group (SIRG), will seek to raise awareness of local and regional authorities' role in promoting active and healthy ageing.
- [ESIP European conference 2012](#) (Brussels, 23 May), "Active and healthy ageing and solidarity between generations: role of the social insurances"



8th Annual World Health Care Congress-Europe (Amsterdam, 23-24 May): [Sharing global innovation in health](#) (with **Thomas Ballast**, CEO vdek Germany, **Pieter Hasekamp**, DG ZN The Netherlands, **Roger van Bortel**, Chairman **Menzis** The Netherlands, as guest speakers)
In partnership with AIM: get a 25% discount by using promotional code CFX532

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

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