

CONTENTS

AIM'S CORNER	P.1
NEWS ON THE EU INSTITUTIONS	P.1 - 5
GENERAL INFORMATION ON HEALTH INSURANCE AND HEALTH SYSTEMS	P.5 - 7
GRAPH OF THE MONTH	P.8
EVENTS	P.8-9

AIM'S CORNER

NEW AIM MEMBER

ESTONIAN HEALTH INSURANCE FUND

The members of the AIM XXIX General Assembly approved the new membership as associate partner, of the National Health insurance Fund of Estonia, HaigeKassa. The Board of directors of HaigeKassa is chaired by Mr. Hannes Danilov.



- New legislative proposals on info to patients on prescription drugs
- A presentation by the European Generic Association on biosimilars
- Discussion on joint AIM-ESIP statement on HTA for the EUnetHTA conference in December in Gdansk.

Next meeting: 10 February 2012

NEXT AIM MEETINGS

- Working group on Mutuality (postponed to January 2012)
- International Congress of Gestar Salud (30 Nov-1 Dec 2012) and Meeting of the AIM Region Latin America (2 Dec) in Santa Marta Colombia
- European affairs Working Group (Brussels, 12 January 2012)
- Study visit to the Scottish NHS 24 and telemedicine in support of GPs (open to all) (19-20 January 2012, Edinburgh)
- Pharmaceutical working group (Brussels, 10/02/2012)
- Meeting of the Region Africa of the AIM members (Venue tbc, 27-29 February 2012)
- AIM Board and General assembly meetings (Brussels, 31 May - 1 June 2012)

AIM MEETINGS

AIM GENERAL ASSEMBLY (PARIS, 14-15 NOVEMBER 2011)

The highlights of the International conference and the European Affairs meeting, as well as of the Extraordinary General Assembly and Board of Directors, were summarised in a short AIM report which was sent to you some days before and which is available on the AIM website.

The slides and presentations of the meetings can also be found on the AIM website.

PHARMACEUTICAL WORKING GROUP (BRUSSELS, 17/11/2011)

The Pharmaceutical working group met on 17 November under the presidency of its chairman Mr Stadié. Main topics on the agenda:



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



EU INSTITUTIONS

EU COUNCIL

POLAND EU PRESIDENCY



- <http://pl2011.eu/en>

EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS (EPSCO) COUNCIL

The EPSCO Council had a meeting on 1-2/12/2011.

Main results of the meeting on 1/12 focusing on social and employment issues ([more](#)):

- The Council reached a general approach on an amended regulation on the coordination of social security systems
- Council took stock of progress on amendments to directives on maternity leave and equal treatment
- Policy debate on the implementation of the Europe 2020 strategy in the employment and social policy field.
- Council conclusions on ageing ([here](#))

On 2/12, the Council focused on health issues. The Council adopted conclusions on following topics:

- Closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours ([here](#))
- Early detection and treatment of communication disorders in children, including the use of e-Health tools and innovative solutions ([here](#))
- Prevention, early diagnosis and treatment of chronic respiratory diseases in children ([here](#))

EU COMMISSION EUROPEAN PARLIAMENT

AGEING

EUROPEAN INNOVATION PARTNERSHIP AGREES ON ACTIONS TO TURN AGEING INTO AN OPPORTUNITY

On 7/11 the Steering Group of the pilot European Innovation Partnership on Active and Healthy Ageing agreed on joint actions in response to the societal challenge of an ageing European population. In the Strategic Implementation Plan, the Group sets out priority actions to meet the challenge of ageing through innovation. The overarching objective is to ensure that the average European citizen has two more active and healthy years to live by 2020. The implementation plan is the first step towards that objective, and focuses on three main areas of life events: prevention, care and cure, and independent living. Five specific actions, ready to be launched next year, have been determined:

- Innovative ways to ensure patients follow their prescriptions – a concerted action in at least 30 European regions;
- Innovative solutions to prevent falls and support early diagnosis for older people;
- Co-operation to help prevent functional decline and frailty, with a particular focus on malnutrition;
- Spread and promote successful innovative integrated care models for chronic diseases amongst older patients, such as through remote monitoring. Action should be taken in a number of the EU's regions;
- Improve the uptake of interoperable ICT independent living solutions through global standards to help older people stay independent, mobile and active for longer.

[More](#)

CONFERENCES

[International Conference 'Ageing Globally - Ageing Locally'](#) (1/11-3/11/2011)

[Celebrating diversity: The 8th World Congress on Active Ageing](#) (13-17/08/2012)

CONSUMER PROTECTION

FOOD: COMMISSION LAUNCHES FINAL DISCUSSIONS WITH MEMBER STATES ON LIST OF HEALTH CLAIMS

On 28/11, in an informal meeting of the Working Group, the European Commission discussed with the Member States the draft list of permitted health claims to be authorised for use on food. The process for the adoption of this list is entering its final stage after long discussions with the Member States and interested stakeholders. As already announced ([IP/11/933](#)), the list now discussed with the Member States contains Article 13 health claims for all substances other than so-called "botanicals". On the latter, the European Commission is still reflecting how they should be best assessed for use on food. [More](#)

FOOD: NEW LEGISLATION TO MAKE THE USE OF ADDITIVES IN THE EU SAFER AND MORE TRANSPARENT

The use of additives in food will soon become even safer and more transparent than it currently is thanks to two pieces of legislation adopted by the European Commission on 14/11. [More](#) – [FAQ](#)

EU MOVE TO REDUCE CIGARETTE IGNITED FIRES TO SAVE HUNDREDS OF LIVES EACH YEAR

Cigarettes left unattended are one of the leading causes of fatal fires in Europe. Evidence shows that the number of fatalities can be reduced by over 40% with the introduction of 'Reduced Ignition Propensity' (RIP) cigarettes. As from 17th November 2011, once the new safety standards are published in the EU Official Journal all cigarettes sold in Europe will have to comply with these measures. It will be the role of the national authorities to enforce this new fire safety measure.

[More](#)

DIGITAL AGENDA

DIGITAL AGENDA: EUROPEAN ROBOTS HELPING TO PERFORM SAFER, QUICKER BRAIN SURGERY

EU-funded researchers from Germany, Italy, Israel and the UK have achieved a breakthrough development in robotic neurosurgery. The ROBOCAST project, has developed a new type of robot that gives two important advantages to surgeons. [More](#)

HEALTH

HEALTH AND CONSUMER PROGRAMMES 2014-2020

On 9/11 the European Commission adopted proposals for the new Health for Growth and Consumer Programmes. The two programmes aim to foster a Europe of healthy, active, informed and empowered citizens, who can contribute to economic growth. These new programmes will run from 2014-2020 with a budget of €446 million for the Health for Growth Programme and €197 million for the Consumer Programme. Focus will be on fewer concrete actions that offer clear EU added-value.

The Health for Growth Programme aims to support and complement the work of Member States to achieve the following four objectives:

- Developing innovative and sustainable health systems;
- Increasing access to better and safer healthcare for citizens;
- Promoting health and preventing disease; and
- Protecting citizens from cross-border health threats.

These proposals will now be discussed by the European Parliament and Council of Ministers, with a view to adoption by the end of 2013, to allow for the start of the new health and consumer programmes in 2014. [More](#) - [FAQ](#)

ACTION PLAN AGAINST ANTIMICROBIAL RESISTANCE: COMMISSION UNVEILS 12 CONCRETE ACTIONS FOR THE NEXT FIVE YEARS

On 17/11 the European Commission has tabled a comprehensive Action Plan on Antimicrobial resistance (AMR) which unveils 12 concrete actions to be implemented in close cooperation with the Member States. With about 25,000 patients dying per year in the EU from infections caused by drug resistant bacteria and related costs of over 1.5 billion euros in healthcare expenses and productivity losses, antimicrobial resistance is a growing health problem in the EU. [More](#) – [FAQ](#) On 25/10, the EP called for smarter use of antibiotics ([more](#)).

EUROPEAN HEALTH INTERVIEW SURVEY

According to the European Health Interview Survey, published by Eurostat on 24/11 between 8% and 25% of adults are obese across Member States and there is no systematic differences between women and men. In the USA, the corresponding figure was 26.8% for women and 27.6% for men in 2009. [More](#)

HEALTHY DIET AND PHYSICAL ACTIVITY: COMMISSIONER DALLI TO URGE ACTION TO PREVENT NON COMMUNICABLE DISEASES

On 28/11 John Dalli, the European Commissioner for Health and Consumer Policy, commended the achievements of governments and Platform members in addressing unhealthy diets and physical activity in the EU since the adoption in 2007 of an EU Strategy to address obesity and overweight related issues. Commissioner Dalli urged European governments and stakeholders to step up efforts to make healthy options available and promote physical activity for all ages. He also highlighted areas where public and private synergies can produce tangible results such as food reformulation and responsible advertising. [Commissioner speech](#) - [EU Platform on Diet, Physical Activity & Health/High Level Group on Nutrition and Physical Activity: Plenary Meetings and Joint Meeting](#)

WORLD AIDS DAY – 1/12

[Statement of the EU and its Member States on World AIDS Day \(1 December 2011\)](#)

[Key Facts on the European Commission's actions to fight HIV/Aids](#)

DRUGS REPORT: COMMISSIONER MALMSTRÖM CALLS FOR VIGILANCE ON SYNTHETIC DRUGS AND ASKS FOR MORE ANTI-TRAFFICKING EFFORTS

The Annual report 2011, released on 15/11 by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), shows drug use to be relatively stable in Europe, with some positive signs that cocaine use may have peaked and that cannabis use continues to decline among young people. But signs of stability in the use of the more established drugs are offset by the emergence of new threats. These include the increase availability of synthetic drugs, the rapid appearance of new substances and widespread 'polydrug' use. [More](#)

COMMISSION CALLS ON ITALY TO TRANSPOSE THE DIRECTIVE ON HUMAN BLOOD

On 24/11 the European Commission has formally requested Italy to communicate national measures implementing [Directive 2011/38/EU](#) which removes maximum pH values for platelets concentrates for blood and blood components at the end of the shelf life. The Directive aims to improve the EU's self-sufficiency on blood and enhance confidence in the safety of the blood supply chain amongst EU countries. [More](#)

EUROPEAN COMMISSION LAUNCHES NEW WEBSITE ON THE NON-FOOD SCIENTIFIC COMMITTEES

[The new website offers up-to-date information on all open consultations and calls, scientific opinions, mandates, upcoming events, and much more.](#)

EP: MAKING IT EASIER FOR DOCTORS TO WORK ABROAD WHILE ENSURING PATIENT SAFETY

To make it easier for doctors, dentists, architects and other professions to work abroad within the EU and to add flexibility to the labour market, professional qualifications need to be recognised faster but without compromising the reliability and safety of their work for citizens, the European Parliament said on 15/11.

Speeding up recognition by simplifying procedures will not only help the more than 50% of young Europeans whom a recent survey found are willing to work abroad, but also spur economic growth, add flexibility to the labour market and respond to labour shortages. At the same time, MEPs want a better exchange of information among Member States on doctors and others who have been found guilty of malpractice.

The non-binding resolution by Emma McClarkin (ECR, UK) sets out Parliament's inputs to a legislative proposal, to be presented by the Commission in December for a revision of the 2005 Professional Qualifications Directive. [More](#)

GENERAL AFFAIRS

COMMISSION ADOPTS 2012 WORK PROGRAMME FOR EUROPEAN RENEWAL

On 15/11 the European Commission has adopted a Work Programme for the coming year, "Delivering European renewal". The Programme sets out how the Commission will build on the ambitious set of proposals to respond to the economic crisis already on the table with further measures next year. Significant attention will have to be given next year to taking forward proposals already adopted or in the pipeline for the coming weeks. These include measures on the economy, the Single Market, and the wide range of proposals now coming forward on spending

programmes to drive reform and renewal. New proposals will build on this programme to reinforce the drive to job-creating growth.

Concerning **health topics**, the Commission plans to adopt **legislative proposals on Medical devices** (Proposition nr. 53) to promote innovation in the healthcare sector while guaranteeing patient safety. In addition, the Commission also plans to continue work on **free movement of workers** within the European Union based on the Council Regulation 1612/1968 (as codified by Regulation 492/2011). The Commission also indicates forthcoming initiatives in 2013, to focus on **coordination of social security schemes to complete implementation of Regulations 883/2004 and 987/2010**. [More](#)

PHARMACEUTICAL SECTOR

PUBLIC CONSULTATION ON MEASURES FOR IMPROVING THE RECOGNITION OF PRESCRIPTIONS ISSUED IN ANOTHER MEMBER STATE

The Commission consults stakeholders to see how the recognition of cross-border prescriptions could be improved. Deadline is 8/01/2012. Consultation document: [Impact assessment roadmap "Implementing measures for improving the recognition of prescriptions issued in another Member State under Article 11 para. 2 of the Directive on the Application of Patients' Rights in Cross-Border Healthcare \(CBHC\)"](#) - [More](#)

CONSULTATION ON IMPLEMENTATION OF DIRECTIVE TO FIGHT AGAINST FALSIFIED PRODUCTS

The European Commission launched a public consultation on concept paper on delegated act on the detailed rules for a unique identifier for medicinal products for human use and its verification. [More](#). Deadline: 27/04/2012

RESEARCH

HORIZON 2020: COMMISSION PROPOSES €80 BILLION INVESTMENT IN RESEARCH AND INNOVATION, TO BOOST GROWTH AND JOBS

On 30/11 the European Commission has presented a package of measures to boost research, innovation and competitiveness in Europe. Horizon 2020 brings together all EU research and innovation funding under a single programme. [More](#) Horizon 2020 will focus funds on three key objectives ([Horizon 2020 Memo](#)):

- EU's position as a world leader in science.
- secure industrial leadership
- Addressing societal challenges across six key themes: **Health, demographic change and well-being**; Food security, sustainable agriculture, marine and maritime research and the bio-economy.

The Commission also adopted a proposal for the European Institute of Innovation and Technology (EIT) "Strategic Innovation Agenda". In 2014, Knowledge and Innovation Communities (KICs) should among others be set up on topics like **innovation for healthy living and active ageing (improving the quality of life and well-being of citizens of all ages)** ([more](#)) - [EIT FAQ](#).

SOCIAL AFFAIRS

CONFERENCE ON INCOME INEQUALITIES - SHOULD INEQUALITIES IN EUROPE BE MITIGATED AND HOW TO DO THAT?

The European Commission, together with around 200 decision makers, stakeholders and academics will look into this issue during a two days [conference](#) held in Brussels, on 5-6/12. The discussions will cover the causes and consequences of social inequalities, including their territorial dimension, but also possible solutions to mitigate them, e.g. fairer taxation, better design of benefits, improved functioning of labour markets as well as the role of education, social services, health and equal opportunity policies. On the same day, OECD will also present a major report on inequalities. Income inequalities have increased in most EU countries in the past decades, and they are feeding a growing public discontent. According to a recent [Eurobarometer](#), there is no EU country where people would think that inequalities are handled better now than five years ago. The difference in life expectancy between poor and rich in Europe can be as high as 25 years in the same city. The conference can be followed live on [web streaming](#).

SOCIAL SURVEY: DOUBT ON END OF CRISIS CONTINUES, BUT TRUST IN EU'S ABILITY TO MAKE POSITIVE IMPACT REMAINS

A new Eurobarometer survey, published on 29/11 shows that more than a third of European citizens currently working (35%) are concerned about losing their jobs. At a time when Europe is experiencing grave economic challenges, certain key social indicators show a large majority of respondents feeling that the EU as a whole has taken a backward step in recent times. With 71% of Europeans pessimistic about the chances that the economic crisis will end soon and 87% saying that poverty has increased (more than in 2009). [More](#)

SALZBURG WINS EU AWARD FOR DISABLED-FRIENDLY CITIES

On 1/12, the Austrian city Salzburg won the Access City award 2012, the European prize for making cities more accessible to people with disabilities. The European Commission commended Salzburg's long-standing commitment, coherent approach and excellent results in improving accessibility, achieved with the direct participation of people with disabilities. [More](#)

SOCIAL ECONOMY

EUROPEAN COMMISSION CONFERENCE ON PROMOTING SOCIAL ENTREPRENEURSHIP IN EUROPE, 18 NOVEMBER 2011

At the conference organised on 18/11 by the European Commission on promoting social entrepreneurship in Europe, Commissioner Barnier pointed out the Commission actions and priorities for social entrepreneurs.

One key activity concerns the legal environment for social enterprises including a European statute for mutuals.

Ms Pervenche Berès, chairwoman of the European Parliament social affairs committee, informed that the EP decided a few days ago to launch a legislative own-initiative report on a European statute for mutuals. The report will be drafted in close relationship with three EP

committees: social affairs (EMPL) – legal affairs and economical affairs.

Speeches and presentations made at the conference are available [here](#).

The EESC adopted its report on social entrepreneurship at its October plenary meeting (rapporteur: Ms Ariane Rodert)

SOCIAL SECURITY

SOCIAL SECURITY COORDINATION: COMMISSION REQUESTS SPAIN TO END REFUSAL OF EUROPEAN HEALTH INSURANCE CARDS TO NON-SPANISH EU NATIONALS

On 24/11 the European Commission has requested Spain to end its refusal to issue [European Health](#)

[Insurance Cards](#) (EHICs) to non-Spanish EU nationals who are neither employed, self-employed nor state pensioners, but who are entitled to healthcare on the basis of their residence in the Spanish Autonomous Communities of Andalusia and Valencia. Since Spanish law permits this group of non-economically active persons to have access to the public healthcare systems in Andalusia and Valencia, they are "insured persons" under the EU social security coordination rules and should therefore benefit from the rights given by the EHIC. [More](#)

EU COURT OF JUSTICE

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

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

STAKEHOLDERS

G20 IN CANNES

EXTRACT OF THE G20 SUMMIT: FOSTERING EMPLOYMENT AND SOCIAL PROTECTION

The G20 members are **determined to strengthen the social dimension of globalisation**, according to the [Cannes Summit Final Declaration](#) (Cannes, 4 November). Social and employment issues, alongside economic, monetary and financial issues, will remain an integral part of the G20 agenda.

They (G20 members) firmly believe that employment must be at the heart of the actions and policies to restore growth and confidence that they

undertake under the Framework for strong, sustainable and balanced growth. ... They recognize the importance of investing in nationally determined **social protection floors** in each of our countries, such as access to health care, income security for the elderly and persons with disabilities, child benefits and income security for the unemployed and assistance for the working poor. They will foster growth resilience, social justice and cohesion. In this respect, the G20 members note the report of the **Social Protection Floor Advisory Group**, chaired by Ms Michelle Bachelet.

GENERAL NEWS

HEALTH INSURANCE/ SYSTEM

TRENDS

COMPENSATION OF HEALTH PROFESSIONALS, EVOLUTION IN THE USE OF SERVICES IMPORTANT COST DRIVERS OF PAST DECADE IN CANADA

Health spending will reach \$200 billion in 2011 in Canada, but growth in health care spending is slowing down (from 7.4% in the last decade to 4% in 2011 - [more](#)), says a report of the Canadian Institute for Health Information. A second report [Health Care Cost Drivers: The Facts](#) shows that the major cost drivers of public-sector health care spending in the past decade were threefold.

(1) *The compensation for healthcare providers.* After hospitals, 37% of public-sector healthcare spending, physicians represent the 2nd largest category (20% in 2011). The compensation for doctors' services is growing by 3.6% a year - faster than that for other health workers and the labour market in general. However, physician compensation grew more slowly than the prices of other public goods and services from 1975 until 1998.

(2) *The increased use of services.* Increased utilization of drugs was the single largest cost driver of drug spending over the past decade. The increased volume was driven largely by use of anti-hypertensive, cholesterol-lowering and gastrointestinal drugs. Canadians are also seeing their doctors more often and getting more medical procedures (like hip and knee replacements;

diagnostic imaging exams, such as MRI and CT scans; cataract surgery procedures).

(3) *An evolution in the types of services provided and used.* A change in the types of health services used by Canadians - such as the emergence of new drugs (new cancer drugs and immunosuppressants) and new diagnostic and surgical tools - has also contributed to the growth in health costs.

But aging population is a modest health care cost driver, accounting for less than 1% of average annual growth in health care spending from 1998 to 2008.

SPECIFIC NEWS

HEALTH TECHNOLOGY ASSESSMENT

THE USE OF HEALTH TECHNOLOGY ASSESSMENT TO INFORM THE VALUE OF PROVIDER FEES

Health technology assessment (HTA) seeks to define and measure (i.e., capture) the value of new products and services, says a report of the Canadian Health Services Research Foundation. The prices of new provider fees in Canada are largely based on costs to deliver the service and do not consider the relative value-for-money of the new service. This approach means providers have little incentive to perform high-value services compared to low-value services. HTA can play an important role in linking the price of a provider fee with a tangible value. This means that service prices can be modified upward for high-value

services and downward for low-value services, averting unnecessary growth in health system costs. [More](#)

MEDICAL DEVICES SECTOR

INDIA'S EXPERIENCE OF USING RECYCLED PACEMAKERS COULD BENEFIT OTHER COUNTRIES

A report by a team of doctors of Indian origin in the US says that their experience of providing pacemakers donated by funeral homes in the US to 53 needy patients in Mumbai over the past seven years reinforces the safety and benefits of recycling pacemakers, says the BMJ. The recycled pacemakers were donated exclusively by funeral homes after the doctors obtained consent from the deceased patients' families. Doctors at the Jawaharlal Institute in the southern city of Pondicherry have implanted several hundred recycled pacemaker from France for nearly 28 years. They have not observed any infections or complications associated with the use of recycled pacemakers. For patients who cannot afford a new pacemaker, recycled pacemakers should be a reasonable solution as long as this is allowed by national regulatory authorities, they say. They believe that their experience may also be relevant to industrialised countries. [More](#)

PHARMACEUTICAL SECTOR

TIERED PRICES HIGHER THAN THOSE ACHIEVED BY COMPETITION IN DEVELOPING COUNTRIES

Authors from Médecins Sans Frontières and Harvard School of Public Health have published a critical analysis of the role of tiered pricing to improve access to medicines in developing countries, says the BMJ. Tiered-pricing is the concept of selling drugs and vaccines in developing countries at prices systematically lower than in industrialised countries and is increasingly used for newer medicines. The authors found that tiered prices are generally higher than those achieved by competition. In many developing countries, resources are often stretched so tight that affordability can only be approached by selling medicines at or near the cost of production. Competition should generally be the default option for achieving affordability, as it has proven to be superior to tiered pricing for reliably achieving the lowest sustainable prices. Policies that de-link the financing of R&D from the price of medicines are needed, since they can reward innovation while exploiting robust competition in production to generate the lowest sustainable prices. [More](#)

ORGAN DONATION

WELSH GOVERNMENT'S 'OPT OUT' ORGAN DONOR CONSULTATION

Families would have no legal right to stop dead relatives' organs being used for transplant if the person has not opted out in advance, under a proposed Welsh law, according to the BBC news. However, the Health Minister said she could not see a situation where doctors took organs without the permission of families. Ministers are asking for views on plans for a "soft opt-out". If it goes ahead, Wales would be the UK's first country with the system. Consultation on the proposals outlined in

the white paper and closes on 31 January 2012. A bill would be introduced in 2012. Legislation could be in place by 2013 and a soft opt-out system could come into effect in 2015. [More](#)

PERFORMANCE OF HEALTHCARE

UK IS THE BEST AT COORDINATING CARE FOR SICKER PATIENTS, SWEDEN THE WORST

Nearly three quarters of participants in the UK (74%) and Switzerland (70%) reported having a primary care practice to coordinate their care, shows a survey published in the BMJ that compared patient care in 11 countries. They also reported more positive healthcare experiences, such as being able to be seen by a doctor the same or next day and greater access to after hours care. Access to this type of care was worst in Sweden where only a third of patients reported "medical home" care. In the Netherlands, Germany, France, Canada, Norway, and Australia about half of patients had this level of care while in New Zealand and the US about two thirds of patients did. Patients in the US (42%) were more than twice as likely as those in the other countries "to report not visiting a doctor, not filling a prescription or skipping medication doses, or not getting recommended care." They also had the highest self reported rate of errors in drugs, laboratory tests, or gaps in coordination of care. [More](#)

PREVENTION

COMMERCIALLY PROVIDED WEIGHT MANAGEMENT SERVICES ARE MORE EFFECTIVE AND CHEAPER THAN PRIMARY CARE BASED SERVICES LED BY SPECIALLY TRAINED STAFF, WHICH ARE INEFFECTIVE.

A randomised controlled trial compared in a primary care trust in England a range of 8 commercial or primary care led weight reduction programmes with minimal intervention control for weight loss in obesity, says the BMJ. The intervention group was a weight loss programmes of 12 weeks' duration, while the comparator group was provided with 12 vouchers enabling free entrance to a local leisure (fitness) centre. All programmes achieved significant weight loss from baseline to programme end. The commercial programmes achieved significantly greater weight loss than did the primary care programmes at programme end. At one year, only the Weight Watchers group had significantly greater weight loss than did the comparator group. The primary care programmes were the most costly to provide. [More](#)

PRIMARY CARE AND SUPERMARKET

THE GROWING ROLE OF WALMART IN US HEALTHCARE

Most of the 2933 supercenters, operated in the US by WalMart, the world's largest retailer, have on-site pharmacies, vision centers and blood-pressure kiosk, says a report of the Californian Healthcare Foundation. A growing number of Walmart stores have on-site clinics. As such Walmart has been in the business of primary care since years, finding opportunities in underserved healthcare niches, particularly in the rural area. Unlike most of the retail clinics, of the big pharmacy, each Walmart clinic is operated by a local health provider, hospital or managed care organisation. Among the goals is to allow the clinics to serve patients who are sicker than using competing retail health clinics and to keep more people out of the emergency rooms.

As the patients interact much more frequently with pharmacists than with physicians, Walmart is looking at how pharmacists can act as part of the 'frontline troops' in battling chronic diseases. Walmart is testing i.e. the concept of a lab service center to provide cholesterol testing which the pharmacist would provide counselling on the test

results and suggest behavioural and nutritional steps to take. It also consulted with national health providers about the possibility of delivering health services through a multichannel approach – in person and through the Web, mobile devices and telephones. [More](#)

READERS' DIGEST

NEWSPAPER

HEALTH AFFAIRS

- November 2011 issue: [Linking Community Development And Health](#) and article on increasing competition in generic drugs.

BOOKS - REPORTS – LINKS

DRG

- [New-book on DRGs launched at EuroDRG final conference in Berlin Nov 17](#), European Observatory on Health Systems. Website and interesting publications of the [EuroDRG](#) research project "Diagnosis-Related Groups in Europe: Towards Efficiency and Quality", where our AIM member Polish the National Health Insurance Fund took part. DRG systems were introduced in Europe to increase the transparency of services provided by hospitals and to incentivise greater efficiency in the use of resources invested in acute hospitals. In many countries, these systems were also designed to contribute to improving - or at least protecting – the quality of care. After more than a decade of experience with using DRGs in Europe, the EuroDRG research project considered whether the extensive use of DRGs has contributed towards achieving these objectives.

EXPERTS AND CONFIDENCE

- [Don't blink. The hazards of confidence](#), New York Times, Daniel Kahneman, Nobel Prize of Economy (2002). Interesting article on the question to believe in experts. He said: "In general, however, you should not take assertive and confident people at their own evaluation unless you have independent reason to believe that they know what they are talking about. Unfortunately, this advice is difficult to follow: overconfident professionals sincerely believe they have expertise, act as experts and look like experts. You will have to struggle to remind yourself that they may be in the grip of an illusion."

INCOME INEQUALITY AND HEALTH

- [Does income inequality cause health and social problems?](#), Joseph Rowntree Foundation. The report reviews evidence of the health impacts of income inequality in the U.K. and considers perspectives in the peer-reviewed literature. It examines whether there is a link between income inequality and health problems, who is

most affected, and what the repercussions are economically.

PERCEPTION OF HEALTHCARE SYSTEMS

- [Perceptions of healthcare systems, family policy and benefits for the unemployed and poor in Europe](#), Wendt, C. and all. Welfare States And Public Opinion. Edward Elgar Publishing

POPULATION

- [A world of 7 billion people](#), UN Population Fund. This article from the Lancet surveys the UN population data and stresses the need to prioritize maternal health and family planning, especially in Africa.

PREVENTION

- [Guide to Community Preventive Services](#), Run by the U.S. Centers for Disease Control and Prevention (CDC), the Website is a free Internet resource that helps the public chooses programs and policies to improve health and prevent disease in their home communities. It has information covering many categories, including mental health, birth defects, the work place, obesity, motor vehicles, cancer, and violence.

PRIMARY CARE

- [Primary Care, Everywhere: Connecting the Dots Across the Emerging Health Landscape](#), California Healthcare Foundation. New models of care delivery are appearing in response to physician shortages, access barriers, and patient preferences. This paper explores the current limits of U.S. primary care. It looks at models delivering primary care in different settings, identifies barriers to innovation, and outlines future prospects.

PUBLIC HEALTH

- [Public health in Austria – An analysis of the status of public health](#), European Observatory on Health Systems. "Quality, effectiveness, efficiency, free access, equitable and needs-oriented health services are the basis for an optimal level of health care services for the population in the long term....."

PUBLIC POLICY AND HEALTH

- [Translating monetary inputs into healthcare provision: a comparative analysis of different modes of public policy](#), Prof. Wendt (Uni. Siegen, D), Best 2010 article of the Journal of Comparative Policy Analysis.

REFORMING HEALTHCARE

- [Reforming healthcare systems](#), Two Volumes. Edward Elgar Publishing 2011), by Marmor, T. (Yale University) and Wendt (Uni. Siegen). Volume I – Ideas, Interests and Institutions Volume II – Retrenchment, Priority Setting and Solidarity
The following questions are answered:
- Why is healthcare reform a pervasive global phenomenon?
- Why do policymakers continually reform their healthcare systems?
- Why do ideas for reform, such as market mechanisms, which often have little basis in evidence, continue to hold appeal?

SOCIAL DETERMINANTS OF HEALTH

- [The Rio Political Declaration on Social Determinants of Health](#) was adopted during the World Conference on Social Determinants of Health on October 21, 2011. The declaration expresses a political commitment to implementing a social determinants of health

approach in global public health, as well as developing national action plans and strategies.

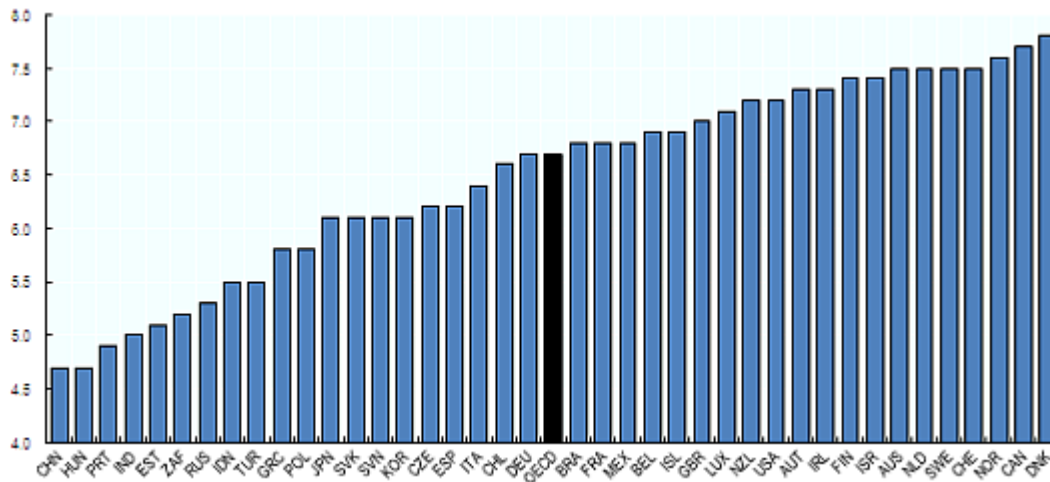
TELEHEALTH

- [Perspectives on telehealth and telecare. Learning from the 12 Whole System Demonstrator Action Network \(WSDAN\) sites](#). The Kings Fund for the British Ministry of Health. The briefing paper looks at Britain’s Whole System Demonstrator Action Network (WSDAN), an online telecare and telehealth action research program. The paper examines the experiences of the WSDAN network’s 12 sites in implementing telehealth and telecare.
- Website on Telehealth: [Telehealth evidence database](#). Run by the Kings Fund, this website is a free resource for anyone looking for information on telecare, telehealth, and the management of long-term health conditions. The online database is updated weekly and holds over 1,000 records of publications, journal articles and Internet resources.

GRAPH OF THE MONTH

Importance to measure well-being as GDP failed to give a true account of people’s current and future well-being

Life satisfaction (Cantril ladder, scale from 0 to 10, mean value in 2010)



“Some may wonder whether it is still opportune to talk about well-being, rather than just focusing on the economic growth needed to get our countries out of this crisis. I strongly believe that today, even more than two years ago, we have to consider a broader picture in our policy making, because a ‘growth as usual’ approach is simply not enough. In the current difficult political context, it is of utmost importance to define core objectives besides level of income, such as improving our citizens’ well-being, ensuring access to opportunities and preserving our social and natural environment.”, said OECD Secretary-General Angel Gurría.

The report looks at the most important aspects shaping people’s lives and well-being: income, jobs, housing, health, work/life balance, education, social position, governance, environment, personal security and subjective well-being.

Source: [How’s life? Measuring well-being](#), OECD

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:](#)

OTHER EVENTS

- Conference on Social Economy (8 December 2011) in the European Parliament organised by Social Economy Europe.

- 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/>

*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.
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