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 <p style="font-size: small;">© Parlement Européen 2011</p>	<h3 style="text-align: center; color: #0000FF;">AIM meetings in Paris, 14-15 November 2011</h3> <p style="text-align: center;"><b>Monday, 14 November</b></p> <ul style="list-style-type: none"> <li>* Workshop on “Highlighs on the Statute for a European Mutual Society”</li> <li>* International Conference on “Development of healthcare systems and challenges for Long Term Care – The point of view of mutuals”</li> </ul> <p style="text-align: center;"><b>Tuesday, 15 November</b></p> <ul style="list-style-type: none"> <li>* European Affairs Committee</li> <li>* AIM Board &amp; Extraordinary General Assembly</li> </ul> <p style="text-align: center;"><i>*Simultaneous French, English and German translation.</i></p> <p style="text-align: center;">More information &amp; documentation on AIM Website, <a href="http://www.aim-mutual.org">www.aim-mutual.org</a></p>	 <p style="font-size: x-small; text-align: center;">© FNMF / N. MERGUI</p>
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## AIM'S CORNER

### AIM VICE-PRESIDENT INTERVENTION IN EUROPEAN PARLIAMENT

#### EP PUBLIC HEARING ON SOCIAL ECONOMY AS A RESPONSE TO THE CRISIS

On 20/10, AIM Vice-President, Eleni Spanopoulou (OATYE, GR) intervened on behalf of AIM in an EP public hearing on “Social Economy as a response to the eco-socio-economic crisis in Europe”. The public hearing was organized in the European Parliament by the political party of The Greens/ EFA and the MEP, Mr Michail Tremopoulos. The press release is available [here](#).

### AIM MEMORANDUM TO THE DANISH EU-PRESIDENCY

#### AIM MEMORANDUM TO THE DANISH EU PRESIDENCY

Beginning of October, AIM finalised the Memorandum for the forthcoming Danish EU-Presidency. The Memorandum points out AIM requests and proposals

regarding topics on the European agenda. More information is available from the AIM secretariat.

### NEXT AIM MEETINGS

- AIM Board and Extraordinary general assembly meetings (Paris, 14-15 November 2011)
- Pharmaceutical expert group (Brussels, 17 November 2011)
- European affairs expert panel (Brussels, 12 January 2012)
- Study visit to the Scottish NHS 24 and telemedicine in support of GPs (19-20 January 2012, Edinburgh)



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



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## EU INSTITUTIONS

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### EU COUNCIL

#### POLAND EU PRESIDENCY



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

#### EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS COUNCIL, 3 OCTOBER 2011

The Council of EU Employment, Social Policy, Health and Consumer Affairs Ministers met on 3 October to discuss employment and social inclusion issues. They had a debate on the role of the European Social Fund in the implementation of the Europe 2020 strategy. Conclusions were adopted on following issues:

- Conclusions on the role of voluntary activities in social policy [more](#)
- Conclusions on managing Demographic challenges [more](#)

[More](#)

#### COMPETITIVENESS COUNCIL

##### Review of the Professional Qualifications Directive

The Council had a debate on the Commission Green Paper "Modernising the Professional Qualifications Directive". It took note of the Commission's intention to present to the Council and to the European Parliament a legislative proposal on the review of the directive before the end of the year. Key issues included in the Green Paper:

- the creation of a European professional card;
- the simplification of citizens' access to information on the recognition of qualifications;
- the modernisation of the automatic recognition system.

##### New food labelling rules

The Council approved a compromise text aimed at ensuring that food labels carry essential information in a clear and legible way, following a second reading agreement with the European Parliament. This means that the new regulation is now adopted. The new food labelling rules enter into force 20 days after their publication in the Official Journal of the EU which is expected for the end of November. The main objective of the new regulation is to enable consumers to make balanced and healthier dietary choices. In order to achieve this, prepacked food must in future be labelled with the energy value and the quantities of fat, saturates, carbohydrates, protein, sugars and salt. [More](#)

### EU COMMISSION EUROPEAN PARLIAMENT

#### AGEING

##### EU COMMISSION WELCOMES COUNCIL ENDORSEMENT OF AGEING RESEARCH JOINT PROGRAMME

The agreement to launch the Joint Programming Initiative on 'More Years, Better Lives' at the EU's Council of Ministers on Competitiveness on 30th September has been welcomed by European Commissioners. The Council's endorsement followed the adoption of a Commission Recommendation on the initiative in July 2011 (see [IP/11/889](#)). The initiative will coordinate research in the field of demographic change and population ageing. Examples of such research include how to retain people in the labour market, how to help older people remain active for as long as possible, in good health and with a better quality of life and how to make Europe's future care systems sustainable. [More](#) – [Council conclusions](#)

#### COMPETITION - ANTITRUST

##### COMMISSION OPENS PROCEEDINGS AGAINST JOHNSON & JOHNSON AND NOVARTIS

On 21/10, the European Commission has opened an antitrust investigation, on its own initiative, to assess whether contractual arrangements between US-based pharmaceutical company Johnson & Johnson and the generic branches of the Swiss-based company Novartis may have had the object or effect of hindering the entry on to the market of generic versions of Fentanyl in The Netherlands. Fentanyl is a strong pain killer for chronic pain. [More](#)

#### HEALTH

##### CROSS-BORDER CARE – CONSULTATION ON RECOGNITION OF PRESCRIPTIONS

[Public consultation on measures for improving the recognition of prescriptions issued in another Member State](#) Deadline for submissions: 8 January 2012

##### ANNUAL REPORT 2011: THE STATE OF THE DRUGS PROBLEM IN EUROPE

The EU drugs agency (EMCDDA) will present its annual assessment of Europe's drugs problem in its Annual report 2011 to be released on 15 November in Lisbon. The report provides the latest data and commentary on the drug situation across the 27 EU Member States, Croatia, Turkey and Norway. Key challenges are discussed along with some of the promising practices used to address drug problems today. [More](#)

##### ALCOHOL ABUSE: COMMISSIONER JOHN DALLI URGES STAKEHOLDERS TO STRENGTHEN EFFORTS TO PROTECT YOUNG PEOPLE FROM ALCOHOL-RELATED HARM

On 19/10, at the 9th plenary meeting of the European Alcohol and Health Forum, John Dalli, the European Commissioner for Health and Consumer Policy, stressed the need to step up action, especially when it concerns young people. He made an appeal to industry, civil society and the public health community to strengthen efforts to protect young people from

alcohol-related harm. According to the most recent European surveys, half of school children aged 15 to 16 years have drunk alcohol in the past month - despite the minimum drinking age being 18 in most EU countries. In September 2011, the United Nations General Assembly adopted, for the first time, a political declaration for the prevention and control on non-communicable diseases. Alcohol abuse is one of the 4 risk factors for developing non-communicable diseases such as cancer and cardiovascular disease. EU action, including initiatives by the Alcohol and Health Forum on harmful alcohol consumption, will help to implement further this so-called New York agenda. For more information please visit:

- [The Alcohol and Health Forum](#)
- [First progress report on the implementation of the EU Alcohol strategy, 2009](#)
- [EU alcohol policy and action plan](#)

#### **SPECIAL REPORT WHETHER THE SCHOOL MILK AND SCHOOL FRUIT SCHEMES ARE EFFECTIVE?**

The European Union's School Milk Scheme (SMS) and School Fruit Scheme (SFS) aim to encourage children to eat healthily by consuming dairy products and fruit and vegetables, and to contribute to improving the market for these products. The SMS has made grants available to Member States since 1977. This European Court of Auditors' performance audit assessed the effectiveness of the two schemes. The audit concluded that the Milk Scheme is largely ineffective. [More](#)

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### **PHARMACEUTICAL SECTOR**

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#### **EUROPEAN COMMISSION RELEASES REVISED LEGISLATIVE PROPOSALS ON INFORMATION TO PATIENTS ON PRESCRIPTION MEDICINES**

On 11/10, the European Commission adopted revised proposals clarifying the information that industry can supply to the public on prescription-only medicines.

In its revised proposals, the Commission amends its original proposals of 2008 and responds to requests from the European Parliament. The proposals aiming to maintain the current advertising ban on the prescription-only medicines and foresee that:

Only certain information on prescription-only medicines would be allowed. For example, information on the label and on the packaging leaflets; information on prices; on clinical trials; or on instructions for use.

Information on prescription-only medicines would only be allowed through limited channels of communication. For example, information on officially registered internet websites; or printed information made available when specifically requested by members of the public. A publication in general print media will not be permitted.

The information must fulfil recognised quality criteria.

As a general principle, information which has not been approved before needs to be verified by competent authorities prior to its dissemination.

The revised proposals will now be debated by both the European Parliament and the Council of Ministers.

- [Text of the amended proposal \(Directive\)](#) de fr
- [Text of the amended proposal \(Regulation\)](#) de fr
- [Press release](#) bg cs da de et el es fr it lv lt hu mt nl pl pt ro sk sl fi sv
- [Q&A: Information to patients on prescription-only medicines](#) bg cs da de et el es fr it lv lt hu mt nl pl pt ro sk sl fi sv

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### **RESEARCH**

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#### **THE EU INVESTS €30 MILLION TO UNDERSTAND THE EPIGENOME - A LINK BETWEEN GENES, ENVIRONMENT AND HEALTH**

BLUEPRINT, a new large-scale EU funded research project, has been launched to advance the knowledge of the epigenome, contributing to the further development of 'personalised medicine'. The project has a total budget of close to € 40 million of which € 30 million comes from the EU. The project includes 41 leading European universities, research institutes and industry entrepreneurs. The epigenome can change according to an individual's environment, and is passed from generation to generation. It is presumed to play a major role in health and heredity. Since epigenetic changes are reversible, they could be targets for the development of novel and more individualised and therefore more effective medical treatments for various serious diseases, including cancer. For more information about the projects and participants, please click [here](#). For more information on IHEC, please click [here](#). To view a full press release, please click [here](#).

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### **SOCIAL AFFAIRS**

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#### **NEW SOCIAL SURVEY: EU CITIZENS SATISFIED WITH LIFE, BUT REVEAL LOW CONFIDENCE IN NATIONAL ECONOMIES**

A [new Eurobarometer](#) survey published on 17/10 by the European Commission on the EU's social climate shows that although EU citizens remain negative when evaluating the general situation of their country, they seem to feel that the economy is recovering and are largely satisfied and positive regarding their personal situation.

One part of the report analyses the **situation of social protection and inclusion** (see pages 71-96 in the report). The majority of Member States report **positive scores for current health care systems**, although differences between countries are substantial. Belgium marks the highest score (+6.3), followed by Austria (+5.2), Luxembourg and the Netherlands (+5.3 each). The least satisfied are citizens in Romania (-5.1), Greece (-3.7), Bulgaria (-2.8), Latvia (-2.6) and Poland (-2.4). [More](#) - [Full report](#) - [Summary](#)

#### **EMPLOYMENT AND SOCIAL SITUATION QUARTERLY REVIEW: SEPTEMBER 2011 - SLOWDOWN IN LABOUR MARKET RECOVERY AND UNDERLYING PROBLEMS FOR SOME SUBGROUPS AND SOME MEMBER STATES**

The latest EU Employment and Social Situation Quarterly review released on 30/09 by the European Commission shows that the hesitant recovery of the EU labour market has slowed down, with differences prevailing among the 27 Member States' labour markets. Overall, the number of people in employment remains well below the figures from before the crisis.

The labour market has started to stabilise for most population subgroups, however, the cumulative impact of the recession has caused a severe blow to the situation of underperforming groups, including young people, migrants, the low-skilled and, more recently, also women. [More](#)

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## SOCIAL SECURITY

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### COMMISSION REQUESTS GREECE TO END OBLIGATION FOR GREEK PENSIONERS TO MAINTAIN GREEK BANK ACCOUNTS

On 27/10 the European Commission has requested Greece to end its practice of requiring foreign workers benefiting from a Greek old-age pension to open and keep a bank account at the National Bank of Greece S.A. (NBG). This practice puts migrant persons at a disadvantage compared to those residing in Greece as people living in another EU country may be forced to travel personally to Greece to open a bank account and therefore face additional travel and accommodation costs. [More](#)

### COMMISSION REQUESTS ITALY TO PAY FAMILY BENEFITS TO CROSS-BORDER WORKERS

On 27/10 the European Commission has requested Italy to comply with its obligations under EU law to pay certain family allowances given by the region of Trentino-Alto Adige and the province of Bolzano to people working there but living in Austria. The current refusal of the Italian authorities to pay these allowances to the workers is based on the fact that the workers do not reside in Trentino – Alto Adige or Bolzano. [More](#)

### COMMISSION REQUESTS LUXEMBOURG TO END SUSPENSION OF UNEMPLOYMENT BENEFITS

On 27/10 the European Commission has requested Luxembourg to end the practice of denying unemployment benefits due, solely on the basis of its national legislation, to persons receiving a pension from another EU Member State. For the Commission, this practice is in breach of EU rules on social security coordination and, as clarified by the case law of the EU Court, prevents workers from exercising in full their right to free movement between Member States. [More](#)

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## SOCIAL ECONOMY

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### SOCIAL BUSINESS INITIATIVE

On 25/10, the European Commission has presented a package of measures to support entrepreneurship and responsible business.

The Social Business Initiative should help the sector to fulfil its unexploited potential. It is complemented by a strategy for Corporate Social Responsibility to generate a higher level of trust and consumer confidence and improve companies' contribution to society's well-being. Both initiatives reinforce Commission efforts to engage with the private sector on social and environmental issues, especially relevant in times of public budget constraints.

The Commission is also proposing to improve transparency and promote sustainable business among multinationals. Mining and forestry companies would have to be more open about taxes, royalties and bonuses paid worldwide.

Finally, the Commission is proposing to simplify accounting rules for SMEs, potentially saving them up to €1.7 billion per year. The proposals would also reduce burdensome reporting obligations for listed companies, including SMEs, adding further to cost savings.

The proposals to revise the accounting Directives and the Transparency Directive will now be passed to the European Parliament and the EU's Council of Ministers for adoption. The Communication on Social Entrepreneurship forms the starting point for a number of legislative and non-legislative initiatives that are to be rolled out over the next two years. There will be a first opportunity to discuss them with stakeholders at the Conference on Social Economy and Social Business hosted by the Commission on 18th November 2011 in Brussels. [More](#)

### EP STUDY ON ROLE OF MUTUALS IN THE 21ST CENTURY

The EP study is now available in

- EN version: [available here](#)
- FR version: [available here](#)
- DE version: [available here](#)

### EP DISCUSSION ON EUROPEAN COOPERATIVE SOCIETY

On 6 October, the European Parliament members of the Employment Committee considered the draft report on "The Statute for a European cooperative society with regard to the involvement of employees".

The rapporteur Sven Giegold (DE - Verts/ALE) urged the Commission to come up with a framework for the social economy involving both the Member States and stakeholders in order to encourage exchanges of best practices. He reminded of the positive role played by the cooperative sector. He deplored the fact that Parliament's earlier recommendations on cooperatives were largely ignored by the Commission and called for more commitment and action.

The rapporteur reminded about the scarce use of the Statute and called for more user-friendly EU legislation in line with the needs of cooperatives. On 7/11, the EP EMPL Committee will discuss again the draft report and related amendments. [Draft report](#)

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## TAXATION

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### 2011 REPORT 'TAX REFORMS IN EU MEMBER STATES': EU MEMBER STATES FACE CHALLENGES IN TAX POLICIES

The consequences of the financial and economic crisis are deeply reflected in Member States' government revenues. Having implemented a wide range of tax stimulus measures from 2008 to 2010, the focus of tax policy has now clearly shifted towards a much needed consolidation of public finances in Member States. This is even more necessary in light of the difficulties currently faced by some Member States in refinancing their sovereign debt.

The 2011 report 'Tax reforms in EU Member States: Tax policy challenges for economic growth and fiscal sustainability' takes a look at recent trends in tax revenues and tax reforms implemented in Member States. In view of future tax reforms Member States may implement the report analyses the issue of quality

of taxation and identifies challenges for tax policy in euro-area Member States. [More](#)

## EU COURT OF JUSTICE

### EUROPEAN COURT OF JUSTICE RULING ON HUMAN EMBRYOS AND PATENTS, 18/10/11

[A process which involves removal of a stem cell from a human embryo at the blastocyst stage, entailing the destruction of that embryo, cannot be patented](#) de fr

The use of human embryos for therapeutic or diagnostic purposes which are applied to the human embryo and are useful to it is patentable, but their

use for purposes of scientific research is not patentable. [Full text of the judgment in case C-34/10](#)

### C-82/10 COMMISSION VS. IRELAND

On 29/09, the ECJ in the case C-82/10, European Commission vs. Ireland, determined that Ireland has not fulfilled its obligations under European Law because it has failed to apply the European Union insurance legislation in its entirety to all insurance undertakings on a non-discriminatory basis. This decision will require Vhi to be regulated by the Irish Central Bank in due course. [More](#)

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

## GENERAL NEWS

### HEALTH INSURANCE/SYSTEM

#### TRENDS

#### IRELAND: VHI MUST FIND €300M AFTER EU RULING

The European Court of Justice has found that Ireland is in breach of its EU obligations by exempting VHI Healthcare from being regulated by the Central Bank, according to the Irish RTE news. This means that around €300m may have to be found to ensure the VHI has minimum reserves, which other non-life insurers are required to have. Under a change of regulation, VHI would have to show the Central Bank it has a robust three-year business plan and necessary levels of capital. It is not in a position to satisfy these requirements. In response, the Irish Health Minister said it was known for some time any judgment from the court would have implications for the future of the VHI. He said he would bring proposals to Government to deal with the regulatory issues that arise. He said that the VHI can continue to trade and pay claims as normal. VHI said the judgment was not unexpected, adding that it was a strategic imperative that it was regulated by the Central Bank in the interests of its customers. The last government had planned to sell the VHI, but the current government wants to keep it in public ownership, although it may be broken up as part of the plans for universal health insurance. [More - Statement of Irish Health Minister](#)

#### IRELAND: WHERE WILL THESE €300M COME FROM FRO VHI? THREE OPTIONS

There are three options, said a professor of the University College of Cork. The first is for the State to inject the money - in which case one of VHI's competitors could well make a complaint of State aid (notwithstanding the issue of where the Government would find this money, assuming that they got the okay from the EU/IMF/ECB 'troika'). The second is for VHI to raise premiums to bring the money in - but it is already losing customers to its rivals because its premiums are higher to reflect its higher-risk membership base, and it would take time for the money to be raised in this way. The third is to raise it from private investment - but the professor imagines that most private investors would be wary of investing in an insurer with a higher-risk membership profile in the absence of a robust risk equalisation scheme. (the third attempt at which is due in 2013).

Maybe a fourth option could be to try to get reinsurance companies in, said another observer. This can to a wide extent limit necessary capital injections as the solvency capital of the reinsurer can be used, plus reinsurer would have skills to come up with measures to stabilize the portfolio. Examples of application include in relation to micro health insurance entities or directly for state national health insurance organisation. See "Do Micro Health Insurance Units Need Capital or Reinsurance? A Simulated Exercise to Examine Different Alternatives" Dror, David M; Armstrong, John; [The Geneva Papers](#), Volume 31, Number 4, October 2006, pp. 739-761(23)

#### SCOTLAND WILL AVOID PRIVATE SECTOR INVOLVEMENT IN ITS HEALTH SERVICE IF IT REGAINS POWER

The main results of the past four years management of the Scottish Health system by the Scottish National party, was the reduction in waiting times for cancer patients, and a massive reduction of 70% in hospital infections, says the Scottish Health Minister in *The Guardian*. Her approach to healthcare delivery is orthodox compared with the modernising approach of the English Health Minister, where, she says, "I don't think it's an exaggeration to say that it will end the NHS in England as we know it". The most objectionable part of what the English NHS is trying to do is the 'any willing provider' part - that will open up the health service to private companies cherry-picking the most profitable bits, while the NHS is left with the less profitable stuff", she adds. The hostility of the Scottish Health Minister to private involvement in the NHS is well known. She is not a big fan of structural reform, not least because it doesn't save that much money and distracts you from more important considerations, she says. But she thinks that the next parliamentary term will want to drive forward integration of health and social care. Another direction is also a 25% reduction in senior NHS managers. Furthermore, "We've got a really good record on cancer," explains the Minister of Health, "but we've not made the impact on cancer survival I'd have liked." [More](#)

### SPECIFIC NEWS

#### CRISIS AND HEALTH

#### ORDINARY GREEKS TURNING TO NGOS AS HEALTH SYSTEM HIT BY AUSTERITY

Hardest hit by the draconian budget cuts imposed by the debt crisis, the most disadvantaged Greeks are seeking health care from humanitarian NGOs.

Interviewed by news website EUobserver, the head of Médecins Sans Frontières in Greece, says that a growing number of Greek citizens are knocking on the doors of its health centres. Implanted in the country since 1995, these are designed to care for immigrants and refugees sheltered in temporary retention centres, who do not have access to the national health care system. "Today, retirees, the unemployed, the homeless, those infected with HIV or tuberculosis are also deprived of coverage," he adds. "We've noted that the budgets of certain types of care, including public aid and the treatment of certain types of diseases are slashed by cuts of up to 80%," he says, denouncing the acute shortages of medical supplies, of medicine and of blood supplies. In addition, adds EUobserver, major pharmaceutical firms are refusing to deliver to certain hospitals for fear of not being paid. [More](#)

#### EVIDENCE ON HEALTH EFFECTS OF FINANCIAL CRISIS IN GREECE

There are new and clear signs today that health outcomes in Greece have worsened during the financial crisis, especially in vulnerable groups of people, according to a [report](#) in *The Lancet*, by authors from University of Cambridge and LSE UK. Based on EU Statistics on Income and Living Conditions, the data show that Greek citizens were 15% more likely not to consult a doctor in 2009 than before the crisis began in 2007 due to factors such as longer waiting times, travel distance to care, and waiting to feel better. Since Greece's universal health system entitles people to free consultations with a general practitioner and very cheap visits to outpatient clinics (0 to 5 € per visit), the authors say these noted reductions in access probably reflect supply-side problems: there were cuts of around 40% in hospital budgets, understaffing, reported occasional shortages of medical supplies, and bribes given to medical staff to jump queues in overstretched hospitals.

Admissions to public hospitals increase by 24% in 2010 compared with 2009, and by 8% in the first half of 2011 compared with the same period of 2010. Alarming, there has been a 14% rise in the proportion of Greek citizens reporting that their health was "bad" or "very bad" in 2009 compared with 2007. Suicides rose by 17% in 2009 from 2007

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### HEALTH WORKERS

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#### EHFG 2011: HEALTH SERVICES STAFF SHORTFALL BY 2020 BEING FILLED BY MIGRANTS

There is a marked shortage of medical staff and care workers all over Europe which could become critical in the next decade; said experts at the European Health Forum Gastein (EHFG). More and more countries are resolving the problem by hiring personnel from other EU countries or beyond. Examples: almost one in two doctors in UK from abroad - just 3% in Poland and Romanian doctors earning 10 times as much in France. But these "export" countries are themselves threatened with staff shortages. Even more problematic is the brain drain from outside the EU, from countries where already inadequate health services were severely affected by emigration. Only 3% of the world's medical staff work in sub-Saharan Africa. The experts of the EHFG said solutions were needed,

both at European and a global level. Otherwise some countries would solve their staffing problems at the expense of others. [More](#)

But, is there still room for disagreement with such generic and generalized statement said a Dutch expert. Why do we accept the notions of future workforce shortages (predicted but not materialized many times before) based on simple trend extrapolations and constant workforce:population ratios? Isn't it time we redefine the very term "aging" from the share of population over 60 or 65 to that of 85 and older, given the substantial improvement in health and (average) wealth of the current over 60s. [The bright side of ageing: reframing the debate](#)

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### TELEHEALTH

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#### WHAT SCOTLAND CAN TEACH ENGLAND ABOUT TELEHEALTH

No country has implemented a national telehealth solution, with most places introducing a "mish-mash" of pilots with "some successes", says the chief of the Scottish Centre for Telehealth (SCT), in *The Guardian*. But Scotland has been at the forefront of telehealth for a number of years, with the government pushing for healthcare professionals to adopt the technology. Created in 2006, SCT's main remit is to implement five major national projects and to create a set of standards for telehealth use. However the techniques could just as easily be used in big cities if healthcare workers can overcome the "myth" that you always have to communicate with patients face to face, adds the SCT chief. He admits that one of the major barriers to implementing telehealth has been health service staff, as it's a really difficult to change their behaviour. In addition, 90% of patients have been "overwhelmingly positive" about using telemedicine to communicate with health professionals or manage their own health. Mental health treatment is a good example, where the vast majority of patients don't want to go to see doctors. The SCT chief says he has noticed a slight change in the attitude of health workers over the last couple of years and believes that this is due to the recession. "With money not being the solution, the only way we can deliver healthcare in the 21st century is to totally transform the way we actually do it," he explains. [More](#)

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### SWISS HEALTH SYSTEM

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#### HEALTH: SWITZERLAND'S HEALTH SYSTEM IS HIGH-PERFORMING BUT MUST PREPARE FOR THE FUTURE

Swiss residents currently enjoy easy access to a wide range of health care services and a vast array of choice in insurers and health care providers, says he the last OECD-WHO [Review of Switzerland's Health Care System](#). However, it warns that while the Swiss health system is currently amongst the best in the world, it will need to adapt to deal with increasing costs and rising chronic diseases such as cancer, cardiovascular disease and diabetes. Switzerland's life expectancy and positive patient satisfaction reflect the high performance of the Swiss health system. But it comes at a considerable cost: Switzerland spent 11.4% of GDP on health in 2009, well above the OECD average of 9.6%. Maintaining a large number of hospitals drives up costs. Though this system has served Switzerland well in the past, it will not be able to support the increasing numbers of patients suffering from chronic diseases who will need less intensive care on a more regular

basis. Governments and insurers should encourage healthcare providers to co-ordinate their efforts by developing innovative payment methods and medical records that can help improve the accuracy

of diagnosis and reduce duplication of tests. The Review recommends focusing more on primary care and preventing illness.

## READERS' DIGEST

### NEWSPAPER

#### EURO OBSERVER

- New 2011 issue, Euro Observer 13(2): [Mobility of health professionals in Europe](#). Case studies on Germany, Lithuania, Poland, Romania, Spain and the UK, *European Observatory of Health Systems*

### BOOKS - REPORTS – LINKS

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#### FUTURE OF CARE AND HOSPITALS

- [Hospitals and Care Systems of the Future](#), *American Hospital Association (AHA)*. U.S. industry experts have projected that multiple, intersecting pressures will drive the transformation of health care delivery and financing from volume- to value-based payments over the next decade. Report of interviews conducted by AHA with policymakers to identify the strategies and organizational competencies organizations should establish.

#### GEOGRAPHICAL INFORMATION SYSTEM

- [Using Geographic Information to Target Health Disparities: State Experience](#), Brief from the U.S. National Academy for State Health Policy (NASHP). It describes how two American states, Rhode Island and Virginia, use data collection techniques along with Geographic Information Systems (GIS) to map race and ethnicity data. The brief discusses how both states utilize these methods to target health interventions aimed at reducing disparities.

#### HEALTH INEQUALITIES

- [Addressing inequities in access to health care for vulnerable groups in countries of the European Region](#), *ILO*. A new publication on access to health in the EU region from ILO.
- [WHO Interactive Atlases on Health Equity in Europe](#), *WHO*. Using over 600 socioeconomic and health-related indicators from EUROSTAT databases, the new online atlases feature maps, tables and graphs dedicated to providing more visibility to sub-national patterns of health and their determinants.

#### HEALTH PROFESSIONAL MOBILITY

- [Health professional mobility and health systems. Evidence from 17 European countries](#), *European Observatory of health systems*. Health professional mobility affects the performance of health systems and these impacts are assuming greater significance

given increasing mobility in Europe. This new book gives a comprehensive analysis of mobility patterns, the effect of migration on health systems and its relevance for policy-making.

#### HEALTH REFORM

- [Understanding new Labour's market reform of the English NHS](#), *King's Fund*. The first comprehensive and sceptical review of the evidence on New Labour's market reforms. The book concludes with a synthesis of the evidence presented and assesses the implications for the current coalition government as it embarks on yet another period of radical market-led reform in the English NHS.

#### INFORMAL PAYMENT

- [Informal payments for health care – the phenomenon and its context in Israel](#), *Health Economics, Policy and Law*. The paper explains the impact of a specific type of political culture, called 'alternative politics' (AP) in the Israeli literature, on healthcare policy and institutional healthcare settings. AP is based on a 'do-it-yourself' approach adopted by citizens to address their dissatisfaction with governmental services. When such a mode of political culture is diffused to all sectors and levels of society, all players, including bureaucrats and politicians, are guided by short-term considerations and apply unilateral strategies that bypass formal rules either through illegal activity or by marginalizing formal rules.

#### PAY FOR PERFORMANCE

- [Pay-for-performance in disease management: a systematic review of the literature](#), *BMC*. Increasingly popular in national healthcare systems, pay-for-performance (P4P) models reward health care providers with financial incentives for meeting targets for the delivery of health care services. The study shows that the number of P4P schemes to encourage disease management is limited. Most studies showed positive effects of P4P on healthcare quality. But hardly any information is available about the effects of such schemes on healthcare quality and costs.

#### PERSONALISED MEDICINE

- [European perspectives in Personalised Medicine - Conference report](#), *DG Sanco and DG Research, European Commission*. Report of the Conference, held in Brussels on May 12 and 13, 2011. The conference aimed to take stock of recent achievements in health related research leading to personalised medicine and helped to identify and prioritise future actions needed at the European level. [Conference report](#) - [Conference summary](#) - [Conference presentations](#) - [Conference videos](#)

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## PHARMACEUTICAL SECTOR

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- [Pharmaceutical lobbying under postcommunism: universal or country-specific methods of securing state drug reimbursement in Poland?](#), *Health Economics, Policy and Law*. The results of the study shows Pharmaceutical lobbying methods in Poland clearly resemble those used in other European countries. What is notable about the Polish case is extensive reliance on informal lobbying and diplomatic pressure.

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## PUBLIC HEALTH POLICY

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- [New Norwegian public health act – Institutionalizing action on social determinants of ehalt hin Norway](#) (EN). To be introduced in Norway from 1 January 2012, the purpose of this Act is to contribute to societal development that promotes public health and reduces social inequalities in health. Public health work shall promote the population's health, well-being and good social and environmental conditions, and contribute to the prevention of mental and somatic illnesses, disorders or injuries. The Act provides a broad basis for the coordination of public health work horizontally across various sectors and actors and vertically between authorities at local, regional and national level. Only by integrating health and its social determinants as an aspect of all social and welfare development through intersectoral action, can good and equitable public health be achieved. The Act is based on five fundamental principles that shall underpin policies and action to improve population health. Health equity, Health in all policies, Sustainable development, Precautionary principle, Participation of multiple stakeholders and the civil society.
- [Polio cases have decreased by over 99% since 1988](#), *WHO*. Since 1988 polio has declined from an estimated 350 000 cases to 1 349 reported cases in 2010. On World Polio Day 2011, only Afghanistan, India, Nigeria and Pakistan remain polio-endemic compared to over 125 polio-endemic countries in 1988. The last remaining per cent is now the target of intense efforts.

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## SETTING PRIORITY IN HEALTH

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- [Setting priorities in health](#), *Health Services Management Centre*, the Nuffield Trust, 84p. A study of English primary care trusts.

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## SOCIAL ECONOMY

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- [Public policy and the social economy dialogue. Objective: social transformation](#),

*Développement social, Canada*. The October issue introduces readers to Quebec policy, collaborative efforts and businesses. And for the first time in its history, the magazine devotes more than a third of its content to the novel and inspiring experiences found around the world. [FR](#)

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## SOCIAL PROTECTION FLOOR

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- [Ground breaking report on social protection floor launched - FR - ES](#), *ILO Press release*. A high-level panel headed by the former President of Chile, Michele Bachelet, delivered a ground-breaking report to UN Secretary-General, Ban Ki-moon, arguing that a social protection floor could boost economic growth and enhance social cohesion. [Read the report](#) (EN)
- [Un socle universel obligatoire de protection sociale: enjeux et faisabilité](#), Martin Hirsch, *Revue de la Mutualité interprofessionnelle*, avril 2011. Numéro 114

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## WELL BEING

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- [How's life? Measuring well-being](#), *OECD*, 285p. he 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.

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## WHO

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- [WHO reforms for a healthy future](#) WHO, 41p

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## WHO YEARLY DAYS

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- [World Diabetes Day](#), 14 November 2011: WHO estimates that more than 220 million people worldwide have diabetes. This number is likely to more than double by 2030 without intervention. Almost 80% of diabetes deaths occur in low- and middle-income countries.
- [World Chronic Obstructive Pulmonary Disease Day](#) 16 November 2011: In 2004, 64 million people had the illness and WHO predicts that COPD will become the third leading cause of death worldwide by 2030. Key risk factors for COPD are tobacco smoking, indoor and outdoor air pollution, and exposure to occupational dusts and chemicals.
- [World Day of Remembrance for Road Traffic Victims](#) 20 November 2011: Road traffic crashes kill nearly 1.3 million people every year and injure or disable as many as 50 million more. They are the leading cause of death among young people aged 10–24 years.



## TABLE OF THE MONTH

### Primary care and orthopaedic surgery: fees and physicians earnings in 6 countries in 2008

	Primary Care		Primary care physicians	
	Public payer fee for office visits (\$)	Private payer fee for office visits (\$)	Density per 10 000	Pretax earnings net of expenses (US\$ 2008)
Australia	34	45	14	92.844
Canada	59	-	10	125.104
France	32	34	17	95.585
Germany	46	104	10	131.809
UK	66	129	7	159.532
US	60	133	10	186.582

	Orthopaedic surgery		Orthopaedic surgeons	
	Public payer fee for hip replacement (\$)	Private payer fee for hip replacement (\$)	Density per 10 000	Pretax earnings net of expenses (US\$ 2008)
Australia	1.046	1.943	0.45	187.609
Canada	652	—	0.32	208.634
France	674	1.340	0.34	154.380
Germany	1.251	—	0.44	202.771
UK	1.181	2.160	0.28	324.138
US	1.634	3.996	0.66	442.450

Source: Health Affairs, September 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:](#)
- **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

- 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/>

**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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