

AIM General Assembly meetings (Brussels, 2-4 June 2010)

The agendas of the different meetings will be available on www.aim-mutual.org under "Event / the XXVI. General Assembly of the AIM" (Login: aim – Password: aimmut50)

EU INSTITUTIONS

EU COUNCIL

SPANISH EU PRESIDENCY



[Website](#) - [Spanish EU Presidency Program](#)

MINISTER PROPOSES THAT 2012 BE "THE EUROPEAN YEAR OF ACTIVE AGEING"

Spain's Health and Social Policy Minister, Trinidad Jiménez, proposed that 2012 should be declared the "European Year of Active Ageing and Solidarity between Generations" to ensure that older people age "in an active and healthy way". [More](#)

COUNCIL ADOPTS RULES TO PREVENT INJURIES TO HEALTHCARE WORKERS

The Council adopted a directive aimed at achieving the safest possible working environment for healthcare workers through prevention from sharps injuries.

Injuries caused by needles and other sharp instruments are one of the most common and serious risks to healthcare workers in Europe and represent a high cost for health systems and society in general. According to healthcare experts, such injuries occur more than 1 million times per year, partly causing very serious consequences and sometimes leading to serious diseases.

The new directive gives legal effect to a framework agreement concluded by the employers and the trade unions of the hospital and healthcare sector on 17 July 2009.

Member states have three years in which to transpose the new directive into national law. [More](#)

COUNCIL ADOPTS CONCLUSIONS ON THE EU ROLE IN GLOBAL HEALTH

On 10/05, the Council adopted conclusions to welcome the Commission Communication on the EU Role in Global Health which highlights the need to take action to improve health, reduce inequalities and increase protection against global health threats.

In particular, the Council emphasises the common agreed EU values of solidarity towards equitable and universal coverage of quality health services as a basis for the EU policies in this area. [Council conclusions](#)

EU COMMISSION

E-HEALTH & TELEMEDICINE

DIGITAL AGENDA: COMMISSION OUTLINES ACTION PLAN TO BOOST EUROPE'S PROSPERITY AND WELL-BEING

Implementing the Digital Agenda for Europe unveiled on 19/05 by the European Commission should contribute significantly to the EU's economic growth and spread the benefits of the digital era to all sections of society. One of the priorities concerns the application of **information and communications technologies to address challenges facing society like the ageing population and empowering patients**. Examples of benefits concern among others **rapid deployment of telemedicine**. Concretely the Digital Agenda foresees following activities in the health sector:

- Set-up wide-scale pilot actions that **give Europeans secure online access to their medical health data by 2015** so that wherever they are, they can also give doctors access to their medical record.
- Increase safety and medical assistance to Europeans, for instance in an emergency abroad, by defining a **minimum set of health information to be included on patient records** that can be accessed electronically anywhere in the EU.

In total, the Digital Agenda foresees some 100 follow-up actions, of which 31 would be legislative. The Digital Agenda is an initiative included in the [Europe 2020 strategy](#) for smart, sustainable and inclusive growth. [More](#) - [MEMO_EN](#) – [MEMO_EN 2](#)

HEALTH & PATIENT MOBILITY

PATIENT RIGHTS: COMMISSION ACTS TO PROTECT PATIENTS' RIGHTS IN SPAIN, SLOVAKIA AND DENMARK

The European Commission has decided to refer Spain to the Court of Justice, and to send Slovakia a formal request to comply with its obligations, over their rules on reimbursement of medical expenses incurred in another Member State. Patients from Spain and Slovakia are being wrongly denied reimbursement claims following medical treatment elsewhere within the EU. They are then faced with medical bills that, according to EU rules, should be paid by their own Member State. Also, Denmark will be sent a formal request regarding its refusal to recognise medical prescriptions issued by doctors in Member States other than Sweden or Finland. [More](#)

WORLD NO TOBACCO DAY 2010: THE COMMISSION REAFFIRMS ITS COMMITMENT TO FIGHT AGAINST SMOKING

Ahead of the 2010 No Tobacco Day (Monday 31st May), the European Commission unveiled the results of

a Eurobarometer survey which shows that a strong majority of EU citizens support stronger tobacco control measures. For example, three in every four Europeans supports picture health warnings on tobacco packs and smoke free restaurants. The survey also shows, however, that nearly one in every three Europeans still smokes, despite the fact that tobacco kills half of its users. The Commission is planning to launch an open consultation shortly with a view to revising the 2001 Tobacco Products Directive and is stepping up its tobacco control efforts throughout the EU. [More](#) – [MEMO EN](#)

EU OPEN HEALTH FORUM 2010, 29-30 JUNE IN BRUSSELS

Under the overall theme of "Together for Health – a Strategy for the EU 2020" the conference, open to all interested persons, will mark an important step towards strengthening the involvement of all stakeholders in contributing to the development and implementation of actions and activities to protect and improve the health of European citizens. Different topics will be discussed for example health and environment or innovation for health. Registration is now open. [More](#) - [Programme](#)

EUROPEAN HEALTH POLICY FORUM

In autumn 2009, the Commission launched a procedure for the renewal of membership in the European Health Policy Forum. AIM introduced its application to renew its membership which was positively accepted by the Commission. The first meeting after the renewal process took place on 20 May. Presentations made on 20/05 are available on-line [here](#) . [List of Members](#)

CONSULTATION ON STRENGTHENING EUROPEAN UNION PREPAREDNESS ON PANDEMIC INFLUENZA

The aim of this consultation is to seek the views of key stakeholders on what action the European Commission should take to strengthen European Union Pandemic Preparedness. The Commission is seeking the views of stakeholders in two main areas:

1. How useful was the 2005 European Pandemic Preparedness plan both during the pandemic preparedness phase and during the response to pandemic (H1N1) 2009 and how should it be improved?
2. What should be done at EU level to improve EU pandemic preparedness?

Deadline for participation is 23 July. [More](#)

INTERNAL MARKET

MONTI REPORT ON THE RE-LAUNCH OF THE SINGLE MARKET

In October 2009 President Barroso entrusted Mario Monti, President of Bocconi University and former Commissioner, with the mission of preparing a report containing options and recommendations for an initiative to relaunch the Single Market as a key strategic objective of the new Commission. On 10 May 2010, Professor Monti submitted his report.

In order that the single market delivers benefits to the citizens the report recommends among others:

- The creation of a European free movement card.

- Removing barriers to cross-border healthcare provisions by adopting rapidly the patient rights directive.
- Regarding the health sector, to launch benchmarking of health systems and exchange best practices, to exchange on best technologies in health care sector and building a health technology pilot project.
- Ensuring the coordination of social security rights and the portability of pension rights.
- Making recognition of professional qualifications fast and easier.

The report analyses the situation of services of general interest (SIG) and SSGI.

[Text of the Report](#)  [de](#) [en](#) [fr](#) [it](#) - [More](#)

PHARMACEUTICAL SECTOR

OMBUDSMAN: EUROPEAN MEDICINES AGENCY SHOULD REVIEW REFUSAL TO RELEASE REPORTS ON ADVERSE DRUG REACTIONS

The European Ombudsman has called on the European Medicines Agency (EMA) to reconsider its refusal to give access to documents related to a drug used to treat severe forms of acne. The complainant, an Irish citizen, specifically asked for reports on suspected adverse reactions to the drug, such as reactions giving rise to suicidal tendencies. EMA refused access, arguing that EU transparency rules do not apply to adverse reaction reports. The Ombudsman did not agree. In his view, the EU transparency rules apply to all documents held by EMA. According to the European Ombudsman "EMA plays a crucial role in the approval and monitoring of medicines placed on the market. Since its work has a direct impact on the health of European citizens, it is of utmost importance for EMA to give the widest possible access to documents and also to pursue a pro-active information policy for the benefit of citizens." [More](#)

EMA ANNUAL REPORT 2009

The European Medicines Agency's annual report for 2009, published on 19/05, indicates that the Agency delivered good results against its ambitious work programme for the year. Despite an increase in volume in almost all areas, the Agency conducted its core activities to a high level of quality and within the specified regulatory timelines. The report highlights the significant achievements of the Agency and its partners in the European regulatory system in the pivotal role they played in the European Union's response to the outbreak of the H1N1 ('swine flu') pandemic. [Annual report 2009](#) + [annexes](#)

HEALTH: GERMANY RECEIVES FINAL WARNING TO COMPLY WITH EU RULES ON WELL ESTABLISHED MEDICINAL USE

The Commission has taken further steps against Germany for incorrectly applying EU rules on well established medicinal use when authorising medicinal products pursuant to Directive 2001/83/EC.

EU law foresees a simplified authorisation procedure for medicinal products containing an active substance that has been extensively used for at least a decade in the European Union and is therefore considered to have a proven track record of safety and efficacy. This procedure allows an applicant to rely on existing

scientific literature on the active substance, instead of conducting tests and clinical trials for the product.

Information available to the Commission suggests that when calculating the period of 10 years, German authorities take less extensive use of the active substance into account, such as clinical trials. This inaccurate calculation of the time period infringes the terms of Directive 2001/83/EC and obscures the clear separation between different authorisation procedures. [More](#)

SOCIAL AFFAIRS

NEW SURVEY REVEALS WIDE DIFFERENCES IN HOW EUROPEAN CITIZENS VIEW QUALITY OF LIFE IN THEIR CITIES

The European Commission released the results of a Eurobarometer opinion poll looking at how citizens view the quality of life in 75 major European cities. In these challenging economic times, availability of jobs and housing costs remain dominant concerns. Although responses reveal wide disparities overall, the level of service for transport, health and education generally scores well. [More](#)

EU SEEKS RAPID RATIFICATION OF UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

European Commission Vice-President Viviane Reding urged EU Member States to swiftly ratify the UN Convention on the Rights of Persons with Disabilities during a Ministers' meeting in Zaragoza, Spain on 19/05. Ministers discussed the EU's implementation of the UN Convention and provided input for a new European Disability Strategy, which will be released in the autumn and set out concrete actions for 2010-2020. [More](#)

EUROPEAN PARLIAMENT

CALL FOR TRANSPARENCY ON SWINE FLU VACCINATION REJECTED BY EPP AND S&D

210 MEPs called for an inquiry into the way swine flu was handled in Europe - at a great cost to the Member States which did organise extensive vaccination campaigns. But at the conference of Presidents of the EP political groups on 20/05 in Strasbourg, the EPP and S&D refused to put in place a special committee on the administration of the European Institutions of the swine flu crisis. [More](#)

MEPS BACK EUROPEAN RULES ON ORGAN DONATIONS AND TRANSPLANTS

On 19/05 MEPs backed common quality and safety standards that would facilitate organ donation,

transplantation and exchanges among EU countries. About 60,000 patients are on waiting lists in the EU - and every day 12 people die while on a list. The directive on quality and safety standards for human organs used for transplants covers all stages of the chain from donation to transplantation and provides for cooperation between Member States. MEPs also adopted a resolution on an Action Plan for organ donation. [More](#) - [FAQ](#)

EP REPORT CALLS ON COMMISSION TO PROPOSE EUROPEAN STATUTE FOR MUTUAL SOCIETIES

On 20/05, the EP adopted the Grech (M, S&D) report on "delivering a single market to consumers and citizens". Among others the report calls on the **Commission to submit a proposal for a regulation on a European Statute for Mutual Societies** and to make a **feasibility study**.

NOVEL FOODS: MEPS VOTE TO EXCLUDE FOOD FROM CLONED ANIMALS

Food derived from cloned animals and their descendants must be excluded from draft legislation on the authorisation of "novel foods", so the Environment Committee. Foods produced by nanotechnology processes must also undergo a specific risk assessment before they can be approved for use and labelled, MEPs added. [More](#)

EU 2020 STRATEGY: HIGH EMPLOYMENT AND JOB QUALITY MUST BE KEY AIMS

The EU 2020 strategy needs quantifiable poverty reduction targets and more effective forms of governance in employment and social policy than the traditional open method of coordination among Member States, said a resolution approved by the Employment and Social Affairs Committee. Vote in Plenary in June [More](#)

CANCER: MEPS URGE MORE DETECTION AND PREVENTION

In a resolution drafted by Alojz Peterle (EPP, SI) and adopted on 6/05, MEPs welcome the Commission proposal to set up a European Partnership for Action Against Cancer for the period 2009-2013 to support the Member States' efforts to tackle cancer. They believe particular efforts should be directed towards the new Member States. All Member States are urged to set up integrated cancer plans, to help achieve the Partnership's long-term aim of reducing cancer by 15% by 2020. [More](#)

GENERAL NEWS

HEALTH INSURANCE

REFORM

HOW THE TORIES AND LIB DEMS COULD CHANGE THE NHS

According to the BBC News, conservative pledge of real term increases in spending on the NHS every year maintained - but expected to be little above inflation and no mention made of how to pay for future care of the elderly. Indeed, none of the parties have disagreed with the head of the NHS who has asked the service to make up to £20bn of

savings by 2014 (about 5% of the yearly budget) to help keep pace with the rising demands from new drugs, the ageing population and lifestyle changes such as obesity. There are areas of conflict within the coalition. The Tories wanted to create an independent NHS board to run the health service and change the Department of Health into the Department of Public Health. But that is at odds with the Lib Dem vision of putting the power into the hands of local people through directly-elected health boards. On public health, some disagreement over alcohol minimum pricing. On GPs: shared vision of giving people greater choice but the Tories, unlike the Lib Dems, want to give family doctors

a much greater role in commissioning local services. About targets, Tories want to scrap so-called process targets, but Lib Dems share Labour's desire to see them remain. And in social care, the Tories want a voluntary system, but the Lib Dems favour contributions from everyone. [More](#)

SPECIFIC NEWS

E-HEALTH

HEALTH 2.0: IT'S UP TO YOU

According to a [report on Health 2.0](#) of the Dutch Council for Public Health and Health Care, Internet users can publish blogs and wikis, and they set up online discussion platforms/communities, in addition to Facebook, Twitter and YouTube, the best known examples of the new 'social media'. This new form of internet usage is widely known as Web 2.0. or Health 2.0. when focusing on health. The defining characteristic of Health 2.0 is active participation, with direct communication between patients, between professionals, and between patients and professionals. This exchange of information, cooperation and community building can enhance the performance and the decision-making process of the individual, the healthcare providers and that of the healthcare system as a whole. Check [the video](#) on You Tube. But what about quality, evidence, best practice, costs of Health 2.0?

HEALTH STATUS

PEOPLE IN CANADA HEALTHIER THAN IN THE US

Although United States and Canada are very similar in many ways, the population of Canada appears to be substantially healthier than the US population with respect to life expectancy, overall health-related quality of life (HRQL) and health-adjusted life expectancy (HALE), according to an article in Population Health Metrics. Factors that account for the difference may include access to health care over the full life span (universal health insurance) and lower levels of social and economic inequality, especially among the elderly. [More](#)

PAY FOR PERFORMANCE

NHS EXPLORES PAYING PEOPLE TO BECOME HEALTHIER

NICE believes that using financial incentives to encourage healthier lifestyles, may help tackle obesity, smoking and drinking, says the BBC news. NICE wants to gather more evidence before a formal recommendation. "We will want to see evidence that it provides value for money, there is a question over whether behaviour is sustained when incentives end", says NICE. They are reviewing international evidence on rewards and are planning to carry out trials. For example, in Germany social insurance contributions are reduced if people attend services such as smoking cessation and screening. But, "there are moral questions. Is becoming healthy something people should already be doing anyway? Should public money be used for it? Is there a sense that it is a bribe?" [More](#)

PERFORMANCE OF HEALTH SYSTEMS

BISMARCK BEATS BEVERIDGE AGAIN

For the third year of the [Euro-Canada Health Consumer Index 2010](#) (ECHCI) which compares healthcare system performance in 34 countries, the Netherlands finishes in first place. Perhaps most importantly, the Netherlands is characterized by competition between many different healthcare insurers, which are organizationally independent from healthcare providers. This enables competition and consumer choice that helps create a consumer-oriented healthcare system. Instead of measuring inputs, such as spending levels and resources used, this index attempts to measure *outcomes* from the perspective of the consumer. The ECHCI seeks to measure the *consumer friendliness* of each national healthcare system and should not be interpreted as an attempt to identify the "best" healthcare system. The analysis shows that performance tends to be higher in countries that are organized around the "Bismarck" model than in those that are organized around the "Beveridge" model. The Beveridge model, of which Canada is an example, uses a single organizational system that includes financing bodies and providers and does not offer choice between insurers. This model generally tends to create inefficiency, unwieldy bureaucracy and a general unresponsiveness to consumer needs.

PHARMACEUTICALS

GREEK DRUG PRICE CUTS "TO SAVE 1.9 BILLION EUROS A YEAR"

Greece's new drug price regulations will reduce prices by an average of 21.5%, with the aim of saving 1.9 billion € annually, the government has announced, according to pharmanews. The measure will cover 12,500 products, 2,500 of which are originator products and the rest are generics. Commenting on the price cuts, a pharmaceuticals analyst forecasts that, given that many European countries set their maximum prices in relation to prices in other EU countries, the new prices in Greece will bring down the reference price for drugs in other EU countries. However, pharma industry leaders in the country have warned that the regulations will result in drug shortages on the domestic market, including of some important medicines, as the marketing of certain products in Greece will no longer be viable economically. [More](#)

SPAIN AIMS TO SAVE 1.3 BILLION € THROUGH DRUG PRICE CUTS

Spain is to cut the prices of a wide range of patented prescription drugs from August 1, Medicines accounting for 32% of Spain's total health care expenditures. However, the industry says the measure will cause its turnover to plummet by 20% and will put in danger many SMEs in the sector. It says that medicine prices in Spain are 23% below the EU average and calls for patient co-payments to be increased instead. These are currently very low in Spain, standing at just 7% of the medicine's total cost compared with averages of 12%-15% around the EU. [More](#)

MORE DOCTORS CLOSING THE DOOR ON PHARMA SALES REPS

In 2009, getting access to doctors got ever more difficult for pharmaceutical sales representatives in the USA and drugmakers must continue to adopt more flexible strategies, says a report by ZS associates,

according to the Pharmatimes. The number of doctors willing to see most reps fell nearly 20%. [More](#)

PHARMACEUTICALS AND R&D

HUGE STEPS ON ALTERNATIVE ON R&D FINANCING FOR DRUGS

During the May 2010 World Health Assembly, the most controversial issue, the debate on point 11.3. around Global Strategy and Plan of Action (GSPA) on Public Health Innovation and Intellectual Property, played out more or less with opposing positions taken by Northern and Southern countries, according to Health Action International. Very critical positions were expressed by Southern countries, represented by Brazil and India, on the report and the 'next steps' on the GSPA implementation. They expressed dissatisfaction with the fact that the concept of de-linking the costs of R&D from the price of medicines had not been fully explored as mandated by the GSPA. The outcome of discussions rejects the former EWG's report and demands a review of all proposals, through the Establishment of a Consultative Expert Working Group on R&D for drugs. According to HAI, the new resolution is a real chance to revive the process of exploring and implementing innovative proposals for R&D that could structurally address some of the inefficiencies and flaws of the current R&D system, which does not meet the health needs of many people in the developing world. [More](#)

EU COUNCIL SUPPORTS DRUG ACCESS IN DEVELOPING WORLD

The EU Council conclusions on Global Health supports *inter alia* third countries in the effective implementation of flexibilities for the protection of public health provided for in TRIPs agreements, in order to promote access to medicines for all in developing countries. Furthermore, it supports the exploration of models that dissociate the cost of R&D and the prices of medicines in relation to the Global Strategy and Plan of Action on Public Health, innovation and intellectual property, including the

opportunities for EU technology transfer to developing countries. [More](#)

VACCINES

THREATS ON VACCINE ACCESS AND R&D IN DEVELOPING COUNTRIES

There are multiple factors that make delivering vaccines to children in developing countries difficult, according to MSF and Oxfam. These include – among others – 3 facts. First, the newest vaccines are often prohibitively expensive, in part because of a lack of adequate competition in the market. Second, because there is little incentive for pharmaceutical companies to conduct R&D for diseases that affect populations with limited purchasing power, some diseases continue to be unaddressed by vaccines altogether, while many vaccines are not well-adapted for people in developing countries. The third fact are the weak health systems with corresponding health worker shortages.

["Giving developing countries the best shot"](#)

WORLD HEALTH ASSEMBLY

SIXTY-THIRD WORLD HEALTH ASSEMBLY

The 63rd World Health Assembly took place in Geneva in May 2010. Among resolutions taken:

- A new consultative working group will examine the way to encourage needs-driven research and is expected to report back in 2012.
- An intergovernmental working group on counterfeit medical products, scope including public health issues only, will make specific recommendations in 2011.
- A World Hepatitis Day on 28 July.
- A global code of practice on the international recruitment of health personnel aims to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel.
- A series of interim targets set for 2015 as milestones towards the eventual global eradication of measles.

[More](#)

READERS' DIGEST

BOOKS - REPORTS – LINKS

CHRONIC DISEASES

- ["Tackling chronic diseases: strategies, interventions and challenges"](#), R. Busse and all, European Observatory on Health System. Chronic conditions and diseases are the leading cause of mortality and morbidity in Europe, accounting for 86% of total premature deaths. The book suggests that policy-makers should make chronic disease a priority. Strategies discussed include: (1) prevention and early detection, (2) new provider qualifications (e.g. nurse practitioners) and settings, (3) disease management programmes and (4) integrated care models. But choosing the right strategies will be difficult, particularly given the limited evidence on effectiveness and cost/effectiveness. The third part of the book therefore outlines and discusses institutional

and organizational challenges for policy-makers and managers.

COMPARISON OF HEALTH SYSTEMS

- ["Health Systems Institutional Characteristics: A Survey of 29 OECD Countries"](#), OECD Health working paper No. 50

ENVIRONMENT AND HEALTH

- ["Health and environment in Europe: progress assessment"](#), WHO, 168 p. The assessment focuses on the aspects of health related to clean water and air, to environments supporting safe mobility and physical activity, chemical safety, noise and safety at work.

HEALTH FINANCING

- ["Responding to the challenge of financial stability in Estonia's health system"](#), WHO report. Two thirds of total Estonian health financing comes from health insurance, 10% from the central government

budget and just under a quarter from private sources. Recommendations for strengthening financing policy to meet health system objectives are: Broaden the public revenue base; Improve financial protection by curbing out-of-pocket payments ; Continue to improve health system performance through better resource allocation and purchasing ; Maintain strong governance of the health system.

HEALTH POLICY

- [“Comparative health policy”](#), McMillan, 328p. The book assesses the extent to which policy problems and responses in different countries have common causes or spring from specific national circumstances. The third edition includes details of recent reforms in Germany and Netherlands, an increased number of examples from within Asia.

HEALTH TECHNOLOGY

- [“The role of technology in health care expenditure in the EU”](#), Economic Papers, DG Economic and Financial Affairs, EC

HEALTH STATISTIC

- [“World Health Statistics 2010”](#)
The World Health Statistics series is WHO’s annual compilation of health-related data for its 193 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets.

PRIMARY CARE

- May issue of Health Affairs focus on: [“Reinventing primary care”](#).

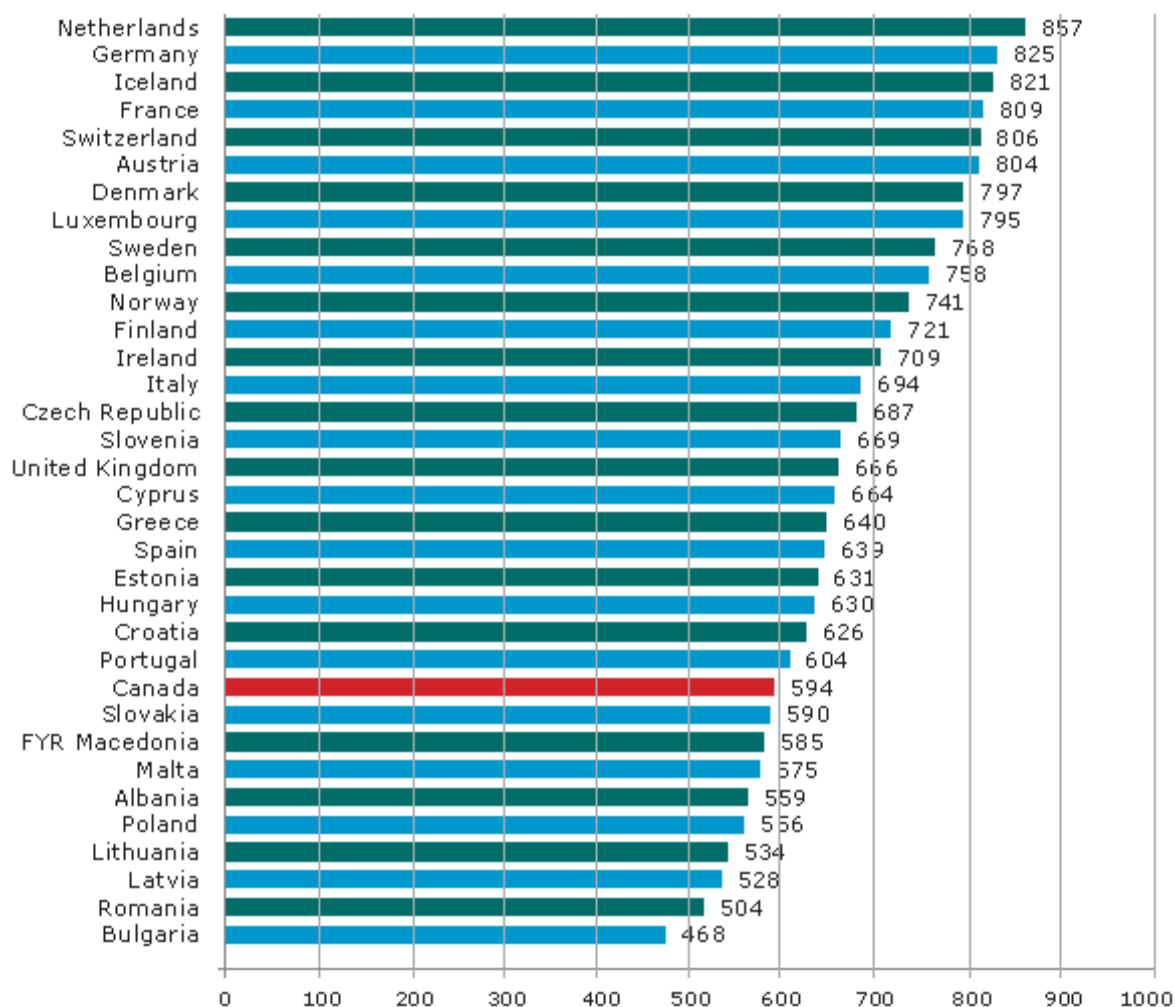
TELEMEDICINE

- [“Presentations on the workshop “Telemedicine and legal aspects”](#) organised by the DG INFSOC of the Commission, with AIM participation, available online on epractice

GRAPH OF THE MONTH

The Netherlands finishes in first place in the Eurohealth index

Total scores in Eurohealth Index 2010

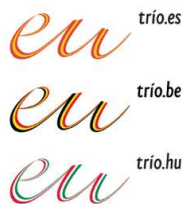


Source: Euro-Canada Health Consumer Index 2010

EVENTS

SPANISH EU PRESIDENCY (SELECTION)

SPANISH EU PRESIDENCY



[Website](#)

- 3-4 June, Conf. on patient safety

- 7 June, Union for the Mediterranean Summit, Barcelona
- 7-8 June, Employment, Social Policy, Health and Consumer Affairs Council, Luxembourg

OTHER EVENTS

- 2nd transatlantic conference AEIP-NCCMP-MEBCO: “comparison of pension policy and health policy in United States and Europe” (9-10 June), Brussels: free registration: <http://www.altitude-design.be/AEIP-Conference/index.html> (FR-EN)

AIM

AIM WORKING GROUPS

HEALTH REFORM WORKING GROUP

On 20 May, AIM participants from 9 countries met under the chair of Jean Hermes (ANMC, B). Each

country presented ongoing health reforms, the hot discussed topics and the interesting innovations/best practices in their countries. The overall debate was on “alternative health financing”. Next meeting will be in Berlin (D) on 9 November 2010.

AIM

AIM AGENDA (MAIN ITEMS)

- **AIM General Assembly (Brussels, 2-4 June 2010)**
2/6: *Morning*: International Cooperation Committee * – *Afternoon*: Long Term Care *
3/6: *Morning*: European Affairs Committee ** - *Afternoon*: General Assembly and Board of governors **
Welcome Cocktail
4/6: Conference on “Environment and health: time to act” **
* Simultaneous French, English and Spanish translation. - **Simultaneous French, English and German translation.
- Pharmaceutical Expert Group (Brussels, 25 June 2010)
- European Affairs Expert Panel (Brussels, 16 September)
- AIM Board of Governors (Casablanca, Morocco, 20-22 October 2010)
- Health reform working group (open to all) (Berlin, 9 November 2010)

The monthly AIM Flash is compiled by Ph. Swennen, R. Kessler, and A. Bour.
For more information on one of the topics mentioned above, please contact the AIM Secretariat.
How to use the hyperlinks in this document? Press the Ctrl button and click simultaneously on the link.