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AIM conference pre-announcement
"REINVENTING HEALTHY AGEING"
 Thursday, 29th November 2012



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



AIM'S CORNER

AIM WORKING GROUPS

PHARMACEUTICALS & MEDICAL DEVICES WORKING GROUP

This working group met on 10/02 under the chairmanship of Rolf Stadié, Knappschaft (D).

The discussions focused on the following issues:

- Revision of transparency Directive
- Revision of medical devices Directives
- Consultations on issues included in the Directive on fight against falsified medicines
- Updated info on the high-level group on corporate responsibility in the pharmaceutical sector

Next meeting: 30/03

JOINT AIM-AMICE TASK FORCE ON EUROPEAN MUTUAL SOCIETY

This group met on 15 and 27/02. The aim was to elaborate a joint political argumentation note on the need of a European statute for mutuals. This note should be used for lobbying activities with the EP. In fact, the EP is under way to draft a legislative own-initiative report on the role of mutual societies in the 21st century.

WORKING GROUP FIGHT AGAINST FRAUDE

This group met on 16/02 under the chairmanship of Hans-Jürgen Faust, Knappschaft (D). Participants presented their respective activities in the field of fight against fraud. They also discussed a possible work programme for the group.

Next meetings: 25/07 and 30/11

MEETING OF THE AIM AFRICA/MIDDLE EAST REGION ON 27-29 FEBRUARY IN ABIDJAN

Perfectly hosted by the Ivorian AIM member MUGEF-CI in Abidjan (Ivory Coast), the President, the AIM Vice-President for Africa/Middle East and AIM members of the region met to elaborate their 2012-

2014 priorities on 27 February under the chair of the AIM. Participants were mainly from Mali, Burundi, Ivory Coast and Morocco. The two other days were open to members of the African Union of the Mutuality (UAM) and other French speaking mutuals, from 15 Western and Central African countries, with more than 70 participants. The topics were the international agenda on universal health coverage (UHC), the place of the mutual in the UHC, the UEMOA ruling on social mutual and the UEMOA project on the extension of the health insurance in the informal sector through mutuals. Four cases of mutuals within the UHC were presented (Mali, Morocco, Burkina Faso, Rwanda).

All the participants agreed on priorities 2012-2014 for the mutuals, with shared responsibilities and schedule. Finally the UAM President Abdelmoula Abdelmoumni presented the UAM.

A summary of the meeting and the slides of the presentations, as well as the priority document are on the [AIM website](#).

NEXT AIM MEETINGS

- **7 March** Mutuality working group (Brussels)
- **9 March** European affairs working group (Brussels)
- **23 March** AIM Presidium (Athens)
- **30 March** Pharmaceuticals and medical devices working group (Brussels)
- **31 May** AIM Board and General assembly meetings (Brussels)
- **-1 June**
- **25 July** Fight against fraud working group
- **28- 29 Nov.** AIM Board meetings and AIM Conference on healthy ageing (Brussels)
- **30 Nov.** Fight against fraud working group (Brussels)

EU INSTITUTIONS

EU COUNCIL

DANISH EU PRESIDENCY



DANISH PRESIDENCY
OF THE COUNCIL OF THE
EUROPEAN UNION 2012

EUROPEAN COMMISSION EUROPEAN PARLIAMENT

AGEING

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING - MOVING FORWARD

On 29/02, the Commission adopted a Communication on the European Innovation Partnership on active and healthy ageing. It points out the concrete follow-up for implementation of specific actions in this respect. This includes: inviting stakeholder engagement; setting up a marketplace for innovative ideas; addressing regulatory and standardization issues. This should help to improve elderly citizens' lives, help them to contribute to society as they grow older, and reduce pressure on health and care systems.

All stakeholders who wish to be involved in implementing the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing (EIP) have an opportunity to do so based on the principles and criteria defined in the Plan. The **deadline for submissions is 31 May 2012**.

The European Commission is holding a **conference on 3 April in Brussels** to present the European Innovation Partnership's [Strategic Implementation Plan](#). Information will also be provided on how to participate and contribute to the European Innovation Partnership on Active and Healthy Ageing. More info and registration [here](#).

[Press Release](#) - [Communication](#) - [More on the EIP-Presentation on European Innovation Partnership on Active and Healthy Ageing: from Plan to Action - Information meeting for Member States Health Attachés, 17 February 2012](#)

COMPANY LAW

PROMOTING PROJECTS THAT BENEFIT SOCIETY AT LARGE: THE EUROPEAN FOUNDATION STATUTE

On 8/02 the European Commission adopted a proposal of Regulation for a European Foundation. Foundations raise money, award grants and run projects. However, differences between and obstacles in national laws often make the conduct of their cross-border activities costly and cumbersome. A European statute should help foundations to overcome these problems. [Memo: "Proposal for a Regulation on the Statute for a European Foundation \(FE\) – frequently asked questions - Proposal for a Regulation on the Statute for a European Foundation \(FE\) – frequently asked questions](#)

EUROPEAN COMPANY LAW: WHAT WAY FORWARD?

The European Commission has launched on 20/02 an in-depth consultation on the future of European company law. Europe needs a company law framework that is adapted to the needs of the society of today and to the evolution of the economic environment. EU company law has played a central part in building the single market. It is now time to see whether today's needs are still met by the existing legal framework. An on-line public consultation paper has therefore been launched to collect comments from all stakeholders. The deadline for contributions is 14 May 2012. [More](#)

EUROPEAN COOPERATIVE SOCIETY

On 23/02 the Commission adopted the Report on the implementation of the Regulation 1435/2003 on the Statute for the European Cooperative Society. [More](#)

DIGITAL AGENDA

DIGITAL AGENDA: COMPLETING E-COMMUNICATIONS SINGLE MARKET

On 28/02 the European Commission released a study showing that, if the internal market for electronic communications were completed, the EU gross domestic product (GDP) could go up by up to 110 billion € a year, or more than 0.8% of GDP. E-Communications is a critical part of overall efforts to build a digital Single Market. This "digital bonus" for EU growth would result from more competition, increased economies of scale for telecom operators, and the chance for every European to access all online content and services throughout the EU. For example, new and more efficient economic activity could arise from the possibility of receiving **healthcare monitoring** from your local physician while on holiday. [More](#)

HEALTH

74 % OF EUROPEANS DON'T KNOW WHAT EMERGENCY NUMBER TO CALL WHEN TRAVELLING IN THE EU- NEW CAMPAIGN

Whether for skiing holidays, family days out, or business travel, millions of Europeans and visitors need access to emergency services in and outside their home country. Yet only 34% of regular travellers and 26% of all Europeans know that 112 is the single emergency number they can call, both in and outside their home country when in trouble.

The [Eurobarometer survey](#) published on 10/02 shows that Europeans' awareness of the availability of 112 in their country and in other EU Member States is stagnating. A [report on how each Member State is implementing 112](#) (also issued on 10/02) gives a snapshot of the different languages to which 112 call centres can respond. [More](#)

WHO EUROPEAN POLICY FOR HEALTH 'HEALTH2020' – PUBLIC CONSULTATION

AIM and its members have been invited by WHO Regional Directorate for Europe to take part in the written consultation on the European policy for health "Health 2020". Health 2020 is the new European health policy, aiming to accelerate progress towards achieving the European Region's health potential by 2020. Its purpose is to strengthen health systems, revitalize public health infrastructures and institutions, engage the

public and a range of health actors, and develop coherent and evidence-based policies and governance solutions capable of tackling health threats and sustaining improvements over time. Three documents are now available for a written consultation:

the short Health 2020 policy document which contains the key evidence, arguments and areas for policy action in the Health 2020 policy framework which addresses the public health challenges and opportunities for promoting health and well-being in the European Region;

the longer Health 2020 policy framework and strategy document, which provides the contextual analysis and the main strategies and interventions that work to implement the Health 2020 policy;

the European Action Plan for Strengthening Public Health Capacities and Services, which is central to implement the Health 2020 strategy.

Deadline of consultation: end of March 2012

RARE DISEASES

[World Rare Disease Day \(29 February 2012\) - Read the dedicated Health-EU newsletter](#)

HIGH-LEVEL CONFERENCE ON THE EU HEALTH PROGRAMMES: REGISTRATION OPEN

This conference "EU Health Programmes: results and future perspectives" taking place in Brussels on 3 May will gather many stakeholders such as policy makers, NGOs and key actors from the health sector. Results and success stories from the first and second health programmes will be showcased and ideas and expectations on a third health programme will be exchanged. You can find out more and register to the conference [here](#).

HEALTH REPORTS

[New EU statistical report - Eurostat demography report 2010](#)

INTERNAL MARKET

MAKING THE SINGLE MARKET WORK BETTER: BOOSTING EUROPE'S POTENTIAL FOR GROWTH

The Single Market celebrates its 20th anniversary in 2012. In the past 20 years, the Single Market has helped create millions of jobs and make Europe increasingly competitive. But the job is not finished. The Single Market needs to be constantly monitored and updated to make it work. Despite all the progress made, there are still many barriers to a fully functioning Single Market. Last April, the Commission adopted the Single Market Act. It identified 12 key areas with the most growth potential in the Single Market and associated new proposals to exploit untapped potential.

On 27/02, the Commission presented its first report on governance which sets out what is being done and what still needs to be done to make the Single Market fully operational. [More – FAQs](#)

PROMOTION OF SOCIAL ENTREPRENEURSHIP: COMMISSION SETS UP EXPERTS GROUP AND CALLS FOR APPLICATIONS

The Commission launched a call for applications aimed at setting up an expert group on social entrepreneurship called "Groupe d'Experts de la

Commission sur l'Entrepreneuriat Social" (GECES). The creation of this group was announced in the Commission's Social Business Initiative ([Press Release](#)). Its main tasks will be to follow up on the development and implementation of the measures envisaged in this initiative.

The GECES will be made of 70 members, including organisations and companies representing social entrepreneurs; representatives of organisations and companies from the banking and finance sector and individuals from the academic and research sector. It will be chaired by the Commission.

Consultation document and application details [here](#).

PENSIONS

EU SETS OUT PLANS FOR ADEQUATE, SAFE AND SUSTAINABLE PENSIONS – WHITE PAPER

Pensions are the main income source for around a quarter of the EU's population today and younger Europeans will also come to rely on pensions later in their lives. Unless Europe delivers on decent pensions now and in the future, millions will face poverty in old age. Europe is also ageing as people live longer and have fewer children. From next year, the EU's working population will already start to shrink. Pensions are putting increased financial pressure on national budgets, especially with the added strain of the financial and economic crisis. To support these efforts, the European Commission has published a White Paper on adequate, safe and sustainable pensions. It looks at how the EU and the Member States can work to tackle the major challenges that confront our pension systems. It puts forward a range of initiatives to help create the right conditions so that those who are able can continue working - leading to a better balance between time in work and time in retirement; to ensure people who move to another country can keep their pension rights; to help people save more and ensure that pension promises are kept and people get what they expect in retirement. [More - Memo "Q&A – Commission presents White Paper on pensions"](#)

PHARMACEUTICAL & MEDICAL DEVICES SECTOR

COMMISSION ADOPTS PROPOSAL OF DIRECTIVE ON PRICING AND REIMBURSEMENT OF MEDICINES (TRANSPARENCY DIRECTIVE)

Medicines should enter the market faster. With this intention the European Commission proposed on 1/03 to streamline and reduce the duration of national decisions on pricing and reimbursement of medicines. In the future, such decisions should be taken within 120 days for innovative medicines, as a rule, and for generic medicinal products within only 30, instead of 180 days today. Commission also proposes strong enforcement measures in case the decisions do not comply with the time limits, as these are often exceeded by Member States. [More - Proposed Directive - Memo](#)

MEDICAL DEVICES: EUROPEAN COMMISSION CALLS FOR IMMEDIATE ACTIONS - TIGHTEN CONTROLS, INCREASE SURVEILLANCE, RESTORE CONFIDENCE

Following the publication on 2/02 of the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) on the safety of silicone products manufactured by the Poly Implant Prosthesis (PIP) Company, the European Commission requested to

conduct further in-depth study on the potential health impact of faulty breast implants. The Commission will also discuss with the Member States how surveillance of the medical devices can already be reinforced immediately within the existing legislative framework. In parallel a "stress test" of the legislation on medical devices is under way in order to identify how best the questions raised by this issue can be addressed in the revision of this framework already foreseen for 2012. [More](#)

On 9/02 European Health and Consumer Policy Commissioner John Dalli called on Member States for immediate action to be taken at national level to ensure full and stringent implementation of the current legislation on medical devices. Commissioner Dalli has outlined his proposals for a joint plan of immediate measures in a letter written to the EU's Health ministers, asking for their full co-operation in beginning work without delay. [More](#) - [Commissioner speech](#)

CALL FOR INFORMATION ON SAFETY OF BISPHENOL A IN MEDICAL DEVICES

The Scientific Committee on Emerging and newly Identified Health Risks (SCENIHR) has received a request for a [scientific opinion on the safety of bisphenol A in medical devices](#). Interested parties are invited to submit any relevant information that could assist the scientific committee with the assessment of the safety of bisphenol A in medical devices. Deadline for submission of information: 20 April 2012. [More](#)

ANTITRUST: COMMISSION CLOSES INVESTIGATION IN PHARMACEUTICAL COMPANIES ASTRAZENECA AND NYCOMED

On 1/03 the European Commission has ceased its antitrust investigation into the pharmaceutical companies AstraZeneca and Nycomed. The investigation focused on suspected individual or joint action to delay the market entry of generic medicines. Such behaviour if established would

have been contrary to EU antitrust rules that prohibit restrictive business practices and the abuse of a dominant market position. On 30 November 2010, the Commission launched unannounced inspections at the premises of AstraZeneca and Nycomed in several Member States (see [Memo](#)). [More](#)

SOCIAL AFFAIRS - SOCIAL SECURITY

COMMISSION ASKS MALTA TO STOP CUTS TO CIVIL SERVICE PENSIONS FROM OTHER MEMBER STATES

On 27/02 the European Commission has requested Malta to stop reducing Maltese old-age pensions by the amount of civil servant pensions received from other Member States. Maltese legislation provides that Maltese statutory old-age pensions are partly decreased by the sum of service pensions paid for past services in Malta or abroad. Such a practice breaches social security coordination rules of the European Union as all pensions based on national legislation, such as civil service pensions, fall under the protection of the EU rules on social security coordination. This prohibits the application of national rules on suspension and reduction of benefits to a pension calculated under social security coordination rules. The request takes the form of a 'reasoned opinion' under EU infringement procedures. [More](#)

EUROSTAT: NEW FIGURES ON POVERTY AND SOCIAL EXCLUSION IN THE EU27

In 2010, 23% of the population were at risk of poverty or social exclusion and 27% of children aged less than 18.

In 2010, 115 million people, or 23.4% of the population, in the EU27 were at risk of poverty or social exclusion. This means that they were at least in one of the three following conditions: at-risk-of-poverty, severely materially deprived or living in households with very low work intensity. The reduction of the number of persons at risk of poverty or social exclusion in the EU is one of the key targets of the Europe 2020 strategy. [More](#)

GENERAL NEWS

HEALTH INSURANCE

REFORM

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

The Massachusetts health reform initiative (USA) enacted into law in 2006 continued to fare well in 2010, with uninsurance rates remaining quite low and employer-sponsored insurance still strong, according to *Health Affairs*. Access to health care also remained strong, and first-time reductions in emergency department visits and hospital inpatient stays suggested improvements in the effectiveness of health care delivery in the state. There were also improvements in self-reported health status. The affordability of health care, however, remains an issue for many people, as the state, like the nation, continues to struggle with the problem of rising health care costs. Taken together, Massachusetts's experience under the 2006 reform initiative, which became the template for the structure of the

Affordable Care Act, highlights the potential gains and the challenges the US faces under federal health reform, says the authors. [More](#)

TRENDS

NO FUNDING MODEL OF PRIMARY CARE CLEARLY ASSOCIATED WITH SUPERIOR PREVENTIVE CARE

A study from the Canadian Medical Association Journal (CMAJ) compared the delivery of preventive services by practices using four different primary care funding models in Canada: fee-for-service, capitation, salaried health workers and blended system. The conclusions are that no funding model was clearly associated with superior preventive care. Factors related to physician characteristics and practice structure were stronger predictors of performance. Superior prevention scores were associated with the presence of at least one female family physician in the practice, a smaller panel size (fewer than 1600 patients per full-time equivalent physician) and the presence of an electronic reminder system. The fact that these associations were largely consistent across the funding models and across individual preventive manoeuvres supports their

relevance to improving the delivery of high-quality primary care services. [More](#)

SPECIFIC NEWS

ECONOMIC EVALUATION

ECONOMIC EVALUATIONS FOR REIMBURSEMENT DECISION FOR DRUGS: REASONABLE POLICY TO PURSUE

In the paper [Twenty Years of Using Economic Evaluations for Reimbursement Decisions](#), the Great Britain's Centre for Health Economics (CHE) examines the impact of economic evaluation on the reimbursement process for pharmaceuticals in the UK. The most important question is whether the incorporation of economic considerations into the drug reimbursement process has led to a more efficient and/or equitable allocation of healthcare resources. But this is difficult to ascertain for several reasons mentioned in the paper. Nevertheless, given the increasingly high prices of many new drugs (eg. in areas such as cancer) and the difficulties in obtaining substantial improvements in health gain, it is likely that the explicit consideration of costs and benefits has moved us closer to an efficient and equitable allocation of resources than the policies that existed in the past. In social insurance systems, the systems in most of the jurisdictions adopting this policy, an evidence-based system of pricing and reimbursement for drugs, considering societal willingness-to-pay, is a reasonable policy objective to pursue.

HAPPINESS

HAPPINESS IS A U SHAPED CURVE, HIGHEST IN THE TEENS AND 70S, SHOWS SURVEY

The results come from a national programme of experimental statistics designed to add an extra element to economic data such as the GDP by measuring how people feel about their lives. The long term aim is to develop a set of accepted and trusted statistics that can be used to track wellbeing and to guide policy. The results confirm the well established observation that happiness of adults is U shaped: high in the late teens, declining to a nadir in the 45-49 age group, then rising again in the late 60s and 70s. The highest scores for life satisfaction and happiness (7.8 on 10) were found in men and women aged 75-79. Anxiety follows an opposite curve: low in youth, highest in mid-life, and falling in later years. The fall is more marked in men than in women: the least anxious of all were men in their 70s. "It's high time we admitted that, taken on its own, GDP [gross domestic product] is an incomplete way of measuring a country's progress," said David Cameron, the British PM.

PAY FOR PERFORMANCE

NO CLEAR EVIDENCE ON P4P INTERVENTIONS IN LOW AND MIDDLE INCOME COUNTRIES

There is a growing interest in paying for performance (P4P) as a means to align the incentives of health workers and health providers with public health goals, according to *Cochrane Summaries*.

However, there is currently a lack of rigorous evidence on the effectiveness of these strategies in improving health care and health, particularly in low- and middle-income countries. Moreover, P4P is a complex intervention with uncertain benefits and potential harms. What happens when health workers and healthcare organisations are paid for performance? A literature review of nine studies of P4P interventions (Rwanda, Burundi, Philippines, Zambia, China, Tanzania, RDC), showed that the quality of the evidence was generally very low. The P4P approaches used in each study varied a great deal and the studies were carried out in a wide range of settings. It is therefore not possible to draw general conclusions. There is a need for more and better research in this area. [More](#)

PHARMACEUTICALS

TO SAVE THE DRUG INDUSTRY: TAKE BIGGER RISKS AND CUT R&D

It's no secret that the pharmaceutical industry is suffering, according to *Forbes*, quoting Bernard Munos a retired Eli Lilly manager. With too few breakthroughs and stagnant finances, the stocks of some of the industry's biggest players, including Pfizer and Merck are 40% less compared to 2002 ago and the industry has cut 300,000 jobs in the last ten years. Yet there seems to be little correlation between cost and success. Munos says the drug industry needs to spend research money in an entirely new way. Instead of chasing improvements to blockbuster drugs that help many people only a little, it should focus on real breakthroughs that help patients a lot. And rather than conducting in-house research, companies should close their labs and outsource the work to tiny, nimble start-ups that can explore bigger, crazier ideas. [More](#)

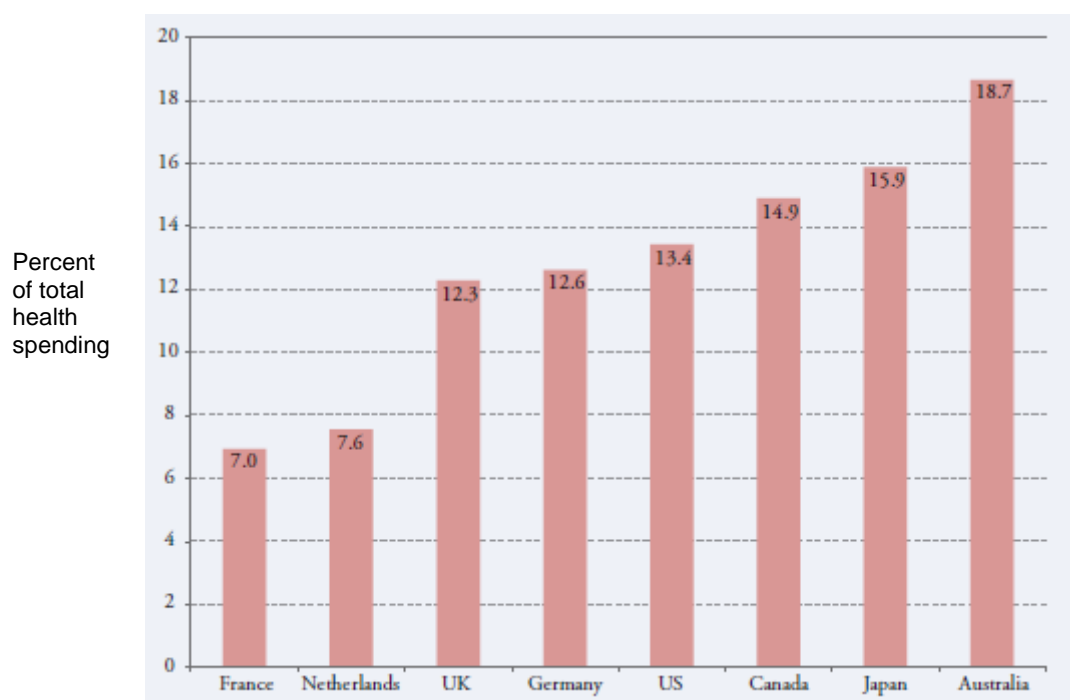
DOES EU/INDIA FREE TRADE AGREEMENT SPELL THE END OF CHEAP DRUGS FOR POOR COUNTRIES?

After four years of negotiations, campaigners fear India is about to sign a trade deal with the EU which will stop the flow of cheap life-saving drugs to the developing world, according to *The Guardian*. The trade negotiations between the EU and the Indian government have been going on for four long years, but finally a deal seems about to be struck. Campaigners, who include Oxfam and Médecins Sans Frontières as well as Unitaid, are deeply unhappy about this. The hand of Big Pharma is detected behind this treaty. Indian generic companies have been able to undercut them massively, because India does not always recognise their patents. They have lobbied the EU to push for tighter rules in India on intellectual property. The result, say the campaigners, could be the end of some life-saving drugs at prices the developing world can afford. They reject EU assurances that drugs for the poorest will be safeguarded. If they are right, it matters enormously. Millions of people in sub-Saharan Africa would likely now be dead or dying if it had not been for the cut-price Aids drugs manufactured in India. Competition from Cipla and other generic companies drove the prices down from \$10,000 per person per year to around \$100 today.

[More](#) - [Press release of Doctors without borders](#)

GRAPH OF THE MONTH

Out-of-pocket payments made by households, average 2000-2009



Source: OECD Health Data, CD Howe Institute

READERS' DIGEST

NEWSPAPER

EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES

New HiT health system review on Turkey HiT (2011). Turkey has accomplished remarkable improvements in terms of health status in the last three decades. Average life expectancy reached 71.8 for men and 76.8 for women in 2010. The infant mortality rate decreased to 10.1 per 1000 live births in 2010, down from 117.5 in 1980. Despite these achievements, challenges remain and these include reorganizing and enforcing a referral system from primary to higher levels of care, improving the supply of health care staff, introducing and extending public hospital governance structures that aim to grant autonomous status to public hospitals, and further improving patient rights.

GESS NEWSLETTER (ILO)

Latest events

Bangkok Statement on Universal Health Coverage. Prince Mahidol Award Conference 2012, Moving Towards Universal Health Coverage: Health Financing Matters. [Link](#)

GESS launches a BLOG module with the article "Social cohesion and demographic change in Europe" by Michael Cichon, Director of the ILO Social Security Department. [Link](#)

New: Topic and country pages enriched and updated, providing a set of documents, links and news:

- Global Product "Strengthening Tripartite Governance of Social Security". [Link](#)

- Argentina [Link](#)
- Burkina Faso [Link](#)

HEALTH ECONOMICS, POLICY AND LAW

Latest issue of [Health Economics, Policy and Law](#) : articles on adjudicative tribunals in the health sector, on pharmaceutical lobbying under post-communism, on healthcare policy tools as determinants of health-system efficiency, on socioeconomic status and child health, on evaluation of lifestyle interventions in the Netherlands

OECD

[Health update February 2012](#) : News about OECD work on health

- New OECD Series on Reviews of Health Care Quality: www.oecd.org/health/qualityreviews
Variations in Medical Practice: [More](#)
- Benchmarking of Information and Communication Technologies in Health Systems: www.oecd.org/health/ict

BOOKS - REPORTS – LINKS

BETTER VALUE FOR MONEY

[Better Value for Money in Healthcare: European Lessons for Canada](#), C.D. Howe Institute 2012. The article maintains that Canadian health care would benefit from a serious look at European countries' efforts to align incentives to encourage better performance. Health systems in the U.K. and The Netherlands have undergone reforms to attain greater value for money while continuing to adhere to equity principles similar to Canada's.

COSTS OF UNIVERSAL HEALTH CARE

[The Cost of Universal Health Care in India: A Model Based Estimate](#), PLoS ONE. The study attempts to arrive at an estimate of the cost of delivering universal health care services to India's one billion people, a stated goal of India's government. The study estimates that the cost of universal healthcare delivery through the existing mix of public and private health providers would be around US\$38 annually per person (1,713 rupees), or 3.8% of India's GDP.

GLOBAL HEALTH

[Global health in 2012: development to sustainability](#), The Lancet. The article explores the current strategic shift in global health from development towards sustainability. The authors argue that future goals should be built on a vision of development across the life course, and suggest five cardinal principles: holism, equity, ownership, sustainability, and global obligation.

LONG TERM CARE

FP7 Project INTERLINKS looked at long term care for older people in 14 European countries: <http://interlinks.euro.centre.org/project>.

EVENTS

DANISH EU PRESIDENCY (SELECTION)

TRIO PRESIDENCIES

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

DANISH EU PRESIDENCY (1-6/2012)



DANISH PRESIDENCY
OF THE COUNCIL OF THE
EUROPEAN UNION 2012

- 14-15/3, Copenhagen: [Combating Antimicrobial Resistance - Time for Joint Action](#), Ministry of Health
- 26-27/3, Copenhagen: [Informal EMCO/SPC meeting](#), The Ministry of Employment and the Ministry of Social Affairs and Integration
- 18/4, Copenhagen: [Steering Group on access to medicine in Europe](#), The Ministry of Health
- 26-27/4, Copenhagen: [Informal meeting of the Committee for Medicinal Products for Human Use \(CHMP\)](#), Ministry of Health and Danish Medicines Agency
- 26-27/4, Copenhagen: [Informal meeting of the Pharmacovigilance Working Party – human](#), Ministry of Health - Danish Medicines Agency
- 07-09/5, Copenhagen: [High Level eHealth Conference 2012](#), Ministry of Health, National Board of eHealth and National Board of Health
- 23-24/5, Copenhagen: [Informal meeting of the Committee for Orphan Medicinal Products](#), Ministry of Health and Danish Medicines Agency
- 24-25/5, Copenhagen: [Informal meeting of the Committee for Advanced Therapies \(CAT\)](#), Ministry of Health and Danish Medicines Agency
- 24-25/5, Copenhagen: [MISSOC Network Meeting](#), The Ministry of Social Affairs and Integration
- 21-22/6, Luxembourg: [Meeting of Employment, Social Policy, Health and Consumer Affairs \(EPSCO\)](#), Council of the European Union

OTHER EVENTS

[Towards a global health policy?](#) Celebrating 25 years of health policy teaching at the LSE (London, 19-20 March 2012, London School of Economics). [Programme](#).

Themes:

- Access to drugs: the number one policy issue?
- Global health workforce: how can we get it right?
- Does 'high-performing health system' mean the same thing everywhere?
- Protecting health in difficult circumstances: politics, economics and health

European Diabetes Leadership Forum (Copenhagen, 25-26 April 2012), co-hosted by the OECD and the Danish Diabetes Association in the context of the Danish Presidency of the EU. [More](#)

[ehealth week 2012](#) (Copenhagen, 7-9 May), organised by the E. Commission, Danish EU Presidency and WoHiT.

[ESIP European conference 2012](#) (Brussels, 23 May), "Active and healthy ageing and solidarity between generations: role of the social insurances"



8th Annual World Health Care Congress-Europe (Amsterdam, 23-24 May): [Sharing global innovation in health \(with Thomas Ballast, CEO vdek Germany, Pieter Hasekamp, DG ZN The Netherlands, Roger van Bortel, Chairman Menzis The Netherlands, as guest speakers\)](#)

In partnership with AIM: get a 25% discount by using promotional code CFX532

[Arctic light ehealth conference](#) (Norboten, Sweden 19-20 June) - From policy to action: ehealth to anyone, anywhere, at anytime.

Apply now for Summer school 2012 on performance assessment (Venice, 22–28 July 2012), European Observatory on Health Systems: to marshal the evidence on performance, to review what it means for health systems and to share experiences of responding through policy and in practice.

The monthly AIM Flash is compiled by Ph. Swennen, R. Kessler and Blandine Cassou-Mounat. For more information on one of the topics mentioned above, please contact the AIM Secretariat.