

## FEBRUARY 2011



## EU HEALTH HIGHLIGHTS

[www.health-inequalities.eu](http://www.health-inequalities.eu) [www.eurohealthnet.eu](http://www.eurohealthnet.eu)  
[www.health-gradient.eu](http://www.health-gradient.eu) [www.equitychannel.net](http://www.equitychannel.net)

### Calendar of events

#### February

15 February 2011

[Launch of Obesity Hub and Workshops on data on the Health Well Website](#)

(Cork, Ireland)

16 February 2011

[Global Health Policy Forum](#)

(Brussels, Belgium)

16-19 February 2011

[The 4th International Conference on advanced technologies and treatments for diabetes](#)

(London, UK)

22-23 February 2011

[Conference Austerity, Economic Governance reforms and social policies in Europe](#)

(Brussels, Belgium)

25 February 2011

[Final Conference on national plans for rare diseases](#)

(Rome, Italy)

28 February - 1<sup>st</sup> March 2011

[Shared Social Responsibility](#)

(Brussels, Belgium)

#### March

1<sup>st</sup> March 2011

[8th ERA-AGE FORUM Meeting: The role of technology in achieving extended life years](#)

(Vienna, Austria)

2-3 March 2011

[5th Annual European Nutrition & Lifestyle Conference 2011: Taking The Next Steps Towards A Healthier Europe](#)

(Brussels, Belgium)

3-4 March 2011

[Global Summit on Nutrition Health & Human Behavior](#)

Brugges, Belgium

3-4 March 2011

[Promoting mental health and well-being at workplaces](#)

(Berlin, Germany)

7 March 2011

[Improving Health: Developing Effective Practice](#)

(Glasgow, Scotland)

15-16 March 2011

[„Evaluation, Innovations, Versorgungsprozesse – Wer oder was bürgt für gute Qualität“](#)

(Essen, Germany)

17 March 2011

[Health Care Reforms in an ageing European Society](#)

(Brussels, Belgium)

Would you like to promote events or new publications of your organisation in health highlights? [Please send us your contributions!](#)

Want to express and share your views on Health equity issues? Come and join the [Equity Channel Community](#) on the Equity Channel [Website](#)

### EU News

## HUNGARIAN PRESIDENCY

### Health priorities until 30<sup>th</sup> June 2011

Hungary took over the six-month rotating presidency of the EU Council of Ministers on 1<sup>st</sup> January. An Informal Health Minister Meeting will take place in Budapest on the theme sustainability and efficiency of health systems, on 4-5 April. Council conclusions on the subject will be prepared on the basis of discussions in the ministerial meeting. Other topics during the Hungarian Presidency will include the third action programme in the field of health as well as health professionals. A ministerial conference will be held as part of the e-Health Week on 10-13 May in Budapest in order to show the key role of e-Health in modernizing health services.

The future of the EU Public Health programme will be discussed and attention will also be focused on mental health and healthier lifestyles for children and young people, as well as on injury prevention and safety promotion. Mental health is a priority for Hungary. The last of five conferences under the EU Mental Health Pact will be held during the Hungarian Presidency and emphasises the role reconciliation of work and family life plays in demographic changes. It will also be a topic for the Informal Ministerial Meeting taking place between 31 March and 1 April 2011. The debates during the informal ministerial meeting will be included in the conclusions on the issue.

Events include:

- Conference on childhood immunization, "Healthier future for our children", 3-4 March 2011;
- Meeting of chief medical officers, chief nursing officers, and antimicrobial resistance focal points and communications experts, 21-22 March 2011;
- Conference "Patient and professional pathways in Europe", 4-5 April 2011;
- [Ministerial Conference on e-health](#), 10-13 May 2011;
- Conference "Actions for prevention", on sustainable public health systems for better actions on prevention, including Member States' strategies on nutrition, physical activity and smoking-related health issues, 30-31 May 2011;
- [3rd European Conference on Injury Prevention and Safety Promotion](#), 16-17 June 2011.

Calendar of official meetings of the Hungarian Presidency is available [here](#)

Programme and priorities of the Hungarian Presidency are available [here](#)

## EUROPEAN COMMISSION

### School Fruit Scheme: fruits, vegetables and banana products to children in educational establishments

With an estimated 22 million overweight children in the European Union, which 5.1 million are considered obese - the increase in child obesity can be described as an epidemic. The European Union-wide scheme to provide fruits and vegetables to school children started in the school year 2009/2010. On 18 January 2011, following the [High Level Conference on Monitoring and Evaluation of EU and Member States' strategies on nutrition, physical activity, overweight and obesity related health issues](#), the European Commission adopted detailed

23-24 March 2011  
[E-Health - A New Holistic Healthcare Plan for Europe](#)  
(Brussels, Belgium)

#### Avril

[World Health Day – 7 April 2011](#)

#### June

9 June 2011

Hauptverband der österreichischen Sozialversicherungsträger  
(Vienna, Austria)  
Information [here](#)

16-17 June 2011

[3rd conference on Injury Prevention and safety Promotion](#)  
(Budapest, Hungary)

#### October

10 October 2011

[World mental health day](#)

5-8 October 2011

[14th European Health Forum Gastein](#)  
(Gastein, Austria)

#### November

10-12 November 2011

[Public Health and Welfare – Welfare development and health](#)  
(Copenhagen, Denmark)

#### More online

For a full list of upcoming events, please visit the [Equity Channel calendar](#)

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### New Publications

[International Diabetes Federation - IDF] – Global Observatory for eHealth

A call to action on diabetes, November 2010

Available [here](#)

Diabetes roadmap in the lead up to the Summit on Non-Communicable Diseases (NCDs), November 2011

Available [here](#)

[WHO] – Global Observatory for eHealth - The Atlas of eHealth Country Profiles, December 2010

Available [here](#)

[International Journal for Equity in Health] – Article on “Race, gender, class and sexual orientation: intersecting axes of inequality and self-rated health in Canada”, 17 January 2011

Available [here](#)

[European Alcohol and Health Forum - EAHF] – 2<sup>nd</sup> Monitoring report

Available [here](#)

[WHO-Europe] – European status report on alcohol and health, 2010

Available [here](#)

rules for applying the regulation in order to assist the Member States in making their aid application and to ensure that there are no doubts in respect of the amount of aid applied for. More information on the “School Fruit Scheme” are available [here](#)

### New EU Guidelines on Colorectal Cancer Screening and Diagnosis

The European Commission has published the first edition of the European Guidelines for Quality Assurance in Colorectal Cancer Screening and Diagnosis. Colorectal cancer is the second most common newly diagnosed cancer in the EU. It is the second most common cause of cancer death in the EU. Improving diagnosis and screening is key to reduce the mortality rates from colorectal cancer. The European guidelines for quality assurance in colorectal cancer screening and diagnosis is available [here](#)

### Meeting of the High Level group on Nutrition and Physical Activity

On 3<sup>rd</sup> February, the High Level group on Nutrition and Physical Activity, set up in the frame of the European Strategy on Nutrition, Obesity and Overweight, met. While most activities related to nutrition and physical activity are primarily the responsibility of Member States, there is great potential for co-operation and sharing of approaches at the EU level. The areas of interest to the High Level Group fall into two broad groups:

- Actions involving strong partnerships with industry or other private sectors (recognizing that responsibility for changing attitudes to diet not only lies with governments these could include developing messages for health campaigns).
- A more traditional sharing of approaches and style dialogue (sharing best practice).

The Commission has highlighted the major: reduction of sugars, school based actions, awareness campaigns and transport systems to encourage physical activity. The agenda of the meeting is available [here](#).

### The reform of the Common Agriculture Policy towards 2020

The Common Agricultural Policy is due to be reformed by 2013. On 18 November 2010, after a wide-ranging public debate, the European Commission presented a Communication on “The CAP towards 2020”, which outlines options for the future CAP and launches the debate with the other institutions and with stakeholders. The presentation of legal proposals is foreseen for 2011. With this view, the European Commission launched a [public consultation](#) on the Impact Assessment on the “Common Agricultural Policy towards 2020” proposals. EuroHealthNet participated in this consultation and sent its [response](#) highlighting the key role that CAP can play in improving health and re-tackling health inequality.

### The future Cohesion Policy in the light of the Europe 2020 Strategy

The European Commission has completed the [public consultation on the conclusions of the Fifth Report on Economic and Social Cohesion](#). In its [response](#), EuroHealthNet underlined that health must remain a priority investment area for structural funds in the future Cohesion policy. Disease prevention approaches, especially to tackle health inequalities, should be prioritized and mainstreamed throughout the Post 2013 Cohesion policy. This must be reflected in the aims, objectives and targets set out in the policy’s functioning and operation including the proposed Common Strategic Framework and Member States Operational Programmes.

### Commission launches action plan to reduce early school leaving

A child’s school years and early adult life represent a critical stage of development, and education is a key influence. Children from disadvantaged backgrounds tend to have lower educational attainment. Low educational attainment is a predictor of both poorer job prospects and adult health. It is in school and in early adult life when patterns of behavior are established which have a profound impact on health. This includes decisions young people make about smoking, drugs and alcohol use, and sexual activity. On all counts, children and young people from disadvantaged backgrounds are at greater risk. More information is available [here](#).

### Towards yearly priorities for European growth: European semester - a new architecture for the new EU Economic governance

On 12 January 2011, the European Commission presented its first Annual Growth Survey

[WHO-Europe] – Empower women – Combating tobacco industry marketing in the WHO European Region

Available [here](#)

[Ireland, Department for Health and Children] – Key trends 2010 for Health in Ireland

Available [here](#)

[UK Health Ministry] - White Paper "Healthy lives, healthy people: our strategy for public health in England", November 2010

Available [here](#)

[WHO-Europe]- Report on Youth-friendly health policies and services in the European Region

Available [here](#)

[WHO-Europe]- Report "Empower Women – Combating Tobacco Industry Marketing in the WHO European Region"

Available [here](#)

[WHO-Europe]- Report on health and health inequalities based on data from the Eurostat Labour Force Survey

Available [here](#)

WHO/PlO- No Health Without Research - A Call for Papers

Available [here](#)

National Obesity Observatory (NOO)- Briefing paper on "Obesity and ethnicity", January 2011

Available [here](#)

charts. The Annual Growth Survey is the start of the first "European Semester" which changes the way governments shape their economic and fiscal policies. Once agreed by the European Council, Member States will reflect these recommendations in both their policies and national budgets. The European semester means the EU and the euro zone will coordinate ex ante their budgetary and economic policies, in line with both the Stability and Growth Pact and the Europe 2020 strategy. The EU Semester starts with the Annual Growth Survey, in which the Commission provides a solid analysis on the basis of the progress on Europe 2020 targets, a macro-economic report and the joint employment report, and sets out an integrated approach to recovery and growth, concentrating on key measures. This applies to the EU as a whole and will then be translated into country-specific recommendations. This first Annual Growth Survey is designed to apply to the EU as a whole and it will be tailored to the specific situation of each Member State. For more information, please click [here](#)

## Ageing at the forefront of European research

Researchers are helping the EU meet the challenges imposed by an ageing population and declining birth rates. They are also tackling how fragmentation is affecting the impact and efficiency of international and interdisciplinary research efforts. The ERA-AGE 1 and 2 (European Research Area on Ageing 1 and 2) ERA-NETs have made major headway by consolidating research resources and know-how, and optimising the impact of research on policy, practice and product development. With almost EUR 1.7 million in financial support, ERA-AGE 1 and 2 brought together experts from Austria, Bulgaria, Finland, France, Israel, Italy, Latvia, Luxembourg, Romania, Sweden and the UK. ERA-AGE 1 consolidated skills and knowledge to coordinate ageing research and got a multi-disciplinary European Research Area (ERA) in the field of ageing research off the ground. It also helped Europe benefit from investments made in this field. Following on its success, ERA-AGE 2 was initiated to ensure the ERA's benefits in the ageing field in the long term. For more information about the ERA-AGE project, click [here](#)

## Towards a development of the European dimension in sport

On 18 January 2011, the European Commission adopted new proposals aimed at strengthening the societal, economic and organisational dimensions of sport. Athletes, sport organisations and citizens are expected to benefit from the plans, which flow from the EU's new role under the Lisbon Treaty to support and coordinate sport policy in the Member States. Action is foreseen in areas where challenges cannot be sufficiently dealt with at national level alone. The Commission's proposals follow a consultation with Member States and sport stakeholders and take account of the experience gained in implementing the 2007 White Paper on Sport. In 2009-2010 the Commission provided more than €6 million to support around 40 sport projects aimed at promoting health, social inclusion, volunteering, access for the disabled, gender equality and the fight against doping. Twelve new projects will be launched in 2011.

The text of the communication "Developing the European Dimension in Sport" is available [here](#)

The Frequently Asked Questions are available [here](#)

## EUROPEAN PARLIAMENT

### MEPs call the EU to tackle health inequalities

On 25 January, members of the European Parliament's Committee on Environment and Public Health (ENVI) have invited the EU executive to further support national efforts aimed at reducing health inequalities. The non-legislative [initiative report](#) adopted by the ENVI Committee will be put forward for a vote to the entire plenary the week beginning 7<sup>th</sup>-10<sup>th</sup> March 2011, when we will report further.

### Gender equality: eradicating poverty and spurring economic growth

To help eradicate poverty, a gender-specific perspective should be adopted in all EU common policies - GDP would increase by 30% if women's employment, part-time employment and productivity rates were similar to men's, said the Women's Rights and Gender Equality Committee on 27 January. The committee passed two resolutions, one on tackling gender equality challenges, and the other on reducing female poverty in the EU. The report will now be voted on by the full parliament.

## Workshop on cancer and inequities in European Parliament

EuroHealthNet presented on the need for policy actions to support health determinants at a meeting of cancer treatment and support organisations with parliamentarians in Brussels. The event, organised by FACE (The Forum Against Cancer in Europe) and ECPC (The European Cancer Patient Coalition), brought endorsements from several MEPs who are champions for cancer prevention, and coincided with the votes in committee on the Parliament Report on health inequities. The European Commission directorates for health and social affairs were both represented, and the event heard powerful testimonies from cancer patients who suffered from problems of access to care or treatments, and from oncologists. It is hoped that this will lead to further actions highlighting the connection between cancers and social inequities. Further information is available from [c.needle@eurohealthnet.eu](mailto:c.needle@eurohealthnet.eu) or [www.forumaagainstcancer.eu](http://www.forumaagainstcancer.eu)

## Call to act on Alzheimer's disease

On 19 January 2011, the European Parliament called for co-operation and support to improve prevention, diagnosis, treatment and care for patients with Alzheimer's disease or other dementias. An estimated 10 million Europeans suffer from dementia, with Alzheimer's accounting for the vast majority of cases. Women make up a disproportionately high share of both sufferers and carers. MEPs call for dementia to be made an EU health priority and urge Member States to develop dedicated national plans and strategies (only seven EU countries currently have national strategies in place). These strategies should address the social and health consequences, as well as services and support for sufferers and their families. The report welcomes the fact that the EU is already investing €159 million in neurodegenerative disease research projects. However, MEPs also say funding arrangements for the next funding period should address the fragmented nature of research. They highlight the need to raise awareness of the issues and propose a European Year of Mental Health. To know more about actions taken at EU level, click [here](#)

## Questions from the European Parliament to the European Commission

- **Strategy for tackling dementia**

In his question to the Commission, Diogo Feio (PPE) mentioned data underlined in the report 'Health at a Glance: Europe 2010'. In view of the figures and the rising trend, he wants to know if the Commission considers adopting a European strategy for neurological diseases and what measures it intends to take to improve the quality of life of old people suffering from dementia.

The Commission reminds the 2009 Communication on Alzheimer's disease and other dementias where the EU sets out action to support national efforts in four key areas: prevention and early diagnosis, research, spreading best practice for treatment and care and developing a common approach to ethical questions. In this context, to implement the action foreseen in this Communication, the Joint Action "ALzheimer COoperative Valuation in Europe" (ALCOVE) has been selected for funding by the Health Programme in 2010. A new pilot joint programming initiative on combating neurodegenerative diseases, in particular Alzheimer's, was launched by Council conclusions of 3 December 2009. The Commission supports this initiative with EUR 2 million from the Seventh Framework Programme (FP7) Health programme in 2010, including projects on neurodegenerative diseases for almost EUR 180 million, of which EUR 53 million have been specifically earmarked for research on Alzheimer's disease.

- **Nutrition and gender inequality**

The European Commission highlighted women were considered as a priority group when tackling inequalities in health, as one of the main inequalities of health is related to gender. In projects funded under the 6<sup>th</sup> and 7<sup>th</sup> Framework Programmes for Research and Technological Development, gender issues and socio-economic aspects are targeted in most research projects dedicated to nutrition. The Commission has two main tools where the issue of inequalities related to nutrition and physical activity are raised:

- The High Level Group on Nutrition and Physical Activity;
- The EU Platform for Action on Diet, Physical Activity and Health. .

The issue was raised by MEPs Daciana Octavia Sârbu (S&D) and Mary Honeyball (S&D) who underlined that data from various UN agencies and other organisations demonstrates significant inequalities in malnutrition rates between men and women.

The European Commission White Paper on a Strategy for Europe on Nutrition, Overweight

and Obesity-related health issues is available [here](#)

- **Detergents which inhibit the immune system**

**The MEP Oreste Rossi (EFD) asked if** the Commission intends to propose a regulation the use triclosan and prolonged exposure to bisphenol A (BPA). According to recent research, excessive use of antibacterial soaps containing BPA weaken the immune system. Triclosan is found in soaps, detergents, deodorants, many cosmetics, toothpastes, mouthwashes, nappies and medical instruments. Bisphenol A is present in many plastics, such as those used in food containers, and the European Union has already banned its use in the production of babies' bottles as a substance whose impact on human health is cause for concern.

The Commission replied that Triclosan general use, as a biocide, is regulated by Directive 98/8/EC concerning the placing on the market of biocidal products. It is currently being evaluated by the Danish Competent Authority for biocidal products in the context of the review of all active substances that were already on the market for use in biocidal products before the year 2000. Once the evaluation has been finalised and peer reviewed at EU level, the Commission will decide based on the conclusions of the evaluation whether and under which conditions biocidal products falling within the scope of Directive 98/8/EC and containing triclosan can continue to be placed on the EU market. The use of biocides in cosmetic products and food contact materials is exempted from the scope of this Directive. In plastic food contact materials the use of triclosan is not authorised at EU level. The Cosmetics Directive currently allows the use of triclosan as a preservative in all cosmetics products at a maximum concentration of 0.3%. Recent opinions of the Scientific Committee for Consumers Safety (SCCS) suggest that the scope of this authorization needs to be reduced. In light of those opinions and of an additional submission of relevant data by the industry, the Commission requested an updated opinion of the SCCS. Once the opinion is available, the Commission may amend the Cosmetics Directive.

- **Dangers linked to the use of Bisphenol A**

The European Commission underlined its decision to propose the prohibition of use of Bisphenol A in infant feeding bottles. The measure has been voted favourably by Member States in the Standing Committee on the Food Chain and Animal Health and is intended to be in place throughout the EU, prohibiting from March 2011 the manufacture of infant feeding bottles with Bisphenol A and as from June 2011 the import and placing on the market of these infant feeding bottles. France and Denmark have already taken national measures on Bisphenol A after careful examination of the currently available scientific information. The Commission Directive 2011/8/EU of 28 January 2011 amending Directive 2002/72/EC as regards the restriction of use of Bisphenol A in plastic infant feeding bottles is available [here](#)

- **Europe's ageing population**

Over the last few years, the percentage of EU citizens over 65 has increased dramatically and with this the burden on the state has grown too. Over the next five decades, the median age of the European Union will rise by between six and almost 13 years . MEP Alan Kelly (S&D) therefore asked the European Commission the policy initiatives it will intend to propose to help Member States with issues, such as pension funding or health system expenditure.

As the number of pensioners in the EU rises and the relative number of working-age people declines, further reforms will be needed if pensions and health-care are to remain adequate and sustainable. Through the [open method of coordination](#) in social protection and social inclusion, the EU supports, monitors and assesses the implementation and impact of national reforms to develop adequate retirement pensions and accessible health-care services, and to ensure their long-term sustainability. The Commission is currently funding studies and exploring ways to enhance the knowledge base on public health performance in order to better support Member States in their decision making on health budgets and management. In addition, the Commission recently published a [Green Paper on pensions to open a pan-European debate on the future of our pension systems](#). The consultation was closed on 15 November 2010. The Commission will now be analysing the responses to see in which areas the EU could make an effective contribution. It will present a report on the outcome of the Green Paper in March 2011 and a follow-up White Paper on Pensions in the second half of 2011. For detailed long-term projections of public social protection expenditure in the Member States, click on the [2009 Ageing Report](#)

- **Discrimination against older people in healthcare services**

MEP Elizabeth Lynne (ALDE) asked the Commission if it had any research or examples outlining the extent of age-based unfair discrimination in access to, and provision and quality of, healthcare in all EU Member States?

Before the Commission drafted its [proposal](#) for a new Directive on equal treatment outside employment, inter alia prohibiting unjustified age discrimination in social protection, including healthcare, it commissioned a study on discrimination on grounds of religion or belief, disability, age or sexual orientation outside employment and a mapping study on existing legislation in the Member States. The Commission is not aware of any quantitative research on the extent of age discrimination in healthcare across the European Union. In the Commission's view it is essential to maintain the scope of the Directive as proposed by the Commission, which includes access to social security and healthcare. Nonetheless, the Member States should continue to be able to allow differences in treatment on grounds of age where they are objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary. The Commission believes that people across the Union should have universal access to high-quality care. On 20 October 2009 it adopted a [communication](#) entitled 'Solidarity in health: Reducing health inequalities in the EU', which promotes actions to improve access and appropriateness of health services. Universal access to high-quality care is also a focus of the Open Method of Coordination (OMC) on health and long-term care and of the Council Conclusions on Common Values and Principles in the European Union Health Systems.

## Other international news

### Interim first report on social determinants of health and the health divide in the WHO European Region

The WHO Regional Office for Europe commissioned a regional review of the health divide and inequalities in health from July 2010 to 2012 in order to inform the new health policy for the Region. The first phase of the review is assessing levels of inequalities in health across the European Region and identifying the barriers to and opportunities for reducing these. The final report on this phase will be completed in December 2010. The [interim report](#), for which this is the summary, has been prepared for discussion in September 2010. It also describes the subsequent stages and content of the rest of the review.

### National, regional, and global trends in body-mass index since 1980

A [report](#) has been published showing that, globally, BMI has increased since 1980. The trends since 1980, and mean population BMI in 2008, varied substantially between nations. Interventions and policies that can curb or reverse the increase, and mitigate the health effects of high BMI by targeting its metabolic mediators, are needed in most countries.

### Preparation of UN first High-level Meeting of the General Assembly on chronic non-communicable disease

In September 2011, the UN will organize its first High-level Meeting of the General Assembly on [chronic non-communicable diseases](#). With this view and in order to prepare this important conference, *the Lancet* launched a series of studies covering diseases, such as cardiovascular, diabetes, cancer, and chronic obstructive respiratory diseases – and present strategies for substantial health gains, monitoring, and scaling up of interventions. All contributions are available [here](#)

### WHO breastfeeding recommendations challenged by industry-funded scientists

The four authors of a new paper in the British Medical Journal are challenging the WHO recommendation of exclusive breastfeeding until 6 months of age. The authors do not challenge the recommendation to continue breastfeeding alongside complementary feeding. Three of the four authors of this study have received funding from the baby food industry. WHO has responded to the controversy created by the four authors with the paper in the BMJ by pointing out: "WHO closely follows new research findings in this area and has a

process for periodically re-examining recommendations. Systematic reviews accompanied by an assessment of the quality of evidence are used to review guidelines in a process that is designed to ensure that the recommendations are based on the best available evidence and free from conflicts of interest. The review found that: "Exclusive breastfeeding for six months (versus three or four months) reduces gastrointestinal infection, does not impair growth, and helps the mother lose weight."

## 5<sup>th</sup> European Working Conditions Survey

Eurofound's new [Survey Mapping Tool](#) gives full access to most of the data in the 5th European Working Conditions Survey, a useful and attractive graphical presentation of the developments in working conditions between 1991 and 2010. The [exposure of women and men to physical hazards](#) differs widely, the 5th European Working Conditions Survey shows. These gender differences have remained more or less constant over time. For instance, 33% of men, but only 10% of women, are regularly exposed to vibrations, while 42% of men, but 24% of women, carry heavy loads. In contrast, 13% of women, but only 5% of men, lift or move people as part of their work. However, similar proportions of men and women work in tiring positions (48% and 45% respectively), or make repetitive hand and arm movements (64% and 63% respectively) which are also the most common physical hazards.

## New EU figures on part-time work highlight persistence of strong gender imbalance

Eurofound, the European Foundation for the Improvement of Living and Working Conditions, has published fresh figures about part time work in Europe in a [report](#) on part-time work in Europe and that shows some key findings. Part-time work is increasing in Europe: between 1999 and 2009. The proportion of women working part-time increased from 28.5% to 32.0%, while the male part-time rate increased from 6.4% to 8.3%. The difference between the part-time rates of males and females is highest in the Netherlands – where over two thirds of working women and about a quarter of working men work part-time. It is followed by Germany and Austria, while in Bulgaria, Romania, Slovakia and Lithuania the part-time rate for men is nearly the same as for women. There is a link between women's part-time work and lack of access to childcare. Although women according to the study work often part-time voluntary to balance work and family life and although it is seen as a way to increase women's labor market participation one should bear in mind that the conditions of part-time workers are worse than those working fulltime, resulting in further gender inequalities in terms of income.

## Can working nights affect long-term health?

German and Danish scientific carried out a 3-year research study and found that effects of working shifts may be more dangerous for the health than we thought. People who work shifts may not be able to comply their natural internal clock with the natural sleep/wake rhythm. To know more about the study, click [here](#)

## Pesticide residue analysis of fruit juices – one year pilot survey

EU Reference Laboratories for Residues of Pesticides studied thirteen types of fruit juices (orange, pineapple, peach, apple, multifruit, mango, strawberry, tomato, pear, mandarin, grape, banana and grapefruit) that were selected to develop an analytical method for the analysis of 53 pesticides by direct injection in LC-MS/MS. Validation of the method was carried out in accordance with EU guidelines. The proposed method was applied to 106 real fruit juice samples purchased in different local markets during a one-year survey in order to validate the suitability for routine analysis. 43% of the analysed samples gave positive results (higher than the practical limits of quantification). To obtain the full text document, click [here](#)

## Towards plain packaging for tobacco products?

The Association of [European Cancer Leagues](#) (ECL) and the Belgian Foundation against Cancer call for the introduction of plain packaging for tobacco products in the revision of the 2001 EU Tobacco Products Directive. Six studies in three EU countries conclude that plain cigarette packaging is less attractive, reduce the promotional appeal of the packs and enhances the visibility of the health warnings.

The 2001 EU Tobacco Products Directive is actually under [review](#). This Directive regulates

the content and labelling of tobacco products in the EU. The European Commission is exploring the merits of introducing plain packaging as part of the revision of the Directive. In its proposal on smoke-free environments, the European Commission called for an EU-wide ban on smoking in public places by 2012, but the proposal has since been withdrawn. By December 2011, the European Commission intends to harmonise health warnings on the packets of tobacco products as a tool to avoid distortion of the internal market, to communicate the dangers of tobacco use and to help smokers to quit. More information is available [here](#)

The European Commission also launched a [public consultation](#) on the possible revision of the Tobacco Products Directive and organised a meeting with stakeholders on the study "Assessing the Impacts of Revising the Tobacco Products Directive". The summary records of this meeting is available [here](#)

### **No smoking in Spanish public spaces**

Fight against tobacco is on the stage all around Europe. Since 2<sup>nd</sup> January 2011, [Spain](#) has been under new law forbidding smoking in all enclosed public spaces. All EU countries currently have regulations of some kind designed to protect people from second-hand smoke and its harmful effects. The rules vary widely from country to country. According to the European Commission, the UK and Ireland have the strictest laws - a complete ban on smoking in indoor workplaces and public places, including public restaurants and bars. Bulgaria was due to follow suit in 2010, but lawmakers watered down the plans to "avoid hurting the tourist industry during tough economic times". Greece, Italy, Malta, Sweden, Latvia, Finland, Slovenia, France and Holland have introduced smoke-free legislation that still allows special enclosed smoking rooms.

### **Report on experience and roles of the EU to the framework Convention on Tobacco control**

A [report](#) has been released on "the experience and roles of the EU to the framework Convention on Tobacco control". This report analyzes the experience of the European Union (EU) in the formation and application of the WHO Framework Convention on Tobacco Control (FCTC), which came into force on 27 February 2005. Its fifth year is a timely moment to review the EU's role in creating and applying the first binding global health treaty of the World

Health Organization. In addition to the 167 nation states that have become parties to the Framework Convention, the European Union is the only and first-ever regional economic organization that has become a full signatory member and party to the FCTC.

## **National and local news**

### **France - Actions to protect older people autonomy**

INPES (National Institute for Prevention and Education for Health) has developed a national system for house cares employees. The aim is to give these people a training in order them to know how to better take into account older people daily autonomy. More information is available [here](#).

### **Lithuania to draw on Estonia's experience to develop eHealth system**

During the international eHealth Conference '[E-Health Tallinn 2010](#)', the Director of the General Affairs Department at the Ministry of Health of the Republic of Lithuania met with representatives from Estonia, among other countries, and praised the Estonian experience of implementing an eHealth strategy. Currently, Estonia has a national record system, which contains the full medical history of patients. Technically, any doctor can access patients' health records, but only for healthcare purposes. According to Estonian law, any person may prevent access to their own health records, however, the effect on further treatment would then be the patient's responsibility. Patients can view logs of who accessed their records and when. For all these projects Estonia has spent around €12 million. The eHealth Foundation is responsible for eHealth development in Estonia. It was set up five years ago by the Ministry of Social Affairs, together with social partners – hospitals and associations.

### **Study of Norwegian regions: Does the socioeconomic context explain**

## both mortality and income inequality?

Studies from various countries have observed worse population health in geographical areas with more income inequality. The psychosocial interpretation of this association is that large income disparities are harmful to health because they generate relative deprivation and undermine social cohesion. An alternative explanation contends that the association between income inequality and ill health arises because the underlying social and economic structures will influence both the level of illness and disease and the size of income differences. In the published [report](#), Norwegian register data covering the entire population were used. The results indicate that the broader socioeconomic context in Norwegian regions has a substantial impact both on mortality and on the level of income disparities.

## Romania: What protection and support for children and young people with HIV?

MEP Corina Crețu (S&D) reminds that there are currently 10 000 people in Romania with HIV/AIDS, 52% of whom are aged between 20 and 24. Ms Crețu therefore wants to know if the European Commission will take steps to improve the situation of young people and children with HIV, in circumstances in which the Romanian authorities are not complying with the legislation prohibiting discrimination against such people?

The European Commission called on relevant authorities to ensure the provision of antiretroviral HIV drugs to all people in need through its Communication on combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013. In this context, the Commission further encourages national authorities in the Member States to assess all possibilities of international financial instruments to scale up HIV/AIDS related health services. However, the provision of medical care and of the medicines that citizens need is also the primary responsibility of the Member States. This issue falls outside the competence of the European Commission.

## UK - Manual workers smoke more but drink less than professionals

Smoking is nearly twice as common among adults in routine and manual occupation groups as it is in managerial and professional groups. In households classified as routine and manual, 29% of adults smoked cigarettes, compared to 15% of adults in managerial and professional households. In contrast, when it comes to drinking, managers and professionals have a higher weekly alcohol intake than routine and manual workers. These facts are set out in *Smoking and drinking among adults, 2009*, published by the ONS as part of the General Lifestyle Survey. The ONS has also released alcohol-related death rates for the UK, England, Wales and Government Office Regions for 2009 (and revised rates for 2002 to 2008 due to revisions in the mid-year population estimates). More information available [here](#).

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