

April II - 2011



EU HEALTH HIGHLIGHTS

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Calendar of events

May

10 May 2011: [Social innovation: European vision, local action](#)
(Brussels, Belgium)

10 May 2011: [Joint JRC Nano Event and 2nd ENPRA Stakeholders Workshop](#)
(Varese, Italy)

10-13 May 2011: [E-Health Week 2011](#)
(Budapest, Hungary)

12 May 2011: [Innovation in Healthcare - Improving Care, Driving Efficiency](#)
(London, UK)

12-13 May 2011: [Smart Mobility for better cities](#)
(La Rochelle, France)

13 May 2011: [The Future of Healthcare in Europe](#)
(London, UK)

19 May 2011: [A smart social inclusion policy for Europe 2020: the role of education and training](#)
(Brussels, Belgium)

19-20 May 2011: [Prevention days](#)
(Paris, France)

19-20 May 2011: [3rd Spanish Conference on chronic care - Building capacity for progress: The role of clinicians](#)
(San Sebastian, Spain)

20 May 2011: [European Health Care Conference 2011 "England and Germany in Europe - What Lessons Can We Learn from Each Other?"](#)
(Hamburg, Germany)

21-23 May 2011: [VII International conference on Rare Diseases and Orphan Drugs](#)
(Tokyo, Japan)

24-27 May 2011: [Green Week](#)
(Brussels, Belgium)

25 May 2011: [Ending Female Genital mutilation: the challenges and opportunities for stakeholders working with practicing communities and policy-makers](#)
(Brussels, Belgium)

25-27 May 2011: [European region](#)

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

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EuroHealthNet has launched its new Website

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Main News Stories

WHO - Efficient public spending essential for health policy objectives

More and efficient public spending on health and better public policies across government are essential for achieving health policy objectives, said Zsuzsanna Jakab, WHO Regional Director for Europe, at a meeting of parliamentarians from the European Union (EU) countries in Budapest, Hungary on 14-15 April 2011. The Hungarian National Assembly organized the meeting of chairpersons of committees on health as part of a series of meetings of parliamentary committee chairpersons. Hungary holds the rotating Presidency of the Council of the EU during the first half of 2011. These meetings were organized within the parliamentary framework related to the Presidency to foster cooperation among national parliaments. Addressing the participants, Zsuzsanna Jakab discussed why a European policy for health is crucial for improving the health of citizens. She presented evidence of health trends in the EU and highlighted the key features of the future European health policy (Health 2020) and why a whole-of-government and whole-society approach is essential. She pointed out that the leading causes of the burden of disease in EU countries show the importance of looking beyond mortality. Along with noncommunicable diseases, including diseases with high mortality such as heart disease and stroke, there are also diseases and conditions that have a high burden of morbidity but would be neglected if one only looked at mortality. Chief among these are conditions related to mental health and those associated with age. For more information, click [here](#).

WHO report: deaths from noncommunicable diseases on the rise, with developing world hit hardest

Noncommunicable diseases are the leading killer today and are on the increase, the first WHO *Global status report on noncommunicable diseases*

[AIDS Conference 2011-HIV in Europe - Unity and Diversity](#)
(Tallin, Estonia)

25 May -28 May 2011: [44th meeting of the European Society for Paediatric gastroenterology, hepatology, and nutrition](#)
(Sorrento, Italy)

25-27 May 2011: [Global Summit of Transport Ministers to Meet in](#)
(Leipzig, Germany)

26 May 2011: [European Flu Summit](#)
(Brussels, Belgium)

26 May 2011: [E-Health Congress 2011 - Innovative Support for Clinical Decision](#)
(Bucharest, Romania)

26 May 2011: [Participation in Health Promotion](#)
(Kremz, Austria)

June

9 June 2011: [Health Impact Assessment](#)
(Vienna, Austria)

9-10 June 2011 - [FP7 Health: Open Information Day & Brokerage event](#)
(Brussels, Belgium)

10-11 June 2011: [Jornadas Internacionales de Alimentación y Salud Mental de la Mujer](#)
(Madrid, Spain)

14 June 2011: [World donor day](#)

16-17 June 2011: [3rd Injury prevention Conference](#)
(Budapest, Hungary)

17 June 2011: [Info Day on FP7 Environment Research](#)
(Brussels, Belgium)

23-25 June 2011: [Mental health care in Europe-Learning from differences](#)
(Ulm, Germany)

30 June 2011: [Mainstreaming Health Promotion: Promoting Health Across Sectors](#)
(Galway, Ireland)

July

12-13 July 2011: [Rights and Needs of Older Patients](#)
(Warsaw, Poland)

25-27 July 2011 - [Environmental Health Risk](#)
(Riga, Latvia)

August

(NCDs) confirms. In 2008, 36.1 million people died from conditions such as heart disease, strokes, chronic lung diseases, cancers and diabetes. But millions of deaths can be prevented by stronger implementation of measures that exist today. These include policies that promote government-wide action against NCDs: stronger anti-tobacco controls and promoting healthier diets, physical activity, and reducing harmful use of alcohol; along with improving people's access to essential health care.

The *Global status report on NCDs* provides global, regional and country-specific statistics, evidence, and experiences needed to launch a more forceful response to the growing threat posed by chronic noncommunicable diseases. It provides a baseline to chart future NCD trends and responses in countries, including in terms of its socioeconomic impacts. The report provides advice and recommendations for all countries and pays special attention to conditions in low- and middle-income countries which are hardest hit by NCDs. Cardiovascular diseases account for most NCD deaths, or 17 million people annually, followed by cancer (7.6 million), respiratory disease (4.2 million), and diabetes (1.3 million). These four groups of diseases account for around 80% of all NCD deaths, and share four common risk factors:

- tobacco use
- physical inactivity
- the harmful use of alcohol and
- poor diets.

This new report is a key component of the 2008-2013 Action Plan for the implementation of the WHO Global Strategy on the Prevention and Control of Noncommunicable Diseases. This Action Plan was endorsed by the 2008 World Health Assembly. It provides countries a roadmap for taking action against NCDs, including raising the priority of NCD control, improving disease surveillance, enabling governments to take comprehensive action against the diseases, and protecting countries, particularly developing, from the burden of the epidemic. The report is a key milestone in the build-up to the first-ever UN General Assembly High-level Meeting on the Prevention and Control of NCDs, being held in New York on 19-20 September, 2011.

For more information, click [here](#).

The Global status report on noncommunicable diseases 2010 is available [here](#)

WHO - Social Determinants of Health Discussion Paper Series and conference

The Department of Ethics, Equity, Trade and Human Rights of WHO launched a WHO publication series devoted to the social determinants of health. The series will explore themes related to strategy, governance, tools and capacity building for addressing the social determinants of health to improve health equity. Papers will also include reviews of country experiences.

- The report "Action on the Social Determinants of Health: learning from previous experiences" is available [here](#)
- The report " A Conceptual Framework for Action on the Social Determinants of Health" is available [here](#)
- The report " Monitoring Social Well-being to Support Policies on the Social Determinants of Health: the case of New Zealand's "Social Reports/Te Purongo Oranga Tangata" is available [here](#)

A second set of papers will be published immediately prior to the World Conference on Social Determinants of Health in Rio de Janeiro, Brazil 19-21 October 2011. The aim of the Conference is to bring Member States and other actors together to catalyze high level political support for national policies to address social determinants of health to reduce health

25-26 August 2011: [Swiss Public Health Conference "Chronical diseases – A global challenge"](#)
(Bale, Switzerland)

September

6-7 September 2011 – [High Level Conference on EU Health Programmes](#)
(Brussels, Belgium)

7 September 2011: [Nationale Tagung für betriebliche Gesundheitsförderung 2011 "Stress und Arbeit: Die aktuellen Herausforderungen"](#)
(Bern, Switzerland)

8-9 September 2011 – [Public Health Conference 2011](#)
(London, UK)

11-14 September 2011: [17th International meeting of the European Society of Gynaecological Oncology](#)
(Milan, Italy)

14-15 September 2011: [Expert conference on the ability to work, health and productivity during professional life](#)
(Bregenz, Austria)

19-20 September 2011: [United Nations high-level meeting on non communicable disease prevention and control](#)
(New-York, USA)

26-27 September 2011: [Assets for health and wellbeing across life course: International Conference 2011](#)
(London, UK)

26-28 September 2011: [Vaccination and Antibody, Prevention and Therapy of Nosocomial Diseases](#)
(Annecy, France)

28 September – 1st October 2011: [7th Congress of the EU Geriatrics Medicine Society](#)
(Malaga, Spain)

October

5-7 October 2011: [International symposium on health benefits of foods](#)
(Prague, Czech Republic)

5-8 October 2011: [14th European Health Forum Gastein](#)
(Gastein, Austria)

10 October 2011: [World mental Health Day](#)

13-15 October 2011: [21st Alzheimer Europe conference](#)
(Warsaw, Poland)

16-19 October 2011: [World](#)

inequities. Its specific objectives are to:

- strengthen political commitment by Member States to develop and implement national policies on social determinants of health to reduce health inequities;
- share experiences, challenges and technical knowledge on addressing social determinants of health, taking into account the need for strengthening governance arrangements and learning from different contexts.

The Conference will serve as a catalyst for the coordination of efforts by national governments, international agencies, academic institutions and civil society organizations in the fight against health inequities. 800 participants are expected, including delegates from health and other sectors, Civil society organizations, academics, the private sector and representatives from WHO and other UN and international agencies. Participation will be by invitation only. Participating Member States will be requested to approve the Rio Declaration that will express the global political commitment to implement action on the social determinants of health. The main themes that will be tackled during the conference are:

- Governance to tackle the root causes of health inequities: implementing intersectoral action and Health in All Policies.
- Health systems as a social determinant: the role of the health sector, including services and public health programmes, in improving health inequities.
- Monitoring progress: measurement and analysis of health inequities and policies to address social determinants.
- Promoting participation: community leadership for action on social determinants.
- Action on social determinants to achieve global priorities and the role of global partners.

For more information, click [here](#)

European Commission - conference - Towards the European Year for Active Ageing and Solidarity between Generations (2012)

The European Commission held a conference "Towards the European Year for Active Ageing and Solidarity between Generations (2012)" to celebrate the 3rd European Day on Solidarity between Generations. The conference brought together Member States, regional and local authorities, social partners and civil society organisations and is an important milestone in finalising plans for the European Year 2012. A first version of the future [website](#) of the European Year 2012 was also launched.

- *EuroHealthNet is part of the EY2012 Coalition, led by AGE Platform Europe, which brings about 20 European organisations who share a common vision of a society for all ages. To support its call and ensure a lasting impact for the EY2012, the coalition launched a [joint leaflet on the EU Year 2012](#), which was presented at the EU conference. The objective of this publication is to inform the public about the EY2012 and to mobilize as many stakeholders as possible to support the Year's objectives of active ageing at work, active ageing in the community and support to independent living. The leaflet also proposes recommendations and examples of good practices at all levels, and it explains how everyone can get involved in the Year and promote it.*

The 2012 European Year for Active Ageing and Solidarity between Generations website is available [here](#).

The joint leaflet elaborated by the EY2012 Coalition is available [here](#).

[Alliance for Risk Factor Surveillance \(WARFS\) Seventh Global Conference](#)
(Toronto, Ontario, Canada)

19-21 October 2011: [World Conference on Social Determinants of health](#)
(Rio de Janeiro, Brazil)

21-22 October 2011: [Evolving Challenges in promoting cardiovascular health](#)
(Barcelona, Spain)

November

2-3 November 2011: [Ageing Globally – Ageing Locally” Planning all Our Futures](#)
(Dublin, Ireland)

7-11 November 2011: [Qualitative and Quantitative Research methods in Health care and Medicine Use](#)
(Copenhagen, Denmark)

9-11 November 2011: [6th World Congress on Tissue Banking](#)
(Barcelona, Spain)

10-12 November 2011: [Welfare Development and health](#)
(Copenhagen Denmark)

20-23 November 2011: [3rd International TEMOS Conference “Healthcare abroad and medical tourism”](#)
(Cologne, Germany)

23-25 November 2011: [ECDC Annual meeting on antimicrobial resistance and healthcare-associated infections](#)
(Warsaw, Poland)

More online

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

New Publications

Eurostat - Health and safety at work in Europe (1999-2007)
Available [here](#)

OSH in figures: Occupational safety and health in the transport sector – An overview
Available [here](#)

WHO - Monitoring Equity in Access to AIDS treatment programmes: A review of concepts, models, methods and indicators
Available [here](#)

WHO- Reports on Social Determinants of Health
Available [here](#)

Printed copies can be requested [here](#).

For more information about the EY2012 Coalition, click [here](#).

The Website of the EU conference "Towards the European Year for Active Ageing and Solidarity between Generations (2012) is available [here](#).

Speech by Commissioner Nelly Kroes is available [here](#).

European Commission - Conference - EU Health Programmes: results and future perspectives

The European Commission will organise a Conference on EU Health Programmes, which will take place on 06-07 September 2011. Registration form and all necessary information will be soon available [here](#).

- *EuroHealthNet welcomes this important initiative to consider the mid-term evaluation of the EU Public Health Action Programme 2008-13. Most of EuroHealthNet current [projects](#) focus on how (health) policies can contribute to reducing health inequalities and inequalities in the (social) determinants of health, and on promoting health in all policies. In addition, EuroHealthNet participates in projects on [health promotion](#) dealing with the issues of the changing society, such as healthy ageing and sustainability.*

Stakeholder consultation on health security in the European Union

Stakeholders are invited to provide comments to the consultation, which seeks views on what action the European Commission should take to protect EU citizens more effectively against serious cross-border health threats. The Council of the European Union invited Member States in 2010 to further improve their coordination and collaboration in facing serious cross-border health threats, including a coherent approach to preparedness and response to pandemic influenza and to other public health emergencies of international concern. This implies reinforced preparedness, ensuring coherent risk assessment and risk management as well as improving the coordination of public communication on any matter related to health-related crisis involving or likely to threaten more than one Member State.

The deadline is 11 May 2011.

The online questionnaire is available [here](#).

For more information, click [here](#).

Conference on the Common Strategic Framework for EU research and innovation funding – 10 June 2011

The conference organized by the European Commission on 10 June 2011 is aimed at anyone interested in the development of the next Strategic Framework Programme for Research and Innovation of the European Union. Stakeholders are especially invited to take part in making EU funding more attractive and easier to access for participants. The conference will wrap up the public consultation on the Green Paper, present the results and give the stakeholder community an opportunity to discuss them. Hence it will focus on how best to support research and innovation for the future of Europe.

To register, click [here](#)

The programme is available [here](#).

EU News

European Commission

Directive on Cross-border healthcare – Implementation roadmap

The Council approved the proposed Directive on 28th February 2011 and the transposition period of 30 months will end around October 2013. The Commission has the duty to oversee the transposition process. For this purpose and according to Article 21, "*Member States shall communicate to the Commission the text of the main provisions of national law which they adopt in the field covered by this Directive*". To prepare this process, the Commission is planning visits to Member States to discuss the necessary transposition measures and to provide assistance, if requested, regarding the correct transposition of the Directive. For that purpose, the Commission is preparing a questionnaire for national authorities, to be sent before the summer. Questions will focus on the national legislation and current practices. The aim of such a questionnaire is to help identifying the necessary modifications to existing national legislation. It will thus serve as the basis for discussions with Member States on the transposition measures they intend to take in order to comply with the provisions of the Directive. The ultimate responsibility of Union law lies with the Court of Justice of the European Union. However, to assist all players concerned to understand and transpose the Directive, the Commission will work on guidelines on some of its provisions, in particular to answer questions raised by Member States. These "guidelines" will be discussed within the Working Party on Cross-Border Healthcare.

For more information, click [here](#).

European Alcohol and Health Forum – Publication of the 7th Science Meeting report

Alcohol related harm is a major public health concern in the EU accountable for over 7% of all ill health and early deaths. To fight alcoholism, the European Commission set up the EU Alcohol and Health Forum, which is a platform where bodies active at European level can debate, compare approaches and act to tackle alcohol related harm. The summary report of the seventh Meeting of the Science Group of the European Alcohol and Health Forum has now been published and is available [here](#).

EU-funded breakthrough in malaria treatment in the run up to World Malaria Day

EU-funded researchers have discovered that drugs originally designed to inhibit the growth of cancer cells can also kill the parasite that causes malaria. They believe this discovery could open up a new strategy for combating this deadly disease, which, according to [World Health Organization statistics](#), infected around 225 million and killed nearly 800 000 people worldwide in 2009. Efforts to find a treatment have so far been hampered by the parasite's ability to quickly develop drug resistance. The research involved four projects funded by the EU (ANTIMAL, BIOMALPAR, MALSIG and EVIMALAR) and was led by laboratories in the UK, France and Switzerland with partners from Belgium, Germany, Denmark, Greece, Spain, Italy, Netherlands, Portugal, and Sweden, along with many developing nations severely affected by malaria.

Since 2002, the EU has invested nearly EUR 180 million in malaria research through the EU's Framework Programmes for Research (FP6, 2002-2006, and FP7, 2007-2013). The EU also contributes to the European and Developing Countries Clinical Trials Partnership (EDCTP) which aims to accelerate the development of new or improved drugs, vaccines and microbicides against HIV/AIDS, malaria and tuberculosis. Established in 2003, this successful ongoing European and African collaboration focuses on clinical trials as well as capacity building in sub-Saharan Africa. To date,

10 clinical trials on malaria costing EUR 69 million have been financed under EDCTP with EUR 35 million support from the EU.

For more information about Malaria research under the 7th Framework Programme, click [here](#).

To access the World Malaria Report 2010 from WHO, click [here](#)

The European Commission Press Release on World Malaria Day is available [here](#).

[European Community Health Indicators \(ECHI\) - Data on Low birth weight updated](#)

The ECHI (European Community Health Indicators) project was carried out under the Health Monitoring Programme and the Community Public Health Programme 2003-2008. The result is a list of 88 'indicators' for the public health field arranged according to a conceptual view on health and health determinants. Under the second Health programme (2008 – 2013), the ECHIM joint action aims to consolidate and expand the ECHI Indicator system towards a sustainable health monitoring system in Europe. Within the list of 88 health indicators, some are already implemented (I). To access data and metadata, click on the indicator to go to the [Heidi data toolTranslations.](#)

Indicators are available [here](#).

[Speech by Commissioner Johannes Hahn - Improving the impact of Cohesion Policy through an integrated place-based approach](#)

Johannes Hahn, Commissioner responsible for Regional Policy, underlined the necessity to move away from the traditional view of Cohesion policy as a redistributive instrument, as a simple transfer of financial resources from rich to poor regions. These are also the key objectives of Europe 2020. In favour of an integrated approach, Johannes Hahn stressed that through an EU level strategy (the Common Strategic Framework) – more coordination and better coherence is ensured between actions funded by different policies (Cohesion policy as well as rural development and fisheries policies) not only at the EU but also at Member State level. He ensured that for the new Cohesion policy to work, Europe will need a large mobilization of expertise, knowledge, and analysis to:

- to develop outcome indicators and monitor them;
- to assess the quality of Member States' strategies and programmes;
- to evaluate progress of programmes;
- to discuss with Member States and convince them sometime that their strategies need to be reformulated; and
- to negotiate precise conditionality linked to programmes and priorities.

The speech by Commissioner Johannes Hahn is available [here](#).

- *For EuroHealthNet, regional disparities jeopardize the health and well-being of EU citizens. In particular, health inequalities both within and between Member States pose a significant challenge for the sustainable future of the EU and undermine the EU's central aim to 'promote peace, its values and the well-being of its peoples'. The next phase of the cohesion policy is likely to focus much more upon evidence-based policy-making, and upon setting measurable external indicators for success. It will determine how the cohesion funds will be spent – a total of over 347 billion Euro for the current 2007-13*

period. Elements within the debate will include an analysis by the European Commission of strategic reporting by Member States as to the extent to which they are achieving the objectives of cohesion policy, and a cohesion report in 2010 from the European Commission which will provide detailed evaluation of economic and social disparities between European regions. It is crucial that health equity evidence is included in this planning and investment process.

EuroHealthNet position on Cohesion policy is available [here](#).

European Parliament

[The missing option for the CAP post 2013 - Will CAP reform ensure Food Sovereignty and Preserve Natural Resources? – 3 May 2011](#)

A political debate will be organized at the European Parliament by the European Coordination - Via Campesina within the European Network for Food Sovereignty and another CAP (FoodSovCap), and MEP Marc Tarabella (S&D) - to exchange opinions on the CAP reform and its impact on food sovereignty and the conservation of natural resources. In the first week of June, the European Parliament will vote on its draft report responding to the communication of Commissioner Ciolos on the future of the European Common Agriculture Policy post 2013. FoodSovCap, a broad coalition of more than 100 European organisations, among them European Coordination Via Campesina, who is a founding member of this network, elaborated a fourth, missing, option based on the food sovereignty principles of the European Food Declaration signed by more than 300 organizations, including EPHAC, the consortium in which EuroHealthNet is currently involved.

More information on the programme, and registration, are available [here](#).
The programme is available [here](#).

- In the frame of its common response in the frame of EPHAC to “The reform of the CAP towards 2020 - Impact Assessment”, EuroHealthNet underlined that while quality is important in maintaining EU competitiveness in agriculture, this must not be at the expense of the affordability of a safe and nutritious diet for all. The primary role of EU agriculture is and should remain guaranteeing the production of safe, nutritious, affordable food. CAP should not promote production and export of “crops” or products defined as public health damaging (such as tobacco) whilst the EU is increasing efforts and funding to encourage healthier lifestyles. For EuroHealthNet, the CAP should address extreme price volatility in food prices, not just to ensure the livelihood of farmers, but ensure that food is affordable for all layers of society. Instruments should be developed that not only manage crisis but work towards a more sustainable and fair food system, addressing concentration and power in the food system to prevent distortions and instability in prices or food availability. CAP must also support investment in innovation in agriculture and food, providing a balanced research agenda that not only invests in new technology, but agro-ecological and human ecological models of research.*

EuroHealthNet’s response to the “The reform of the CAP towards 2020 - Impact Assessment” is available [here](#).

EuroHealthNet is also part of European Public Health and Agriculture Consortium (EPHAC). EPHAC Website is available [here](#).

Formal Responses to Parliamentary Questions

Better school food programmes

Cătălin Sorin Ivan and Daciana Octavia Sârbu - (Romania, S&D) – ask if the Commission wishes to improve the existing programmes to ensure that school children receive healthy, high-quality food that conforms to EU standards during school hours.

Commissioner Ciolos, in charge of agriculture and rural development, reminds that "The European School Milk and School Fruit schemes" intends to encourage the consumption of healthy, high quality products to children. The European School Milk Scheme was revised in 2008 and 2009 and new products have been added to the list of eligible products. There is a wide variety of products, including milk and flavoured milks, milk with fruit juice, fermented milk products, fermented milk products with fruit, with fruit juice, and different type of cheeses, available under the scheme. It goes without saying that every product under the scheme must fulfil the health and sanitary requirements of the European Union. Although the scheme establishes a list of eligible products, it is left to the discretion of the Member States which products they wish to distribute to their pupils. In the 2009/2010 school year, Romania was one of the biggest beneficiaries of the School Milk Scheme. As concerns the School Fruit Scheme, it is up to the Member States to establish, in their strategy, the list of eligible products from the fresh and processed fruit and vegetables sectors and banana products and this list has to be endorsed by the competent health authority. So Member States have a wide variety of produce available for the implementation of the scheme. Products are chosen on the basis of objective criteria, which may include seasonality, availability or environmental concerns. Preference can also be given to products of EU origin. In 2010/2011 school year, Romania was the third biggest beneficiary of the EU aid after Italy and Germany, receiving EUR 9.6 million out of a total of EUR 90 million allocated. The Commission is constantly working on the improvement of the Scheme. A first step in this direction is Commission Regulation (EU) No 34/2011 aimed at simplifying some provisions and ensuring more clarity and more flexibility in the implementation of the Scheme. The Commission will present in 2012 a report to the Parliament and the Council on the application of the Scheme accompanied, if necessary, by appropriate proposals.

Regulation of smokeless tobacco products

Christofer Fjellner (Sweden, PPE) asks the Commission how it intends to guarantee a high level of product and consumer safety for all smokeless tobacco products used by EU citizens?

Commissioner Dalli points out that during the latest World Health Organisation (WHO) Framework Convention on Tobacco control (FCTC) meeting in November 2010 in which it participated, the Conference of the Parties decided "*to request the Convention Secretariat to prepare jointly with WHO's Tobacco Free Initiative a comprehensive report based on the experience of Parties on the matter of smokeless tobacco products and nicotine delivery systems including electronic cigarettes for consideration at the fifth session of the Conference of the Parties*". The issue of how smokeless tobacco products should be treated is one of the areas subject to the ongoing review of the Tobacco Products Directive. The detrimental health effects of snus and other types of smokeless tobacco were confirmed by the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) on 6 February 2008. The SCENIHR opinion concludes that oral tobacco in all its forms can cause cancer, with pancreas as a main target organ; increases the risk of death after myocardial infarction and is addictive since snus users develop cravings and nicotine withdrawal

symptoms, when attempting to abstain, and find it difficult to quit.

Innovation partnership on active and healthy ageing

Lambert van Nistelrooij (The Netherlands, PPE) asks the Commission what further steps are to be taken now that a consultation has been held and a steering board set up and what role does it see for the innovation partnership in the European Year of Active Ageing and Solidarity between Generations. When will the Commission launch a second innovation partnership, and in so doing, how will it use the initial experiences and results of the current innovation partnership?

The **Commission** underlines that recent Council Conclusions on preparatory work for the pilot European Innovation Partnership (EIP) "Active and Healthy Ageing", as adopted by the Council ("Competitiveness") at its meeting on 9-10 March 2011 mark the start of the pilot EIP functioning, with the establishment of a Steering Group and the envisaged participation of representatives of Member States representatives (i.e. Belgium, Spain, Hungary and Poland) in the work of the Partnership.

The Commission will then, and in principle before the end of 2011, present its views and proposals in a Communication to Council and Parliament for their political endorsement. The Commission will seek to build synergies between the pilot EIP on Active and healthy Ageing and the 2012 European Year for Active Ageing. The European Year 2012 should ensure greater visibility for the EIP. On the other hand, the EIP, which will run until 2020, could be a good vehicle to implement some of the commitments undertaken by stakeholders during the 2012 European Year on Active Ageing and respond to the call of the Council for common principles for active ageing (EPSCO Council conclusions on active ageing adopted in 7 June 2010). On the basis of the Council conclusions of 26 November 2010 and also taking into account the experience in setting up the present pilot EIP, the views of the stakeholders, and the evaluation of the pilot EIP later in the year, the Commission expects to launch a second wave of innovation partnerships by end of 2011.

Raising public awareness concerning dementia

Anneli Jäätteenmäki (Finland, ALDE) reminds that the European Parliament recently adopted a [resolution](#) on a European initiative on Alzheimer's disease and other dementias where it urged the Commission to raise public awareness in the Union concerning dementia. How will the Commission do so?

Commissioner Dalli underlines that the Commission is already acting on most of the issues underlined by European Parliament Resolution. Many such actions were foreseen in the Commission's "[European Initiative on Alzheimer's and other dementia](#)" launched in 2009. In this context, the Commission has recently launched a Joint Action with the Member States. The Commission will report to the Parliament on progress made in 2013, as established in the Commission Communication on a European Initiative on Alzheimer's.

Rights of HIV/AIDS and multiple sclerosis patients in the life insurance sector

Patrizia Toia and Silvia Costa - (Italy, S&D) - remind that people suffering from HIV and multiple sclerosis are still excluded from the life insurance market in many European countries. Therefore, what action will the Commission take to encourage Member States to adopt appropriate measures to prevent discrimination against people with multiple sclerosis? What action will the Commission take to ensure that Member States take due account of the positive results of research and become more open-

minded in their attitudes towards HIV/AIDS?

Commissioner Reding, responsible for Justice, Fundamental Rights and Citizenship, states the Commission is aware of the difficulties faced by people with chronic diseases in accessing certain financial products such as life insurance. On the other hand the Commission highlights the need for private insurance providers to take account of their customers' individual characteristics (including their health status) in the risk assessment process which determines the availability and the price of insurance products. The European Union can take action to combat discrimination on the grounds listed in Article 19 TFEU. These grounds include disability, but not chronic diseases. There is no explicit definition of disability at EU level, but the Court of Justice of the European Union has stated in the employment context that "the concept of 'disability' must be understood as referring to a limitation which results in particular from physical, mental or psychological impairments and which hinders the participation of the person concerned in professional life". There is currently no legal protection at EU level from discrimination on grounds of disability outside of the employment context. The Commission adopted a proposal for a Directive in 2008 that would prohibit discrimination – inter alia – based on disability in access to services (including financial services). That proposal includes a provision stating that "in the provision of financial services Member States may permit proportionate differences in treatment where, for the product in question, the use of age or disability is a key factor in the assessment of risk based on relevant and accurate actuarial or statistical data" (Article 2(7)). The draft Directive is currently still under discussion in the Council. If a chronic disease can be qualified as a disability, it would be covered by the Directive – once it is adopted. The Commission is cooperating with the Member States and further stakeholders to implement actions presented in the Commission [communication](#) on combating HIV/AIDS in the EU and neighbouring countries, 2009-2013.

Seventh Framework Programme (FP7) research on the benefits of sporting activity within the EU

Liam Aylward (Ireland, ALDE) asks the Commission to outline what research studies it has undertaken and proposes to undertake in the coming years to promote the social, health and community benefits of sporting activity within the EU in the context of the Seventh Framework Programme for Research and Technological Development from 2007 – 2013.

The **Commission** replies that while the 7th Framework Programme for Research and Technological development (FP7, 2007-2013) does not provide for sports-related research as such, FP7 does promote research on the health benefits of physical activity. The FP7 Health and Food, Agriculture and Fisheries Biotechnologies Themes and the Regions of Knowledge activity, have however addressed physical activity and its links to health promotion and disease prevention and development through a number of FP7 projects. Some EUR 39 million have been invested in such research funding over the period 2005 to 2010, translating into some eight EU projects. On-going evaluations may also result in other projects being funded in this area. A number of relevant FP7 projects have been funded over the last four years. The PAPA project aims to promote adolescent health through a behavioural change intervention aimed at improved the quality of their participation in physical activity via youth sport, in particular football. The TEMPEST and ENERGY projects that address physical activity as part of their work on health related determinants, and the DALI project one aim of which is to establish the role of physical activity as a preventive measure against gestational diabetes development. The EXGENSIS project (FP6) focuses on intracellular signaling pathways

during exercise and the effects of such exercise. The TOYBOX project uses behavioural models to understand and promote fun, healthy food, play and policy for the prevention of obesity in early childhood, while the I.FAMILY project starting in March 2012 will investigate how the built environment impacts on physical activity, sedentary behaviours and sleep patterns interact with dietary behaviour. At a regional level, the AFRESH project aims at developing a research agenda for reducing diet- and physical inactivity-related (chronic) diseases, such as diabetes, obesity, cardiovascular diseases and various types of cancer, by developing innovative products and services within the field of nutrition and physical activity.

[Revision of Directive concerning certain aspects of the organisation of working time for salaried doctors](#)

Philippe Juvin (France, PPE) reminds the [consultation](#) launched by the Commission on 24 March 2010 on a new proposal for a revision of the directive. Therefore, What does the Commission intend proposing in terms of a maximum number of working hours per week for salaried doctors? If the opt-out were to be retained, has the Commission properly assessed its consequences for the health of doctors and the safety of patients? Despite the importance of considering on-call time (the period when employees are available at their place of work to take action rapidly) to be effective working time, is the Commission nevertheless intending to reintroduce a distinction between active on-call time and inactive on-call time? If so, is the Commission aware that such a measure would be technically impossible to implement and would result in the hardship and the value of a salaried doctor's work during on-call time not being recognised? What, precisely, is the Commission's position on the question of the 'safety rest' and the possibility of it being postponed?

Commissioner Andor, responsible for employment and Social Affairs, underlines that the Commission recently published its position on these questions in a second-stage consultation paper on the review of the Working Time Directive, addressed to the social partners at European level. This paper identifies two alternatives arising from the replies to the first phase consultation: a limited review, dealing only with on-call time and compensatory rest, or a broader review which would take account of other issues. It asks the social partners to indicate their views on these alternatives. For this purpose, the Commission made various studies available to the social partners, including on the use of the opt-out in the Member States and on the health and safety impact of different working time patterns. The consultation paper sets out a range of detailed options on which the social partners are asked for their opinions. Regarding on-call time, the approach put forward would recognise the principle that all on-call time at the workplace is working time, not rest time, and would not require introducing a distinction between 'active' and 'inactive' periods. The consultation paper also sets out the different considerations about the timing of minimum rest, and asks the social partners to put forward their views. The Commission has not yet formulated its detailed proposals for amending the Directive, as it is still completing its analysis of the replies to the second stage consultation and its impact assessment work.

Other

[European Centre for Disease Prevention and Control \(ECDC\) - European Immunization Week](#)

In support of "[European Immunization Week](#)" on 23-30 April, ECDC together with European countries and WHO Europe participated in the sixth European Immunization Week. This year's theme, "Shared solutions to

common threats", highlights the importance of collaborating and sharing both experiences and solutions for achieving immunisation goals, such as eliminating measles and rubella by 2015 which is a [renewed commitment](#) from WHO Europe. ECDC is contributing to supporting immunisation by developing technical support with its Member States through enhanced surveillance, conducting outbreak investigations and continuing health communication activities such as our '[Spotlight on Immunisation 2011](#)'.

For more information, click [here](#).

[OSHA - World Day for Safety and Health at Work - OSH management system: A tool for continual improvement](#)

April 28 was the annual World Day for Safety and Health at work. Since 2003, the [ILO](#) has observed World Day, stressing the prevention of accidents and ill-health at work through social dialogue and tripartism. The European Agency for Safety and Health at Work is supporting the ILO by holding the [good practice awards](#) ceremony for its Safe Maintenance Campaign in Hungary on April 28. This day is also when workers' organisations remember those who have died at work.

"**OSH management system: A tool for continual improvement**" is the ILO theme for this year, making it clear that protecting workers is not a "one-off". It requires an ongoing systematic approach, which is present in the European occupational safety and health system. EU-OSHA promotes a five step approach to prevention. The steps are:

- Identify the hazards and those at risk
- Evaluate and prioritise the risks
- Decide on preventive actions
- Take action
- Monitor and review the situation.

For more details, click [here](#).

National and local news

[Denmark – Report on the influence of trans fatty acids on health](#)

The Danish Nutrition Council published a report on the influence of trans fatty acids on health. The aim is to provide a useful tool in work on eliminating these fatty acids, which are harmful to health, from food products, also in countries outside Denmark. A debate on the phasing-out of industrially produced *trans* fatty acids in food products has been initiated over the last few years in the EU, and particularly in the USA. In Denmark, this debate started in 1994 following the publication of the Danish Nutrition Council's first report, which actually dealt with *trans* fatty acids and contributed to a significant fall in the consumption of these fatty acids by Danes. On March 11, 2003 the Danish government decided to phase out the use of industrially produced *trans* fatty acids in food before the end of 2003.

To access the report, click [here](#).

[France - scientists find connection between obesity and breast cancer](#)

Researchers from France's *Institut national de la santé et de la recherche médicale* (INSERM), in cooperation with the *Université Paul Sabatier* and the *Centre national de la recherche scientifique* (CNRS), made a groundbreaking discovery that adipose cells, what experts call adipocytes,

find a niche near breast tumours. According to the team, adipocytes can transform the characteristics of cancerous cells when they are linked with tumours, thus resulting in more aggressive cancerous cells. Past research studies have in fact found a connection between the 'aggressiveness' of breast cancer in women, but no concrete evidence ever surfaced. In order to find the missing piece of the puzzle, the French team investigated the cross-talk between adipose cells and tumour cells. Fat tissue, of which adipose cells are the main component, largely makes up the external part of the breast. The adipose cells, known for their ability to store and release fats, can also secrete many proteins. So the key question for the researchers was to determine whether these proteins actually contribute to breast cancer development.

For more information, click [here](#).

The Institut national de la santé et de la recherche médicale (INSERM) website is available [here](#).

[Hungary – National Institute for Health Development \(OEFI\) – “Health Inequalities: Engagement In Health. What Can Be Done At Local Level?”- 12 May 2011](#)

The Hungarian Institute for health development (OEFI) organizes a conference on 12 May 2011 regarding “*Health Inequalities: Engagement In Health. What Can Be Done At Local Level?*” issues such as New Health Policy for Europe, Health and Workplace and Engagement in Health will be treated. The presentation of Adaptable Pilot Programmes and Good Practices will also be carried out.

For more information, click [here](#).

[Hungary - Hungary's public places and workplaces smoke free from January 2012](#)

The Hungarian Parliament passed legislation that will make public places, restaurants, bars and other workplaces in the country smoke free starting in January 2012. Strong evidence indicates that making public places smoke free greatly benefits health, and governments are finding that the health gains from taking action outweigh the perceived political costs. Each year, tobacco leads to 30 000 premature deaths in Hungary, and 2300 deaths are due to second-hand smoke. In addition, Hungary's rate of lung cancer in men is the highest in the world. Tobacco is the leading risk factor for premature death in the WHO European Region, causing about 1.6 million deaths a year.

For details, click [here](#).

[Latvia - New public health strategy](#)

Latvia has launched a new public health strategy for 2011–2017 in partnership with WHO/Europe. The strategy was launched and discussed at a Better Health for All in Latvia conference in Riga this week. Addressing the conference, WHO Regional Director for Europe Zsuzsanna Jakab assured Latvia that WHO would continue to support and partner with the government in developing and implementing the strategy, which includes a renewed emphasis on disease prevention and health promotion as well as addressing inequity in health. Zsuzsanna Jakab also held meetings with Prime Minister Valdis Dombrovskis and other ministers at the National Development Board, during which she emphasized the need for increasing investment in public health. WHO studies show that insufficient public health spending increases out-of-pocket payments and results in impoverishing large parts of the population. Health indicators in Latvia have

started to improve in recent years due to well-planned and carefully implemented government policies. However, the indicators as well as public health expenditure are still lower than they should be. In September 2010, WHO experts spoke at the Latvian parliament on the health-budget challenges facing the country because of the economic crisis. The Regional Director thanked the Prime Minister for his political commitment to public health and requested him to assist WHO in convincing other prime ministers and finance ministers to continue to invest in health in the face of economic recession and increasing health care costs across Europe. President Valdis Zatlers and Minister of Health Juris Bārdziņš opened the conference, and about 400 delegates attended, including representatives of ministries, health care funding agencies, hospitals, professional associations and academic institutions in Latvia.

For more details, click [here](#).

[Switzerland – Health Promotion Switzerland – Publication of the annual report 2010](#)

Two main events happened in 2010. The 20th World Conference on Health Promotion (11-15 June 2010) as well as the draft legislation on health prevention. The World conference has been more than welcome among the 2000 participants coming from more than 120 countries. Health Promotion and Sustainable Development was the main theme. In addition, Health Promotion Switzerland welcomes the draft legislation of health prevention. The Friendly Work Space Label has become a researched criterion for quality. The VitaLab project has also convinced small companies to commit in health promotion. With such a regional approach, Health Promotion Switzerland can support projects that can be developed in an autonomous way.

For more information, click [here](#).

[Wales – Public Health Wales - Non Communicable Disease Prevention: Investments that Work for Physical Activity](#)

This is a complementary document to the Toronto Charter for Physical Activity: A Global Call for Action, launched in May 2010 at the 3rd International Congress for Physical Activity and Health in Canada by GAPA (Global Advocacy for Physical Activity).

Investments that Work identifies seven best investments to increase population levels of physical activity which, if applied at sufficient scale will make a significant contribution to reducing the burden of non-communicable diseases and promote population health. In addition, these investments will contribute to improving the quality of life and the environments in which we live. GAPA encourage to use these documents to support your work and in advocacy to raise the priority of physical activity and the benefits of investment and increased actions. Both documents are available on the GAPA website www.globalpa.org.uk where you can also register your individual or organisation's support.

[Download the 7 Best Investments for Physical Activity](#)

Other international news

[World No Tobacco Day - 31 May 2011](#)

On 31st May each year WHO celebrates World No Tobacco Day, highlighting the health risks associated with tobacco use and advocating for effective policies to reduce consumption. Tobacco use is the second

cause of death globally (after hypertension) and is currently responsible for killing one in 10 adults worldwide. The World Health Assembly created World No Tobacco Day in 1987 to draw global attention to the tobacco epidemic and its lethal effects. It provides an opportunity to highlight specific tobacco control messages and to promote adherence to the WHO Framework Convention on Tobacco Control.

For more information, click [here](#)

[WHO - Monitoring Equity in Access to AIDS treatment programmes: A review of concepts, models, methods and indicators](#)

This document was prepared by the World Health Organization (WHO) and the Regional Network for Equity in Health in east and southern Africa (EQUINET) through REACH Trust Malawi and the Training and Research Support Centre (TARSC). Its aim is to move the agenda of equity in access to health forward in the region, particularly in relation to HIV and AIDS.

The report is available [here](#).

[OECD - Doing Better for Families](#)

The OECD published a report putting into evidence that Families are changing. Life expectancy is higher, birth rates lower. In many families today, there are more grandparents and fewer children. Many families now live in non-traditional arrangements: there is more cohabitation, people marry at older ages, marriages end in divorce more often and remarriages are increasing. Parents' aspirations have changed and across the OECD many fathers and mothers both want to combine a career and an active family life. Children have fewer siblings and live more often with cohabiting or sole parents. More children are growing up in blended families of re-partnered adults. More effective public policies which do better for families can have large private and public payoffs. For example, by supporting vulnerable families and children more effectively now, policy is likely to avoid costly negative outcomes in future. Better co-ordination and co-location of services for families generate economies of scale and also ensure that more families get the variety of services they need. But family policy is not just about services or cash allowances, income support during leave or tax breaks for families. It is also about promoting various health and education aspects of child well-being, about reducing barriers to parental employment and helping parents to provide for their children and easing family poverty risks. Increased parental employment will also further economic growth and improve the financial sustainability of social protection systems in the face of population ageing.

The report is available [here](#).

[EPHA 2011 Annual Conference "Europe 2020: Delivering a healthy and sustainable future for all?"- Conclusions](#)

EPHA 2011 Annual Conference "Europe 2020: Delivering a healthy and sustainable future for all ?" took place on 14 April 2011 in Brussels, saw more than 120 multi-sectoral and multi-level stakeholders involved in an active debate to assess whether the EU 2020 Strategy will achieve better health outcomes or on the contrary will pose greater threats by increasing social and economic inequalities. More specifically, on the agenda were the issues of social and employment targets in the Europe 2020, access to health and patients' rights, as well as European economic recovery through austerity measures and its impact on health and social inequalities.

EuroHealthNet Director Clive Needle summed up the need for action by supporting the recommendations of the CSDH chaired by Professor Sir Michael Marmot who was the main speaker.

For more details, click [here](#).

[The European Anti-Poverty Network – comments on revision of social open method of coordination \(OMC\)](#)

EAPN has presented its [position on the role of the social OMC](#). Last December, the European's Commission proposals on the European Platform against Poverty recognized the key role of the EU Strategy for social protection and social inclusion and its coordination mechanisms (Social OMC) and the need to build on its many achievements. The Commission's Communication promised a debate on the role of the Social OMC in the new Europe 2020 strategy, and to present a report by the end of the year. In February, the Social Protection Committee (SPC – national government representatives for social policy) took the lead and set up an adhoc group to lead this debate and to produce a discussion paper, with the view of getting an SPC opinion adopted in the June Employment and Social Affairs Council (EPSCO). EAPN has lobbied actively to defend and reinforce the Social OMC as an independent, integrated, rights-based strategy aiming to prevent as well as alleviate poverty and ensure access to pensions, health and long-term care. A key concern has been to back independent national strategies on social protection and social inclusion, as well as National Reform Programmes, developed together with stakeholders including people experiencing poverty, and more effective follow up of thematic priorities.

EAPN's Position is available [here](#).

[European Federation of Public Services Unions \(EPSU\) - Public service unions stress need to address opt-out and on-call time in working time debate](#)

The Executive Committee of the European Federation of Public Services Unions (EPSU) confirmed its position on the Working Time Directive and in particular the need to abolish the individual opt-out and codify key European court rulings on on-call time at work. The Federation has made it clear that it would take part in cross-sectoral negotiations if specific conditions were met. The European Commission claims that it is not realistic to talk about abolition of the individual opt-out but EPSU, along with the ETUC, continue to argue that it is wholly inappropriate to allow individual workers to opt out of health and safety legislation and therefore this has to be addressed in any legislative or negotiated revision. The other conditions focus on codifying the European court rulings on on-call time at work (SIMAP, Jaeger and Dellas) and compensatory rest and retaining the current reference periods for calculating the average working week. For more information, email [Pablo Sanchez](#).

[3rd European Connected Health Leadership Summit 2011- 'Driving Innovation, Removing Barriers, Supporting the EU Digital Agenda' - 14 - 15 June 2011, Brussels Belgium](#)

The 3rd European Connected Health Leadership Summit 2011 will be part of the European Connected Health Week 2011. The Summit (ECHSummit2011) will bring together healthcare professionals, researchers, companies, entrepreneurs, business leaders, policy makers, health ministries and other stakeholders. ECHSummit2011 will discuss ways to advance the deployment and innovation of Connected Health

throughout Europe. This year's Leadership Summit will focus on a number of related areas such as the European Digital 'Health' Agenda, from Innovation to Deployment, Procurement of eHealth, in addition to EU & US collaborations.

For more information, click [here](#).

Active Citizenship Network - 5th European Patients' Rights Day

The materials presented at the 5th European Patients' Rights Day in Brussels are now available [here](#). The European event "Putting Citizens at the centre of EU Health Policy" has been celebrated on the 11-12 April 2011 in the European Economic and Social Committee, in Brussels.

European Cancer Leagues - European Week Against Cancer

Under the framework of the European Partnership for Action Against Cancer (EPAAC 2011-2013), in order to mark the return of the European Week Against Cancer, the Association of European Cancer Leagues organizes two events to be held in Brussels on the 25th and 26th May:

- The first conference will be addressing the critical issue of healthy lifestyles and cancer prevention,
- The second event is a scientific seminar on cancer prevention research.

The aim of the prevention work package within the European Partnership Action Against Cancer is to reduce the incidences of cancer across Europe by raising awareness about healthy lifestyles and cancer prevention. In order to do this, the European Week Against Cancer will now be held every year from the 25th to the 31st May.

For more details, click [here](#).

Stillbirths - Rates and causes

Around 2.6 million stillbirths (the death of a baby at 28 weeks' gestation or more) occur each year. Although 98% of these deaths take place in low-income and middle-income countries, stillbirths also continue to affect wealthier nations, with around 1 in every 300 babies stillborn in high-income countries. The Series of reports highlights the rates and causes of stillbirth globally, explores cost-effective interventions to prevent stillbirths (as well as maternal and neonatal deaths), and sets key actions to halve stillbirth rates by 2020. Also included are Comments from professional organisations and parent groups, the latter demonstrating the unique tragedy for families of the birth of a baby bearing no signs of life.

For more information, click [here](#).

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