

July I 2011



EU HEALTH HIGHLIGHTS

www.health-inequalities.eu www.eurohealthnet.eu
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Calendar of events

July

11-15 July 2011: [Programa de Agentes Jóvenes en Educación para la Salud \(PAJEPS\)](#)
(Madrid, Spain)

12 July 2011: EP Workshop - [Rare cancers – The added value of closer cooperation](#)
(Brussels, Belgium)

12 July 2011: [Social and Health Effects of the new Tobacco Product Directive](#)
(Brussels, Belgium)

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

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

August

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

September

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)

12-13 September 2011: [Health Informatics Scotland Conference 2011](#)
(Edinburg, Scotland)

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

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?
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EuroHealthNet launched its new Website !
Come and visit EuroHealthNet new Website at
www.eurohealthnet.eu

EU News

EuroHealthNet news updates

Joint Action on Health Inequalities

On 27th -28th June, a meeting was organised by EuroHealthNet's national member for Germany – BzGA - to discuss work within the Equity Action. Ideas on how to engage stakeholders to tackle health inequalities and ways to approach mapping processes were discussed during the meeting. Moreover, partners shared views on exploring and supporting the role of regional and sub-national actors in tackling health inequalities. The first steps towards developing knowledge on how to use structural funds for reducing health inequalities were also examined. Partners of EuroHealthNet's work strand on regional support within the Equity Action who were not able to attend this event, will be informed about the outcomes.

Directly supported by the European Commission, the Equity Action project represents a direct outcome of deliberations between interested Member States, international organizations, and the European Commission on how to deliver a structured programme on work on health inequalities. Its aim is to foster integrated action across governments and with a range of stakeholders to take action to address these inequalities. In particular, the work led by EuroHealthNet concerns regional approaches to tackling health inequalities and the use of EU Structural Funds at regional level to address health inequalities.

You can find more information on the Equity Action [here](#) or by contacting [Claudia Marinetti](#) or [Yoline Kuipers](#).

Crossing Bridges

On 7th July, the second project meeting of Crossing Bridges took place at EuroHealthNet. The meeting discussed the Needs Assessment Questionnaire and the Capacity Building training programme on Health in All Policies, which are being developed. The day prior to the second project meeting, the Focus Area Groups came together to discuss the submitted Case Studies in the area of Transport/Planning and Education.

The Crossing Bridges project aims to build on work undertaken in the EC co-funded 'Closing the Gap' (2004-2007) and 'DETERMINE' (2007-2010) projects, and will complement the 'Joint

16 September 2011: [EUROPEAN FORUM FOR PRIMARY CARE \(EFPC\) CONFERENCE](#)
(Graz, Austria)

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

20-22 September 2011: [Innovations in E-Health & Informatics Europe](#)
(London, UK)

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

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

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

6-8 October 2011: [21st Alzheimer Europe Conference](#)
(Warsaw, Poland)

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

11-12 October 2011: [Policy in Poland and around the Europe: Medical and Economic Disadvantages of Using Alcohol"](#)
(Poznań, Poland)

11-13 October 2011: [Global E-Health Forum - Hamburg 2011: Designing Personalized Healthcare](#)
(Hamburg, Germany)

13-15 October 2011: [12th Conference of Health Economics](#)
(Lisbon, Portugal)

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

16-19 October 2011: [World Alliance for Risk Factor Surveillance \(WARFS\) Seventh Global Conference](#)
(Toronto, Ontario, Canada)

19-21 October 2011: [World](#)

Action on Health Inequalities' (2011-2014), to advance the implementation of HiAP approaches in EU Member States. It will do this by developing evidence led methods and building capacities, as part of the overall mission to improve health equity within and between states.

Improving health and well being and reducing health inequities cannot be achieved by the health sector alone, since policies and actions taken by many other sectors also affect health. As set out in Council Conclusions in 2006, a health in all policies (HiAP) approach is required, whereby health considerations are integrated into policies beyond the health sector. While the concept of HiAP is broadly accepted, implementation in practice remains difficult. You can find more information [here](#) or by contacting [Claudia Marinetti](#) or [Yoline Kuipers](#).

Future Public Health programme Post 2013

In the frame of the EU Health Policy Forum, EuroHealthNet gave its feedback to DG SANCO on the structure, priorities and objectives for the future Public Health Programme post 2013. EuroHealthNet stressed that the main concern of the programme should be that it contributes to better health and more equitable distribution of health. More specifically, the programme should focus on increasing HLY in people with lower educational and socio-economic status. This is where we can make most progress, and it is also where health gain has most potential to contribute to a sustainable society and economic progress.

For EuroHealthNet members, EuroHealthNet contribution is available in the members section of its Website, [here](#).

For other stakeholders, please contact [John Considine](#) or [Stecy Yghemonos](#) if you want more information.

For more information about the EU Health Policy Forum, click [here](#).

All contributions to the future public health programme post 2013 are available [here](#)

EU Presidency News - Poland

On 1st July 2011, Poland took over the Presidency of the EU Council from Hungary until the end of the year. Additionally, a new troika (trio) has been formed to regroup the countries taking over the presidency in the next 18 months, namely Poland, Denmark and Cyprus. The three countries will develop a common programme together and will co-operate in sharing skills and consulting each other on actions taken during preparation and presidency stages. On 31 May 2011, the Council of Ministers adopted the sixth-month Programme of the Polish Presidency of the EU. The main task of the Polish Presidency is to lead the European Union on a path to faster economic growth and an enhanced political community.

The Polish Presidency along with the new troika will also focus their activities on health topics, mainly Diseases without borders, Innovation and Ageing. Focal points will be:

- Health gaps between EU countries
- Children's non-communicable respiratory disease (asthma)
- Children's communication problems aimed at hearing, vision and speech
- Brain degenerative disease (e.g Alzheimer), mainly focused on elderly care and looking at innovation in care across social and health silos
- Pharmaceuticals (Information to Patient dossiers)

On 2 December 2011 the EPSO Council (composed of the EU ministers responsible for social affairs, employment and health) will address the ageing issue, including the Strategic Implementation Plan (SIP) of the European Innovation Partnership on Active and Healthy Ageing (AHAIP).

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

The work programme is available [here](#).

Informal Meeting of Ministers of Health of the European Union

An informal meeting of European Ministers of Health was held on 5-6 July with the representatives of the European Commission (DG SANCO), World Health Organisation's

[Conference on Social Determinants of health](#)
(Rio de Janeiro, Brazil)

20-21 October 2011: [European Mental health Systems](#)
(Brussels, Belgium)

21 October 2011: [Health Policy Forum](#)
(Brussels, Belgium)

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

27-28 October 2011: [E-health 2.0 Europe 2011](#)
(Berlin, Germany)

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)

15 November 2011: [BIO-Europe 2010–16th Annual International Partnering Conference](#)
Munich, Germany

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

23 November 2011: [Diet, Physical Activity and Cardiovascular Disease Prevention in Europe](#)
(Brussels, Belgium)

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

December

5 December 2011: [Medicine and surgery in optimising the care of obese patients](#)
(Munich, Germany)

January 2012

18 - 19 January 2012: [IT @ Networking Awards 2012 - Raise](#)

Regional Office for Europe and Marc Sprenger, the Head of the European Centre for Disease Prevention and Control (ECDC). The focus of the talks are the health priorities of the Polish Presidency, in particular – closing the gap in health between Europe's societies, through such measures as providing equal opportunities to children with communication disorders. Issues concerning nutrition and physical activity as health determinants for EU citizens and transplantology were also raised. The opportunities and benefits brought by technologies developed in the field of so-called e-health were discussed. Participants in the meeting also addressed the threat of designer drugs to the state of health of Europe's societies and the epidemic of food poisonings caused by the E. coli bacteria.

ECDC Director Marc Sprenger gave a speech presenting evidence of health inequalities in the EU, as well as several options for intervention. ECDC's work shows that social determinants play an important role in many European epidemics. Infectious diseases cause 7% of deaths in the EU, and their importance is even higher if we consider the wider burden of these diseases. Therefore, 'Targeted intervention against infectious diseases is a cost effective way to reduce health inequalities', states Dr Sprenger. The current financial crisis will most likely worsen health inequalities in the Member States. In this scenario, Europe can really make a difference, and ECDC Director proposes several actions: first of all, it is necessary to address the underlying economic, social and environmental determinants of vulnerability to infectious diseases; Childhood vaccination programmes for vulnerable groups need to be strengthened, and vulnerable groups need to be targeted in relation to any relevant diseases. ECDC can provide knowledge, evidence and technical support to help Member States implement cost effective interventions to fight infectious diseases and health inequalities.

WHO/Europe welcomed the priority Poland is giving to reducing health inequalities in Europe, during its six-month term as President of the Council of the European Union. The process coordinated by WHO/Europe to develop a new policy for public health and well-being in the WHO European Region, Health 2020, focuses on reducing health inequalities between and within countries. At an informal meeting of European health ministers, Roberto Bertolini, Chief Scientist at WHO/Europe, speaking on behalf of Zsuzsanna Jakab, WHO Regional Director for Europe, identified four key principles underpinning WHO's approach to closing the health gap:

- generating public and political support to address health inequalities;
- using a whole-of-government, cross-sectoral approach;
- tackling inequalities within countries, including those affecting disadvantaged groups; and
- advocating action through health ministries and the public health community.

In response, countries expressed their commitment to tackling health inequalities, and stressed the importance of intersectoral work to address three main risk factors: tobacco use, harmful use of alcohol and physical inactivity.

Informal meetings of ministers are among the major events related to the development of EU policy in the field of health. Such meetings are systematically organised by States assuming the Presidency and take place in the country which currently chairs the work of the EU Council. Informal meetings of EU health ministers are also attended by representatives of other organisations and EU agendas.

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

The agenda is available [here](#).

Full ECDC Director presentation is available [here](#).

Speech by Roberto Bertolini, Chief Scientist is available [here](#).

European Commission News

Report on Europe 2020's social dimension

The Social Protection Committee (SPC) has issued a report on the "Social dimension of the Europe 2020 strategy" that examines actions to promote inclusion and reduce poverty, in line with the strategy's headline targets. The report details the challenges in fighting poverty and social exclusion in the EU and assesses policy options for addressing them. It analyses

[Awareness of the World's Most Innovative Healthcare IT Projects \(Brussels, Belgium\)](#)

More online

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

New Publications

International Atomic Energy Agency (IAEA) – Inequity in cancer care – A global perspective
Available [here](#)

INPES – Les inegalites sociales de sante
Available [here](#)

Observatoire regional de la santé (ORS) - REDUIRE LES INEGALITES SOCIALES DE SANTE : STRATEGIES ET MODALITES D'ACTION
Available [here](#)

actions focusing on:

- sustainable and adequate reforms of social protection systems
- active inclusion strategies
- well-designed universal and targeted benefits for families and groups at risk
- future pension adequacy and long-term financial sustainability of pensions
- increased effectiveness of health care and long-term care

It also outlines findings of the SPC work carried out in 2010 on:

- following the social consequences of the crisis
- deepening the policy dialogue on the issue of pension sustainability and adequacy
- social services of general interest

The Social Protection Committee is a policy forum for EU countries and the Commission. [Opinions and other working documents](#) produced by the SPC are also available online.

Click here to access the report [here](#).

EC proposes increases in future budgets for employment, research, health and social funding

The Commission adopted a proposal for a multi-annual budget for 2014-2020, which responds to today's concerns and tomorrow's needs. The European Union's [budget](#) provides important value added to the lives of its 500 million citizens. It is small (around 1% of EU gross national income) but produces concrete results on many things – including in the employment and social fields – where financing at EU level gives a better return on [investment](#).

Sustainable economic growth starts in towns and regions. The substantial amounts for economic, social and territorial cohesion (€376 billion for the whole period) will be more closely linked to Europe 2020 objectives. A new category of 'transition regions' will be introduced. New conditionality provisions will ensure that EU funding is focussed on results and creates strong incentives for Member States to ensure the effective delivery of the Europe 2020 objectives. Partnership contracts will be concluded with each Member State to ensure mutual reinforcement of national and EU funding.

The Commission also proposes to strengthen programmes for education and vocational training. Investing in young people is one of the best business plans. In order to overcome the fragmentation of current instruments it proposes to create an integrated programme of €15.2 billion for education, training and youth, with a clear focus on developing skills and mobility. Investment in research and innovation in the next seven years will be significantly increased. A common EU research strategy called "Horizon 2020" worth 80 billion € will aim to boost Europe's global competitiveness and help create the jobs and ideas of tomorrow. It will gather all projects in this area to eliminate fragmentation and bring EU funded projects more in line with national research programmes.

For more information on the MFF, visit the Commission website on the Multiannual Financial Framework [here](#).

Speech by President Barroso is available [here](#).

- *In relation to public health, the Commission proposed a successor to the current Public Health Programme (PHP) entitled the "Health for Growth Programme", with a slight budget increase compared to 2008-2013 (321 Million EUR for 2007-2013 to 396 Million EUR). The principal aim of the future programme is to work with Member States to protect citizens from cross-border health threats, to increase the sustainability of health services and to improve the health of the population, whilst encouraging innovation in health. A separate communication on the future PHP will be published by the end of 2011. Other areas to see an increase in funding included Cohesion Policy (the Commission proposes to allocate 36,7% of the MFF to Cohesion policy as compared to 35% in the previous MFF), Research policy (€80 billion for the 2014-2020 period for the Common Strategic Framework for Research and Innovation) and Education and Training (the Commission proposes to allocate €15.2 billion in the area of education and training).EuroHealthNet is currently working on an analyses of the MFF which will be*

available shortly.

For more information about EuroHealthNet position, contact [John Considine](#).

Employment and Social Situation Quarterly Review: Signs of recovery on EU labour market, but social costs of crisis still high

The new EU Employment and Social Situation Quarterly review (summer 2011) released by the European Commission shows that the EU labour market is recovering slowly but unevenly across the Member States. Employment has improved since the second quarter of 2010, but significantly less than economic output, while job losses have been concentrated in the lower-middle end of the wage spectrum. The slight progress in unemployment mainly benefited countries that already have a lower than average unemployment rate. Job losses throughout the crisis have been concentrated in the lower-middle range of the wage spectrum.

The labour market for youth has been improving for some time; however the overall impact of the crisis on young people remains significant. Unemployment still affects 20.3% of young people who are active in labour market, and remains a major challenge in nearly all Member States, together with an increased risk of long-term unemployment (at around a 6% level in the fourth quarter of last year). Long-term unemployment, although growth slowed down by the end of last year, still affects 4 % of the EU labour force (Chart 5), with the rate reaching nearly 8 % or more in Ireland, Latvia, Lithuania, Slovakia and Spain. Even if the overall trends during the last year points to a slight recovery of the labour market, long-term social risks are apparent, especially for specific sub-groups, including young people, migrants and low-skilled.

The Quarterly EU Labour Market Review is available [here](#).

Consultation on the Green Paper on Professional Qualifications

The European Commission adopted a Green Paper modernising the professional qualifications [Directive](#). The Green Paper outlines possible ways forward that are of particular relevance to the health sector. For instance, the introduction of a professional card closely linked to the Internal Market Information System (IMI) could make it considerably easier for professionals to have their qualifications recognised in another Member State. A professional card issued by a competent authority in the professional's home Member State could then allow the professional to demonstrate his/her credentials (having the necessary qualifications, being authorised to practise) to consumers, employers and relevant authorities in another Member State.

Stakeholders are invited to give their input on two options for an alert system for health professionals: Either extending the alert mechanism as foreseen under the Services Directive to all professionals, including health professionals, whereby the initiating Member State would decide to which other Member States the alert should be addressed, or introducing the wider and more rigorous alert obligation for Member States to immediately alert all other Member States if a health professional is no longer allowed to practise due to a disciplinary sanction. In addition, the minimum training requirements of certain professions (including some health professions) could be reformed. To that end, certain adjustments to the duration and content of training, as well as possibly changing the requisite language skills for health professions, could be necessary. This would also strengthen the legitimacy of automatic recognition of qualifications. Stakeholders are invited to respond to the consultation **by 20 September 2011**.

The Green Paper can be found [here](#).

The press release can be found [here](#).

"Balancing economic integration and social protection" Conference on Fundamental Social Rights and the Posting of Workers in the framework of the Single Market - Statement by Commissioner László ANDOR - responsible for Employment, Social Affairs and Inclusion

Commissioner Andor underlined that, in the Single Market Act, the Commission announced its intention to present soon two proposals to clarify and improve the situation regarding the posting of workers and the exercise of fundamental social rights in the framework of the single market. The main objective of the Conference was therefore to present the ideas and views, hear reactions and discuss possible solutions. This discussion should be based on the latest evidence available on the economic impact of posting and the legal dimension of the problems we want to remedy. For that reason, the authors of several studies, as well as the promoters of cooperation projects have been invited to come forward and present their conclusions. To what extent trade unions can use industrial action to protect workers' rights, when it may create obstacles to the exercise of economic freedoms.

In addition, it is necessary to set the right conditions for better implementation and enforcement on the ground of the Posting of Workers Directive. This is to ensure that the Directive effectively accomplishes its original twofold objective – to facilitate the provision of cross-border services, and to protect the rights of posted workers.

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

Launch of the Smart Cities and Communities initiative

The Smart Cities and Communities initiative has officially been launched at a conference held in Brussels. Financed by the 7th EU Research Framework Programme, it will call for proposals addressing the deployment of integrated sustainable energy technologies in urban areas. EU Energy Commissioner Günther Oettinger, when presenting the new initiative, emphasised the crucial role to be played by cities in reaching the 20% energy efficiency objective by 2020 and in “developing a low carbon economy by 2050”. The 2011 call for proposals, to be open from 19 July to 1 December 2011, will allocate €75 million to “support innovative model projects in selected European cities”.

A maximum of 10 to 12 pilot projects, focusing on building renovation, heating & cooling technologies and sustainable planning strategy, will be supported in an initial phase until the end of 2013. The projects ought to be replicable and involve teams of cities and industry players from at least three Member States. The Smart Cities and Communities initiative will provide valuable technology input to the Covenant of Mayors, as well as build on its Signatories' Sustainable Energy Action Plans. It will also capitalise on other EU initiatives such as CONCERTO, CIVITAS and the Green Digital Charter.

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

- *EuroHealthNet, in the frame of SPREAD, also aims at promoting sustainable lifestyles. SPREAD is an EC funded European research project running from January 2011 to December 2012. Over 400 societal stakeholders – from business, research, policy and civil society – will participate in the development of a vision for sustainable lifestyles in 2050. This process will result in a roadmap for strategic action for policy makers and will deliver innovative ideas for all stakeholders involved towards more sustainable lifestyles in Europe. It will address the challenges of reducing current levels of energy, transport and resource use while at the same time improving health and quality of life of an ageing European society. The aim is to identify existing knowledge, promising practices and experience in the area of healthy lifestyles and sustainable development. The knowledge and recommendations generated in the project will be included in a comprehensive research agenda for the European Commission (DG RESEARCH).*

For more information about SPREAD project, contact [Cristina Chiotan](#).
Visit SPREAD Website and its projects [here](#).

European Parliament News

Parliament endorses 2012 as the European Year for Active Ageing and Solidarity between Generations

The support by the European Parliament is the final step before the launch of the European Year next January. For the European parliament, the European Union and Member States

should cease the opportunity of the European Year as a framework for concrete action to develop innovative solutions and policies. Age-management strategies related to employment and work, through specific activities should be therefore among the priorities in the future. MEPs want the actions in 2012 to raise awareness, stimulate the debate and lead to concrete steps with impact on citizen's lifestyles. European funds for the implementation of the European Year are at least 5 million Euros, of which 2.3 million will be used from the budget 2011 to fund communication activities and EU conferences for the European Year, and at least EUR 2.7 million, will be reserved in a budget line in the draft budget 2012.

The Council of Ministers endorsed the Year at their Employment and Social Affairs meeting in June. To ensure follow-up, all commitments made will be published on the [website of the European Year](#).

- *EuroHealthNet is part of the EY2012 [coalition](#) that includes some 20 European organisations. The European Year for Active Ageing and Solidarity between Generations is seen as an opportunity to address age discrimination and demographic change in a way that is fair and sustainable for all ages. In addition, in its reply to the European Commission's consultation on the pilot European Innovation Partnership on Active and Healthy Ageing, EuroHealthNet highlighted the barriers to innovation in relation to active and healthy ageing. In the light of existing programmes in Member States, EuroHealthNet called for the establishment of new innovative ways to encourage active and healthy ageing, including actions promoting physical activity and healthy diets, increasing social relations and meaningful activities while also ensuring some form of financial security for older people. Any potential benefits from the European Innovation Partnership should be distributed equitably across the whole of society.*

For more information, click [here](#) or contact [John Considine](#).

Directive on medicinal products

To guarantee the highest possible level of public health and to secure the availability of medicinal products to citizens across the European Union, all medicinal products for human use have to be authorised either at Member State or Community level before they can be placed on the EU market. Special rules exist for the authorisation of medicinal products for paediatric use, orphan medicines, traditional herbal medicines, vaccines and clinical trials. The Council and the European Parliament adopted the Directive 2011/62/EU amending Directive 2001/83/EC on the Community code relating to medicinal products for human use, as regards the prevention of the entry into the legal supply chain of falsified medicinal products. The directive should be integrated in national legislations by 2nd January 2013.

The text of the directive is available [here](#).

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

Responses to Parliamentary Questions

Collapse of the Romanian medical system

Corina Crețu (Romania, S&D) asks the European Commission to intervene regarding social variables so as to prevent any human casualties and to provide support for improving medical services in Romania. The Deputy would then like to know if the Commission has any strategy for avoiding overcoming inequalities in medical services between Member States?

Commissioner Dalli replies that the Commission is taking action to address health inequalities both between and within Member States. The Europe 2020 strategy identifies that a major effort is needed to reduce health inequalities to ensure that everybody can benefit from growth.

- The Commission has set out a framework for action in the Commission [Communication on solidarity in health](#) which is being taken forward together with Member States and stakeholders. The Council has adopted Conclusions on the same issue.
- Reducing inequalities in healthcare and health outcomes is also an objective of the Open Method of Coordination on Social Protection and Social Conclusion, and is part of the European Platform against Poverty and Social Exclusion.

- In 2010 a three-year joint action supported through the health programme and involving 15 Member States, was agreed upon to support exchange of information and good practice on this issue. Support is also being provided through the PROGRESS programme and the research framework programme. The Commission is taking steps to raise awareness amongst Member States about the opportunities to address health inequalities through the use of the structural funds and agricultural funds, including through the implementation of the EU School Fruit Scheme and the School Milk Scheme, since the decision on their use lies mainly with the Member States themselves. While the Commission is developing its work on indicators of health inequalities, at this stage it is not in a position to assess or comment on the position of Member States.
- The EU Structural Funds have an important role to play in addressing the underlying economic and social factors contributing to health inequalities. For instance, in Romania, under the Regional Operational Programme, some EUR150 million are earmarked for rehabilitation of county hospitals and outpatient facilities. The projects implemented under this measure aim at improving, throughout the country, the quality and capacity of health infrastructure to ensure equal access to the health care system by all citizens.

Tobacco products directive

Niki Tzavela (Greece, EFD) reminds that a [public consultation](#) was held regarding the revision of the Tobacco Products Directive. Thus, he wants to know what were the results of the public consultation and what was the level of participation in the exercise. Will the Commission take these results into account in preparing the draft impact assessment and, if so, in what specific way?

Commissioner Dalli underlines that the public consultation on a possible revision of the Tobacco Products Directive has generated over 85 000 contributions, over which indicates a major public interest in the future of tobacco control. The Commission is currently analysing the contributions received and is planning to present a report on the outcome of the consultation in the near future. The consultation constitutes a source of information in the process of assessing the impact. A short summary describing the outcome will be included in the Impact Assessment Report, which will be made available together with the legislative proposal. All policy options considered, including plain packaging, are currently subject to thorough legal analyses in the framework of the ongoing Impact Assessment, which will be made available to the European Parliament and the Council together with the legislative proposal.

Effects of smoking on adolescents

Frédérique Ries (Belgium, ALDE) wants to know if the Commission intends to take further measures, in addition to the forthcoming revision of Directive 2001/37/EC on tobacco products, to reduce the attractiveness of and addiction to tobacco among young consumers? Can it say what results were achieved (in terms of popularity and numbers of hits) following the webcast that was online until September 2010 'For a life without tobacco', designed to educate European youth on the evils of smoking, and does it intend to repeat such awareness-raising measures? Does the Commission also plan to make prevention of tobacco use among adolescents an Objective 2 priority, which concerns the promotion of healthier lifestyles under the current EU Public Health Programme (2007-2013)?

Commissioner Dalli underlines that total bans on smoking in enclosed public places and workplaces, including bars and restaurants, are currently in place in several Member States. A number of other Member States have introduced smoke-free legislation, allowing for special enclosed smoking rooms.

- The vast majority of tobacco-control initiatives adopted in recent years contribute to preventing young people from taking up smoking. Measures such as the elimination of tobacco advertising and promotion by the Tobacco Advertising Directive, higher tobacco taxes envisaged by Council Directive 2010/12/EU, protection of children and young people from exposure to tobacco smoke recommended by the Council recommendation of 30 November 2009 on smoke free environments or pictorial health warnings on tobacco packaging envisaged by the Tobacco Products Directive, all help to achieve this goal. In addition, the EU HELP Campaign is particularly targeted at promoting a tobacco-free lifestyle among young people.
- As regards the full application of Article 8 of the framework Convention on Tobacco

Control (FCTC), each Party should strive to provide universal protection within five years of the World Health Organisation (WHO) Framework Convention's entry into force for that Party.

The Commission does not systematically collect specific information as to how educational bodies are involved in smoking prevention as this is an issue which falls under Member States' competence.

One of the best known projects to prevent smoking in schools under the Health Programme is 'The Smoke-free Class Competition'. This project has involved more than 30 000 classes (750 000 pupils) from an increasing number of Member States. The project has proven to be cost-effective and successful in preventing or delaying the initiation of smoking by young people.

As regards the campaign "[HELP](#) – for a life without tobacco", according to an independent evaluation, two thirds of Europeans aged 15- 24 saw at least one of the "Help" television spots in 2010. The campaign website, active in 22 languages, registered 15.6 million visits since 2005. Further details on the campaign and its results can be found in the report "[Help - For a life without tobacco - A legacy](#)".

Concern regarding child obesity in Europe

Aldo Patriciello (Italia, PPE) wants to know if the Commission considers taking specific measures to make the programme - the School Fruit Scheme - more effective? Does it not also consider that the excessive bureaucracy involved in applying for funding under the programme must be simplified?

For **Commissioner Cioleş**, the 2009/10 school year, first year of implementation of the School Fruit scheme (SFS) saw some "teething" problems with Member States experiencing budgetary constraints and organisational/logistical difficulties, mainly concerning the co-financing, eligibility of VAT, control obligations, aid application procedures, organisational and logistic issues, prices of products, insufficient awareness of schools and excessive demands for national rules in some Member States. The Commission is regularly monitoring the implementation in Member States. In January 2011, the Commission implementing Regulation was amended in order to simplify or make certain provisions more flexible, and to facilitate the implementation of the Scheme. Preparations for the external evaluation of the functioning of the SFS are well under way. This evaluation will focus, amongst other issues, also on assessing the administrative burden due to the requirements on controls and applications. It should be concluded in 2012 and followed by the report of the Commission to the EP and Council on the implementation and effectiveness of the Scheme, accompanied if necessary by appropriate proposals.

Action against child obesity

Nikolaos Salavrakos (Greece, EFD) wants to know if the Commission has a plan for an overall approach to tackling the ever growing problem of child obesity in the EU?

Commissioner Dalli reminds that the Commission is aware of the health problems associated with obesity, and the increasing toll it is taking on society. In May 2007, the Commission adopted a 'A Strategy for Europe on Nutrition, Overweight and Obesity-related health issues'. The strategy underlines areas and priority groups for action to promote healthy diets, as well as to reverse the decline in physical activity levels in recent decades. Children are one of the priority groups. The initiatives launched by the Commission, Member States and key stakeholders in the context of the implementation of this strategy, as well as the progress so far in the different areas for action, are described in the 2010 Implementation progress [report](#). The report shows substantial variation both between policy areas and Member States. Information and education campaigns and the provision of guidelines to encourage physical activity were amongst the areas with the highest implementation level. In the coming years, more focus should be put on the areas with fewer actions in place such as the availability of healthy food and physical activity facilities in workplaces, as well as on increasing the availability of healthy options through reformulation initiatives.

The [EU Pledge](#) is one example of the actions targeting children under this strategy. It is a voluntary commitment by a group of leading food and beverages companies and restricts food and beverage advertising to children under 12 across the EU.

Another example is the [ACTIVE](#) project co-funded under Health Programme, which has produced a cutting edge cartoon animation targeting five to eight year old children telling

positive, inspiring and fun stories about healthier living, focusing on healthy eating and physical activity.

In addition, the EU School Fruit Scheme invests EUR 90 million a year to provide children with fruit and vegetables at school. One of its main aims is to encourage sound eating habits in young people which, as studies show, tend to be carried on into later life. Member States' participation in the scheme is voluntary. Greece participates in the Scheme.

Obesity: a European problem

Diogo Feio (Portugal, PPE) asks the Commission if it considers that obesity should be recognised as a chronic disease and that the EU should accordingly adopt specific policies to deal with it. In addition, what is the Commission doing to keep this public health problem under review? What information does it have about the numbers of obese or overweight citizens in Europe? What effects are likely to occur in terms of European public health if the tendency towards obesity among Europeans is not reversed? What steps has the Commission taken or will it take to warn citizens of the risks posed by obesity and promote healthy lifestyles? How can it ensure that these measures will not be couched in over-rigid terms, ignoring the right to choose and stigmatising those who do not follow the corresponding recommendations?

Commissioner Dalli replies that the Commission is aware of the limitations of the existing data on obesity in the EU, and plans two surveys provide reliable, comparable and harmonised data on this issue.

- The European Health Interview Survey, carried out every five years, contains data on the height and weight of the persons interviewed. The results from the survey conducted in 2007–08 will be available shortly for 9 countries and at the end of June 2011 for 11 more countries. The next survey will be conducted in all EU countries in 2014.
- The Commission is currently 'piloting' the European Health Examination Survey, which would provide a combination of interview and examination where the respondent's height and weight is accurately measured by a health professional.

The Commission and the World Health Organisation Regional Office for Europe have also established a joint three-year project to monitor progress in improving nutrition and physical activity and preventing obesity in the European Union. It aims to develop an information and reporting system to describe progress in strengthening the promotion of healthy nutrition and physical activity, to reduce obesity and to illustrate good practices in Europe.

The Commission is encouraging self-regulatory action in order to further decrease the content of trans fatty acids in food products. There are commitments in the EU Platform for Action on Diet, Physical Activity and Health that concern the reformulation of products to reduce the content of trans fatty acids. It is expected that these commitments will contribute to the further reduction of the intake of trans fatty acids in Europe. Studies indicate that voluntary approaches undertaken in European countries have resulted in reductions of trans fatty acid consumption in those countries.

The Commission is aware of the health problems associated with obesity, and the increasing toll this problem is taking on society. The Commission has reported on the various initiatives taken to fight obesity in the 2010 report on the implementation of the [strategy](#) for Europe on Nutrition, Overweight and Obesity-related health issues. This report highlights the progress made for example with campaigns to encourage better eating habits and a more active lifestyle.

Regarding product labelling, in 2008 the Commission proposed that nutrition information, including the content of energy and fat, should be declared on the front-of-pack of the majority of processed products. The Commission is convinced of the benefits that front-of-pack labelling would bring to consumers by allowing them to readily see the nutrition information when purchasing foods. On 7 December 2010 the Council reached a political agreement on this dossier.

Finally, if a Member State intends to adopt legislation that has the potential to create barriers to trade, the Commission examines the compatibility of such measures with the EU legislation in the context of the relevant notification procedures on a case-by-case basis.

Concerning the remaining question on whether or not obesity should be considered a disease, the Commission notes that obesity is a disease included in the International Classification of

Diseases. In view of the rising trends in obesity and the contribution of obesity to many chronic conditions including cardiovascular disease, type II diabetes and certain cancers, the Commission has adopted a strategy for Europe on Nutrition, Overweight and Obesity related health issues COM (2007) 279. The Commission continues to undertake actions to prevent obesity, described in the answers for questions one and three.

Alcohol-related harm

Christel Schaldemose (Denmark, S&D) wants to know how exactly, at a population level, is the Commission encouraging raising awareness of risks associated with drinking alcohol, i.e. during pregnancy, as a result of drink driving, and health risks such as cancer. In addition, has the Commission examined (by means of qualitative studies) the effectiveness of its actions in this field so far and could the Commission explain on what it is basing its view that 'the idea that single, uniform approach would be beneficial for EU citizens did not emerge from these debates [Alcohol and Health Forum]? Finally, could the Commission indicate whether and when it intends to introduce health warning messages on alcoholic beverages?

Commissioner Dalli reminds that in 2006 the Commission adopted an EU strategy to support Member States in reducing alcohol-related harm. One of the five priority themes identified in this EU Alcohol Strategy is to inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption. The current strategy is running until the end of 2012.

A progress report on the implementation of the EU Alcohol [Strategy](#) was presented in September 2009. The Commission is not itself directly informing EU citizens and raising awareness on the health effects of alcohol. The Commission has fostered discussions on messages and media to raise awareness on the health effects of alcohol within the Committee on National Alcohol Policy and Action and the European Alcohol and Health Forum – two structures to support the implementation of the EU Alcohol Strategy.

Under the EU Health Programme the Commission is also supporting relevant initiatives, such as a project on alcohol labelling policies to protect young people ([PROTECT](#)). Furthermore, since 1987, the European Code against Cancer has addressed the issue of alcohol consumption through its recommendation to citizens on this subject. Finally, the European Partnership for Action against Cancer is promoting and disseminating the prevention messages during the European Week against Cancer (25-31 May 2011), including the recommendation to moderate alcohol consumption as a means to prevent certain types of cancer.

The intention is to launch an external evaluation of the EU Alcohol Strategy in 2011.

The Commission's reply that "the idea that a single uniform approach would be beneficial for EU citizens did not emerge from these debates" (in the European Alcohol and Health Forum) was based on the fact that a common understanding of what messages should be communicated and what are the most appropriate media to employ, has not developed so far. Currently the Commission is not considering a regulatory approach to introduce health warning messages on alcoholic beverages. Member States can however introduce health warning messages on alcoholic beverage. This special notification procedure requires Member States to notify the Commission and other Member States of draft envisaged measures, as well as the reasons justifying them. The Commission shall then verify, on a case-by-case basis, that the draft national measure is necessary to achieve one of the objectives, such as protection of public health, and does not create disproportionate barriers to the free movement of goods.

European Platform against Poverty and Social Exclusion; minimum income

Vilija Blinkevičiūtė (Lithuania, S&D) asks the Commission if it considers a specific framework should be created and guidelines drawn up for the implementation of active social integration policies? Moreover, what would be the Commission's opinion concerning the adoption of a directive guaranteeing an adequate minimum income – which should at least exceed the poverty threshold – in the European Union?

Commissioner Andor replies that the European Commission agrees with on the importance of supporting active social inclusion policies and has in this view adopted a Recommendation on the Active Inclusion of people excluded from the labour market in 2008. The Recommendation invites Member States to establish integrated and comprehensive strategies for active inclusion. It also puts forward a set of common principles with regard to: inclusive labour market, adequate income support and quality services.

The Commission recommendation on the active inclusion of people excluded from the labour market and the EPSCO Council Conclusions of 17 December 2008 on common active inclusion principles to combat poverty more effectively both highlight the importance of access to adequate resources, alongside quality services and inclusive labour markets. The recommendation calls on the Member States in particular to 'recognise the individual's basic right to resources and social assistance sufficient to lead a life that is compatible with human dignity as part of a comprehensive, consistent drive to combat social exclusion'. As the Commission announced in its communication on the European Platform against Poverty and Social Exclusion, it will report in 2012 on the implementation of the common principles on active inclusion, focusing, inter alia, on the effectiveness of minimum income schemes. It will propose action based on that assessment, including ways in which EU financial instruments could support active inclusion.

Research funding

David Casa (Malta, PPE) reminds that the Carvalho report on simplifying the implementation of the Research Framework Programmes, adopted on 11 November 2010. Has the Commission taken on board the recommendations contained in the Carvalho [report](#) and, if so, what has it done to streamline the process of obtaining funding under the 2007-2013 EU framework programme? What changes in this regard, if any, are planned for the next phase of the framework programme?

Commissioner Geoghegan-Quinn replies that the Commission agrees that simplification of rules and procedures is necessary to appeal to more excellent researchers and innovative enterprises, in particular small and medium-sized enterprises (SMEs), in Europe. The ongoing 7th Framework Programme for Research and Technological Development (FP7, 2007-2013) has brought about a number of simplifications right from the start. While it is too early to detail the scenario that the Commission will present in its legislative proposal, a few major principles can be mentioned already now:

- a streamlined set of funding schemes, and harmonised rules covering all parts of the programme;
- a continuation of funding based on reimbursement of real costs, with major simplifications and with a prudent use of lump sum and flat rate elements wherever they provide real simplification for beneficiaries;
- a reduced complexity of the system of funding rates, organisation and activity types and indirect cost methods.

Other News from EU Institutions

European Economic and Social Committee (EESC) - Economic dependency ratio, not retirement age, will determine future pension funding needs

"By far the most effective response to an ageing population in Europe is to make full use of available employment potential", noted Leila Kurki at an informal meeting of the ministers for labour and social affairs. Kurki is president of the Section for Employment, Social Affairs and Citizenship of the European Economic and Social Committee. Kurki pointed out that boosting employment among older people by making changes to pension systems, tightening pension conditions, weakening pension rights or raising the statutory retirement age would simply not work. "It has to be borne in mind that future pension funding needs will not be determined by the demographic ratio (ratio of older people to people of working age); the decisive factor is rather trends in the economic dependency ratio, or in the ratio of people receiving benefits to people in employment." "If the labour market participation rate of people of working age can be effectively increased across the EU over the next few decades, then it will be possible to contain the increase in the economic dependency ratio", said Kurki.

She pointed out that employment potential existed not just among young graduates, but also notably among the unemployed, older people, people with disabilities or health problems, migrants and underemployed people. "Thus the issue with the employment market concerns not so much the supply of labour, but rather the lack of appropriate or adequate professional skills among workers and the negative attitude to certain categories of job-seeker, as well of course as the most serious problem of a lack of jobs." If the aim was to raise the retirement age, it was necessary to ensure that people were able and willing to work for longer. "Jobs

must be designed so that people are able to work at least up to the statutory retirement age." Kurki pointed out that this would entail radical changes in working life. Work and management would have to be organised in a way that accommodated ageing at every stage of a person's career. Working conditions and the working environment must be adapted to suit workers of different ages. Discrimination and negative value judgments against older workers must be combated. Updating of professional skills and preventive healthcare were of key importance.

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

Committee of the Regions - Social Innovation to Tackle Homelessness: Re-enforcing the role of the European Structural Funds

This seminar aims to bring together key stakeholders, particularly policy-makers responsible for homelessness and managing authorities of the ERDF and the ESF, to consider how the structural funds can enhance social innovation in the area of homelessness in EU Member States. There is growing evidence on the effectiveness of a range of innovative approaches to tackling homelessness, which are proving to be more effective than traditional responses. This seminar will look at how the structural funds can be used to promote these approaches, and thus to support more effective homelessness policies in the Member States.

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

Committee of the Regions - eHealth in the EU: the role of local and regional authorities

The contributions of the third meeting of the Committee of the Regions' Technical Platform for Co-operation on Health, are available [here](#).

National and local news

FRANCE – Institut National de Prévention et d'Éducation pour la sante (INPES)

- **Prevention Days 2011 – Bilan**

Prevention Days organised on 19-20 May have been very successful. Almost 1000 participants intended the event and could therefore follow the six thematic sessions. The plenary session was devoted to the elaboration of the public health policy. Weight problematic, nutrition, food and physical activity were dealt with. 17 partners' organisations and 92 experts joined INPES. For more information, click [here](#).

- **Alcohol : information campaign for youth**

From 4 July until 14 August 2001, the Health Ministry and INPES will diffuse an information campaign related to the excessive consumption of alcohol, devoted to 18 – 25 young. Its aim is to limit alcohol consumption for young people and to make them think about risks linked to alcohol consumption.

The Website related to the communication campaign is available [here](#).

GERMANY – BzG

- **Early childhood interventions**

The National Centre on Early Diagnosis is the intersectoral national programme between the health and youth welfare sector and is run by the BZgA and the German Youth Institute. A new law on child protection will be launched by the end of this year. A visit to the Cologne Health office could be provided to present the implementation of the concept of family midwives in Germany. The Director of the Cologne Health Office is very engaged in this field and could probably be included in the visit. Pilot projects in other German regions as well as research in the frame of this programme can be presented.

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

- **Alcohol prevention**

Innovative communication channels in order to address different target audiences e.g. in the frame of alcohol prevention have been set up by BZgA.

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

- **Ageing**

The National Programme „Healthy and Active Ageing of the Federal Centre for Health Education (BZgA) focuses on the challenges of the demographic change. The programme runs in cooperation with central partners and actors at national, Lander and local level (among others: the Federal Consortium of the Senior-Citizens Organisations, (BAGSO), the German Olympic Sports Association (DOSB), companies, sickness funds, pension funds, medical associations, pharmacies, charities, the German associations of the cities and communities).

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

- **Internet portals on women's health**

With the woman health portal the BZgA makes an information pool available to important topics of women's health. Central element is the database, which offers a thematically structured and technically checked selection of information with numerous direct left.

The website is available [here](#).

- **National Network on Health Promotion with the socially disadvantaged**

Projects which have been collected in the database of this network are now published [here](#).

Ireland – European Institute of Women's Health (EIWH) - European Week against Cancer

Together with the European Institute of Women's Health (EIWH), in support of the *European Week against Cancer*, which rolled out across Europe, a group of women MEPs highlighted important steps that women can take right now to stop two cancers before they start: lung cancer and cervical cancer.

With one in three Europeans diagnosed with its various forms, it can strike anyone. Cancer is still a major killer in Europe. Yet many of us are unaware that some cancers can be prevented. Much depends on people, how well we are informed about prevention measures and if we are willing to change lifestyles.

The European Institute of Women's Health (EIWH) was established in 1996, to ensure women's health issues were on the European agenda. The EIWH, an NGO, is working to make the health and well being of women and the family, a priority for the European Commission and all EU Member States. Highlighting the need to increase the number of women in leadership positions in health and other professions, including science and research.

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

Scotland - Food Standards Agency in Scotland (FSAS) - Salt intakes remain static

The Food Standards Agency in Scotland (FSAS) has published research indicating no significant change in the amount of salt consumed by people in Scotland since 2006. People in Scotland are eating nearly 9g per day on average, which is 50% higher than the recommended 6g per day. Eating too much salt is a significant risk factor in developing high blood pressure. High blood pressure can significantly increase the risk of heart disease and stroke. The results of this

survey are similar to a previous survey carried out in Scotland in 2006, which suggests no significant change to salt intakes. Results are also similar to the last UK survey in 2008. In 2006 the Food Standards Agency introduced voluntary salt reductions for industry across 85 categories of food, for achievement by 2010. After consultation with the food industry, the FSA set more challenging targets for 2012. The revised targets reflect the progress made by industry and were set at levels intended to make a further real impact on consumers' intakes.

For more information, click [here](#)

Wales – Public health conference

A public health conference which focuses on the theme of health inequities will be held this September in Wales. The Welsh Government's reducing inequities in health strategic action plan '[Fairer Health Outcomes for all](#)' will provide a framework for the conference which is being held on 21 September 2011 at the SWALEC Stadium Cardiff. The conference objectives are to:

- Develop understanding and learning on health inequities in Wales and to take forward action; and
- Inform policy making and practice.

The conference, which will have a very practical focus, is for policy makers and decision makers in the Welsh Government, NHS, local government and the third sector.

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

Wales – NHS Wales - Improving picture for children's mental health services

Mental health services for children and adolescents in Wales have expanded and changed for the better, with faster access to treatment and an increase in specialist staff, an independent report published shows. The Report on the provision of Specialist Child and Adolescent Mental Health Services (Specialist CAMHS) provides data collected between 2007-2011. Key findings include:

- An increase of 25% in the workforce between 2007-11. Nurses, including community nurses, made up the largest staff group within that workforce (33% of the total).
- A growth in the number of cases worked with and consultations carried out.
- A reduction in the number of people waiting to be seen.
- A reduction in the length of wait for people to be seen.
- A reduction in lengthy treatment times.

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

Other international news

WHO - Mental health problems trigger strongest prejudice

The World Health Organization (WHO) World Report on Disability, the first major publication of its kind, gave an important account of the plight of people with mental health problems all over the world. Two major areas of discrimination were particularly salient. Shockingly, people with mental health problems were found to face discrimination even in health care settings. The WHO found (ex-) users of mental health services to have a lower life expectancy and more chronic health conditions than the general population. People with long term mental health problems were more likely to be obese and have heart disease, high blood pressure, respiratory disease, diabetes, strokes, or breast cancer. They were also more prone to developing chronic health conditions at a younger age, and to dying sooner after diagnosis. The report is available [here](#).

WHO - inadequate housing causes more than 100 000 annual deaths in Europe

Inadequate housing accounts for over 100 000 deaths per year in the WHO European Region and causes or contributes to many preventable diseases and injuries, including respiratory, nervous system and cardiovascular diseases and cancer. This is the main conclusion of a

report, "*Environmental burden of disease associated with inadequate housing*", released by WHO/Europe. For the first time, this quantitative report addresses in one document many of the risk factors associated with housing – such as noise, damp, indoor air quality, cold and home safety – each chapter presenting statistical analysis based on sound data and scientific evidence. The lack of home safety measures such as smoke detectors is associated with 0.9 deaths per 100 000 population annually, equivalent to more than 7000 entirely preventable deaths each year across the Region. People die of cold at home: low indoor temperatures cause 12.8 deaths per 100 000 populations per year; and exposure to radon causes 2–3 deaths per 100 000 population for selected countries. Exposure to second-hand smoke causes 7.3 deaths; and the use of solid fuels as a household energy source without proper ventilation is associated with 16.7 deaths per 100 000 children and 1.1 deaths per 100 000 adults annually.

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

The report is available [here](#).

"Lipstick" cigarette packages woo young women, while countries hesitate to use graphic warnings

The new WHO report on the global tobacco epidemic reveals that only 13 out of 53 countries in the WHO European Region, most of them in the European Union, require cigarette packets to carry pictorial warnings about the dangers of smoking, and most of these graphic images cover less than half of the package. Of the remaining 40 countries, 27 stipulate that packets carry warnings of various kinds, but graphic images are not yet required, and the others call for weaker warnings. No country in the Region uses large and clear health warnings, on the front and back of packets, that highlight specific illnesses, as agreed in the WHO Framework Convention on Tobacco Control (FCTC). The tobacco industry specifically targets girls and young women through appealing pack designs. Countries increasingly restrict and ban conventional tobacco advertising: over 81% of those in the European Region ban advertising, promotion and sponsorship.

Please click [here](#) for more information.

OECD - Health: spending continues to outpace economic growth in most OECD countries

Health spending continues to rise faster than economic growth in most OECD countries, maintaining a trend observed since the 1970s. Health spending reached 9.5% of GDP on average in 2009, the most recent year for which figures are available, up from 8.8% in 2008, according to [OECD Health Data 2011](#).

But health spending as a share of GDP is likely to stabilise or fall slightly in 2011. This is due to improving economic growth and lower health spending as governments seek to rein in budget deficits. While governments must do more to get better value for money from healthcare spending, they must also continue pursuing their long-term goals of having more equitable, responsive and efficient health systems, according to the OECD. The rise in the health spending share of GDP was particularly marked in countries hard hit by the global recession. In Ireland, the percentage of GDP devoted to health increased from 7.7% in 2007 to 9.5% in 2009. In the United Kingdom, it rose from 8.4% in 2007 to 9.8% in 2009. Health spending per capita increased on average across OECD countries by 3.8% in 2008 and 3.5% in 2009. Public spending on health grew even faster, at an average rate of 4.8% in 2008 and 4.1% in 2009.

Private spending also continued to increase in most countries, but at a slower pace (1.9% in 2008 and 2.7% in 2009). In 2009, there were large variations in how much OECD countries spent on health and the health spending share of GDP. The United States continued to outspend all other OECD countries by a wide margin, with spending on health per capita of \$7960. This was two-and-a-half times more than the OECD average of \$3223. As a share of GDP, the United States spent 17.4% on health in 2009, 5 percentage points more than in the next two countries, the Netherlands and France (which allocated 12.0% and 11.8% of their GDP on health). Norway and Switzerland were the next biggest spenders on health per capita, with spending of more than \$5000 per capita in 2009.

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

Tackling Cancer in Europe – Open Forum of the European Partnership for Action Against Cancer

After cardiovascular [diseases](#), [cancer](#) is the leading cause of death in Europe and is responsible for 20% of deaths in the World Health Organisation's European region. To tackle cancer on a European level, the European Partnership for Action Against Cancer (EPAAC) was set up in February 2011. This three-year joint action, co-funded by the EU Health Programme, brings together 37 partners from across Europe in an effort to consolidate knowledge and identify important fields for cancer control in the future. EPAAC held its first open forum on 14 and 15 June 2011 in Madrid, the first of three high-level conferences that will cast a spotlight on important cancer activities in Europe. This year's open forum marked the beginning of EPAAC and focused on cancer care and research, including important issues such as:

- the need for guidelines for pediatric oncology
- increasing importance of psychosocial health for oncology patients
- nutritional support for patients
- challenges posed by rare cancers
- cancer control and health-policy perspectives
- coordination of funding for European projects
- best practices from EU funded projects
- stakeholder views on EPAAC (patients, industry, EU).

The Open Forum brought together cancer stakeholders from across Europe and inspiring them to begin work on tackling the obstacles ahead.

For more information, click on [EPAAC](#) and on the [Open Forum](#).

European Bank for reconstruction and development – Report Life in Transition survey II

The *Life in Transition survey II*, conducted jointly by the European Bank for Reconstruction and Development and the World Bank in late 2010, surveyed almost 39,000 households in 34 countries to assess public attitudes, well-being and the impacts of economic and political change. The Survey provides vivid evidence of precisely how lives have been affected by the global economic crisis and its aftermath.

The report is available [here](#).

European Anti Poverty Network (EAPN) - Alternative approaches for an inclusive recovery

The European Anti-Poverty Network organizes a conference which aims to analyze and raise awareness on the social impact of the crisis and the austerity measures in the EU, on 23 September 2011. Approximately 200 participants are expected including academics, EAPN working group members, representatives of member European Organizations, members with a direct experience of poverty and other stakeholders.

For further details, email [Nellie Epinat](#) or visit [EAPN](#) website.

Study sheds new light on link between fat cell transformation and obesity

European researchers led by the VTT Technical Research Centre of Finland say the adaptation of fat cell membranes to obesity could contribute to early stage development of inflammatory diseases. Published in the journal *PLoS Biology*, the study was supported in part by the EU-funded ETHERPATHS and HEPADIP projects.

Scores of adults worldwide suffer from obesity, and most of these people are diagnosed with metabolic syndrome that includes symptoms like elevated blood cholesterol and blood pressure. Researchers say obesity is characterised by excess body fat, which for the most part is stored in the adipose tissue. Expansion of this tissue results in a failure to store lipid

properly, enabling this excess lipid to accumulate in organs like the liver and muscle, and in turn triggering metabolic disease. For their study, the researchers from Denmark, Finland, Poland and the United Kingdom identified the factors that lead to the malfunction of adipose tissue when it reaches its threshold of expansion.

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



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For more information see: <http://ec.europa.eu/progress>

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