



European  
Commission



# Health in the EU

## What is in there for you?

### Recent Achievements

Directorate General for Health and Consumers

*Health and  
Consumers*



European Commission

# Health in the EU

## What is in there for you?

### **Recent Achievements**

Directorate General for Health and Consumers

Luxembourg, June 2012

**Europe Direct is a service to help you find answers  
to your questions about the European Union**

**Freephone number (\*):  
00 800 6 7 8 9 10 11**

(\*) Certain mobile telephone operators do not allow access to 00 800 numbers or these calls may be billed.

More information on the European Union is available on the Internet (<http://europa.eu>).

Cataloguing data can be found at the end of this publication.

ISBN 978-92-79-25363-8

doi: 10.2772/57379

© European Union, 2012

Reproduction of the texts of this report is authorised provided the source is acknowledged. For reproduction or use of the artistic material contained therein and identified as being the property of a third-party copyright holder, permission must be sought directly from the copyright holder.

Photo on cover: ©iStockphoto.com/PIKSEL

*Printed in Belgium*

# Contents

Foreword .....	5
1. Cross-border healthcare .....	6
2. Cross-border health threats .....	8
3. <i>E. coli</i> outbreak .....	10
4. Resistant bacteria .....	12
5. Safety and quality of medicines .....	14
6. Blood, tissues and cell donation .....	16
7. 3rd Multi-Annual EU Health Programme (2014-2020) .....	18
8. The risk factors of chronic diseases .....	20
9. Active and healthy ageing .....	22
10. Global health .....	24
11. Scientific committees .....	26
12. Communicating health .....	28



# Recent Achievements

One of our most important missions as policy makers is to ensure that citizens across the European Union fully enjoy their right to health and safety. A number of recent developments at EU level have changed the landscape in this area and has further enhanced these rights in all 27 Member States, in particular when it comes to increasing the level of human health protection against viruses and other threats, to accessing healthcare when abroad, or to the availability of high quality safe medicines. EU legislation has also recently led to encouraging blood and organ donations, an area of great development in the EU.



Finally, the European Union has recently been making efforts to ensure the sustainability of health systems, in other words to ensure that the way we organise healthcare today will provide efficient and comprehensive health systems for our children and future generations. This is why we are giving particular emphasis to reinforcing prevention and improving the management of chronic diseases which are responsible for the majority of deaths in the European Union.

Health is an important component of a happy and prosperous society and a major factor of a productive economy. I hope this overview of recent EU action will contribute to the better understanding of concrete and substantial steps that have been taken in that direction.

A handwritten signature in black ink that reads "Paola Testori Coggi". The signature is written in a cursive, flowing style.

Paola Testori Coggi  
Director-General for Health and Consumers  
European Commission

# Your rights to **healthcare** in another EU country

## Directive on the application of patients' rights in cross-border healthcare



### Why seek treatment abroad?

When travelling, studying or working in another EU country you may need unplanned health treatment. You may also wish to travel to another country specifically to receive healthcare.

### What are the rules and how will I be reimbursed?

You are entitled to be reimbursed by your home health system for any treatment received abroad to which you would have been entitled at home. Your home system is obliged to reimburse you up to the cost of that treatment in your home system.

For certain complex or specialised treatments, you may be required to seek prior authorisation from your health provider. Such authorisation may not be refused if the healthcare you seek cannot be provided to you within a reasonable time limit.

You can receive all the relevant information about the way these rules have been implemented in your country via the National Contact Points which every country is obliged to set up.



## What other impact will the Directive have on health systems?

This new EU Directive establishes formal cooperation between the health systems of the EU countries in a number of fields. To take one practical example, the Directive means that prescriptions from one country should be recognised in another, and it puts in place a number of measures to facilitate this in practice.

The Directive also sets up permanent co-operation mechanisms between EU countries in the areas of eHealth, Health Technology Assessment, and European Reference Networks. This cooperation has the potential to benefit all EU citizens, not only those who receive healthcare in another Member State.

## When will it come into force?

This legislation entered into force on 24 April 2011. All EU countries have a transition period of 30 months until 25 October 2013 to transpose the EU Directive. The National Contact Points (at least one per country) will be established during this transition period.

## Did you know?

- **20 million** Europeans received medical treatment in another EU country in 2010.
- **54%** of Europeans are open to seeking medical treatment abroad to shorten waiting time or receive better quality care.

\*Eurobarometer 210 (2007)

## More information:

[http://ec.europa.eu/health/cross\\_border\\_care/policy/index\\_en.htm](http://ec.europa.eu/health/cross_border_care/policy/index_en.htm)  
[http://ec.europa.eu/health-eu/my\\_lifestyle/travel/index\\_en.htm](http://ec.europa.eu/health-eu/my_lifestyle/travel/index_en.htm)

# Fighting Cross-border Health Threats

Proposal for a decision on serious cross-border threats to health



©Stockphoto.com/wolv

## How do cross-border health threats impact our everyday lives?

As the world becomes increasingly interconnected and the movement of people across the globe continues to increase year on year, Europe faces new health and security challenges. Not only do cross-border health issues such as flu pandemics pose a risk to human and animal health, they also threaten trade and international travel.

## Why is action being taken?

The global H1N1 flu pandemic in 2009, the volcanic ash cloud in 2010 and the *E. coli* outbreak in 2011 have shown the need for increased cooperation on a European level to deal efficiently with similar crises in the future. As these new health threats become more complex, coordinated preparedness, risk assessment, surveillance, management and response mechanisms are needed.

## What has been achieved?

In December 2011, the European Commission made a proposal for a decision to strengthen cooperation and sharing of information between EU countries and when serious cross-border health threats arise.

It would expand the EU's role in dealing with serious cross-border threats to health by coordinating Europe's response to all health threats caused by biological, chemical or environmental causes.

The EU would be given new opportunities to coordinate the preparedness and response to health threats in Europe including the joint procurement of vaccines.

## What is next?

The proposal is currently being considered by the European Parliament, the European Council and the EU member states.

## Did you know?

- Getting vaccinated is one of the best ways of protecting yourself from certain diseases such as flu or measles.
- Every year, around **4 million** patients in the EU acquire a hospital infection and that up to one third of these infections can be prevented by intensive infection prevention and control programmes.
- The closure of the European airspace and the cancellation of **100 000** flights due to the 2010 Eyjafjallajökull volcano eruption affected the health of citizens. Deliveries of transplant organs were delayed and people were stranded abroad without their usual medicines and without any prescription.

## More information:

[http://ec.europa.eu/health/preparedness\\_response/policy/index\\_en.htm](http://ec.europa.eu/health/preparedness_response/policy/index_en.htm)

[http://ec.europa.eu/health/preparedness\\_response/policy/hsi/index\\_en.htm](http://ec.europa.eu/health/preparedness_response/policy/hsi/index_en.htm)

# Responding to the 2011 *E. coli* Outbreak



©iStockphoto.com/Sproetniek

## What is *E. coli*?

*E. coli*, or *Escherichia coli*, is a common bacteria found in the digestive systems of humans and animals. While most strains of *E. coli* are harmless, other strains can cause illness ranging from mild intestinal disease to severe kidney complications.

## The 2011 *E. coli* outbreak

From May to July 2011, an outbreak of illness caused by a virulent *E. coli* strain left more than 55 people dead and 850 more with severe complications. In total, around 4000 people were affected. European vegetable growers were particularly affected as a result of the outbreak, suffering an estimated € 812 million in losses in the first two weeks, along with a temporary export ban.

An EU taskforce led by the European Food Safety Authority (EFSA) concluded on the 5th of July that fenugreek seeds used for sprouting from Egypt were the source of the outbreak.

## How did the European Commission respond?

As soon as the outbreak was reported by the German authorities, the European Commission immediately activated its alert systems and response networks. A group of scientists working with the EU quickly identified the strain of *E. coli* responsible for the outbreak.

In addition, the European Commission held daily meetings with the national public health and food safety authorities to monitor the outbreak as it unfolded and coordinate measures to control it. Finally, daily "updates" were posted on the European Commission website to keep the public and press informed as the situation unfolded. Thanks to the exchange of information, EU countries were able to coordinate their response and react more effectively to the crisis.

Within days of identifying the source of the outbreak, the European Commission ordered the destruction of all lots of fenugreek seeds imported from one exporter and a temporary ban on imports of other risky products.

## What lessons were drawn?

The crisis highlighted the need for better cooperation between food safety and public health authorities across the EU. The European Commission is working with representatives from all EU countries, along with the European Food Safety Authority (EFSA) and the European Centre for Disease Prevention and Control (ECDC), to discuss the lessons learned from the outbreak.

## Did you know?

- By keeping food at temperatures above 60°C or below 5°C, the growth of harmful microorganisms such as *E. coli* and the risk of illness can be significantly reduced.

## More information:

[http://ec.europa.eu/health/preparedness\\_response/policy/index\\_en.htm](http://ec.europa.eu/health/preparedness_response/policy/index_en.htm)  
[http://ec.europa.eu/health/communicable\\_diseases/policy/index\\_en.htm](http://ec.europa.eu/health/communicable_diseases/policy/index_en.htm)  
[http://ec.europa.eu/food/food/coli\\_outbreak\\_germany\\_en.htm](http://ec.europa.eu/food/food/coli_outbreak_germany_en.htm)  
[http://ecdc.europa.eu/en/healthtopics/escherichia\\_coli/prevention\\_measures/Pages/prevention\\_measures.aspx](http://ecdc.europa.eu/en/healthtopics/escherichia_coli/prevention_measures/Pages/prevention_measures.aspx)

# Protecting you from **resistant bacteria**

## Action plan against the rising threats from Antimicrobial Resistance launched



### What are antimicrobial agents and what are they used for?

Antimicrobial agents – such as antibiotics – are substances that kill or reduce the growth of micro-organisms, including bacteria, viruses, fungi, and parasites. They have dramatically reduced the number of deaths from infectious diseases during the 70 years since their introduction. Also, antimicrobials are an essential tool for modern medicine as many surgical operations could not be performed without them.

### Why is there a problem now?

However, these drugs have been used so widely and inappropriately that the organisms antimicrobials are designed to kill have adapted to them, making the drugs less effective.

People infected with antimicrobial-resistant organisms are more likely to have longer, more expensive hospital stays, and may be more likely to die as a result of the infection.

## What can be done?

The inappropriate use of antimicrobials both in human and veterinary medicine has to be stopped and new effective antimicrobials have to be developed.

In November 2011, the European Commission launched its action plan, which identified 7 areas where measures are most needed in all concerned sectors (human medicine, veterinary medicine, etc.):

- Ensuring antimicrobials are used appropriately in both humans and animals,
- Preventing microbial infections and their spread,
- Developing new effective antimicrobials or alternatives for treatment,
- Cooperating with international partners to contain the risks of resistance,
- Improving monitoring and surveillance in human and animal medicine,
- Promoting research and innovation,
- Improving communication, education and training.

With this action plan, the European Commission intends to help limit the spread of resistant micro-organisms and help develop new anti-microbial treatments.

## Did you know?

- Around **40%** of Europeans used antibiotics in 2009.  
\*Eurobarometer 338 (2010)
- One in two patients erroneously believes that antibiotics are effective against viruses.  
\*Eurobarometer 338 (2010)
- **20%** of Europeans have used antibiotics to treat flu and **14%** for a cold even though antibiotics are not effective against viruses.  
\*Eurobarometer 338 (2010)
- That an estimated **25 000** deaths are linked to antimicrobial resistance in the EU each year.

## More information:

[http://ec.europa.eu/health/antimicrobial\\_resistance/policy/index\\_en.htm](http://ec.europa.eu/health/antimicrobial_resistance/policy/index_en.htm)  
<http://ecdc.europa.eu/en/EAAD/Pages/Home.aspx/>

# Strengthening the safety and quality of medicines



## Why is authorisation of medicines at EU level needed?

Citizens across the European Union should be able to get safe, effective and high-quality medicinal products wherever they are in Europe. This is why all medicinal products have to be authorised before they are put on the market in the European Union. Once these products are on the market their quality is constantly controlled.

The European Commission pursues its work with the European Medicines Agency (EMA) to ensure that all human and veterinary medicinal products put on the EU market conform to the EU standards on quality, safety and efficacy. The authorisation procedure for human and veterinary medicinal products managed by the European Commission, leads to around 1 200 Commission Decisions per year. In particular, 96 new medicinal products were approved in 2011, of which 55% contained a new active substance.

## Fighting falsified medicines – new legislation adopted in 2011

Falsified medicines, or fake medicines, might contain substances which are of bad quality or in the wrong dose. As fake medicines have not been properly evaluated to check



their quality, safety and efficacy – as required by strict EU authorisation procedures – they could have harmful effects on the health of patients. In order to reduce chances that fake medicines reach patients in the EU, a new directive was adopted in June 2011, introducing the following measures:

- A common EU label ('safety feature') on the outer packaging of medicines,
- A common, EU-wide logo to identify legal online pharmacies. This would make it easier to distinguish between legal and illegal online pharmacies throughout the EU,
- Tougher rules for the import, and controls and inspections of manufacturers of active substances,
- Strengthened record-keeping requirements for wholesale distributors.

The Directive makes the EU regulatory system better for the future and protects patients from the risks of fake medicines.

## What is done about transparency and patient involvement?

As of July 2012, new rules for improved transparency, communication and patient involvement will come into force. Patients will be able to directly report suspected adverse reaction to medicines.

## Did you know?

- Between **50%** and **90%** of medicines purchased from non-authorised online pharmacies are counterfeit or substandard.
- Sales of fake medicine are on the rise, according to statistics by industry.

## More information:

[http://ec.europa.eu/health/human-use/index\\_en.htm](http://ec.europa.eu/health/human-use/index_en.htm)  
[http://ec.europa.eu/health-eu/care\\_for\\_me/medicines\\_and\\_treatment/index\\_en.htm](http://ec.europa.eu/health-eu/care_for_me/medicines_and_treatment/index_en.htm)

# Encouraging Blood, Tissue and Cell Donation



©iStockphoto.com/pictorico

## Why is this an important issue?

Donated tissues and cells, such as skin, bones, tendons and corneas, are used for transplants to treat a variety of diseases, including heart problems, severe burns and eye diseases. Donated blood is often vital during critical surgery, and for treating patients with diseases like haemophilia. As Europe's societies age and our health needs become more complex, demand for blood, tissues and cells looks set to increase. Around half of EU countries are already reporting regular shortages, particularly in bone marrow, which is used in the treatment of leukaemia.

To help meet this rising demand, the EU is taking steps to encourage citizens to voluntarily donate blood, tissues and cells.

## What is the role of the EU in promoting voluntary donations of blood, tissues and cells?

In 2011, the European Commission published two reports on the progress made in encouraging voluntary donations of blood, tissues and cells since the EU adopted new rules on quality and safety for donated blood in 2002, and for donated tissues and cells in 2004. They show that nearly all the EU countries now have policies in place to allow citizens to donate voluntarily and without being paid.

Often donors of tissues and cells are also donors of organs.

## How are EU countries working to encourage voluntary donations?

In 2010, the EU adopted new rules for organ donation, where donations must now be made on a voluntary and unpaid basis.

In addition to raising awareness through information campaigns, most EU countries now offer incentives to encourage donations, such as:

- Food and refreshments,
- Tokens or gift vouchers,
- Reimbursement of transport costs,
- Free medical check-ups,
- Time off work for workers in the public sector.

About three quarters of EU countries now have policies in place to use existing supplies of donated blood as effectively as possible. The report also found that 17 countries now have bilateral agreements in place to allow the movement of tissues and cells between countries to cover shortages.

At the same time, the European Commission has developed guidelines on quality surveillance and coordination of organ donation policies. Significant progress has also been made in ensuring that only high-quality donations are used for transplants, in order to eliminate any risk of patients being infected with diseases such as hepatitis and HIV.

## Did you know?

- In 2009, **37%** of Europeans had given blood at least once in their lives. In 2002, the figure was **31%**.

\*Eurobarometer 333b (2010)

- In 2009, **55%** of Europeans were willing to donate organs after their death. Previous family discussions have a strong influence on willingness to donate.

\*Eurobarometer 333a (2010)

## More information:

[http://ec.europa.eu/health/blood\\_tissues\\_organ/policy/index\\_en.htm](http://ec.europa.eu/health/blood_tissues_organ/policy/index_en.htm)  
[http://ec.europa.eu/health-eu/europe\\_for\\_patients/organ\\_donation\\_transplantation/index\\_en.htm](http://ec.europa.eu/health-eu/europe_for_patients/organ_donation_transplantation/index_en.htm)

## What is next?

The EU will set up a system to report and react on Serious Adverse Events and Reactions (SARE) from donated blood, tissues and cells. It will improve sharing of information between EU countries and help ensure the safety of blood transfusions and tissue transplants.

# Fostering "Health for Growth"

Proposal for the 3rd multi-annual Health Programme 2014-2020



## What's the issue?

As societies throughout Europe age and our health needs become more complex, the need for reform of Europe's health systems has become more urgent. EU countries will increasingly have to work together to confront future challenges if they are to ensure quality healthcare for all their citizens.

In November 2011, the European Commission presented a proposal for the EU's third seven-year health programme for 2014-2020 in November 2011, called "Health for Growth", to tackle these issues. The programme, with a proposed budget of € 446 million, emphasises the role of good health in promoting productivity at work, economic competitiveness and a better quality of life.

## What will the programme achieve?

The programme's four main objectives are:

- To develop innovative and sustainable health systems to keep up with demographic and social change,
- To increase access to better and safer healthcare for EU citizens,
- To promote health and prevent disease,
- To protect citizens from cross-border health threats, such as flu pandemics.

## How would it work?

To achieve these objectives, the programme would help EU countries to:

- Find innovative cost-effective solutions to improve healthcare,
- Make their health systems more sustainable and responsive to change,
- Pool resources and know-how to solve shared problems while allowing governments to keep control over their own healthcare systems.

## When would it come into effect?

The "Health for Growth" programme would start in 2014 and run until the end of 2020.

The proposal is currently being considered by the European Parliament, the European Council and the EU countries.

## Did you know?

- The current programme (the Second EU Health Programme, 'Together for health'), which runs from 2008 to 2013, focuses on tackling health inequalities within the EU after 12 new countries joined the European Union.
- The current programme has a total budget of **€ 321.5 million** and funds over **120** health projects.
- The 27 EU countries, plus Iceland, Liechtenstein, Norway and Croatia, participate in the current Health Programme.

## More information:

[http://ec.europa.eu/health/programme/policy/proposal2014\\_en.htm](http://ec.europa.eu/health/programme/policy/proposal2014_en.htm)

<http://ec.europa.eu/eahc/projects/database.html>

# Combating the risk factors of Chronic Diseases



©iStockphoto.com/kati1313

## What are chronic diseases and what are their risk factors?

Major and chronic diseases include heart diseases, cancer, mental health problems, diabetes, chronic respiratory disease, and musculoskeletal conditions. These diseases are often preventable and mostly caused by common risk factors such as harmful alcohol consumption, tobacco, unhealthy diet and lack of physical activity.

## What is done about it?

The EU is working on the problem from different angles by running public information campaigns, supporting EU countries and encouraging action by relevant industry sectors and NGOs.

## Tobacco

A new 3-year anti-tobacco campaign, "Ex-smokers are Unstoppable", was launched in June 2011. The campaign, run by the European Commission, tells the advantages of quitting smoking: not only enjoying better health, but also looking better, having more money and experiencing a boost in self-confidence - to name just a few. Quitting is not easy but the campaign with its digital health coach called iCoach will guide every smoker on the way to becoming unstoppable.

<http://exsmokers.eu>

In March 2012, the European Commission introduced a new set of 14 additional health warnings for tobacco packaging highlighting lesser known negative consequences of tobacco use, such as:

- "Smoking increases the risk of blindness",
- "Smoking damages your teeth and gums",
- "Smokers' children are more likely to start smoking".

## United Nations Declaration on Non-Communicable Diseases

The European Commission coordinated the EU countries in signing the UN Declaration of September 2011 which aims to reduce the burden of smoking, poor diet, lack of physical activity and harmful alcohol consumption (see also p. 25).

## High Level Group on Nutrition and Physical Activity and EU Platform for Action on Diet, Physical Activity and Health

The High Level Group on Nutrition and Physical Activity is a group of European government representatives from all 27 EU countries, as well as Norway and Switzerland that work on finding solutions to obesity-related health issues. They provide an overview of all government policies on nutrition and physical activity, and help share policy ideas and practice. They also develop joint initiatives such as reducing salt consumption by 16% in the 4 years following 2008.

The EU Platform for Action on Diet, Physical Activity and Health is a forum for European-level organisations, ranging from the food industry to consumer protection NGOs, dedicated to tackling current trends in diet and physical activity. Recently, Platform members have been strengthening their efforts to reduce the food marketing pressure on children and to offer healthier products by lowering sugar, salt and fat content. They also promoted physical activity to fight obesity.

[http://ec.europa.eu/health/nutrition\\_physical\\_activity/high\\_level\\_group/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/high_level_group/index_en.htm)

[http://ec.europa.eu/health/nutrition\\_physical\\_activity/platform/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm)

## Did you know?

- Repeated heavy drinking puts young people at particular risk from dangers of alcohol abuse and chronic diseases later in life.
- Around **25%** of all deaths in young men aged between 15 and 29 are alcohol-related.
- Young people tend to be slightly less concerned with fatty and sugary foods than older people – probably because they are not faced with diet-related problems yet.
- Only **40%** of EU citizens claim to exercise in their spare time.

\*Eurobarometer 723 (2010)

## More information:

[http://ec.europa.eu/health/major\\_chronic\\_diseases/policy/index\\_en.htm](http://ec.europa.eu/health/major_chronic_diseases/policy/index_en.htm)

[http://ec.europa.eu/health-eu/my\\_lifestyle/index\\_en.htm](http://ec.europa.eu/health-eu/my_lifestyle/index_en.htm)

## What's next?

- **Revision of the Directive on Tobacco Products:** the European Commission is considering strengthening the current rules on the sale and marketing of tobacco products, including rules on health warnings and possibly new tobacco products. The revised Directive, scheduled for late 2012, will limit the access of young people to tobacco products and reduce the appeal of tobacco, with respect to additives and packaging. These measures aim at harmonising national laws on tobacco products and will strengthen the European internal market

- **An EU Framework for National Initiatives on Selected Nutrients** (such as saturated fat) will be developed.

# Promoting Active and Healthy Ageing

## European Innovation Partnership on Active and Healthy Ageing



©iStockphoto.com/Squaredpixels

### Why is healthy ageing important to each of us?

Europeans are living longer while their healthy life years remain unchanged. Healthy life years are the lifespan that people spend in good health. Even though the average life expectancy of Europeans has increased over the last few decades, average healthy life years have not increased. This means that Europeans still spend 20% of their lives in poor health.

Healthy and active ageing will allow the elderly to have fewer health problems and to lead more active, socially inclusive and independent lives.

### Ageing societies – what does it mean?

An ageing population all over the EU is a societal challenge that has to be faced by each country and the European Union as a whole. Healthcare systems have to remain sustainable and be cost-efficient, and the participation of older people in society secured. At the same time these demographic changes present business opportunities for innovative products and services.



## What is being done about it?

The European Innovation Partnership on Active and Healthy Ageing brings together stakeholders from researchers, to health authorities, health professionals, businesses, patient organisations, regulators, up to the end users.

The Partnership, which was set up in 2011, is designed to spur innovation and bring new ideas forward to the market. Priority activities have been identified to improve the lives of elderly citizens to help them to contribute to society - thus reducing the pressure on healthcare systems and contributing to sustainable growth.

The overall goal of the Partnership is to work towards increasing healthy life years by 2 years by 2020.

In its Communication in February 2012, the European Commission launched an "invitation to commitment", which calls on stakeholders to engage with measurable and concrete targets.

## European Year of Active Ageing and Solidarity between Generations 2012

In 2012, the European Year on Active Ageing and Solidarity between Generations highlights the benefit of both elderly people and society as a whole if the older generation remains active, healthy and independent. Get more out of life as you grow older, not less, whether at work, at home or in the community.

## Did you know?

- While **50%** of premature deaths among men are avoidable, men are less likely than women to engage in preventive health. Cardiovascular risks are the biggest cause of premature death.
- People aged 80+ represent **4%** of Europeans in 2010 and that by 2050 they will make up over **10%** of the EU population.

## More information:

[http://ec.europa.eu/health-eu/my\\_health/elderly/index\\_en.htm](http://ec.europa.eu/health-eu/my_health/elderly/index_en.htm)  
[http://ec.europa.eu/health/ageing/policy/index\\_en.htm](http://ec.europa.eu/health/ageing/policy/index_en.htm)  
[http://ec.europa.eu/health/population\\_groups/elderly/index\\_en.htm](http://ec.europa.eu/health/population_groups/elderly/index_en.htm)  
<http://europa.eu/ey2012/>

# Promoting Global Health



## What is "Global Health"?

Global Health is a broad term that describes tackling health issues that span international borders or have a global impact.

The importance of issues such as trade, migration, food security and climate change to peoples' health worldwide means a global approach is needed to ensure continued improvement.

## What is the role of the EU in promoting Global Health?

The European Commission is working to promote the EU as a global partner on the international stage. The EU works with several international bodies including the World Health Organization and United Nations General Assembly to promote Global Health. The European Commission also supports and participates in four wider regional networks to enhance cooperation with neighboring non-EU countries.

## What actions is the EU taking on Global Health?

The major health challenges currently faced by the world, including global health governance, the global health workforce crisis, access to medicines in developing countries, the fight against HIV/AIDS and population growth, were discussed during six sessions of the European Commission's Global Health Policy Forum.

The European Commission is playing an active role in a variety of intergovernmental discussions to advance issues such as reform of the World Health Organization, a new global vaccine-sharing agreement and new international rules on counterfeit medicines.

## United Nations Declaration on Non-Communicable Diseases

On 19-20 September 2011, government officials and top health experts met at the General Assembly of the United Nations' (UN GA) high-level meeting on Non-Communicable Diseases in New York. This was the second time in history of UN GA that health was addressed after the meeting on AIDS in 2001. The EU was represented by Commissioner for Health and Consumer Policy, John Dalli, and by Director-General for Health and Consumers, Paola Testori-Coggi.

The political declaration adopted at the UN meeting is an important step towards a co-ordinated global response to address the problem of non-communicable diseases by taking action on smoking, poor diet, lack of physical activity and harmful alcohol consumption.

## Did you know?

- Non-communicable diseases will cost the global economy around **€ 22.5 trillion** between now and 2030 – equal to almost half the world's entire economic output in 2010.
- The EU is the world's biggest foreign aid donor. In 2010, EU development aid totalled **€ 53.8 billion**.

## More information:

[http://ec.europa.eu/health/eu\\_world/policy/index\\_en.htm](http://ec.europa.eu/health/eu_world/policy/index_en.htm)  
[http://www.who.int/nmh/events/un\\_ncd\\_summit2011/en/](http://www.who.int/nmh/events/un_ncd_summit2011/en/)

# Scientific Committees

## Increasing Safety of Consumers and Public Health by Assessing Scientific Risks



### What role do the European Commission's Scientific Committees play in citizens' everyday lives?

When questions arise regarding the safety of products, devices or environmental exposures, the European Commission relies on the expertise of its three scientific groups:

- the Scientific Committee on Consumer Safety,
- the Scientific Committee on Health and Environmental Risks,
- the Scientific Committee on Emerging and Newly Identified Health Risks.

These committees are responsible for providing independent, high-quality scientific advice, which plays a key role in the development of policy and legislation relating to consumer safety, public health and the environment.

### What issues were discussed?

In 2011, the three scientific committees met 133 times. They examined 59 health issues, including electromagnetic fields, fluoride in drinking water, mercury in fluorescent lamps, and ingredients in cosmetics such as parabens or hair dye chemicals.

## What were the findings?

### Electromagnetic Fields

Electromagnetic fields are generated by a variety of sources, such as mobile phones, home electronics, phone masts and power lines.

While studies have shown that extremely low frequency fields, such as those emitted by power lines, are associated with childhood leukaemia and Alzheimer's disease, there was no evidence to show that up to ten years' exposure to radio frequencies, such as those generated by mobile phones, was linked to cancer.

### Water Fluoridation

Fluoride is an element used in many toothpastes to prevent tooth decay. In some countries fluoride is added to drinking water to help prevent dental caries in young children. Some scientific literature, however, has pointed to some negative health effects in people exposed to high quantities of fluoride.

The experts concluded that, while water fluoridation as well as fluoride-based toothpastes appear to prevent caries, there is no obvious benefit of water fluoridation. It was also found that water fluoridation poses some risk of dental fluorosis (white staining of the tooth) in children.

## Did you know?

- In 2010, just **20%** of the public across the EU say they have received information on the potential health risks of electromagnetic fields.

\*Eurobarometer 73.3 (2010)

## More information:

<http://www.ec-scientific-committees.eu/>

[http://ec.europa.eu/health/scientific\\_committees/policy/index\\_en.htm](http://ec.europa.eu/health/scientific_committees/policy/index_en.htm)

[http://ec.europa.eu/health/electromagnetic\\_fields/policy/index\\_en.htm](http://ec.europa.eu/health/electromagnetic_fields/policy/index_en.htm)

# Communicating health



## Health-EU Portal

Health-EU is the official public health portal of the European Union. You will find health-related information and data from the European institutions, international organisations, national health ministries and agencies, and NGOs. Most of the information is available in 22 European languages. On average the portal has 300 000 visits per month.

[http://ec.europa.eu/health-eu/index\\_en.htm](http://ec.europa.eu/health-eu/index_en.htm)

## Health-EU Newsletter

Complementing the wealth of information on the portal itself, the e-newsletter provides you twice a month with a selection of the latest news and activities in the field of public health at both European and international level. The Newsletter has some 13 000 subscribers who receive each edition in one of its 22 languages directly in their mailbox.

The most viewed newsletter in 2011 was the one on the Health Programme issued in September.

You can subscribe online choosing your language at:

[http://ec.europa.eu/health-eu/newsletter\\_en.htm](http://ec.europa.eu/health-eu/newsletter_en.htm)

## Did you know?

- **Almost 50%** of Europeans used the internet to get health information.
- **58%** of patients who inform themselves online say that the information they found online played a role in choosing between treatment options.
- The Health-EU Portal is a trustworthy source of information on public health.
- You can find comparable European health information and data on Heidi (Health in Europe: Information and Data Interface): <http://ec.europa.eu/health/heidi>.

## European Commission's Public Health website

The Public Health website of the European Commission highlights the work of the European Commission in the area of public health. You can find press material, legal documents, videos, information on events, statistics, news on health in Europe. The website is visited more than 500 000 times per month.

[http://ec.europa.eu/health/index\\_en.htm](http://ec.europa.eu/health/index_en.htm)

## Publications

The European Commission produces various publications each year. In May 2012, the publication "Health for the EU in 20 success stories" was published. It highlights a selection of successful projects funded by the EU Health Programmes.

[http://ec.europa.eu/health/programme/docs/success\\_stories\\_hp\\_2008-2013\\_en.pdf](http://ec.europa.eu/health/programme/docs/success_stories_hp_2008-2013_en.pdf)

## Videos

Each year the European Commission produces a few short videos to showcase important health issues. The video "EU fights fake medicines" explains in a nutshell the risks of fake medicines and shows what the EU does to ensure the safety and quality of medicines.

[http://ec.europa.eu/health/human-use/videos/videos/fake\\_medicines\\_en.mp4](http://ec.europa.eu/health/human-use/videos/videos/fake_medicines_en.mp4)

## EU Health Prize for Journalists

The EU Health Prize for Journalists is awarded to stimulate high-quality journalism that raises awareness of issues related to healthcare and patients' rights.

On 3 May 2012, the fourth edition of the prize was launched and articles can be submitted to the competition until 31 July 2012. The articles of the previous editions can be read in their original language or an English translation online. Take a tour.

[http://ec.europa.eu/health-eu/journalist\\_prize/](http://ec.europa.eu/health-eu/journalist_prize/)

European Commission

**Health in the EU What is in it for you? - Recent Achievements**

Luxembourg

2012 — 30 pp — 14,8 x 21 cm

ISBN 978-92-79-25363-8

doi: 10.2772/57379



## **HOW TO OBTAIN EU PUBLICATIONS**

### **Free publications:**

- via EU Bookshop (<http://bookshop.europa.eu>);
- at the European Union's representations or delegations. You can obtain their contact details on the internet (<http://ec.europa.eu>) or by sending a fax to +352 2929-42758.

### **Priced publications:**

- via EU Bookshop (<http://bookshop.europa.eu>).

### **Priced subscriptions (e.g. annual series of the Official Journal of the European Union and reports of cases before the Court of Justice of the European Union):**

- via one of the sales agents of the Publications Office of the European Union ([http://publications.europa.eu/others/agents/index\\_en.htm](http://publications.europa.eu/others/agents/index_en.htm)).



ISBN 978-92-79-25363-8



9 789279 253638