

September 2010



Calendar of events

October

6 October 2010: [Alcolock seminar in the European parliament](#) (Brussels, Belgium)

6-9 October 2010: [13th European Health Forum](#) (Gastein, Austria)

7-8 October 2010: [Conference on Health inequalities: It's all about accessibility!](#) (Brussels, Belgium)

7-8 October 2010: [OECD Health Ministerial Meeting: Health Priorities in the Aftermath of the Crisis](#) (Paris, France)

10-12 October 2010: [Quality of Life for ageing people at work](#) (Bruges, Belgium)

12 October 2010: [Towards enhanced eHealth governance: What next for cross border healthcare and further deployment of sustainable ICT applied to health?](#) (Brussels, Belgium)

12 October 2010: [Healthy Food, Healthy Planet](#) (Brussels, Belgium)

14 October 2010: [What about Youth Health Inequalities?](#) (Brussels, Belgium)

14-15 October 2010: [Hepatitis B and C Summit Conference](#) (Brussels, Belgium)

19 October 2010: [Chronic Respiratory Diseases - Exploring Solutions in the EU](#) (Brussels, Belgium)

21-22 October 2010: [Environmental health and social vulnerabilities](#) (Namur, Belgium)

November

4-5 November 2010: [Social Platform's annual conference on Care](#) (Brussels, Belgium)

8-9 November 2010: [Reducing health inequalities from a regional perspective. What works, what doesn't work?](#) (Genk, Belgium)

8-9 November 2010: [Promoting Social Inclusion and Combating Stigma for better Mental Health and Well-being](#) (Lisbon Portugal)

8-10 November 2010: [2nd European Conference on Environment and Health](#) (Brussels, Belgium)

9-10 November 2010: [European Conference on Rehabilitation "The United Nations' Convention on the Rights of Persons with Disabilities and Rehabilitation in Europe: Effects on Individuals and Rehabilitation management"](#) (Copenhagen, Denmark)

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

EU News

European Commission adopts new strategy on gender equality

The Commission has adopted a five-year strategy for promoting equality between women and men in Europe. The strategy aims in particular to make better use of women's potential, thereby contributing to the EU's overall economic and social goals.

The gender equality strategy spells out a series of actions based around five priorities: the economy and labour market; equal pay; equality in senior positions; tackling gender violence; and promoting equality beyond the EU. They include:

- Getting more women into the labour market and helping to reach the Europe 2020 target employment rate of 75% overall for women and men;
- Putting forward targeted initiatives to get more women into top jobs in economic decision-making;
- Promoting female entrepreneurship and self employment;
- Instituting an annual European Equal Pay Day to raise awareness of the fact that women continue to earn an average of nearly 18% less than men across the EU;
- Working together with all Member States in combating violence against women, especially eradicating female genital mutilation in Europe and beyond.

For more information about the strategy, click [here](#). The EuroHealthNet Policy and Communications team has drafted an article highlighting the potential impact of the strategy on Health Inequalities. The article can be found on the **EQUITY CHANNEL SITE not eurohealthnet....**

European Commission proposes to ban the addition of sugar to fruit juices

The Commission has adopted a proposal to amend the Fruit Juice Directive (2001/112/EC), including a move to ban the addition of sugar to fruit juices - in line with the Commission policy of reducing added sugars in products and promoting balanced diet. The addition of sugar would be allowed only for nectars and some very specific products covered by the Directive, but the product labelling must make such addition clear.

Another proposed adjustment is to include tomatoes in the list of fruits used for fruit juice production. Most of the proposed changes are aimed at achieving further alignment with international rules by incorporating several additional elements of *Codex Alimentarius* standards into EU legislation, whilst also taking account of the Code of Practice of the European Fruit Juice Association.

The Directive lays down rules on the production, composition and labelling of fruit juices and certain similar products intended for human consumption in order to ensure their free movement with the European Union.

For more information please visit DG Agriculture and Rural Developments [website](#).

European Commission adopts amended proposal for the food programme for the most deprived persons in the EU

The European Commission has adopted an amended proposal to improve the current food distribution programme for the most deprived persons in the European Union. It builds on a 2008 proposal allowing the scheme to use market purchases on a permanent basis, to complement available intervention stocks. Member States would choose what food to distribute and food distribution plans would be established for three-year periods. Food would continue to be distributed in cooperation with

11-12 November 2010: [Careum Congress](#) (Zurich, Switzerland)

10-13 November 2010: [European Public Health Conference](#) (Amsterdam, the Netherlands)

15-16 November 2010: [Symposium on implementation research in public health](#) (Stockholm, Sweden)

16 November 2010: [Crossing boundaries in eHealth: the CALLIOPE think-tank and collaborative platform](#) (Brussels, Belgium)

17-20 November: [ECOG 2010 and beyond: Tackling childhood obesity off the menu](#) (Brussels, Belgium)

18-19 November 2010: [Combating poverty and social exclusion – The role of the European Social Fund](#) (Brussels, Belgium)

22-23 November 2010: [Health Systems Financing – Key to Universal Coverage](#) (Berlin, Germany)

22-23 November 2010: [eHealth in Europe's Regions: Acting for Citizens' Health](#) (Brussels, Belgium)

29-30 November 2010: [Medicine 2.0'10](#) (Maastricht, the Netherlands)

December

1-5 December 2010: [Thirteenth Berlin Roundtables on Transnationality](#) (Berlin, Germany)

3 December 2010: [21st Century Healthcare for Europe](#) (Brussels, Belgium)

8-9 December 2010: [High Level Conference on monitoring and evaluation of EU and MS strategies on nutrition, overweight and obesity](#) (Brussels, Belgium)

More online

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

New Publications

[WHO] - Global Recommendations on Physical activity for Health
Available [here](#)

[OECD and WHO] Obesity and the economics of prevention: Fit not Fat
Available [here](#)

[WHO Europe] - European report on preventing violence and knife crime among young people
Available [here](#)

[WHO Europe] - WHO Epidemiological Brief 7: polio outbreak in the European Region and country responses
Available [here](#)

charities and local social services.

An estimated 43 million people in the EU are at risk of food poverty, meaning that they cannot afford a meal with meat, chicken or fish every second day. Every year, more than 13 million European citizens benefit from this programme. The amended proposal provides stable and more favourable rates of national co-financing and puts an annual ceiling of € 500 million on the EU's contribution. It makes a number of other adjustments to the original 2008 proposal and aligns it with the Lisbon Treaty. The 2008 proposal was not adopted by the Council, despite the supportive stance of the European Parliament.

Click [here](#) for further information about the Most Deprived Persons Scheme, or visit the [website](#) of the Council of the European Union.

The role of minimum income in combating poverty and promoting an inclusive society in Europe

Poverty and social exclusion figures were recently published by Eurostat (January 2010) with regard to living conditions in 2008. These figures show that, despite all the statements on eliminating poverty, social inequalities have worsened and around 85 million people are at risk of poverty in the European Union (at the end of 2008, 17% of the 500 million inhabitants of the European Union were living below the poverty threshold, even after social transfers), whereas in 2005 this percentage was 16% and in 2000 it was 15% in the EU-15.

The European Anti-Poverty Network and its Belgian member, BAPN, held an important event about this issue earlier this month. The EAPN conference was the opportunity to launch a concrete proposal, which included the legal base, for a European framework directive on adequate minimum income schemes. Many stakeholders attended the conference, including people living on minimum income from several EU countries who actively took part in the debates. Commissioner Laszlo Andor also attended the event and welcomed the initiative: "Adequate minimum income is of vital importance for people living in poverty and we need to coordinate at EU level to fight root causes of poverty".

To get more information about this event and read the proposal for an EU Framework Directive on Minimum Income, please click [here](#).

The European Parliament has just released a report on the role of minimum income in combating poverty and promoting an inclusive society in Europe. The report states that "preventing and combating poverty and exclusion must be incorporated in other policies, with a guarantee of universal access to public services, high-quality jobs with rights and an income allowing people to live with dignity."

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

EU delays decision on food health claims

The European Commission has decided to delay a proposal regarding permitted health claims made on foods until the end of 2011, following concerns by industry and the incapacity of the European Food Safety Agency to deal with the submitted dossiers. The list of permitted health claims was due to be published in January 2010, with regulation due to follow this autumn. But the European Food Safety Authority (EFSA), which is in charge of examining the scientific backing of the claims, is expected to finalise its assessment of submitted dossiers only by the end of 2011.

According to the Commission, the delays are due to late submissions and the large number of submitted dossiers – an initial 44,000 submissions which were later consolidated into a list of more than 4,600. EFSA is being asked to finalise its evaluation of all remaining claims – other than so-called 'botanicals' – by the end of June 2011, after which the Commission will follow-up with legislative measures. The claims regarding the botanicals – such as aloe vera, echinacea, ginseng or ginger and green tea extract – will be considered only after June 2011.

For further information, please click [here](#).

Impact Assessments in the EU institutions: do they support decision-making?

A special report has been published by the European Court of Auditors, which indicates that on balance, impact assessment has been effective in supporting decision-making within the EU institutions and that since 2002 the Commission has had a comprehensive impact assessment system in place. The Court considers that the Commission should give due consideration to the principles of clarity of objectives, simplification, realism, transparency and accountability when designing new interventions and revising existing ones. The Court urges the Commission, the European Parliament

[ECDC] Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 Progress Report

Available [here](#)

[EAPN] - Adequacy of Minimum Income in the EU

Available [here](#)

[Child Safety Europe] – Action Planning for Child Safety: 2010 update on the strategic and coordinated approach to reducing the number one cause of death and disability for children in Europe - injury

Available [here](#)

[European Network for Workplace Health Promotion] –

A guide to promoting mental health in the workplace

Available [here](#)

[Eurofound] - Foundation findings - Physical and psychological violence at the workplace

Available [here](#)

[BMC Endocrine Disorders] - Diabetes: cost of illness in Norway

Available [here](#)

[WHO] - Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector

Available [here](#).

[Danish National Board of Health] - The little quit-smoke guide

Available [here](#).

and the Council to consider the findings and recommendations in the report when revising their Inter-institutional agreements on "Better law-making" and a "Common approach to impact assessment".

Impact assessment has become an integral element of the Commission's policy development and has been used by the Commission to improve the design of its initiatives. By the end of August 2010, the Commission had carried out 520 Impact Assessments. It is one of the cornerstones of the European Commission's Better Regulation policy aimed at improving and simplifying new and existing legislation. Its purpose is to contribute to the decision-making processes by systematically collecting and analysing information on planned interventions and estimating their likely impact. This should help the bodies involved in legislative decision-making decide on the most appropriate way to address the particular problem.

The special report can be found on the [website](#) of the European Court of Auditors.

Commissioner Šemeta opens high level conference on EU-US cooperation to tackle cigarette smuggling

Algirdas Šemeta, Commissioner for Taxation, Customs, Anti-Fraud and Audit, opened a high-level conference in Dublin to reinforce EU-US cooperation in the fight against cigarette smuggling. The aim of the conference is to bring together the top experts in this field to see how transatlantic cooperation can be further strengthened when it comes to identifying and dismantling organised crime groups and undermining tobacco smugglers. The illegal cigarette trade costs EU taxpayers an estimated € 10 billion a year in lost revenue. Given the global nature of the tobacco illegal trade, EU-US cooperation is vital to ensure the success of international operations to fight it.

The Commission's Anti-Fraud Office (OLAF) and the Member States already work closely with law enforcement agencies in the United States in tackling international cigarette smuggling, and a number of successful operations have resulted from this cooperation. For more information on OLAF's work to tackle illegal tobacco, please click [here](#). The full speech of Commissioner Šemeta can be found [here](#).

MEP's look at costs and benefits of more maternity leave

An impact assessment on the costs and benefits of a longer fully paid maternity leave was published by the European Parliament Women's Rights Committee and the Employment Committee. The two committees will have a closer look at the conclusions of those studies during a workshop with experts in October. After a previous vote in the Women's Rights Committee, MEPs requested an impact assessment study to look at costs and benefits of prolonging maternity leave on full pay and introducing two weeks' paid paternity leave.

The impact assessment attempts to determine the economic and social costs of the amendments tabled by the two committees: "A right to maternity leave of 20 weeks fully paid plus two weeks of paternity leave" and "a right to 18 weeks of maternity leave fully paid". It was conducted in 10 Member States: Belgium, Denmark, Estonia, France, Germany, Hungary, Poland, Spain, Sweden and the United Kingdom.

For more information and a background note please visit the European Parliaments [website](#).

24% of European children aged 6–9 are overweight

The WHO Regional Office for Europe has established a European childhood obesity surveillance system in fifteen countries in the Region. Preliminary results of the first round indicate that on average 24% of the children aged 6-9 years old are overweight or obese (based on the 2007 WHO growth reference for children and adolescents).

The system aims to routinely measure trends in overweight and obesity in primary school children (6-9 years), in order to understand the progress of the epidemic in this population group and to permit inter-country comparisons within the European Region. The first data collection took place during the school year 2007/2008, with 13 countries participating. The second round will take place from spring to autumn 2010, with four new participating countries. The first progress report on counteracting obesity is due in late 2010.

More information can be found on the [website](#) of the WHO Regional Office for Europe.

Europe is the Global Leader in Nationwide Implementation of eHealth Solutions

Europe is leading the rest of the world in advancing towards modern eHealth infrastructures and

implementations. Results of the *Monitoring National eHealth Strategies* study (www.ehealth-strategies.eu) presented in Brussels, show that virtually all Member States of the European Union have either already begun or will begin shortly to undertake the implementation of national systems making basic patient data available to all healthcare professionals whenever and wherever needed.

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

EU beefs up medicine surveillance rules

The EU is to strengthen its drug monitoring systems and force high-risk medicines to carry a black symbol on their packaging as part of tough new rules passed by MEPs. Patients will be more informed on how to use medicines and better able to report adverse effects directly to national authorities.

The EU and member states will set up pharmacovigilance websites, which will help to pool information on dangerous side effects of medicines sold in Europe. Sharing information from patients across Europe will help to pick up rare problems which might not have been visible in clinical trials. Web portals and patient information leaflets will also tell patients how to report any suspected adverse reactions, using national web portals or other means, according to amendments passed by MEPs.

The new rules, which have been the subject of intense negotiation with EU member states, will make the 'Eudravigilance' database the single point of contact for information on adverse events associated with medicines.

More information on the new surveillance rule is available [here](#).

Survey shows greater awareness of domestic violence against women among EU citizens

A new EU Barometer survey shows a greater awareness of domestic violence and desire for tougher action to clamp down on it. Only 2% of Europeans are unaware of domestic violence. The survey showed that one European in four knows a woman among friends and family who is a victim of domestic violence. One in five of the EU citizens surveyed said they know someone who commits domestic violence in their circle of friends and family.

87% of those surveyed believed that the EU should be involved in the fight against domestic violence. The survey follows on from a previous Eurobarometer survey conducted in 1999 in the 15 Member States, which comprised the EU at the time, and hence for these countries offers a comparative analysis of the results of the two surveys.

Click [here](#) to view the results of the new survey.

Health-EU newsletter on International Day of Older People

On the occasion of the International Day of Older People on 1st October, the EU-Health Portal of the European Commission has issued a newsletter dedicated to the Day and including a selection of EU and national initiatives, events and publications to promote healthy ageing and well-being in old age

The newsletter is available in English [here](#). The French version of the newsletter can be read [here](#).

Information on prescription drugs: MEPs press for stronger rights

Patients must have better access to high quality information on prescription drugs in the future, MEPs have decided. Objective information on a drug's characteristics and the health conditions it is intended to treat should be among the details given, said the EP Environment Committee. At the same time, MEPs want to protect patients from unsolicited information on medicines.

The basic aim of the legislation drafted by the Commission is to ensure the availability of good-quality, objective, reliable and non-promotional information on medicines. However, the Environment Committee has voted to emphasise patients' rights to information rather than making the provision of information an option for the pharmaceutical companies, as the Commission suggested.

The committee wants to specify which data must be made available to the public by pharmaceutical firms, which information is optional and through which channels it is to be supplied. It also wants Member States to be required to give citizens objective and unbiased information on medicines.

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

Social protection and social inclusion in Ukraine, Belarus and Moldova

Two new studies on social protection and social inclusion for European Neighbourhood countries are now available on line: a study on Ukraine, which assesses the challenges that Ukraine faces in the areas of poverty, social exclusions, pensions and health/long-term care, and a synthesis report on Belarus, Moldova and Ukraine.

On the basis of this research and two previously published studies on social protection and social inclusion in Belarus and Moldova, a synthesis report for the three countries will complete this first cycle of the studies on social protection and social inclusion in the European Neighbourhood Policy (ENP). Continuing this series the Southern Caucasus region studies for Armenia, Azerbaijan and Georgia, together with a Synthesis Report, are expected to be published in early 2011.

More information can be found on the [website](#) of DG Employment, Social Affairs and Equal Opportunities.

Other international news

Governments turn to WHO for help on health inequality

The World Health Organisation (WHO) has seen a huge increase in European countries seeking technical assistance in tackling health inequality as the economic crisis continues to exacerbate the social equity gap. Of the 53 countries in the European region as defined by the WHO, just six sought help on health equality in 2006. This jumped to 12 in 2008 but now stands at 23. The WHO cautions that health statistics often present national averages which overlook disparities within countries. Differences of more than a decade in life expectancy can be seen within cities and regions across Europe.

Clive Needle, director of EuroHealthNet, said measuring and understanding the problem are key to achieving this. "But it's not just about building data. We already have enough information to act. All too often policymakers use the lack of data as an excuse not to act," He added that ironing out inequality in a sustainable and fundamental way would require society to tackle the inequalities in the distribution of power, money and resources – the "structural drivers of health inequality".

Speaking at a conference in Brussels hosted by the European Policy Centre (EPC), experts also said the cross-border healthcare directive, which will allow greater patient mobility in Europe, will not exacerbate health inequalities as some critics have claimed.

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

Significant progress in access to HIV/AIDS services in Europe

Low- and middle-income countries, including some in the WHO European Region, have demonstrated that access to HIV/AIDS services can be increased, according to the new report called: "*Towards universal access: scaling up priority HIV/AIDS interventions in the health sectors*". The report, by WHO, the United Nations Children's Fund (UNICEF), and the Joint United Nations Programme on HIV/AIDS (UNAIDS), reviews the progress made in 2009 in scaling up access to HIV/AIDS services.

Despite challenges there is steady progress in many areas, including access to services to prevent mother-to-child transmission and treatment for HIV-positive children. However, although more people were receiving antiretroviral therapy (ART) in 2009 than in 2008, coverage among low- and middle-income countries in Europe and central Asia remained critically low. The report calls for action consistent with the key strategies proposed by a broad range of stakeholders for the new Global Health Sector Strategy for HIV/AIDS, 2011–2015.

The full progress report is available [here](#).

World leaders meet to boost progress on MDGs

With only five years left until the 2015 deadline to achieve the Millennium Development Goals (MDGs), world leaders met at a UN summit in New York to accelerate progress towards the MDGs. The high-level meeting of the General Assembly was held to take stock of the progress made so far towards the MDGs – which include slashing poverty, combating disease, fighting hunger, protecting the environment, and boosting education – and to accelerate progress to reach the Goals by their 2015 target date.

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

WHO urges development programmes to include people with mental and psychosocial disabilities

People with mental and psychosocial disabilities are among the most marginalized groups in developing countries. Even though development actors have pledged to focus their work on the most vulnerable in a community, many programmes continue to ignore and exclude this vulnerable group. This is the message of a new World Health Organization (WHO) report on mental health and development: "Targeting people with mental health conditions as a vulnerable group".

According to the report, the majority of development and poverty alleviation programmes do not reach persons with mental or psychosocial disabilities. For example, between 75% and 85% do not have access to any form of mental health treatment. Mental and psychosocial disabilities are associated with rates of unemployment as high as 90%. Furthermore people are not provided with educational and vocational opportunities to meet their full potential.

For further information or to download the report, please visit the [website](#) of the WHO.

Maternal deaths worldwide drop by third

The number of women dying due to complications during pregnancy and childbirth has decreased by 34% from an estimated 546 000 in 1990 to 358 000 in 2008, according to a new report, *Trends in maternal mortality*, released by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Bank. The progress is notable, but the annual rate of decline is less than half of what is needed to achieve the Millennium Development Goal (MDG) target of reducing the maternal mortality ratio by 75% between 1990 and 2015. This will require an annual decline of 5.5%. The 34% decline since 1990 translates into an average annual decline of just 2.3%.

Pregnant women still die from four major causes: severe bleeding after childbirth, infections, hypertensive disorders, and unsafe abortion. Every day, about 1000 women died due to these complications in 2008. Out of the 1000, 570 lived in sub-Saharan Africa, 300 in South Asia and five in high-income countries. The risk of a woman in a developing country dying from a pregnancy-related cause during her lifetime is about 36 times higher compared to a woman living in a developed country.

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

Ending energy poverty: How to make modern energy access universal

Over 20% of the global population – 1.4 billion people – lack access to electricity. Some 40% of the global population – 2.7 billion people – rely today on the traditional use of biomass for cooking. Lack of access to modern energy services is a serious hindrance to economic and social development and must be overcome if the UN MDGs are to be achieved. Worse, without additional dedicated policies the problem will persist and even deepen in the longer term.

These are some of the major findings of a new report launched by the International Energy Agency (IEA) in co-operation with the United Nations Development Programme (UNDP) and the United Nations Industrial Development Organization (UNIDO): "Ending Energy Poverty: How to make modern energy access universal", a special excerpt of IEA World Energy Outlook (WEO) 2010. The report was presented on the sidelines of the United Nations Millennium Development Goals Summit in New York.

To find out more about the report, click [here](#).

Although cancer deaths fall, prevention still lags behind

Although overall mortality from cancer is decreasing in the European Union, its incidence increased by almost 20%, from 2.1 million new cases in 2002 to 2.5 million in 2008, says a special issue of the *European Journal of Cancer* (the official journal of ECCO - the European Cancer Organisation) on cancer prevention.

The current economic crisis threatens to affect cancer incidence in a number of areas. Public donations to cancer research funded by charitable organisations will fall, and governments as well as the pharmaceutical industry are likely to cut research and development budgets. The prospects for disease caused by occupational exposure to carcinogens are also likely to worsen

The issue places special emphasis on the need to address cancer prevention using a holistic and global approach, focusing on the 'big four' risk factors of smoking, obesity, alcohol and physical inactivity. This represents a fundamental shift away from the reductive approach of earlier research, which meant looking narrowly, often in isolation, at multiple micro-components of diet and lifestyle, say the editors.

For more information about this issue, please click [here](#).

The Fit for Work Europe Coalition

The Fit for Work Europe Coalition has just been officially launched at: <http://www.fitforworkeurope.eu/>. The Coalition will serve as a network to ask policy audiences and stakeholders to work towards National Plans for MSDs, providing active and dedicated leadership on MSDs at European and, crucially, at national level.

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

Job offer at International Union for Health Promotion and Education

The International Union for Health Promotion and Education (IUHPE) is looking for a project assistant for a one-year period, with possibility of renewal. The Project Assistant position can be best described as an introductory professional opportunity for someone interested in working in an international environment. Further information is available in the enclosed job description.

If you have any specific questions, please contact Sara Bensaude De Castro Freire at



sbensaude@iuhpe.org.

National and local news

Belgium – Inequalities make us unhealthy

A new report by the Herman Deleeck Centre for Social Policy (Centrum voor Sociaal Beleid), shows that people's health is affected by inequalities in society. Benefits that we believe economic growth could bring us – for example better health for everyone – become uncertain if policies do not focus on fair redistribution and thus take inequalities into account.

The report, and further information, can be found on the [website](#) of the Centrum voor Sociaal Beleid.

France - Citizens satisfied with their health system

According to a recent survey, 61% of French citizens is satisfied with the healthcare system and would not seek treatment elsewhere, even if it were cheaper. The European-wide survey is conducted every four years by Cercle Santé Société (CSS), a think tank on health economics, and Europ Assistance. Among the other countries surveyed, only in Austria (86%) and the UK (70%) more citizens indicate being satisfied with the national healthcare system.

Regarding quality of care, the 67% of French citizens believe they receive the best quality of care, with only 50% of Swedes and 28% of British respondents citing their country. Similar responses were given when asked in which country patients were reimbursed the most.

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

The Netherlands - First health insurer puts up fees by 10%

Health insurance company DSW has become the first to announce its 2011 price rise – a 10% annual increase to €1,194 per policy holder. The increase is due to a shortfall of €3.4bn in the government's health insurance contributions, DSW said. Higher healthcare costs and central bank demands on solvency have also played a part.

Health insurance companies start announcing their next year's fees around now, ahead of the annual January 1 deadline for switching provider. All health insurance firms must offer a standard basic package which is dictated by the government. They are then free to add top up services and policies.

The outgoing government announced in the annual budget that the own risk element in health insurance is to go up €5 next year to €170.

For more information visit the [website](#) of Health Insurance company DSW.

The Netherlands - Unhealthy lifestyles makes workers less productive

An unhealthy workforce affects a company's output and boosts sick leave, according to Dutch research published online in Occupational and Environmental Medicine. Obesity, poor diet, lack of exercise and smoking accounted for more than one in ten days off sick, it was found. However drinking ten glasses of alcohol a week or more was associated with a reduction in sick leave. Obese workers were 66 per cent more likely to be off work sick for ten to 24 days and 55 per cent more likely to be off for longer than that when compared with normal weight workers.

More information about this research is available [here](#).

The Netherlands - Health insurance cost should reflect unhealthy lifestyles

The Dutch Council for Public Health and Health Care (Raad voor de Volksgezondheid en Zorg – RVZ) has published a report which states that people who smoke and people with an unhealthy lifestyle should pay more for healthcare. In addition, the RVZ is recommending that current system of fixed prices for different treatments should be dropped, and hospitals should be allowed to set their own fees, in negotiation with health insurers.

The report, called "Perspectief of gezondheid 2010" is available [here](#) (in Dutch).

Norway - Effect of breast-cancer screening programme is small

An article in the New England Journal of Medicine shows that the Norwegian breast-cancer screening programme is associated with a small reduction in the rate of death (around 3%), and the screening itself accounted for only about a third of the total reduction. The study included over 40.000 women, who got diagnosed with breast cancer between 1986 and 2005.

More information can be found on the [website](#) of the New England Journal of Medicine.

Scotland - Glasgow study finds that asthma rates in children have fallen since the smoking ban came into force

A study by Glasgow University has found that the number of children being hospitalised by asthma in Scotland has dropped by more than 18 percent year-on-year since the smoking ban in public places came into force in 2006. The research follows previous studies which found that the smoke-free legislation in Scotland has also cut heart attacks and breathing problems.

For the latest study, the researchers analysed data on hospital admissions for asthma in Scotland from January 2000 to October 2009 among children under the age of 15. They found that before the smoking ban came into force, admissions for asthma were increasing at an average rate of 5.2 per cent a year. But, after the ban, admissions decreased by 18.2 per cent per year, relative to the rate on 26 March 2006 - the day the smoking ban came into force across the country.

More information can be found on the websites of the newspapers [the Scotsman](#) and the [Herald Scotland](#). The study was published in The New England Journal of Medicine, and can be found [here](#).

Sweden - Striking results from the Swedish Risk Drinking Project

Talking about alcohol is becoming routine practice in Swedish health care. The proportion of health care personnel reporting that they always or often queried their patients regarding alcohol use has increased significantly. That states a three-year follow up of the Swedish Risk Drinking Project, which surveyed physicians and nurses in primary, occupational, maternity, and child health care across the entire country.

More information can be found on the [website](#) of the Swedish National Institute of Public Health.

Sweden - Health Coaching Program

The Swedish National Institute of Public Health has received a three year governmental assignment (2010-2012), which includes starting and coordinating health coaching programs towards people 60-75 years old with type II diabetes or heart failure. The goal is to empower older people to have better control of their long-term condition, motivate them to make healthy lifestyle changes and encourage them to manage self-care more efficiently.

The program will be implemented in selected county councils and municipalities in Sweden and is based on a cooperative approach between county councils and municipalities. The setting for the

program will be primary care within county councils as well as social meeting places in municipalities. Participants will be identified and selected in primary care by their GP. Those who meet the selected inclusion criteria will be invited to enroll in the program.

The program, including both health coaching activities in county councils as well as meeting places in selected municipalities will be evaluated in order to see if the program is successful in promoting health and stimulate to social activities among participants. Also, the cooperation between county councils and municipalities will be evaluated. Final results are planned to be published in 2013.

For more information, please contact [Therese Färggren](#), Health Planning Officer at the Swedish National Institute of Public Health.

UK - A model for service provision for pregnant women with complex social factors

The care that women should be offered during pregnancy is outlined in a clinical guideline entitled 'Antenatal care' and produced by the National Institute for Health and Clinical Excellence (NICE). Pregnant women with complex social factors may need additional support to use antenatal care services. The guideline describes how access to care can be improved, how contact with antenatal carers can be maintained, the additional support and consultations that are required and the additional information that should be offered to pregnant women with complex social factors.

Examples of complex social factors include Substance misuse; Recent arrival as a migrant; Asylum seeker or refugee status; Difficulty speaking or understanding English; Age under 20; Domestic abuse; Poverty; Homelessness.

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

UK - Depression in children and young people

The National Institute for Health and Clinical Excellence (NICE) has published a clinical guideline on depression in children and young people. The publication covers the care children and young people with depression can expect to get from their doctor, nurse or counsellor; the information they can expect to be given; what they can expect from treatment; and the kinds of services that can help young people and children with depression, including your family doctor (general practitioner or GP), health staff at your school, and specialists in clinics or hospitals

To find out more about this document, please click [here](#).

UK - Better health for children, young people and their families

The UK Government has set out a new vision for the health of children and young people in an engagement document: "Achieving Equity and Excellence for Children", designed to seek the views of professionals and the wider community on how the new system should work, alongside a thorough review of children's services in the NHS by Professor Sir Ian Kennedy. It forms a detailed supplement to the ongoing consultation for the White Paper "Equity and Excellence: Liberating the NHS".

The document sets out a vision in which services will be personalised to individual needs and appropriate for children, young people and their families; age-specific information should become routinely available and accessible; children, young people and their families will be at the centre of design and delivery of services, facilitated by local professionals; and improvements will be measured in terms of outcomes for children and young people rather than just time-focused targets.

Please visit the [website](#) of the Department of Health for further information.

UK - New campaign to alert people to early signs of cancer

The Department of Health have launched a new campaign that will alert people to the early signs of cancer and encourage them to get checked out. The campaign will start in January 2011. The campaign will consist of 59 local campaigns focussing on the three big killers - breast, bowel and lung cancer. Local areas have been given a share of £9 million for their campaigns.

At the same time as running these local projects, the Department of Health will be trialling, in two regions, centrally-led campaign activity to raise awareness of bowel cancer symptoms and to encourage early presentation. Subject to evaluation, the campaign will be introduced nationally.

More information on the campaigns is available [here](#).

Wales - Major campaign aims to save millions by reducing wasted medicines

A new campaign to reduce the amount of wasted medicines has been launched by the Welsh Assembly Government. More than 250 tons of out of date, surplus and redundant medicines are returned each year to pharmacies and dispensing GP surgeries across Wales at an estimated cost of £50 million to the NHS. This is in addition to medicines that are probably disposed of incorrectly through household waste.

The campaign includes radio adverts and leaflets distributed by GPs surgeries and pharmacies. Patients receiving prescription medicines will be handed advice such as ensuring they order the right amounts of medicines and do not stockpile drugs.

For further information, please contact the [Welsh Assembly Government](#).

Using Health Highlights

EuroHealthNet seeks to practice sustainable approaches – please do not waste resources by printing this publication unnecessarily, but do forward electronically to colleagues in your organisation, agency or institution.

Would you like to inform other members about **new publications or events** in your organisation or country? Please send contributions to y.kuipers@eurohealthnet.eu

EU Health Highlights is produced for the internal use of organisations, institutions, authorities and departments interested in health promotion, disease prevention and public health in the EU. It is funded only by fees paid to us.

If any reader knows of people or bodies who might find it useful to receive Health Highlights, please do not copy it externally beyond your agency without our authorisation, but do send details to us at: y.kuipers@eurohealthnet.eu

We will be pleased to make contact and offer our services, including a free trial period. Your comments and suggestions will also be welcome. Thank you for your help.

If you wish to **unsubscribe from our Health Highlights**, please send an email to y.kuipers@eurohealthnet.eu with "Unsubscribe HH" in the subject line.