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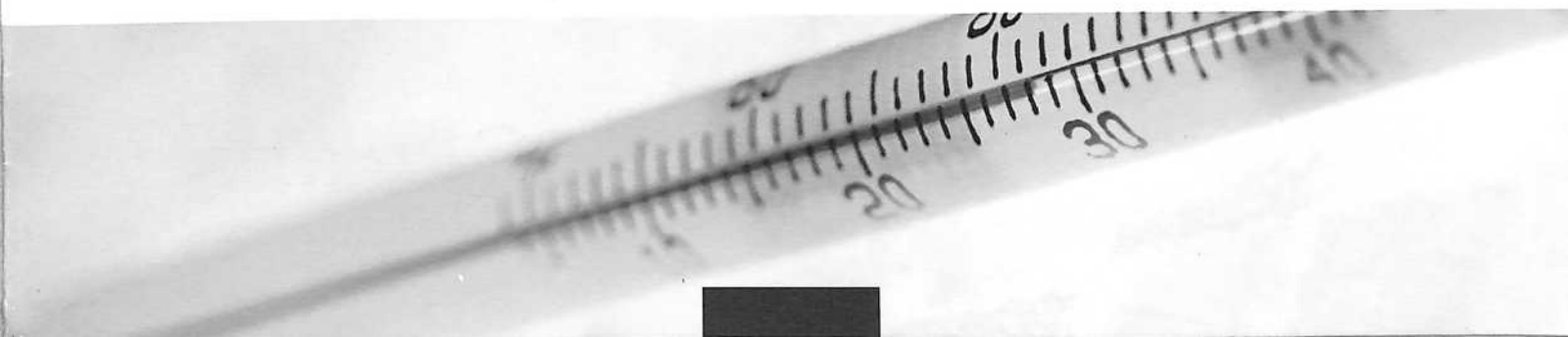
THE EUROPEAN
UNION
EXPLAINED

Improving
health for all
EU citizens



Public health

The EU works to protect
and improve the health
of all Europeans throughout
their lives.



THE EUROPEAN UNION EXPLAINED

This publication is part of a series that explains what the EU does in different policy areas, why the EU is involved and what the results are.

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The EU explained: Public health

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Why we need a public health policy

Citizens' health is a core EU priority. EU health policy complements national policies to ensure that everyone living in the EU has access to quality healthcare.

The main objectives of EU health policy are to:

- prevent disease,
- promote healthier lifestyles,
- promote well-being,
- protect people from serious cross-border threats to health,
- improve access to healthcare,
- promote health information and education,
- improve patient safety,
- support dynamic health systems and new technologies,
- set high quality and safety standards for organs and other substances of human origin,
- ensure high quality, safety and efficacy for medicinal products and devices for medical use.



The EU seeks to improve the quality of healthcare for all its citizens.

While the organisation and delivery of healthcare is the responsibility of individual countries, the EU brings added value in helping countries achieve common objectives. EU health policy generates economies of scale by pooling resources, and helps countries to tackle the common challenges, including health threats such as pandemics, the risk factors associated with chronic diseases or the impact of increased life expectancy on healthcare systems.

Key challenges

To achieve a high level of human health and quality of healthcare across the EU, a significant number of challenges must be overcome, including those listed below.

- **Sustainability:** Healthcare systems must adapt to demographic changes and a growing demand for care, and make the best use of innovative health technologies. Health system reforms must guarantee universal access to high-quality care and improve the efficiency and financial sustainability of the health systems.
- **An ageing population:** EU citizens are living longer — often well beyond the retirement age — but the average age to which they enjoy good health remains the same. This places pressure on society and the economy, as well as healthcare systems. The incidence of certain diseases, for example Alzheimer's and dementia, is also increasing as the population gets older. The EU seeks to increase the number of healthy life years by two by 2020 to help Europeans remain active and productive for as long as possible.
- **Reducing the incidence of preventable diseases:** Cancer, heart disease, diabetes, respiratory, mental and other chronic diseases represent great suffering to citizens and come at a huge cost to society and the economy. It is estimated that they will cost the global economy around €22.5 trillion between 2012 and 2030. In the EU, the cost of diseases linked to smoking alone totals over €100 billion. Chronic diseases are responsible for 87 % of all deaths in the EU. Many cases of chronic diseases are preventable and linked to four common risk factors — tobacco, harmful use of alcohol, nutrition and lack of physical activity.

- **Health inequalities:** Huge differences in health and healthcare exist between and within EU countries and regions. The level of disease and the age at which people die are strongly influenced by factors such as employment, income, education and ethnicity, as well as access to healthcare. For example, life expectancy at birth varies by 10 years between EU countries.
- **New and emerging health problems:** New diseases, or strains of diseases, are being identified all the time. AIDS, for example, was first clinically observed in 1981, the corresponding virus, HIV, was identified in 1983; in 2009, a new type of pandemic influenza — H1N1 — was identified. Some bacteria have become resistant to the drugs used to treat them.

This has made it harder to treat specific infections with certain antibiotics. Mental health problems are another disease group where the number of diagnoses has increased significantly.

- **Health security:** serious cross-border health threats — including biological agents and infectious disease, chemical agents and environmental hazards — pose a great threat to health and international travel and trade. The 2014 Ebola outbreak that began in West Africa and led to several medical evacuations to Europe and the 2009 global H1N1 flu pandemic are recent examples that demonstrate the importance of being able to tackle health threats at a multinational level.

EU health trends

Good news

- **Increased life expectancy:** on average, life expectancy in the EU increased from 65 years in the 1950s, to 80 years by 2012.
- **Drop in infant mortality:** there was a cumulative reduction in infant mortality of over 82 % between 1975 and 2012.
- **Better treatment of life-threatening conditions such as heart attacks, strokes and cancer:** mortality rates following hospital admission for a heart attack fell by 50 % between 2000 and 2009.
- **Increase in the survival rates for different types of cancer,** including colorectal and breast, thanks to earlier detection and better treatment.
- **Increase in the number of doctors per capita:** from 2.9 per 1 000 population in 2000 to 3.4 in 2010.

Bad news:

- **Inequality:** life expectancy still varies by around 8.5 years between EU countries.
- **Increase in cancer deaths:** since 1985, EU cancer deaths have increased by 12 % for men and by 9 % for women.
- **Increase in diabetes:** according to the International Diabetes Federation, 35 million adults were living with diabetes (both type 1 and type 2) in Europe in 2011. This is expected to increase by 23 %, to 43 million, in 2030.
- **Increase in Alzheimer's cases:** the likelihood of developing dementia in people aged 65+ roughly doubles every 5 years in Europe.
- **The EU's healthcare bill for chronic disease:** €700 billion, or 70–80 % of healthcare costs.

Sources: Eurostat and Organisation for Economic Cooperation and Development.

How the EU goes about it

The scope for EU action in health policy is set in Article 168 of the Treaty on the Functioning of the European Union. The overriding principle is that human health is well protected and accounted for in the development of all EU policies and activities.

The Treaty also makes clear that the EU shall fully respect the responsibility of individual Member States to define their health policies and organise and deliver their health services and medical care, including any resources assigned to them.

The EU mostly complements and supports the work that goes on in individual EU countries on issues where coordination, cooperation and exchange of information, knowledge and best practice is the best way forward. It also uses legislative instruments to regulate certain areas.

In 2007, the EU adopted its 'Health strategy'.

It is based on four key principles:

- Europeans have shared health values;
- health is the greatest wealth;
- considerations about health must be included in all policies;
- the EU's voice must be heard on all issues affecting global health;

It identified three key objectives:

- fostering good health in an ageing Europe;
- protecting citizens from health threats;
- supporting dynamic health systems and new technologies.

These principles and objectives support the goals of the Europe 2020 strategy for smart and sustainable growth: targeted investment in health boosts productivity and innovation, creates new skills, helps reduce inequalities and contributes to more sustainable health systems.

In February 2013, the European Commission adopted a package entitled 'Social investments for growth and cohesion'. One part of this package is dedicated to investments in health. The main message is that health is a value in itself, and also a key to economic prosperity. The document emphasises that smart investments for sustainable health systems, investing in people's health as human capital, and investing in reducing inequalities in health can contribute to economic growth. The EU will support reforms through the European semester process and through its funding instruments, i.e. 'Structural Funds and health programme'.

EU financial support

With its budget of nearly €450 million, the third health programme will support and add value to the policies of Member States that aim to improve people's health and reduce health inequalities. It will do so by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting EU citizens from serious cross-border health threats. The programme builds on the achievements of the previous two health programmes and focuses on key issues where Europe can deliver added value. The EU's work will complement and support national efforts in four key areas:

- disease prevention and health promotion measures;
- protecting citizens from cross-border health threats;
- innovative and sustainable health systems;
- better and safer healthcare for citizens.

All 28 EU countries plus Iceland and Norway participate in the programme.

Since 2003, the EU health programme has provided funding for more than 750 individual projects and operating grants, supporting a range of initiatives. Other sources of EU financial support, e.g. Structural Funds and the research framework programmes, also contribute to health priorities.

What the EU does

Access to healthcare in all EU countries

If you fall ill unexpectedly during a trip to another EU country and need to visit a doctor, there's no need to cut short your visit to return home for treatment. Take your European Health Insurance Card with you to a local doctor.

The **European Health Insurance Card** makes it easier for you to claim this right to healthcare in other EU countries and Iceland, Liechtenstein, Norway and Switzerland. It is issued free of charge by your national health insurance provider and gives you access to unplanned medically necessary, state-provided healthcare during a temporary stay in any of the partner countries. The card can either feature on the reverse of a national health card or be entirely separate.

Separate legislation on **cross-border healthcare** gives you:

- access to information on your right to receive healthcare anywhere in the EU, and on the quality and safety of the care you will receive;
- the right to be reimbursed some or all costs for any treatment you receive in another EU country to which you would have been entitled at home;
- the possibility to process your prescriptions abroad so that you can obtain abroad the medication you need.

A national contact point has been set up in each EU country to provide information to patients on their rights and on quality and safety issues.



The European Health Insurance Card gives you access to medical treatment and care across Europe.

Did you know?

20 million Europeans received medical treatment in another EU country in 2010.

Fighting serious cross-border threats to health

As the world becomes increasingly interconnected, biological, chemical or environmental health threats pose a greater risk than ever to health and international travel and trade.

The EU is keeping an ever closer eye on emerging health threats — be they Ebola, a new strain of influenza such as bird flu or the more recent novel corona virus, a foodborne disease such as *E.coli*, or a slower spreading threat such as antimicrobial resistance.

In 2013, the Commission adopted rules on serious cross-border health threats to protect EU citizens by means of a robust and coordinated risk and crisis response. Included in the new rules are:

- an extension of the existing EU coordination mechanism for communicable diseases to include all health threats caused by biological, chemical or environmental factors;
- a reinforced mandate for the EU Health Security Committee to react in a crisis situation;
- recognition of a European 'health emergency situation' which allows the activation of pharmaceutical legislation so that vaccines and medicines can be provided faster.

With the new rules, joint purchasing of vaccines and medicines during a pandemic or emergency situation becomes a reality in the EU. By means of this mechanism, EU countries that have signed the Joint Procurement Agreement should obtain the necessary medicines quicker and at a better price than in the past.

EU action is largely linked to improving cooperation and coordination between national governments. This is achieved through:

The E. coli bacterium: an outbreak in 2011 triggered the EU's Rapid Alert System which helped authorities in other EU countries to combat the risk efficiently.



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- **EU alert systems:** If an EU country detects a threat to citizens' health and safety, it notifies the European Commission through one of the EU's rapid alert systems. These ensure that information is transmitted EU-wide, quickly and that there is a rapid response. The Early Warning and Response System (EWRS) and the Rapid Alert System for Food and Feed (RASFF), for example, were triggered in 2011 in response to the *E. coli* outbreak in Germany and the Fukushima nuclear disaster in Japan.
- **EU Health Security Committee (HSC):** This committee coordinates health security measures, preparation and planning and the response to an emergency. It is made up of representatives from all EU countries.
- **European Centre for Disease Prevention and Control (ECDC):** The centre aims to strengthen the EU's defences against infectious diseases such as Ebola, influenza, tuberculosis and HIV/AIDS. It works with national health authorities across the EU to identify, assess and communicate current and emerging health threats.
- **EU-wide research networks:** Specific projects linked to serious cross-border threats to health have also been awarded EU funding. These include an Alerting System for Chemical Health Threats (ASHT II) which has brought together poison centres in different EU countries to improve the response to potential cross-border chemical threats to health.

Case study: Preparing Europe for possible Ebola cases

The Ebola epidemic in West Africa is the largest outbreak on record. The risk of Ebola to the general public in the EU has been assessed as 'very low' by the European Centre for Disease Prevention and Control (ECDC). Nevertheless, since the beginning of the outbreak, the Commission and Member States have been working on preparedness and coordination or risk management, in close cooperation with the ECDC and the World Health Organization.

The EU Health Security Committee (HSC) has met regularly to coordinate Ebola prevention and readiness. Its activities have included:

- *establishing lists of available Ebola assets which could be shared, including high security laboratories, hospital capacity and medical evacuation equipment;*
- *procedures for organising medical evacuation of international healthcare workers suffering from Ebola to have treatment in Europe;*
- *providing information in all EU languages for travellers and reviewing procedures for airports and health authorities on handling possible Ebola cases.*

In addition, the Commission has launched the Ebola communication platform for clinicians – an online platform enabling the rapid exchange of information on the treatment and prevention of the Ebola virus. The platform brings together EU hospitals and physicians recognised as reference points for the treatment of Ebola.

A global one health approach to protect

Antimicrobial agents — such as antibiotics — are substances that kill or reduce the growth of micro-organisms including bacteria, fungi and parasites. They are an essential tool in modern medicine and have dramatically reduced the number of deaths from infectious diseases since they were introduced 70 years ago. These drugs have been used so widely and inappropriately however, that some of the organisms they target have become resistant to them. It is estimated that this resistance results in 25 000 deaths per year in the EU and €1.5 billion in additional healthcare costs and productivity losses.

Antimicrobial Resistance (AMR) is a complex and multi-faceted problem. It spreads through global tourism, transfer of patients between healthcare facilities within and from outside the EU, and through trade in food and animals. It is a serious economic and a societal challenge that cannot be tackled by individual countries alone. The problem needs to be tackled at global level, by means of a comprehensive one health approach. That implies a holistic, multi-sectorial approach, involving many different sectors (public health, food safety, bio-safety, environment, research and innovation, international cooperation, animal health and welfare as well as the non-therapeutic use of antimicrobial substances).

The EU monitors AMR on a continuous basis with the support of the ECDC and EFSA. In 2011, the European Commission launched a five-year AMR action plan to help tackle the mounting threats from antimicrobial resistance. It identifies seven areas for future action:

- the appropriate use of antimicrobials in humans and animals;
- prevention of microbial infections and their spread;
- development of new, effective antimicrobials or alternatives for treatment;
- international cooperation to contain the risks of resistance;
- better monitoring and surveillance of antimicrobial use;
- research and innovation;
- better communication, education and training.

The global one health approach to antimicrobial resistance will remain a priority in the EU beyond 2016.

The Commission is currently carrying out an evaluation of the AMR action plan which will be the basis for any decision on future actions to fight AMR.

Did you know?

- Around 35 % of Europeans used antibiotics in 2013.
- One in two patients wrongly believes that antibiotics are effective against viruses.
- Every year, about 4.1 million people in the EU acquire an infection whilst receiving healthcare, often caused by resistant bacteria.

Strengthening the quality, safety and efficacy of medicines

The EU has clear rules in place for the authorisation and distribution of medicinal products. Before medicines can be sold, they must either be authorised by the individual EU Member State or be available for sale throughout the EU. The latter is ensured by the European Medicines Agency, based in London, and the European Commission. This ensures patients are treated with medicines that are in compliance with strict standards on quality, safety and efficacy. These rules contributed to ensuring a high level of patient safety while giving them access to medicines of their choice, including innovative medicinal products, and products for rare conditions ('orphan medicinal products') and for paediatric use.



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EU rules ensure that patients are treated with medicines that comply with strict standards on quality, safety and efficacy.

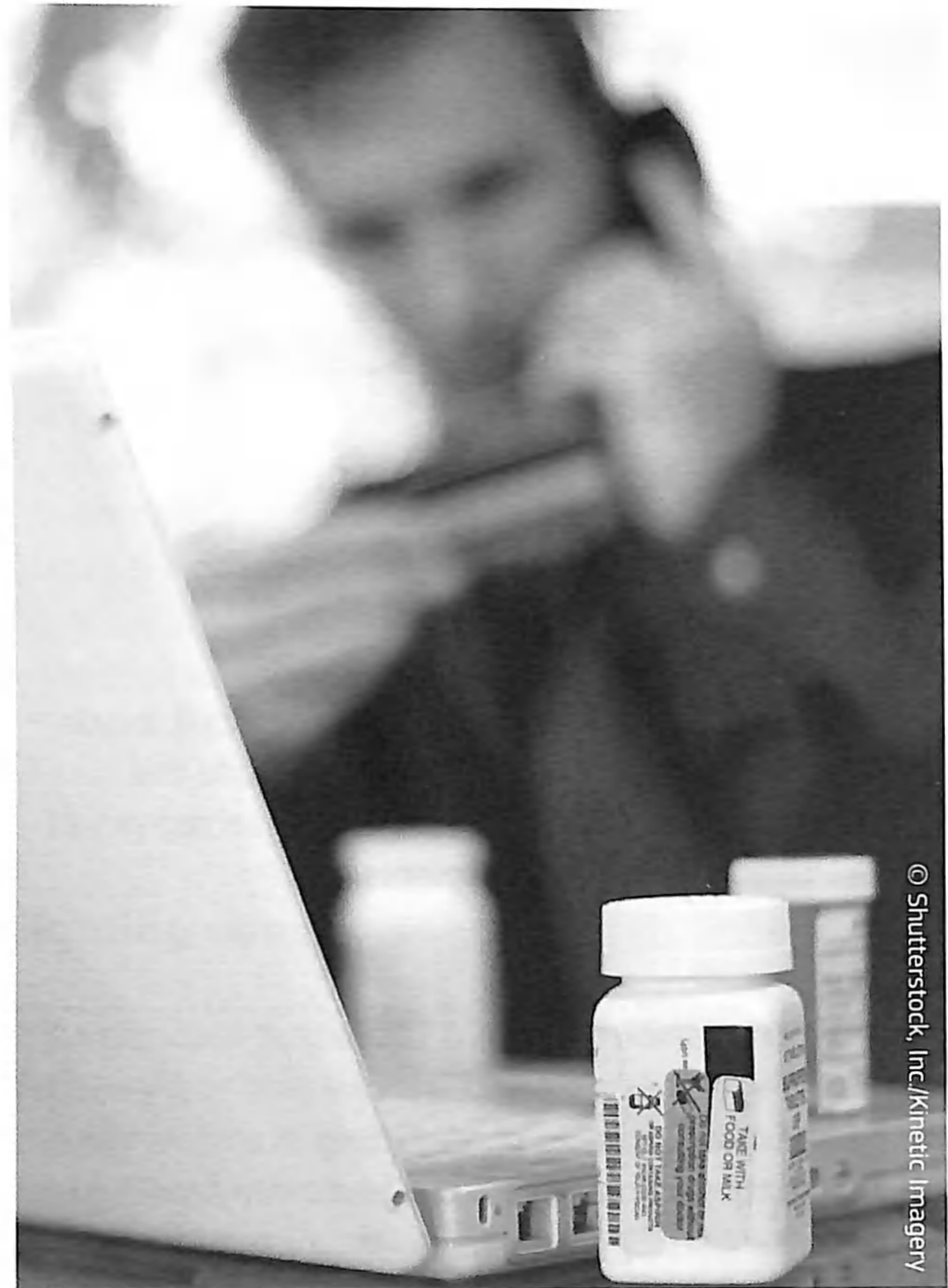
Once a medicinal product has been authorised in the Union and placed on the market, its safety is monitored during its entire lifespan to ensure that in case of adverse reactions the appropriate action is taken swiftly, including additional warnings, restrictions of use or even withdrawal of the product. In order to further improve this control, the EU introduced a new symbol in the form of a black inverted triangle to identify medicines for which additional monitoring is considered necessary. Since it came into force in September 2013, the new symbol appears on the package leaflet and the summary of product characteristics of the medicines concerned, along with information on how to report suspected side effects. This is particularly important as patients now have the right to report suspected side effects directly to their national authorities.

A cornerstone of the legislation is the supervision of all steps in the medicines distribution system, from manufacturing to distribution, including specific rules for the sale of medicines over the Internet.

To protect patients from the risks associated with unauthorised 'fake' or 'falsified' medicines, the EU has introduced strict rules which became applicable at the beginning of 2013. These include:

- rules for imports of active substances from third countries, controls and inspections;
- rules for record-keeping by wholesale distributors;
- rules on inspections; and
- the obligation for manufacturers and distributors to report any suspicion of falsified medicines.

The sale of falsified medicines over the Internet is also addressed. On 1 July 2015, a common logo defined by the EU to identify legally operating online pharmacies/retailers of medicines became compulsory.



As more people turn to the Internet to buy medicine, the EU is helping to identify online pharmacies operating within the law.

Ensuring the safety and quality of donated blood, tissue, cells and organs

Donated blood, tissues, cells and organs are essential in the treatment of a number of serious and life-threatening medical conditions including cancer and heart problems. In 2011 alone, there were 30 000 organ transplants in the EU, many of them carried out in a different EU country to the organ's origin.

To guarantee quality and patient safety, the EU has developed common rules and procedures that apply across the EU to ensure that all donated human material is of high quality and carefully screened to prevent the transmission of disease, for example HIV or hepatitis. This ensures that patients in all EU countries have the same high level of protection and guarantees cooperation between countries in case of shortages.

There are also strict EU rules regarding the donation, procurement and traceability procedures of donated human substances. Donation must be voluntary and unpaid and donated organs must be traceable. EU rules also require national authorities to exchange and store information on cross-border organ exchanges and to provide a 24/7 service in case of serious or adverse reactions or events.

As demand for these treatments increases, the EU is taking steps to encourage voluntary organ donation. Around half of the EU Member States report regular shortages and there are currently around 50 000 patients in the EU on an organ transplant waiting list, 12 of whom will die, each day, while waiting for an organ. An important element of the EU's action plan on organ donation and transplantation is the appointment of hospital transplant donor coordinators to develop proactive donor detection programmes. Studies have shown this is one effective way of facilitating the organ donation process.

The EU also funds projects linked to blood, cell, tissue and organ donation. Recent examples include the setting-up of 'Efretos', a new pan-European registry of the evaluation of organ transplants.

Did you know?

37 % of the Europeans participating in a Eurobarometer survey of 2010 had given blood at least once in their life.

Tackling rare diseases

Rare diseases are life-threatening or chronically debilitating diseases which affect fewer than 1 in 2 000 people. While the number of people suffering from an individual disease may be small, overall, between 27 million and 36 million Europeans suffer from a rare disease. The impact of such diseases on sufferers, their families and carers is substantial and patients often go undiagnosed due to a lack of scientific and medical knowledge or to difficult access to medical expertise.

The EU supports research into rare diseases to help improve rates of diagnosis. It also offers a number of incentives to pharmaceutical companies (10-year market exclusivity, for example) to encourage research, development and marketing of new 'orphan' drugs which could be used to diagnose, prevent or treat rare diseases. Without such incentives, the costs of developing these drugs would not be covered by sales.

The EU also supports the distribution of information on rare diseases, including through Orphanet — a database of rare diseases — and the alliance of patients' organisations, 'Eurordis', (European Organisation for Rare Diseases) which brings together over 350 rare disease organisations from across the EU.

Did you know?

- *The Orphanet database defines 5 958 rare diseases;*
- *Between 6 and 8 % of EU citizens (around 30 million) are, or will be, affected by a rare disease during their lifetime.*

Tackling the risk factors of chronic disease

The onset and development of many chronic diseases are influenced by common risk factors such as smoking, harmful alcohol consumption, an unhealthy diet and a lack of exercise. They can often be prevented by making certain lifestyle changes. The EU is tackling this problem from multiple angles, for example via public information campaigns, encouraging action by relevant industries and NGOs, supporting individual country initiatives and through specific, targeted support, for example to help people give up smoking.

Helping to reduce tobacco smoking

Smoking is the single largest cause of avoidable death in the EU and accounts for around 700 000 deaths each year. Despite this, one third of EU citizens smoke regularly.

To reduce tobacco consumption throughout the EU, the Commission implements a comprehensive tobacco control policy. This involves legislation and work with Member States in areas such as prevention, help to give up smoking and smoke-free environments.

A central pillar of tobacco control is EU legislation on tobacco products. Over the years this has led to the



Towards a smoke-free life.

introduction of compulsory warning labels on all tobacco products about what smoking does to people's health: for example 'Smoking kills', 'Smoking causes fatal lung cancer', 'Smoking causes heart attacks and strokes' and 'Smoking when pregnant harms your baby'.

In 2014, rules on tobacco products were revised and updated with a view to making smoking less attractive. Key elements include:

- a ban on tobacco products with strong flavourings that mask the taste of tobacco, for example, vanilla or chocolate;
- large mandatory pictorial health warnings placed at the top edge of both sides of the pack of cigarettes and roll-your-own tobacco, to serve as effective reminders of the severe health consequences of smoking;
- a continued ban on the oral tobacco — snus — outside of Sweden;
- safety and quality provisions for nicotine-containing electronic cigarettes;
- a regulation on cross-border distance sales of tobacco products;
- a new EU-wide tracing and tracking system to protect against the illegal trade in tobacco products.

These measures will come into effect in 2016. Collectively, they aim to reduce the number of smokers in the EU by 2 % by 2020. The updated rules respond to international developments such as the WHO's Framework Convention on Tobacco Control, which entered into force in 2005.

In addition, EU law prohibits tobacco advertising in all print media, radio and Internet in the EU. Tobacco sponsorship at international events and sports activities is also banned.

The EU has also — between 2005 and 2013 — run a series of pan-European awareness-raising campaigns aimed at reducing smoking. The first — 'HELP — for a life without tobacco' — targeted 15 to 25-year-olds by means of a multimedia campaign. This was followed by the 'Ex-smokers are unstoppable' campaign which focuses on smokers in the 25 to 34 age range. This campaign urges people to quit smoking by promoting the benefits to be gained by doing so, and provides practical help with quitting via iCoach, an innovative digital health platform.



The EU is working with organisations across Europe to tackle the problems associated with poor diet and obesity.

Fighting obesity

It is estimated that over 200 million adults are overweight or obese in the EU — over half the adult population. One in four children are also overweight or obese. Obesity leads to serious physical and mental health problems including heart disease, diabetes, cancer and psychological disorders. It accounts for up to 8 % of the EU's healthcare costs. Since obesity is a complex problem, it is vital to pool a wide range of expertise at local, national and international level. Coordination at EU level is essential.

The **EU Platform for Action on Diet, Physical Activity and Health**, set up in 2005, brings together a wide range of European organisations committed to tackling poor nutrition and physical inactivity. To date, it has triggered 300 actions by key EU actors in industry and civil society, including a voluntary restriction of the marketing of soft drinks to children under 12 years old, better nutritional information in restaurants, the redesign of recipes to lower salt, sugar and fat levels and the promotion of sport in schools.

In 2007, the EU established a **High-Level Group on Nutrition and Physical Activity**, which has brought together government representatives from all EU countries, Norway and Switzerland to work towards solutions for obesity-related health issues.

Other efforts include the introduction of **EU-wide rules for food labelling**. These mean that consumers in all EU countries can rely on food labels to give them accurate information on health and nutritional values. For example, if a food claims to be 'good for your heart', this must have been scientifically proven. Nutrition labels must also include clear details on the level of energy, fat, saturates, carbohydrates, salt and sugar.

Finally, a number of projects are supported by the EU's health programme and the research framework programme to reduce and prevent obesity. Between 2007 and 2011, the EU helped to fund 27 projects related to diabetes and obesity at a total cost of €123 million.

Reducing the harm caused by alcohol

Harmful alcohol consumption is the third main cause of early death and illness in the EU, after tobacco and high blood pressure. It is responsible for an estimated 195 000 deaths each year in the EU.

The EU works with national authorities (which are primarily responsible for national policies on alcohol), industry and other relevant parties to address harmful drinking and irresponsible marketing of alcoholic drinks.

Since 2006, the EU has promoted responsible drinking through the **European strategy to reduce alcohol-related harm**. The strategy has five priorities:

- protecting young people and children,
- preventing drink-driving,
- reducing alcohol-related harm amongst adults,
- raising awareness of the impact of harmful and hazardous alcohol consumption on health,
- collecting reliable data on alcohol consumption and the impact of policy measures.

In September 2014 an action plan on youth drinking and on heavy episodic drinking (binge drinking) was endorsed by the Commission's Committee on National

Alcohol Policy and Action (CNAPA). This 2-year plan will contribute to achieving the objectives of the EU strategy to support Member States in reducing alcohol-related harm.

In 2007, the EU set up an **Alcohol and Health Forum**, a stakeholder platform that aims to mobilise actors across society to commit to take action in support of the EU strategy. To date, the forum has generated 246 commitments by its members. In parallel, there is a Committee on National Alcohol Policy and Action, which enables EU countries to share information and promote best practice.

Tackling cancer

Cancer is a key health concern and puts a major burden on society. Around 2.5 million people are diagnosed with cancer in the EU each year. By working together with national authorities, the EU is able to share knowledge, capacity and expertise and tackle cancer in Europe more effectively.

The EU's policies include:

- Helping to prevent cancer by addressing its risk factors, in particular tobacco smoking.
- **Partnership:** The 3-year Comprehensive Cancer Control Joint Action (CanCon) launched in 2014 builds on the success of the European Partnership for Action Against Cancer (EPAAC), which brought together key players from across Europe and led to improvements in health promotion, cancer screening and early diagnosis, identification of best practice in cancer-related healthcare, and collection and analysis of cancer data. CanCon aims to deliver a European Guide on Quality Improvement in Comprehensive Cancer

Regular screening for cancer is just one of the ways in which this disease can be tackled more effectively.



Control. By presenting evidence-based recommendations for survivorship, such a guide should reduce inequalities in cancer survival between EU countries.

- **Screening:** EU health ministers agreed on the principles of best practice for cancer screening and early cancer detection in 2003. Since then, the EU has also published guidelines on breast, cervical and colorectal cancer screening.
- **Research:** the EU is an important cancer research funder. From 2007 to 2014, the EU invested more than €1.4 billion in international collaborative research, frontier research, mobility programmes, public–private partnerships and coordination of national cancer research efforts.
- **The European Code Against Cancer:** This is a list of recommendations, based on scientific evidence, which advises citizens on how to prevent cancer. It was first produced in 1987 and the latest (fourth) edition was launched in October 2014.

Preventing AIDS and supporting those living with it

Over 50 000 people in the EU and its neighbouring countries are diagnosed with HIV/AIDS each year. While current treatments can slow down the development of AIDS and allow sufferers to live long and fulfilling lives, there is still no cure or vaccine.

The Commission's 'Communication on combating HIV/AIDS in the EU and neighbouring countries 2009–13', provides an EU-level policy instrument to complement Member States' policies on HIV/AIDS. It aims to contribute to the reduction of HIV infections across the EU, improve access to prevention, treatment, care and support, and improve the quality of life of people living with HIV/AIDS in the EU and neighbouring countries.



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To achieve these objectives, the Communication is complemented by an operational action plan, originally running from 2009 to 2013 and now extended to 2016.

The Commission works jointly with civil society and Member States through the HIV/AIDS Civil Society Forum and the Think Tank on HIV/AIDS to facilitate the planning and implementation of the response to HIV/AIDS.

In order to understand, improve and share data and evidence on HIV/AIDS, the EU works closely with the ECDC.

The EU has also funded projects on HIV/AIDS through the health programme and the research framework programme. The EU funded €900 000, for example, towards the Correlation II project. This project provides help and information to sex workers, people who use drugs and migrants without papers who need access to health services that offer treatment for blood infections, particularly hepatitis C and HIV.

Promoting healthy and active ageing

Europeans are living longer, but the number of years they live in good health remains unchanged. On average, EU citizens spend 20 % of their lives in poor health which affects their quality of life and places significant pressures on national healthcare systems.

In 2011, the EU launched the European Innovation Partnership on Active and Healthy Ageing. It brings together researchers, health authorities, health professionals, businesses, regulators and patient organisations to examine new ways of reducing the pressure on healthcare and contributing to sustainable growth. The overall goal of the partnership is to increase healthy life by 2 years by 2020, enabling more people to enjoy life for longer.

Other EU initiatives include:

- **The European initiative on Alzheimer's disease and other dementias (2009)**, which provides EU support for national efforts in four key areas: prevention of dementia, early diagnosis, better coordination of research efforts across Europe, and ethical questions linked to the rights, autonomy and dignity of people with dementia.

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The EU is working to prevent HIV/AIDS and improve treatment for sufferers.



As Europeans live longer, the problems associated with dementia are increasing.

This initiative was implemented through the Alcove joint action, which brought together 19 EU countries to exchange good practices and formulate policy recommendations; and through the joint programme 'Neurodegenerative disorders', the largest global research initiative aimed at tackling the challenge of such diseases.

- **The European Pact for Mental Health and Well-Being (2008).** Mental disorders have become one of the most prevalent disease groups in the EU. Mental disorders are a leading cause of work absence, disability and early retirement and are often associated with stigmatisation and social exclusion.

The pact provides an EU-wide framework for EU countries, non-governmental organisations and stakeholders to exchange information on the challenges linked to mental health. Best practices are collected in the online database 'European compass for action on mental health and well-being'.

Assessing scientific risks

The European Commission's scientific committees provide high-quality, independent scientific advice on consumer safety, health and environmental risks and emerging and newly identified health risks. Since their new term began in April 2013, the committees have assessed 76 health issues including electromagnetic fields, tobacco additives, synthetic biology, surgical meshes, dental amalgam and cosmetic ingredients such as silica in nanof orm.

The work of the EFSA and the WHO also feeds into the EU's scientific risk assessment.

Increasing access to health information

Increasing access to information is a vital part of the EU's efforts to promote good health and tackle health inequalities.

The 'Public health' website of the European Commission highlights the work of the European Commission in the area of public health. On this website you can find press material, legal documents, videos, information on events, statistics and news on health in Europe.

Research and health expertise

The EU coordinates and supports European research in a number of areas. Health is one of them. Between 2007 and 2013 the EU spent around €6 billion on health research. Under Horizon 2020 (2014-2020) the EU continues to invest in health, demographic change and wellbeing. Some €1 200 million are earmarked for this challenge during the first 2 years of Horizon 2020, with an emphasis on:

- improving our understanding of the causes and mechanisms underlying health, healthy ageing and disease;
- improving our ability to monitor health and to prevent, detect, treat and manage disease;
- supporting older people in remaining active and healthy; and
- testing and demonstrating new models and tools for health and care delivery.

European reference networks have also been introduced for a wide range of health issues from air pollution to maternal health. They help national authorities and health professionals to exchange best practice and expertise. EU funding for recent projects linked to this has included initiatives to support electronic health records and a European health and life expectancy information system.

Outlook

Sustainable, cost-effective health systems

Going forward, the EU's efforts will consolidate existing activities in the field of health and healthcare with a particular focus on helping Member States to improve the sustainability of their healthcare systems.

With all EU countries being faced with an increased call for health services and more complex technological choices — during a time of intense pressure on public finances — the EU will:

- continue to develop expertise on performance assessments of health systems;
- build up country-specific and cross-country knowledge on, for example, quality and productivity of the EU health workforce and quality and effectiveness of public expenditure on health.

The purpose of this knowledge and expertise is to inform policies at national and European levels, and the work of the European semester of economic policy coordination.

Increasing the use of e-health and telemedicine

E-health — using digital technologies to improve access to care, quality of care, and make the healthcare sector more efficient — is becoming an increasingly essential element of EU health policy. Examples of EU efforts in this area include the work of the e-health network made up of high-ranking officials from all EU countries to promote the use of electronic health systems and new, innovative solutions for healthcare. The network has already adopted guidelines on cross-border exchange of patient summaries and e-prescriptions.

E-health allows:

- patients to take more control of their own care;
- patients to be treated and monitored remotely without visiting a healthcare centre;
- doctors and patients to access electronic medical records;
- test results or prescriptions to be delivered rapidly;
- better coordination of treatment;
- better collaboration between health service providers.

Future objectives for e-health include the creation of comprehensive and standardised electronic health record systems and new health information networks to link points of care. Another aim is to better coordinate cross-border treatment and common reactions to health threats, and develop teleconsultation, e-prescribing, e-referral and e-reimbursement capabilities.

Tighter rules for medical devices

There are around 500 000 different medical devices on the EU market ranging from a simple, everyday plaster, to replacement joints and kidney dialysis machines. They include any instrument, apparatus, implant or similar device used in the diagnosis, treatment, cure or prevention of disease or other conditions. *In vitro* medical devices include diagnostic tests, such as home pregnancy tests or blood tests for cholesterol and HIV.

In September 2012, the EU proposed new rules to boost safety, efficiency and innovation in the medical device sector. They are designed to improve traceability and coordination between national surveillance authorities, give clear rights and responsibilities to manufacturers, importers and distributors, set stricter requirements for clinical evidence and support a comprehensive, public database on medical devices available on the EU market. The new Regulations are expected to be adopted by the co-legislator in 2016.

Reinforcing the fight against antimicrobial resistance (AMR)

In September 2014, the Commission proposed a modernisation of rules on veterinary medicines and medicated feed, taking the opportunity to include tackling AMR in their scope.

The proposal on veterinary medicines aims to keep antibiotics effective in animals and people by introducing the possibility of restricting the authorisation and use in animals of certain antimicrobials that are reserved to treat human infections. The medicated feed proposal will tackle AMR through measures such as a ban on medicated feed being used preventively or as growth promoters.

These new rules are expected to enter into effect in 1 or 2 years.

Find out more

- ▶ **Public health:** http://ec.europa.eu/health/index_en.htm
- ▶ **The European Commission's Directorate-General for Health and Food Safety:** http://ec.europa.eu/dgs/health_food-safety/index_en.htm
- ▶ **The European Commission's Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs:** http://ec.europa.eu/growth/index_en.htm
- ▶ **'Ex-smokers are Unstoppable':** celebrating the achievements of ex-smokers across Europe: <http://www.exsmokers.eu>
- ▶ **Questions about the European Union? Europe Direct can help:** 00 800 6 7 8 9 10 11
<http://europedirect.europa.eu>

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