



“Personalised Medicine for the European citizens”

Berlin, 28.3.2014

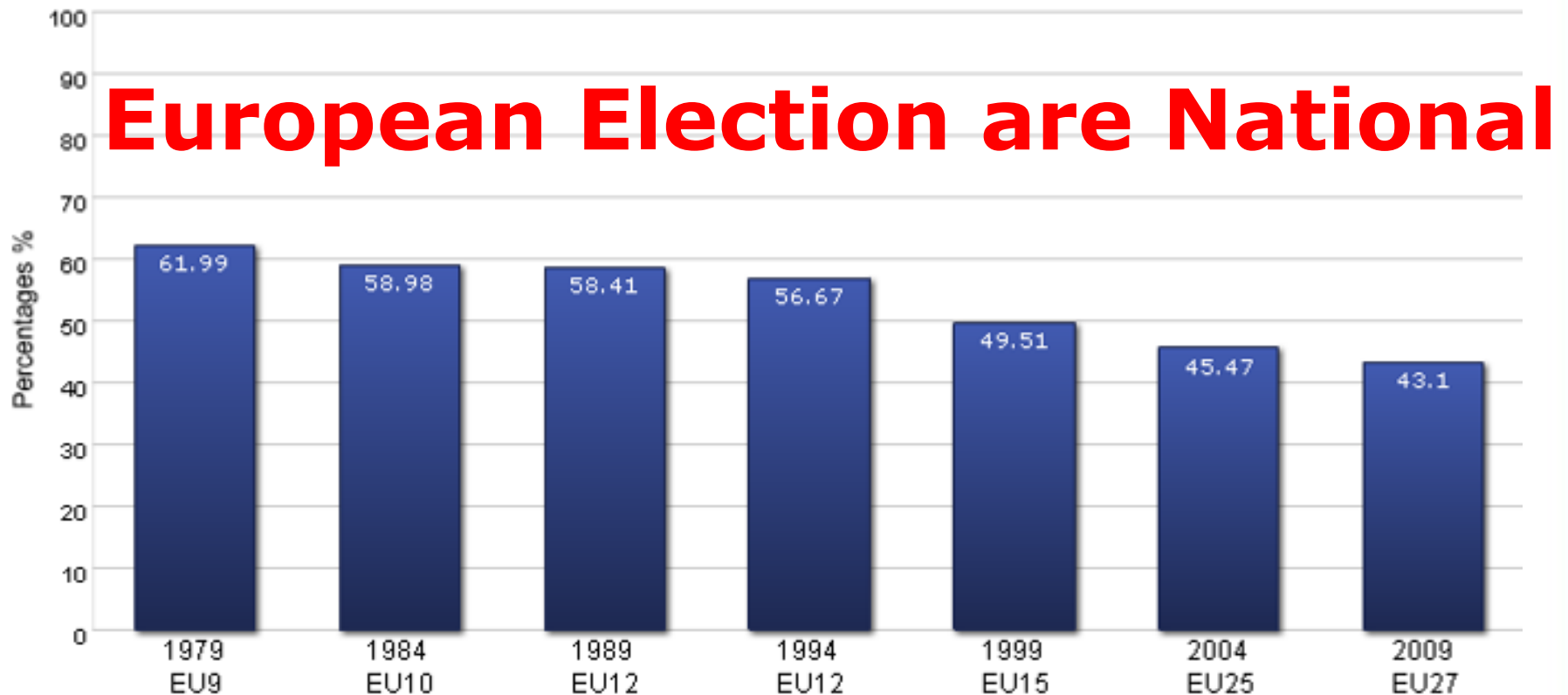
Helmut Brand, President European Health Forum Gastein

Jean Monnet Chair in European Public Health

with support of the Lifelong Learning Programme of the European Union



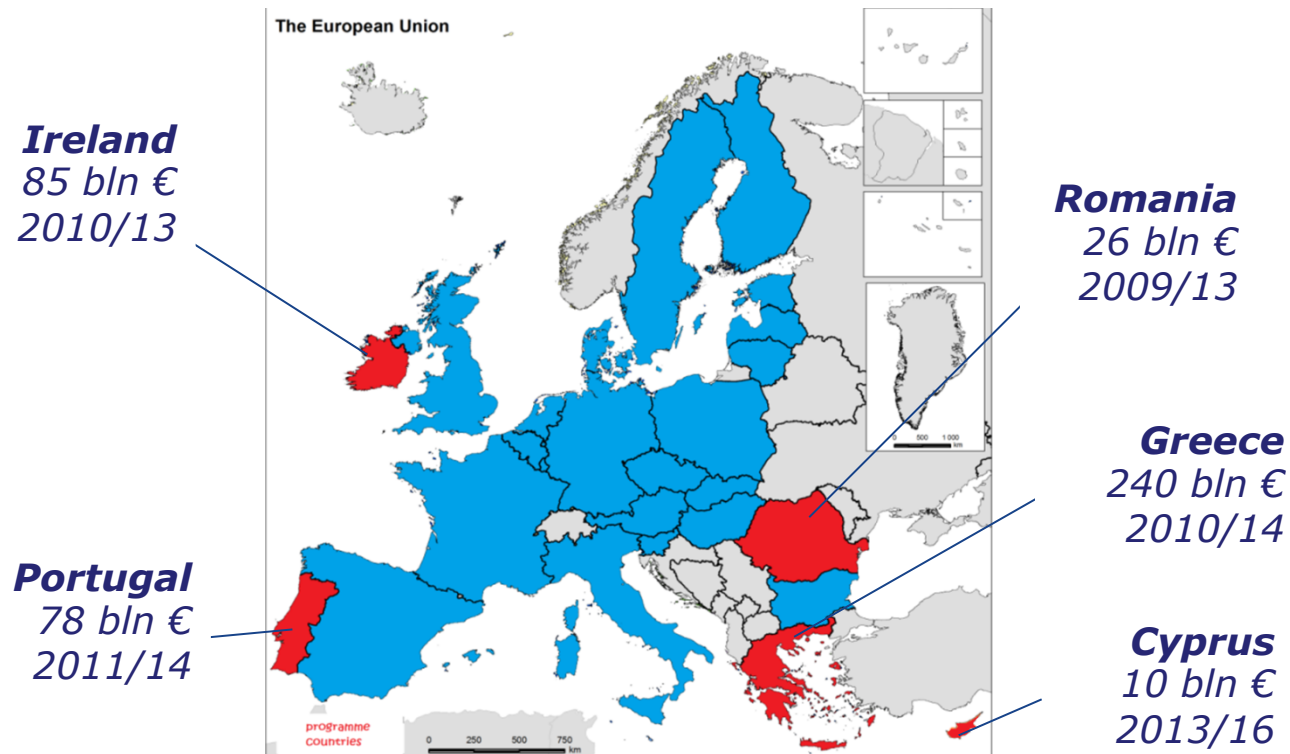
Turnout at the European Elections 1979-2009



EU Parliament www.elections2009-results.eu

Economic Assistance

Member States under Economic adjustment programme (IE, PT, EL) or Balance of Payment programme (RO)



Greece compared 2007 – 2009

Cuts in hospital budgets	- 40%
- admissions public hospitals	+24%
- admissions private hospitals	- 25%

Suicide-rates

-2007 – 2009	+ 17%
-2009 – 2010 (inofficial)	+ 25%
-2010 – 2011 (inoff., 1. quarter)	+ 40%
-“financial difficulties” mentioned in call to national suicide helpdesk	25%

Homicide and theft	+ 100%
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HIV infections (2010 -2011)	+ 52 %
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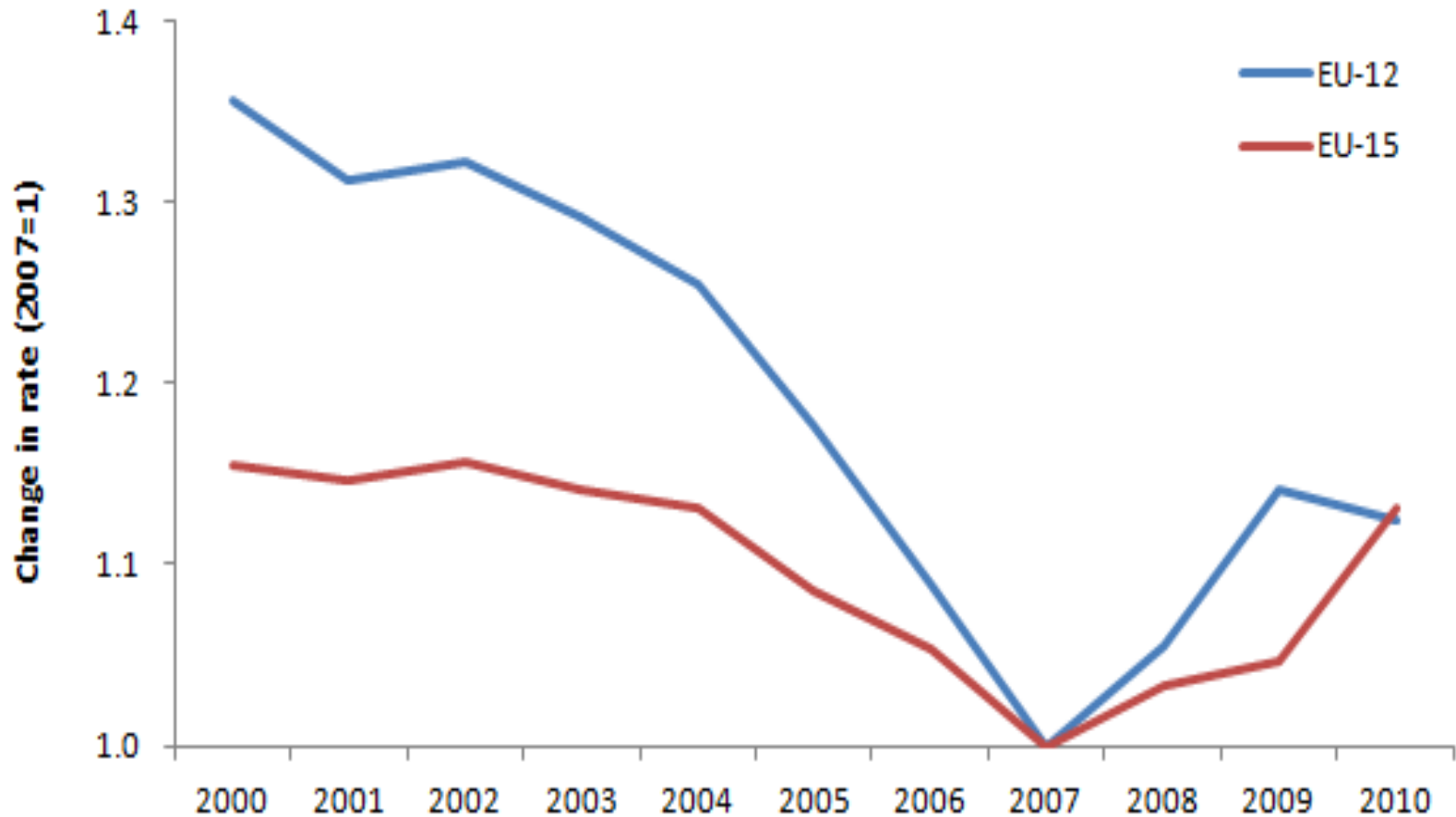
NGO street clinic visits	was 3%, now 30%
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Alcohol consumption	down
Drink-driving	down



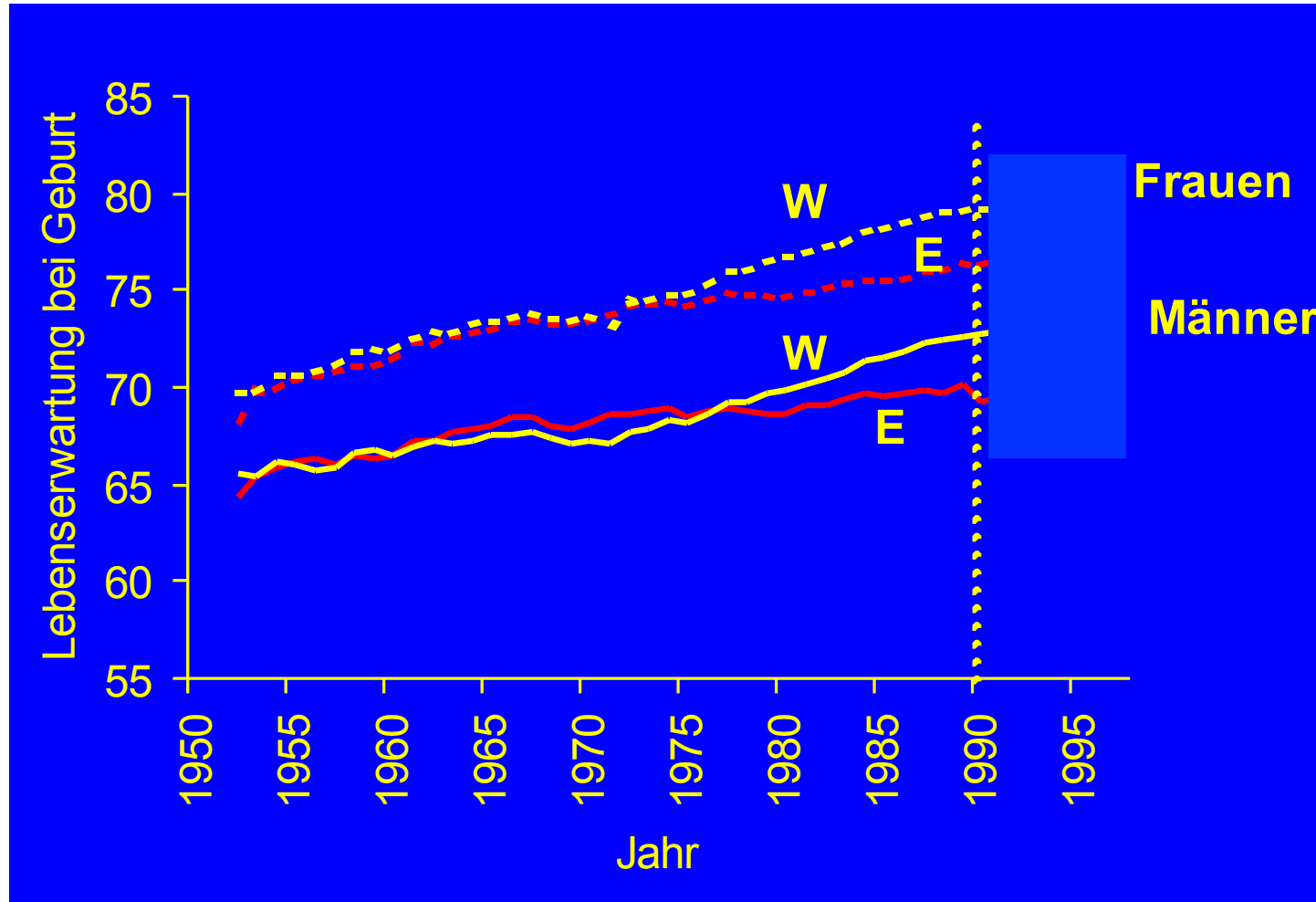
Kentikelenis A, et al. www.thelancet.com Published online October 10, 2011 DOI:10.1016/S0140-6736(11)61556-0

Suicides in old and new EU Member States: 2007=1

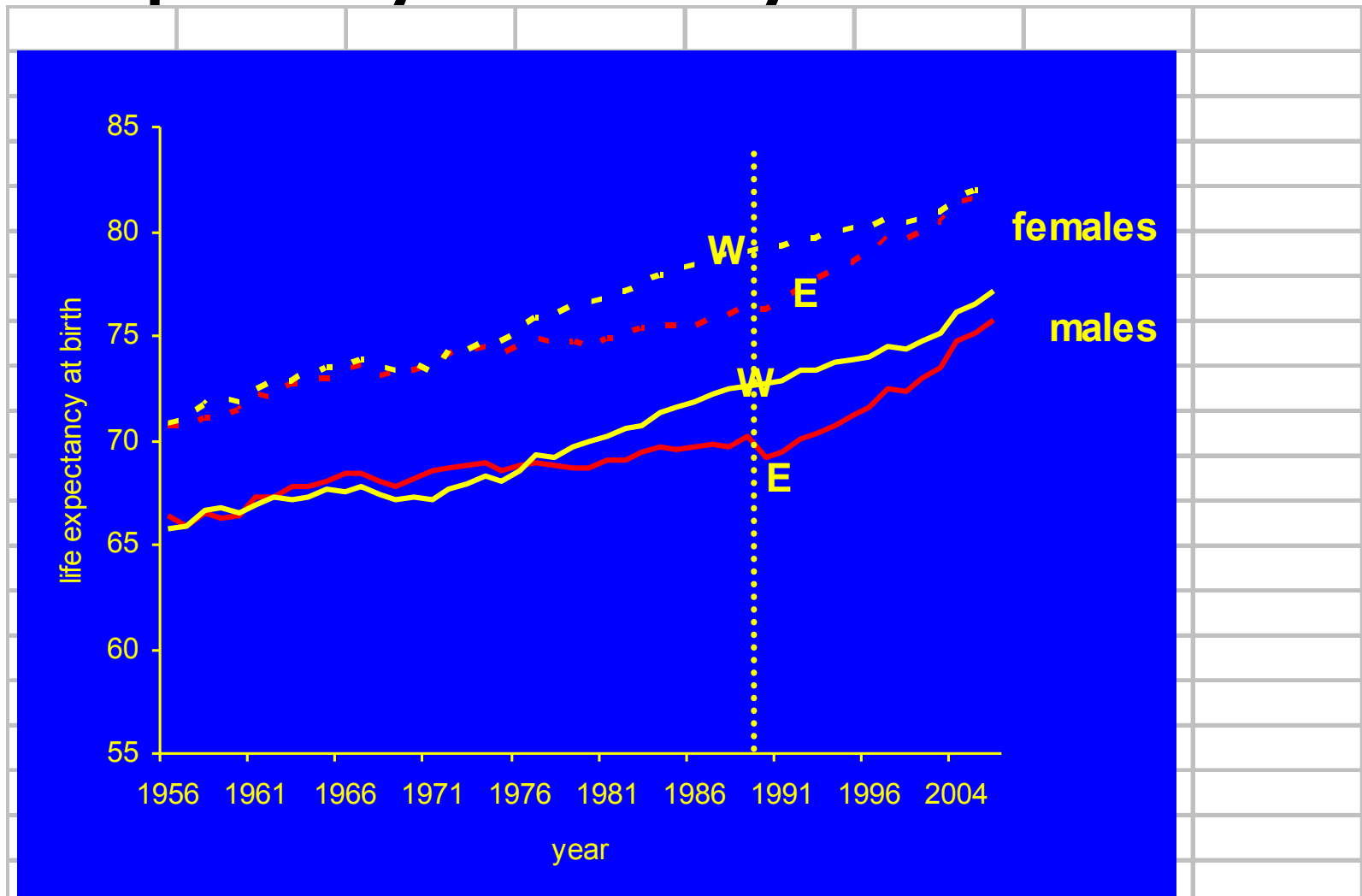




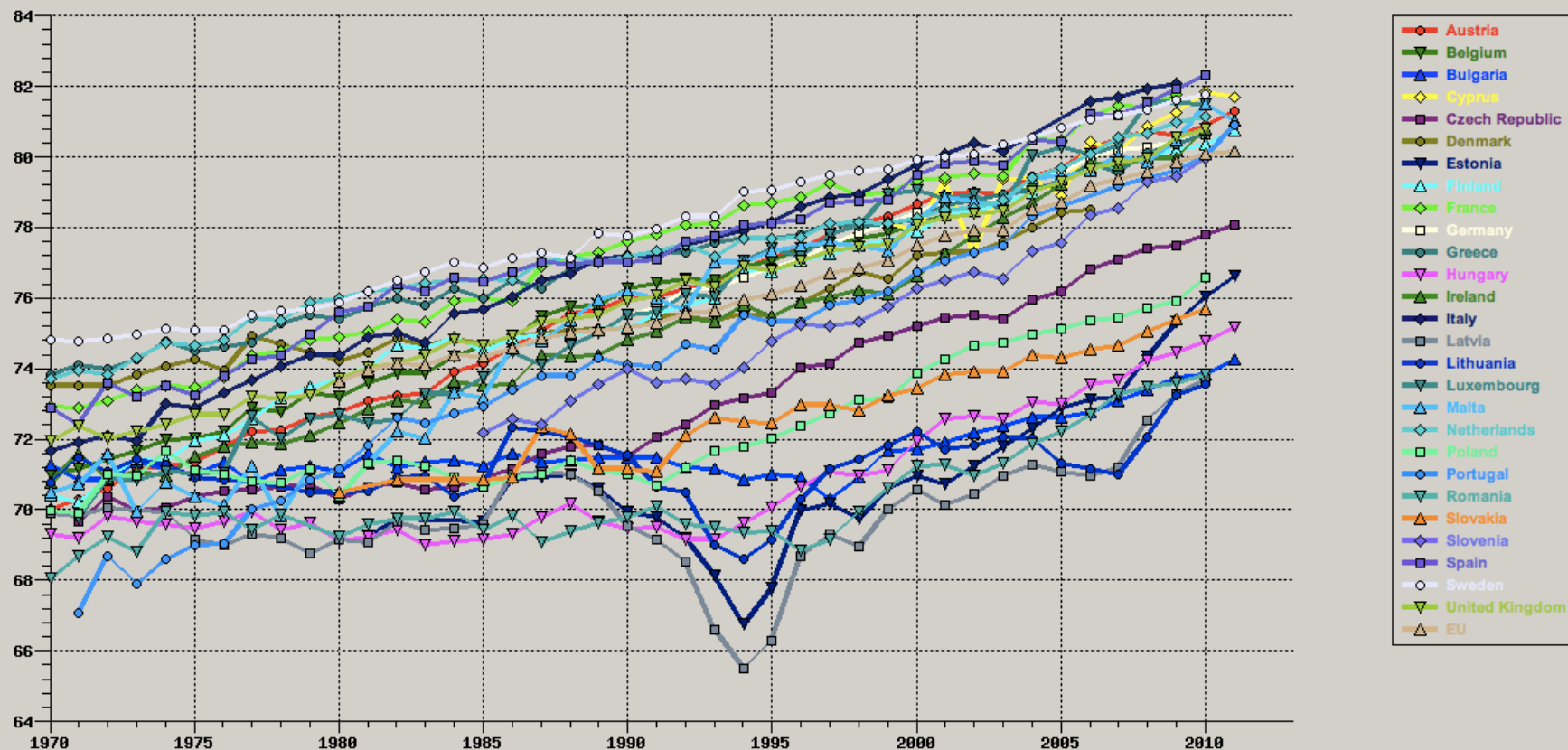
Life Expectancy in Germany: 1952 - 1990



Life Expectancy in Germany: 1956 - 2007

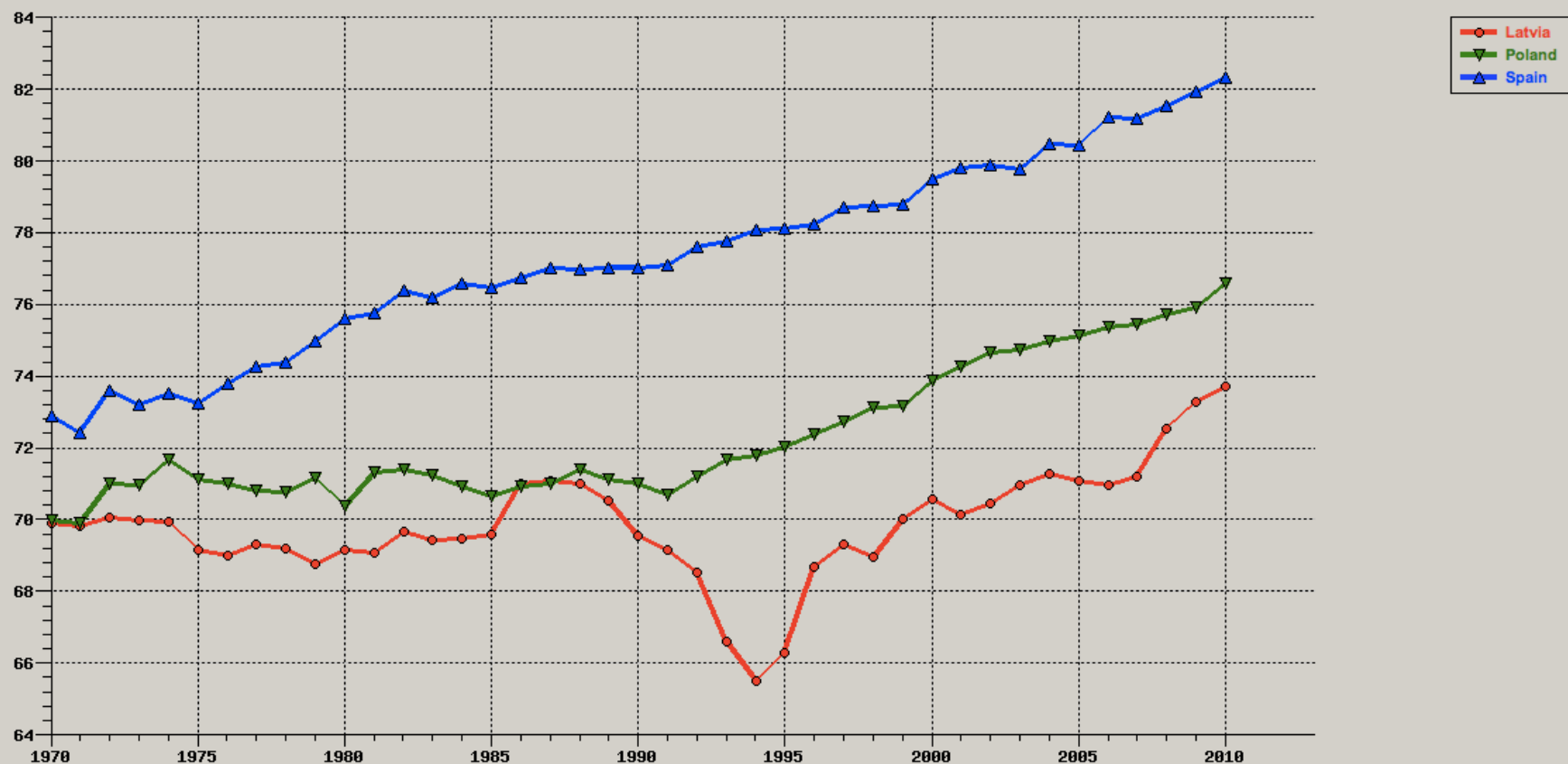


Life expectancy at birth, in years



Source: WHO/Europe, European HFA Database, January 2013

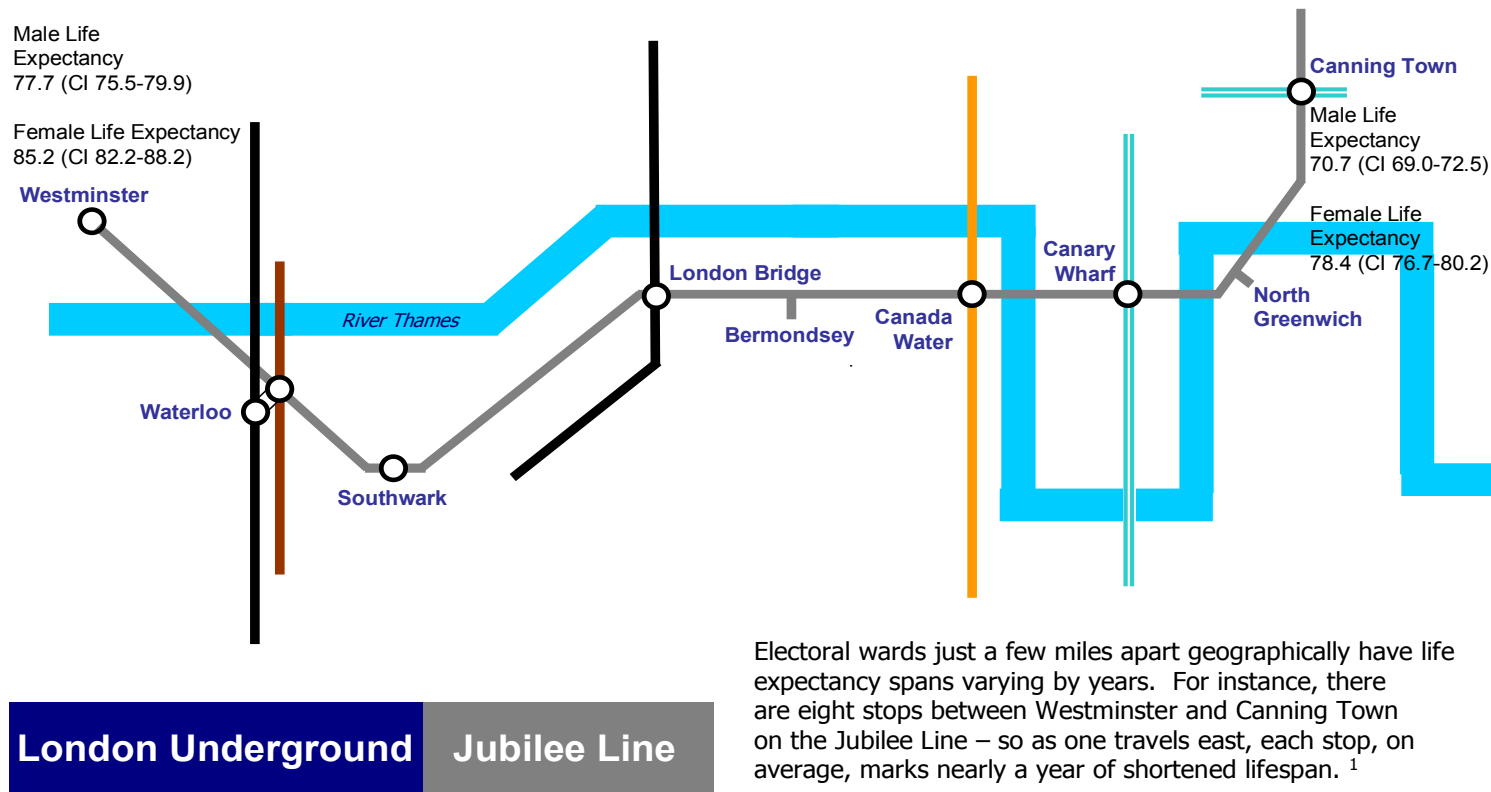
Life expectancy at birth, in years



Source: WHO/Europe, European HFA Database, January 2013

HEALTH INEQUALITIES ACROSS LONDON TRANSLATE IN LOST YEARS OF LIFE EXPECTANCY

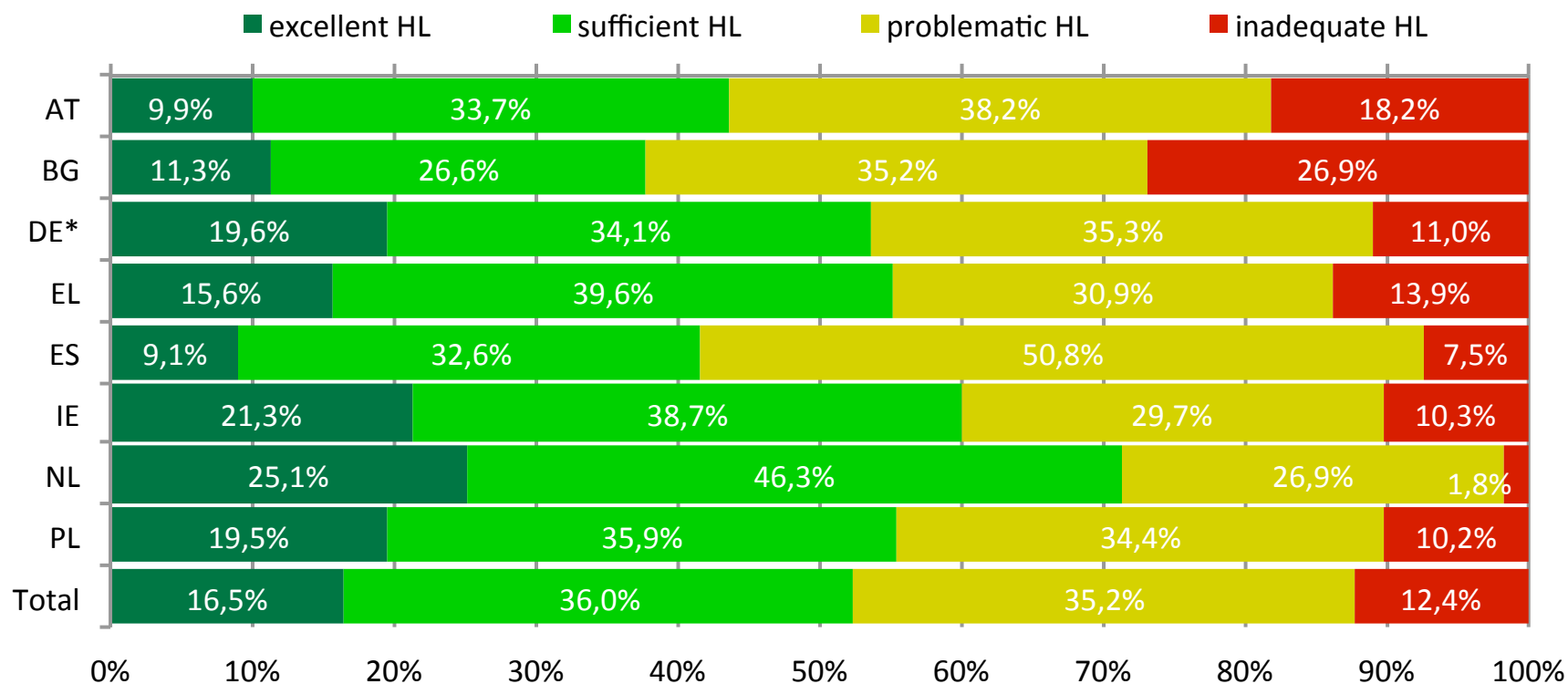
Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost



Electoral wards just a few miles apart geographically have life expectancy spans varying by years. For instance, there are eight stops between Westminster and Canning Town on the Jubilee Line – so as one travels east, each stop, on average, marks nearly a year of shortened lifespan.¹

¹ Source: Analysis by London Health Observatory using Office for National Statistics data. Diagram produced by Department of Health

General Health Literacy

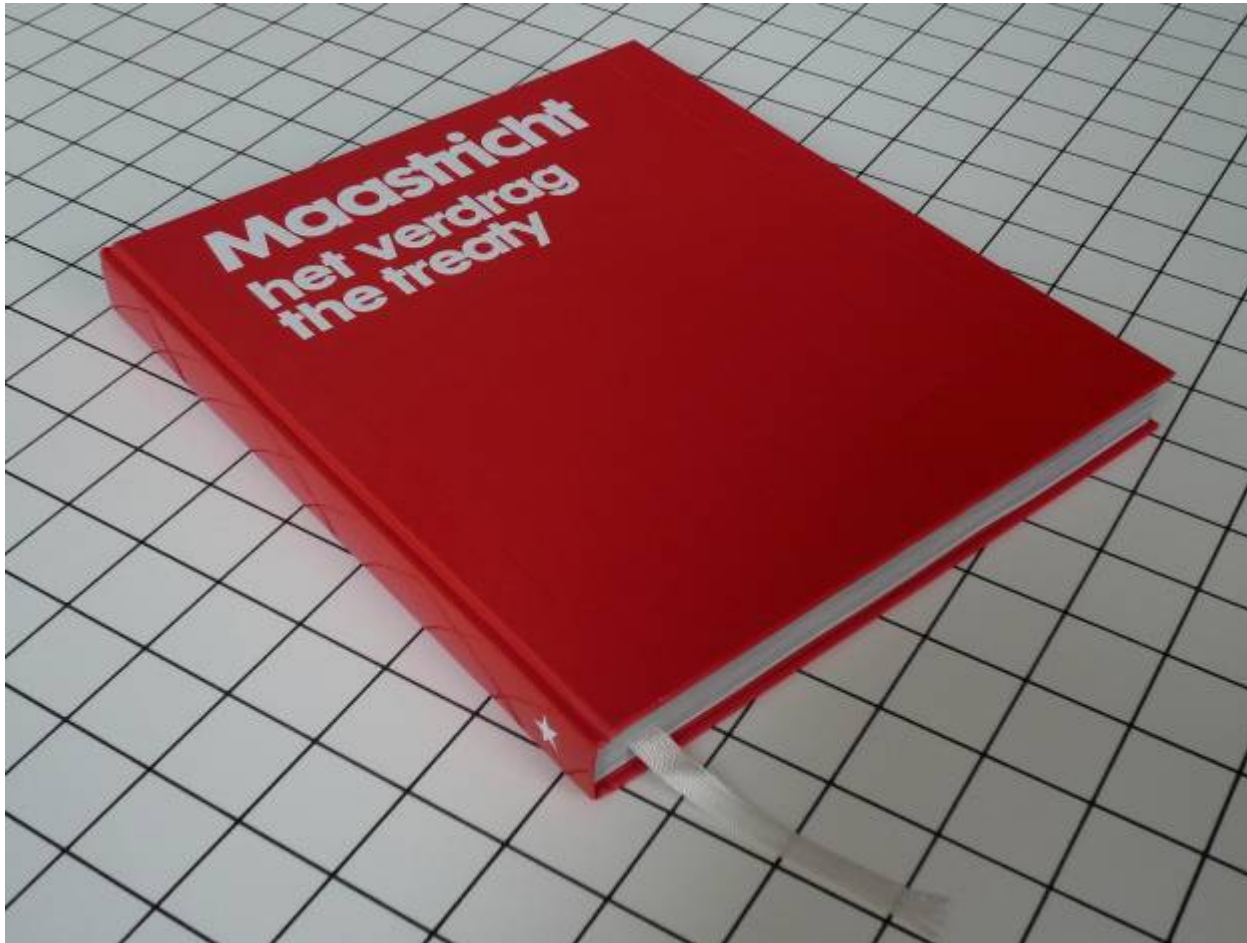


AT [N=979] | BG [N=925] | DE (NRW) [N=1045] | EL[N=998] | ES[N=974] | IE[N=959] | NL[N=993] | PL[N=921] | TOTAL[N=7795]

*only NRW

<http://www.maastrichtuniversity.nl/web/Institutes/FHML/CAPHRI/DepartmentsCAPHRI/InternationalHealth/ResearchINTHEALTH/Projects/HealthLiteracyHLSEU/MeasuringHealthLiteracyInEurope.htm>

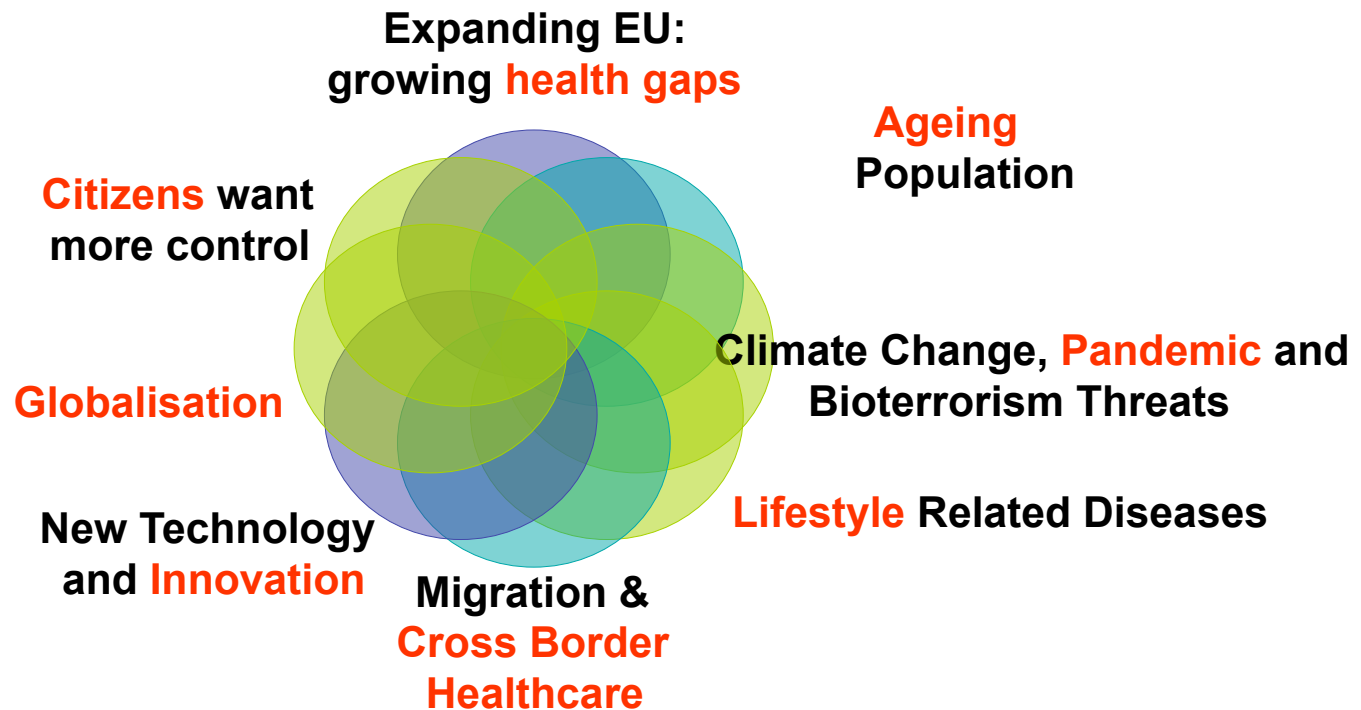
Mandate for Health: Maastricht 1992



TITLE XIV
PUBLIC HEALTH
Article 168
(ex Article 152 TEC)

1. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the major health scourges, the most important threats to health, the major sources of the disease burden, as well as health information and education, and monitoring, early warning of and combating serious cross-border threats to health. The Union shall complement the Member States' action in reducing drugs-related health damage, including information and prevention.
2. The Union shall encourage cooperation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action. It shall in particular encourage cooperation between the Member States to improve the complementarity of their health services in the cross-border area.
- Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes in the areas referred to in paragraph 1.
2. The Commission may, in close contact with the Member States, take any useful initiative to promote such coordination, in particular initiatives in the areas of public health, disease, infectious diseases, non-communicable diseases, and the preparation of the necessary elements for periodic monitoring and evaluation. The European Parliament shall be kept fully informed.
3. The Union and the Member States shall foster cooperation with third countries in the context of international relations in the sphere of public health.
4. By way of derogation from Article 2(5) and Article 6(a) and in accordance with Article 4(2)(k) the European Parliament and the Council, acting in accordance with the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, shall contribute to the achievement of the objectives referred to in this Article through adopting in order to meet common safety concerns:
- (a) measures setting high standards of quality and safety of organs and substances of human origin, blood and blood derivatives; these measures shall not prevent any Member State from maintaining or introducing more stringent protective measures;
 - (b) measures in the veterinary and phytosanitary fields which have as their direct objective the protection of public health;
 - (c) measures in the fields of quality and safety for medicinal products and devices for medical use.
5. The European Parliament and the Council, acting in accordance with the ordinary legislative procedure and after consulting the Economic and Social Committee and the Committee of the Regions, may also adopt incentive measures designed to protect and improve human health and in particular to combat the major cross-border health scourges, measures concerning monitoring, early warning of and combating serious cross-border threats to health, and measures which have as their direct objective the protection of public health regarding tobacco and the abuse of alcohol, excluding any harmonisation of the laws and regulations of the Member States.
6. The Council, on a proposal from the Commission, may also adopt recommendations for the purposes set out in this Article.
- 7. Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them.** The measures referred to in paragraph 4(a) shall not affect national provisions on the donation or medical use of organs and blood.

EU Health Strategy



EC 2007

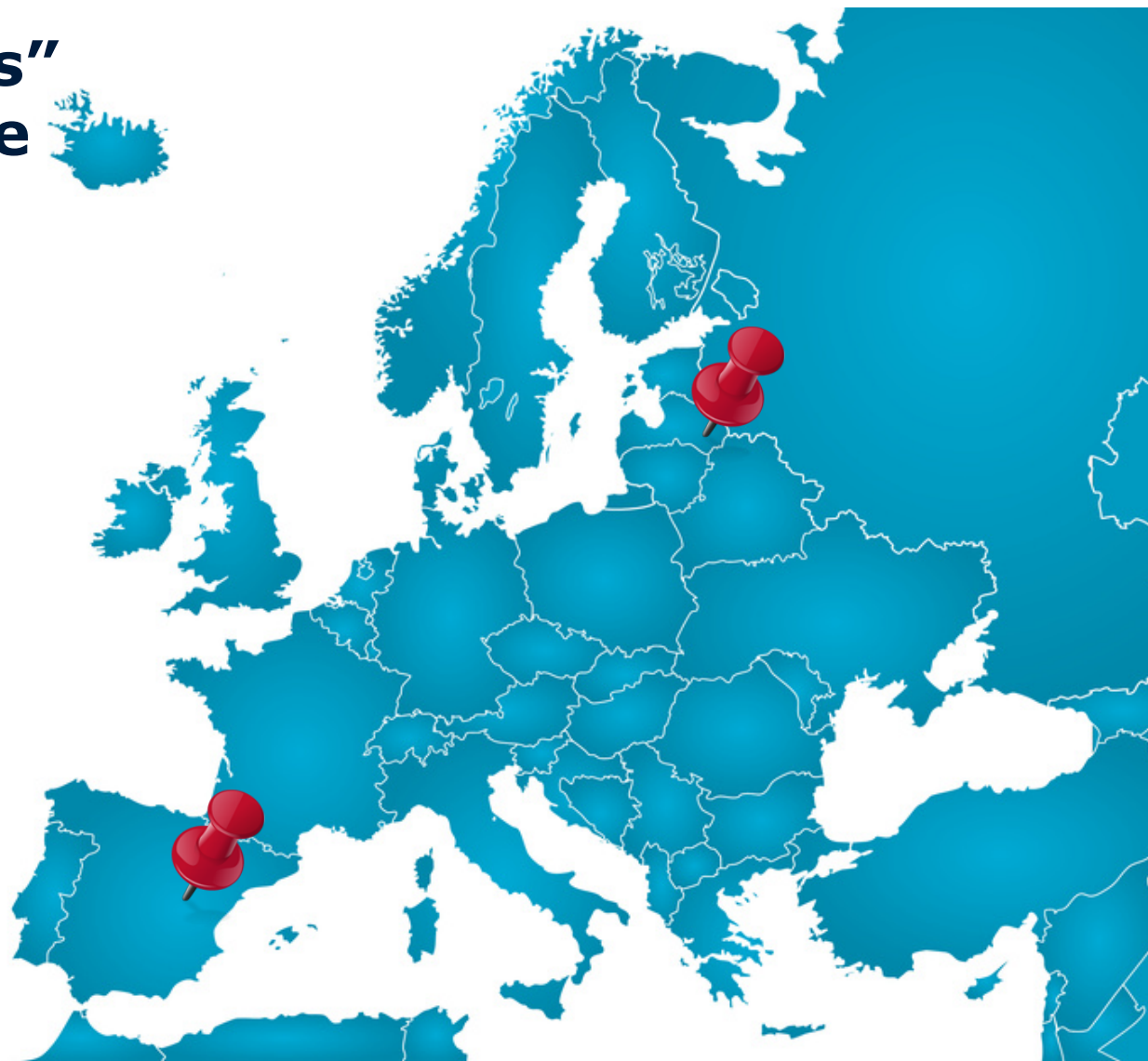
Euregio-Survey: Working Groups in Health



 Working Groups in Health (N=27)



“Rare Diseases” as an example



Dekkers Glasses

4.4.2011

EN

Official Journal of the European Union

L 88/45

DIRECTIVES

DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
of 9 March 2011
on the application of patients' rights in cross-border healthcare

How to deal with x-border care, and:

EU-HTA

IT- Interoperability

E-prescription



COUNCIL OF
THE EUROPEAN UNION



**Council conclusions:
Towards modern, responsive and sustainable health systems**

*3095th EMPLOYMENT, SOCIAL POLICY, HEALTH and CONSUMER AFFAIRS
Council meeting
- Health issues -*

Luxembourg, 6 June 2011

The Council adopted the following conclusions:

"The Council of the European Union

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities; as well as Union action is to complement national policies and be directed towards improving public health; it is also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;
2. RECALLS the Council conclusions on the Commission White Paper "Together for Health: A Strategic Approach for the EU, 2008-2013" adopted on 6 December 2007;
3. RECALLS the Council conclusions on common values and principles in EU health systems adopted on 2 June 2006¹, and particularly the overarching values of universality, access to good quality care, equity and solidarity;
4. RECALLS the Tallinn Charter on Health Systems for Health and Wealth, signed on 27 June 2008 under the auspices of the World Health Organisation (WHO);

¹ OJ C 146, 22.6.2006, p.1.

P R E S S

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From Bismarck & Beveridge to Bisridge & Bevermarck

Conference announcement

**European Public Health
20 years after the
Maastricht Treaty**

Turning past experiences
into visions

Save the date!

May 22-23, 2013

Maastricht, The Netherlands



Public Health Achievement Project - An Evaluation of 20 years of the Health Mandate

(qualitative expert interviews)

Influential policy outputs





1

2

3

**Secondary
legislation and
court
decisions**

ECJ decisions on
patient rights

Patients Rights
Directive

Directive on
Tobacco
advertising

**Soft laws,
strategies,
programs**

1 & 2 PH
programme

Together for
health:
2008-2013

FW for action in
public health
CC on health
systems
Europe 2020

**Agencies,
centres,**

EMA

ECDC

EFSA



1

2

3

Political and cooperative structures

European
presidencies

Cooperation EC,
WHO, OECD

EU health policy
forum
NW inf. diseases
EUnetHTA

Others

Work on health
determinants

Best practice
exchange

Scientific reports



... see you in Gastein

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