

Point 5

Response to Swedish presentation:

I would like to thank you for offering me this possibility to be with you today. It is a pleasure for me to address the Northern Dimension Health Partnership's annual conference.

I would first like to say how grateful we are to Sweden for setting out so clearly the essential fact about their presidency of the EU and about the EU Strategy for the Baltic Sea region.

The Strategy is internal for the EU, but it addresses issues that call for cooperation with non-EU partners. It invites such partners to cooperate on issues of common interest. The Council conclusions on the Baltic Sea Strategy mention that cooperation with non-EU partners can take place notably, but not exclusively, in the framework of the Northern Dimension.

I am therefore pleased to confirm the invitation to the Partnership to take a Lead Partner role for the sub-area of health. This role will be a major undertaking for the Partnership. It will require commitment from all participating governments. At the same time, it is important that the Partnership maintains its wider scope encompassing the whole of the Northern Dimension geographical area.

Up-date on European Commission activities:

I would like to briefly provide you with information on actions of the European Commission in three areas:

- Global health
- Health inequalities
- HIV/Aids

1. Global Health:

Global health has traditionally been seen as a development issue, but with globalisation it has taken on a new dimension. Communicable diseases do not respect borders and spread more rapidly than ever before. The same is true for life-style related diseases, such as those linked to tobacco, alcohol and obesity. The worldwide spread of similar consumption habits and global marketing are the underlying causes. But increased globalisation also presents important challenges for health governance. There is a feeling that we are at a point where there is insufficient progress, considering the high inputs of energy and money over the last years. Therefore, the Commission has organised an on-line consultation of stakeholders and all interested parties on an issues paper entitled "The EU role in global health". We had already informed the secretariat of this initiative by letter of 9 October 2009. We now wait for your contribution to the reflection. The deadline is 9 December 2009.

As a second action on Global health, a high level Global Health event will be organised in June 2010. The Partnership will be invited to Brussels for this event.

2. Health inequalities:

On 20 October 2009, the European Commission adopted a Communication on "Solidarity in health: reducing health inequalities in the EU". Despite increased prosperity and overall

improvements in health in the EU, health differences between and within Member States persist. Many of these differences are due to avoidable factors, such as negative impacts on health of social and economic conditions, quality of work, environment quality, quantity of social and health service provision, as well as health related behaviours. This is a challenge to the EU's commitment to solidarity, social and economic cohesion and equality of opportunity.

The Communication sets out the actions which the European Commission will take to help address health inequalities, in particular:

- Collaboration with national authorities, regions and other bodies;
- Assessment of the effectiveness of EU policies on health inequalities to rethink priorities and reallocate resources ;
- Better information on EU funding;
- Development of ways to engage stakeholders to promote uptake and dissemination of good practice.

2. HIV/Aids:

Also in October, the Commission has adopted a Communication on combating HIV/Aids in the EU and neighbouring countries. This Communication presents a strategy and an action plan.

The strategy identifies two priorities: priority groups or most at risk populations, and priority regions. The action plan illustrates concrete steps, with the target groups, timing, indicators and expected outcomes. It relates to involvement of civil society and stakeholders, prevention, priority regions and groups, improvement of knowledge, and monitoring and evaluation.