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### **Update of regional project list under the 7th EU's Framework programme on research**

The European Commission has recently updated its website dedicated to regional aspects of the 7th EU's Framework programme on research. One of the main features of this website is the interactive map of Europe holding a database of the European research projects organized by the regions within each country. The aim of this initiative on European research development is to guarantee that all regions make the most of European research policy. During the seven year period of the European Union's FP7 Programme (2007-2013), plans are drawn up to support the development of research capabilities among its member states. The updated list of projects features among many others projects on exploiting the potential of structural biology through NMR and associated technologies - opportunities for economic development of pharma/biotech in Tuscany, Berlin-Brandenburg and beyond - "Episode". Another project aims at the European consolidation and promotion of research capacity in the area of structure-based drug discovery - "EUROSTRUCT" or - HEALTH-PROT on proteins in health and disease.

**For further information:**

[http://ec.europa.eu/research/regions/index\\_en.cfm?pg=all-projects](http://ec.europa.eu/research/regions/index_en.cfm?pg=all-projects)

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### **COST helps global exchanges on biomedical research**

COST, the European Cooperation in Science and Technology, which does not fund research itself, but provides a platform for European scientists to cooperate on a particular project and exchange expertise, is reaching out to other continents to broaden the scope of biomedical research.

As part of this move, COST delegates launched a dialogue with the South African Medical Research Council(MRC) last autumn. The MRC holds a strong position in South African research, representing 40 to 50 % of the country's health research outputs, undertaking research on HIV/AIDS, tuberculosis, malaria, cancer, diabetes and respiratory infections such as meningitis. There are 42 research units working on basic and applicable research in biomedicine using real life clinical samples.

Under the current reciprocal agreement, COST scientists have the opportunity to travel and exchange knowledge with their counterparts in South Africa.

**For further information:**

[http://www.cost.esf.org/about\\_cost/cost\\_stories/tackling\\_global\\_diseases](http://www.cost.esf.org/about_cost/cost_stories/tackling_global_diseases)

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### **3 D images of the liver to improve real surgery**

Medical imaging of organs and tissues contributes to a better treatment of cancers. The EUREKA project E! 3184 – Odysseus – succeeded in developing 3 images of patients' livers from MRI or CT-scans. Those images can be sent for consultation to any location just before surgery to improve collaborative decisions and planning. Until now the 2D scanning images were sometimes difficult to interpret, causing difficulties to obtain other opinions with experts not present. The new 3D-imaging software delivered by the EUREKA project Odysseus has also advanced medical understanding of how the liver is segmented.

Founded in 1985, EUREKA unites 39 member countries promoting research and innovation through the support they offer to small and medium-sized enterprises, large industry, universities and research institutes. The Odysseus research has also led to a new major research project, called Passport, within the EU Seventh Framework Programme. FP7 includes the Virtual Physiological Human initiative, developing tools for modelling and simulation of most human physiology and disease-related processes. Passport, partially funded by the European Commission, will extend the Odysseus prototype software to a professional standard, achieving CE marking in 2010.

**For further information:** <http://cordis.europa.eu/wire/index.cfm?fuseaction=article.Detail&rcn=20498>

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## **18 months EU Council programme highlights promotion of healthy nutritional habits**

The promotion of healthy lifestyles, including healthy nutritional habits, is high on the agenda of the EU Council for the next one and half years. In this context, the forthcoming EU Presidencies also flag measures against obesity and prevention of addictions (e.g. smoking, alcohol drinking, drugs etc.) as well as special health needs of children, adolescents and vulnerable groups.

These priorities are part of the programme of the EU Council up to summer 2011, which has been presented by the three subsequent EU Presidencies Spain (current Spring 2010 term), Belgium (Autumn 2010) and Hungary (Spring 2011). The next one and a half years, the Presidencies say, will be decisive for laying the ground for a fully sustainable growth model which responds effectively to current and future challenges. The Treaty of Lisbon will improve the Union's capacity to address these challenges in a more efficient way.

The implementation of the EU Health Strategy for 2008-2013 is already highlighted in the introductory Strategic Framework of the 90 pages long programme which covers all EU policy areas. The programme does not only provide a specific section on EU health policy, but also calls for paying special attention to integrating health aspects and health determinants into other EU policies.

Concerning the sustainability of healthcare systems and the protection of health, the exchange of experiences and good practices will be promoted. While fully respecting the principle of subsidiarity, work will be undertaken in the field of social determinants of health and the reduction of inequalities. In this context, specific emphasis is laid on promoting healthy lifestyles.

Pandemic preparedness and response will also be a permanent concern of the three Presidencies. Attention will also be paid to health security and in particular to the health impact of climate and environmental change and to the international collaboration with third countries in this field. Furthermore, the three Presidencies will address issues such as innovation in healthcare, in particular in the context of an ageing population. This covers inter alia quality and safety of healthcare, the future approach to chronic diseases, e-health and the issues related to the EU health professionals. Work on the legislative proposals on donation and transplantation of organs and tissues will be taken forward as a priority. The three Presidencies will also support possible initiatives aimed at securing an adequate supply of radio-isotopes.

Work will be conducted on issues such as the safety and the quality of pharmaceuticals, antimicrobial resistance, rational use of antibiotics, pharmaco-vigilance and counterfeit drugs and cross-border healthcare. Part of the Presidencies' programme on employment policy will be the mid-term review of the Community Strategy for Health and Safety at Work (2007-2012). Specific EU initiatives concerning the muscle-skeletal risks, infections via needle-stick injuries and the ban on tobacco at the work place will be important issues in this context. Also, the Presidencies aim to give a fresh view to solving the long-standing issue of the proposal amending the Working Time Directive, which is highly relevant to working conditions in hospitals.

**For further information, see the full text of the 18 month Council programme:**

<http://register.consilium.europa.eu/pdf/en/09/st17/st17696.en09.pdf>

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## **Hearing of Máire Geoghegan-Quinn, Commissioner-designate for Research, Innovation and Science**

Completing the European Research Area and creating an innovation research culture were announced to become main priorities for Máire Geoghegan-Quinne within the EP Hearing. Red tape hindering companies from taking part in EU research programmes, the declining number of scientists in Europe and the high cost of patents were main issues raised by MEPs at the hearing of Máire Geoghegan-Quinn.

Overall, the Irish commissioner-designate was given a broadly positive response from MEPs as she displayed a broad knowledge of her new portfolio, notwithstanding the fact that having an innovation commissioner is new territory for the EU. If there was momentary stumble, it was in her admission that she had not known what nanotechnology was until she began to prepare for the hearing.



Geoghegan-Quinn said the mid-term review of the EU's Seventh Framework Programme for Research (FP7) would be crucial in shaping future policy, and will help pinpoint areas where red tape can be cut in order to encourage small businesses to apply for Community funding. Her time in the European Court of Auditors allowed her insights into how to balance the push for simpler procedures with the need for accountability. Geoghegan-Quinn promised to bring forward a communication on simplification this year, helping to bring businesses into the research environment to create high-end jobs.

Spending on research in the public and private sectors should be maintained or increased, she said. She revealed plans to set up a task force to look at how cooperation with the European Investment Bank (EIB) and the European Investment Fund (EIF) could be extended to help involve more SMEs in innovation. In addition, calls for research could be tailored to better suit areas that might be more attractive to innovative companies.

Jean-Pierre Audy (EPP, FR) called for "communitising" of research funding. To this Ms Geoghegan-Quinn replied, that developing a European Research Area, was "a glorious opportunity" to coordinate research in Europe and avoid duplication. She was looking forward to the challenge of negotiating the research budget in the next financial perspective.

Another area of concerns was the low number of researchers in Europe calling for a more encouraging environment for researcher concerning working conditions, pension rights etc. Especially researchers in central and Eastern Europe are faced with higher barriers to access EU funds", said Adina-Ioana Valean from the Liberal Fraction of Romania. How would the Commissioner-designate increase the number of women scientists, was a question asked by Catherine Trautmann from the French Social Democrat Fraction and Britta Thomsen from the Danish Fraction of the Social Democrats. To this Ms Geoghegan-Quinn said that emphasising that the number of women dropping out of scientific careers was not just about equality but also "a waste of talent", "We have to start at the education level and encourage women to get involved in science. That's where the jobs are".

Reinhard Bütikofer speaker of the German Greens EP group questioned the candidate Commissioner about the accessibility of research results. Adam Gierek (Social Democrats, Poland) was concerned about the high cost of protecting intellectual property rights and accessing patents and asked about her political vision for solving the issue of the EU patent. "The patent issue is a very serious obstacle", comagreed Ms Geoghegan-Quinn. She promised to "work very closely with Mr Barnier to ensure that the final step is taken".

**For further information:**

[http://www.europarl.europa.eu/news/expert/infopress\\_page/008-67165-012-01-03-901-201001121PR67164-12-01-2010-2010-false/default\\_en.htm](http://www.europarl.europa.eu/news/expert/infopress_page/008-67165-012-01-03-901-201001121PR67164-12-01-2010-2010-false/default_en.htm)

<http://www.neurope.eu/articles/98485.php>

<http://www.euractiv.com/en/priorities/eu-innovation-chief-leverage-structural-funds-research/article-188892>

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## **Maltese John Dalli impresses at EP hearing for future EU Health and Consumer Commissioner**

"The underlying theme of my work will be Patients First, Consumers First", John Dalli, Commissioner-designate for Health and Consumer policy told MEPs during his hearing at the European Parliament on 14 January 2010. It has been a decisive step towards his confirmation, as his performance has been acclaimed by several MEPs and commentators. He said his vision would be that "European Citizens live a longer and healthier life" and that a focus on prevention would be necessary to secure sustainability in the health sector.

Dalli, until recently the Maltese minister for social policy and a former minister for economics and finance, showed himself committed to increasing awareness in the Member States on "health determinants," such as smoking, drinking too much alcohol and other bad habits. According to him, it is in the long term much more productive and effective to focus on educating people about a healthier lifestyle than on focusing on one particular disease.



The hearing focused on issues of the pharmaceutical package and cross-border healthcare, apart from an emphasis on the consumer policy part of Mr Dalli's portfolio, which also includes food security. He also underlined the impact of ageing on Europe's future healthcare.

Mr Dalli promised to revisit the pharmaceutical package and said he will likely come up with amendments to the information to patients part of the package. This package has three parts, of which the information to patients' string is currently blocked by the Council. Responsibility for the pharmaceutical industry has moved from DG Industry and Enterprise to Dalli's future portfolio and his service in DG SANCO.

To put forward the patient's perspective he would rely on MEPs and patients' organisations, which "should be properly supported". There was a need for new ideas for funding them, he added in a reply to Peter Liese, from the conservative EPP faction.

On cross-border healthcare, in response to a question whether he would come back to the negotiating table with the member states, he said that he was definitely willing to reach an agreement as soon as possible. On this draft directive, currently in limbo in the Council, he said he would meet the Spanish health minister to "chart out a way on which understanding can be reached", as Spain is not only the EU's current Presidency, but also played a key role in blocking agreement on the cross-border healthcare directive last year.

Born in 1948, Dalli has been in Maltese politics for over 20 years. He has been minister in his country several times and was responsible for the Maltese economy, served twice as a finance minister and is currently the social policy minister.

**For further information:**

[http://www.europarl.europa.eu/hearings/press\\_service/product.htm?language=EN&ref=20100113IPR67206&secondRef=0](http://www.europarl.europa.eu/hearings/press_service/product.htm?language=EN&ref=20100113IPR67206&secondRef=0)

<http://www.europeanvoice.com/article/2010/01/maltese-candidate-shows-his-muscle/66894.aspx>

<http://www.europolitics.info/sectorial-policies/maltese-dalli-wraps-meps-around-his-finger-art260028-12.html>

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### **Health inequality effects economy**

A new report, published as part of the EU-funded "Determine" project on the socio-economic deterrents on health reveals that targeted investment in health is in the long term more effective and thus contributing to growth and productivity than paying for the consequences of inequalities. In total health inequality is estimated to cost around 1.4% of GDP.

Further to that the WHO has estimated that 50% of the growth differential between rich and poor countries is due to ill-health and shorter life expectancy. Increasing life expectancy at birth by 10% could increase economic growth by 0.35% per year, it says.

But also within Europe variations of up to eight years in life expectancy exist. Income, education, living and working conditions, health behavior and access to healthcare are cited as contributing factors to lifespan. The EU last year announced a series of steps designed to tackle health inequalities in Europe by strengthening data collection and foster best practice between counties.

**For further information:**

<http://www.euractiv.com/en/health/tackling-health-inequality-boost-economy/article-188733?Ref=RSS>

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### **European Alcohol and Health Forum publishes its summary report**

The 5th Plenary Meeting of the European Alcohol and Health Forum on 12 November 2009 addressed topics referring to minimum pricing, education, the progress of the Open Alcohol Forum to implement the EU Strategy on alcohol and issues concerning marketing and members' commitments (Issue 32 of this Newsletter reported on this event). The Forum's official summary report has now been published.

**For further information:**

[http://ec.europa.eu/health/alcohol/docs/ev\\_20091112\\_mi\\_en.pdf](http://ec.europa.eu/health/alcohol/docs/ev_20091112_mi_en.pdf)

[http://ec.europa.eu/health/alcohol/events/ev\\_20091112\\_en.htm](http://ec.europa.eu/health/alcohol/events/ev_20091112_en.htm)

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## **Romania introduces a tax on junk-food**

As of March 2010 Romania intends to introduce a new tax on junk food products with revenues to be dedicated on health programmes. The ministry justified its proposal by pointing out that more and more people in Europe suffer from obesity, increasing the risk of diabetes, hypertension and premature death. This move will probably set a worldwide precedent. In detail it will affect fast-food products, the cake and candy-making industry, snacks and crisps and soda, except water and fresh bottled juice.

Health Minister Attila Czeke promised to hold discussions with producers and distributors of the products in question. Dragos Frumosu, head of Romania's food industry federation, warned the tax will raise prices and cause producers to move their businesses to other countries. Frumosu also complained that the draft law had been elaborated without a public discussion.

### **For further information:**

<http://www.euractiv.com/en/health/romania-country-introduce-junk-food-tax/article-188647>

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