



# Health & Consumer Voice

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## BEUC and Commissioner Dalli commit to further collaboration to protect European consumers

The 5th EU Consumer Scoreboard was presented on 11 March by the European Commissioner for Health and Consumer Policy, John Dalli, at the European Consumers' Organisation (BEUC)'s premises. The biannual Scoreboard report is the statistical evidence of how markets are delivering to consumers both at EU and at national level.



The EU Commissioner John Dalli with BEUC Director General Monique Goyens

### What's the Scoreboard?

The biannual Consumer Scoreboard is the statistical evidence report of how markets are delivering to consumers both at EU and at national level, on basis of various performance indicators. The Scoreboard provides figures and alerts about how the single market is performing for EU consumers in terms of choice, prices and satisfaction.

The spring edition ("Consumer Conditions Scoreboard") looks in particular at the integration of the retail market and national conditions for consumers, measured by the Annual Index of Consumer Conditions. This index is defined by factors such as the effectiveness of resolving disputes and handling complaints, the quality of regulations and consumer trust in authorities, retailers, advertisers and consumer organisations.

The Scoreboard data are based on surveys of consumers and retailers, as well as on statistical data such as income levels.

The 2010 spring Consumer Scoreboard shows a clear progress in national consumer conditions in nearly all EU countries after the steep decline in 2009. The 2010 index reveals indeed that consumer conditions have rebounded after the sharp fall in 2009, with most countries matching or exceeding 2008 levels.

### The e-commerce gap, major issue highlighted by the Scoreboard

The Scoreboard confirms a growing gap between domestic and cross-border e-commerce, despite a clear potential of cross-border purchases in terms of choice and savings. But the study suggests that consumers are much more confident in cross-border shopping once they have tried it. Consumers' perceptions seem thus to be a major barrier to cross-border shopping on the internet.

The Scoreboard shows continued growth of domestic e-commerce,



## In brief



### Health Programme: 2011 Work Plan and calls for proposals published

The 2011 Work Plan for 2011 for the implementation of the 2008-2013 Public Health Programme was published on 03 March. At the same time, the Executive Agency for Health and Consumers (EAHC) published calls for proposals for projects, operating grants, conferences and joint actions in the field of public health for 2011.

The 2011 Work Plan gives more emphasis and resources to a focused cooperation with the Member States. The amount of 17,040,000€ will be dedicated to the funding of five joint actions. In comparison to 2010, the total indicative amount available for operating grants for non-governmental organisations or specialised networks active in the field of Public Health has increased and is now 4,000,000€.

The indicative amount for the call for proposals for projects is 4,650,000€. This call for proposals is seeking for very specific projects in seven different areas, where only one project per call will be funded; exception will be made for the rare disease networks. Funds for 800,000€ will also be made available for grants for conferences.

The deadline for submission of proposals is 27 May 2011.

Further information is available at:

[http://ec.europa.eu/health/programme/how\\_does\\_it\\_work/call\\_for\\_proposals/index\\_en.htm](http://ec.europa.eu/health/programme/how_does_it_work/call_for_proposals/index_en.htm)

and

<http://ec.europa.eu/eahc/index.html>

The 2011 Work Plan is available at:

[http://ec.europa.eu/health/programme/docs/wp2011\\_en.pdf](http://ec.europa.eu/health/programme/docs/wp2011_en.pdf)



with 36% of EU consumers having shopped online from national sellers in 2010 (34% in 2009). However, cross-border e-commerce continues to grow at a sluggish pace (9% in 2010, compared with 8% in 2009), despite clear benefits in terms of savings and choice as evidenced in earlier studies.

Among consumers who have not made a cross-border distance purchase:

- 62% are worried about fraud and scams;
- 59% cite concerns about what to do when problems arise;
- 49% are put off by expected delivery problems.

However, these concerns are much less widespread among consumers who have actually shopped cross-border (34%, 30% and 20% respectively).

Cross-border e-commerce appears to be at least as reliable as domestic e-commerce or even more:

- only 16% of cross-border purchases were delayed (18% for domestic purchases);
- the product did not arrive in 5% of cross-border cases (6% for domestic purchases).

The findings suggest a key role for more effective information about existing cross-border advice, enforcement and redress mechanisms. These include the Consumer Protection Co-operation



(CPC) network, which brings together national enforcers, and the European Consumer Centres, which provide free help and advice to consumers shopping in the Single Market.

Monique Goyens, BEUC Director General, commented the figures as follows: "Green shoots of rising consumer confidence are evident in the findings, but there are some alarming signs of how well informed European businesses are of their obligations to consumers and there is strong proof that countries with low consumer confidence levels often are a result of unambitious consumer policy, a lack of market supervision and weak enforcement of consumer rights".

Commissioner John Dalli declared: "It is good news that consumers' worries about cross-border shopping tend to evaporate once they've actually tried it and had a good experience. But the results also confirm how much work there is still ahead of us in dismantling the remaining barriers to the benefit of European economy and European consumers and businesses alike".

The full text of the Scoreboard is available at:

[http://ec.europa.eu/consumers/strategy/facts\\_en.htm#5CMS](http://ec.europa.eu/consumers/strategy/facts_en.htm#5CMS)

## Salmonella cases cut to half thanks to EU measures

Human salmonellosis cases were reduced almost by half over a five-year period, thanks to measures introduced by the European Union. This encouraging figure emerges from the 2009 EU summary report on

zoonoses, published on 22 March by the European Food Safety Authority (EFSA) and the European Centre for Disease Prevention and Control (ECDC).

Human salmonellosis cases were reduced from 196,000 cases in 2004 to 108,000 cases in 2009. This success story dates back to 2003, when the European Parliament and the Council adopted a Regulation (EC 2160/2003) and a Directive (EC 99/2003) which started the implementation of enhanced Salmonella control programmes in all Member States.

Thanks to the measures foreseen by the legislation, targets for reduction of Salmonella in flocks of poultry (laying hens, broilers, turkeys) were set, stricter hygiene standards in slaughterhouses were introduced, control programmes were inaugurated by Member States and restrictions on the trade of products from infected flocks were imposed.

From 2005 onwards, the European Food Safety Authority (EFSA), in collaboration with the European Centre for Disease Prevention and Control (ECDC), has been entrusted to prepare a yearly EU summary

concerning monitoring of zoonoses. The EU reports are based on annual reports submitted by the Member States and Norway and they contain a valuable overview of the prevalence of zoonoses in the EU.

Health and Consumer Policy Commissioner John Dalli declared: "The EU has made great strides in its battle against Salmonella and the consistent fall in the number of cases is testament to the strong, comprehensive EU measures put in place to tackle this disease. The Commission has at no point stopped monitoring or reacting to the challenge of Salmonella and the current EFSA/ECDC report clearly illustrates the improved situation and positive developments. Rest assured, however, that the fight against zoonotic agents will continue relentlessly always aiming to further reduce their incidence".

Further information is available at:

[http://ec.europa.eu/food/food/biosafety/salmonella/index\\_en.htm](http://ec.europa.eu/food/food/biosafety/salmonella/index_en.htm)

## Disease prevention: stakeholders renew their commitment to combat obesity

The members of the European Commission's Platform for Action on Diet, Physical Activity and Health - European-level umbrella organisations ranging from the food industry, health organisations and other civil society NGOs – recently agreed to step up action to tackle the growing problem of overweight and obesity related health problems.

Obesity is a growing problem in the EU: according to the "Health at a Glance: Europe 2010" report, published last December by the European Commission and the OECD, the rate of obesity has more than doubled in the past 20 years in most EU Member States. The

prevalence varies from country to country, from less than 10% to over 20% some Member States. On average, an estimated 15% of the EU adult population is obese.

Currently, 1 in 7 children in the EU are overweight or obese – and it is likely that the figures will rise even further. This is worrying, as children who are obese or overweight are more likely to suffer from certain chronic



EU Platform on Diet,  
Physical Activity and Health

## In brief



### Pharmaceuticals: the EU Register of Clinical Trials is now online

From 22 March, all EU citizens will have access to information on the thousands of authorised pharmaceutical clinical trials that are underway in the EU. The aim of this official public register is to make clinical research on pharmaceuticals more transparent for patients and others and to avoid unnecessary duplication of clinical trials.

Clinical trials are investigations in humans intended to discover or verify the effects of one or more investigational medicinal products.

The aim of a clinical trial is not necessarily to apply for a future marketing authorisation. Clinical trials can indeed be conducted also for studies on authorised medicines – for example, in the case of comparison between two authorised medicines.

Every year approximately 4,000 clinical trials are authorised in the EU. Since most of them last 2 to 3 years, this means that around 10,000 trials are ongoing at any given time.

Clinical trials performed in the EU must be conducted in accordance with the EU Clinical Trials Directive (2001/20/EC) and its implementing legislation, which aims at ensuring a high level of protection of patient safety, as well as reliability of the data generated in a trial.

The Clinical Trials register contains information about clinical trials authorised in the EU, whether they take place in one Member State or several. It includes clinical trials conducted by both industry and research institutions. The information is rendered public once the clinical trial has been authorised.

The European Medicines Agency (EMA) is responsible for the day-to-day management of the online register. The sponsor of the clinical trial (the responsible party for the trial) provides and updates the information in the register via the national competent authority of the country, or countries, in which it is being conducted. The register is part of the overarching EU public database EudraPharm, which also centralizes information on medicines authorised by the EU.

The clinical trials register is available at:

<http://www.ClinicalTrialsRegister.eu>

diseases later in life.

In such a frame, the members of the European Commission's Platform for Action on Diet, Physical Activity and Health decided to commit to boosting activities that contribute to the objectives of the Strategy for Europe on Nutrition, Overweight and Obesity related health issues by 2013. Priorities focus on children and how to make healthy choices available whilst also encouraging physical activity and sports. Action will target vulnerable groups, including children and adolescents and low socio-economic groups.

The need to improve existing actions in product composition for

healthier food and in advertising and marketing to children was also highlighted by the members of the Platform.

The European Commissioner for Health and Consumer Policy, John Dalli, commented: "I am pleased to see that Platform members have agreed to scale up their action. This demonstrates commitment to the goals we set out together to fight the increasing trend of obesity, to address poor dietary habits and to increase physical activity levels in the EU".

Further information is available at:

[http://ec.europa.eu/health/nutrition\\_physical\\_activity/platform/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm)

## Consultation on health security: how can EU citizens be better protected?

On 4 March the European Commission launched a consultation to gather stakeholders' views on possible actions that can protect EU citizens more effectively against serious cross-border health threats. The consultation includes questions on preparedness planning, risk assessment, management of health threats and on how to better communicate with citizens and professional groups.

The aim of this consultation is to seek the views of stakeholders on what action the European Commission should take to protect EU citizens more effectively against serious cross-border health threats. The Commission's initiative on health security in the EU comes at the request of the European Council, following its conclusions of 13 September 2010, on lessons learned from the A/H1N1 Pandemic and Health Security in the EU.

Even though legislation on EU action on the prevention and control of

infectious diseases exists since 1998, this legislation does not cover indeed cross-border health threats other than infectious diseases. The aim of this initiative is therefore to consider the possibility and need to ensure that all types of public health threats are addressed in a similar way to infectious diseases.

National, regional and local authorities, health institutions, NGO's, interest groups, enterprises and individual stakeholders are welcome to provide comments to this consultation.

The results of this web-based consultation will be published a few weeks after its closure under the form of a short factual report on the consultation.

All interested parties are invited to submit their comments by 29 April 2011.

The consultation paper and online questionnaire are available at:

[http://ec.europa.eu/health/preparedness\\_response\\_consultations/preparedness\\_cons\\_02\\_en.htm](http://ec.europa.eu/health/preparedness_response_consultations/preparedness_cons_02_en.htm)

## EP news



### Reducing EU health inequalities

On 8 March the European Parliament adopted a resolution on "Reducing health inequalities in the EU". The text was issued by the EP Committee on the Environment, Public Health and Food Safety (Rapporteur MEP Edite Estrela).

Health and life expectancy are still very much linked to social circumstances, and major inequalities also exist between countries and regions. For example, life expectancy among men aged 65 varied across Member States in 2007, from a high of 18.4 years in France to a low of 12.8 years in Latvia. The range for women was slightly greater, from 23.0 years in France to 16.4 years in Bulgaria (source: Eurostat, 2010).

The reasons for these differences in health are, in many cases, avoidable and unjust, because they are a consequence of differences in opportunities, in access to services and material resources.

In the text of the resolution, the European Parliament welcomes the key suggestions made by the European Commission in its Communication entitled "Solidarity in health: reducing health inequalities in the EU", namely:

- making a more equitable distribution of health part of the EU overall goals for social and economic development;
- improving knowledge and data bases;
- building commitment across society for reducing health inequalities;
- meeting the needs of vulnerable groups;
- developing the contribution of EU policies to the reduction of health inequalities.

According to the EP resolution, the reduction of health inequalities must be considered an essential priority at all levels of policy making, pursuing a Health in All Policies Approach (HiAP) and ensuring effective impact assessments.

The adopted resolution is available at:

<http://www.europarl.europa.eu/>



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