



Newsletter n.6 - October 2004

# European Region News

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## European Congress on Physiotherapy Education – Latest News

The Executive Committee encourages all physiotherapists from the European Region of WCPT to participate in the European Congress on Physiotherapy Education that will be held in Estoril, Portugal, on 4-5 November 2004 and in the ER - WCPT's Post-Congress seminar on 6 November. We are glad to inform you that ~~we will have~~ participants from ~~around~~ thirty countries have registered. On the congress website [www.apfizio.pt/ecpe](http://www.apfizio.pt/ecpe) you can ~~also~~ find the list of participants already registered, with their contacts addresses. If you are not registered, the registration form is available on the website.

Please note that the congress is not aimed only at teachers and students, but all involved in the issues related to clinical education, recruitment and employment or accreditation, and/or continuous professional development. ~~who will find~~ A possibility to learn and share ideas.

An International Students Forum will be held on the 6th of November.

The final programme of the Congress is now available in the webpage. Now you can start planning the sessions that you are interested in attending.

<http://www.apfizio.pt/ecpe>

## "The Bone and Joint Decade 2000-2010"

On January 13th, 2000, the Bone and Joint Decade was formally launched at the headquarters of the World Health Organization in Geneva, Switzerland. The goal of the Bone and Joint Decade is to improve the health-related quality of life for people with musculoskeletal disorders throughout the world. These disorders are the most notorious and common causes of severe long-term pain and physical disability, affecting hundreds of millions of people across the world. The Decade aims to raise awareness and promote positive actions to combat the suffering and costs to society associated with musculoskeletal disorders such as joint diseases, osteoporosis, spinal disorders, severe trauma to the extremities and crippling diseases and deformities in children.

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**The goal of the Bone and Joint Decade is to improve the health-related quality of life for people with, or at risk of musculoskeletal conditions throughout the world.**

This will be achieved by:

- Raising awareness of the growing burden of musculoskeletal conditions on society.
- Empowering patients to participate in their own care.
- Promoting cost-effective prevention and treatment.
- Advancing understanding of musculoskeletal conditions through research to improve prevention and treatment.

No one single organisation alone can accomplish the desired benefits for the patient or his or her family. The Decade is a multi-disciplinary, global campaign that will implement and promote initiatives in all parts of the world. These will be developed in partnership with appropriate patient, professional and scientific organisations, companies, healthcare providers, governments and non-government organisations in consultation with global and regional stakeholders.

All the goals effects Physiotherapy. It is highly important for us as a professional group involved in treating musculoskeletal disorders to be a member of the National Action Network to meet with national governments and public health authorities to seek their endorsement and continuous support to recognize, document and remediate the burdens of musculoskeletal disorders.

If possible a representative from the national professional organisation should be appointed in the National Steering Committee. This is the only way to get influence in the BJD and their campaign on national level.

### **Objectives of the strategy**

Musculoskeletal diseases are influenced by many factors both genetic and environmental.

The WHO has worked in collaboration with the BJD in identifying the global burden of musculoskeletal conditions to facilitate the development of priorities and strategies for their prevention and treatment. The BJD is working with the WHO and World Bank to develop evidence – based strategies for reducing musculoskeletal disability in developing countries, and with the European Community to develop strategies for prevention and treatment across Europe. Specific evidence – based recommendations for primary, secondary and tertiary prevention have been identified by the European Bone and Joint Health Strategies Project and Disease Control Priorities Project. This gives the knowledge base of what the problems are, and what can and should be achieved. The challenge, for the Physiotherapists too now, is how to implement these recommendations and overcome the barriers at national and local level.

### **Dutch Presidency – Shaping the EU Health Community**

The Dutch Presidency of the European Union organized an informal Health Council on 9-10 September 2004 which was focused on the theme of 'Health and the Internal Market'.

Just before the Health Council, an international conference was held in The Hague, Netherlands on 7-9 September 2004. Entitled **Shaping the EU Health Community: Balancing Health, Social Development and Internal Market**, it was organised by the Netherlands Institute for Care and Welfare (NIZW).

The objectives of the conference were:

- To focus the EU internal market on improving citizen's health;

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- To highlight the effects of varying contexts and perceptions of health across Europe and to make the effects of health, social development and internal market / public private mix in the EU health community explicit;
- To identify shared interests and challenges and to identify opportunities to exchange best practices and experience;
- To offer information, data and policy suggestions for an EU health strategy to the European institutions (Council and Parliament) as well as national policy-makers.

Further Information:

<http://www.euhealthcommunity.org/default.aspx>

### **Good health for all – the future of health in Europe**

Boosting the economy through better health: Commissioner Byrne launched a reflection process on the future of EU health policy

A healthier and more competitive Europe: On 15 July, Health and Consumer Protection Commissioner David Byrne set out his vision on how to achieve this goal. Speaking at the European Policy Centre in Brussels, he outlined his view of the key principles that ought to guide the development of EU health policy over the coming years. These include the role of good health as a driver of economic growth, the need to promote good health and prevent disease, rather than just treating illness, and the urgency of addressing health inequalities both between Member States and within them.

Making health a shared responsibility of citizens, national governments and the EU is at the heart of this reflection. The EU has a crucial role to play here by fostering synergies and

partnerships between Member States and between governments and civil society. It can also foster the networking of Europe's health expertise. Commissioner Byrne's reflections on future policy developments have been made available on the Commission's Public Health website. Public bodies, interest groups and individual citizens are invited to contribute to the reflection process by 15 October.

'Modern economies are built on good health. Their competitiveness increasingly depends on enabling their citizens to lead healthier, more productive lives. Good health is a key driver of growth. There is evidence that a 10 percent rise in life expectancy can generate a GDP increase of up to 0.35 percent,' said Commissioner Byrne. 'Put simply, health generates wealth. Each health euro better spent could make a net saving both for individual well-being and for EU competitiveness. This is why achieving good health must become an economic priority.'

Health is a cornerstone of European democracies, but the gap between those in good health and those in ill-health across the EU is widening. In his reflection document, Commissioner Byrne calls on the EU to make good health for all a reality. By putting its policies at the service of good health, the EU can bring Europe closer to its citizens. The paper proposes a new direction for health policy, moving it beyond just treating ill health to actively promoting good health.

'Imagine the day when Europe shifts from having Ministries of Illness to having true Ministries of Health using the largest share of their budgets to keep people in good health. Not only through information, also by education and prevention measures, but also through each and every policy impacting on health: from better

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housing and healthier working conditions to a cleaner environment,' said Mr Byrne.

### Putting health at the centre of policy-making

The paper emphasises the need to ensure that all public policies are good for health. To achieve good health for all, health must be mainstreamed into all policy-making. The EU has a clear public health mandate. It can provide added-value in supporting the move towards good health for all. It must act to protect EU citizens against major health threats which transcend national borders, and it has a crucial role in bringing together different actors to share knowledge and capacity and achieve synergies.

'I am convinced that placing an innovative pharmaceutical policy at the heart of health policy is essential for a successful and coherent strategy. We need to ensure that Europe regains its crown as the world's health research and technology centre. I want to see a European health innovation powerhouse channelling research to new medical appliances and evermore efficient medicines, and disseminating results across Europe,' added Mr. Byrne.

Further information: [http://europa.eu.int/comm/health/ph\\_overview/strategy/health\\_strategy\\_en.htm](http://europa.eu.int/comm/health/ph_overview/strategy/health_strategy_en.htm)

### Markos Kyprianou proposed as next Commissioner for Health and Consumer Protection

On 12 August, José Manuel Barroso, President-designate of the European Commission, announced the division of responsibilities among the team of Commissioners due to take up office on 1 November. He appointed Cypriot Markos Kyprianou as the next Commissioner responsible for Health and Consumer Protection.

A specialist in international law who has studied in Athens, Cambridge and

at Harvard Law School, Markos Kyprianou, 44, is already a member of President Prodi's Commission. He became a Commissioner on 1 May 2004, following Cyprus's accession to the EU, and is currently working with the Budget Commissioner, Michael Schreyer.

Immediately before his appointment as Commissioner, Mr. Kyprianou was Cyprus' Minister of Finance and, prior to that, a member of the Cypriot parliament.

A member of the Cypriot Democratic Party (DIKO), Mr. Kyprianou has been active in public life in Cyprus since 1986 when he became a Municipal Councillor in Nicosia.

After confirmation hearings at the European Parliament, the new Commission is due to start its five-year term in November.

Mr Kyprianou gave his views at the hearing on the main public health and food safety issues facing the EU, the level of budget funding allocated to these areas and the relationship between the Commission and specialised EU food safety and health agencies.

Further Information:

[http://www.europarl.eu.int/hearings/commission/2004\\_comm/pdf/specakyprianou\\_en.pdf](http://www.europarl.eu.int/hearings/commission/2004_comm/pdf/specakyprianou_en.pdf)

### Overview of European Parliament groups

The newly elected European Parliament numbers 732 representatives from all 25 EU Member States. In the 1999-2004 Parliament there were 7 political groups which are now being revised as a result of the electoral success or failure of certain parties. The overall balance of power in the new Parliament is little changed, with the centre-right European People's Party remaining the largest bloc, followed by

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the Socialists and the Liberals. Two groups have emerged as larger structures, having attracted members from other political camps. The European Liberal Democrats and Reformers (ELDR) have become Alliance of Liberals and Democrats for Europe (ALDE) and the Europe of Democracies and Diversities (EDD) has become the Independence and Democracy group (ID).

Most of the newly elected MEPs have already aligned themselves with one of the political groups. The remaining MEPs have the status of the “non-attached members”. According to the EP’s Rules of Procedure political groups in the Parliament require a minimum of 19 MEPs from at least five countries.

### **1) PPEDE (Group of the European Peoples Party and European Democrats)**

Website: <http://www.epped.org/home/en/default.asp>

Public Health in the programme

The Priorities of the EPPED Group for 2004-2009 emphasise “the link between a healthy environment and a strong economy” and opt for “enhanced contribution of science and technology to sustainable development.”

The programme includes, among other things, the proposals to:

- intensify and provide adequate funding for medical research
- strengthen food quality research
- explore the potential of biotechnology
- better implement and monitor of EU environmental legislation
- create a genuine regime of environmental liability, based on the “polluter pays” principle
- develop a comprehensive climate change policy
- promote the use of renewable energies

– develop an environment friendly agricultural and fisheries policy

### **2) PSE (Group of the Party of European Socialists)**

Website: <http://www.socialistgroup.org>

Public health in the programme

The socialist priority with regard to public health is the promotion of health equality. According to the PSE group “access to healthcare is a basic right for citizens, and it is unacceptable for certain categories of citizens or certain regions to be less well-served than others”.

Socialists and social democrats emphasise that the EU “has a duty to contribute to bringing about a high level of public-health protection through all the policies it undertakes”. In addition, they “demand greater involvement for the associations representing patients and health professionals, as well as for the social partners involved and Non Governmental Organisations”.

### **3) ALDE (Group of the Alliance of Liberals and Democrats for Europe)**

Website: <http://eld.europarl.eu.int/>

Public health in the programme

In their 10-point political manifesto Freeing Europe’s Potential: Political Priorities of the ELDR Group in the European Parliament 2004-2009 the liberals declare among other things their commitment to:

- “liberalised markets (...) while ensuring minimum standards for the health and safety of workers”
- “making Europe the world leader in environmental protection [through] seeking common solutions to our common environmental and public health problems”
- “reforming the Union’s Common Agricultural Policy [in order to promote] rural and ecological heritage and (...) safe and healthy food”

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**4) GREENS/EFA (Group of the Greens/European Free Alliance)**

Website: <http://www.greensefa.org>

Public Health in the programme

A Green Contract for Europe 2004-2009 – a list of 44 proposals for the new Parliament –underlines the need to “protect human health through better protection of the environment”. More specifically the Greens declare to:

- Press for European-wide legislation to protect people from second-hand smoke at the workplace
- Continue to fight for a revision of European chemicals legislation
- Push for EU legislative action to reduce the generation of waste and for a directive on compostable waste.

**5) GUE/NGL (Confederal Group of the European United Left/Nordic Green Left)**

Website:<http://www2.europarl.eu.int/gue/showPage.jsp>

Public Health in the Programme

No political manifesto available but in its 13-point Motion for Resolution on the Draft Constitutional Treaty GUE/NGL emphasises “the principle of gender equality and respect for the rights of people belonging to minority groups”. It also calls “for full recognition of public services, which should be exempted from competition rules”.

**6) UEN (Union for a Europe of Nations Group)**

Website: <http://www.europarl.eu.int/uen/>

Public health in the programme

No explicit reference to public health. But the 5-point Political Charter mentions the members support for “a Europe of solidarity between all social groupings and all regions in order to bring about equality between people and nations in a Europe which successfully protects the environment

[and] protects the towns against overcrowding and urban decline”.

**7) ID (Independence and Democracy Group)**

Website: <http://www.europarl.eu.int/edd/>

Public health in the programme

No political programme available but one of the 15 points of the Alternative Report: Europe of Democracies states that “certain common minimum standards to protect employees, consumers, health, safety and the environment” should be the only areas of EU legislation, other than the “rules for the Common Market”.

**New European Parliament committees**

The number of EP committees has increased from 17, in the 1999-2004 terms, to 20 in the new Parliament, 2004-2009.

The committees most relevant to Health are:

**• Environment, Public Health and Food Safety (63 members)**

*Chair:* Karl-Heinz FLORENZ, Group of the European People’s Party (Christian Democrats) and European Democrats, Germany.

*Relevant powers and responsibility:*

Public health programmes and specific actions in the field of public health; pharmaceutical and cosmetic products; health aspects of bioterrorism; the European Agency for the Evaluation of Medicinal Products and the European Centre of Disease Prevention and Control. Food safety issues: the labelling and safety of foodstuffs; veterinary legislation concerning protection against risks to human health; public health checks on foodstuffs and food production systems; the European Food Safety Authority and the European Food and Veterinary Office.

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**• Internal Market and Consumer  
Protection (40 members)**

*Chair:* Philip WHITEHEAD, Socialist  
Group, UK.

*Relevant powers and responsibility:*

The promotion and protection of the economic interests of consumers, except for public health and food safety issues, in the context of the establishment of the internal market.

**Recognition of Professional  
Qualifications**

The Directive on Mutual Recognition of Professional Qualifications adopted by The European Parliament at first reading, on 11 February 2004, in Strasbourg was not agreed to by the European Commission. It presented a new proposal to the Council. The Council reached political agreement by a qualified majority, with the German and Greek delegations voting against, on the proposal for a Directive on the recognition of professional qualifications. Once the text has been formally adopted it will be submitted to the European Parliament for second reading. The working groups are waiting for the new text to evaluate it.

**EU wants to promote good mental  
health among young people**

Suicide is the third largest cause of death among adolescents worldwide and the leading cause of death amongst teenage girls. By the time they reach 18 years, some nine percent of young people have experienced at least one major depression.

What can the EU and its Member States do to deal with the growing burden caused by mental illness?

The experts gathered at a conference in Luxembourg on 20-21 September said that mental illness is, to a large degree, preventable, especially if preventive actions take place in the early phases of life and involve primary care doctors, community groups, patients, their families and the general public. However, there are many gaps between what could be done and what is being done, both in prevention and in care. For example, there are some countries in Europe and Central Asia (WHO European Region) that do not have separate mental health services for children and adolescents.

“If we do not take decisive action now, mental illness is threatening to impose strains on our health budgets, social systems and economies,” said Mr. Fernand Sauer, Director of the European Commission’s Public Health and Risk Assessment Directorate.

The conference organised by the European Commission, the WHO Regional Office for Europe and the Health Ministry of Luxembourg, paved the way for the ministerial conference on mental health due to take place in Helsinki in January 2005.

In addition to mental health promotion, mental disorder prevention and mental health care, the Helsinki Conference will address human rights and the stigma attached to mental ill health.

Further information: [http://europa.eu.int/comm/health/ph\\_determinants/life\\_style/mental/ev\\_20040921\\_en.htm](http://europa.eu.int/comm/health/ph_determinants/life_style/mental/ev_20040921_en.htm)

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