



HEALTH PRIORITIES OF THE FIRST MALTESE PRESIDENCY OF THE EUROPEAN COUNCIL

The presidency of the European Council rotates among the EU member states every 6 months. During this 6-month period, the presidency chairs meetings at every level in the Council. Member states holding the presidency work together in groups of three, called 'trios'. This system was introduced by the Lisbon Treaty in 2009. The trio prepares a common agenda determining the topics and major issues that will be addressed by the Council over an 18-month period. **Malta's stint concludes the current Trio of Presidencies, preceded by Netherlands and Slovakia.**

This editorial will discuss two important health policies, relating to childhood obesity and cooperation between health systems.

CHILDHOOD OBESITY

In an interview with Euractiv, last December, Dr Chris Fearné estimated that 10% of the Maltese health budget is funnelled towards the management of the direct consequences of obesity. Dr Fearné also added that a remarkable 17% of preventable deaths in Malta is related to obesity. The full interview may be accessed at www.euractiv.com/section/health-consumers/interview/health-minister-drugs-pricing-will-top-maltas-eu-presidency/

There are numerous challenges in tackling childhood obesity, including the increasing production of processed food which is easily available and is relatively cheap. The use of processed food is also a social indicator of inequalities. A related challenge is food re-formulation with a view to decrease specific ingredients, including salt, sugar and saturated fats, and increase others, such as minerals and vitamins. Currently, there is much discussion on this topic at an EU level. In fact, the Commission has launched a White Paper on *A Strategy for Europe on Nutrition, Overweight and Obesity related health issues* [http://ec.europa.eu/health/nutrition_physical_activity/policy/strategy_en].

Interestingly, the *Health at a Glance: Europe 2016* [<http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>] reports that the average of self-reported overweight rates (including obesity) across EU countries increased between 2001-2 and 2013-14 from 11% to 18% in 15-year-olds. The largest increase during this period occurred

in Malta where the rates now reach 30%. The Maltese Presidency is expected to present draft Council conclusions that will identify actions aimed at preventing the rise in childhood obesity. In this context, the Maltese Presidency also aims to develop guiding principles on the procurement of food in schools. The aim is to shift procurement rules from focusing on the cheapest price to the cheapest & healthiest offers.

COOPERATION BETWEEN HEALTH SYSTEMS

Europe has long aspired to promote the free movement of citizens by facilitating the transfer of health records across different member states. Such cooperation between health systems is included in *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*. In this respect, the Maltese Presidency will focus on enhancing cross-border cooperation. This is envisaged to also include the establishment of centres of excellence, for example in the area of rare diseases.

Another theme is the accessibility and affordability of medicines, with a focus on transparency in the way pharmaceutical companies negotiate with the purchasing authorities. Currently, individual member states are strongly discouraged from sharing the prices they get among themselves, thus fuelling the prices of medicines. The Maltese presidency will spearhead the setting-up of joint regional procurement mechanisms according to countries' GDP. The will follow on the steps of the Benelux countries which have already started such an initiative.

The third theme concerns cross-border training for doctors. The Maltese presidency aims to launch a structured, Erasmus-like post-graduate training for doctors, which is currently non-existent. This March, during the Maltese Presidency, the Commission will launch the European Reference Networks [ERNs], which are possibly a step towards this direction.

Logically, numerous meetings are being held in Malta during these 6 months, including *Childhood Obesity: halting the rise* [23-24 February], a technical workshop on collaborative procurement strategies, structured cooperation, rare diseases and ERNs [1-2 March], a *Ministerial Conference on Developing Medicines for Rare Diseases* [21 March] and the *eHealth week* [9-12 May].

Pan Ellul



Cover: In the 18th century, corsair ships were only allowed to leave the Maltese harbour if they had a doctor on board. This doctor was responsible for the provision of the medicine box on board the ship. In fact, one finds this particular condition specifically written in every enrolment agreement. A medicine box used on board a frigate commanded by Captain Leopoldo Desira in 1778 included the following items:

- 'Oglio di Thermentina' - Turpentine oil
- 'Succo di Liquerizia' - Liqueurish roots
- 'Fiori di Malva' - Malva/Mallow Flowers
- 'Fiori di Sambuca' - Elderberry Flowers
- 'Sal di Saturno' - Type of Mercury
- 'Chinachina' - Citrus Myrtifolia
- 'Pomata Saturina' - Type of Mercury
- 'Estrato di Saturno' - Type of Mercury

Photo Credit: Liam Gauci, Curator, Malta Maritime Museum

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