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Growing calls for a Directorate-General on Health in the EU

Even though there is no specific directorate for health in the European Union, health services have been affected in many ways by European legislation including harmonisation of private health insurance and pharmaceutical supplies, movement of health professionals and patients(1). Public health is mentioned specifically in Article 129 of the 1991 Maastricht Treaty. Concern about the fragmented responsibility for health with 13 out of the 24 Directorate Generals having responsibility for some aspect of health policy contributed to the decision in June 1997 to revise Article 129. Revision was undertaken during the Dutch presidency and the new Article is within The Treaty of Amsterdam. One significant feature of the new Article 129 is the strengthening of the earlier provision that Community policies and activities should contribute to health protection, to requiring that it be incorporated in all legislation from its inception. However, following this through in practice may still be problematic because there is no-one specifically responsible for leading the process within the Commission. To-date, many aspects with public health significance are taken forward under European responsibility for social protection. A good example is provided by a recent Commission report(2). This report emphasised the need "to improve efficiency, cost-effectiveness and quality of health systems so that they can meet the growing demands arising from the ageing population and other factors". Three actions were proposed: assessment of the potential impact of prevention on reduction in health care costs; clarification of whether and how introduction of market forces within health care systems can help save costs while fostering better quality of services; and ensuring access for all to health care. The Commission is expected to bring together work carried out in the Member States on the efficiency and cost-effectiveness of health care systems, and access "which initiatives can be taken at Community level to assist Member States in reducing costs while maximising health gains". Many influential voices continue to lobby for a Directorate-General on health that could develop strategies and policies and co-ordinate the many, sometimes conflicting, EU policies that relate to health. Those wishing to read more can find aspects of the debate and issues highlighted in the published papers listed at the end of the Newspage(3,4).

European Funding for Research

The Fifth Framework Programme of the European Commission will fund research in four distinct themes. **Theme 1:** Improving the qualify of life and management of living resources (2,239 MECUs). **Theme 2:** Creating a user-friendly information society (3,363 MECUs). **Theme 3:** Promoting competitive and sustainable growth (2,389 MECUs). **Theme 4:** Energy, environment and sustainable development - Environment and sustainable development (1,044 MECUs); Energy (1004 MECUs). The first theme is the one most likely to be of interest to EADPH members. This theme identified a number of "key actions" namely: (i) Food, nutrition and health (ii) Control of infectious diseases (iii) The "Cell Factory" (iv) Environment and health (v) Sustainable agriculture and forestry including integrated development of rural areas (vi) The ageing population.

The Action on Environment and Health includes as a priority: multi-disciplinary approaches for achieving a better understanding of the interaction between the social and physical environment and health, including diseases and allergies; epidemiological studies and pathogenesis research; the development of new methods of diagnosis, risk assessment and prevention; the development of processes to identify and, where possible, reduce causes and harmful health effects. Other opportunities may be found in the action on Ageing Population which includes: research into age related illnesses and health problems of high morbidity where there is a real prospect for significant prevention, treatment or delay in onset; research into effective and

efficient delivery of health and social care services to older people, including comparative research on the financing of long term care and pensions.

If your research idea does not easily fit into any of these "key actions" then you may submit under the section on research activities of a generic nature. This section specifically cites Public Health and Health Services Research as well as Biomedical Ethics and Bioethics as areas of interest. The EU will be giving at least 14,000 million ECUs to research under this Framework Programme. Projects which address issues relating to social objectives such as promoting the quality of life and health and which have a European dimension, stand an excellent chance of securing some of this funding.

European Training Consortium in Public Health

The European Training Consortium in Public Health (ETC-PH) started in 1990 after a workshop organised by the Nordic School of Public Health considering "Lifestyle and Health". This original workshop arose from an initiative by the World Health Organisation, Regional Office for Europe in 1987 as part of a joint project with the Association of Schools of Public Health in the European Region (ASPHER) to investigate the possibilities of developing a European public health training programme. The ETC-PH is formed by seven public health schools and institutions in Valencia, Göteborg, Liverpool, Zagreb, Prague, Cagliari and Wageningen. The Consortium organise a summer training course each year in July with the aims of improving public health practice, knowledge and skills, sharing experience between countries within Europe; to enable participants to understand and put into practice the philosophy of European Health For All Strategy in a pan European context, with a special emphasis on developing strategies for health. The next Summer School is to be in Wageningen, the Netherlands 12-31 July 1998 considering Participatory Methods in Health Promotion. Further details can be obtained from Debbi Stanistreet, Department of Public Health, University of Liverpool, UK. Tel: +44 151 794 5583 e-mail debbi@liv.ac.uk

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Restrictions on the use of amalgam in Europe

At the end of April this year the Departments of Health in the UK sent new advice on the use of amalgam to general dental practitioners. This included that it is prudent to avoid the use of amalgam during pregnancy. The advice was precautionary pending further research and much of the background to this concern was well described in the Editorial written by Dr. Eeva Widström, Secretary of EADPH published in this journal in the September 1997 issue. She has provided the Newspage with an up-date on the situation in some of the other countries in Europe. In Finland, use of amalgam has been reducing for some time reflecting the improved health of the younger generation and the reduction of need for fillings in these age groups. In 1996, only about 7% of fillings provided by private practitioners in Finland for women aged 20 to 40 years were amalgam. Although, there is still no clear scientific evidence showing the use of amalgam is hazardous to patients, the health authorities in Sweden and Norway recommended in the late 1980s that no major amalgam therapy should be used when treating pregnant women. Denmark and Finland have not specifically highlighted pregnancy, although there are general recommendations to reduce the use of amalgam. In Germany and Austria, recommendations are in place to reduce the use of amalgam in young children, pregnant women, and in individuals with kidney disease. These recommendations are consistent with the uncertain evidence of possible effects of dental amalgam. Most other European countries have neither recommendations nor restrictions on the use of amalgam. However, from an environmental aspect, it is important to encourage the introduction and evaluation of new technologies in clinical dentistry.

EADPH Second Congress : Santander, September 25-26, 1998

Over 200 abstracts have been submitted for the Second Annual Congress in September. This is an excellent response and augers well for the meeting. Following the EADPH Programme Committee meeting in early June, authors will be issued with further details regarding their presentations. Those attending the meeting will be able to use the opportunity to further personal links with others involved in similar work across Europe and to identify partners to go forward for collaborative European projects.

Contributions to the Newspage are always welcome. Send a note to keep us up to-date with issues in your country. All contributions should be sent to Kathryn Neville at Oral Health Services Research Centre, University Dental School, Wilton, Cork, Ireland. Email at k.neville@ucc.ie or Fax: + 353 21 545391.

Kathryn Neville and Cynthia Pine.

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2. "Modernising and improving social protection in the European Union.COM{97}102 final. Communication from the Commission, 12.03.1997 Brussels. Commission of the European Communities.
3. Stein, H. The Treaty of Amsterdam & Article 129: a second chance for public health in Europe. Eurohealth 1997; 3: 4-6.
4. Sheldon, T. Dutch presidency has seen a quiet revolution in public health. BMJ 1997; 314:1713.