

## Tackling Climate Change for Health

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### **Europe's public health services would reap major benefits from an ambitious policy to tackle climate change, according to a new report by two health and environmental non-governmental organisations.**

As European governments prepare to draw up their negotiating stance for the next round of global climate change talks in Cancun in December, the Health and Environment Alliance (HEAL) and Health Care Without Harm Europe (HCWH Europe) argue that the European Union should aim to reduce greenhouse gas emissions by 30% instead of the 20% now on the table.

Génon Jensen, HEAL's executive director, says: "This study provides conclusive evidence that cleaner energy and cleaner air, associated with an immediate move to 30% domestic cuts in greenhouse gases by 2020, would go a long way to paying for itself in better health in Europe."

By increasing its overall target, the Union would make annual health savings of up to 30.5 billion euro by 2020, they forecast, in addition to the 52 billion euro health gains anticipated from the existing 20% target.

The calculation of health benefits from cleaner air takes account of anticipated improvements in life expectancy, respiratory and cardiac health, reductions in hospital admissions and fewer days of restricted activity due to respiratory health problems.

More specifically, the report (Acting now for better health: a 30% target for EU climate policy) points to 140,000 additional years of life, three million fewer lost working days per year, 1.2 million fewer days of respiratory medication use by adults and children, 142,000 fewer consultations for upper respiratory symptoms and asthma each year and 3,776 fewer hospital admissions for respiratory and cardiac conditions.

Germany, for instance, would have 1,010 fewer hospital admissions per year. There would be similar reductions in other countries: Belgium (114), France (432), Italy (420), Netherlands (136), Poland (501), Spain (108) and the UK (113).

The research provides for the first time a breakdown of projected health savings by country if EU governments commit themselves to the 30% target. The biggest beneficiary would be Germany (up to 8.1 billion euro a year). Poland, France and Italy would be the next highest beneficiaries and Belgium, Spain and the UK would make health savings of up to 900 million euro annually.

The authors note that their analysis, by covering the cost of both deaths and ill-health, which include hospital, consultation and medication expenditure and restricted activity due to heart and lung conditions, goes further than recent findings from the European Commission. The EU executive's calculations had focused on the health benefits on the basis of increased mortality from exposure to air pollution alone.

Indeed, the two NGOs suggest that the real health benefits could be even higher than they predict since as greenhouse gas emissions fall, so too do other air pollutants. These co-benefits, would be in addition to the obvious health advantages to be gained by reducing the phenomena associated with climate change such as heat waves, flooding and the spread of infectious diseases.

### **Cross-Border Reimbursement Clarifications**

Meanwhile, pan-European legislation clarifying the conditions under which patients may be reimbursed for healthcare they receive in another EU country has moved a significant step closer to its final adoption. In mid-September, EU governments formally set out their proposals which are roadmap to top quality to strike a balance between an individual's right to cross-border healthcare and the ability of national authorities to organise their own healthcare systems.

As a general principle, patients may be treated abroad and reimbursed up to the level they would have received for the same or similar treatment in their national health system. However, a government may limit application of the reimbursement rules if it believes overriding interests of general interest exist, such as the danger of seriously undermining the balance of its social security system.

National authorities would also be able to manage the outward flow of patients by requiring prior authorisation for healthcare which involves overnight hospital accommodation, or highly specialised and cost-intensive medical procedures or gives rise to concerns over the quality and safety of the care.

Similarly, countries receiving incoming patients would be able to take measures to ensure that their health facilities are not overwhelmed by the extra demand to the detriment of their own nationals. At the same time, they would be responsible for establishing national contact points to provide patients from other countries with the necessary information on safety and quality standards to enable them to make an informed choice.

The draft legislation now passes to the European Parliament which is likely to introduce further amendments this autumn.

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