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European Parliament Fact Sheets

4.10.3. Public health

LEGAL BASIS AND OBJECTIVES

Historically, EU health policy originated from health and safety provisions, and later developed as a result of free movement of people and goods in the internal market which required coordination in public health. In harmonising measures to create the internal market, a high level of protection formed the basis for proposals in the field of health and safety.

Various factors, including the BSE crisis towards the end of the century put health and consumer protection high on the political agenda. As a result, DGXXIV (renamed SANCO) was considerably reinforced.

The ECT, whilst not introducing an EU health policy, nonetheless takes a number of steps in that direction. Art. 152 stipulates that: "a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities" and includes:

"by way of derogation from art. 37" (CAP) "measures in the veterinary and phytosanitary fields which have as their direct objective the protection of human health." These measures, plus measures concerned with human blood and organ quality and incentive measures designed to protect and improve human health, are subject to qualified majority voting in the Council.

ACHIEVEMENTS

Early development

Despite the absence of a clear legal basis, public health policy had developed in several areas prior to the current Treaty. These included:

medicines. Legislation introduced since 1965 has sought: high standards in medicine research and manufacturing; harmonisation of national drug licensing procedures; rules on advertising, labelling and distribution; research. Medical and public health research programmes date back to 1978, on subjects such as age, environment and life-style related health problems, radiation risks, and human genome analysis, with special focus on major diseases; mutual assistance. In case of disaster, and extremely serious illness.

The emergence of drug addiction, cancer, and AIDS (among others) as major health issues, coupled with the increasingly free movement of patients and health professionals within the EU, pushed public health ever further onto the EU agenda. Major initiatives launched included the

1987 'Europe against Cancer' and the 1991 'Europe against AIDS' programmes. In addition, several key resolutions were adopted by the Council's health ministers on health policy, health and the environment, and monitoring and surveillance of communicable diseases.

Developments after the Maastricht Treaty In November 1993, the Commission published its 'Communication on the framework for action in the field of public health' which identified eight areas for action.

1. Health promotion

The programme of Community action focused on promoting healthy lifestyles and behaviour, particularly in the areas of nutrition, alcohol consumption, tobacco and drugs, medicines and medication.

2. Health monitoring

This programme based on cooperation is less than that proposed by Parliament, which wanted a specific budget and much tighter specifications for an EU, as opposed to member-state programme, including a centre for data collection.

3. Cancer

The current 'Europe against Cancer' programme ran until end 2002. New areas of activity include epidemiological studies to measure the impact of cancer on the population, and research collaboration and dissemination. In recognition of the strong link between cancer and lifestyles, a special part of the plan is dedicated to alcohol consumption, diet, and most importantly, tobacco smoking, both active and passive. This runs in conjunction with existing EU legislation on tobacco, which includes:

Council Resolution on banning of smoking in public places (1989); two Directives on labelling of tobacco products, with obligatory health warnings as well as tar and nicotine yields, and also banning oral tobacco products (1989, 1992) and the Directive on the maximum tar yield of cigarettes (1990).

agreement was reached by the Council and Parliament on the text of a new directive to replace 98/43 (which was the object of a successful legal

challenge) on the advertising and sponsorship of tobacco products.

Together with the directive on television advertising of tobacco products, this directive will ban the advertising and sponsorship of tobacco products in the EU.

4. Drugs

The only major scourge to be specifically mentioned in the TEU, and recognised in the Commission's Communication as a multi-faceted problem linked to social exclusion and unemployment. The EU set up the European Committee to Combat Drugs (CELAD) in 1990, and the European Monitoring Centre for Drugs and Drug Addiction (based in Lisbon) in 1995. The EU has also signed the UN Convention against illicit traffic in narcotics, as well as developing bilateral contacts with producer countries.

5. AIDS and communicable diseases

The current programme comprises information, education and preventive measures to combat AIDS and other related communicable diseases.

Emphasis is also placed on collaborative research, international cooperation, and information pooling. The Commission has also proposed the creation of a network for the epidemiological surveillance and control of AIDS and other communicable diseases such as Creutefeld - Jakob.

6. Injury prevention

The programme focuses on home and leisure accidents and targets children, adolescents and older people. Activities are complementary to those pursued in other fields such as consumer protection, transport civil protection and the Ehlass programme.

7. Pollution-related diseases

Many of the provisions of the fifth environmental action plan - on energy, transport, and agriculture - will have a significant indirect health impact. The pollution-related diseases programme concentrates on the improvement of data and risk perception as well as disease-specific actions for respiratory conditions and allergies.

8. Rare diseases

This programme targets those diseases with a prevalence rate of less than five people per 10 000 EU population. It is intended to create an EU database and information exchange to improve early detection and to identify possible "clusters" as well as encouraging the setting up of support groups.

Other Activities

Activities outside the eight programmes included tobacco control, surveillance and control of communicable diseases, safety of blood and blood products and various reports and studies.

Recent developments

Evaluation of the current programmes

The eight programmes carried out between 1996 and 2002 were evaluated during 2003. During their lifetime the overall design of the programmes was criticised as limited in effectiveness because of the dilution caused by its disease-by-disease approach. Calls were made for a more horizontal, inter-disciplinary approach concentrating on areas where EU action could produce "added value".

The new programme 2003-2009

In May 2000 the Commission put forward its proposal for a new programme to replace the existing 8 programmes by a single integrated horizontal scheme. The long co-decision procedure for the proposal ended successfully and the final Decision was published in October 2002 to come into effect on 1 January 2003 and to run for six years with a budget of €312m. The new programme will focus on key priorities where a real difference can be made. It focuses on three strands of action:

Mutual exchange of information

Knowledge about people's health, health interventions and health system functioning. The inclusion of health system comparisons is a new element here, since this was always considered as a purely national matter. In terms of organisation it still is, but systems have much to learn from each other and Court of Justice decisions regarding the ability of citizens to seek medical help in other Member States have increased the importance of this aspect as has the fact that EU Member States face the same kinds of problems with respect to provision of health services to an increasingly aged population.

Strengthening rapid response capacity

The rapid response capacity in the EU for coordinated reactions to major threats to health is now seen as essential, especially in the light of bio-terrorist threat and worldwide epidemics easily transmissible in these days of rapid worldwide transport.

Targeting actions to promote health and disease prevention This is to be undertaken by tackling the key underlying causes of ill-health relating to personal lifestyles and economic and environmental factors. This will entail in particular closely working with other EU policy areas such as environment, transport agriculture and economic development.

In addition it will mean closer consultation with all interested parties and greater openness and transparency in decision-making. A key initiative in this is the setting up of an EU Health Forum as a consultative mechanism.

Provisions have been made for structural arrangements, establishing a new programme committee and strengthening the Commission's coordinating and technical capabilities by the externalising of some functions, possibly by the creation of an Executive Agency for certain functions, once a Regulation for the establishment of such agencies is adopted.

In addition to projects to projects on specific areas of the three policy strands there will be cross-cutting projects involving elements of all three. Projects will be much more clearly linked to policy development needs and will be larger than in the past to ensure added value at EU level and a measurable and sustainable contribution to public health. Some projects will involve all member states including accession countries, whose inclusion in the programme from an early stage is regarded as essential.

ROLE OF THE EUROPEAN PARLIAMENT

Parliament has consistently promoted the establishment of a coherent public health policy. It has also actively sought to strengthen and promote health policy through numerous opinions and own-initiative reports on issues including:

radiation protection for patients undergoing medical treatment or diagnosis; respect for life and care of the terminally ill; a European charter for children in hospital; research in biotechnology including organ transplants and surrogate motherhood; safety and self-sufficiency in the EU's supply of blood for transfusion and other medical purposes; hormones; drugs; tobacco and smoking; breast cancer and women's health in particular; ionising radiation; EU health card: a European health card incorporating a microchip containing essential medical data which could be read by any doctor; BSE and its aftermath and food safety and health risks; biotechnology and its medical implications; the rights of patients to seek medical assistance and care in other Member States.

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