

COM-5/022

Brussels, 5 January 2001

**OPINION**

of the Committee of the Regions

of 13 December 2000

on the

**Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the health strategy of the European Community and the Proposal for a Decision of the European Parliament and of the Council adopting a programme of Community action in the field of public health (2001-2006)**

(COM(2000) 285 final - 2000/0119 (COD))

**The Committee of the Regions,**

HAVING REGARD TO the Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the health strategy of the European Community; and the Commission proposal for a Decision of the European Parliament and of the Council adopting a programme of Community action in the field of public health (2001 - 2006) (COM(2000) 285 final - 2000/0119 (COD));

HAVING REGARD TO the proposal for a Decision of the European Parliament and of the Council extending certain programmes of Community action in the field of public health (COM(2000) 448 final - 2000/0192 (COD));

HAVING REGARD TO its Bureau's decision of 13 June 2000 to instruct Commission 5 for Social Policy, Public Health, Consumer Protection, Research and Tourism to prepare the Committee's work on the subject;

HAVING REGARD TO its opinion on the Communication from the Commission on the development of public health policy in the European Community (COM(98) 230 final) (CdR 156/98 fin<sup>1</sup>) adopted at the plenary session of 18-19 November 1998 (rapporteur: **Ian S. Hudghton**);

HAVING REGARD TO its opinion on the Role of the local and regional authorities in the reform of European public health systems (CdR 416/99 fin<sup>2</sup>) adopted at the plenary session of 12-13 April 2000 (rapporteur: **Tilman Tögel** (DE/PSE));

HAVING REGARD TO its draft opinion (CdR 236/2000 rev. 2) adopted by Commission 5 on 23 October 2000 (rapporteurs: **Roger Kaliff** (SV/PSE) and **Bente Nielsen** (DK/PSE))

**adopted the following opinion unanimously at its 36th plenary session on 13-14 December 2000 (meeting of 13 December):**

## **Introduction**

The Committee of the Regions welcomes the Commission proposal on a health strategy and a programme of Community action in the field of public health. The Committee of the Regions believes that the EU must launch a public health offensive, based on the proposal for a health strategy. The Committee of the Regions looks positively on the Commission's drive for greater coordination and continuity in Community policy in the field of public health, in order to achieve the objectives laid down in Article 3 (p) of the EC Treaty, and in implementation of the new Article 152. The Committee is particularly pleased to see that the Commission places great emphasis on the need for a high level of health protection within the Community.

## **Committee of the Regions' views and recommendations**

### **General**

1. The Committee of the Regions would point out that the proposed health strategy must not lead to a widening of EU competence to include health and medical care. A clear line must be drawn between Community and Member State responsibilities. Any moves towards harmonisation must be ruled out, and Member States must have sole competence for managing health and medical care, using their own organisational and funding systems. The subsidiarity principle must be respected and any Community level measures must bring clear value added to Member State action.
2. The Committee of the Regions would stress the importance of cross-border cooperation between regions, municipalities, towns and Member States. It is extremely important that the EU should use new support structures and practical initiatives to help encourage cross-border cooperation. This would promote development within the Community and in the field of health. The Committee of the Regions' comments regarding future decisions affecting local and regional authority competence in health matters should, in particular, be taken on board.
3. The conditions for good health are created at grassroots level. In many Member States local and regional authorities (hereafter "regions") are responsible for public health issues and health and medical policy. The Committee of the Regions and the regions responsible for these policy areas wish to participate in and contribute to the development drive, and must be guaranteed a say in Community health policy. The Committee of the Regions assumes that it will be involved in the implementation of the health strategy, e.g. in choosing indicators and in the planned health strategy evaluation. It also takes for granted that the committee which is to assist the Commission will include representatives of the local and regional level.

### **The health strategy**

4. The Committee of the Regions would stress that health discrepancies within the population are amongst the biggest challenges facing many of the Member States and the Community. This will most probably become even clearer when the applicant countries join the Community. While the proposed health strategy is indeed comprehensive and ambitious, it would nevertheless benefit from greater clarity of focus. The Committee of the Regions

would therefore suggest that the Commission should focus on health imbalances and hammer out a broad strategy objective. This could be worded as follows: “The overall objective should be to reduce health risks and health discrepancies in the European Union. Health standards in the various countries and population groups should ultimately approach the best in the EU.” The Treaty must clearly be respected when the objective is followed up and achieved.

5. The consequences of enlargement and increased internationalisation will be significant in the Europe of the future, and the health strategy must make this clear. Health standards in the applicant countries and in many countries bordering the EU are lower. Per capita expenditure on health is lower, as is the average age. This could affect health standards in the Community, and an investigation should be launched into how the EU and the applicant countries themselves can improve health standards in those countries. In addition to the approximation criteria, attention should focus on solving the public health problems of the applicant countries.
6. Cooperation with international organisations such as the WHO, OECD, etc., should be intensified. It is important that Community measures should complement rather than overlap with the WHO’s work.

7.1 The Committee of the Regions welcomes the proposal’s focus on the impact of different policy areas on public health. The EU is the common body in Europe which has the competence and ability to impact on a range of health determinants. The Community remit to ensure a high level of health protection in different policy areas is of major importance. This applies in particular to Community policies which have a clear impact on public health, e.g. agricultural policy, employment policy, introduction of the single currency and the eastward expansion of the Community. Other important policy areas are education, mobility, the working environment and consumer policy.

7.2 It is essential that health impact assessment (HIA) models be developed for use in the EU decision-making process.

7.3 Initially, it would be worthwhile introducing HIA models in some areas of agricultural policy. It is not just agricultural policy models which need to be examined - employment policy should also come under the spotlight. Attention should be paid to possible ways of promoting the provision of training for healthcare professionals on an inter-regional basis and promoting mobility of these professionals between regions. As the age of the population rises, the need for public health increases.

8. The Committee of the Regions believes that the opportunities for informed discussion afforded by the European Health Forum can provide value added for European public health. This will require democratic input from both the national and the regional level, together with viable rules. It is important to create a forum for mutual discussion and exchanges of experience - along the lines of the existing Social Forum and the Consumer Policy Forum - rather than a policy or legislative instrument. The European Health Forum Gastein, which brings national, regional and local representatives together with doctors and other health professionals, has been a positive experience.

### **The public health programme**

9.1 The Committee of the Regions believes that previous public health programmes should be extended until the new one enters into force.

9.2 The Committee of the Regions also believes that specific funds should be allocated for the applicant countries, which have special needs, in order to enable the applicant states to work with public health problems in their countries.

10.1 The Committee of the Regions believes that information technology is of considerable importance in the area of public health, and calls on the Commission to take account of the impact of IT on public health operating models and structures. Quick access to the latest disease prevention measures is of great significance. IT can be particularly beneficial in sparsely populated areas where distances are considerable.

10.2 The Committee of the Regions believes it is important to be able to learn from each other and to have access to quality, comparable data. With regard to the drive to establish a health monitoring system, attention must be paid to ensuring that it is the level of health protection which is assessed, and not the health system itself. It is the sole responsibility of the Member States to draw conclusions from comparative data, and to implement measures.

10.3 The Committee of the Regions recommends setting up an information system in conjunction with other players in the field. Collation and comparison of healthcare data is already carried out by the OECD and the WHO, whose systems the EU could build on. The case for a stand-alone EU system must be investigated thoroughly, and there must be clear benefits in terms of value added.

10.4 Any EU health data system must be designed in such a way as to protect personal integrity.

11. The Committee of the Regions looks positively on generation of knowledge and exchanges of experience in the field of medicines. Common rules for marketing and public information are desirable. Since prescription and consumer patterns differ from country to country, it is important that information systems should reflect national circumstances.

12. The Committee of the Regions feels that the proposed programme priorities should be more clearly defined, and that mental health issues should be addressed in greater depth.

12.1 The Committee of the Regions believes that Objective 1 of the proposed programme, "Improving health information and knowledge", should focus more clearly on important indicators for health promotion and prevention of disease. Working to achieve good health is a major priority. This responsibility should not be diluted by making medical care an EU competence.

12.2 The Committee of the Regions endorses the measures proposed under Objective 2, "Responding rapidly to health threats", since this is an important part of the Commission's work, and it stresses the EU's coordinating role in this area.

12.3 The Committee of the Regions believes that Objective 3, "Addressing health determinants", should be a priority issue in order to ensure there is sufficient Community interest in, and scope for, long-term public health issues at Community level. It is particularly important to intervene in health issues in the applicant countries. The Objective needs to be outlined clearly and new priorities must be established. For example, of the total EUR 287 million allocated for the programme, only EUR 6 million has been earmarked to address health risks from tobacco, EUR 7 million for nutritional determinants, and EUR 3 million for physical activity; these are all key health determinants.

13. Moreover, the Committee of the Regions suggests that, in order to promote health in the future Europe, the Commission should:

- produce a European report on "Investing in Health in Europe", similar to the World Bank report, in order to analyse the cost of ill-health in socio-economic terms, and the benefits of investing in health;

- produce regular reports on expected health trends in order to counter new threats to public health in the Community and in the applicant countries;
- launch an ethical discussion on basic evaluation in the field of health, given that different policy areas have repercussions for health and that the Community has many diverse health initiatives;
- to stimulate actively the education of healthcare personnel to European standards and to promote the mobility of healthcare personnel between European regions.

Brussels, 13 December 2000

The President

The Secretary-General

of the

of the

Committee of the Regions

Committee of the Regions

**Jos Chabert**

**Vincenzo Falcone**

<sup>1</sup> OJ C 51 of 22 February 1999, p. 53

<sup>2</sup> OJ C 226 of 8 August 2000, p. 79

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