

EUROPEAN UNION



Committee of the Regions

**ECOS-046**

Brussels, 23 February 2006

**OPINION**

of the

Committee of the Regions

of 16 February 2006

on the

**Communication from the Commission to the Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions:**

**Healthier, safer, more confident citizens: a health and consumer protection strategy**

**Proposal for a Decision of the European Parliament and of the Council establishing a programme of Community action in the field of health and consumer protection 2007-2013**

COM(2005) 115 final – 2005/0042 (COD)

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THE COMMITTEE OF THE REGIONS,

**Having regard to** the Communication from the Commission: *Healthier, safer, more confident citizens: a health and consumer protection strategy* and the Proposal for a Decision of the European Parliament and of the Council establishing a *programme of Community action in the field of health and consumer protection 2007-2013*, COM(2005) 115 final - 2005/0042 (COD);

**Having regard to** the Council's decision of 2 June 2005 to consult it on this subject, under the first paragraph of Articles 265 and 152 of the Treaty establishing the European Community;

**Having regard to** its Bureau's decision of 12 April 2005 to instruct its Commission for Economic and Social Policy to draw up an opinion on this subject;

**Having regard to** its opinion on the Communication from the Commission: *Follow-up to the high level reflection process on patient mobility and healthcare developments in the European Union* and the Communication from the Commission: *Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the "open method of coordination"* COM(2004) 301 final and COM(2004) 304 final (CdR 153/2004 fin)<sup>1</sup>;

**Having regard to** its opinion on the Communication from the Commission on the *health strategy of the European Community* and the Commission's 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 (CdR 236/2000 fin)<sup>2</sup>;

**Having regard to** its opinion on the Communication from the Commission: *Strengthening the social dimension of the Lisbon strategy: Streamlining open coordination in the field of social protection* COM(2003) 261 final (CdR 224/2003 fin)<sup>3</sup>;

**Having regard to** its opinion on the Commission's *Proposal for a Directive of the European Parliament and of the Council on services in the internal market* COM(2004) 2 final (CdR 153/2004)<sup>4</sup>;

**Having regard to** the draft opinion CdR 149/2005 rev. 2 adopted on 28 November 2005 by its Commission for Economic and Social Policy (rapporteur: **Ms Bente Nielsen**, member of Århus County Council (DK-PES));

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1 OJ C 43, 18.2.2005, p. 22.

2 OJ C 144, 16.5 2001, p. 43.

3 OJ C 73, 23.3 2004, p. 51.

4 OJ C 43, 18.2 2005, p. 13.

**adopted the following opinion at its 63rd plenary session, held on 15 and 16 February 2006 (meeting of 16 February)**

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### **The Committee of the Regions**

- 1.1 **notes** that the Commission's communication *Healthier, safer, more confident citizens: a health and consumer protection strategy*, advocates bringing together health and consumer policy; this can generate a synergistic effect on knowledge-sharing, working methods and the more effective use of administrative resources;
- 1.2 **welcomes** the Commission's efforts to ensure that people have greater scope to make healthy choices and acquire healthier consumer habits. The Commission communication highlights the tremendous importance of health both for individual well-being and for achieving the Lisbon strategy objectives, as better health makes for a more productive Europe and helps increase labour force participation and promote sustainable growth. An internal market in goods and services that is responsive to consumer needs and wishes will further improve EU competitiveness;
- 1.3 **stresses** that health and consumer issues should also be taken into account in other areas of EU policy. To achieve the overall objectives in the fields of health and consumer protection, there must be more coordination of political processes in other areas, such as employment and agriculture. It is, for instance, inappropriate that the EU should be continuing to subsidise the consumption of unhealthy foods as for example high-fat dairy products or, in the 2005 Community budget to support the tobacco industry to the tune of EUR 916 million, substantially more than the EUR 14.4 million it is spending on support for tobacco control. The CoR is therefore pleased that aid for the tobacco industry is to be phased out completely by 2010;
- 1.4 **supports** the call for the establishment of a minimum set of rights, on a horizontal basis, that all consumers will have when using services of general interest (e.g. gas and electricity, postal services, telecommunications, water) whether at national or cross-border level, based on the principle of universal service provision (i.e. universal access for services of general interest that are essential for participation in modern society). This is an area in which the universal service principle should remain supreme, and which must meet consumer expectations with regard to access, security, reliability, price, quality, and choice;
- 1.5 **considers** that there is a need to continue to observe the impact of the internal market on the health service and consumer habits in the Member States. The interplay between Community rules and national health and consumer protection policies should be examined when

implementing the Treaty objectives of a high level of health and consumer protection through Community initiatives;

- 1.6 **pleads** for a stronger consideration of consumer interests in the EU's competition policy taking into consideration the relationship between consumer protection and competition policy set out in Articles 81 and 82 of the EC Treaty, which state that the aim of the competition rules applying to undertakings is to protect competition on the market as a means of enhancing consumer welfare;
- 1.7 **believes** that Community initiatives should be assessed for their impact on public health. Such assessments should examine how decisions taken affect the health of the population and not only look at how the various measures affect the organisation and orientation of the health service. They should also consider the impact of EU measures on the underlying values of the health service in the individual Member States. It is important to bear in mind that the impact of a Community initiative may vary from one Member State to another;
- 1.8 **feels** that steps should be taken to ensure democratic and transparent decision-taking and responsibility in the field of consumer affairs. It is particularly important to ensure that the foodstuffs industry takes environmental and public health issues on board and provides fresh and nutritious food for everyone, irrespective of their social and economic background;
- 1.9 **takes the view** that any linking of health and consumer policy must not result in food producers marketing their products directly as "healthy" or "recommended by doctors." Producers cannot be allowed to use the fear of disease either as a means to sell their goods or mislead consumers into thinking that certain foods can replace a healthy and balanced diet. It is therefore important for any European consumer policy to steer trends towards better health and healthier products and prevent consumer disinformation;
- 1.10 **stresses** that the legal bases of Community public health and consumer protection policies are completely different. According to Article 152 of the EC Treaty, in the field of public health "Community action (...) shall complement national policies". However, consumer policy, as set out in Article 153 of the EC Treaty, is largely subject to common approach, with a view to promoting consumers' rights and protecting their interests, in particular when this concerns the completion of the internal market. Invoking a shared legal basis for the two policies is therefore in contradiction with the subsidiarity principle.

EU consumer law must not be a conduit for specific rules or laws in the field of health, that interfere with the organisation and orientation of the health service in the individual Member States. However, bringing consumer protection policy into line with the strict complementarity and subsidiarity criteria that underpin public health policy could have an adverse effect on EU's own consumer protection powers;

- 1.11 **considers** therefore that, instead of talking about a strategy for "health and consumer protection", it would be more accurate of the Commission to refer only to "public health and consumer protection" throughout its communication as this would be in accordance with the EU competences laid down in Article 152;
- 1.12 **stresses** that linking health and consumer policy must not result in patients in the healthcare system being placed on the same footing as consumers on the market. The health service market differs in a number of substantive ways from the general consumer market, as is apparent in the uncertainties about healthcare requirements and the costs involved, the external impact of healthcare use and the information imbalance between providers and consumers/patients. At the same time, the desired objective is that people should enjoy equal access to health services – and equal opportunities – irrespective of social and economic background. It is essential that Member States retain scope to set priorities, act and intervene as appropriate;
- 1.13 **recommends** that the specific needs of health and consumer protection should continue to be catered for, despite their being brought together under a single, joint programme. That can be done by earmarking budgetary resources specifically for one policy area or the other. The Commission's programme details the precise breakdown of resources to be allocated for the 2007-2013 period. As far as possible, priorities should be adaptable to change as the programme develops, perhaps in conjunction with the planned evaluation after three years. That is in keeping with the programme's intention to draw on flexible action plans;
- 1.14 **acknowledges** that in certain areas of the health service greater coordination between the Member States through the open method of coordination appears desirable. This applies, for example, to patient mobility and the training and recruitment of health service staff;
- 1.15 **takes the view** that the prerequisites for good health are created right on people's doorsteps. The health service organisation is only one of many players. In a number of Member States, it is the regional and local authorities that are responsible for health services and the public health of their communities. The Committee of the Regions, and the regions and local authorities responsible in these areas, must therefore be given influence over the Community's global health strategy. Particular attention should be paid to the Committee of the Regions' views on decisions and initiatives that touch on local and regional authorities' healthcare remit and public health responsibilities. Regional and local authorities must, for instance, be involved in and have a say in implementing the initiatives to establish health indicators and benchmarking and public health strategies in areas such as involvement and influence, mental health, diet and nutrition and alcohol;
- 1.16 **stresses** that civil society must be called upon to take part in and contribute to the development work. Grassroots citizens must be guaranteed a say in Community policy on both health and consumer affairs. It is important to support specialist health and consumer protection networks, and give them an opportunity to make their views known at Community

level. This applies, for example, to consumer organisations, patients' associations and other networks of professional relevance;

- 1.17 **stresses** that the Commission must ensure that staff in the executive agency have the necessary skills to be able to implement and apply the Commission's programme, not only in the fields of health and consumer protection but at a cross-sectoral level as well;
- 1.18 **feels** that to meet the shared and prospective challenges of health and consumer protection, it is vitally important that particular attention be paid to the new Member States. Clear priority should be given to supporting the new Member States in promoting their healthcare and consumer interests in order to reduce the discrepancies and imbalances that exist on the health front within the Union and thus, gradually, to come within range of the top EU benchmark. For instance, it is unacceptable that average life expectancy, according to Eurostat, is significantly lower in the new Member States than in the old Member States;
- 1.19 **acknowledges** that, under the proposed Commission programme concerning the European Regional Development Fund for 2007-2013, money from the Structural Funds can be used for the improvement of public health. The CoR would observe here that these resources can only be used in the initial phase of public health-related projects, and not in their day-to-day management;
- 1.20 **feels** that to meet the shared and prospective challenges of health and consumer protection, it is vitally important that particular attention also be paid to the EU's neighbouring countries. Clear priority should be given to supporting these countries in promoting their healthcare and consumer interests in order to reduce the discrepancies and imbalances that exist on the health front across Europe and at its fringes;
- 1.21 **stresses** that bringing consumer protection and health care together under one roof can also help promote more equality *within* Member States, especially since social and economic differences often result in differences in health and consumer protection. Particular attention must be paid not only to inequalities between Member States, but within them as well. An increased focus on marginalised groups, such as those on low incomes, those suffering from obesity, and ethnic minorities, is of prime importance in achieving the overarching objective of equal opportunities for all. It is also important to underline the importance of the individual's own responsibility for his or her health. A health and consumer policy that encourages people to make healthy choices is a useful tool in efforts to stamp out lifestyle-related diseases. Research shows, that marginalised groups more often suffer from ill health and lifestyle-related diseases. Helping marginalised groups make healthy choices can alleviate social and economic inequalities;
- 1.22 **is of the view** that the information to be provided by the Commission must be of use to recipients. Ways must be found to skew awareness-raising campaigns to the desired target group. The plan is therefore to conduct interactive information and awareness-raising

campaigns rather than merely distribute the same information across the board. When spreading information on health and consumer protection, it could be particularly appropriate to target children and young people so as to counteract at an early stage bad consumer habits that may lead to bad health in the long term. Pre-schools, schools and voluntary organisations **can** have an important role to play in this regard;

- 1.23 **considers** that when conducting information campaigns, the Commission must give due regard to the prerogative of individual Member States to lay down the rules for rights and obligations relating to health care within their own social security systems and in line with the arrangements in place for the various different services and consumer rights;
- 1.24 **recommends** that information be provided wherever the public requests it, and that it should be followed up by competent advice and guidance in the individual Member States. Providing information to marginalised groups is a local and regional responsibility. Care must be taken to ensure that more vulnerable patient groups also have an opportunity to acquire information on health and consumer protection. Standardised documentation for all EU citizens would simply aggravate the inequalities between the different social and economic groups within the Member States, since investigations show that the better-off groups in society are more responsive to information campaigns than disadvantaged groups. It is important for the success of such campaigns that the local and regional level be involved in this work;
- 1.25 **urges** the Commission to keep abreast of developments in technology and communications when collecting data and planning awareness-raising campaigns. These are areas that are changing rapidly. It is essential to keep up to date in order to stay visible;
- 1.26 **notes** that, given that the agrifood market is to a large extent subject to imports from third countries, in which health and authenticity guarantees may be lower than those provided by European safety standards, consumers must be given clear, comprehensive information on the traceability of these products so that they can make an informed choice;
- 1.27 **is pleased** that the Commission is to focus on fewer, bigger and more visible awareness-raising campaigns. This also makes for more cost-effective operations. It is important that the joint secretariat is not assessed merely on the number of completed projects but also on the quality and ultimate impact of the projects pursued;
- 1.28 **urges** the Commission to support the development of networking for the exchange of experiences and dissemination of best practice. This is a key part of the open method of coordination. In that connection, it is important to involve the Committee of the Regions and to ensure that the regions and local authorities responsible for health services are given influence over the Community's global health strategy;
- 1.29 **stresses** that the Commission should maintain close contacts with the research community so as to maintain the reliability and impartiality of its information and prevention campaigns.

Member States may benefit considerably from structured, coordinated European-level cooperation geared to exchanging experience, sharing knowledge and promoting research into health and consumer-related developments, as the Committee also notes in its opinion on the seventh R&D framework programme (CdR 155/2005 fin). That must be done in close conjunction with the European framework programme for research;

- 1.30 **is of the view** that if Member States are to adopt best practice and compare standards – and thus also put in place the conditions needed to implement many of the proposed initiatives in the field of health and consumer protection – then it is of vital importance that they have access to reliable data and high-quality information. Joint databases and indicators should be established in conjunction with other players in the field and coordinated with the UN, the OECD, the Council of Europe and the WHO. It is up to the individual Member States to take action or launch new initiatives using the comparative data and information collected;
- 1.31 **is pleased** that there is to be a significant increase in budget resources compared with those for the two existing programmes. This sends out a clear signal that health and consumer protection are important both for the quality of life of individual EU citizens and for the competitiveness of the EU as a whole;
- 1.32 **notes** that the negotiations on the financial basis are not yet completed. The final budget is contingent on the ongoing negotiations on the EU's 2007-2013 financial perspective. The Committee of the Regions would like to see this area receive greater financial priority, as advocated in both the programme and the strategy.

Brussels, 16 February 2006.

The President  
of the  
Committee of the Regions

The Secretary-General  
of the  
Committee of the Regions

Michel Delebarre

Gerhard Stahl