

# EPHA Guide

# The EU and Health

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general document Commission food market  
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economic Programme Proposal  
education protection Innovation  
healthcare Consumer particular  
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**epha**  
european public health alliance

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# Foreword

*Peggy Maguire, EPHA President*



Health is one of these things in life that, many of us take for granted. It is only when we get sick that we realise the wonder of being healthy. A sound body and mind enable us to pursue what matters in life. A rewarding job, family, travelling, reading a book - **there are many ways to feel fulfilled as a person, but one pre-condition underpins them all: the absence of disease or infirmity.**

**If you were to ask Europe's 500 million people what they treasure most, a vast majority would rank health as their number one concern.**

The European Union (EU) plays an important role in setting the foundations that empower people to lead a healthy, fruitful life. **Whilst the 28 Member States retain autonomy over their national health policies, Brussels is able to set minimum standards** through a wide range of public health instruments. However, these tools, used to steer public health in Europe, are as numerous as they are intertwined.

**This guide is designed to equip the reader with two strong skills – the ability to understand the role of the EU in shaping public health across the continent; and the capacity to identify the various areas in which Brussels works to advance everyone's well-being.**

In 1995, EPHA published its first overview on [Public Health and the EU](#). Much has happened in these five years. In addition to the worst economic, financial and monetary crisis that the EU and the World have seen in the last 70 years, a sharp increase in the incidence of non-communicable diseases, such as cardio vascular disease, diabetes, cancer and chronic respiratory disease, has worsened health outcomes across the continent. Today, Europeans face a host of shifting challenges that directly impact on the way that public health is managed and overseen. **This guide is one of the most comprehensive compilation of the EU's Public Health strategies available today.**

The EU does a good job in communicating the vast amount of information that it generates. However, the sheer volume of legislation and the speed of the latest developments can make it difficult, even for experienced health professionals, to identify the elements which matter.

**The EPHA Secretariat, with nearly two decades of expertise in advocating for better health for everyone living in Europe, has created this handbook to ease the reader's journey into the EU's competences on public health;** its legislative basis, actors, policies, funding and key upcoming developments.

**This guide could be used as a one-stop resource manual on how the EU deals with public health in Europe. A gateway to help you to better make sense of the EU's capacity in framing public health across its 28 Member States.** This Guide provides a wealth of links so, whatever your area of interest is, you can further explore by visiting the right website page. Furthermore, we present, for each given area, the relevant papers produced by EPHA so you will not only be able to find out what Brussels does, but also what it should be doing better.



# Summary

The main aim of this guide is to [provide a comprehensive update on public health policies in the European Union](#). This paper includes an overview of the main actors, their role, as well as a synopsis of the main funding priorities. This guide also aims to support health actors in understanding how the EU works, which EU policies impact health, and the role of the EU in issuing health policies. In a nutshell, this guide is a [compilation of the most up-to-date information on public health](#) for the benefit of all.

## ⋮ A Guide made up of six sections

This guide's first section, [the Evolution of Public Health in the European Union](#), looks at how the concept of public health has evolved over the years and leading to the current understanding that public health refers to the health of people or communities, as opposed to individual health. This chapter also navigates through the benchmarks that have shaped the EU's policies on public health.

Since numerous EU policies have an impact, though limited, on public health across the EU's 27 Member States, this paper's second section, [EU Health actors](#), provides an overview of the EU institutions that design, approve and implement policy making related to public health in Europe.

The third section, [EU Health policies](#), looks at the EU actions (i.e. EU Health Strategy 2008-2013) that are closely related to health. It also deals with the way other EU policies impact on health, explaining why health actors need to challenge them. This section goes on to present a synopsis of the main areas covered by EU Health policies, presenting a comprehensive list of the key EU's instruments and initiatives that drive Brussels' public health legislations and recommendations.

The fourth section, [Health in all EU Policies](#), examines the importance of the health component in a broad range of EU policies. Economic governance, environment, and education are all intertwined areas which ultimate goal is advancing the well-being of everyone living in Europe. This chapter also explores the importance of the EU's internal market in shaping European policies and schemes promoting public health in the Union.

The fifth chapter, [EU Funding for Health](#), takes a deep look at the various tools that the European Commission has in place to finance programmes enhancing public health.

In the sixth and last section, [Next Steps](#), the paper provides an overview of the financing tools that will be used to enhance prospective public health instruments in Europe.

## What is EPHA?

The European Public Health Alliance (EPHA) is a change agent and Europe's leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe.

- **EPHA Mission** - To bring together the public health community to provide thought leadership and facilitate change; to build public health capacity to deliver equitable solutions to European public health challenges, to improve health and reduce health inequalities.
- **Vision** - A Europe with universal good health and well-being, where all have access to a sustainable and high quality health system. A Europe whose policies and practices contribute to health, both within and beyond its borders.
- **Values**
  - Equity & Solidarity
  - Sustainability & Universality
  - Diversity & Good governance

### ⋮ What does EPHA do?

- Monitors the policy making process within the European (EU) institutions and supports the flow of information on health promotion and public health policy developments among all interested players, including politicians, civil servants, NGOs, stakeholders and the public;
- Promotes greater awareness amongst European citizens and NGOs about policy developments and programme initiatives that have an effect on the health of those living in the EU, allowing them to contribute to the policy making process;
- Trains, mentors and supports NGOs and health actors to engage with the EU, particularly local organisations, those working with disadvantaged communities and in central and Eastern Europe;
- Participates in policy debates and stakeholder dialogues to raise the profile of health in all policy areas, supporting collaboration and partnerships between non-governmental organisations and other organisations active at European, national and local level on health promotion and public health.

## ⋮ EPHA Members

EPHA is composed of not-for-profit organisations working on all aspects of public health, made up of [public health NGOs](#), [patient groups](#), [health professionals](#), and [disease groups](#) working together to improve health and strengthen the voice of public health in Europe. Our member organisations cover the breadth and width of the public health spectrum, working on issues that range from alcohol and drugs, health promotion, health labour force, safety promotion, quality of life, intensive care, and natural medicine.

EPHA has got more than [94 members](#) from some 31 different countries from the wide European region.

[Click through to find out more about...](#)

- [EPHA Position Papers](#)
- [EPHA Briefings](#)
- [EPHA Letters and Statements](#)
- [EPHA Statutes & Internal Rules](#)
- [EPHA Bylaws](#)
- [EPHA Board](#)
- [EPHA 2011 accounts](#)

# 1. Evolution of public health in the European Union

The construction of Europe has been a dynamic process that is constantly changing. A number of European treaties were developed over the course of over 50 years. This chapter aims to describe the most important treaties influencing the history of public health in the EU.

## { 1.1 } What is public health?

Public health is considered to be about the health of people or communities, as opposed to individual health - it is everyone's responsibility.

The concept of public health is not unique and has changed over the years due to changes in the health status of the population and the determinants of health. This definition of public health is directly linked to the wider definition of health, found in the preamble of the constitution of the World Health Organization (1948), where health is referred to as "*a state of complete physical, mental and social well-being and not merely the absence of disease.*" This means that public health aims to create the right conditions in order to provide this state of health for the benefit of society.



Charles-Edward Amory Winslow (1877 – 1957)  
Source: Yale School of Public Health

One definition is considered to be the classic definition of public health. It was provided in 1920 by Charles Edward Winslow in the United States:

*"Public health is the science and art of preventing disease, prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organisation of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health". (Winslow, 1920)*

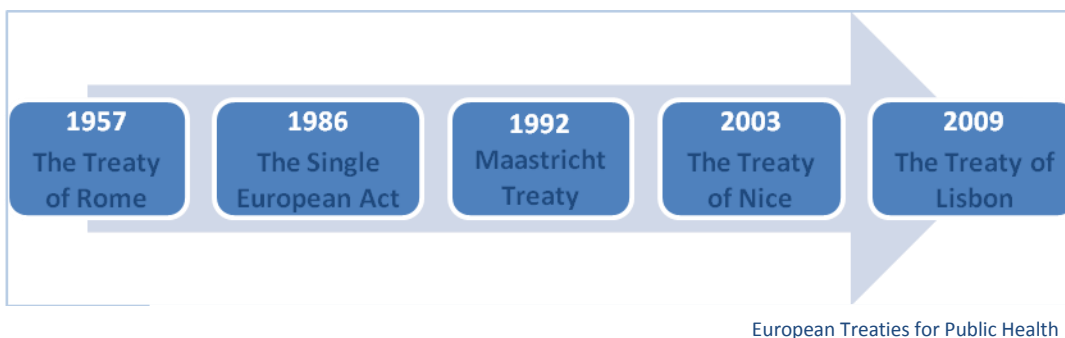
## { 1.2 }

### Historical background

Although there was no legal basis for European public health policy before 1992, there were nonetheless some activities in this area. Major initiatives include the EU programmes "Europe against cancer" and "Europe against AIDS", which started in 1987 and 1991 respectively. Further actions were developed in the late 1980s to combat drug abuse:

#### 1.2.1 Health framework (1993)

The Commission publishes a framework for action in the field of public health identifying eight priority areas for Community action: cancer, AIDS, health promotion education-training, drug dependence, health monitoring, rare diseases, pollution-related diseases, accidents and injuries. The Commission gives a commitment to producing regular reports on health across the full range of its activities and responsibilities.



#### 1.2.2 Treaty of European Union designated "Maastricht Treaty" (1992)

The Treaty of Maastricht was the first to devote an entire chapter to public health. Its [Article 129](#) endows the European Commission, for the first time, with a degree of legal competence in the area of public health protection. Essentially, it specifies the Community's role in the coordination of national health policies, limited to topics of general interest: disease prevention, health information and education. The treaty also describes the actions that the Community should focus on. Disease prevention looms large, and in particular the major health scourges, such as drug dependence. It promoted research into causes, the various forms of transmission, as well as health information and education.

The Community and Member States should also encourage cooperation with third countries and competent international organisations in the field of public health.

### Article 129 of the Treaty of Maastricht

*"The Community shall contribute towards ensuring a high level of human health protection by encouraging cooperation between the Member States and, if necessary, lending support to their action.*

*Community action shall be directed towards the prevention of diseases, in particular the major health scourges, including drug dependence, by promoting research into their causes and their transmission, as well as health information and education. Health protection requirements shall form a constituent part of the Community's other policies."*

### 1.2.3 Treaty of Amsterdam (1997)

The Amsterdam Treaty was signed in 1997 and became effective on May 1, 1999. Concerning health, this treaty has as its main objective to better capture the situation described in the EU Treaty, modifying the wording of [Article 152](#) (ex Article 129). This is to say that the legal authority on



*Treaty of Amsterdam – Family photo - Source: European Parliament*

public health has been strengthened to ensure that "a high level of health protection shall be ensured in the definition and implementation of all Community policies and actions."

Article 152 article extends on the one hand the scope of the policy related to public health, yet on the other maintains the subsidiarity principle for health. This means that the Union must respect the competences of the Member States for the organisation and delivery of their own health services and medical care. However, the EU has been granted a special right to legislate on blood, organs and tissues, e.g. safety and quality of blood, blood derivatives, human tissues and cells used in medical treatments. With this legal basis established, the EU could start shaping its EU Health policies.

#### § 1.2.4 § Health Directorate established (1999)

The new European Commission President, Romano Prodi, makes health protection a priority for the European Commission. The Directorate of Health and Consumer Protection is established and a dedicated European agency are presented as key objectives.

#### § 1.2.5 § The first European Health Strategy proposals (2000)

The European Commission publishes proposals for the development of a public health policy and the Public Health Programme, and it also adopts a Communication on the Health Strategy of the European Community (Communication on Health Strategy of the European Community- COM (2000) 285 final of 16 May 2000). It describes the Community's role in public health as follows: "... to complement (Member States') efforts, to add value to their actions and in particular to deal with issues that Member States cannot handle on their own."

EU action on health is based on three key principles: integration, sustainability and to focus on priority issues. It led to an integrated approach to health-related work at Community level, making health-related policy areas work together towards achieving health objectives.

#### § 1.2.6 § The Community Action Programme for Public Health 2003-2008 (2002)

The first Public Health Programme, prepared with a view to contributing to the achievement of a high level of health protection in Europe, focuses on health information, the Community's capacity to react to health threats, and the prevention of disease and illness. It replaced eight existing actions in the field of health.

The programme was based on three general objectives: health information, rapid reaction to health threats, and health promotion through addressing health determinants. Networks, coordinated responses, sharing of experience, training and dissemination of information and knowledge are interlinked and mutually reinforcing. The aim is to embody an integrated approach towards protecting and improving health. As part of this integrated approach, particular attention is paid to the creation of links with other Community programmes and actions. Health impact assessment of proposals under other Community policies and activities, such as research, internal market, agriculture or environment are used as a tool to ensure the consistency of the Community health strategy.

### 1.2.7: The Community Action Programme for Public Health 2008-2013

The second programme of Community action draws on the results of the previous one. Thus it remains primarily concerned with providing a high level of health protection and safety for European citizens. It aims to:

- **Improve citizens' health security.** In particular, to protect citizens against health threats and improve their safety.
- **Promote health, which involves reducing inequalities in this area.** In particular via actions on key health factors, measures on preventing major diseases and focusing on Community added-value action, increasing healthy life years and promoting healthy ageing, promoting and improving physical and mental health, and addressing the health effects of social and environmental determinants.
- **Generate and disseminate knowledge and information on the subject.** In particular to exchange knowledge and best practices on health issues, and to collect, analyse and disseminate health information.

[Click through to find out more about...](#)

 [EUROPA - Summaries of EU legislation](#)

## { 1.3 }

### The current legislative basis: EU 'Lisbon' Treaty and the Charter of Fundamental Rights

Currently Europe has two documents that provide legislation in the field of public health, namely the Lisbon Treaty and the Charter of Fundamental Rights of the European Union.

The Lisbon treaty entered into force on December 1, 2009. It was signed in 2007. It is known as a "reform treaty" for the European Union. Its objectives comprise **A more democratic and transparent Europe, A more efficient Europe, A Europe of rights and values, freedom, solidarity and security and Europe as an actor on the global stage.**

The treaty aims to improve the efficiency of decision making, strengthen democracy by assigning a greater role to the European Parliament and national parliaments, and increase external coherence by taking into account the interests of European citizens.

Several areas were reformed by this treaty, including public health. One of the major changes is the strengthening of a more participatory democracy. **Article 11** allows a



group of EU citizens to apply directly to the Commission and submit a proposal on a matter which they consider needs a legislative act.

Public health is addressed by [Article 168](#) of the Treaty on the Functioning of the European Union replacing Article 152. There are also several relevant changes both in terms of content and processes.

**Article 168 takes into account the following areas:**

- Ensuring a high level of **health protection**;
- Impacts on **improving public health**, disease prevention and obviating sources of danger to physical and mental health;
- Measures against major health scourges and **surveillance** and **alerts of serious threats to health** with a cross-border dimension;
- Measures of **quality and safety of organs** and substances of human origin;
- Measures of **quality and safety of medicines** and devices for medical use;
- Specific measures in the **fight against smoking and alcoholism**;

**Some examples of areas that may impact on health are:**

- **Agriculture and fisheries** (TITLE II: Articles 38 to 43);
- **Free movement of persons**, for example **Workers** (TITLE IV: Articles 40, 41, 45 & 55) **Employment** (TITLE IX: Articles 145 to 150)
- **Social policy** (TITLE IX: Articles 151 to 161)
- **Consumer Protection** (TITLE XV: Article 169)
- **Environment** (TITLE XX: Articles 191 to 193)
- **Horizontal social clause** (article 9 which states “in defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health.”)
- **Gender equality** (according to article 8, the EU shall promote equality between women and men in all its policies; )
- **Discrimination** (article 10 of TFEU obliges the EU to combat discrimination based on, racial or ethnic origin, religion or belief, disability, age or sexual orientation.
- **Services of General Interest**, namely Protocol (No 26) On Services Of General Interest which states in Article 1 “... a high level of quality, safety and affordability, equal treatment and the promotion of universal access and of user rights...”

### 1.3.1 Charter of Fundamental Rights of the European Union

*“Conscious of its spiritual and moral heritage, the Union is founded on the indivisible, universal values of human dignity, freedom, equality and solidarity; it is based on the principles of democracy and the rule of law. It places the individual at the heart of its activities, by establishing the citizenship of the Union and by creating an area of freedom, security and justice.”* (Preamble of the Charter of Fundamental Rights of the European Union)



The three Presidents sign the Charter of Fundamental Rights.  
Source: EP website

Proclaimed in 2000, the Charter has become legally binding on the Member States, (except the ones that opted-out, like the UK) with the entry into force of the Lisbon Treaty, in December 2009.

The document compiles for the first time a Charter of Rights based on a combination of national and international legal obligations, EU treaties and European case law.

The Charter is a very modern codification and includes "third generation" fundamental rights such as data protection, guarantees on bioethics and transparent administration. The Commission publishes an Annual Report on the Charter's application to monitor the progress achieved.

The Charter contains seven chapters, namely (1) Dignity; (2) Freedoms; (3) Equality; (4) Solidarity; (5) Citizen's rights; (6) Justice and (7) General provisions.

Health is mentioned twice in Chapter IV. The first mention is [Article 31](#) on fair and just working conditions, stating that *“Every worker has the right to working conditions which respect his or her health, safety and dignity.”*

The second mention is [Article 35](#) on healthcare:

*“Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.”*

In 2010 the Commission launched a Strategy to ensure the effective implementation of rights and freedoms enshrined in the Charter. 🌐 This Strategy aims to:

1. Guarantee that the EU is beyond reproach in upholding fundamental rights 🌐;
2. Improve information for citizens, and;
3. Monitor progress.

## 2. EU Health actors

Although the EU core competence on health is limited, many policies impact on health. It is therefore important to closely monitor EU policies outside of health and to understand the main decision making procedures.

### { 2.1 } Who makes Health Policies?

Important institutions of the EU include the European Commission, the European Parliament, the Council of the European Union, the European Council, the Court of Justice of the European Union, the European Central Bank, the European Ombudsman, the European Economic and Social Committee (EESC) and the Committee of the Regions. European public health policies are developed in a process involving the sharing of responsibilities between the Council, the European Parliament and the Commission.

#### ∴ 2.1.1 ∴ The European Commission

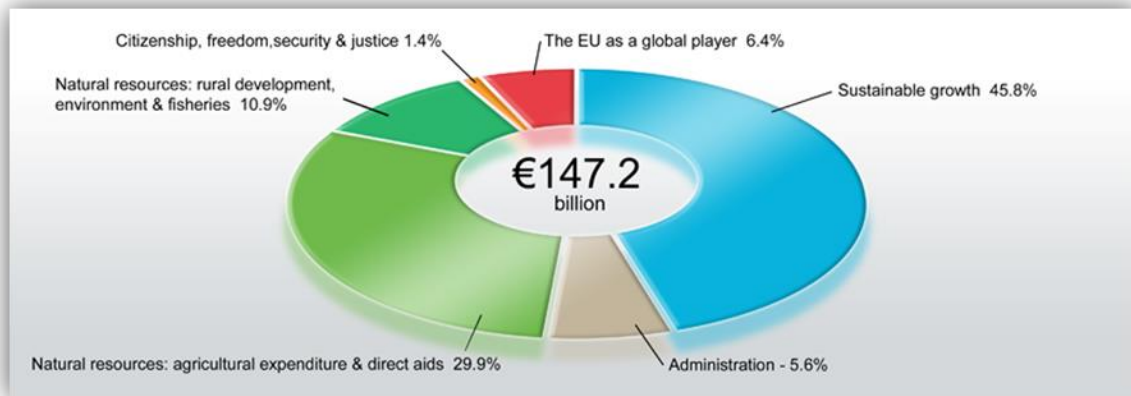
*“The European Commission is the EU's executive body and represents the interests of Europe as a whole (as opposed to the interests of individual countries). The term 'Commission' refers to both the college of commissioners and the institution itself – which has its headquarters in Brussels, Belgium with offices in Luxembourg. The Commission also has offices known as 'representations' in all EU member countries.” (The European Commission)*

The European Commission, which is composed of one President and 26 Commissioners, has five major functions:

1. **To set objectives and priorities for action.** This function includes activity-based management, strategic planning, work programme and impact assessment. The objectives are defined annually. The major objectives of the work programme are based on: stability and responsibility; growth and solidarity; and strengthening the EU's influence worldwide.
2. **To propose legislation to Parliament and Council.** An agenda for College meetings is adopted each week by the President of the Commission on the basis of the Commission's annual work programme.
3. **To manage and implement EU policies and the budget.** The 2012 EU budget is €147.2 billion.

4. To enforce European law - jointly with the Court of Justice.

5. To represent the EU outside Europe - negotiating trade agreements between the EU and other countries, etc.



The EU budget 2012. Source: European Commission website

There are **two types of meetings** in the Commission: regular and emergency meetings. The former take place once every week. Meeting agendas are based on the Commission's work programme. Emergency meetings take place if necessary and when the Council of Ministers is discussing an important issue.

Every five years a new team of 27 commissioners is appointed (26 commissioners and 1 president). The Commission President is appointed by the European Council. This must be approved by a majority of MEPs. The current President of the Commission is José Manuel Durão Barroso.

### Directorate General for Health and Consumer Protection (DG SANCO)


The European Commission's Directorate General for Health and Consumer Protection (DG SANCO), established in 1999, is the **main Directorate in charge of health**. Its responsibilities also include public health.



DG SANCO is divided between Brussels and Luxembourg. It comprises around 960 staff, of which 660 are based in Brussels, 120 in Luxembourg and another 180 in Grange, near Dublin.

- The aims of DG SANCO are to:
  - Empower consumers
  - Protect and improve public health
  - Ensure that Europe's food is safe and wholesome
  - Protect the health and welfare of farm animals


## Executive Agency for Health and Consumers (EAHC)

In order to help the Commission manage the main European health funding programme, the EAHC was set up in 2005. Its mission is to *“implement the EU Health and Consumer Programmes and the Better Training for Safer Food initiative by managing grants and service contracts, and by providing other support to the European Commission.”* ([Executive Agency for Health and Consumers](#) ) This Agency works closely with the Commission’s DG SANCO.

### 2.1.2 European Parliament (EP)

The European Parliament (EP) is the Community institution that represents the people of the Member States of the European Union.

The EP is the only directly elected body of the European Union.

The 766 Members of the European Parliament (MEPs)  represent more than 500 million EU citizens. They are elected once every five years by voters from the Member States.



Plenary Session in Brussels  
Source: EP website 

For most decisions, the EP holds the legislative power, together with the Council of the European Union. The initiative of legislative work ALWAYS belongs to the European Commission, and it also has equal control over the EU budget. However, [the European Commission is accountable to Parliament: in particular Parliament can veto it, and its President can force the College to resign.](#) The Parliament also has a great deal of indirect influence, e.g. through non-binding resolutions and committee hearings. Thus the EP has three different powers, namely legislative, budgetary and supervisory.

The Parliament organises its work through a system of twenty (standing) specialised committees consisting of 28 to 86 MEPs each (reflecting the political makeup of the whole Parliament) including a chair, bureau and secretariat. The chairs coordinate their work through the Conference of Committees Chairmen.

### 2.1.3 Environment, Public Health and Food Safety (ENVI) Committee

The ENVI Committee currently constitutes 69 members. It is the largest legislative committee in the European Parliament and deals with the diverse concerns of European citizens in relation to environmental, health and food safety legislation. In the field of environmental policy the committee deals with issues ranging from regulation of toxic chemicals to the preservation of Europe's biodiversity. The committee also works on the regulation of foodstuffs, better consumer information, and in particular, the unambiguous labelling of food products.

*In the field of public health, ENVI strives to propose European solutions to health-related problems. Recent examples of their work encompass the safety of pharmaceutical and cosmetic products, the fight against counterfeit medicinal products and the defence of patient's rights (ENVI Committee).*

The Committee is responsible for:

1. Environmental policy and environmental protection measures, in particular concerning (e.g. air, soil and water pollution, waste management and recycling, as well as dangerous substances.)
2. Public health, in particular (e.g. programmes and specific actions in the field of public health)
3. Food safety issues, in particular (e.g. the labelling and safety of foodstuffs).

Click through to find out more about...

[EPHA position on the European Commission's 7th Environment Action](#)

### 2.1.4 European Council

*"The European Council defines the general political direction and priorities of the European Union. With the coming into force of the Treaty of Lisbon on 1 December 2009, it became an institution. The European Council's President is Herman Van Rompuy. The Council provides the Union with the necessary impetus for its development and defines its general political direction and priorities. It does not have a legislative function."* (European Council)

Click through to find out more about...

- [What the European Council does?](#)
- [Who's who in the European Council?](#)
- [Who the Members are?](#)

## Council of the European Union

*“The Council of the European Union, commonly referred to as the ‘Council’ or the ‘Council of Ministers’ is the institution that represents Member States. It is made up of ministers and meets in ten different configurations depending on the subject under discussion. Health matters are the object of the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) - made up of the 27 (one per country) health ministers. The ministers represent their governments and are accountable to their national political system.” (Council of the European Union)*

- The main powers of the Council are:
  - the legislative procedure;
  - foreign affairs; and
  - budgetary authority.

The Council of the European Union, holds the executive and legislative powers and is therefore the main decision-making body of the Union. Its presidency rotates between Member States every six months, and to ensure continuity, three successive presidencies form “trios” to share common political programmes. The Council of the EU shares legislative and budgetary powers with the European Parliament; it passes law in general jointly with the European Parliament. The Council coordinates the broad economic policies of the Member States. It is specifically in charge of common foreign and security policies, and police and judicial cooperation in criminal matters.

### Find out more about...

- 🌐 Which are the Council Configurations?
- 🌐 Which are the Council Policies?
- 🌐 What is the Council budget?

## Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) Council

The EPSCO Council is composed of ministers of employment, social protection, consumer protection, health, equal opportunities, family and children. Normally they meet around four times a year.

The Council typically decides by qualified majority, acting together with the European Parliament under the co-decision procedure (social security is an exception: here the Council acts unanimously). It adopts European rules to harmonise or coordinate national laws, in particular in relation to working conditions, e.g. workers' health and safety, social security, employee participation in the running of companies. It also helps strengthen national policies for preventing illness, combating the major health scourges and protecting consumers' rights.



*“Since employment and social protection policies remain the responsibility of the Member States, the Community’s contribution is limited to setting common objectives for all the Member States, analysing measures taken at national level and adopting recommendations to the Member States.” (EPSCO Council website).*

### 2.1.5 Court of Justice of the European Union

*“Since its inception in 1952, the mission of the Court of Justice of the European Union is to ensure “respect for the law in the interpretation and application” of the Treaties. Under this remit the Court of Justice of the European Union: (a) reviews the legality of acts of EU institutions; (b) ensures compliance by Member States of their obligations under the Treaties; and (c) interprets EU law at the request of national courts.*



*The Court is therefore the judicial authority of the European Union. In collaboration with the courts of the Member States, it safeguards the uniform application and interpretation of Union law. The Court of Justice of the European Union, based in Luxembourg, is composed of three courts: the Court, the General Court (established in 1988) and the Civil Service Tribunal (established in 2004). Since they were created, the three courts have made about 15,000 judgements.” (Court of Justice of the European Union).*

Click through to find out more about...

- [The Court of Civil Service](#)
- [The General Court](#)

### 2.1.6 European Central Bank

*“The ECB (European Central Bank) is the central bank for Europe’s single currency, the euro. The ECB’s main task is to maintain the euro’s purchasing power and thus price stability in the euro area. The euro area comprises the 17 European Union countries that have introduced the euro since 1999.*

*The Eurosystem comprises the ECB and the NCBs (National Central Banques) of those countries that have adopted the euro. The Eurosystem and the ESCB will co-exist as long as there are EU Member States outside the euro area.*

*“The primary objective of the ESCB (European System of Central Banks) shall be to maintain price stability” and: “without prejudice to the objective of price stability, the ESCB shall support the general economic policies in the Community with a view to*

contributing to the achievement of the objectives of the Community as laid down in Article 2. (Treaty article 105.1)

The objectives of the Union (Article 2 of the Treaty on European Union) are to achieve a high level of employment and sustainable and non-inflationary growth.” (European Central Bank🌐).

Click through to find out more about...

- 🌐 [Tasks of the European Central Bank](#)
- 🌐 [Members](#)
- 🌐 [ECB, ESCB and the Eurosystem](#)

### ‡ 2.1.7 ‡ European Ombudsman

“The European Ombudsman is an independent and impartial body that holds the EU administration to account. The Ombudsman investigates complaints about maladministration in EU institutions, bodies, offices, and agencies. Only the Court of Justice of the European Union, acting in its judicial capacity, falls outside the Ombudsman's mandate. The Ombudsman may find maladministration if an institution fails to respect fundamental rights, legal rules or principles, or the principles of good administration.

This covers administrative irregularities, unfairness, discrimination, abuse of power, failure to reply, refusal of information, and unnecessary delay, for example. Any citizen or resident of the EU, or business, association, or other body with a registered office in the EU, can lodge a complaint. You need not be individually affected by the maladministration to complain. Please note that the European Ombudsman can only deal with complaints concerning the EU administration and not with complaints about national, regional, or local administrations, even when the complaints concern EU matters.” (European Ombudsman🌐).

Click through to find out more about...

- 🌐 [What the European Ombudsman does for you](#)
- 🌐 [Where your national ombudsman is?](#)

### ‡ 2.1.8 ‡ European Economic and Social Committee (EESC)🌐

“The European Economic and Social Committee (EESC) is a consultative body that gives representatives of Europe's socio-occupational interest groups, and others, a formal platform to express their points of views on EU issues. Its opinions are forwarded to the larger institutions - the Council, the Commission and the European Parliament. It thus has a key role to play in the Union's decision-making process.

*Committed to European integration, the EESC contributes to strengthening the democratic legitimacy and effectiveness of the European Union by enabling civil society organisations from the Member States to express their views at European level." (The European Economic and Social Committee)*

Click through to find out more about...

- [EESC organisational charts](#)
- [Members - Mandate 2010-2013](#)
- [EESC mission statement](#)

### 2.1.9 Committee of the Regions (CoR)

*"The Committee of the Regions is the voice of regions and cities in the European Union. The CoR has 344 members from the 27 Member States of the European Union, representing local and regional authorities (Article 263 of the EC Treaty).*

*There are 6 commissions covering competences in the following policy areas based on the EU Treaties: (1) Employment, vocational training, economic and social cohesion, social policy, health; (2) Education and culture; (3) Environment, climate change, energy; (4) Transport and trans-European networks, and (5) Civil protection and services of general interests." (Committee of the Regions)*

Click through to find out more about...

- [CoR's mission statement](#)
- [Members of the Committee of the Regions](#)

## 2.2 Specialist Health Agencies

To allow for geographical devolution and the need to adapt to new legal tasks and provide technical/scientific advice, the EU has created specialist and decentralised agencies to support Member States and their citizens. They are subject to European public law, distinct from EU institutions and have legal personality.

The following are examples of decentralized EU agencies in the health field.

### 2.2.1 European Centre for Disease Prevention and Control (ECDC)

This agency was established in 2005 in Stockholm. The ECDC was created to strengthen the EU's defence against infectious diseases. Its mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases.



It focuses on working in partnership with European national bodies to strengthen and develop disease surveillance and early warning systems. The idea is to pool Europe's scientific knowledge in order to develop authoritative scientific opinions on the risks of new and emerging infectious diseases.

Currently the ECDC is working on seven disease programmes:

- Antimicrobial resistance and healthcare-associated Infections;
- Emerging and vector-borne diseases;
- Food- and waterborne diseases;
- STI, including HIV and blood-borne viruses;
- Influenza;
- Tuberculosis;
- Vaccine-preventable diseases.

### 2.2.2 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

The primary activity of the EMCDDA, established in 1993 and inaugurated in 1995 in Lisbon, is to monitor the situation of drug use in the EU. Its role is to gather, analyse and disseminate 'objective, reliable and comparable information' on drugs and drug addiction and, in doing so, provide a sound and evidence-based picture of drug use at European level. Among the Centre's target groups are policy-makers, professionals and researchers working in the drug field and, more broadly, the European media and general public.



Currently the EMCDDA is following its 2012 work programme, taking forward activities started in 2010 for its three-year strategy (2010–12). This strategy seeks to: consolidate and deepen the analysis of core datasets held at the EMCDDA; invest in more complex and policy-relevant analysis; and develop a small number of new areas of strategic importance.

### 2.2.3 European Medicines Agency (EMA)



The EMA has been located in London since 1995. Its main responsibility is the promotion of human and animal health, through the evaluation and supervision of medicines for human and veterinary use. The three pillars on which the agency's work is based are science, medicine and health.

- The main EMA priorities for 2012 are to:

- Continue to conduct all existing scientific responsibilities to the highest quality standards.
- Implement the new European pharmacovigilance legislation.

- Prepare for entry into force of the new falsified medicines legislation.
- Increase transparency by proactively publishing more data and information.
- Strengthen interactions with civil society and engage more fully with all stakeholders.
- Carry out initiatives to improve the availability of medicines.
- Support the European Commission's development of better legislation for veterinary medicines.
- Review and redesign core business processes to achieve efficiency gains.
- Foster closer cooperation with partners in the European medicines network.

Six committees composed of members of all EU and EEA-EFTA states, some also including patients', consumers' and health professional representatives, are conducting the main scientific work of the EMA:

- 1) the Committee for Medicinal Products for Human Use (CHMP);
- 2) the Committee for Medicinal Products for Veterinary Use (CVMP);
- 3) the Committee for Orphan Medicinal Products (COMP);
- 4) the Committee on Herbal Medicinal Products (HMPC);
- 5) the Paediatric Committee (PDCO), and;
- 6) the Committee for Advanced Therapies (CAT).

#### 2.2.4 European Food Safety Authority (EFSA)



Following a series of food scares in the 1990s (e.g. Bovine Spongiform Encephalopathy or BSE), which undermined consumer confidence in the safety of the food chain, the European Union decided in 2002 to establish a new scientific body charged with providing independent and objective advice on food safety issues associated with the food chain. The EFSA is located in Parma, Italy.

EFSA provides independent scientific advice on all matters linked to food and feed safety - including animal health and welfare and plant protection - and also provides scientific advice on nutrition in relation to Community legislation.

EFSA has an important goal, namely to produce scientific opinions and advice to provide a solid foundation for European policies and legislation and also to support the European Commission, European Parliament and Member States in effective decision making and timely management of risk. For EFSA *"Food is essential to life. We are committed to ensuring food safety in Europe."* Currently EFSA is implementing its Strategic Plan 2009-2013.

### 2.2.5 European Agency for Safety and Health at Work (EU-OSHA)



The European Agency for Safety and Health at Work (EU-OSHA) is committed to making Europe a safer, healthier and more productive place to work. They promote a culture of risk prevention to improve working conditions in Europe.

The EU-OSHA was set up in 1996 in Bilbao, Spain to monitor health and safety standards and working conditions within the EU. The Agency's specific tasks include the collection and dissemination of technical, scientific and economic information on health and safety at work, and the promotion of information exchanges between Member States involving national experts. The agency addresses a diverse range of occupational safety and health (OSH) issues, given that the need for raising awareness at grassroots level is beyond the resources and expertise of a single Member State.

- The agency operates in a variety of ways including:
  - o Campaigning, including producing a series of films;
  - o Prevention;
  - o Partnership;
  - o Research
- The main priority groups of the EU-OSHA are:
  - o Ageing workers
  - o People with disabilities
  - o Migrant Workers
  - o Young People
  - o Women and health at work

### 2.2.6 The European Union Agency for Fundamental Rights (FRA)

The FRA, based in Vienna, is an independent EU Agency that collects and disseminates objective, reliable and comparable data on the situation of fundamental rights in all EU countries within the scope of EU law. It works closely with other bodies and institutions at national and European level.



The Agency aims to give EU institutions and EU countries assistance and expertise relating to fundamental rights when they implement EU law. Its main priority areas include the fight against racism, xenophobia and related intolerance. The Agency plans its research on the basis of annual work programmes and within the thematic areas listed in its Multiannual Frameworks.

## { 2.3 } How do the different actors work together?

EU legislation comes about as a result of **decisions taken by** the institutional triangle, made up of the **Council** (representing national governments), the **European Parliament** (representing the people) and the **European Commission** (a body independent of EU governments that upholds the collective European interest).

The EU's standard decision-making procedure is known as 'co-decision'.<sup>1</sup> The European Commission initiates the process by launching the proposed EU legislation, followed by its adoption by the European Parliament together with the Council.

- **Who are the actors in the *EU Bubble*?**

Brussels is one of the cities with the highest concentration of professional lobbyists in the world, all trying to influence the policy making process at different stages of the game. Hence there are many different actors, some very big and powerful, others representing grassroots interests, that have become an intrinsic part of the EU decision making process. They shape the policy process through various advocacy and awareness-raising activities, from **giving advice and taking part in public consultations** to **meeting with representatives of the various EU institutions and organising issue-specific events in collaboration with other EU stakeholders**.

Amongst the many actors working with EU policy makers can be found non-governmental organisations (NGOs), industry, think tanks and academic groupings, trade associations, UN agencies, trade unions, local and regional authorities, the media, and embassies.

# 3. EU Health policies

Public health policies have gained an increasing importance over time, although the responsibility remains shared with the Member States. The EU has, however, a mandate to *complement* national action on health with the objectives of:

- Protecting people from health threats and disease;
- Promoting healthy lifestyles; and
- Helping national authorities in the EU cooperate on health issues.

In order to do so, the European Commission will issue recommendations, strategies (non-binding on Member States) and from time to time directives or regulations (binding). This section contains some of the EU actions that are closely related to health. The next section will then deal with the way other EU policies impact on health, explaining why health actors need to challenge them.

DG SANCO works with a **Stakeholder Dialogue Group**. The Stakeholder Dialogue Group advises the Commission (DG SANCO) on good practice in the consultation process. The group helps the Commission tailor its stakeholder involvement processes to stakeholder needs in the areas of public health and consumer protection. It **advises the Commission on process-related matters only, not on policy content**. Members do not represent their organisations but participate in a personal capacity.

## { 3.1 } EU Health Strategy (2008-2013)

As mentioned above, public health has only become a fundamental priority following the Lisbon Treaty. European Health Policies support the right to access high standards of healthcare and to quality healthcare for everyone. They include **the three P's** (Prevent, Promote and Protect):

- Prevent illnesses and diseases;
- Promote healthier lifestyles;
- Protect people from health threats such as pandemics.

The EU sets out its action through a Community Health Strategy which comprises four principles and three objectives. **Four principles which determine the priorities for the coming years:**





- Focusing on shared health values, putting patients at the centre and reducing inequalities;
- Recognising the links between health and economic prosperity;
- Integrating health into all policy areas; and
- Strengthening the EU's voice in global health, through greater cooperation with international organisations.

- **Three strategic objectives**

1. Fostering good health in an ageing Europe;
2. Protecting people from health threats:

- Communicable, non-communicable and rare diseases;
- Vaccination;
- Preparedness and response to health threats.

3. Supporting dynamic health systems and new technologies:

- Health technology assessment (HTA);
- Patients' rights in cross-border healthcare;
- Health workers;
- Patient safety.

## { 3.2 }

### Reducing Health Inequalities

*“Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population group,” (WHO).* It is a term which has been used widely to refer to a broad range of issues like differences in health outcomes and access to treatment and care, differences in health between different groups within and between countries, as well as gender and age-related disparities.

This area is a good example in which DG SANCO's and other Commission policies are mixed.

- What is the EU doing?

In 2009, the European Commission issued a Communication on Health inequalities to which Ministers and the European Parliament reacted:

◦ Commission Communication - [Solidarity in Health: Reducing Health Inequalities in the EU – COM\(2009\)567](#). This document aims to provide guidelines to reduce inequalities. It addresses issues such as improvement of databases and assessment and reporting,

promoting greater engagement of society, responding to the needs of vulnerable groups and improving the contribution of Community policies.

- [European Parliament Report on Reducing health inequalities in the EU 2010/2089\(INI\) \(2010\)](#).

- [Council Conclusions on Equity and Health in All Policies: Solidarity in Health \(2010\)](#). This document expresses concerns about health equity and proposes some recommendations to the European Commission. Another concern relates to vulnerable groups and socially excluded people, such as the unemployed or people with low incomes, the homeless, people with mental health problems and disabilities, as well as ethnic minorities, migrants and Roma. The Council urges the Commission to recognise the impact of the social determinants of health in influencing health status, and the implications of this for health and social systems.

In addition, [DG Justice released an EU framework to address the challenges related to Europe's Roma population](#), which includes health as an area for improvement. On the basis of the framework, Member States are meant to draft national strategies which are then assessed by the Commission so that it can make recommendations on how to progress:

- [An EU Framework for National Roma Integration Strategies up to 2020 - COM\(2011\)173](#). Communication on Roma integration strategies up to 2020. Many of the estimated 10-12 million Roma in Europe are facing prejudice, intolerance, discrimination and social exclusion in their daily lives. This document aims to implement strategies to reduce the discrimination of Roma communities. It includes many areas, such as access to education, employment, healthcare and access to housing and essential services. With these strategies, the EU Framework for National Roma Integration aims to put an end to Roma exclusion.

- [Council Conclusions on an EU Framework for National Roma Integration Strategies up to 2020 \(2011\)](#). The Council stressed that many Roma still face profound social exclusion, barriers and discrimination, which often means limited access to quality education, jobs and services and poor health and lower life expectancy. It invited Member States to prepare, update or develop their national Roma inclusion strategies, or integrated sets of policy measures within their broader social inclusion policies, for improving the situation.

[Click through to find out more about...](#)

- [EPHA Briefing Paper on Health Inequalities](#)
- [EPHA Briefing Paper and Policy Recommendations on Roma Health](#)

## { 3.3 } Healthy lifestyles

According to the Treaties, the delivery of healthcare is the responsibility of the national health systems of each Member State. However, several policies impact directly or indirectly on the provision of healthcare, such as public procurement, health professional mobility, among others.

The EU works with partners such as the European Observatory on Health Systems and Policies to analyse how European health systems can best respond to the challenges of population ageing, rising public expectations, migration, patients travelling to other EU countries for treatment and mobile health professionals trying to find employment abroad.

The EU health strategy clarifies how EU law applies to health services, and supports EU countries in areas where coordinated action can bring added value. Healthcare comprises a range of policy areas, examples of which are provided below.

### 3.3.1 Alcohol

Europe has the highest proportion of drinkers in the world, the highest levels of alcohol consumption per capita and a high level of alcohol-related harm. Harmful and hazardous alcohol consumption is the net cause of 7.4% of all ill-health and premature death in the EU [e](#). As a result, alcohol is a growing European concern, and the fight against this problem is an important challenge that the EU is facing today.



Source: Novinit - Sofia News Agency [e](#)

The EU alcohol strategy is the main tool for action that the EU has. This tool is designed to help national governments and other stakeholders coordinate their action to reduce alcohol related harm in the EU.

The strategy comprises measures to limit access to alcoholic beverages, in particular for young people, as well as to reduce their exposure to harmful advertising.

- What is the EU doing?

Communication from the Commission on “An EU strategy to support Member States in reducing alcohol related harm” COM (2006)625. The Communication addresses the adverse health effects related to harmful and hazardous alcohol consumption, as well as the related social and economic consequences. It responds to Council requests for the Commission to follow-up, assess and monitor developments in relation to measures taken in this field and to report back on the need for further actions. This

strategy comprises five priority themes, that include (1) **Protect young people**, children and the unborn child; (2) **Reduce injuries** and deaths from alcohol-related road traffic accidents; (3) **Prevent alcohol-related harm** among adults and reduce the negative impact on the workplace; (4) **Inform, educate and raise awareness** on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns; (5) Develop, support and maintain a common **evidence base**. With this Communication, the Commission, in response to the Council's invitation in 2001, presents a comprehensive strategy to reduce alcohol-related harm in Europe until the end of 2012.

◦ **Council Conclusions on alcohol and health - (2009/C 302/07)**. The Council concludes that amongst the main harmful and hazardous behaviours, alcohol consumption is the third most significant risk factor for ill health and premature death in the EU, (behind tobacco and high blood pressure); the impact of harmful use of alcohol is greater in younger age groups of both sexes. The Council invites the Member States to implement the good practices presented in the EU's Alcohol Strategy taking into account the five priority themes identified: protecting young people, children and the unborn child; reducing injuries and deaths from alcohol-related road accidents; preventing alcohol-related harm amongst adults and reducing the negative impact on the workplace; informing, educating and raising awareness on the impact of harmful and hazardous alcohol consumption; and developing and maintaining a common evidence base at EU level.

◦ **The Committee for National Alcohol Policy and Action**. This committee comprises representatives from the national governments, with the objective of sharing information, knowledge and good practice on reducing harmful alcohol consumption. The Committee serves to coordinate and further develop policies on alcohol. The meetings happen approximately twice a year. The first meeting was in 2007, and the most recent (10<sup>th</sup>) took place in April, 2012.

◦ **The EU Alcohol and Health Forum**. The EU Alcohol and Health Forum is a platform where bodies active at European level can debate, compare approaches and act to tackle alcohol related harm.

◦ **The EU Open Alcohol Forum**. The Open Alcohol Forum is the annual conference of the EU Alcohol and Health Forum which provides an opportunity for non-members to take part in European level discussions. 🌐

**Click through to find out more about...**

- 🌐 [EU Alcohol Strategy](#)
- 🌐 [Trustworthy websites on "Alcohol"](#)
- 🌐 [EPHA Briefing on Minimum Pricing for Alcohol](#)
- 🌐 [EPHA position on Marketing Communication](#)

### 3.3.2 Tobacco

Smoking is the leading cause of preventable mortality in the EU. EU legislation aims at preventing people from taking up smoking, helping to quit smoking, protecting non-smokers and restricting advertising and the sale of tobacco. Every year as many as 695,000 Europeans die prematurely of tobacco-related complications. It is estimated that, in terms of negative economic impact, smoking costs the EU at least €100 billion. The main EU activities in this area focus on legislation, funding for tobacco control projects and information campaigns. The EU also includes other policies such as fiscal and agricultural control. EU tobacco control is based on 2 laws, namely Directive 2001/37 on tobacco products and Directive 2003/33 on tobacco advertising.

#### - What is the EU doing?

◦ Report on the implementation of the Tobacco Advertising Directive (2003/33/EC) - COM(2008)330. Report from the Commission to the Council, the European Parliament and the European Economic and Social Committee. This report is based on information received by the Commission from the competent authorities in Member States. The Commission concludes two important aspects: on the one hand traditional tobacco brand advertising and direct sponsorship of a cross-border nature has ceased within Europe, but on the other hand there are indications that tobacco promotion has intensified in local merchandising and at points of sale, especially in Member States that allow it or do not effectively control it.



Source: European Parliament – Audiovisual Services

◦ Commission Directive 2012/9/EU amending Annex 1 of the Directive 2001/37/EC on Tobacco Products Directive. The new text aims to review the current list of health warnings in order to maintain and increase their impact and respond to new scientific developments.

◦ Directive 2003/33/EC of the European Parliament and of the Council (Tobacco Advertising Directive) on the approximation of the laws, regulation and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products.

◦ Directive 2001/37/EC of the European Parliament and of the Council on the approximation of laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products (2001).

- [Second Report on the Application of the Tobacco Products Directive COM\(2007\) 754.](#)
- [Council Directive 2010/12/EU of 16 February 2010 amending Directives 92/79/EEC, 92/80/EEC and 95/59/EC on the structure and rates of excise duty applied on manufactured tobacco and Directive 2008/118/EC.](#) The EU intends to apply a fiscal burden to reduce tobacco consumption, especially in younger people, in order to achieve better protection of health. Price is a major influence in consumer habits and hence the EU encourages an increase on the minimum levels of taxation for cigarettes and fine-cut tobacco intended for cigarettes.
- [Council Recommendation on smoke-free environments – \(2009/C 296/02\).](#) The Council sets out many conclusions in this document regarding exposure to environmental tobacco smoke (ETS), also referred to as second-hand tobacco smoke, which is a widespread source of mortality, morbidity and disability in the EU, and states that voluntary policies at national level have proved ineffective in reducing exposure to tobacco smoke. Alongside many other recommendations, the Council asks that the Member States provide effective protection from exposure to tobacco smoke in indoor workplaces and public places, in public transport and, as appropriate, other public places. The recommendations further reinforce the need to focus on strategies to protect the young.
- [New Campaign – Ex-smokers are Unstoppable \(2011\).](#) To encourage young adults in the 25 to 34 age group to stop smoking, the Commission launched a new campaign entitled *Ex-smokers are Unstoppable*. The focus of the campaign is to demonstrate the benefits of quitting. For this purpose the Commission uses examples of ex-smokers.
- [HELP campaign.](#) The HELP anti-smoking campaign ran from 2005 to 2010, targeting primarily young people between 15 and 25 years of age. It was focused on smoking prevention, smoking cessation and passive smoking, aiming to promote a tobacco-free lifestyle by delivering comprehensive information on the health and societal problems caused by tobacco consumption

Click through to find out more about...

- [EU Tobacco Control](#)
- [Trustworthy websites on "Tobacco"](#)
- [\[EPHA position paper\] Revision of the Tobacco Products Directive](#)
- [EPHA position on the revision of Tobacco Products Directive 2011/37/EC](#)
- [EPHA position environmental smoke at the workplace](#)
- [EPHA position on smoke-free places in Europe](#)

### 3.3.3 Illicit Drugs

Drug abuse in the EU is responsible for the death (overdose) of between 6500 to 9000 people a year, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Injecting is also a major vehicle for blood-borne infections such as HIV/AIDS and hepatitis B and C. The EU has 2m problem drug users, half of them injecting. The incidence of HIV among injectors fell between 2001/2005, but still accounted for some 3 500 new cases in 2005.

- What is the EU doing?

◦ Report from the Commission 2010 progress review of the EU Drugs Action Plan (2009-2012) COM(2010)630.

◦ EU Drugs Action Plan for 2009-2012 (2008/C 326/09). The current Plan states as its ultimate aim to “significantly reduce the prevalence of drug use among the population and to reduce the social and health damage caused by the use of and trade in illicit drugs.”

◦ EU Drugs Strategy (2005-2012) from the Council of the European Union (2004). The aim of this European Union Strategy is to add value to national strategies while respecting the principles of subsidiarity and proportionality set out in the Treaties. The strategy stresses that Member States should consider the impact of their national strategies on other Member States, the ways national strategies of different Member States can be mutually supportive, and the contributions such strategies can make towards achieving the objectives of this European Union Strategy.

Click through to find out more about...

- EU Polices on Drugs
- Trustworthy websites on "Drugs"
- EU Legislation on Drugs
- EPHA position on the transparency of Medicines' Pricing**

### 3.3.4 Nutrition and Physical Activity

Europe is facing a major challenge in terms of nutrition and physical activity. Six of the seven major risk factors of premature death, in particular blood pressure, high cholesterol and high body mass index, low intake of fruit and vegetables, physical inactivity and excessive alcohol consumption are associated with unhealthy eating habits and



Source: Forever Active

lack of physical exercise. As a consequence of poor diet and lack of exercise Europe is experiencing an increase of overweight and obesity.

Due to the challenge, the European Commission has launched a White Paper on a [strategy on nutrition, overweight, and obesity-related health issues](#). The strategy is one of the main EU tools in this field and aims at contributing to reduce the risks associated with poor nutrition and limited physical activity in the European Union.

Sport – and physical activity more generally – can play a [major role in helping people with weight problems, which are partly caused by a lack of physical activity](#). Overweight and obesity, together with a variety of chronic conditions resulting from them (cardio-vascular diseases, diabetes, etc.), have become a major problem in European countries. They reduce the quality of life, put individuals' lives at risk and are a burden on health budgets and the economy

- [What is the EU doing?](#)

◦ [Commission Directive 2006/141/EC on infant formulae and follow-on formulae and amending Directive 1999/21/EC](#).

◦ [White Paper on Strategy for Europe on Nutrition, Overweight and Obesity related health issues - COM\(2007\)279](#). *“The purpose of this White Paper is to set out an integrated EU approach to contribute to reducing ill health due to poor nutrition, overweight and obesity.”* This document combines actions in areas such as agriculture, transport, sport and education, as well as public health and food. The strategy encompasses a range of Commission policies, such as Health and Consumers - Food Safety (Food Labelling Health and Nutrition Claims) and Agriculture (School Fruit Scheme, School Milk Scheme, Free Food for Europe's Poor).

◦ [Implementation progress report on Strategy for Europe on nutrition, overweight and obesity related health issues \(2010\)](#). This report prepared by the Commission's Directorate General for Health and Consumers aims at taking stock of progress made till now in light of the renewal of the strategy's objectives until its conclusion in 2013.

◦ [Regulation \(EU\) No 1169/2011 of the European Parliament and of the Council on the provision of food information to consumers](#), amending Regulations (EC) No 1924/2006 and (EC) No 1925/2006 of the European Parliament and of the Council, and repealing Commission Directive 87/250/EEC, Council Directive 90/496/EEC, Commission Directive 1999/10/EC, Directive 2000/13/EC of the European Parliament and of the Council, Commission Directives 2002/67/EC and 2008/5/EC and Commission Regulation (EC) No 608/2004. This regulation establishes the general principles, requirements and responsibilities governing food information, and in particular food labelling.



◦ [Proposal for a Regulation of the European Parliament and of the Council on food intended for infants and young children and on food for special medical purposes COM\(2011\) 353](#).

◦ [Council Conclusions on health promotion by means of nutrition and physical activity \(2007\)](#). This document reveals the concerns of the Council on health problems related to nutrition. One of many concerns is related to the increase of overweight and obesity throughout the European Union in all population age-groups, especially amongst children and young people, as well as those in lower socio-economic groups. To this must be added the increase throughout the EU of chronic, non-communicable diseases which could be avoided through early prevention measures, such as: cardiovascular disease, type 2 diabetes, back and joint complaints, as well as obesity.

◦ [EU platform for diet, physical activity and health](#). The EU Platform for Action on Diet, Physical Activity and Health started in March 2005 with the purpose to create a forum for actors at European level who can commit their membership to engage in concrete actions designed to contain or reverse current trends. The Platform involves 33 member EU organisations ranging from the food industry to consumer protection NGOs. The spirit of the Platform is to work under the leadership of the European Commission and to provide an example, which others will choose to follow across Europe, of coordinated but autonomous actions by different parts of society to deal with the many aspects of the problem.

◦ [The High Level Group](#). The high level group on nutrition and physical activity is a group of European government representatives dealing with this issue, led by the European Commission. It comprises government representatives from all 27 EU member countries and the 2 EFTA countries (Norway and Switzerland). Among other tasks, the group discusses food taxes and other national developments. One of the first areas of action to have been taken up by members of the High Level Group is that of salt reduction in certain foods. A common [EU framework](#) for salt reduction has been developed, by this High Level Group, describing a common vision for a general European approach [towards salt reduction](#). The overall goal of the Common Framework is to contribute towards reduced salt intake at population level.

◦ [White Paper on Sport COM \(2007\) 391](#). This White Paper is the Commission's main contribution to the theme of sport and its role in the daily lives of European citizens. It recognises the impact which sport can have on all European policies. It also identifies the needs and specific characteristics of the world of sport, and it opens up future prospects for sport at European level, while respecting the principle of subsidiarity, the independence of sport organisations and Community law.

◦ [EU Working Group on Sport and Health \(2005\)](#). The Working Group will consist of 1-2 representatives from the following EU Member States: Austria, the Czech Republic, Finland, France, Luxembourg, the Netherlands, Portugal, Spain and the United Kingdom. The European Commission will also be represented. The Working Group,

through its work, will promote the role of sport as part of a healthy lifestyle for all age groups in Europe.

Click through to find out more about...

- [EU Policies on Nutrition](#)
- [Trustworthy websites on "Nutrition"](#)
- [EU Health and Sport – more information](#)
- [EPHA Position on food intended for infants and young children and on food for special medical purposes](#)
- [EPHA position paper on Food Labelling](#)
- [EPHA briefing on food taxation and other fiscal measures](#)

### 3.3.5 Non-communicable Diseases (NCDs)

Europe is facing a high prevalence of non-communicable diseases which can be attributed, amongst other reasons, to environmental and especially lifestyle factors, such as smoking, alcohol abuse, unhealthy diets and physical inactivity. Cancer is leading the list of non-communicable diseases. NCDs comprise burdens such as diabetes, cardiovascular diseases, obesity disorders and musculoskeletal disorders.

#### Cancer

Cancer is one of the most common chronic diseases. The most frequently occurring forms in the EU are colorectal, breast, prostate and lung cancers.

In 2008, 2.5 million people were diagnosed with cancer in the EU27-Member States. It is also the second most common cause of death in the Union (29% of deaths for men or 3 out of 10, and 23% for women or 2 out of 10) – a figure that is expected to rise due to the ageing European population.

#### - What is the EU doing?

◦ Commission Communication on [Action Against Cancer: European Partnership for the period 2009-2013 COM\(2009\) 291/4](#). This Action aims to support the Member State in their efforts to tackle cancer by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control, and by engaging relevant stakeholders across the European Union in a collective effort.

### 3.3.6 Mental Health

One of the major causes of absenteeism, early retirement or disability pension is mental illness. The most common mental disorders are anxiety and depression. As well as the damage it causes to individual lives, mental illness also carries significant social and economic costs (especially for the education, care and justice systems). Good mental health is increasingly important for economic growth and social development in Europe.



Source: Community Research and development Information Service (CORDIS)

*“Mental ill health accounts for almost 20% of the burden of disease in the WHO European Region and mental health problems affect one in four people at some time in their life,”* WHO/Europe’s four priorities for mental health.

#### - What is the EU doing?

° Council Conclusions on “The European Pact for Mental Health and Well-being: results and future action” (2011). In this document, The Council recognizes that mental health is an essential constituent of health and quality of life, and an important factor for the economy. The Council also invites all relevant parties (Member States and the European Commission) to make mental health and well-being a priority of their health policies.

° Green Paper on Improving the mental health of the population. Towards a strategy on mental health for the European Union COM(2005) 484.

° Joint Action on Mental Health and Well-being (2011). Member States agreed to set up a Joint Action on mental health and well-being under the EU public health programme 2008-2013 providing a platform for exchange of views, cooperation and coordination between member states.

Click through to find out more about...

- EPHA Report on the impact of the crisis on the population mental health
- EU Polices on Mental Health
- Trustworthy websites on "Mental Health"
- EPHA Overview of relevant policies in the field of Mental Health**

### 3.3.7 Sexual and Reproductive Health and Rights (SRHR)

Sexual and Reproductive Health (SRH) outcomes are important measures of the general health and social well-being of a population. The scope of SRH covers the entire lifespan and extends across several public health domains.

Ensuring universal access to sexual and reproductive health and rights (SRHR) is an important part of managing to achieve the Millennium Development Goals. SRHR, maternal health and gender equality are core elements of human dignity and central to human development.

Reproductive health conditions – including HIV/AIDS - are the leading cause of death and illness in women worldwide (15-44 years of age), and the second leading cause of death and illness when both men and women of reproductive age are taken into account. Worldwide, an estimated 250 million years of productive life are lost every year as a result of reproductive health problems. The poor disproportionately bear the consequences of poor reproductive health, especially impoverished women and young people.

#### - What is the EU doing?

◦ **Sexual Health Forum.** The Forum marks a step towards the formation of an EU strategy on sexual health for young people. The overall aim of the Forum is to raise knowledge and awareness of the importance of sexual health and well-being for the overall health status of current and future generations. Regular meetings are held between the EU Commission, representatives of EU countries, youth representatives and researchers in the sexual health forum to implement new actions/measures in this field. The Forum works to: (1) help improve data collection on sexual transmitted diseases such as: Chlamydia, Gonorrhoea, Hepatitis B, Hepatitis C, HPV, Syphilis, and (2) help exchange best practices on surveillance, monitoring and prevention of sexually transmitted diseases (STIs).

## { 3.4 }

### Quality Health Systems, Services Education and Care

Early childhood education and care services should provide a safe environment for children, giving them the emotional, physical, social and educational support they need to start developing their potential.

Recognising that early childhood education can lay the foundations for later educational success, especially for those from disadvantaged backgrounds, there has been an increasing focus on this sector at the European level in recent years.

Education ministers from across the EU set a target that by 2020 at least 95% of children between four years old and the age for starting compulsory primary education should participate in early childhood education. It is also increasingly recognised that the quality of such services is paramount.

#### - What is the EU doing?

- Communication from the Commission [Early Childhood Education and Care: Providing all our children with the best start for the world of tomorrow COM\(2011\) 66.1](#)
- Communication from the Commission on [Improving competences for the 21st Century: An Agenda for European Cooperation on Schools COM\(2008\) 425](#).
- Communication from the Commission on [An updated strategic framework for European cooperation in education and training COM\(2008\) 865 final](#).
- Council conclusions on [early childhood education and care: providing all our children with the best start for the world of tomorrow \(2011\)](#).
- Council conclusions of 12 May 2009 on a [strategic framework for European cooperation in education and training \('ET 2020'\) \(2009/C 119/02\)](#).

[Click through to find out more about...](#)

- [🌐 Early childhood education and care – Policy Documents](#)
- [🌐 Education, training, youth, sport - Summaries of EU legislation](#)

### 3.4.1 Communicable Diseases

Communicable diseases are defined by the World Health Organization (WHO) as infectious diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; these diseases can be spread, directly or indirectly, from one person to another. Communicable diseases such as tuberculosis, measles and influenza, represent a serious risk to human health. New diseases such as HIV-AIDS and SARS (Severe Acute Respiratory Syndrome) have emerged and others are developing new dangerous characteristics such as multi-drug resistant tuberculosis, and methicillin resistant *Staphylococcus aureus*. According to the Annual Epidemiological Report on Communicable Diseases in Europe, HIV infection remains one of the main public health threats. Great advances were achieved with the containment of infectious diseases through treatment and prevention. However, microorganisms adapt and new infections are emerging. EU policy has focused on (1) surveillance; (2) rapid detection; and (3) rapid response. The EU is working in many different areas to combat a multitude of communicable diseases.

#### - What is the EU doing?

◦ Communication from the Commission on Combating HIV/AIDS in the European Union and neighbouring countries, 2009-2013 COM(2009)569. A communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on Combating HIV/AIDS in the European Union and in neighbouring countries. The overall objectives of this Communication are: (i) to reduce new HIV infections across all European countries by 2013, (ii) to improve access to prevention treatment, care and support and (iii) to improve the quality of life of people living with, affected by or most vulnerable to HIV/AIDS in the European Union and neighbouring countries.

◦ Report from the Commission to the Council and the European Parliament on Operation of the Early Warning and Response System (EWRS) of the Community Network for the epidemiological surveillance and control of communicable diseases during 2006 and 2007 (Decision 2000/57/EC) COM(2009) 228. This report is intended to inform the Council and Parliament about the events due to communicable diseases of Community relevance notified during 2006 and 2007 through the Early Warning and Response System (EWRS).

◦ Communication from the Commission on patient safety, including the prevention and control of healthcare-associated infections COM(2008) 836. Communication from the Commission to the European Parliament and the Council.

◦ Proposal for a Decision of the European Parliament and of the Council on serious cross-border threats to health COM(2011) 866.

◦ ECDC Surveillance report on HIV/AIDS surveillance in Europe 2010.

- ECDC rapid risk assessment on Potential resurgence of highly pathogenic H5N1 avian influenza (2011).
- EMA Pandemic report and lessons learned on Outcome of the European Medicines Agency's activities during the 2009 (H1N1) flu pandemic (2011).
- Assessment report on EU-wide Pandemic Vaccine Strategies (2010). The aim of the review is to capture the diverse pandemic vaccine strategies.
- Framework action plan to fight tuberculosis in the European Union(2008). TB is a serious infectious disease in humans, most commonly acquired through inhalation of bacteria in droplets produced by a person with pulmonary disease. This framework plan offers an opportunity to start developing an EU approach to the fight against TB. Action needs to be taken to maintain and enhance the current achievements, addressing the different needs of Member States, with the aim of reducing and ultimately eliminating TB

[Click through to find out more about...](#)

[🌐 EU Polices on Communicable Diseases](#)

### 3.4.2 Health Threats

#### Antimicrobial Resistance (AMR)

Antimicrobial resistance has proved to be a major challenge in recent times. Antimicrobials, including antibiotics, brought a drastic reduction in the number of deaths from infectious diseases. However, due to their excessive and sometimes inappropriate use, many microorganisms have become resistant to



Source: European Centre of Disease Prevention and Control (ECDC)

these agents. It is estimated that this new threat is the cause of 25,000 deaths per year and costs more than 1,500 million euros in healthcare expenditures and productivity losses.

#### - What is the EU doing?

- Communication from the Commission on Action plan against the rising threats from Antimicrobial Resistance (AMR) (2011). A communication from the Commission to the European Parliament and the Council. This document contains 12 actions to combat

AMR for implementation by EU Member States and identifies 7 areas where measures are most necessary.

◦ Commission recommendation on the research Joint Programming Initiative "The Microbial Challenge – An Emerging Threat to Human Health" C(2011) 7660.

◦ Second report from the Commission on "the prudent use of antimicrobial agents in human medicine" COM(2010) 141 (2010).

◦ Communication from the Commission on "*a Community strategy against antimicrobial resistance*" (COM(2001)0333).

◦ European Parliament resolutions of 27 October 2011 on "The public health threat of antimicrobial resistance". (Texts adopted, P7\_TA(2011)0473) and of 12 May 2011 on antibiotic resistance (Texts adopted, P7\_TA(2011)0238).

◦ Council Conclusions on "The impact of antimicrobial resistance in the human health sector and in the veterinary sector – a "One Health" perspective" (2012). In particular, this document calls upon the Member States to develop and implement national strategies or action plans for countering AMR, including guidelines on treating humans and animals more prudently with antimicrobial agents. The document stressed various other actions, as for example education and training of professionals on appropriate use; encouraging incentives for animal production and marketing systems that stimulate improvement of animal health; preventing illegal internet sales of antimicrobials, among others.

◦ Council recommendation on "patient safety, including the prevention and control of healthcare associated infections" (2009/C 151/01).

◦ Transatlantic task force on urgent antimicrobial resistance – TATFAR (2011). The EU-US Summit Declaration agreed on 3 November 2009 called for the establishment of "a transatlantic task force on urgent antimicrobial resistance". The objectives of the task force are to increase the mutual understanding of US and EU activities and programmes relevant to the antimicrobial resistance issues.

◦ Joint technical report by the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA) of 17 September 2009 on "The bacterial challenge: time to react – A call to narrow the gap between multidrug-resistant bacteria in the EU and the development of new antibacterial agents".

[Click through to find out more about...](#)

- [EU Polices on Antimicrobial Resistance](#)
- [EPHA briefing on Antimicrobial Resistance](#)
- [EPHA briefing on health threats from communicable diseases](#)



### 3.4.3 Immunization

Immunization (vaccination) has helped protect millions of people across the EU from disease caused by viruses or bacteria. Vaccination is unquestionably one of the most cost-effective public health measures available. It has eradicated diseases such as smallpox and made Europe polio-free.

#### - What is the EU doing?

- Council Conclusions on childhood immunization: successes and challenges of European childhood immunization and the way forward 2011/C 202/02. The Council conclusions provide recommendations directed at the Member States and the European Commission on immunization during childhood.
- Assessment report on EU-wide Pandemic Vaccine Strategies (2010). This report followed the H1N1 pandemic outbreak in order to improve the preparation of Member States and the EU for future pandemics.
- Council Recommendation 2009/1019/EC (2009). Council Recommendation on the seasonal influenza vaccination. Seasonal influenza is one of the most significant and commonly occurring communicable diseases, and it is an important source of morbidity and mortality in all Member States. With this recommendation the EU expect to vaccinate 75% of the at risk groups against seasonal flu every year.

Click through to find out more about...

- [EU Polices on Vaccination](#)
- [Trustworthy websites on "Vaccinations"](#)

### 3.4.4 Pharmaceutical Policy

The pharmaceutical industry has an important role to play in ensuring that the people of Europe enjoy a good standard of health. In this context, key objectives of the EU's pharmaceutical policy are to: (a) **guarantee access** to affordable medicines; (b) **ensure that medicines are safe and effective**; and (c) **improve the quality** and dissemination of information, so citizens can make informed choices. In the case of medicinal products for human use, special rules exist for the



Source: European Commission - Health Programme

authorisation for paediatric use, orphan medicines, traditional herbal medicines, vaccines and clinical trials. There are also clear roles for medicinal products for veterinary use.

- **What is the EU doing?**

◦ [Communication from the Commission on Safe, Innovative and Accessible Medicines: a Renewed Vision for the Pharmaceutical Sector COM\(2008\) 666](#). The European Commission adopted this communication with the overarching objective of ensuring that European citizens are increasingly able to benefit from a competitive industry that generates safe, innovative and accessible medicines.

◦ [Directive 2010/84/EU of the European Parliament and of the Council](#), amending, as regards pharmacovigilance, [Directive 2001/83/EC on the Community code relating to medicinal products for human use](#).

◦ [Directive 2009/53/EC of the European Parliament and of the Council](#), amending [Directive 2001/82/EC](#) and [Directive 2001/83/EC](#), as regards variations to the terms of marketing authorisations for medicinal products.

◦ [Regulation \(EC\) No 726/2004 of the European Parliament and of the Council](#) laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency.

[Click through to find out more about...](#)

 [\[EPHA Briefing\] Access to Medicines in Europe in Times of Austerity](#)

### 3.4.5 Medicines for Children

◦ [Regulation \(EC\) No 1902/2006 of the European Parliament and of the Council](#), amending [Regulation 1901/2006 on medicinal products for paediatric use](#).

◦ [Regulation \(EC\) No 1901/2006 of the European Parliament and of the Council on medicinal products for paediatric use and amending Regulation \(EEC\) No 1768/92, Directive 2001/20/EC, Directive 2001/83/EC and Regulation \(EC\) No 726/2004](#). This Regulation aims to facilitate the development and accessibility of medicinal products for use in the paediatric population, to ensure that medicinal products used to treat the paediatric population are subject to ethical research of high quality and are appropriately authorized for use in the paediatric population, and to improve the information available on the use of medicinal products in the various paediatric populations. This Regulation, also, establishes a scientific committee, the Paediatric Committee, with expertise and competence in the development and assessment of all aspects of medicinal products to treat paediatric populations. This committee shall include representatives of civil society, including patient associations and health professionals.

### 3.4.6 Orphan medicinal products

◦ Regulation (EC) No 141/2000 of the European Parliament and of the Council on orphan medicinal products. The purpose of this Regulation is to lay down a Community procedure for the designation of medicinal products as orphan medicinal products and to provide incentives for the research, development and placing on the market of designated orphan medicinal products. The Regulation also sets up a Committee for Orphan Medicinal Products (COMP), which is responsible for the scientific examination of applications leading to the designation of an Orphan Medicinal Product.

[Click through to find out more about...](#)

[European Commission policy on Orphan medicinal products](#)

### 3.4.7 Herbal Medicinal Products

◦ Commission Decision on establishing of a list of herbal substances, preparations and combinations thereof for use in traditional herbal medicinal products (2008). With a view to further facilitating the registration of certain traditional herbal medicinal products in the EU, a list of herbal substances, preparations and combinations thereof for use in traditional herbal medicinal products has been established on the basis of the scientific opinion of the Committee on Herbal Medicinal Products.


◦ Directive 2004/24/EC of the European Parliament and of the Council, amending, as regards traditional herbal medicinal products, Directive 2001/83/EC on the Community code relating to medicinal products for human use. This directive was introduced in 2004 in order to overcome difficulties encountered by Member States in applying pharmaceutical legislation to traditional herbal medicinal products in a uniform manner.

◦ Committee on Herbal Medicinal Products (HMPC) (2004). It was established in September 2004 in accordance with Regulation (EC) No 726/2004 and Directive 2004/24/EC. A major task for the HMPC is to establish Community monographs for traditional herbal medicinal products, with the purpose of easing registration and harmonisation of traditional herbal medicinal products. The HMPC is also tasked with preparing a draft list of herbal substances which have been in medicinal use for a sufficiently long time, and hence are considered not to be harmful under normal conditions of use.

[Click through to find out more about...](#)

[European Commission policy on Herbal Medicinal Products](#)

### 3.4.8 Clinical trials

In order to understand what the EU is doing in this policy area, it is necessary to comprehend what clinical trials are. According to the WHO a *“clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes”*. 

◦ Commission Directive 2005/28/EC laying down principles and detailed guidelines for good clinical practice as regards investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such products.





Source: European Commission – Health EU Newsletter 

◦ Proposal for a regulation of the European Parliament and of the Council on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC (2012). This proposal, if adopted by the EU-legislator, is going to replace the “Clinical Trials Directive” of 2001.

◦ Directive 2001/20/EC of the European Parliament and of the Council on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use (Clinical Trials Directive). This directive establishes specific provisions regarding the conduct of clinical trials, including multi-centre trials, on human subjects involving medicinal products as defined in Article 1 of Directive 65/65/EEC, in particular relating to the implementation of good clinical practice. This directive does not apply to non-interventional trials.

◦ Guidelines on the requirements for quality documentation concerning biological investigational medicinal products in clinical trials (2012). The guidance sets out the requirements as regards data related to an investigational medicinal product (IMP) to be submitted with the request for a clinical trial authorisation in the IMP Dossier (IMPD). These guidelines outline the specific documentation requirements for the biological, chemical and pharmaceutical quality of IMPs containing biological / biotechnology derived substances in cases where no 'simplified IMPD' is submitted

[Click through to find out more about...](#)

-  [European Commission policy on Clinical Trials](#)
-  [EPHA position on clinical trials](#)

### 3.4.9 Falsified medicines

According to the European Commission, falsified medicines (the term 'falsified' is used to distinguish the issue from IP violations, so-called 'counterfeits') are a major threat to public health and safety. As falsifications become more sophisticated, the risk that they reach patients in the EU increases every year. Falsified medicines also represent a serious threat to global health and call for a comprehensive strategy both at European and international level.

- Directive 2011/62/EU of the European Parliament and of the Council amending Directive 2001/83/EC on the Community code relating to medicinal products for human use, as regards the prevention of the entry into the legal supply chain of falsified medicinal products.
- Impact Assessment on Directive amending Directive 2001/83/EC as regards the prevention of the entry into the legal supply chain of medicinal products which are falsified in relation to their identity, history or source. The Commission carried out a study to assess the economic, environmental and social impacts of the proposals. The final impact assessment report was adopted by the Commission on 10 December 2008.

Click through to find out more about...

- [European Commission policy on Falsified Medicines](#)
- [EPHA Position on Counterfeit Medicines](#)

### 3.4.10 Pharmacovigilance

*"Pharmacovigilance (PV) is defined as the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problem."* (WHO, Pharmacovigilance)

- Commission Implementing Regulation (EU) No 520/2012 on the performance of pharmacovigilance activities provided for in Regulation (EC) No 726/2004 of the European Parliament and of the Council and Directive 2001/83/EC of the European Parliament and of the Council.
- Proposal for a Directive amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use (2008).
- Proposal for a Regulation amending, as regards pharmacovigilance of medicinal products for human use, Regulation (EC) No 726/2004 laying down Community procedures for the authorization and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency (2008).

[Click through to find out more about...](#)

- [The EU pharmacovigilance system](#)
- [EPHA position on pharmacovigilance](#)
- [EPHA Briefing on the European Commission proposal on Pharmacovigilance](#)

### 3.4.11 Medical Devices and *in vitro* diagnostic medical devices

As stated by the European Commission on the recently realising of the new proposals, medical devices and *in vitro* diagnostic medical devices “cover a huge spectrum of products, from home-use items like sticking plasters, contact lenses and pregnancy tests to dental filling materials, x-ray machines, pacemakers, breast implants, hip replacements and HIV blood tests. There are around 500,000 or more different types of devices on the market”. These devices are classified in three different categories taking into account the risk of the device, from class I (low risk) to class III (high risk). On 26<sup>th</sup> September 2012 the European Commission released two new proposals which the main aim of the revised proposals is a ‘safer, more effective and innovative medical devices.’



Source: Europe Newsroom

#### - What is the EU doing?

- Proposal for a regulation of the European Parliament and of the Council on medical devices, and amending Directive 2001/83/EC, Regulation (EC) No 178/2002 and Regulation (EC) No 1223/2009 COM(2012) 542.
- Proposal for a regulation of the European Parliament and of the Council on *in vitro* diagnostic medical devices COM(2012) 541.
- Directive 2007/47/EC of the European Parliament and of the Council amending Council Directive 90/385/EEC on the approximation of the laws of the Member States relating to active implantable medical devices, Council Directive 93/42/EEC concerning medical devices and Directive 98/8/EC concerning the placing of biocidal products on the market. This directive was the last amendment on the topic. The Commission considered fundamental a full revision of the regulatory framework for medical devices in order to ensure a high level of human health and safety, to ensure the smooth functioning of the internal market and to meet the growing expectations of European citizens while preserving its innovation-friendly approach.

[Click through to find out more about...](#)

- [European Commission policy on Medical Devices](#)
- [EPHA Briefing on Medical Devices](#)
- [EPHA Position on Medical Devices](#)

### 3.4.12 Patient Rights: Cross-Border Healthcare

The mobility of European citizens between countries is increasing for a number of reasons. Faced with this new challenge, the EU felt the need to create appropriate legislation to provide better cross-border healthcare and promote greater integration and cooperation between health systems.

#### - What is the EU doing?

- Communication from the Commission on “A Community framework on the application of patients' rights in cross-border healthcare” COM(2008)415 (2008). With this document, the Commission proposed the establishment of a Community framework that culminated in Directive 2011/24/EU.
- Directive 2011/24/EU (2011). Directive of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare. The directive aims to clarify the rules on access to healthcare in another EU country, including reimbursement. Member States must transpose the directive by 25 October 2013.

Click through to find out more about...

- EU Policies on Cross-border care
- EU Policies on Mobility
- Trustworthy websites on "Mobility in Europe"
- **EPHA Briefing on Cross-border Patients' Rights Directive**

### 3.4.13 Health professionals

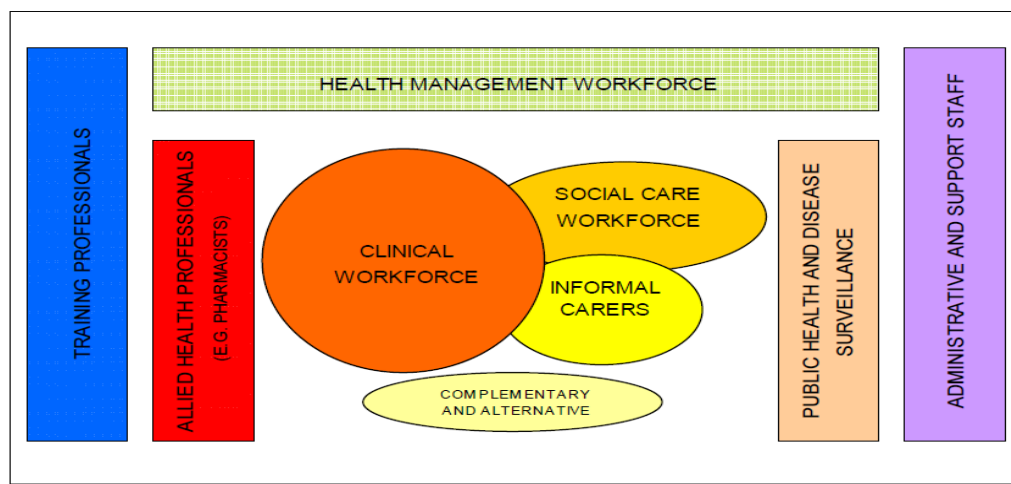
European citizens have the right to live and work in any EU country. Currently there is a growing trend for skilled health professionals seeking employment in other Member States. This form of mobility requires common rules, in particular regarding the mutual recognition of professional qualifications.

#### - What is the EU doing?

- Revision of Working Time Directive, discussions ongoing.
- Communication from the Commission on an Action Plan for the EU Health Workforce SWD(2012)93 (2012). Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. The Commission was asked to present an action plan to assist Member States tackle the key challenges facing the health workforce in the medium to longer term. The Action Plan contains four points: 1. Improving health workforce planning and forecasting; 2.

Better anticipation of skills needs; 3. Stimulating exchange on recruitment and retention and 4. Supporting ethical recruitment.

◦ Communication from the Commission on “An Agenda for new skills and jobs: A European contribution towards full employment” COM(2010)682. This document takes into account the ambitious EU employment target for women and men, namely 75% of the 20-64 years age group by 2020. The agenda covers four key priorities to achieve the ambitious goals: 1), better functioning labour markets; 2), a more skilled workforce; 3), better job quality and working conditions; and 4), stronger policies to promote job creation and demand for labour.



Scope of the Workforce for Health

◦ Green Paper “On the European Workforce for Health” (2008). The Green Paper aims to describe as precisely as possible the challenges faced by the EU health workforce which are common to all Member States. The second objective of this Green Paper is to help identify where the Commission believes that further action can be undertaken and to launch a debate on it.

◦ Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications (2005). This document establishes the recognition of professional qualifications obtained in an EU country different from that in which the person seeks authorisation to work. The directive applies to all professions exercised by people with specific skills. The directive sets out three systems for the recognition of qualifications, which are: (1) automatic recognition for professions for which the minimum training conditions have been harmonised - this applies to five health professions; (2) the general system for other regulated professions, and (3) recognition on the basis of professional experience for certain professional activities.

Amongst other issues, the directive deals with aspects such as conditions for recognition, qualification levels, and recognition of professional experience. In order to maintain the dynamism created by this directive and taking into account the significant



changes that have occurred in Member States around levels of education and training, the Commission proposed a revision of the directive in December 2011 which is ongoing.

[Click through to find out more about...](#)

- [EPHA position on modernising the Professional Qualifications Directive](#)
- [EPHA position on the revision of the Recognition of Professional Qualifications Directive](#)
- [EPHA Briefing on WHO Global Code on International Recruitment of Health Personnel](#)

### 3.4.14 Digital Agenda

*“The overall aim of the Digital Agenda is to deliver sustainable economic and social benefits from a digital single market based on fast and ultra fast internet and interoperable applications.”* (Digital Agenda for Europe – DAE)

#### - What is the EU doing?

- Communication from the Commission on A Digital Agenda for Europe COM(2010)245. The objective of the Digital Agenda is to chart a course to maximise the social and economic potential of ICT, most notably the internet, a vital medium of economic and societal activity: for doing business, working, playing, communicating and expressing ourselves freely. The purpose of using digital technologies is to enable Europe to respond to key challenges and give Europeans a better quality of life through, for example, better healthcare. With the Digital Agenda the EU aims to create a dynamic single digital market, effective interoperability and standards, security and trust in technologies; fast and ultra-fast internet, investment in research and innovation. It also aims to improve digital literacy skills in this area and inclusion in digital society, as well as the societal benefits provided by ICT in the EU.
- Annual Progress Report 2011 (2011). This report is based on the actions taken at each key point of the Digital Agenda. The document stresses that the Digital Agenda for Europe (DAE) is a crucial component of the EU growth strategy in that it sets out concrete steps whereby Information and Communication Technologies (ICT) can enhance productivity and innovation capacity, as well as generate new business opportunities and jobs.
- Digital Agenda for Europe: key initiatives MEMO/10/200 (2010). This document is intended to explain in detail each key action proposed by the European Commission.

[Click through to find out more about...](#)

- [The EU’s Digital Agenda](#)
- [EPHA Briefing on the Digital Agenda for Europe](#)
- [\[EPHA Briefing\] Cyber Security and Health Technologies](#)

### ‡ 3.4.15 ‡ Data Protection




Personal data is considered as a fundamental right by European Union on Article 8 of the Charter of Fundamental Rights and Article 16(1) TFEU. Furthermore personal data protection is a particularly sensitive issue when it comes to health data. *“Technological advances are changing service delivery in many sectors, health being no exception. Powerful new devices and online services allow for the collection, processing, storage, sharing and disclosure of vast quantities of personal data, and they enable instantaneous communication and medical collaboration across the globe. At the same time, rapid technological changes entail new challenges regarding privacy, data ownership, and trust.”* (EPHA Briefing on general data protection regulation).

Taking into account the currently legislation (Directive 95/46/EC) personal data *“shall mean any information relating to an identified or identifiable natural person ('data subject'); an identifiable person is one who can be identified, directly or indirectly, in particular by reference to an identification number or to one or more factors specific to his physical, physiological, mental, economic, cultural or social identity.”*

#### - What is the EU doing?

- Proposal for a Regulation of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation) COM(2012) 11.
- Directive 2009/136/EC of the European Parliament and of the Council of 25 November 2009 amending Directive 2002/22/EC on universal service and users' rights relating to electronic communications networks and services, Directive 2002/58/EC concerning the processing of personal data and the protection of privacy in the electronic communications sector and Regulation (EC) No 2006/2004 on cooperation between national authorities responsible for the enforcement of consumer protection laws Text with EEA relevance. This Directive establishes the rights of end-users and the corresponding obligations of undertakings providing publicly available electronic communications networks and services
- Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of such data.

Click through to find out more about...

-  [The EU's Protection of personal data](#)
-  [EPHA Briefing on General Data Protection Regulation](#)
-  [EPHA position on General Data Protection Regulation](#)

### 3.4.16 Cyber Security

“Cyber-security commonly refers to the safeguards and actions that can be used to protect the cyber domain, both in the civilian and military fields, from those threats that are associated with or that may harm its interdependent networks and information infrastructure. Cyber-security strives to preserve the availability and integrity of the networks and infrastructure and the confidentiality of the information contained therein.” (European Commission joint communication on Cybersecurity Strategy of the European Union).



Source: European Commission – Digital Agenda for Europe

Security of cyber space is facing new challenges, since technological advances are rapidly changing and thousands of ‘apps’ are now on the market, enabling users to monitor treatment, transmit health data and even diagnose common conditions using their mobile devices. The immediate problem presented by these technologies is the threat to privacy and the protection of personal information.

#### - What is the EU doing?

◦ Proposal for a Directive of the European Parliament and of the Council concerning measures to ensure a high common level of network and information security across the Union (COM(2013) 48). The aim of the proposed Directive is to ensure a high common level of network and information security (NIS). This means improving the security of the Internet and the private networks and information systems underpinning the functioning of our societies and economies.

◦ Joint communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on Cybersecurity Strategy of the European Union: An Open, Safe and Secure Cyberspace (JOIN(2013) 1).

Click through to find out more about...

- [European Commission policy on Cyber security](#)
- [EPHA Briefing on Cyber security](#)

### 3.4.17 Health Technology Assessment

“Health Technology Assessment (HTA) is the systematic, broad-ranging evaluation of using technologies within a particular health system. The term ‘technology’ encompasses almost every aspect of the healthcare system, including drugs, devices, and medical and surgical procedures, as well as the organisational and supportive systems within which such care is provided.” (EPHA Briefing on general data protection regulation).

## - What is the EU doing?

◦ [Article 15 of Directive 2011/24/EU](#) of the European Parliament and of the Council of 9 March 2011 [on the application of patients' rights in cross-border healthcare](#). This particular article provides cooperation on HTA and the creation of a voluntary network to facilitate cooperation and exchange of scientific information among Member States.

◦ [European network for Health Technology Assessment \(EUnetHTA\)](#). EUnetHTA is a Joint Action (JA) between the European Commission and 24 EU Member States, as well as organisations from Croatia, Norway, Switzerland, Serbia, Turkey and the USA. The first JA had finished the 2010-2012 cycle, which had been 50 per cent funded through the EU Health Programme, and has been granted a second JA for 2012-2015. It is coordinated by the Danish National Board of Health and aims to put into practice an effective and sustainable HTA collaboration in Europe that brings added value at the European, national and regional level.

[Click through to find out more about...](#)

- [EU Policy on Health Technology Assessment](#)
- [EUnetHTA Joint Action 2 \(2012-2015\)](#)
- [EPHA Briefing on Health Technology Assessment \(HTA\)](#)

### 3.4.18 Impact Assessment

*“Impact assessment is a set of logical steps to be followed when you prepare policy proposals. It is a process that prepares evidence for political decision-makers on the advantages and disadvantages of possible policy options by assessing their potential impacts.”* (European Commission, [Impact Assessment Guidelines](#). 2009). An Impact assessment (IA) is necessary for the most important Commission initiatives and those such as legislative proposals which have significant economic, social and environmental impacts, non-legislative initiatives (white papers, action plans, expenditure programmes, negotiating guidelines for international agreements) which define future policies and certain implementing measures (so called 'comitology' items) and delegated acts which are likely to have significant impacts.

## - What is the EU doing?

◦ European Commission - [Impact Assessment Guidelines](#) (SEC(2009) 92). The document aims to provide a series of steps to follow when they are performing an impact assessment (IA).

◦ [Communication](#) from the Commission on [impact assessment](#) (COM(2002) 276). The Commission intends to launch impact assessment as a tool to improve the quality and coherence of the policy development process. It will contribute to an effective and efficient regulatory environment and further, to a more coherent implementation of the European strategy for Sustainable Development.

Click through to find out more about...

- [European Commission - Impact Assessment](#)
- [EPHA briefing note on Impact Assessments](#)

### 3.4.19 eHealth

*“eHealth, a concept under development. According to the WHO, eHealth can be defined as “the use of Information and Communication Technologies (ICT) for health to, for example, treat patients, pursue research, educate students, track diseases, and monitor public health.” (eHealth - World Health Organization)*



Source: European Commission – Digital Agenda for Europe

EU specific objectives are to create an electronic health record architecture by supporting the exchange of information and standardisation; set up health information networks between points of care to coordinate reactions to health threats; ensure online health services such as information on healthy living and illness prevention; and to develop teleconsultation, ePrescribing, eReferral and eReimbursement capabilities. We cannot speak about eHealth without touching upon the Digital Agenda for Europe, one of the flagship initiatives of the Europe 2020 Strategy.

#### - What is the EU doing?

◦ Commission Implementing Decision 2011/890/EU (2011) providing the rules for the “Establishment, management and functioning of the network of national responsible authorities on eHealth.”

◦ Communication from the Commission on “Telemedicine for the benefit of patients, healthcare systems and society on telemedicine for the benefit of patients, healthcare systems and society” COM(2008)689. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. In this document, the Commission shows the importance of Telemedicine on Europeans Citizens. Telemedicine can improve access to specialised care in areas suffering from a shortage of expertise, or in areas where access to healthcare is difficult. Telemedicine can also make a significant contribution

to the EU economy. The Communication defines a set of actions to be taken by Member States, the Commission and the broader stakeholder community. Building confidence in and acceptance of telemedicine services, bringing legal clarity, solving technical issues and facilitating market development are the focal points for the Commission.

- Commission recommendation on [“Cross-border interoperability of electronic health record systems”](#) 2008/594/EC. Lack of interoperability of electronic health records is a major obstacle to the realisation of the social and economic benefits of eHealth in the EU and it was one of the aspects taken into account in preparing this recommendation to Member States. The purpose of the recommendation is to contribute to the overall development of European eHealth interoperability by the end of 2015.

- Communication from the Commission on [“e-Health - making healthcare better for European citizens: An action plan for a European e-Health Area”](#) COM (2004) 356.

- Council Conclusions on [“Safe and efficient healthcare through eHealth”](#) (2009). The Council calls upon the Member States to conceive and implement initiatives aimed at enabling the deployment and use of eHealth services, in particular to (1) commit politically and strategically to eHealth as one of the main instruments to enhance quality, access and safety in healthcare; (2) build confidence in and acceptance of eHealth services; (3) bring legal clarity and ensure protection of health data; (4) solve technical issues and facilitate market development. The Council also recognises the importance of eHealth as a tool to improve healthcare quality and patient safety.

- [Ongoing: eHealth Action Plan \(eHAP\) 2012-2020](#). The eHAP 2012-2020 aims to provide a longer term vision for eHealth in Europe by consolidating the actions already contained in the Commission’s wider eHealth effort, namely the EU 2020 strategy and its flagship initiatives Digital Agenda for Europe and Innovation Union (the latter encompassing also the European Innovation Partnership on Active and Healthy Ageing), the eHealth Governance Initiative, as well as a number of high profile events and activities in support of eHealth. The last eHAP for the period of 2004-2010, took into account three issues to improve eHealth matter. Issue 1: Addressing common challenges; Issue 2: Pilot actions: accelerating beneficial implementation; Issue 3: Working together and monitoring practice.

- [eHealth Task Force Report on Redesigning health in Europe for 2020 \(2012\)](#). The function of the Task Force was to carry out an assessment of the role of ICT in health and social care and suggest how ICT can promote innovation in healthcare. It was created to advise the Commission on how to make best use of the potential of eHealth and achieve EU-wide interoperability of eHealth services and technologies. The publication contains five levers of change, to be supported by five recommendations in order to realise the vision of health in 2020 and create the conditions for eHealth to play an influential, transformative role in European healthcare.

◦ [eHealth Governance Initiative \(2011\)](#). The overall objective of the initiative is to contribute actively to the shaping of the eHealth political agenda at EU level, with a specific focus on interoperability.

◦ [Assessing the progress of the eHealth Action Plan for the period 2004 – 2010 \(2011\)](#). This document examines the progress of the eHealth Action Plan (eHAP) within its projected lifetime of 2004 to 2010, taking in account the three Issues proposed in this Action Plan. But success cannot be measured only by the evaluation of the actions described in the plan. Success is measured by both direct and indirect criteria. These include – and are not limited to – a growth in awareness, impact on policies, the strengthening of political will, infrastructural development, contribution to knowledge and experience, promise for the future, a build-up of expectations among citizens, practical implications on a market-based economy.

Click through to find out more about...

- [EU Policies on eHealth](#)
- [Trustworthy websites on "eHealth"](#)
- [EPHA briefing on eHealth](#)
- [EPHA position on the eHealth Action Plan 2012-2020](#)

### { 3.5 } Children and young people

Babies and children are a special case when it comes to health issues and they cannot simply be treated as "mini-adults". They are more vulnerable and it is particularly important that they are protected and provided with the best possible physical and social environments.



Source: European Union - European Alliance for Families

Overall, the health of young people in the 27 EU countries is better than it has ever been. Nevertheless, there are still many causes of concern like rising mental stress, alcohol abuse, smoking, poor levels of nutrition and physical activity, accidents, and sexually transmitted diseases.

- What is the EU doing?

◦ [Communication from the Commission on Youth on the Move](#). An initiative to unleash the potential of young people to achieve smart, sustainable and inclusive growth in the European Union COM(2010) 477.

- Communication from the Commission on “An EU Strategy for Youth – Investing and Empowering. A renewed open method of coordination to address youth challenges and opportunities COM(2009) 200.
- Decision No 1719/2006/EC of the European Parliament and of the Council establishing the ‘Youth in Action’ programme for the period 2007 to 2013.
- European Commission white paper on “a new impetus for European youth” COM(2001) 681. The main objective of this White Paper is to propose a new framework for cooperation among the various actors in the youth field to better involve young people in decisions that concern them.

### → Child poverty recommendations

- Council conclusions on Tackling child poverty and promoting child well-being, of 17 June 2011. Child poverty and well-being is a multidimensional phenomenon and that a comprehensive approach is therefore needed to tackle it combining employment for parents, income support and access to social services, including childcare, as well as public services and education.
- European Parliament resolution of 9 October 2008 on promoting social inclusion and combating poverty, including child poverty, in the EU (2008/2034(INI)). Having the Eradicating child poverty as the main aim, the European Parliament calls on the EU institutions, the Member States and organised civil society associations to ensure that child participation is always organised according to the fundamental principles of safe and meaningful participation.
- Commission recommendation on Investing in children: breaking the cycle of disadvantage (C(2013) 778). Taking into account that children are more at risk of poverty or social exclusion than the overall population in a large majority of EU countries, is essential to organise and implement policies to address child poverty and social exclusion, promoting children’s well-being, through multidimensional strategies.

### → Child safety and injury prevention

- Council recommendation on the prevention of injury and the promotion of safety of 31 May 2007 (2007/C 164/01). Children, adolescents and young adults accidents and injuries are the leading cause of death. To reverse the situation Members States should, *inter alia*, make better use of existing data and develop, where appropriate, representative



Source: European Child Safety Alliance



injury surveillance and reporting instruments to obtain comparable information, monitor the evolution of injury risks and the effects of prevention measures over time and assess the needs for introducing additional initiatives on product and service safety and in other areas.

◦ [Communication from the Commission on “Actions for a Safer Europe”](#). COM(2006) 328. This communication focuses on the prevention of accidents and injuries in Europe by public health actions. It is intended to provide a strategic framework which is needed to help all Member States prioritise their actions to reduce accidents and injuries.

◦ [Directive 2009/48/EC of the European Parliament and of the Council of 18 June 2009 on the “safety of toys”](#). The Directive applies to toys defined as "products designed or intended, whether or not exclusively, for use in play by children under 14 years of age". It brings in particular more references on chemicals by limiting the amounts of certain chemicals that may be contained in materials used for toys.

◦ [Report from the Commission on “protecting children in the digital world”](#) COM(2011) 556.

#### → **Children rights**

◦ [Proposal for a regulation of the European Parliament and of the Council establishing for the period 2014 to 2020 the Rights and Citizenship Programme](#) COM(2011) 758.

◦ [Communication from the Commission on “Towards an EU Strategy on the Rights of the Child”](#) COM(2006) 367. The strategy aims to push childrens’ rights to the forefront of the international agenda and promote universal childrens’ rights at national level worldwide. It also aims to promote and support attention to children’s needs, drawing on Europe’s values of social protection and on its policy commitments and programmes in different fields.

#### → **Parental leave**

◦ [Proposal for a Directive of the European Parliament and of the Council on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding \(as known as Maternity Leave Directive 2008/0193 \(COD\)](#).



*Source: Europe newsroom*

Since 2010 the proposal for this directive has been stalled at Council level over the extension of the legal paid maternity leave to 20 weeks.

° Council Directive 2010/18/EU of 8 March 2010 implementing the revised Framework Agreement on “parental leave”. This Directive puts into effect the revised Framework Agreement on parental leave which set out the minimum requirements on parental leave, as an important means of reconciling professional and family responsibilities and promoting equal opportunities and treatment between men and women.

[Click through to find out more about...](#)

- [EU initiatives on Children and young people](#)
- [Trustworthy websites on "Young People"](#)
- [Trustworthy websites on "Babies and Children"](#)
- [Commission Recommendation \(20 February 2013\): Investing in children: breaking the cycle of disadvantage](#)
- [EPHA publishes Policy Recommendations on Child Poverty, Health and Well-being](#)
- [EPHA Briefing on Children’s Health](#)
- [EPHA contributes to the UN High Commissioner on Human Rights on the Right of the Child to Health](#)

# 4. Health in all EU policies

## What is Health in All Policies?

*“Health in All Policies (HiAP) is a policy strategy, which targets the key social determinants of health through integrated policy response across relevant policy areas with the ultimate goal of supporting health equity. The HiAP approach is thus closely related to concepts such as ‘inter-sectoral action for health’, ‘healthy public policy’ and ‘whole-of-government approach.’”* (European Portal for action on Health Inequalities🌐)

*“There are many fields which have an impact on health, such as regional policy, external policy, trade, agriculture, transport, environment, energy, research, economic policy, and social policy. Policy partnerships are ongoing in many of these fields, and important work to integrate health into other policies has been undertaken at Community level. Examples throughout this document relate not only to policy in the health sector but policy across many different sectors at Community level.*

*This strategy sets out a number of actions in the field of health, many of which are in areas with clear cross-sectoral links, and which will involve the participation of different sectors to achieve them. Methodologies such as Health Impact Assessment (HIA) and Health Systems Impact Assessment (HSIA) have been developed. In addition, a number of European Agencies are doing important health-related work (see Annex 4). However, systems for supporting health-related work in non-health policy areas need to be strengthened and made more systematic at all levels of government,”* (White Paper - Together for Health: A Strategic Approach for the EU 2008-2013🌐)

## { 4.1 } The economic governance of the EU: Europe 2020. A new Strategy for Healthy Growth: Smart, Sustainable and Inclusive growth.

Europe 2020 is a new framework for Europe to face its economic and demographic challenges and stimulate innovation. It comprises a range of fields which impact on public health.

The Commission released the long-awaited Europe 2020 strategy in March 2010. It replaces the Lisbon Strategy and serves as a roadmap for smart, sustainable and inclusive growth in Europe. It contains proposals on reducing poverty, promoting research, and increasing employment in the EU.



Source: Europe Innova🌐

*The Europe 2020 strategy is about delivering growth that is: SMART, through more effective investments in education, research and innovation; sustainable, thanks to a decisive move towards a low-carbon economy; and inclusive, with a strong emphasis on job creation and poverty reduction. The strategy is focused on five ambitious goals in the areas of employment, innovation, education, poverty reduction and climate/energy (European Commission, Europe 2020: Priorities).*

Seven flagship initiatives were identified that could foster growth and employment. These initiatives include: (1) Digital Agenda for Europe, (2) Innovation Union, (3) Youth on the move, (4) Resource efficient Europe, (5) An industrial policy for the globalisation era (6) An agenda for new skills and jobs, (7) European Platform against poverty. These initiatives are divided into three areas, Smart Growth, Sustainable Growth and Inclusive Growth.

**Of the seven initiatives, the four most relevant to public health are as follows:**

◦ **Innovation Union.** Innovation is considered by the EU as the key, not only to create more jobs, build a greener society and improve quality of life, but also to enhance competitiveness in the global market. The Innovation Union plan includes more than 30 actions. The plan aims to make Europe a benchmark for world-class science; remove obstacles to innovation, such as market fragmentation, which currently prevents the market from receiving new ideas, and even revolutionise the way the public and private sectors are working together, particularly through innovation partnerships between the European institutions, national and regional actors and businesses. The Innovation Union plan is structured into five areas, namely knowledge, good ideas to market, regional and social benefits, innovation partnerships and international cooperation.

◦ **Digital agenda for Europe.**

◦ **Agenda for new skills and jobs.** One of the objectives of this initiative is to improve working conditions and workplaces that focus on health and welfare of employees, reducing health inequalities, lack of workforce and absenteeism. With this agenda the EU intends to achieve its employment target of 75% of working age population (i.e. between 20 and 64 years old) by 2020. This initiative also aims to reduce early school leaving to less than 10% and increase the number of young people in higher education or equivalent vocational education to at least 40%. These measures help to enhance “flexicurity” in the labour market, provide people with the right skills for current and future jobs, strengthen the quality of employment and ensure better working conditions, and also improve the conditions for the creation of jobs.

◦ **European platform against poverty.** One of the most important measures in this field is to decrease by 20 million the number of people at risk of poverty and social exclusion by 2020. Among the main measures proposed for this initiative are:

improving access to employment, social security, essential services and education; better use of EU funds to support social inclusion and combat discrimination; encouraging social innovation to find intelligent solutions in Europe's post-crisis, particularly with regard to making social support more concrete and effective; and even foster new partnerships between public and private sectors.

[Click through to find out more about...](#)

- [Europe 2020 – for a healthier EU](#)
- [Annual Growth Survey 2013](#)

#### 4.1.1 Measuring progress: Beyond GDP

On November 2007, the European Commission, European Parliament, Club of Rome, OECD, and WWF organised a conference “Beyond GDP - measuring progress, true wealth, and a nation’s wellbeing.” The conference gathered experts, civil society and policy makers to discuss the most appropriate ways to measure societal progress, how these indicators can be included in the policy-making progress and be taken up by public debate. The conclusions of the conference showed that there is a need to go beyond GDP to measure progress and wellbeing, that action should be taken urgently and quickly, underlined the need for timely data, emphasised the political consensus on the need to go beyond GDP and for an EU role, and announced that in 2008 the European Commission will present a roadmap for action.

The roadmap experienced some delays, and in 2009 the European Commission released a Communication on “GDP and beyond: Measuring progress in a changing world.” The Commission communication highlighted the role of the crisis in looking for new, more inclusive indicators for societal progress and how GDP cannot accurately inform policy decisions and debates on a number of issues. The roadmap outlined five actions that are meant to be reviewed in 2012.

[Click through to find out more about...](#)

- [EPA briefing on "beyond GDP"](#)

#### 4.1.2 Smart regulation

The European Union has, over the years, developed a sophisticated body of legislation which continues to deliver economic development, environmental protection and improvement of social standards, notably through the completion of the internal market. As progress towards these



Source: European Commission - Enterprise and Industry

objectives is being achieved, it has also become clear that the way in which we regulate has considerable impact on whether we meet these objectives efficiently.

In the context of the renewed Lisbon Strategy, which continues the focus on growth and jobs, the Commission has launched a comprehensive strategy on better regulation to ensure that the regulatory framework in the EU contributes to achieving [growth and jobs, while continuing to take into account the social and environmental objectives](#) and benefits for citizens and national administrations. The EU's Better Regulation policy aims at simplifying and improving existing regulation, to better design new regulation and to reinforce the respect and the effectiveness of the rules, all this in line with the EU proportionality principle.

[Better Regulation Strategy](#) is based on three key action lines:

- Promoting the design and [application of better regulation tools at the EU level](#), notably simplification, reduction of administrative burdens and impact assessment.
- [Working more closely with Member States to ensure that better regulation principles are applied consistently throughout the EU by all regulators.](#)
- [Reinforcing the constructive dialogue between stakeholders and all regulators at the EU and national levels.](#)

The [Communication "Smart Regulation in the EU" \(October 2010\)](#) sets out the Commission's plans to further ensure the quality of regulation. Smart regulation aims at regulating where there is a need to do so while keeping costs to a minimum.

[Click through to find out more about...](#)

- [European Commission. Enterprise and Industry Policies Smart regulation](#)
- [European Commission Governance Better regulation](#)
- [EPHA Response to the Smart Regulation Consultation 2012: Improving stakeholder dialogue and Impact Assessment? \(September 2012\)](#)

### 4.1.3 Civil Dialogue

The new article 11 TEU introduces an obligation to consult civil society organisations in the policy-making process: the institutions shall *"give citizens and representative associations the opportunity to make known and publicly exchange their views in all areas of Union action", "maintain an open, transparent and regular dialogue with representative associations and civil society", and "carry out broad consultations with parties concerned in order to ensure that the Union's actions are coherent and transparent"*. However there will be a need to define more clearly the scope of "representative associations," to which this article refers. Additionally article 11 creates the right of initiative for one million citizens to ask the European Commission to submit a proposal on a specific topic.

Here there is no commonly accepted or legal definition of the term 'civil society organisation', but the [Commission's consultation standards](#) explain the concept as follows:

*"The term 'civil society organisation' can be used as shorthand to refer to a range of organisations which include:*

- *the labour-market players (i.e. trade unions and employers federations – the "social partners");*
- *organisations representing social and economic players, which are not social partners in the strict sense of the term (for instance, consumer organisations);*
- *NGOs (non-governmental organisations), which bring people together in a common cause, such as environmental organisations, human rights organisations, charitable organisations, educational and training organisations, etc.;*
- *CBOs (community-based organisations), i.e. organisations set up within society at grassroots level which pursue member-oriented objectives, e.g. youth organisations, family associations and all organisations through which citizens participate in local and municipal life; and religious communities."*

It should be noted that in its policy on consultation the Commission does not distinguish between civil society organisations and other interest groups. The Commission consults "interested parties", the term which comprises all those who wish to participate in consultations run by the Commission.

[Click through to find out more about...](#)

- [The European citizens' initiative](#)
- [Study on Stakeholders' Involvement in the Implementation of OMC in Social Protection and Inclusion](#)

#### 4.1.4 Health, wealth and equity and Healthy ageing

The ageing of societies essentially results from falling fertility rates and increased life expectancy. An additional impact stems from large differences in the size of age groups, e.g. the post-War baby boomers who are reaching retirement.

Ageing is one of the greatest social and economic challenges of the 21st century for European societies. It will affect all EU countries and most policy areas. By **2025** more than **20% of Europeans will be aged 65 or over**, with a particularly rapid increase in numbers of over-80s.

- **What is the EU doing?**

- Communication from the Commission on “Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing” COM(2012) 83. The Commission has launched, among other initiatives, the European Innovation Partnership with the objective of accelerating innovation to address a well defined target within a grand societal challenge. The Strategic Implementation Plan (the Plan) that was adopted by the Partnership's Steering Group in November 2011, focuses on actions developed around 3 pillars: prevention, screening and early diagnosis; care and cure; and active ageing and independent living.
- Communication from the Commission on “Dealing with the impact of an ageing population in the EU” (2009 Ageing Report) COM(2009) 180.

Click through to find out more about...

- 🌐 [Demographic Change in the EU](#)
- 🌐 [Trustworthy websites on "Elderly"](#)
- 🌐 [EU policies on Ageing](#)
- 🌐 [EPHA position on Healthy and Active Ageing](#)

{ 4.2 }

**Europe, Health and the Union's Internal Market**



The Internal Market and Services Directorate General (DG MARKT) 🌐 is one of the directorates general and specialised services which make up the European Commission. Its main role is to coordinate the Commission's policy on the European Single Market and to seek the removal of unjustified obstacles to trade, in particular in the field of services and financial markets.

Source: European Commission - The EU Single 🌐

The Single Market is about bringing down barriers and simplifying existing rules to enable everyone in the EU – individuals, consumers and businesses – to make the most of the opportunities offered to them by having direct access to 27 countries and over 480 million people.



- **What is the EU doing?**

- Communication from the Commission on the **Single Market Act - Twelve levers to boost growth and strengthen confidence** "Working together to create new growth" COM(2011) 206.
- Commission Regulation (EU) No 1251/2011 amending Directives 2004/17/EC, 2004/18/EC and 2009/81/EC of the European Parliament and of the Council in respect of their application thresholds for the procedures for the awards of contract.
- Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions Public on **procurement for a better environment** COM(2008) 400.
- Directive 2004/18/EC of the European Parliament and of the Council on "The coordination of procedures for the award of public works contracts, public supply contracts and public service contracts."
- Directive 2004/17/EC of the European Parliament and of the Council of 31 March 2004 coordinating the procurement procedures of entities operating in the water, energy, transport and postal services sectors.
- **General Product Safety Directive 2001/95/EC**, this directive outlines requirements to ensure the safety of products on the marketplace within the European Union.

[Click through to find out more about...](#)

- [EPHA position on the modernisation of EU public procurement policy](#)
- [EPHA briefing on the Single Market](#)

‡ 4.2.1 ‡ **Research and Innovation**



Health research is a major priority for the European Union, with a budget of € 6.1bn over the duration of the **Seventh Framework Programme**. The aim of the EU investment in Health

research is to improve the health of European citizens, to address global health issues and to boost the competitiveness of European health-related industries.

Projects are supported in various thematic domains, in particular (1) Medical Research, (2) Infectious Diseases; (3) Public Health; (4) Large scale data gathering & systems biology; (5) Biotechnology, tools and technologies; (6) Innovative medicines initiative.

- What is the EU doing?

◦ [Green Paper on From Challenges to Opportunities: Towards a Common Strategic Framework for EU Research and Innovation funding COM\(2011\) 48.](#)

◦ [Commission recommendation on “The research joint programming initiative on ‘agriculture, food security and climate change” \(2010/253/EU\).](#)

◦ [Commission recommendation on “The research joint programming initiative: a healthy diet for a healthy life” \(2010/250/EU\).](#) With this recommendation Member States are encouraged to develop a common vision on how cooperation and coordination in the field of research at Union level can help to improve prevention of diet-related diseases. The recommendation also develops a strategic research agenda establishing medium to long-term research needs and objectives in the area of prevention of diet-related diseases.

◦ [Decision No 1982/2006/EC of the European Parliament and of the Council concerning the Seventh Framework Programme of the European Community for research, technological development and demonstration activities \(2007-2013\).](#)

◦ [Conclusions of the Council on the definition of a ‘2020 vision for the European research area’ \(2009/C 25/01\).](#)

◦ [Conference report on “Innovation in Healthcare: from Research to Market” \(2011\).](#)

[Click through to find out more about...](#)

- [European Commission – Research and Innovation: Health](#)
- [European research and development & Trustworthy websites on "Research"](#)
- [\[EPHA Briefing\] Criteria for Independent Research](#)

#### 4.2.2 Food safety

The central goal of the European Commission's food safety policy is to ensure a high level of protection for human health and consumers' interests in relation to food, taking into account diversity, including traditional products, whilst ensuring the effective functioning of the internal market.



Source: European Commission – Health and Consumers

- **What is the EU doing?**

- Regulation (EC) No 882/2004 of the European Parliament and of the Council on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules.
- Regulation (EC) No 1829/2003 of the European Parliament and of the Council on genetically modified food and feed.
- Regulation (EC) No 178/2002 of the European Parliament and of the Council laying down the general principles and requirements of food law, establishing the European Food Safety Authority and laying down procedures in matters of food safety.
- [White Paper on food safety COM \(1999\) 719](#). Assuring that the EU has the highest standards of food safety is a key policy priority for the Commission. This White Paper reflects this priority. A radical new approach is proposed. This process is driven by the need to guarantee a high level of food safety.

‡ **4.2.3 ‡ Consumer policies**

*“Consumer Policy supports the aims laid out in Articles 12 TFEU (ex Article 153(2) TEC) and Article 114 TFEU (ex Article 95 TEC), which promote the interests, health and safety of European consumers. It is designed to ensure that the internal market is open, fair and transparent, allowing consumers to exercise real choice, excluding rogue traders, and helping consumers and businesses take full advantage of the market’s potential,” (DG SANCO Consumer Affairs policy).*

Consumer policy works in eight fields: (1) Strategy and Programme; (2) Consumer research; (3) Safety; (4) Rights; (5) Enforcement; (6) Redress; (7) Consumer Empowerment, and (8) [Cosmetics](#).

- **What is the EU doing?**

- Communication from the Commission on [A European Consumer Agenda](#) - [Boosting confidence and growth COM\(2012\) 225](#). Communication from the Commission to the European Parliament, the Council, the Economic and Social Committee and the Committee of the Regions. This document replaces the EU Consumer Policy strategy 2007-2013. The European Consumer Agenda identifies key measures that are needed now to empower consumers and boost their trust. It also sets out measures to put consumers at the heart of all EU policies as a means to achieve the Europe 2020 goals.
- Communication from the Commission on EU Consumer Policy strategy 2007-2013: [Empowering consumers, enhancing their welfare, effectively protecting them.](#)

COM(2007) 99. Confident, informed and empowered consumers are the motor of economic change as their choices drive innovation and efficiency. The strategy sets out the challenges, role, priorities and actions of EU consumer policy for this period. The challenges mentioned by Commission are: growth, jobs and the need to re-connect with Europeans citizens. The Commission's main aim is demonstrate to all EU citizens by 2013 that they can shop anywhere in the EU, from corner shops to websites, confident that they are equally well protected; and to demonstrate to all retailers that they can sell anywhere on the basis of a single, simple set of rules.

- Report on a [strategy for strengthening the rights of vulnerable consumers](#) (2011/2272(INI)).

- Directive 2011/83/EU of the European Parliament and of the Council [on consumer rights](#), amending Council Directive 93/13/EEC and Directive 1999/44/EC of the European Parliament and of the Council and repealing Council Directive 85/577/EEC and Directive 97/7/EC of the European Parliament and of the Council

- Proposal for a Regulation of the European Parliament and of the [Council on a consumer programme 2014-2020](#) COM(2011) 707. Europe needs new sources of growth, and consumer policy is one area which can make a real contribution to meeting the Europe 2020 objectives. Empowerment is one of the key points in this proposal. The proposal aims at establishing a consumer programme for the period 2014-2020, as a successor to the 2007-2013 Programme of Community Action in the field of consumer policy.

#### 4.2.4 Audiovisual Media Service (AVMS)

*"The AVMSD covers all services with audiovisual content, irrespective of the technology used to deliver the content: The rules apply whether you watch news or other audiovisual content on TV, on the Internet or on your mobile phone ... The most important advertisements related to Public Health are (1) advertising of alcoholic beverages; (2) advertising to children, and (3) advertising of food high in fat, sugar or salt. The AVMSD aims to protect Europeans Citizens' health." (AVMSD- General Principles)*

##### - What is the EU doing?

- First Report from the Commission on the application of Directive 2010/13/EU "Audiovisual Media Service Directive" - [Audiovisual Media Services and Connected Devices: Past and Future Perspectives](#) COM(2012)203. The key issues covered in this report are advertising practices and the need for further guidance on Connected TV (internet-enabled TV). One of the many conclusions of this report is related to the timing of advertising and teleshopping spots on television. In many Member States the 12-minute limit of advertising spots is regularly breached. Content analysis of the 100 most frequently broadcast advertising spots showed that the Directive's provisions on the protection of minors in advertising were seldom contravened. [With regard to](#)

advertising to children the report took into account content analysis of the 100 most frequently broadcast advertising spots and revealed that the directive's provisions on the protection of minors in advertising were also seldom contravened.

◦ Directive 2010/13/EU of the European Parliament and of the Council on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media services (Audiovisual Media Services Directive) (2010). This directive enables the free circulation of audiovisual content and meets important public policy objectives such as banning incitement to hatred, protecting minors from harmful content and promoting European audiovisual works.

Click through to find out more about...

- [Audiovisual Media Services Directive \(AVMSD\) – Goals and Areas](#)
- [EPHA Briefing on the Audiovisual Media Services Directive](#)

## **4.3** Social, Cohesion and Work Policies

### **4.3.1** Cohesion programmes

Cohesion Policy is the European Union's strategy to promote and support the "overall harmonious development" of its Member States and regions.

The EU has a number of policies designed to reduce disparities across the Union and to promote greater economic, social and territorial cohesion. Financial support is targeted at the national level through the Cohesion Fund, and the regional level through four Structural funds. In both cases, EU money is directed towards the poorest and most disadvantaged countries or regions.



Source: European Commission – Regional Policy

- **What is the EU doing?**

- Ongoing: legislative proposals for the EU cohesion policy during the period 2014-2020 – “Investing in Growth and Jobs”.
- Regulation (EC) No 1080/2006 of the European Parliament and of the Council of 5 July 2006 on the [European Regional Development Fund and repealing Regulation \(EC\) No 1783/1999](#).
- Council Decision of 6 October 2006 on [Community strategic guidelines on cohesion \(2006/702/EC\)](#) (Guidelines for Cohesion Policy, 2007-2013). These strategic guidelines represent a single indicative framework which Member States and regions are invited to use when developing national and regional programmes, in particular with a view to assessing their contribution to the Community's objectives in terms of cohesion, growth and jobs.

[Click through to find out more about...](#)

- [European Commission - Regional Policy](#)
- [EPHA briefing: the future EU Cohesion policy and health](#)

#### ‡ 4.3.2 ‡ **Health and safety in the work place**

Working life can at the same time act as a risk and a positive factor for the health of employees and their families. Health and safety at work is one of the areas where the EU has had the biggest impact – with a solid legal framework covering the maximum number of risks with the minimum number of regulations.

The EU aims to (a) cut the number of accidents at work by a quarter between 2007 and 2012; (b) promote changes in the behaviour of workers and encourage their employers to adopt health-focused approaches; (c) finalise the methods for identifying and evaluating new potential risks; (d) establish and disseminate good practice.



##### - **What is the EU doing?**

- Communication from the Commission on “[Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work](#)” COM(2007) 62. This communication proposes a strategy for promoting health and safety at work in the European Union from 2007 to 2012. In the Commission's view, the overall objective during this period should be to reduce by 25% the total incidence rate of accidents at work per 100,000 workers in the EU 27.
- Decision No 1672/2006/EC of the “[European Parliament on establishing a Community Programme for Employment and Social Solidarity](#)” — PROGRESS. This decision establishes the Community Programme for Employment and Social Solidarity, called Progress (the Programme), to support financially the implementation of the objectives

of the European Union in the fields of employment and social affairs, as set out in the Commission Communication on the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in those fields.

- Directive 2000/54/EC of the European Parliament on “The protection of workers from risks related to exposure to biological agents at work (seventh individual directive within the meaning” of Article 16(1) of Directive 89/391/EEC).
- Council Recommendation 2003/134/EC of 18 February 2003 concerning “The improvement of the protection of the health and safety at work of self-employed workers.”
- Council Directive 89/391/EEC of 12 June 1989 on “The introduction of measures to encourage improvements in the safety and health of workers at work.”

Click through to find out more about...

-  [Health, hygiene and safety at work](#)
-  [Trustworthy websites on "At Work"](#)

### 4.3.3 Social policies

The main aim of Social Policy is to bring practical benefits to citizens, for example in finding a job, moving to another Member State for professional or other reasons, upgrading skills, etc. In partnership with national authorities, social partners, civil society organisations and other stakeholders, the Directorate-General of Employment, Social Affairs & Inclusion addresses challenges linked to globalisation, the ageing of Europe's population and changing social realities. For example, in the field of Social Protection & Social Inclusion, they support areas like [poverty and social exclusion](#); [health care](#); [pensions](#); [long-term care](#); [social services of general interest](#); [social policy experimentation](#) and [demographic change in the EU](#).

#### - What is the EU doing?

- Communication from the Commission Strategy for “Equality between women and men” 2010-2015 COM(2010)491 final (2010). Equality is one of five values on which the Union is founded. Taking this principal into account, this strategy contributes to improving the place of women in the labour market, in society and in decision-making positions both in the European Union and globally. The main fields of the strategy are: (a) Equal pay for equal work and work of equal value; (b) Equality in decision-making; (c) Dignity, integrity and an end to gender-based violence; and (d) Gender equality in external actions.
- Communication from the Commission on Renewed social agenda: “Opportunities, access and solidarity in 21st century Europe” COM(2008)412. It is built around three pillars, namely Creating Opportunities (e.g., employment), Providing Access (e.g.,

education, social protection) and Demonstrating Solidarity (e.g., fostering social inclusion). The priority areas for this new agenda are: (1) Children and youth; (2) Investing in people, more and better Jobs, New Skills; (3) Mobility; (4) Longer and healthier lives; (5) Combating poverty and social exclusion; (6) Fighting discrimination; and, (7) Opportunities, access and solidarity on the global scene.

◦ Decision No 1098/2008/EC of the European Parliament and of the Council on the [European Year for Combating Poverty and Social Exclusion -2010 \(2008\)](#). Taking into account the fight against poverty and social exclusion, the European Parliament jointly with the Council launched this decision to have a dedicated European Year for Combating Poverty and Social Exclusion, and in this way to support Community action to combat social exclusion. The document sets four objectives and guiding principles. They are: (a) Recognition of rights; (b) Shared responsibility and participation; (c) Cohesion, and (d) Commitment and concrete action.

◦ Regulation (EC) No 1081/2006 of the European Parliament and of the Council of 5 July 2006 on the [European Social Fund and repealing Regulation \(EC\) No 1784/1999](#). The European Social Fund Regulation defines the areas of intervention of that specific instrument: increasing the adaptability of workers and enterprises, enhancing access to employment and participation in the labour market, reinforcing social inclusion by combating discrimination and facilitating access to the labour market for disadvantaged people; and promoting partnership for reform in the fields of employment and inclusion.


◦ Council Decision No 2010/707/EU on [“Guidelines for the employment policies of the Member States”](#) (2010). This decision aims to provide guidelines to support reforms for sustainable growth, driven by knowledge and innovation. This guidance is based on the objectives set in Europe 2020. This encourages, for example, an increased participation of women and men in the labour market, reducing structural unemployment and promotion of quality employment.

[Click through to find out more about...](#)

- [🌐 Employment and social policy - Summaries of EU legislation](#)
- [🌐 European platform against poverty and social exclusion](#)
- [🌐 Social Investment Package \(SIP\)](#)
- [🌐 \[EPHA position paper\] Reforming Health Systems in Times of Austerity](#)



## { 4.4 } Health and Environment

*“The environment is a major determinant of health, estimated to account for almost 20% of all deaths in the WHO European Region.”* (WHO/Europe - Environment and health .



Source: European Commission – Health EU Newsletter 

Environmental policy is subdivided into smaller policies that act in a specific area. These areas include [water](#), [air](#), [biodiversity](#), [chemicals](#), [pesticides](#), [noise](#) and [soil](#). Public health depends on various environmental factors. In order to create healthy environments and to prepare adequate response plans to health threats, the EU works in partnership with national governments and experts. Unsafe or polluted environments can cause serious diseases, inter alia respiratory diseases, allergies, poisoning, cancer, accidents and injuries, and food contamination.

Climate change is another big challenge for the EU. [Combating climate change is a top priority for the EU](#), and the Europe is working hard to cut its greenhouse gas emissions.

### - What is the EU doing?

◦ [Commission Regulation \(EU\) No 1282/2011 of 28 November 2011](#). Amending and correcting Commission Regulation (EU) No 10/2011 on plastic materials and articles intended to come into contact with food.

◦ [Report from the Commission On the implementation of the Environmental Noise Directive](#) in accordance with Article 11 of Directive 2002/49/EC COM(2011) 321. Of the many conclusions from this report the Commission emphasizes the fact that noise remains a significant problem across the EU with significant impacts on health. Given this the Commission recommends that further actions should be taken to reduce the number of people affected by harmful noise levels.

◦ [Communication from the Commission on Europe's climate change opportunity](#) COM(2008)30. With this document, the Commission reinforces the idea that work needs to continue to reduce greenhouse gas emissions. As such the European Council has set two main objectives: (a) A reduction of at least 20% in greenhouse gases (GHG) by 2020 – rising to 30% if there is an international agreement committing other developed countries; and (b) a 20% share of renewable energies in EU energy consumption by 2020.

◦ [Communication from the Commission Action Plan for Energy Efficiency: Realising the Potential](#) COM(2006)545, Action Plan for Energy Efficiency (2007-12).

- Regulation (EU) No 528/2012 of the European Parliament and of the Council concerning the [making available on the market and use of biocidal products](#) will bring a significant boost to the protection of human health and the environment. Biocidal products are necessary for the control of organisms that are harmful to human or animal health or that cause damage to materials. But as their properties can also pose risks to humans, animals and the environment, they need careful regulation. The new regulation on biocidal products will increase the safety of these chemical products and simplify their authorisation on the EU market, improving their free movement on the internal market. The Regulation was adopted on 22 May 2012, entered into force on the 17th July 2012 and will repeal and replace Directive 98/8/EC. It will be applicable from 1 September 2013.
  
- European Parliament resolution of 20 April 2012 on our [life insurance, our natural capital: an EU biodiversity strategy to 2020](#).
  
- Directive 2012/19/EU of the European Parliament and of the Council [on waste electrical and electronic equipment \(WEEE\)](#).
  
- [White Paper on Adapting to climate change: Towards a European framework for action COM\(2009\) 147 \(2009\)](#). One of the consequences of climate change is the rise in average global sea levels. This in turn affects the food supply, health, industry and transport and ecosystem integrity. The problem of climate change requires two types of responses, on the one hand a reduction of greenhouse gas emissions, and on the other the need for adaptation measures to cope with the unavoidable impacts. This document provides a framework for reducing the EU's vulnerability to the impact of climate change.
  
- Directive 2008/50/EC of the European Parliament and of the Council on [ambient air quality and cleaner air for Europe \(2008\)](#). This Directive lays down measures aimed at, inter alia, defining and establishing objectives for ambient air quality designed to avoid, prevent or reduce harmful effects on human health and the environment. It also sets out guidelines on how to obtain information on ambient air quality in order to help combat air pollution and nuisance and to monitor long-term trends and improvements resulting from national and Community measures. It stipulates that the information on ambient air quality must be available to the public.
  
- Regulation (EC) No 1907/2006 of the European Parliament and of the Council concerning the [Registration, Evaluation, Authorisation and Restriction of Chemicals \(REACH\)](#), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC.

◦ Directive 2000/60/EC of the European Parliament and of the Council of 23 October 2000 establishing a framework for Community action in the field of water policy (EU Water Framework Directive).

Click through to find out more about...

- [New Environment Action Programme for the EU](#)
- [EU Policies on Climate Change](#)
- [EU Policies on Healthy environments](#)
- [European Chemicals Agency - Regulations](#)

## { 4.5 } Common Agricultural Policy (CAP)

The common agricultural policy (CAP), being one of the oldest policies of the European Union, is strongly rooted in the European integration project. Due to the CAP's long history, it is also a policy that has been reformed on many occasions, in particular during the past decade and a half.

The mission of the [Directorate-General for Agriculture and Rural Development](#) is to promote the sustainable development of Europe's agriculture and to ensure the well-being of its rural areas.

- What is the EU doing?

◦ Communication from the Commission on the CAP towards 2020: Meeting the food, natural resources and territorial challenges of the future COM(2010) 672.

◦ Commission Regulation (EC) No 657/2008 of 10 July 2008 laying down detailed rules for applying Council Regulation (EC) No 1234/2007 as regards Community aid for supplying milk and certain milk products to pupils in educational establishments.

◦ Communication from the Commission on European Action Plan for Organic Food and Farming COM(2004)415.



Source: European Commission – Health EU Newsletter

- Regulation (EU) No 121/2012 of the European Parliament and of the Council amending Council Regulations (EC) No 1290/2005 and (EC) No 1234/2007 as regards distribution of food products to the most deprived people in the Union.
- Council Regulation (EC) No 13/2009 of 18 December 2008 amending Regulations (EC) No 1290/2005 on the financing of the common agricultural policy and (EC) No 1234/2007 establishing a common organisation of agricultural markets and on specific provisions for certain agricultural products.
- (Single CMO Regulation) in order to set up a School Fruit Scheme.
- Council Regulation (EC) No 834/2007 on organic production and labelling of organic products and repealing Regulation (EEC) No 2092/91.

## { 4.6 } Global Health

*“Global health is a term for which no single definition exists. It is about worldwide improvement of health, reduction of disparities, and protection against global health threats. Addressing global health requires coherence of all internal and external policies and actions based on agreed principles.” (Communication (2010) 128🌐)*

### - What is the EU doing?

- Communication from the Commission on “The EU Role in Global Health” COM(2010)128.
- Council conclusions on “The EU role in Global Health” (2010).
- Council of “The European Union, The EU as a global partner for pro-poor and pro-growth development: - EU Agenda for Action on MDGs” (2008).

[Click through to find out more about...](#)

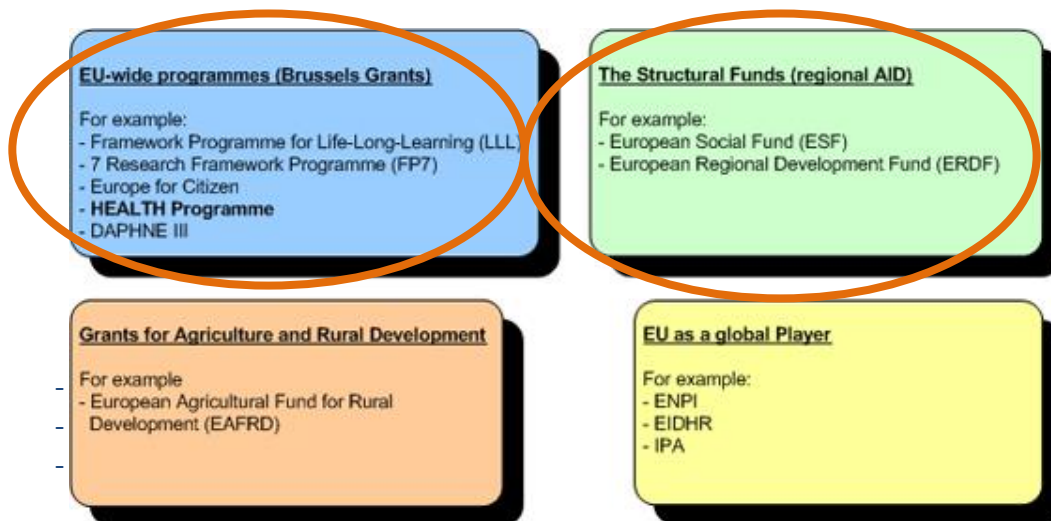
[🌐 EPHA position on the future Global Health policies of the EU](#)

# 5. EU Funding for Health

*The EU provides funding and grants for a broad range of projects and programmes. (EU funding and grants)*

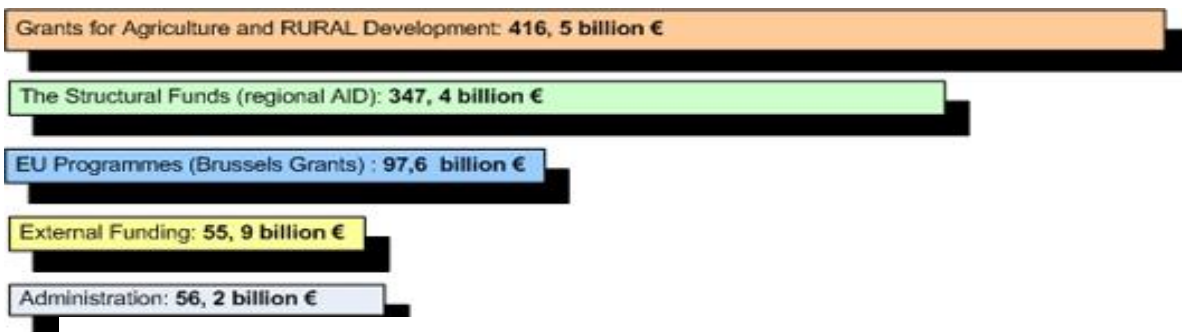
The EU is currently reviewing its funding for the upcoming period, starting from 2014. On 29 June 2011, the European Commission presented its first proposal for the multi-annual budget for 2014-2020. One year later (6 July 2012) the European Commission updated its Multiannual Financial Framework 2014-2020 proposal with the latest available data. The EU needs a budget that is innovative, attuned to the new realities of globalisation, and that responds to today's challenges and creates opportunities for tomorrow.

- The structure of current EU Multiannual Financial Framework (MFF)



Structure of EU Funding /Source: European Commission - Funding Health in Europe

Quantification. The EU has allocated a total budget for the period 2007-2013 of 975 billion EUR, which is distributed as follows:



Quantification of EU Budget 2007-2013 / Source: Funding Health in Europe - Overview (DG SANCO) •

[Click through to find out more about...](#)

[Do you want to know the latest developments in the new budget?](#)

### • Health Programme 2008-2013 •

The current Health Programme, managed by the Commission with the assistance of the Executive Agency for Health and Consumers (EAHC), is designed to deal with the EU Strategy's concerns in public health.



#### - The objectives of the Health Programme 2008-2013 are to:

1. Improve citizens' health security
  - Developing the capacity of the EU community to respond to communicable and non-communicable diseases and health threats from physical, chemical and biological sources, including bio-terrorism; for example through emergency planning and preparedness measures;
  - Promoting actions related to patient safety through high quality and safe healthcare, scientific advice and risk assessment, safety and quality of organs, substances of human origin and blood.

2. Promote health and reduce health inequalities, increasing healthy life years and promoting healthy ageing;
3. Generate and disseminate health information and knowledge, exchanging knowledge and best practice on health issues.

The total budget for the programme is EUR 321,500.000. It is implemented through annual work plans which set out priority areas and the criteria for funding actions under the Programme. The EU has several programmes that can be used to achieve public health outcomes. The Public Health Programme is the obvious target, but others can be useful (e.g. Research, PROGRESS which deals with poverty, etc...)

## { 5.1 } Funds provided by DG SANCO and its Executive Agency for Health and Consumers



Directorate-General for  
Health & Consumer

⋮ There are various funding possibilities under the EU Health Programme 2008-13:

- Grants for action (projects);
- Operating grants for organisations or specialised networks;
- Co-financing of conferences;
- Joint actions by the community and member states as well as other (third) countries participating in the programme;
- Tendering of actions to achieve a programme objective.

⋮ To receive a European grant, projects have to contribute to at least one of the three main priorities of the Health Programme (2008-2013):

- To improve citizens' health security;
  - . Developing the capacity of the EU community to respond to communicable and non communicable diseases and health threats from physical, chemical and biological sources, including bio-terrorism; for example with emergency planning and preparedness measures
  - . Promoting actions related to patient safety through high quality and safe healthcare, scientific advice and risk assessment, safety and quality of organs, substances of human origin and blood



- Promote health and **reduce health inequalities**, increasing healthy life years and promoting healthy ageing.
- Generate and disseminate health information and knowledge, exchanging knowledge and best practice on health issues.

⋮ The financial envelope for the implementation of the programme for the period 2008-2013 is set at EUR 321,500 000. The applicant must have to be legally established in one of the 27 EU Member States, an EFTA country party to European Economic Area (Iceland, Liechtenstein, Norway and Switzerland), or Croatia. Organisations from other countries may participate as subcontractors or collaborating partners.

Financial support is provided only to legally established organisations - such as non-governmental organisations, public sector bodies, public administrations, universities, higher education establishments, etc.

## { 5.2 } Funds provided by European Commission Directorate General Research and Innovation

The programmes/projects are funded through the Seventh Framework Programme (FP7) which bundles all research-related EU initiatives together. The EU will spend 50€ billion on this EU programme, of which € 6 billion is earmarked for health research. It does not specifically fund an event or a publication unless they are the results of a research work.

To qualify for funding from FP7, applicants must abide by the same principles as those governing DG SANCO funding (rule of co-funding, pan-European activity/project, several participants to the project), and participation is open to international organisations and legal entities established in third countries if the other conditions laid down in the 'Rules for participation' have been met, as well as any conditions specified in the specific programmes or relevant work programmes.

The broad objectives of FP7 have been grouped into four categories: Cooperation, Ideas, People and Capacities. For each type of objective, there is a specific programme corresponding to the main areas of EU research policy. All specific programmes work together to promote and encourage the creation of European poles of (scientific) excellence.

The most common funding scheme for NGOs working in the field of health policy under FP7 is "Coordination and support actions". These are actions that cover not research itself, but the coordination and networking of projects, programmes and policies. This includes:

- Coordination and networking activities, dissemination and use of knowledge;

- Studies or expert groups assisting the implementation of the project;
- Support for cooperation with other European research schemes.

## { 5.3 } Other Programmes

### 5.3.1 DAPHNE III



Daphne III is the European Programme for preventing and combating violence (corporal, mental, sexual) against children, young people and women and to protect victims and groups at risk. The budget for the current funding period is €116, 86 Million. One of the main objectives is to assist and encourage NGOs and other organizations active in this field, to develop and implement support programmes for victims and people at risk and intervention programmes for perpetrators.

### 5.3.2 PROGRESS programme

The PROGRESS programme is complementary to the European Social Fund (ESF) as it works to fight poverty, unemployment and discrimination, promote gender equality and integrate disabled people into society. **The objectives** of the programme are to:

- Ensure a high level of consumer protection (through better representation of consumer interests);
- Ensure the effective application of consumer policy rules (through enforcement, cooperation, information, redress and education).

### 5.3.3 Structural Funds - provided via Member States

The EU supports European social policies through its structural funds, which include the European Regional Development Fund (ERDF) and the European Social Fund (ESF). They both contribute at national level to the enhancement of health systems and care via supporting employment, security at work and social development. Health is not among the core priorities of the ESF but the Fund supports interventions regarding health and safety in the workplace, long-term health-care or campaigns on public health issues. The objective is to raise the number of healthy years at work, maintain an active participation in society for as many workers as possible and increase the quality of life in less developed regions.

The ESF co-finances interventions supported by public and private funds at national and regional levels. Each Member State, together with the European Commission, agrees on one or more Operational Programmes for ESF funding for a period of five

years. Operational Programmes set the priorities for ESF intervention and their objectives. The measures for the Programmes cover a variety of health related topics, for instance: gender aspects of health, health promotion campaigns, training or re-training of healthcare professionals, development of the long-term care sector, courses to increase physical well-being and first aid services for safety in case of accident.

#### § 5.3.4 § Other funds supporting public health (directly or indirectly)

In the field on information & communication tools (ICT): the [Competitiveness and Innovation Programme \(CIP\)](#) aims to encourage greater use of ICT, assist the development of the ‘information society’ and promote the increased use of renewable energies and energy efficiency; or the [Ambient Assisted Living Joint Programme](#) to enhance the quality of life of older people through the use of ICT.

In the field of employment and training: Progress to support employment, social inclusion and positive working conditions; [Youth in Action](#) to support youth development and inclusion; and [Leonardo da Vinci for vocational training](#).

In addition, they are also some funds provided by DG Agriculture and Rural Development:

- The [European Agricultural Fund for Rural Development \(EAFRD\)](#) finances the rural development programmes of the Member States. The Fund contributes to improving: the competitiveness of agriculture and forestry; the environment and the countryside; and the quality of life and the management of economic activity in rural areas.
- The [EU School Fruit Scheme](#). This EU-wide voluntary scheme provides school children with fruit and vegetables, aiming thus to encourage good eating habits in young people.
- The [European School Milk Scheme](#). The EU School Milk Scheme is intended to encourage consumption among children of healthy dairy products.
- [Free food for the most deprived persons \(MDP\) in the EU](#). In place since 1987, over the years this scheme has become an important source of provisions for organisations working in direct contact with the least fortunate people of our society. After the 2013 the scheme is to be governed by DG Employment under a new name “Fund for European Aid to the Most Deprived.”

# 6. The EU and Health: Next steps

## 6.1 Third Action Programme for Public Health 2014 – 2020

The programme is set to give support to Member States in their efforts to improve citizens' health and the sustainability of healthcare systems. It forms part of the Europe 2020 strategy. This Action Programme is still under negotiation, although the objectives have already been defined.

- It aims to help/supports Member States in order that they can:

1. **Contribute to innovative and sustainable health systems.** This includes help to address shortages of human and financial resources, innovation on healthcare such as eHealth, and support to the partnership in support of healthy and active ageing. The European Commission must help Member States to make these actions concrete.
2. **Increase access to better and safer healthcare for citizens.** For this objective the committee suggests setting up the accreditation of European Reference Networks and European guidelines on patient safety and the use of antimicrobials.
3. **Promote good health and prevent diseases.** On this point the Commission proposes an exchange of best practices on preventing smoking, abuse of alcohol, obesity and chronic diseases.
4. **Protect citizens from cross-border health threats.** This includes preparedness and responses to serious cross-border health threats.

This programme's financial allocation is under negotiation. The proposal is currently being considered by the European Parliament, the European Council and the EU countries.

## 6.2 Multiannual Financial Framework 2014-2020

The last review was presented on 24 July 2012, following the 3184th Council meeting. The original proposal was presented on 29 June 2011. The total budget is still under negotiation, as is the name for this new MFF.



Source: European Parliament – Audiovisual Services

The current MFF period started in 2007 and will end in 2013. To put in place reforms and start implementation of the new programmes on time, the MFF should be adopted before the end of 2012.

**- The purpose of the MFF Regulation is to:**

1. Translate political priorities into figures for the budget cycle 2014-2020;
2. Ensure budgetary discipline for the EU;
3. Facilitates the adoption of the annual EU budget through a multiannual framework.

*“In July 2011, the EU institutions entered a new cycle of financial framework (MFF) negotiations. The next MFF will define the budgetary priorities of the EU for the years 2014-2020. The negotiations are expected to be concluded by early 2013.” (EU multiannual financial framework (MFF) negotiations)*

## Further sources on the EU and Public Health

- [EU-Health Portal](#) - the official public health portal of the European Union
- [Directorate General for Health & Consumers](#) - European Commission
- [EU - Health: Your Europe](#)
- [European Parliament Environment, Public Health and Food Safety \(ENVI\)](#)
- [European Parliament Employment and Social Affairs \(EMPL\)](#)
- [European Parliament Industry, Research and Energy \(ITRE\)](#)
- [European Parliament Internal Market and Consumer Protection \(IMCO\)](#)
- [European Parliament Civil Liberties, Justice and Home Affairs \(LIBE\)](#)
- [European Parliament Legislative Observatory](#)
- [EU legislation on Public Health](#)
- [Activities of the European Union - Public Health](#)
- [World Health Organization \(WHO\) Regional Office for Europe](#)
- [European Centre for Disease Prevention and Control \(ECDC\)](#)
- [European Medicines Agency](#)
- [European innovation partnership on active and healthy ageing](#)
- [HEIDI WIKI. Health in Europe: Information and data interface](#)
- [EUROSTAT](#)



