

# Procedure file

Basic information	
COD - Ordinary legislative procedure (ex-codecision procedure) Decision	2000/0119(COD) Procedure completed
Public health: Community action programme 2003-2008 Amended by <a href="#">2003/0303(COD)</a>	
Subject 4.20 Public health	

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	<b>DELE</b> EP Delegation to Conciliation Committee		29/01/2002
		PPE-DE <a href="#">TRAKATELLIS Antonios</a>	
	Former committee responsible		
	<b>ENVI</b> Environment, Public Health, Consumer Policy	PPE-DE <a href="#">TRAKATELLIS Antonios</a>	03/04/2000
	<b>ENVI</b> Environment, Public Health, Consumer Policy	PPE-DE <a href="#">TRAKATELLIS Antonios</a>	03/04/2000
	Former committee for opinion		
	<b>BUDG</b> Budgets	UEN <a href="#">TURCHI Franz</a>	19/07/2000
	<b>ITRE</b> Industry, External Trade, Research, Energy	V/ALE <a href="#">AHERN Nuala</a>	12/07/2000
	<b>FEMM</b> Women's Rights and Equal Opportunities	PSE <a href="#">JÖNS Karin</a>	11/07/2000
Council of the European Union	Council configuration	Meeting	Date
	Health	<a href="#">2440</a>	26/06/2002
	<a href="#">Economic and Financial Affairs ECOFIN</a>	<a href="#">2407</a>	12/02/2002
	Health	<a href="#">2354</a>	05/06/2001
	Health	<a href="#">2319</a>	14/12/2000
	Health	<a href="#">2281</a>	29/06/2000
European Commission	Commission DG	Commissioner	
	<a href="#">Health and Food Safety</a>		

Key events			
15/05/2000	Legislative proposal published	COM(2000)0285	Summary
29/06/2000	Debate in Council	<a href="#">2281</a>	
03/07/2000	Committee referral announced in Parliament, 1st reading		
14/12/2000	Debate in Council	<a href="#">2319</a>	
20/03/2001	Vote in committee, 1st reading		Summary
19/03/2001	Committee report tabled for plenary, 1st reading	<a href="#">A5-0104/2001</a>	
03/04/2001	Debate in Parliament		
04/04/2001	Decision by Parliament, 1st reading	<a href="#">T5-0175/2001</a>	Summary
31/05/2001	Modified legislative proposal published	COM(2001)0302	Summary
30/07/2001	Council position published	<a href="#">10222/1/2001</a>	Summary
05/09/2001	Committee referral announced in Parliament, 2nd reading		
21/11/2001	Vote in committee, 2nd reading		Summary
20/11/2001	Committee recommendation tabled for plenary, 2nd reading	<a href="#">A5-0420/2001</a>	
11/12/2001	Debate in Parliament		
12/12/2001	Decision by Parliament, 2nd reading	<a href="#">T5-0681/2001</a>	Summary
12/02/2002	Parliament's amendments rejected by Council		
19/03/2002	Formal meeting of Conciliation Committee		
08/05/2002	Final decision by Conciliation Committee		Summary
07/05/2002	Report tabled for plenary, 3rd reading	<a href="#">A5-0234/2002</a>	
14/05/2002	Joint text approved by Conciliation Committee co-chairs	<a href="#">3627/2002</a>	
26/06/2002	Decision by Council, 3rd reading		
02/07/2002	Debate in Parliament		
03/07/2002	Decision by Parliament, 3rd reading	<a href="#">T5-0351/2002</a>	Summary
23/09/2002	Final act signed		
23/09/2002	End of procedure in Parliament		
09/10/2002	Final act published in Official Journal		

Technical information	
Procedure reference	2000/0119(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)

Procedure subtype	Legislation
Legislative instrument	Decision
	Amended by <a href="#">2003/0303(COD)</a>
Legal basis	EC Treaty (after Amsterdam) EC 152-p4
Stage reached in procedure	Procedure completed
Committee dossier	CODE/5/15834

## Documentation gateway

Legislative proposal	<a href="#">COM(2000)0285</a> <a href="#">OJ C 337 28.11.2000, p. 0122 E</a>	16/05/2000	EC	Summary
Economic and Social Committee: opinion, report	<a href="#">CES1443/2000</a> <a href="#">OJ C 116 20.04.2001, p. 0075</a>	29/11/2000	ESC	
Committee of the Regions: opinion	<a href="#">CDR0236/2000</a> <a href="#">OJ C 144 16.05.2001, p. 0043</a>	13/12/2000	CofR	
Committee report tabled for plenary, 1st reading/single reading	<a href="#">A5-0104/2001</a>	20/03/2001	EP	
Text adopted by Parliament, 1st reading/single reading	<a href="#">T5-0175/2001</a> OJ C 021 24.01.2002, p. 0129-0161 E	04/04/2001	EP	Summary
Modified legislative proposal	<a href="#">COM(2001)0302</a> <a href="#">OJ C 240 28.08.2001, p. 0168 E</a>	01/06/2001	EC	Summary
Council position	<a href="#">10222/1/2001</a> <a href="#">OJ C 307 31.10.2001, p. 0027</a>	31/07/2001	CSL	Summary
Commission communication on Council's position	<a href="#">SEC(2001)1336</a>	14/08/2001	EC	Summary
Committee recommendation tabled for plenary, 2nd reading	<a href="#">A5-0420/2001</a>	21/11/2001	EP	
Text adopted by Parliament, 2nd reading	<a href="#">T5-0681/2001</a> <a href="#">OJ C 177 25.07.2002, p. 0084-0166 E</a>	12/12/2001	EP	Summary
Commission opinion on Parliament's position at 2nd reading	<a href="#">COM(2002)0029</a>	23/01/2002	EC	Summary
Report tabled for plenary by Parliament delegation to Conciliation Committee, 3rd reading	<a href="#">A5-0234/2002</a>	08/05/2002	EP	
Joint text approved by Conciliation Committee co-chairs	<a href="#">3627/2002</a>	15/05/2002	CSL/EP	
Text adopted by Parliament, 3rd reading	<a href="#">T5-0351/2002</a> <a href="#">OJ C 271 12.11.2003, p. 0195-0273 E</a>	03/07/2002	EP	Summary
Follow-up document	<a href="#">COM(2006)0711</a>	23/11/2006	EC	Summary
Follow-up document	<a href="#">COM(2008)0198</a>	17/04/2008	EC	Summary
Follow-up document	<a href="#">COM(2008)0482</a>	23/07/2008	EC	Summary
Follow-up document	<a href="#">COM(2008)0484</a>	24/07/2008	EC	Summary

## Additional information

## Final act

[Decision 2002/1786](#)

[OJ L 271 09.10.2002, p. 0001-0012](#) Summary

## Public health: Community action programme 2003-2008

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**PURPOSE :** to present a proposal on a public health programme. **CONTENT :** the draft decision on public health programme is attached to a Communication regarding the health strategy of the European Community. The Communication sets out the Community's broad health strategy, a key element of which is a new public health framework which includes the draft decision. The document cites a number of factors which have prompted the new programme. These include: -the expectation of the public that the Community should act to ensure that its health is protected. -the strengthening of the EC's obligations in relation to public health in recent years, especially through successive changes in the Treaty. -the emergence of new health challenges and priorities, especially related to enlargement of the EU, increased demand on health services and demographic change. The proposal for the public health programme focuses on three main points: -improving health information and knowledge. A comprehensive health information system will be put into place, which will provide policy makers, health authorities and the public with the key health data and the information they need. To establish this system, full use will be made of the Internet, including links to national websites. -responding rapidly to health threats. An effective rapid response capability will deal with threats to public health, for example, arising from communicable diseases. Action will entail improving communication between the national authorities involved, linking with the various Community alert systems, putting in place the necessary arrangements for surveillance and transfer of information, and creating the means to mobilise the necessary resources and expertise to respond effectively to health threats as they arise. -addressing health determinants. The Programme will help improve the health status of the population and reduce premature deaths by tackling the underlying causes of ill health, through effective health promotion and disease prevention measures. This will be achieved by focusing on key lifestyle factors, such as smoking, alcohol, nutrition and exercise, as well as major socio-economic and environmental factors. The overall funding for the programme is EUR 300 million over 6 years. Apart from the programme, the new framework includes other legislative measures, such as the possibility of harmonisation in the veterinary and phytosanitary fields and in the area of standards of quality and safety of organs and substances of human origin and in relation to blood and other derivatives. A European Health Forum will also be set up. The new health strategy cuts across other policy areas, such as internal market and social affairs by improving co-ordination arrangements.?

## Public health: Community action programme 2003-2008

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The committee adopted the report by Antonios TRAKATELLIS (EPP-ED, GR) amending the proposal under the codecision procedure (1st reading). In particular, the committee called for the funding for implementing the action programme to be EUR 500 million instead of the EUR 300 million proposed by the Commission, arguing that 300 million was clearly insufficient to meet the ambitious objectives set out in the programme. It also felt the budget should be increased because part of it had already been committed to extending existing programmes. The committee also wanted the Community's joint funding of expenditure to be increased from 50% to 80%, and even 100% in the case of certain projects in the accession countries. Although the action programme was welcomed as such, the committee felt that a major weakness was the absence of a coordinating centre. It therefore proposed that a European Health Coordination and Monitoring Centre (EHCMC) be set up to collect, monitor and evaluate data and to coordinate measures and projects under the programme. The committee stressed that the applicant states should be closely involved in the planning and implementation of the programme. It also adopted a large number of amendments aimed at beefing up the programme, introducing many new objectives such as: special support for measures in such areas as cardiovascular disease, mental and psychological health (neuropsychiatric disorders), cancer, unintentional injuries (accidents), infant and child health, women's health, degenerative diseases of the nervous system associated with ageing, respiratory diseases, diabetes and diseases such as HIV/AIDS. It also wanted measures to be developed for improving information on medicines on the Internet, for example by means of recognisable Community seals of approval to designate sites as trustworthy. Other measures proposed by the committee included immunisation campaigns, research into disorders induced by mobile telephones, electromagnetic fields and exposure to depleted uranium, analysing and assessing the impact of environmental pollution on health and developing strategies for reducing antibiotic resistance. ?

## Public health: Community action programme 2003-2008

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The European Parliament adopted the report by Mr Antonios TRAKATELLIS (EPP/ED, GR) which aims to increase the community action programme on public health over the 2001-2006 period from EUR 300 million proposed by the Commission to EUR 380 million. (Please refer to the previous document).?

## Public health: Community action programme 2003-2008

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The Commission's main amendments to the original proposal can be grouped in several distinct categories reflecting key concerns of the Parliament. - Developing an integrated and coherent approach to health is a primary objective of the health strategy. The Commission has therefore taken account of those amendments which aim to give more emphasis to this aspect of the programme's work by incorporating in the proposal more detailed wording on health impact assessment and related issues. The Commission does not consider that establishing a totally separate strand of action in this area is consistent with its overall approach. It has however, included a new, fourth objective on contributing to achieving an integrated health strategy, in the strand of action on health information; On the scope of the programme, the Commission has

accepted those of Parliament's amendments which are in line with the general orientation of the programme. While fully respecting the responsibilities of Member States in the delivery of health services, the programme takes a broad view of public health which encompasses issues in relation to health determinants, health status and health systems, rather than focusing on specific diseases or conditions. It aims to improve health information, combat threats to health such as communicable diseases and tackle the factors underlying disease. Some of Parliament's amendments which have been accepted by the Commission underline the programme's main thrust and clarify its role in addressing relevant issues, such as developing best practice and strategies on specific health-related areas and interventions. Some amendments are designed to ensure that Community added value is maximised. Whilst acknowledging a need for more detail on programme implementation, the Commission cannot accept the reference to a specific, identified 'structure'. It is, however, proposing to include a number of references to appropriate structural arrangements which will be put in place to undertake the necessary technical and co-ordination work on monitoring and disease surveillance. This ensures that the essential technical and analytic expertise, closely involving Member States, will be available. The Parliament's proposal for a mixed management/advisory committee is accepted. There will be revised distribution of tasks between the two modes. This is intended to establish an effective balance between the need to ensure that the Committee can play an effective role in implementing the programme. On financial issues, the Commission will raise the maximum percentage of a project's costs that can be covered by a subvention to 70%, but the overall programme budget should stay at 300M Euro which is in line with the mid-term Financial Perspective.?

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## Public health: Community action programme 2003-2008

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Political unanimity on the proposed programme of Community action in the field of public health for the years 2001 · 2006 was found within the Council in June and later endorsed unanimously by the adoption of the common position in July. Whilst the broad thrust of the Commission's amended proposal was taken on board by the Council there were nevertheless certain changes made to the Commission's amended text which are reflected in the final wording of the common position. Specifically, the Council decided to change large parts of the text itself. The substance of the text is now more concise but less precise. In addition, the council decided not to accept a number of key amendments referring to work on developments in the health systems. This concerns in particular the following: - the role of the programme in contributing towards the definition of minimum quality standards; - the promotion of patients' rights; - the role of the programme in defining and determining best practice and on sound guidelines for health intervention. Moreover the Council common position rejects proposals for work on a Community vaccination strategy. Concerning the "management" strategy incorporated into the proposed Decision, the Council has devised a wider range of tasks for the Programme Committee than was originally envisioned. Changes include new provisions for the preparation of any structural arrangements for the co-ordination of health monitoring, rapid reaction to health threats and the arrangements for transmitting and dissemination information. There are instances where the Council's common position and the Commission's amended text converge. These include: - agreement on the three main action lines foreseen in the Commission's proposal and the need for concentrating on areas where the Community can provide clear added value; - support of the general policy orientation of the programme; - calls for the Commission to implement the programme through "appropriate structural arrangements". Lastly, the common position follows the amended proposal in strengthening the programme's contribution to the development of the Community's overall health strategy.?

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## Public health: Community action programme 2003-2008

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The Commission welcomes the broad thrust of the Council's common position and notes that it supports the Commission in three of the following priority areas: - matters relating to health information; - rapid reaction to health threats; and - tackling health determinants. The Commission nevertheless expresses reservation over important aspects of the proposed Decision which have been omitted from the Council's common position. These omission centre around three key elements: Firstly, the Council has failed to take up important elements of the programme relating to work in the health system. This includes information and analysis on quality issues, the effectiveness of health interventions and guidelines. Secondly, large swathes of the Commission text has been rewritten by the Council. Whilst the Commission accepts that in certain cases this has made the text more readable, it has been done at the expense of restricting the possibilities for action and reducing the clarity of work to be undertaken. Thirdly, the Commission expresses disappointed that the Council has decided to reduce its proposal for funding from EUR 300 million to EUR 280 million. This, the Commission argues, will mean that certain actions foreseen under the programme can not be properly implemented. In summary, the Commission concludes that it retains deep reservations over the reduced budgetary proposals and that it will investigate further the structural arrangements set up to implement the programme in the context of its mid-term review.?

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## Public health: Community action programme 2003-2008

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The committee adopted the report by Antonios TRAKATELLIS (EPP-ED, GR) amending the Council's common position under the codecision procedure (2nd reading). It retabled a large number of key amendments adopted by Parliament at first reading. One of these reiterated the demand for funding to be increased to EUR 380m, as opposed to the EUR 300m originally proposed by the Commission and the EUR 280 now being proposed in the Council's common position. Other amendments focused on issues such as the effectiveness and cohesion of health programmes, the general aims of the action programme, the establishment of public health quality standards, epidemiological surveillance, the control and prevention of communicable diseases and the need for priority to be given to health protection measures. The committee wanted Community assistance to be provided to support the activities of non-profit making organisations active at European level in the field of public health. It also called for the programme to provide assistance to applicant countries striving to raise the health standards of their populations and for increased measures to combat communicable diseases in the EU and in Eastern Europe.?

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## Public health: Community action programme 2003-2008

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The European Parliament adopted the resolution by Mr Antonios TRAKATELLIS (EPP-ED, GR). A large majority of MEPs backed an amendment increasing the budget for this health action programme to EUR 380 million instead of EUR 280 million as proposed by Council. This may now lead to a conciliation procedure. Amendments were also adopted on improving the effectiveness and cohesion of health

programmes, on the general aims of the programme, on the establishment of public health quality standards and on measures to combat communicable diseases in the EU and Eastern Europe. On the other hand, the amendment to provide Community assistance with a view to supporting the activities of non-profit making organisations active at European level in the field of public health was not approved.?

## Public health: Community action programme 2003-2008

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As the second reading report of the European Parliament is based on the Common Position, the Commission amends its proposal also on the basis of the Common Position. The Commission is in favour of 33 amendments (9 in part) to the Common Position, out of the 50 voted by the European Parliament. With regard to the amendments accepted fully by the Commission, these relate to the following: - underlining the importance of education, training and networking. - underlining the need for effective public health monitoring at Community level and thus reinforces the need to set up a health monitoring system. - the need to co-ordinate actions taken by the Community and the Member States and to promote co-operation between Member States. - the necessity to ensure the effectiveness and cohesion of measures and actions through 'appropriate structural arrangements'. - the link to be established with "all Community policies having an impact on health", and co-operation with other Community bodies, especially those responsible for food and feed safety, environmental protection and product safety. - the impact of transnational factors on health systems and adds environmental pollution and food contamination to examples of threats of a cross-border nature. - the comparability and compatibility of data as well as to the interoperability of systems. - the need to develop gender-specific statistics. - a fair allocation of the budget between the three objectives of the programme. - underlining the importance of "practical measures" in order to attain the objectives of the programme. - the programme must build upon the work of the network for epidemiological surveillance and control of communicable diseases in the Community. This network will continue to pursue its activities on the basis of Decision 2119/98/EC which will continue in force. - putting an emphasis on health determinants and mentioning activities of non-profit, non-governmental European organisations deletes the provision in the Common Position for the Programme Committee to be consulted on 'the arrangements for the preparation of any structural arrangements'. - adding the W.T.O. and FAO to the list of international organisations with which co-operation shall be encouraged. - calling for a joint action to improve information on medicines available on the Internet and for considering possibilities for a system of Community seals of approval for Internet sites. Developing these activities at Community level is a useful way to contribute to the co-operation between Member States for the provision of sound information for the Community population, as underlined in the Common Position. - refers to developing a vaccination and immunisation strategy. - covering health threats caused by unforeseen events, including terrorist acts. - adding physical activity to the list of life-style determinants of health. - strengthening activities on social and economic health determinants by focussing on inequalities in access to health and on the assessment of the impact of social and economic factors. - developing strategies for reducing antibiotic resistance. With regard to the amendments partly accepted by the Commission, these relate in particular to: - health as a priority - not a "marketable" commodity - and to the role of the Community. - establishing quality standards in the field of public health and patients' rights, such as data protection and non-discrimination. - putting emphasis on experiences acquired in the field of public health and from applicable charters - promoting education and training activities in the field of public health. - the promotion of an integrated health strategy by creating links between the public health framework and other policies and establishing criteria and methodologies for health impact assessment. - focusing on environmental pollution. With regard to the 17 amendments rejected by the Council, these relate in particular to: - the preparatory measures to put in place structural measures with a view to setting up a co-ordinating centre; - the consultation of NGOs through health fora and referring to the need to break down data by gender, age, geographical location and income bracket. The Commission also rejects certain amendments which duplicate parts of recitals, on the protection of personal data, the development of an integrated and intersectoral health strategy, the implementation of health promotion and disease prevention in all Community policies involving NGOs, national organisations, institutions and activities. The Commission also rejects an amendment which refers to informing the public in Member States and accession countries on communicable diseases, in particular resistant pathogens and another which would introduce activities to assist applicant countries. Lastly, the Commission refuses the amendment which sets the financial framework for the implementation of the programme at EUR 380 million, with each specific objective receiving a minimum of 25% of the budget. With regard to the total budget, the Commission maintains its proposal of EUR 300 million. However, in view of the need to ensure adequate resources for the appropriate structural arrangements, requested by the Council and the European Parliament, the Commission is presenting a revised financial sheet, with an increase in expenditure for technical and administrative assistance.?

## Public health: Community action programme 2003-2008

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The Conciliation Committee reached agreement on the Community action programme in the field of public health. The agreement reached provides for: - a budget of EUR 312 million plus a Commission declaration on the revision of the financial framework (in the context both of the accession of new Member States and the preparation for the revision of the financial perspective, taking account of the establishment of the structural arrangements); - a Commission declaration on the structural arrangements to be set up, including the management and advisory committee, the operation of the Commission's departments, the scientific and technical experts, and the possibility of setting up an executive agency; - important clarifications of "objectives", "actions" and "activities"; and - improvements on technical issues, including the transmission of an evaluation report to the EP, strategies in order to counter health threats in emergency situations (including terrorist acts), exchange of information on quality standards, diseases and vaccination, collection and analysis of comparable data at Community level, coordination between the Member States and the Community and cooperation with third countries and international organisations.?

## Public health: Community action programme 2003-2008

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The European Parliament approved the joint text following the recommendation of the rapporteur Antonios TRAKATELLIS (EPP-ED, Greece) and the report of its delegation to the Conciliation Committee. (Please refer to the document dated 08/05/02.)?

## Public health: Community action programme 2003-2008

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PURPOSE : to establish a Community programme in the field of public health. COMMUNITY MEASURE : Decision 1786/2002/EC of the European Parliament and of the Council adopting a programme of Community action in the field of public health (2003-2008.) CONTENT : this

programme will complement national policies. Its aim is to protect human health and improve public health. The general objectives are: -to improve information and knowledge for the development of public health; -to enhance the capability of responding rapidly and in a coordinated fashion to threats to health; -to promote health and prevent disease through addressing health determinants across all policies and activities. The programme will therefore contribute to: -ensuring a high level of human health protection in the implementation of all Community policies and activities, through the promotion of an integrated and intersectoral health strategy; -tackling inequalities in health; -encouraging cooperation between Member States in the areas covered by Article 152 of the Treaty. The general objectives listed above will be pursued by means of prescribed actions listed in the Annex to the Decision. The actions will be implemented through activities of a transversal nature. The legislation lists those activities, which fall under the following headings: -activities related to the monitoring and rapid reaction systems; -activities on health determinants; -activities related to legislation; -activities related to consultation knowledge and information; -promotion of coordination at European NGO level. Programme objectives may be implemented as joint strategies by linking with other Community programmes, in areas such as consumer protection and social protection. The financial framework for the five-year period is set at EUR 312 million. ENTRY INTO FORCE : 09/10/02.?

## Public health: Community action programme 2003-2008

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**PURPOSE:** to present a report on the implementation of the Public Health Programme in 2005.

**CONTENT:** this report has been prepared in order to inform both the European Parliament and the Council on the implementation of the Public Health Programme in 2005. As regards the budget, of the programme's global budget for 2003-2008 of ?354 million, the total appropriation of operational and administrative credits for 2005 amounted to ?61.5 million. ?50 million was allocated to financing projects under the 2005 call for proposals. A further ?1.9 million was committed to calls for tender and ?3.6 million to direct grant agreements.

The report, in summary, makes the following findings:

- Health and Consumer Protection Strategy: This strategy was adopted in April 2005 and established a joint programme for Health and Consumer protection.
- Mid-term evaluation of the Public Health programme: An external mid-term evaluation of the Public Health programme was launched covering the first three years of its implementation, - 2003-2005. The results of the evaluation will be used to provide feedback for future Commission initiatives.
- Stakeholder consultations: A second ?Open Forum on Health challenges and future strategies? took place in 2005. The High Level Group on health services and medical care held four meetings.
- Activities related to legislation: Two Directives were adopted to implement Directive 2002/98/EC. These help guarantee a high level of human health protection regarding blood and blood components.
- Co-operation with international organisations: Direct grant agreements were negotiated for the first time with the World Health Organisation and the Organisation for Economic Co-operation and Development.
- Executive Agency for Public Health Programme: In January 2005, the Commission created an Executive Agency for the Public Health Programme. The Agency aims to provide technical, scientific and administrative assistance to help implement the programme's objectives.
- European Centre for Disease Prevention and Control: The ECDC became operational in 2005. It provides a structured and systematic approach to the control of communicable diseases and other serious health threats affecting the EU.
- Call for proposals: A single call for proposal, covering the activities of the 2005 work plan, was launched in January. 242 proposals were submitted of which 55 were considered suitable for funding and 18 projects were placed on a reserve list. 169 projects were rejected.
- Calls for tender: Four contracts were signed with Eurobarometer for surveys on EU citizens' attitudes toward tobacco, medical errors, aids prevention and health/food. A further service contract signed in 2005 which sets up a quality assurance scheme for the diagnosis of very high pathogen threats. The purpose of the contract is to organise an outcome orientated external quality assurance exercise for four high threat bacterial pathogens.
- Health information: Work continued in 2005 on the establishment of a comprehensive European health and environment information system. Public health monitoring needs and public concerns on electromagnetic fields was also examined.
- Health threats: A new strategy was developed on ?Generic preparedness Planning? and on an ?Influenza pandemic preparedness?. Two exercises were organised and tested to assess the reaction capacity of the EU and the Member States in cases of a bio-terrorist attack and an influenza pandemic.
- Health determinants: The main aims in 2005 were to promote and stimulate countries' efforts; and to provide input into the assessment and preparation of Community policies, strategies and measures. The work plan therefore prioritised actions linked to nutrition and alcohol, tobacco and drugs, AIDS; health inequalities and wider socio-economic determinants; as well as in areas not fully covered previously such as genetic determinants and physical activity. Approaches to integrate a number environmental and socio-economic considerations and to target specific groups, in particular young people, were also prioritised. Nutrition and physical activity actions included a European weight disorder initiative, a campaign for the improvement of lifestyle related workplace health promotion, support for a network on physical activity and ageing, and a European schools network addressing childhood obesity. Important new activities on alcohol were supported in view of the development of the forthcoming Commission Communication on alcohol and health. These included activities covering drink driving in young people focussing on the role of peer education and covering actions such as health warnings and labelling of alcoholic drinks and server training. A secretariat for the European Commission Mental Health Working Party has been established to assist work taking forward the Green paper on Mental Health. Community action programmes on depression, and child and adolescent mental health are also being set up. Several actions addressed drug prevention, harm reduction and access to drug treatment. European Partners in Action on AIDS aims to strengthen European non-governmental organisations and increase their capacities for concerted actions in the fight against HIV. Work on public health genetics is being taken forward through networking and information exchange.

## Public health: Community action programme 2003-2008

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This report aims to inform the European Parliament and the Council of the implementation of the Public Health Programme in 2006.

It should be recalled that the programme's overall budget for 2003-2008 was EUR 354 million. The indicative amount for the call for proposals was EUR 43 018 510. A total of 281 applications were submitted for the three strands (121 for Health Information, 18 for Health Threats and 142 for Health Determinants). A certain number of actions were initiated either by launching calls for tenders or by using the existing framework contracts. Lastly, cooperation with international organisations was further developed. Seven

direct grant agreements were signed with the World Health Organisation (WHO) and two with the Organisation for Economic Cooperation and Development (OECD).

The main activities in 2006 are as follows:

### Health information

- publication of a report on 'Alcohol in Europe: A public health perspective';
- the First European Conference on Injury Prevention and Safety Promotion;
- six Eurobarometer studies on different subjects (medical errors, AIDS prevention, food and health, tobacco attitudes, mental wellbeing, and health prevention);
- an e-Health High-Level Conference;
- the Public Health Portal of the European Union providing a single point of access to health-related information at European, national and regional levels;
- the 'Europe for health and wealth' project was co-funded as part of the Presidency theme of Health in All Policies;
- a Congress 'Better statistics for Better Health for pregnant women and their babies' in Porto;
- the European Primary Immunodeficiencies Consensus Conference, took place in Frankfurt-am-Main

### Health threats

- the beginning of the year was marked by four fatal human cases of avian influenza in Turkey. This prompted a swift reaction by the Commission, the European Centre for Disease Prevention and Control (ECDC) and WHO, and all the response mechanisms set up in advance were activated, including sending a joint field team to assist the Turkish authorities. A new Web portal was set up to inform decision makers in Member States (HEDIS);
- measures to control a number of disease incidents notified by the EU's Early Warning and Response System (EWRS) set up by Decision No 2119/98/EC22, were coordinated by the Health and Consumer Protection DG;
- the Commission adopted a communication on prolonging the mandate of the Health Security Committee (HSC), which deals with deliberate releases of biological, chemical and radionuclear agents with the aim of causing harm;
- in order to further improve the generic preparedness of the Commission and Member States, several steps were taken to implement the lessons learnt from two simulation exercises organised in 2005.

### Health determinants

- following the 'Communication on combating HIV/AIDS within the European Union and in the neighbouring countries, 2006-2009', a high-level roundtable on safer sex for young people was set up;
- the Commission adopted a 'Communication on an EU strategy to support Member States in reducing alcohol related harm' in October;
- the Commission continued stakeholder consultations and the impact assessment on a White Paper on Nutrition and Physical Activity;
- the 2005-2008 'HELP: For a Life without Tobacco' EU anti-smoking campaign targeting mainly adolescents (15 to 18 year olds) and young adults (18 to 30 year olds) was continued. The campaign addressed the three main themes of tobacco control (prevention, giving up, and the dangers of passive smoking) through a range of media including television and the Internet, the press and the organisation of public relations events;
- extensive public consultation on the Green paper 'Promoting the mental health of the population: Towards a strategy on mental health for the EU' was held;
- the Commission cooperated with Member States and with international organisations, particularly with the WHO and its Commission on Social Determinants of Health, to promote understanding and policy development for action in the area of social determinants and health inequalities;
- preparations were started on a report on drugs treatment and a proposal for a Council Recommendation on drugs and prisons;
- a number of measures were taken under the EU Environment and Health Action Plan 2004-2010. An expert working group on indoor air quality was set up in October 2006.

### Risk assessment

- the three Scientific Committees adopted a wide range of opinions covering such matters as certain hair dyes (as part of a review of possible cancer risks), the safety of sun beds, substances like organotins, the possible effects of substances released by air freshener products, the effect of electromagnetic fields on human health and the appropriateness of existing methodologies for assessing the risks of nanomaterials;
- to take account of new scientific data on electromagnetic fields, the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) was asked to undertake a comprehensive review of the opinion of the Scientific Committee on Toxicity, Eco-toxicity and the Environment (SCTEE) on the possible health effects of electromagnetic fields, radio frequency fields and microwave radiation;
- the SCENIHR adopted an opinion on the appropriateness of existing methodologies to assess the potential risks of nanomaterials.

## Public health: Community action programme 2003-2008

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The purpose of this Communication is to report on the implementation of the Public Health Programme for 2007.



The report recalls that 2007 was a year of major policy achievements for the Health and Consumer Protection Directorate-General, as it was marked by the adoption of the [Second Programme of Community Action in the Field of Health](#) (2008-13) and of the White Paper 'Together for Health, a Strategic Approach for the EU 2008-2013' and the [White Paper](#) 'Together for Health, a Strategic Approach for the EU 2008-2013' which brings together in a coherent and comprehensive framework a range of EU policies that impact on health.

Budget aspects: to recall, the programme's overall budget for 2003-2008 was EUR 354 million. The budget for 2007 was estimated to be EUR 41 870 000.

A single call for proposals, covering all work plan activities for 2007 was published in February 2007 and closed in May of the same year. The indicative amount for the call for proposals was EUR 33 888 000. A total of 222 applications were submitted. As a result of the evaluation process, a list of **63 projects** (23 for Health Information, 11 for Health Threats and 29 for Health Determinants) and a reserve list of 11 projects (8 for Health Information and 3 for Health Determinants) were drawn up, respectively totalling EUR 37 575 948 and EUR 4 523 107.

The main activities for 2007 were:

#### Health Information

- work began on a report concerning a Council Recommendation on cancer screening;
- work began on a Commission Communication concerning European action in the field of rare diseases and a Conference on rare diseases was held in Lisbon under the Portuguese Presidency.

#### Health Threats

- in 2007, the most important disease incidents recorded by the EU's Early Warning and Response System (EWRS) concerned: Chikungunya fever in Italy, haemorrhagic fever caused by the Ebola Virus in Uganda, an HIV vaccine adverse event in Vietnam, the multidrug resistant tuberculosis incident affect of a US citizen travelling from the US to the EU, a Salmonella Tennessee event and a legionellosis event involving EU tourists in Thailand;
- the EWRS informatics tool was transferred to the European Centre for Disease Prevention and Control (ECDC);
- the Health and Consumer Protection DG actively participated in an assessment of seven EU Member States' preparedness plan. They were Malta, Finland, Cyprus, Slovenia, Bulgaria, Estonia and Romania. The Commission noted that all of these Member States had made significant progress in improving their preparedness plans;
- a fourth joint EC-ECDEC-WHO Workshop on Pandemic Influenza Preparedness was held in Luxembourg, which provided a good opportunity for experts to discuss efforts in the fight against a potential outbreak;
- a call for tender was launched in order to establish a framework contract for scripting, planning, conducting and evaluating exercises related to public health matters.

#### Health determinants

- efforts to work with the Member States to combat the spread of HIV/AIDS was continued through tools such as the HIV/AIDS think-tank and Civil Society Forum;
- in 2007 the Commission began implementing the EU's strategy to support Member States in reducing alcohol related harm;
- in May 2007 the Commission adopted a White Paper on a Strategy for Europe on Nutrition, Overweight and Obesity related issues and with a view to implement the Strategy the Commission established a High Level Group on Nutrition and Physical Activity;
- regarding tobacco, the Commission continued work on the 2005-2008 programme: 'HELP: For a Life without Tobacco', an EU anti-smoking campaign targeting mostly adolescents and young adults. Over a 30 month period more than 46 000 TV spots, using 96 national TV channels and the Internet, achieved more than 3.2 billion contacts within the target group of young people. In parallel, the EU 'HELP' website triggered more than 4.2 million hits and over 5 000 press articles;
- the Commission did follow-up work based on the results of the Green Paper on 'Promoting the mental health of the population: towards a strategy on mental health for the EU';
- the Commission also adopted a report on the implementation of a Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence.

#### Risk assessment:

- in 2007 three separate Scientific Risk Committees met. They concerned: Emerging and Newly Identified Health Risks; Environmental Risk; and Consumer Products. The three Committees prepared studies on: hair dyes; Nanomaterials in cosmetic products; dangerous substances; indoor air pollutants; dental amalgams and their alternatives and the effects of smokeless tobacco products;
- the Commission started work on a report concerning the implementation of a Council recommendation on the limitation of exposure of the general public to electromagnetic fields; and
- a first Annual Nanotechnology Safety for Success was held concerning nanotechnologies in consumer products including food, cosmetics and medical applications.

## Public health: Community action programme 2003-2008

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The purpose of this communication is to present the conclusions of the evaluation of the implementation of the first three years of the Public Health Programme (2003-2008). The evaluation was carried out by independent experts from a consultancy company, and the key findings are presented in the report.

The overall assessment of the Public Health Programme (2003-2008) is positive. However, eighteen recommendations were issued in three areas: programme, management and projects.

Programme: the evaluation regarded the programme priorities as being complicated. Even if these priorities may have been entirely justified, they might not have reflected the actual needs of stakeholders and/or EU citizens. The Commission states that several initiatives have been launched to streamline and prioritise the Public Health Programme activities, such as mapping of the Public Health Programme (2003-2008) and multi-annual planning. These will help to establish priorities for each year of new Health Programme, i.e. the second programme of Community action in the field of health (2008-2013), identify stakeholders' needs and define specific objectives. This will give the new Health Programme a sharper definition by reducing the number of activities and making priorities more clear-cut. In addition, a broader and innovative

consultation process will be pursued in an effort to define the priorities of the annual work plans, address the real needs of EU citizens and increase stakeholders' awareness of the programme. Several groups of stakeholders will be consulted to identify what for them are the relevant areas of activity.

Management: the evaluation considered that efforts should be made to develop new funding methods in order to encourage more innovative proposals. The Commission states that a wider variety of financing mechanisms are offered in the second Health Programme (2008-2013). These include:

- co-financing an action intended to achieve a programme objective (up to 60% of project costs);
- co-financing the operational costs of a non-governmental organisation or a specialised network (up to 60% of eligible costs);
- joint financing a public body or non-governmental organisation by the Community and one or more Member States (up to 50% of costs);
- joint actions with other Community programmes.

As regards project results, these will be promoted through channels tailored to the different kinds of audience, and further attention will be paid to project sustainability. At the end of project implementation, an assessment should be made of the real output produced by the beneficiary. The aim is to check to what extent the final reports reflect expectations at the beginning of the project. Programme activities will be communicated more widely than in the past. For this purpose, a comprehensive strategy has been developed. New initiatives have been promoted and others which are already in place have been expanded, such as the use of e-newsletters and the web, Info Days, further development of the national focal points network, and new health-related publications. The Commission will also increase cooperation with the WHO and OECD through direct grant agreements.

Projects: it was recommended that the application procedure for submitting projects under the call for proposals be simplified, and that projects should monitor their progress against the programme priorities. The Commission notes that the application procedure for submitting projects has already been simplified for the 2007 Call for Proposals and will be further pursued under the second Health Programme (2008-2013). Furthermore, evaluation criteria in use for the call for proposals were revised in 2007. The award criteria were revised with the aim of making the evaluation process more transparent and providing more guidance to applicants on expectations from projects. Beneficiaries will be invited to describe how their proposals will improve the health of European citizens, as measured by appropriate indicators, including the Healthy Life Years indicator, and how they will reduce health inequalities in and between EU Member States and regions.