Opinion on the communication from the Commission and proposal for a European Parliament and Council Decision on health promotion, information, education and training within the framework for action in the field of public health [1]

(95/C 102/07)

On 20 September 1994, the Council decided to consult the Economic and Social Committee, under Article 129 of the Treaty establishing the European Economic Community, on the abovementioned proposal.

The Section for Protection of the Environment, Public Health and Consumer Affairs, which was responsible for preparing the Committee's work on the subject, adopted this Opinion on 29 November 1994. The Rapporteur was Mr Colombo.

At its 322nd Plenary Session (meeting of 25 January 1995), the Economic and Social Committee adopted the following Opinion unanimously.

1. Introduction

1.1. The proposal addresses the health protection objectives provided for in Articles 3o) and 129 of the Treaty establishing the European Community, and is fully consistent with the framework outlined by the Commission Communication on public health [2], the Council Resolution of 27 May 1993 on future action in the field of public health [3], and a recent set of European Parliament Resolutions.

1.2. As already emphasized in the Opinion on the framework Communication [4], the Committee endorses the need for Community action in the field of public health, and considers this move essential for disease prevention, the dissemination of health information and health education. It believes that a consistent prevention plan, based on an improvement in habits and lifestyles, can not only enhance the health care rights and quality of life of European citizens, but also help to curb medical treatment and care costs, which is a major problem currently facing all Member States.

1.3. Education and information can contribute to a healthier life style, prevent certain diseases, and promote a more careful use of medicines and health-care facilities, thereby ensuring an optimum relationship between prevention and cure.

1.4. It is important to remember that the resources hitherto made available by the Member States under this heading have been insignificant by comparison with actual health care spending and that a Community stimulus, turning to full advantage current experience, might make a useful contribution to improving resource utilization.

1.5. The Committee would also draw attention to the consequences of free movement in the health sector in Europe and to the need for better coordination in the fields of prevention and information.

1.6. With regard to a number of general points the Committee would refer to the abovementioned Opinion on the framework Communication. The Committee is pleased to note that the present programme flows from an interpretation of Article 129, which was urged by the ESC's earlier Opinion on the framework Communication [4].

2. Principles and objectives of Community Action

2.1. The Committee underlines the Commission's view that future Community action in the public health field must take account of the principle of subsidiarity and the requirement of proportionality. The Committee emphasizes that the Community must act as a driving force and enhance the value of national and local initiatives in order to guarantee a high level of public health protection in Europe.

2.1.1. In this context, it should be remembered that the Community will not generally be able to lay down detailed requirements, given the sometimes marked differences in Member State geography and climate, lifestyles, culture, and social and environmental conditions. Activities must therefore be subject to appraisal, and their cost:benefit ratio should be such as to ensure Community added value.

2.1.2. The requirement of proportionality (cf. point 4 of the Explanatory Memorandum) should not be interpreted mechanically. It should be used to find suitable remedies to compensate less favoured regions and

[1] OJ No C 252, 9. 9. 1994, p. 3.
[2] COM(93) 559 final.
[3] OJ No C 174, 25. 6. 1993.
[4] OJ No C 388, 31. 12. 1994, p. 3.

groups, either because they are more at risk, or because they are unable to allocate sufficient resources for prevention, education and training.

2.1.3. The principle of subsidiarity is always a criterion for the selection of Community projects. Socio-economic diversity and the scarcity of resources made available for prevention — particularly in less favoured regions — suggest, however, that it should be interpreted constructively, i.e. as a stimulus and incentive for more effective, forceful action on the part of Member States.

2.2. Consequently, the Commission should set up an appropriate structure for processing health data and indicators, in order to provide a clearer picture of the various factors, lifestyles, individual behaviour, and environmental and socio-economic conditions (cf. points 5 and 7), and provide a database which can be accessed by Member States and other health promotion bodies, working in close cooperation with Eurostat.

2.3. The proposal on the harmonization of health indicators currently being adopted by the Commission should further this end.

2.4. The Commission should also set up appropriate structures to encourage directly the organization and management of national and trans-national pilot schemes, involving non-governmental organizations representing all parties concerned, and scientific or training associations operating within Europe. In the first instance, National and European Scientific Associations operating in the sphere of public health should be involved, and they should be allowed to play an active role in training health professionals and, by extension, in health education.

2.5. Furthermore, the Commission should set up an appropriate network — possibly computerized — with national and regional bodies, for the dissemination of information on experience, educational material, and 'good practices' to all local health workers in the Community, thereby encouraging cooperation between Member States.

2.6. Finally, the Committee recommends that the schemes promoted should have a solid, scientific underpinning; that they be subject to cost-benefit analysis; and that special attention should be paid to the authenticity of public information, so as to avoid over-simplification and distortions.

3. The Community Action Programme

3.1. *Health Information*

3.1.1. Mere 'support' for planning information campaigns and creating a European infrastructure is insufficient. What is needed is direct promotion by the Commission of a network that can act as a framework of reference and a centre for the dissemination of practical experience.

3.1.2. A great deal of added value can in fact be gained from assessing the results of pilot schemes in individual Member States

3.2. *Health Education*

3.2.1. The Committee wholeheartedly endorses the Commission's belief in the need to devote special attention to health promotion and education.

3.2.2. The Committee supports the creation of a European Network of Health Promoting Schools (point 4 of the Action Programme) [1], and suggests that similar networks be set up between scientific and medical associations, and between non-governmental organizations representing all parties concerned, to involve them in the dissemination of training and health education programmes, demonstration projects and the preparation of teaching materials.

3.2.3. The Commission should coordinate activities covered by the present programme with those already in progress to curb serious diseases or specific illnesses (cancer, drug abuse, AIDS, and other communicable diseases), in order to create the appropriate pooling of resources and ensure that action is targeted more effectively at specific population groups, (e.g. ethnic minorities, women in education). In this context, special attention should be paid to patients' rights, since this aspect is vital for effective health education.

3.3. *Vocational Training in Public Health and Health Promotion*

3.3.1. The Committee would like to see an adequately funded student/staff exchange policy, coordinated with research carried out under the IVth Framework Programme (activity I for information technology and biomedicine; activity IV) (see point 7).

3.3.2. Support for health professionals in early detection (point 9) should be extended to all risk sectors (cancer, AIDS, mental illness, cardiovascular diseases, etc.), and not just confined to alcoholism.

---

[1] This network was set up in cooperation with the Council of Europe and the WHO, to provide a new approach to health education in schools.

3.3.3. The Committee accepts the importance of self-medication, which is growing apace in a number of Member States. The Committee therefore considers it essential to provide adequate information so as to ensure that non-prescription drugs are used responsibly. Furthermore, it feels that this area should be incorporated into the vocational training of health professionals, in order to avoid misuse.

3.4. *Specific Prevention and Health Promotion Measures*

3.4.1. The Committee endorses the actions outlined in points 10 and 11, though they are described in general terms. It is important to exploit and disseminate current and future research findings on eating habits, and the part played by balanced nutrition in health protection and disease etiology. This also holds true for research into other aspects of lifestyles and individual behaviour. The circulation of this information should be carried out with the direct support of the Commission.

3.4.2. The wording of point 12 should be improved, given that the programme is centred on prevention rather than cure. It goes without saying, however, that the responsible use of medicines and cure facilities might also be regarded as a preventive activity and that general practitioners and pharmacists must likewise be involved — for instance via their professional associations — in information and education programmes tailored to this end.

3.4.3. The Committee therefore calls for this point to be reworded in the light of the above remarks and the comments made in point 1.3 of this Opinion.

3.5. *Health Promotion Strategies and Structures*

3.5.1. The Committee endorses the points outlined in the programme and suggests that the Commission set up its own appropriate coordinating machinery for the organization and management of this programme's activities.

3.5.2. Regarding the consultative committee provided for under Article 5, the Committee would repeat the remarks made above concerning the need to involve all parties concerned in the discussions, particularly the socio-economic partners.

4. Financial aspects

4.1. In the Committee's view, the average figure of ECU 7 million is inadequate for such a demanding action programme, so important for the quality of life of European citizens. This is particularly true in view of the 'modest proportion of Member States' overall spending on health' earmarked for health promotion (point 9.2). Since the initiative involves a new range of activities, cost-benefit analyses will naturally have to be carried out rapidly so that funding levels can be increased in line with any benefits achieved.

4.2. The Committee would ask the Commission to (a) identify all possible synergies with other programmes for which funds have already been made available, (b) link up, wherever possible, with other budget items, especially with research funded under the IVth Framework Programme and (c) determine priority actions on which resources can be concentrated, and speed up their implementation.

4.3. Here the Committee suggests that it be provided not only with the intermediate report, and the general, final report on conclusion of the programme, but also with the supporting documents relating to the measures to be adopted.

Done at Brussels, 25 January 1995.

The President

of the Economic and Social Committee

Carlos FERRER