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(Information)

COUNCIL

RESOLUTION OF THE COUNCIL AND THE MINISTERS FOR HEALTH, MEETING WITHIN THE COUNCIL

of 27 May 1993

on future action in the field of public health

(93/C 174/01)

THE COUNCIL AND THE MINISTERS FOR HEALTH, MEETING WITHIN THE COUNCIL,

Having regard to the Treaties establishing the European Communities,

Having regard to the acts adopted by the Council in the field of public health or which have an impact on public health,

Whereas the Treaty on European Union, signed in Maastricht on 7 February 1992, sets out a framework for future cooperation and Community action;

Considering the conclusions of the Edinburgh European Council on 11 and 12 December 1992, in particular regarding an overall approach to implementation of the principle of subsidiarity and measures to increase the transparency of the Community's decision-making process;

Considering the Commission staff working paper of 12 October 1992 on public health;

Recalling the conclusions drawn by the Presidency from the discussions at the meeting of the Council and the Ministers for Health, meeting within the Council, on 13 November 1992 concerning the framework for action in the field of public health;

AFFIRM the need for Community action and cooperation between the Member States on public health in collaboration with the Commission;

EMPHASIZE that it would be expedient to have an appropriate procedure for consultation between Member States and the Commission on questions of public health and take note of the Commission's initiatives in this connection;

AGREE that the emphasis in Community action should be placed in particular on prevention with the aim of ensuring a high level of health protection;

POINT OUT that, public health policy as such, except in cases where the Treaties provide otherwise, is the responsibility of the Member States;

AGREE that there is a need for greater continuity and coherence in the Community's work and for the setting of priorities over a number of years;

AGREE that cooperation between successive Presidencies is useful for ensuring continuity and coherence in the Council's work;

AGREE to give consideration to the means which will ensure that the necessary weight is given to health policy requirements in the context of other Community policies;

INVITE the Commission, in accordance with Article 229 of the Treaty establishing the European Economic Community, to ensure closer cooperation with the appropriate bodies of the Council of Europe and the World Health Organization, particularly on the European dimension of the latter's activities;

CALL UPON the Commission as soon as possible to submit to the Council, in accordance with the Treaties, proposals for a programme of action in the field of public health, having regard, amongst other things, to the guidelines indicated in the Annex.

ANNEX

PUBLIC HEALTH: FRAMEWORK FOR FUTURE COOPERATION AND COMMUNITY ACTION

The Council considers that proposals for planning future cooperation and Community action must be based in particular on the following principles:

Objectives

1. The general objective for future cooperation and Community action in the field of public health will be to ensure, in particular through preventive measures, that inhabitants of the Community have a high level of health protection by:

   — adding years to life: increasing life expectancy and reducing the incidence of premature death,

   — adding life to years: increasing the number of years that can be lived free of illness, reducing or limiting the negative consequences of illness and handicaps, promoting healthy lifestyles and a healthy physical and social environment, and improving the quality of life in general.

Multiannual planning

2. In order to achieve greater continuity and coherence in the Council's work, future cooperation and Community action must be planned over a multiannual period. Planning must be flexible and worked out by the Commission in close cooperation with the Member States.

3. A long-term plan and a medium-term work programme should be established.

4. The long-term plan, which could cover a period of about six years, must include an indication of the general objectives, areas of activity, resources and review clauses. This plan should include a mechanism for periodic assessment.

5. The medium-term work programme, drawn up for a period of about three years, will list the various actions and set out their precise aims. Activities will be assessed regularly with a view to deciding on adjustments, if any. The appropriations available and the estimated costs will be shown in the work programme.

Areas of activity

6. In view of the need to reconcile the objectives of Community action and the necessary resources available to respond to them, the setting of priorities will be crucial in preparing the framework for action in the field of public health.

7. Account will be taken in particular of the following broad criteria for selecting areas of activity, where appropriate:

   — there is a significant health problem and appropriate preventive measures can be taken,

   — the aim of the activity cannot be sufficiently achieved by the Member States acting individually and can therefore, by reason of the scale or effects of the activity, be better achieved at Community level, and consequently 'Community added value' in relation to national action is involved,

   — the activity supplements or promotes health aspects of other Community policies, e.g. completion and smooth operation of the internal market,

   — the Community should ensure consistency between these activities and those of the various international organizations.

8. In deciding whether a health problem is amenable to Community action, use should be made of suitable indicators such as mortality, morbidity, years of life impaired, age, time and space-related variations and costs (including social costs).

9. Any initiatives already decided on at Council level in the field of public health should be continued, subject to suitable assessment and the need to ensure that such initiatives are in line with the objectives and types of action in the plan and work programme. In particular, current programmes concerning particular diseases should be adequately assessed on the basis of the reports to be submitted by the Commission.

10. Improved collection, analysis and distribution of health data as well as an improvement in the quality and comparability of available data is essential for the preparation of future programmes.

Methods of cooperation

11. It is necessary, in order to support efforts to ensure continuity and consistency in Community efforts, to establish appropriate methods of cooperation taking due account of the expertise available in the Member States.

12. With a view to future action programmes, the Commission should be assisted by a high-level committee of representatives of the Member States.

13. Exchanges of experience will be required to play a considerable role in future cooperation. Particular use should therefore be made of the following methods:

— the development of networks; the designation by the Member States of centres specializing in selected areas,

— exchanges of personnel between competent bodies in the Member States. The scope for encouraging specific exchanges should be looked into. The arrangements should be administered by the Commission to ensure a fixed point of contact for individuals and organizations wishing to enter the system.

Health protection as part of the Community's policies in other areas

14. Some of the most important health-related aspects are dealt with by other Councils, for example in the fields of research, the environment, the safety and health of workers and free movement of goods, services and persons. There is therefore a need to ensure that health-policy considerations are duly taken into account in discussions and decisions in other Community areas both in the Member States and the Community.

15. The organization of future cooperation in the Community must therefore involve setting up mechanisms which can direct the attention of the Ministers for Health to matters of particular importance for health in good time and enable Ministers to bring their influence to bear on such matters.

Cooperation with third countries and international organizations

16. Cooperation should be stepped up between the Community and international organizations which are active in the health field.

17. There is a need for greater cooperation between the Community on the one hand and the Council of Europe and the World Health Organization on the other, particularly on the European dimension of the latter's activities. The knowledge and experience of those international organizations as related to that cooperation will be taken into account with a view to rational use of the expertise of organizations and avoidance of unnecessary duplication of work.

18. There is a need also for the Community and the Member States to foster cooperation in the field of public health with third countries. Measures to do this may take the form either of spot activities geared to emergency situations or longer-term cooperation. In many cases they should be carried out in cooperation with other international organizations such as the World Health Organization.