



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 18.04.1995
COM(95) 138 final

94/0130 (COD)

Amended proposal for a

EUROPEAN PARLIAMENT AND COUNCIL DECISION

**adopting a programme of Community action on
health promotion, information, education and training
within the framework for action
in the field of public health**

(presented by the Commission pursuant to Article 189 a (2)
of the EC-Treaty)



EXPLANATORY MEMORANDUM

Amended proposal for a European Parliament and Council Decision adopting a programme of Community action on health promotion, information, education and training within the framework for action in the field of public health.

The Commission's initial proposal for a European Parliament and Council Decision adopting a programme of Community action on health promotion, information, education and training within the framework for action in the field of public health was adopted by the Commission on 1 June 1994.

The Commission's initial proposal was accorded a favourable opinion by the Committee of the Regions¹ and the Economic and Social Committee².

Following the opinion of the European Parliament adopted at first reading on 15 March 1995 the Commission is presenting, pursuant to Article 189a of the EEC Treaty, an amended proposal for a decision. Two types of amendment are mainly involved, viz:

- a set of amendments adding useful detail and clarifications with respect to the initial proposal;
- another set of amendments slightly strengthening the content of the actions involved in the programme as regards specific aspects of health promotion.

The Commission's amended proposal retains the same structure and aims as the initial proposal, but some provisions and programme actions have been clarified or elaborated on.

Of the 43 European Parliament amendments, 18 have been accepted either as they are (4, 9, 28, 30, 31, 37, 39, 47 and 48) or in substance but with amended wording (2, 6, 8, 14, 16, 18, 19, 21 and 25).


As for the three amendments (10, 12 and 13) concerning committee arrangements and determination of the appropriations available for each year, the Commission will adopt the provisions later agreed at inter-institutional level.

For amendments 11, 34, 35, 36 and 38, which include both acceptable and unacceptable elements, the Commission proposes changes in their wording.

The Commission has not accepted four amendments (1, 5, 23 and 41) dealing with fields of activity (health and safety at work, medical treatment and care, specific diseases) outside the scope of the programme or of Article 129.

¹ Plenary session of 15-16 November 1994

² Plenary session of 25-26 January 1995



The Commission was unable to retain amendments 7, 15, 17, 20, 24, 26 and 44. These refer to general accepted principles or commitments entered into by the Commission but explicit mention of which is not justified or appropriate in the specific context in which they are proposed.

Finally, six amendments (22, 27, 29, 33, 40 and 43) were not accepted by the Commission because they refer to population groups (the elderly, disadvantaged groups) or activities (information on medicines) already explicitly covered by actions under the programme.

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<p>THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,</p> <p>Having regard to the treaty establishing the European Community, and in particular Article 129 thereof,</p> <p>Having regard to the proposal from the Commission,</p> <p>Having regard to the opinion of the Economic and Social Committee,</p> <p>Having regard to the opinion of the Committee of the Regions,</p> <ol style="list-style-type: none"> 1. Whereas, with reference to point (o) of Article 3 of the Treaty, Community action must include a contribution of the Community towards the achievement of a high level of health protection; Article 129 expressly provides Community competence in this field by encouraging the cooperation between Member States and, if necessary, lending support to their action; 2. Whereas the Commission communication of 24 November 1993 on public health, states that experience acquired by the Commission until now from actions in public health, justifies a programme of Community actions in the four priority areas of health promotion, information, education and training; 3. Whereas the resolution of the Council and of the Ministers of Education meeting within the Council, of 23 November 1988, concerning health education in schools, emphasized that certain eating habits, the uncontrolled use of some chemical substances and medicines, drug abuse, smoking and environmental pollution have a harmful effect on health, bearing in mind the related problems of safety and accident prevention; 	

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<p>4. Whereas, the resolution of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, of 3 December 1990, concerning an action plan on nutrition and health has underlined that the promotion of a healthy lifestyle related to nutrition is vitally important to enable people to make the necessary choices for ensuring appropriate nutrition in keeping with individual needs;</p> <p>5. Whereas the conclusions of the Council and the Ministers for Health of the Member States, meeting within the Council, of 13 November 1992, concerning health education based on the Commission communication to the Council of 11 May 1992 on school health education, identified the school as a vital setting for systematically developing a healthy lifestyle that will enable sickness and accidents to be reduced, considered that there were a variety of other settings such as homes, local communities, workplaces, hospitals, etc. in which health promotion and health education had a central role, and invited the Commission to strengthen cooperation between Member States in implementing effective health promotion and health education actions in the various settings;</p> <p>6. Whereas these actions need to be undertaken within the framework for action in the field of public health set out by the Commission and take into account, as the Council requested in its resolution of 27 May 1993, other actions undertaken by the Community in the field of public health or which have an impact on public health;</p> <p>7. Whereas in its Resolution concerning public health, health promotion and health education the European Parliament formulated a series of proposals for Community action in the field of accident prevention and prevention of cardiovascular diseases which are not the subject of existing Community programmes;</p>	<p>5. Whereas the conclusions of the Council and the Ministers for Health of the Member States meeting within the Council, of 13 November 1992, concerning health education based on the Commission communication to the Council of 11 May 1992 on school health education, identified the school as a vital setting for systematically developing a healthy lifestyle that will enable sickness and accidents to be reduced, considered that there were a variety of other settings, such as homes, local communities, workplaces, <u>hospitals, in which</u> health promotion and health education had a central role, and invited the Commission to strengthen cooperation between Member States in implementing effective health promotion and health education actions in the various settings;</p> <p><u>7a. Whereas it is desirable to make provision for health promotion and health education measures for older people;</u></p>

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<p>8. Whereas the results of the integrated approach as demonstrated in the joint World Health Organization - Council of Europe - European Community Project 'The European network of health promoting schools' are encouraging with respect to the different ways of implementing health promotion in particular settings;</p> <p>9. Whereas it is recognized that socio-economic conditions such as housing, unemployment, urbanization, and social exclusion should be taken into consideration in the promotion of health, particularly for those living in deprived areas;</p> <p>10. Whereas health education and information are expressly mentioned in the provisions of the Treaty dealing with public health, and constitute a priority for Community action in public health;</p> <p>11. Whereas, in accordance with the principle of subsidiarity, action on matters not under the exclusive competence of the Community, such as those on health promotion, must be undertaken by the Community solely where, by reason of their scale or effects, the objectives can better be achieved at Community level;</p>	<p><u>9a. Whereas some social policy objectives coincide with public health objectives, as a feeling of well-being at work is a factor in each human being's personal development and psychological balance;</u></p>

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<p>12. Whereas cooperation with the competent international organizations and with non-member countries should be strengthened;</p> <p>13. Whereas a multiannual programme should be launched with clear objectives for Community action, and priority action selected to promote the health of all the citizens of the Community as well as appropriate mechanisms for the evaluation of such action;</p> <p>14. Whereas the programme has to contribute to the enhancement of awareness of health determinants and risk factors, early detection of adverse effects, counselling and advice, and health and social support;</p> <p>15. Whereas, from the operational point of view, the investment made in the past both in terms of the establishment of Community networks of non-governmental organizations and of the mobilization of all those involved in health promotion and education has to be safeguarded and developed;</p> <p>16. Whereas, however, possible duplication of effort has to be avoided by the promotion of the exchange of experience and by the joint development of basic information modules for the public, for health education and for training members of the health professions;</p>	<p><u>13a. Whereas, although maintenance of health throughout people's lives is universally desirable, the tendency of women to live longer than men requires particular attention;</u></p> <p><u>16a. Whereas it is desirable for the various past or current actions implemented in Member States to be taken into account, by either the relevant authorities or other bodies involved in health policy;</u></p>

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<p>17. Whereas this programme must be of five-year duration in order to allow sufficient time for actions to be implemented to achieve the objectives set,</p> <p>HAVE DECIDED AS FOLLOWS:</p> <p>Article 1</p> <p>A Community action programme on health promotion, information, education and training is adopted for a five-year period, from 1 January 1995 to 31 December 1999.</p> <p>Article 2</p> <p>The Commission shall ensure implementation of the actions set out in the Annex in accordance with Article 5 and in close cooperation with the Member States and the institutions and organizations active in health promotion.</p> <p>Article 3</p> <p>The budgetary authority shall determine the appropriations available for each financial year.</p> <p>Article 4</p> <p>The Commission shall ensure that there is consistency and complementarity between the Community actions to be implemented under this programme and the other relevant Community programmes and initiatives.</p>	<p>A Community action programme on health promotion, information, education and training is adopted for a five-year period, from <u>1 January 1996 to 31 December 2000</u>.</p> <p>The Commission shall ensure implementation of the actions set out in the Annex in accordance with Article 5 of this decision and in close cooperation with the Member States. <u>It shall also act in cooperation with the institutions and organizations active in health promotion.</u></p> <p>The Commission shall ensure that there is consistency and complementarity between the Community actions to be implemented under this programme and the other <u>Community actions affecting health, especially in the areas of education and training, and of health and safety at work.</u></p>

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<p>Article 5</p> <ol style="list-style-type: none"> 1. For the implementation of this programme the Commission shall be assisted by a committee of an advisory nature, hereinafter referred to as 'the Committee', composed of two representatives from each Member State and chaired by the representative of the Commission. 2. The representative of the Commission shall submit to the Committee a draft of the measures to be taken. The Committee shall deliver its opinion on the draft, within a time limit which the chairman may lay down according to the urgency of the matter, if necessary by taking a vote. <p>The opinion shall be recorded in the minutes, in addition, each Member State shall have the right to ask to have its position recorded in the minutes.</p> <p>The Commission shall take the utmost account of the opinion delivered by the Committee. It shall inform the Committee of the manner in which its opinion has been taken into account.</p> <p>Article 6</p> <ol style="list-style-type: none"> 1. The Community shall encourage cooperation with non-member countries and with international public health organizations, including the World Health Organization. 2. The EFTA countries, in the framework of the Agreement on the European Economic Area and the countries from central and eastern Europe with whom the Community has concluded association agreements may be associated with the activities described in the Annex. 	<ol style="list-style-type: none"> 1. The Community shall encourage cooperation with non-member countries and with international public health organizations, including the World Health Organization. <u>The programme shall provide support for proposals submitted by Member States and for initiatives by organizations and agencies active in the health promotion field.</u>

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<p>Article 7</p> <ol style="list-style-type: none"> 1. The Commission shall regularly publish information on the actions undertaken and the possibilities for Community support in the various fields of action. 2. The Commission shall submit to the European Parliament, the Council, the Economic and Social Committee and the Committee of the Regions a mid-term report on the actions undertaken, as well as an overall report at the end of the programme. <p>Annex</p> <p>Community action programme on health promotion (1995 to 1999)</p> <p>A. Health information</p> <ol style="list-style-type: none"> 1. Efforts to contribute to a better knowledge of the psycho-sociological mechanisms involved and of health information methods and techniques, as well as fostering the assessment of results. 2. Surveys of public opinion on various aspects of health promotion (Eurobarometer survey) and support for the preparation and assessment of specific information campaigns including those coordinated at Community level or in several Member States. 3. Support for a European infrastructure for information and documentation on public health and health promotion for use by professionals, administrators and decision-makers in the field of public health, and dissemination to interested parties of information on the Community's activities in this field. 	<p>Community action programme on health promotion (1996 to 2000)</p> <ol style="list-style-type: none"> 1. <u>Support and coordination of the work carried out in the Member States with a view to a better knowledge of the psycho-sociological mechanisms involved and of health information methods and techniques.</u> <u>Fostering the assessment and dissemination of results.</u> 2a. <u>Support for work to become better acquainted with socio-economic and cultural differences in relation to health promotion and health education.</u> 3. Support for <u>development of a European infrastructure, particularly in the form of transnational networks, reference centres for information and documentation on public health and health promotion for use by professionals, administrators and decision-makers in the field of public health, and dissemination to interested parties of information on the Community's activities in this field.</u>

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<p>B. Health education</p> <p>4. Promotion, by consultation between the Member States, of the inclusion of health education in school curricula, and support for the development and distribution of appropriate health education programmes, teaching materials and modules. Support for demonstration projects and innovative measures with the aim of promoting healthy lifestyles and behaviour, including support for the European network of health promoting schools in cooperation with WHO and the Council of Europe.</p> <p>5. Support for health education measures in the workplace, particularly in relation to prevention of alcohol abuse and tobacco consumption, and nutrition.</p> <p>6. Support for health education projects among young persons and adolescents who have left the school system in settings such as sport and leisure activities and socio-cultural activity centres, including innovative means of providing continuing structured health education.</p>	<p>4. Promotion, <u>in consultation with</u> the Member States, of <u>greater integration</u> of health education <u>in school curricula</u>, and <u>development of exchanges of experience</u>, teaching materials and <u>training staff in particular by means of pilot projects</u>, in order to promote healthy lifestyles and behaviour. <u>Support</u> for the European network of health promoting schools in cooperation with WHO and the Council of Europe.</p> <p>6. Support, <u>coordination and assessment of</u> health education projects among young persons and adolescents who have left the school system, <u>drawn up and implemented by either official bodies or private associations and non-governmental organizations</u> in settings such as sport and leisure activities and socio-cultural activity centres, including innovative means of providing continuing structured health education.</p> <p><u>6a. Support for innovative pilot projects with regard to continuing structured health education for adults.</u></p>

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<p>C. Vocational training in public health and health promotion</p> <p>7. Review and assessment of existing structures and training schemes in public health and health promotion and compilation of a European directory. Support for cooperation involving schools of public health, universities and bodies providing training in this area with a view to the development of common training courses and exchanges of students and teaching staff.</p> <p>8. Promotion of cooperation between the Member States on the content of training courses and training activities in the fields of public health and health promotion for professionals, administrators, managers and decision-makers, emphasizing interdisciplinary approaches.</p> <p>9. Support for training activities concerning health education in schools aimed at teachers, instructors and other staff concerned including development of modules, teaching aids and materials. Support for training for health professionals in the prevention of diseases, early detection of alcoholism and information for the public on the use of medicines and self-medication.</p>	<p>8. Promotion of <u>exchanges of training modules and training experiences</u> in the fields of public health and health promotion for professionals, administrators, managers and decision-makers, emphasizing interdisciplinary approaches.</p> <p>9. Support for training activities concerning health education in schools aimed at teachers, instructors, and other staff concerned, including development of modules, teaching aids and materials.</p> <p>9a. Support for training and <u>further training</u> for health professionals <u>in health promotion</u>, the prevention and <u>early detection of diseases and information</u> for the public on the <u>rational</u> use of medicines, <u>in particular generic medicines</u> and self-medication.</p>

D. Specific prevention and health promotion measures

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| <p>10. Support for integrated health promotion activities and projects relating to disadvantaged or vulnerable groups and particular territorial areas, and incorporating the intersectoral dimension of health promotion.</p> <p>11. Examination of the role of balanced nutrition as a health protection measure and of nutrition in the etiology of diseases, particularly cardiovascular diseases. Promotion of analysis, evaluation and exchange of experience in respect of innovative measures for the prevention of cardiovascular and related diseases.</p> <p>12. Support for activities on medication, including self-medication, in cooperation with general practitioners and pharmacists, as well as efforts to monitor the development of practices and assess their implications.</p> | <p>10. Support for integrated health promotion activities and projects relating more particularly to <u>groups disadvantaged due to their vulnerability or social exclusion (such as the elderly), to socio-cultural differences (migrants) or to their living in disadvantageous areas or situations</u>, incorporating the intersectoral dimension of health promotion.</p> <p>11. Examination of the role of nutrition <u>and other lifestyle factors</u> in the etiology of diseases, <u>and information for the public with a view to better understanding the basic principles of nutrition and new techniques and methods of presentation and preparation of foodstuffs.</u></p> <p>11a. <u>Promotion of exchanges of experience and information and support for activities aimed at the prevention of cardiovascular and related diseases.</u></p> <p>11b. <u>Promotion of exchanges of experience and information and support for actions concerning alcohol consumption and its medical and social consequences.</u></p> <p>11c. <u>Support for actions to promote regular exercise and the adoption of proper physical and mental health practices.</u></p> <p>11d. <u>Support for studies into the ageing populations of the European Union, promotion of exchanges of experience and information on the prevention of age-related diseases, in coordination with the other specific programmes.</u></p> <p>12. Support for activities <u>on rational use of medicines</u>, in particular <u>generic medicines</u> and self-medication, <u>as well as</u> actions to monitor the development thereof and the implications, in cooperation with general practitioners and pharmacists.</p> |
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<p>E. Health promotion strategies and structures</p> <p>13. Surveys and comparative analyses of health promotion structures and strategies and assessment of these policies, as well as activities to encourage and support cooperation between Member States on various strategic aspects of public health and health promotion.</p> <p>14. Support for networks of national or regional health promotion bodies, adopting an integrated approach (i.e. an approach covering the various determinants, contexts and population groups) and promotion of joint activities and projects.</p>	

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