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Third Report from the Commission

to the Council, the European Parliament, the Economic and Social  
Committee and the Committee of the Regions on the integration of health  
protection requirements in Community policies  
(1996)

## **Third report on the integration of health protection requirements in Community policies**

1. Public health and the health dimension of Community policies are at the centre of the concerns of the Community and its citizens. This is recognised by the Treaty and the Community has taken steps to ensure that these concerns are met. The Community as a whole, and the Commission in particular, are committed to contribute with their policies, actions and activities to the attainment of a high level of health protection (Article 3 (o) of the Treaty). The Amsterdam Treaty strengthens further the role of the Community in the field of public health.
2. This report sets out key developments in this respect in 1996 and gives an overview of Community activities with an impact on health. It shows how health protection requirements were taken into account in measures and activities undertaken, and discusses health-related aspects of Community policies. It also looks at possibilities for further developing this work in the future.

A detailed overview of Community activities with a health impact is provided in a separate Commission services working document.

### *Background to Community work on health in other policies*

3. Article 129 of the Treaty states that health protection requirements shall form a constituent part of the Community's other policies. The Commission has put in place procedures to meet this obligation.
4. First, it introduced measures to ensure that services in charge of public health are consulted on all health-related proposals and their comments are attached to the proposals before their adoption. This procedure is continuously monitored for its effectiveness and steps will be taken to strengthen it should it prove necessary.
5. Second, a Interservice Group on Health was created which provides a forum to exchange information, discuss major health-related issues among the Commission's Directorate Generals and coordinate the position of services with respect to health-related matters which the Commission would consider subsequently. A number of ad hoc groups provide the opportunity for in-depth examination of specific issues. In addition, it provides for the designation of appropriate contact persons for health-related questions in all Commission Directorate Generals, whose role is to transmit requests and replies, check that all parties concerned have been involved and facilitate the resolution of outstanding questions and disputes.

6. Third, the Commission has prepared annual reports on the integration of health requirements in Community policies with the intention to encourage the other Community institutions to look carefully into the health implications of other policies when considering measures and programmes as part of the Community decision-making process; and also to stimulate similar exercises in other Member States aiming at enlisting the help of other policies in implementing measures with beneficial health impact. Two reports have already been presented to Council, Parliament, the Economic and Social Committee and the Committee of the Regions<sup>1</sup>. Both previous reports on the integration of health protection requirements proved of considerable interest not only to the Institutions but also to Member States and the public. Council has adopted a resolution on the second report in November 1996, calling upon the Commission to continue its efforts to integrate health protection requirements into Community policies<sup>2</sup>. Parliament is currently discussing the second report and has appointed a rapporteur. Finally, some Member States (e.g. Finland) have produced reports along the lines of those of the Commission, with important findings and consequences for policy in other areas.

#### *Major developments in 1996*

#### **BSE/CJD**

7. 1996 was an important year for health at Community level, particularly regarding developments in food and agricultural policy. The issue of a possible link between Bovine Spongiform Encephalopathy (BSE) and a new variant of Creutzfeld-Jakob disease (CJD) has, in particular, caused major concern. Against this background, the Commission services working document has dedicated a specific chapter to a detailed description of measures taken in different policy areas to protect human and animal health and to efforts to acquire better knowledge on the link between BSE and the new CJD variant.
8. From the public health point of view, a number of important measures have been taken, considering the limited Community powers in this area:
  - first, a proposal was put forward for a network for the epidemiological surveillance and control of communicable diseases in March 1996<sup>3</sup> *before* the announcement by the UK government of a possible link between BSE and CJD which precipitated the BSE crisis. The proposal provided for comprehensive surveillance and control measures for communicable

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<sup>1</sup> COM (95) 196 final of 29.5.1995 and COM (96) 407 final of 4.9.1996

<sup>2</sup> Council Resolution of 12 November 1996 on the integration of health protection requirements into Community policies, OJ No. C 374 of 11.12.1996, p. 3.

<sup>3</sup> COM (96) 78 final of 7.3.1996

diseases and covered CJD. It is still being discussed by the European Parliament and Council.

- the Commission has also prepared a proposal for a programme of Community action on rare diseases<sup>4</sup> which may serve for actions on CJD.
9. With regard to CJD and other Transmissible Spongiform Encephalopathies, the Commission services have prepared working documents which have served as a basis of discussions at the Health Councils under the Italian, Irish and Netherlands Presidencies. These documents contained epidemiological data from the Member States on CJD and analysis of trends, and a survey of measures taken by the Member States and the Community. Similar documents will be prepared in the future.
  10. The impact of and the Community response to the BSE crisis from a public health point of view showed clearly the need for a coherent approach to the consideration and integration of health requirements across the board of Community policies. President Santer underlined this when he said, in his speech to the European Parliament on the report of the BSE committee of enquiry, that 'the time has come to put health to the fore in Europe'. The series of measures taken since, especially the application of the precautionary principle and the separation of the responsibilities on advice, legislation and control, as well as the reinforcement of scientific committees and relevant binding instruments, bear witness to the determination of the Commission to live up to this commitment.
  11. The Commission has decided on a number of important changes to policy and administrative responsibility within its services to reflect the growing public awareness and its growing responsibility to protect the health of consumers and of the public at large. The Commission services in charge of public health are involved in these restructuring activities, and take part in the new co-ordinating bodies set up. Its responsibilities to implement a 'health watch' function over the other policies will come out strengthened by these reforms. Progress will be duly reported in the fourth report on the integration of health requirements, covering activities and policy in 1997.

#### *Other major developments*

12. The BSE crisis and its possible implications for human health is one of a number of important policy areas with a strong health dimension. The Commission services working document provides a full picture of these policy areas.
13. Activities in the field of food law have direct consequences for human health. Legislation in 1996 on food additives, on labelling and on foods for infants and small children reflect the need for adaptation and progress in Community policy

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<sup>4</sup> COM (97) 225 final of 26.5.1997

in this field. The regulation on novel foods and food ingredients, adopted in early 1997<sup>5</sup>, introduces a framework for premarket safety assessment and authorisation of novel foods, including all foods and food ingredients produced from genetically modified organisms. In addition, it establishes a framework for labelling of novel foods and food ingredients.

In order to prepare the reorientation of Community food law, the Commission has published, in 1997, a Green Paper on the general principles of food law in the European Union<sup>6</sup>. Coming as it does at a time when public concerns about food and health have never been higher, this Green Paper provides an opportunity to debate new approaches to these issues, both within general food policy and specific legislation.

14. Equally, important health-related decisions are being prepared in the field of research. During 1996, the Commission prepared a set of proposals for the future of Community research programmes, disseminated widely during 1997. This report shows that a considerable amount of research programmes support projects with a health dimension, be it in medical research, research on health systems, biotechnology, telematics, agriculture or environmental research.
15. Environmental protection, the provision of a clean environment, the protection against radiation, and civil protection also have important repercussions for the health of the public. Cooperation between the health and environment sides has therefore been close, and will be further strengthened in the future.
16. The interaction and interdependence of social and health policies may be self-evident; however, maximising the beneficial impact of one on the other requires special attention and effort. Significant strides have been made in this direction during 1996, especially in the area of social protection. Further steps will be taken to enhance the place of health in social policy development, e.g. in respect of inequalities and poverty.
17. Many public health concerns span across a number of Community policy areas. Drugs, for example, are being dealt with - among others - in the context of public health activities, of justice and home affairs, and external relations. Specific attention is focused on tobacco in the context of preventive activities in public health (Europe against cancer), but agriculture deals with tobacco growing and research policy with the development of less harmful tobacco varieties. The indirect taxation of tobacco - an area of concern for taxation policy - influences the price of tobacco products. This is reflected in the report.
18. The Commission services working document covers under particular headings the policy areas which are of particular relevance to health. This takes into

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<sup>5</sup> Regulation (EC) 258/97 of the European Parliament and of the Council of 27.01.1997 concerning novel foods and food ingredients, OJ L43, 14.02.1997, p.1.

<sup>6</sup> COM (97) 176 final of 30.4.1997

account, in this respect, the list of priorities suggested by the Council in its resolution on the first report<sup>7</sup>, with the addition of a specific chapter on BSE/CJD:

- Social policy
- Agriculture, food and fisheries,
- BSE and CJD,
- Internal market,
- Research and development,
- Environment and energy,
- Transport, and
- International cooperation.

### *Strengthening the integration of health requirements*

19. The Commission services working document shows the wide range of health-related activities in almost all major areas of Community policy. It is a joint responsibility of the Community's institutions to ensure that health requirements are integrated in policy and actions. In addition to Article 129, they have to take into account a range of other Treaty provisions designed to protect public health.
20. The importance of integrating health requirements in other policies in order to ensure a high level of human health has been confirmed by the Court of Justice in its ruling<sup>8</sup> on the UK's request for interim relief regarding the export ban for cattle and related products in the context of BSE. Within the Commission, implementing the obligation in Article 129 starts with the work of the services which have lead responsibility in a particular policy area. In addition, the 'health watch' kept on Commission proposals provides an additional instrument to ensure that proposals are checked for possible health consequences before adoption.
21. One important consideration in this context is to determine the respective Member States' and Community contribution to improving health and ensuring a high level of health protection, and to use the results as a launching pad for corrective measures or adjustments in policies and actions both in the Member States and at the Community level. Satisfactory results have already been obtained in individual instances, such as in the transport sector, pharmaceuticals, tobacco subsidies, alcohol-related competition rulings, risks from telecommunication fields and power transmission, and nutritional requirements.
22. Implementing the relevant obligation in Article 129 is fraught with uncertainties as to what constitutes a high level of health protection, and what is the best

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<sup>7</sup> Council resolution of 20 December 1995 on the integration of health protection requirements in Community policies, OJ C 350, 30.12.1995, p. 2

<sup>8</sup> C-180/96 R, United Kingdom v Commission of the European Communities, ECR 1996, I-3903

methodology to arrive at reliable conclusions as to the respect or achievement of this objective by the measures or actions concerned. The Commission has launched a number of studies on these issues and obtained advice. The recently adopted programme of Community action on health monitoring<sup>9</sup> should provide opportunities to make progress in this area.

A more pro-active approach has already begun on social and employment policy, and health is increasingly being taken into account at an early stage in the development of these policies.

23. Above all, to make real and sustained progress in this field will depend on three key factors:
- a political commitment to make health-related measures and actions a joint responsibility, at all steps of Community decision-making, of those in charge of health and those in charge of the other policy areas;
  - the provision of sufficient and expert resources in the public health area to shadow key policy sectors effectively;
  - the monitoring of the implementation of the measures and actions concerned.
24. The Commission will give consideration to instruments to give effect to these commitments, and will return to these issues in the fourth report. It will also address the question of lessons and experiences gained in mainstreaming health in other areas of policy.

#### *Revision of Article 129*

25. In 1997, the Treaty of Amsterdam has introduced important changes to Article 129 with a view to strengthen the scope of potential action by underlining that a high level of human health protection shall be ensured both in the definition and implementation of all Community policies and activities.

#### *Conclusion*

26. The Commission considers the Treaty provision that health protection requirements shall form a constituent part of the Community's other policies as a central element of the Community's powers in public health and is committed to strengthen its relevance and application. The attached report is in support of these efforts, but also shows the wide range of activities involved. A 'health watch' over policies and measures would have to be stringent and comprehensive; and for this additional resources and increased efforts are necessary. The Commission will take the necessary steps to strengthen this process and will report on progress in future communications.

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<sup>9</sup> OJ L 193/1 of 22.7.1997

27. The Commission hopes that this report and the working document will also stimulate and enrich the ongoing discussion on the future orientations of Community policy in the field of health. It invites comments on how to ensure progress in this area and will take them into account in future policy development.

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