



COUNCIL OF THE EUROPEAN COMMUNITIES
GENERAL SECRETARIAT



PRESS RELEASE

6707/93 (Presse 85)

**1664th meeting of the Council
and the Ministers for
HEALTH
meeting within the Council**

Brussels, 27 May 1993

**President: Mr Torben LUND
Minister for Health of the
Kingdom of Denmark**

The Governments of the Member States and the Commission of the European Communities were represented as follows:

Belgium:

Ms Magda de GALAN

Minister for Public Health,
Environment and Social Integration

Denmark:

Mr Torben LUND
Mr Jørgen VARDER

Minister for Health
State Secretary for Health

Germany:

Ms Sabine BERGMANN-POHL

Parliamentary State Secretary to the Federal
Minister for Health

Greece:

Mr Dimitrios SOUFIAS
Mr Nikos ANASTOPOULOS

Minister for Health
State Secretary for Health

Spain:

Mr José Antonio GRIÑAN MARTINEZ

Minister for Health and Consumer Affairs

France:

Mr Philippe DOUSTE-BLAZY

Minister with special responsibility for Health

Ireland:

Mr Brendan HOWLIN

Minister for Health

Italy:

Ms Maria Pia GARAVAGLIA

Minister for Health

Luxembourg:

Mr Johny LAHURE

Minister for Health

Netherlands:

Mr H.J. SIMONS

State Secretary for Welfare, Health and Cultural
Affairs

Portugal:

Mr Arlindo DE CARVALHO

Minister for Health

United Kingdom:

Mr Brian MAWHINNEY

Minister of State for Health

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Commission:

Mr Padraig FLYNN

Member

FUTURE ACTION IN THE FIELD OF PUBLIC HEALTH**RESOLUTION
of the Council and the Ministers for Health,
meeting within the Council,
on future action in the field of public health**

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 at Maastricht on 7 February 1992, sets out a framework for future co-operation 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 co-operation between 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 co-operation 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 EEC Treaty, to ensure closer co-operation 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 co-operation and Community action

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

Objectives

1. The general objective for future co-operation 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 co-operation and Community action must be planned over a multiannual period. Planning must be flexible and worked out by the Commission in close co-operation 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 some 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 some 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, and where appropriate, of the following general criteria for selecting areas of activity:
 - * 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 that these activities are consistent with 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 co-operation

11. It is necessary, in order to support efforts to ensure continuity and coherence in Community efforts, to establish appropriate methods of co-operation 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 co-operation. 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 co-operation 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.

Co-operation with third countries and international organizations

16. Co-operation should be stepped up between the Community and international organizations which are active in the health field.
17. There is a need for greater co-operation between the Community on the one hand and the Council of Europe and the WHO on the other, particularly on the European dimension of WHO activities. The knowledge and experience of those international organizations as related to that co-operation 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 co-operation 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 co-operation. In many cases they should be carried out in co-operation with other international organizations such as the World Health Organization.

IMPLEMENTATION OF AND FOLLOW-UP TO THE "EUROPE AGAINST AIDS" PROGRAMME

The Council and the Ministers for Health called upon the Commission to:

- take the steps necessary in order that the "Europe against AIDS" programme can continue during 1994;
- submit to the Council in the first half of 1994 a report on the implementation of the 1991-1993 plan of action.

The Council and the Ministers agreed to return to this item at their next meeting.

CONTINUATION IN 1994 OF THE 1990 TO 1994 ACTION PLAN IN THE CONTEXT OF THE "EUROPE AGAINST CANCER" PROGRAMME

The Council and the Ministers for Health, considering the report on the evaluation of the effectiveness of Community action undertaken in the context of the "Europe against Cancer" programme (1987 to 1992) submitted by the Commission, and considering that it is advisable to provide sufficient budget funds for the 1994 financial year in order to maintain

an activity comparable in size and nature to that conducted during previous years, adopted a Decision raising the overall amount of the Community contribution estimated necessary for the duration of the 1990 to 1994 action plan from ECU 50 million to ECU 55 million.

ANTI-SMOKING CAMPAIGN

The Council and the Ministers discussed various ways of reducing tobacco consumption.

With regard to banning smoking in places open to the public, the Council and the Ministers adopted the following conclusions:

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

NOTE with interest the interim report from the Commission on the response to their Resolution of 18 July 1989 on the banning of smoking in places open to the public ⁽¹⁾ and in particular the remarks made in the report by the Commission itself;

REITERATE that the Member States are invited to inform the Commission every two years on a common basis of the measures they take in this area;

CONSIDER that a systematic assessment at Community level of the measures taken would make it possible to take full advantage of the experience acquired and to draw appropriate lessons and guidelines for the future;

ENCOURAGE the Commission, in collaboration with the Member States, to include such an assessment in its next report.

With regard to a ban on advertising for tobacco products, the Council instructed the Permanent Representatives Committee to continue its examination of the Commission proposal.

(¹) OJ C 189, 26.7.1989, p. 1.

With regard to the increase in excise duty, the Council and the Ministers did not reach agreement on the draft conclusion submitted by the Presidency.

HIGH COST OF MEDICINAL PRODUCTS

The Council and the Ministers held an exchange of views on the high cost of medicinal products, on the basis of a note from the Presidency.

They took note of the Commission's intention to study this question in greater depth.

PERSONAL RECORD RESEARCH

The Council and the Ministers held an exchange of views, on the basis of a Presidency note, on the proposal for a Directive on the protection of individuals with regard to the processing of personal data and on the free movement of such data.

It should be noted that the proposal sets down the principles to be followed in national legislation in order to ensure a uniform level of protection in relation to the processing and exchange of personal data. The aim of the proposal is to secure a high level of protection with regard to the processing of data on individuals. Personal record research is research based on data gathered from personal records. This means that the researcher does not base his data on direct personal contact with the person or object from which the data derive.

During the discussion, it was emphasized that when scrutiny of this Directive is carried forward by the Internal Market Council, account will have to be taken of the balance to be sought between the requirements of data protection and epidemiological research.

REPORT ASSESSING EUROPEAN DRUGS PREVENTION WEEK

The Council and the Ministers:

- heard a report by the Commission on European Drugs Prevention Week (16 to 22 November 1992);
- agreed for the next European Drugs Prevention Week to be organized during the second half of 1994.

SELF-SUFFICIENCY IN BLOOD IN THE COMMUNITY

Commissioner FLYNN submitted a Commission communication on self-sufficiency in blood in the European Community.

ASSOCIATION AGREEMENTS WITH THE COUNTRIES OF CENTRAL AND EASTERN EUROPE - FREEDOM OF ESTABLISHMENT FOR THE MEDICAL PROFESSIONS

The Council and the Ministers noted a contribution by the German delegation on the particular problem of the establishment in the Community of doctors from the countries of Central and Eastern Europe.

MISCELLANEOUS DECISIONS

Follow-up to German unification

- Transitional tariff measures

The Council adopted the Regulation on the introduction of transitional tariff measures for Bulgaria, Czechoslovakia, Hungary, Poland, Romania, the Soviet Union and Yugoslavia, applicable until 31 December 1992, in order to take account of German unification.

This Regulation resolves among other things a one-year extension of the measures and certain technical adaptations.
