



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 23.11.2006
COM(2006) 711 final

**REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND
THE COUNCIL**

Implementation of the Public Health Programme in 2005

REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL

Implementation of the Public Health Programme in 2005

(Text with EEA relevance)

1. INTRODUCTION

This report aims to inform the European Parliament and the Council of the implementation of the Public Health Programme in 2005¹. A report on the first two years of the Programme can be found on the Europa website².

2. POLICY CONTEXT

2.1. Public health policy in 2005

2.1.1. *Health and Consumer Protection Strategy*

A joint Health and Consumer Protection strategy was adopted on 6 April 2005, setting up a proposal to establish a joint programme for Health and Consumer protection³. The strategy and programme proposal bring together and extend the current EU Public Health Programme and the current Consumer Policy Programme. The proposal not only sets up overall common objectives, but also reinforces the existing strands of the Public Health Programme and creates three additional strands for public health.

The programme proposal aims to exploit synergies between health and consumer policies in order to reinforce citizens' concerns in EU policy making. A joint programme would bring economies of scale, increased visibility and streamlined procedures. The proposal, which is part of the programmes package related to the financial perspectives 2007-2013 is now undergoing co-decision procedure.

2.1.2. *Mid-term evaluation of the Public Health Programme*

An external mid-term evaluation of the Public Health Programme was launched, as foreseen in the programme Decision⁴ to obtain independent, evidence based information on the implementation and achievement of the programme during its first three years (2003 - 2005).

¹ In accordance with article 12(1) of Decision No 1786/2002/EC of 23.9.2002 Official Journal L 271 of 9.10.2002, p. 1.

² http://europa.eu.int/comm/health/ph_programme/keydo_programme_2003_2008_en.htm

³ COM(2005)115 final of 6.4.2005.

⁴ Article 12 (3) of Decision No 1786/2002/EC of 23.9.2002 Official Journal L 271 of 9.10.2002, p. 1.

Main objectives of the evaluation are to assess the programme's impact on health matters in the EU, the efficiency of its use of resources, the sustainability of its actions and complementarity with other Commission actions.

Results of the evaluation will be used to provide feedback for future Commission initiatives in the field of Public Health.

2.1.3. *Stakeholder consultations*

To further involve civil society in health strategy, the second Open Forum took place in November to address *Health challenges and future strategy*. It provided a platform for networking and exchange of ideas for some 380 participants representing regional, national and European health organisations as well as the European Institutions. They included the main partners for health in Europe, e.g. policy makers, service providers, industries, patients, health professionals and academia.

The High Level Group on health services and medical care held four meetings. It made good progress, including the establishment of a European network on health technology assessment; development of recommendations for pilot projects on centres of reference in 2006; proposals for a European patient safety strategy; guidelines for cross-border healthcare purchasing contracts. An annual report to the Council provides a coherent view on the work carried out by the 6 working groups, and proposes recommendations and ways forward to improve cooperation between Member states in the area of health care. 2005 was also the first year where European NGOs representing civil society interests of particular relevance were involved in some of the working groups.

2.2. **Activities related to legislation**

Two directives were adopted to implement Directive 2002/98/EC⁵, ensuring a high level of human health protection regarding blood and blood components through standards of quality and safety for the collection and testing of human blood and blood components, as well as for their processing, storage and distribution when intended for transfusion.

Directive 2005/61/EC laid down traceability requirements, verification procedures, and notification of serious adverse reactions and events of human blood and blood components⁶. To complete this Directive, Directive 2005/62/EC was adopted for Community standards and specifications on a quality system for blood establishments⁷.

2.3. **Co-operation with international organisations**

To strengthen cooperation with international organisations, direct grant agreements were negotiated for the first time with the World Health Organisation⁸ and the Organisation for Economic Cooperation and Development⁹.

⁵ Directive 2002/98/EC of 27 January 2003. Official Journal L 33, of 8.2.2003 p. 30.

⁶ Commission Directive 2005/61/EC of 30 September 2005, Official Journal L 256 of 1.10. 2005, p. 32.

⁷ Commission Directive 2005/62/EC of 30 September 2005 Official Journal L 256 of 1.10.2005, p. 41.

⁸ Commission Decision C(2006)197-1.

With the WHO, prioritised were mental health, pandemic influenza, mobility and health services, environment and health, and obesity for a total co-funding by the Public Health Programme of €2.5 million.

Direct grant agreements with the OECD amounted to a total co-funding of €800,000 for health accounts, indicators on quality of health care, improving the efficiency of delivery of health services, and economics of prevention.

2.4. Structural support

2.4.1. Executive Agency for the Public Health Programme

In January 2005, the Commission created an Executive Agency for the Public Health Programme¹⁰. The Agency aims to provide technical, scientific and administrative assistance necessary for efficient implementation of the programme's objectives.

The Agency will manage all the phases in the lifetime of specific projects, in the context of implementing the programme on public health, on the basis of Decision No 1786/2002/EC and of the work plan provided for in that Decision and adopted by the Commission, and the necessary checks to that end, taking the relevant decisions where the Commission has empowered it to do so. The Agency will provide logistical, scientific and technical support for non-political working groups and events.

Recruitment of the Director and first staff began in 2005, but the Agency is expected to become fully operational only in 2006. A steering committee, comprising five high level Commission staff, oversees the work of the Agency. It was appointed in the first quarter of 2005.

2.4.2. European Centre for Disease Prevention and Control (ECDC)

The Communicable Diseases Network, managed by the Commission since 1999, required substantial reinforcement to control communicable diseases effectively. In April 2004, the Council and European Parliament created the legislative framework¹¹ for a European Centre for Disease Prevention and Control which gradually became operational in 2005, after the nomination of Zsuzsanna Jakab as Director in December 2004. Two handover notes were prepared by the Commission to ensure a smooth transition of activities¹².

The ECDC provides a structured and systematic approach to the control of communicable diseases and other serious health threats which affect European Union citizens. The ECDC also mobilises and significantly reinforces the synergies between the existing national centres for disease control.

⁹ Commission Decision C(2005)4651-1.

¹⁰ C(2004)4839 of 15.12.2004. Official Journal L 369 of 16/12/2004, pp. 73–75.

¹¹ Regulation (EC) No 851/2004 of 21.4.

¹² The handover notes can be found on http://europa.eu.int/comm/health/ph_overview/strategy/ecdc/ecdc_en.htm

3. BASIS FOR 2005 ACTIVITIES

3.1. Appropriations

Of the programme's global budget for 2003-2008 of €354 million, the total appropriation of operational and administrative credits for 2005 amounted to €61.5 million. €50 million was allocated to financing projects under the 2005 call for proposals. A further €1.9 million was committed to calls for tender and €3.6 million to direct grant agreements.

3.2. Call for proposals

A single call for proposals, covering all the activities of the 2005 work plan¹³, was launched in January on the Public Health Programme's Europa website. The call remained open for three months. An information day was held in February, gathering stakeholders and public health professionals interested in submitting proposals to the Public health programme.

The 242 submitted proposals were evaluated both by independent external experts and Commission officials. Evaluators endeavoured to use a consistent approach and common evaluation standards. An Evaluation Committee was set up in conformity with the financial rules. 55 projects were considered suitable for funding and 18 projects were placed on a reserve list. The remaining 169 projects were rejected. An internal Commission consultation was held to ensure that projects selected for co-financing would not duplicate or overlap with ongoing projects in other DGs.

In July, the Programme Committee gave a unanimous favourable opinion to finance the proposals selected by the evaluation procedure. The same list of projects was then endorsed by the Authorising Officer, allowing contract negotiations to start. Although the first grant agreements were signed end 2005, most grant agreements remained to be concluded in 2006.

3.3. Calls for tender

Four contracts were signed for Eurobarometer surveys in the fields of attitudes towards tobacco, medical errors, aids prevention, and health and food¹⁴. The polls among the general European public sought to assess public opinion in general and to help with appraising, validating and defining work carried out in these areas. The contracts covered standard Eurobarometer face-to-face surveys in 33 countries and areas.

A call was launched¹⁵ and a service contract was successfully concluded after negotiation, for setting up quality assurance schemes for diagnosis of very high threat and high threat pathogens. The purpose of the contract is to organize, prepare and perform an outcome orientated external quality assurance exercise for four high threat bacterial pathogens. Participants were laboratories in all 25 Member States and

¹³ Commission Decision C(2005)29 of 14 .1.2005.

¹⁴ Contract notice 2004/S 1-000083 of 02.01.2004.

¹⁵ Contract notice 2004/S 178-152217 of 11.09.2004.

EEA countries, designated by their authorities for primary confirmatory tests of the bacterial pathogens.

4. MAIN ACTIVITIES IN 2005

4.1. Health information

As a follow-up to the WHO European Ministerial Conference on Mental health in January, a Green paper¹⁶ was published. The paper stressed the relevance of mental health for the EU's strategic policy objectives on public health. It proposed developing a strategy on mental health at EU-level in order to address the increasing level of diagnosed mental disorders in the EU-population and their economic and social implications.

Work continued on the establishment of a comprehensive European health and environment information system, constituting an important contribution to the European Environment and Health Action Plan 2004-2010¹⁷ and a mid-term review foreseen in 2007 on the implementation of the conclusions of the 2004 Budapest Ministerial Conference on Environment and Health.

Public health monitoring needs and public concern was addressed in the area of electromagnetic fields. Research was carried out on the potential effects of Universal Mobile Telephone System (UMTS) mobile phones (third generation mobile phones), particularly on development of cancer in the human ear canal.

The eEurope Action Plan¹⁸ set the objective for Europe to have "modern, online public services" by 2005. One of the proposed actions was to promote eHealth services. Specific plans included electronic health cards, health information networks and online health services. As part of this initiative, extensive work was carried out to develop the European Union Public Health Portal¹⁹, funded by the Interchange of Data between Administrations programme. A project was supported with the European Broadcasting Union to develop radio and TV documentaries on issues of relevance to public health.

A first joint meeting between the eHealth Working Group²⁰ of the Information Society and Media DG and the Health Systems Working Party of the Health and Consumer Protection DG was held. It was instrumental in increasing synergies between the two groups²¹ and Commission services, thereby contributing to a better

¹⁶ COM (2005) 484 of 14 October 2005,
http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

¹⁷ SEC(2004) 729 of 9.6.2004, <http://ec.europa.eu/environment/health/pdf/com2004416.pdf>

¹⁸ COM/2002/0263 final of 28.5.2002, http://eur-lex.europa.eu/LexUriServ/site/en/com/2002/com2002_0263en01.pdf

¹⁹ http://ec.europa.eu/health-eu/index_en.htm

²⁰ As from April 2006, the eHealth Working Group is referred to as the i2010 sub-group on eHealth.

²¹ The Health Systems Working Party of Health and Consumer Protection DG consists of Project leaders from projects in the field of health systems under the Public health Programme and the previous 8 public health programmes. The Working Group on eHealth (now i2010 sub-group on eHealth) of Information Society and Media DG consists of representatives of Member States responsible for eHealth at national level in both Ministries of Health and Ministries of Industry and/or Innovation.

implementation and management of the Public Health Programme and of the eHealth Action Plan.

As for rare diseases, a European Conference was organized in Luxembourg to reinforce partnerships, share experiences and discuss existing bottlenecks and possible solutions. Another highlight was the start of the Task Force on chronic and major diseases.

Continued progress was made in developing health indicators for comparable data collection among EU Member States. A short list of health indicators is now available on-line and a long-list is in development.

4.2. Health threats

4.2.1. Generic Preparedness Planning

The Communication on EU generic preparedness planning for public health threats²² presents a foundation on which Member States can build their own generic or specific plans, laying down the main elements that need to be addressed in planning for both disease-specific and general public health emergencies.

The strategy aims to provide the backbone for developing core elements addressing generically different types of health threats. It should also lead to the establishment and improvement of the inter-operability of national plans, mainly by the creation of co-ordination mechanisms and analysis and communication tools that enhance co-operation between key Member States and Commission players.

A number of issues are of particular importance. Firstly, Member States should share and compare national plans to ensure their effectiveness and interoperability. Secondly, national plans need to take into account EU legislation in different sectors, as well as EU-level mechanisms for public health crisis. Finally, generic health threat preparedness must extend beyond the health sector to include e.g. civil protection, transport, communications, emergency services, investment in laboratories, and international relations.

4.2.2. Influenza pandemic preparedness

The Communication on influenza pandemic preparedness planning²³ takes account of recommendations issued by the WHO and the establishment of the European Centre for Disease Prevention and Control (ECDC).

An important step towards implementation of this Community pandemic preparedness plan has been taken by the constitution of a Public Health Preparedness and Response Planning Group to advise the Public health programme on actions to be taken in the event of an imminent pandemic threat.

²² COM(2005) 605 final of 28.11.2005, http://eur-lex.europa.eu/LexUriServ/site/en/com/2005/com2005_0605en01.pdf;

²³ COM(2005) 607 final of 28.11.2005, http://eur-lex.europa.eu/LexUriServ/site/en/com/2005/com2005_0607en01.pdf.

The Programme is closely collaborating with the WHO and the ECDC to improve influenza pandemic preparedness at EU level. Several joint meetings with WHO have been held to discuss national preparedness plans for influenza pandemics and to determine the stage of pandemic planning in Europe, exchange best practice and discuss the main components of national planning. National Pandemic Preparedness Plans have been established and are already in place in all Member States. The Commission also worked with the Health Security Committee and the European Vaccine Manufacturers to ensure sufficient supply of influenza vaccines in the EU in the shortest possible time in case of a pandemic.

4.2.3. *Preparedness and response exercises*

Two preparedness and response exercises were organized to test and assess the reaction capacity of the EU and Member States in the cases of a bio-terrorist attack and an influenza pandemic. The specific reports issued from the assessment of the communication mechanisms and the national measures have been published²⁴ and constitute the basis for further improvements.

4.3. **Health determinants**

The main aims in 2005 were to promote and stimulate countries' efforts; and to provide input into the assessment and preparation of Community policies, strategies and measures. The work plan therefore prioritised actions linked to nutrition and alcohol, tobacco and drugs, AIDS; health inequalities and wider socio-economic determinants; as well as in areas not fully covered previously such as genetic determinants and physical activity. Approaches to integrate a number environmental and socio-economic considerations and to target specific groups, in particular young people, were also prioritised.

Council presidency initiatives were supported through two conferences. The Summit "Health Inequalities, Governing for Health" which took place in October as part of the United Kingdom Presidency and a conference on the prevention of type 2 Diabetes to take place during the Austrian Presidency in 2006. Two state of the art reports on health inequalities which were produced for the UK summit have been published on Europa²⁵.

Nutrition and physical activity actions included a European weight disorder initiative, a campaign for the improvement of lifestyle related workplace health promotion, support for a network on physical activity and ageing, and a European schools network addressing childhood obesity.

Important new activities on alcohol were supported in view of the development of the forthcoming Commission Communication on alcohol and health. These included activities covering drink driving in young people focussing on the role of peer education and covering actions such as health warnings and labelling of alcoholic

²⁴ Bio-terrorism (New Watchman exercise)

http://ec.europa.eu/comm/health/ph_threats/com/watchman.pdf ;

²⁵ Influenza (Common Ground exercise) http://ec.europa.eu/comm/health/ph_threats/com/common.pdf;

http://ec.europa.eu/health/ph_determinants/socio_economics/keydo_socioeco_en.htm

drinks and server training. Another alcohol related project is supporting the dissemination of good practice on the use of brief interventions in primary care.

The European Network of Quitlines is developing additional good practice regarding tobacco cessation, including use of the internet.

A secretariat for the European Commission Mental Health Working Party has been established to assist work taking forward the Green paper on Mental Health. Community action programmes on depression, and child and adolescent mental health are also being set up. Several actions addressed drug prevention, harm reduction and access to drug treatment. European Partners in Action on AIDS aims to strengthen European non-governmental organisations and increase their capacities for concerted actions in the fight against HIV.

Work on public health genetics is being taken forward through networking and information exchange. An inventory of public health genetic issues is being created. A review is being carried out of current national practices in applying genetic testing.