

EUROPEAN PARLIAMENT HEARINGS**ANSWERS TO QUESTIONNAIRE FOR COMMISSIONER****Ms Androulla VASSILIOU****(Health)****Part B – Specific questions**

A1. In your opinion, what will be the biggest challenges in the area of health policy and food safety in the next five years in the European Union? What would you do, as Commissioner, to tackle them and ensure visible results by the end of your mandate? How are you planning to proceed with a proposal on cross-border healthcare in order to codify the rulings of Court of Justice on patient mobility into acquis communautaire?

With the support of the European Parliament, this Commission has already set out objectives and policies for its mandate period to help ensure a high level of health across Europe and to respond to the needs and concerns of our citizens.

One of the biggest challenges is increasing health inequities and, in an enlarged Europe, we must act on this health divide. We need to ensure that health concerns are addressed both through our efforts to reduce the economic gaps between areas of Europe as well as through the development of the European health systems to reduce inequities and strengthen solidarity between social groups. We also need to ensure that everyone has the opportunity to lead a long and healthy life, no matter where they live or what social group they come from.

The ageing of the population together with the rise in chronic diseases are also major challenges which will have important consequences for public health. We will need to support living and ageing in good health with initiatives to promote health and prevent diseases throughout the lifespan.

What citizens eat, drink and whether or not they smoke or exercise can make a considerable difference. If we are to help citizens to live longer in good health, we need to continue to tackle the problems of tobacco, alcohol abuse and obesity.

Communicable diseases also pose a serious threat, for example HIV/AIDS and the need to be prepared for potential pandemics. In addition, we must be vigilant against new and emerging threats and diseases. A major challenge is to ensure that both the EU and its Member States have the capacity to fight a pandemic or to respond to any other threat in an efficient and co-ordinated manner. Ensuring the safety of the patient is also an area of growing concern.

Moreover, health in the EU is influenced by global development; actions on health in the EU have a global impact; and the EU is becoming an increasingly important player in global health diplomacy. The EU must therefore increasingly understand and exercise its responsibility as a global health contributor and regulator.

In short, all EU policies should take account of the contribution they can make to improving health and I will work closely with other Commissioners to incorporate health concerns into a wide range of policies. In full respect of the principle of subsidiarity, to which I am strongly attached, action at European level must focus on areas where we can add value, such as in cross-border healthcare. The EU has an important role in helping Member States exchange good practice in areas of common interest and in fostering the networking of Europe's health expertise. Our actions will help build synergies and partnerships between Member States and between governments and civil society.

As a Commissioner, I will seek to ensure that the Commission works closely with the European Parliament, the Member States and with civil society to focus our efforts on key challenges to health systems to achieve useful, visible and sustainable results. My aim is to ensure that the EU – with its different policies – is doing all it can to help tackle these challenges.

Building on what this Commission has already achieved in the course of the last three and a half years, I intend to propose important initiatives in the area of public health in particular concerning patient safety, and I will also prepare a directive on organ donation and transplantation. Within the coming months, I will also endeavour to finalise the proposal on cross-border health care.

Turning to food safety, we need to ensure that the existing high level of food safety in the EU leaves no room for complacency. It is a continuous effort. We will face many important challenges in the coming years in pursuit of ensuring concrete implementation of the "farm to fork" principle. We need to continue to improve the level of protection of human and animal health and the environment through strict criteria. To achieve these objectives the roles of the European Food Safety Authority (EFSA) and the European Centre for Disease Prevention and Control (ECDC) remain fundamental.

In addition to food safety measures, greater attention is now being focused on how best to facilitate consumer choice – in particular with regard to enabling citizens to pursue healthier lifestyles and sustainable forms of consumption. I hope that through our common work on the proposal to revise the food labelling rules, we will achieve the aim to enable consumers to make fully informed choices about the food they buy and eat.

A2. *What will be the main impacts of the Lisbon Treaty on health policy in the European Union? Do you envisage any implications in the field of food safety?*

First of all, the addition of the "well-being" of the people as an overall aim of the Union is of key importance; it reinforces the importance of health policy, which contributes to a large extent to the well-being of Europeans. The legally-binding force of the Charter of Fundamental Rights, which includes the right to healthcare, is also a highly valuable change.

Furthermore, the Treaty of Lisbon will bring important improvements by considerably extending the current codecision procedure and thus enhancing democratic oversight and strengthening Parliament's role. It will bring most legislation on food safety, animal health, animal welfare and plant health under the ordinary legislative procedure.

As regards public health, the main thrust of the new Treaty remains to support action by the Member States through strengthened cooperation, coordination and incentive measures. But it also grants the Union shared competence with Member States in areas of common safety concerns in public health matters for a number of aspects clearly defined in the Treaty. I am confident that, with Parliament's support, the Treaty will allow me to further develop the public health area, such as the actions successfully taken on guidelines for cancer screenings.

The Treaty of Lisbon confirms the steady growth of interest in health issues at EU level, highlights the political importance of health, and reinforces the scope for supporting action for public health at EU level. Co-operation between Member States is encouraged, in particular as regards cross-border areas or the fight against global threats.

Coordination on health issues among Member States is strengthened, which includes the possibility of establishing guidelines and indicators, organising the exchange of best practice, and preparing for periodic monitoring and evaluation. The basis for incentive measures is also strengthened – monitoring, early warning of and combating serious cross border threats to health, tobacco, and abuse of alcohol are specifically mentioned.

These changes reflect public concern over health issues such as cross-border threats, pandemics, bioterrorism and the health consequences of climate change. The Commission's new Health Strategy for 2008-2013 identifies the areas where EU-wide action can provide health gains.

A3. According to the Treaty, "a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities". How would you ensure that this principle is properly translated into practice, especially in connection with the internal market legislation? How would you improve coordination within the Commission to take better into account health aspects when formulating Community policies?

Population health is affected by a wide range of economic, social and environmental factors. An effective health policy must be cross-sectoral. To improve population health a wide range of policies must work together. To ensure that health is properly taken into account in other policies we need a good understanding of the impacts that policies have on health and we need reliable mechanisms for working across policy areas.

Much progress has been made in recent years to integrate health concerns into other policies. Healthy Life Years is a key indicator of the Lisbon Strategy; health is an important aspect of regional development; and the new EU Health Strategy adopted last year provides a comprehensive framework bringing together many policies that impact on health.

But this is just the tip of the iceberg. What we now need is to go one step forward and transform good intentions into reality. Let me give you one concrete example. It is very

important to tackle obesity across the EU but, to be more effective, we need to link up with the transport sector for example to encourage people to walk and cycle instead of driving, and with the broadcasting sector to look at how unhealthy foods are marketed.

My aim therefore is to work closely with other Commissioners, as well as with the European Parliament, to incorporate health concerns into a wide range of policies.

The internal market has triggered new needs: the free movement of people and the freedom of establishment for instance have meant that, in the exercise of their right to move freely, citizens needs, notably in terms of health, have moved with them. This, in turn, has triggered new realities, such as patient mobility and free movement of the health workforce, which were not necessarily backed by a corresponding legal framework.

Other than the mobility of patients and of health professionals, health issues are also closely related to the functioning of the internal market in relation *inter alia* to pharmaceutical products and medical devices. I am hoping that, by the end of the year, we will publish a Green Paper that will launch an EU-wide public consultation on health workforce planning and the impact of health worker mobility. I look forward to Parliament's input to this consultation

Regional policy also plays a role – the structural funds being increasingly used for health, and this trend should continue. Environmental policy is also important. On this matter there is an Action Programme on Health and Environment. The link between health systems and social protection is important in the field of social policy. In the field of research and innovation, we should make even better use of the EU Research Framework Programme.

I will seek to ensure that the contribution of population health to the competitiveness of the EU is highlighted in the next cycle of the Lisbon Strategy (2008-2010), for example in the context of the follow-up action on e-Health, a sector which has been identified by the Commission as one with most promising innovative and growth potential for the EU.

The Environment and Health Strategy Action Plan 2004-2010 represents another example of strong support for the concept of "health in all policies". Public health concerns will be a key issue for the renewal of the Commission's social agenda. They are systematically integrated in environmental, research, enterprise and many other policy areas at European Union level. This integration is essential in ensuring health protection at all levels and in all sectors.

A4. Do you think that the EU activities in the area of public health and food safety are adequately financed and staffed? How would you ensure that adequate funding is allocated both to the specialised agencies (ECDC, EFSA) and to the policy development carried out by the Commission?

Resources are never enough for all we want to do, also in this policy area, and so much remains to be done!

As you know, the multiannual financial allocation for the heading covering both public health and food safety was established in the Inter Institutional Agreement of 17 May 2006, and Parliament has played a key role in ensuring the level of funding agreed with Council in 2006.

In the current financial framework, the Public Health programme (PHP), EFSA and the ECDC are all financed under "Heading 3b – Citizenship". Together they count for about one fourth of Heading 3b's total value. Given the limited size of the Heading 3b's envelope (€600 million annually in constant prices or 0.5% of the total Financial Perspectives envelope), a delicate balance had to be struck between the need to provide resources for the two "infant" Agencies during their years of growth (EFSA was created in 2002 and ECDC only in 2004) so that they could rapidly reach their cruising speed and the equally important need to secure the necessary critical mass for funding high quality projects in the field of public health.

The current overall PHP budget amounts to almost €300 million in constant prices over the seven year period 2007-2013 whereas Agencies' financing is of about €750 million (€444 for EFSA and €306 for ECDC, mainly devoted to staffing needs). I believe that, under the existing constraints, this was a reasonable deal. However, European citizens are particularly concerned by health and the safety of the food chain as these issues have a direct and huge impact on their daily lives. In my view, therefore, public health and food safety are policies with high potential for development in the future, including on the financial side, and I certainly count on you as part of the budgetary authority to take this into consideration.

The situation for food safety is different as this is financed under "Heading 2 – Preservation and management of natural resources". The current overall budget for food safety, animal health, animal welfare and plant health is about €300 million per year, which is less than 1% of the overall annual ceiling for Heading 2. I think that the amount earmarked for food safety activities can sustain the current ambitious programme. Despite the small percentage of funding for food safety under Heading 2, I am confident that, as has already happened in the past, financing could be rapidly and substantially increased if needed, in particular to cope with emergency situations.

A5. Are you able to identify any specific bottlenecks in the implementation of legislation covering your areas of responsibility? How would you improve the evaluation of policies and the cooperation with scientific committees as well as with ECDC and EFSA?

In the sector of public health, currently about 80% of the health directives have been transposed in Member States. The two Directives concerning tobacco (2001/37 and 2003/33) have a transposition rate of 100%. Directives on blood, tissues and cells, and on their implementation, are more recent and their transposition is still ongoing. Details will be made available in a "scoreboard" on public health law that the Commission intends to publish in the coming months.

In the food safety area, the transposition rate is lower due to the complex, technical and detailed character of this legislation. However, the mechanisms exist to address such difficulties. Being conscious of the importance of moving ahead in an area that is directly linked to the safety of the daily lives of our citizens, I intend to identify any possible remaining difficulties immediately and seek appropriate solutions, in close contact with the Member States and with Parliament's active support. To ensure that the Community legislation is fully applied, I will make use, whenever necessary, of the infringement procedures foreseen by the Treaty.

Moreover, I intend to propose this year to the College a revision of the structure and working practices of the Commission's Scientific Committees in this field in order to ensure access to a broader range of expertise; to reinforce dialogue and openness towards stakeholders; and to ensure that the Committees can support the institution with the best scientific advice. The Commission services will make a presentation to the ENVI Committee on 2 April on the orientations for the revision and will take careful note of the Committee's views. The recent initiatives to promote dialogue with the Parliament and collaboration between the Agencies and Committees should be continued and also reinforced.

As far as EFSA is concerned, this agency has a key role in providing independent scientific advice on all matters relevant for food safety, animal health and welfare and plant health. The timeliness of its opinions is very important, and there is a need to continue developing new tools and working practices to ensure that EFSA can cope with its increasing workload. Therefore, I fully support the joint effort with EFSA for developing appropriate tools focusing on planning and prioritisation, in order to ensure that the priorities of EU policy on food safety are met. However, the most important aspect of its work is the provision of clear and straightforward scientific opinions on food safety.

Regarding the ECDC and cooperation with their work on scientific issues, the Commission, as a member of the management board, is already involved in the work plan of the ECDC on an annual basis, setting priorities together with the Member States for its work including on scientific issues. In addition, during any year, the Commission will pose a certain number of questions to the ECDC on issues where a scientific risk assessment is necessary for the Commission's work of coordinating national policies on public health as mandated under Article 152 of the Treaty. The activities of the ECDC are currently being examined under an external evaluation, the results of which are due by November 2008. Further improvements in relation to the ECDC should be addressed in the light of the outcome of this evaluation.

B1. What will be your priority when it comes to the implementation of the "Animal Health Strategy"? Where do you see the largest margin for improvement?

Let me begin by recalling that Europe already has a fully harmonised framework of animal health measures. The added value of this is confirmed on a daily basis by the fact that it facilitates the eradication of serious diseases while at the same time allowing the single market to function properly with the free circulation of animals and products of animal origin.

The new Strategy sharpens the Commission's approach to meet the challenges of the future. It defines objectives more clearly – to simplify the legislation, to envisage sharing of responsibilities and costs, and to better organise the interventions of the EU. All of this should be done on the basis of transparent assessment of the risks to human health as well as to animal health and welfare, and taking into account the impact on the environment.

Conscious of the tremendous importance of animal health in relation to public health and food safety as well as other areas such as the environment, sustainable development, agriculture and research, I intend to pursue a more comprehensive policy and measures. The Commission aims to place the fight against diseases in the best possible framework taking as the point of departure the principle that "prevention is better than cure". In the context of rural development, the EU supports financially two programmes for the development of animal

health preventive measures. It seeks to encourage Member States to replicate this kind of initiative.

B2. What measures do you envisage to make sure that imports of agricultural products respect the sanitary and phytosanitary rules of the EU in order to avoid unfair competition for European farmers as it happened recently with imports of Brazilian beef?

This issue should be seen as one of safety rather than competition and trade. Whenever justified, the Commission takes strong measures to ensure that imports are safe. These include total bans on imports, restrictions on the regions eligible to export to the Community, strict animal identification and movement controls and finally mandatory controls on all imports at the point of entry to the Community. Inspection visits are carried out regularly by Commission services to oversee this process. Where the results are unsatisfactory, I will not hesitate to take strong corrective measures. This was the case recently for Brazilian beef, where measures have been adopted, including requirements which have greatly reduced exports to the Community, until we are satisfied that our concerns have been fully addressed.

I intend to continue this general approach, and strengthen it if necessary, across the full range of import measures for food and feed products, wherever they come from, thus applying the same risk approach to imported and domestic food and feed products.

We plan to review the current controls carried out at the point of entry to the Community, at the so-called Border Inspection Posts (BIPs). All animal products are subject to a full range of veterinary checks at these BIPs, including identity, documentary and physical checks. The goods are only allowed entry to the Community when these checks have been passed. A review has already begun with the Member States on how this process might be improved and adapted to increased volumes of trade and the new risks which have emerged in recent years. We also intend to review how we can better integrate checks on the full range of products imported in the Community.

In parallel with this review process, training of staff and coordination of Member States efforts in relation to import checks have been stepped up considerably. Meetings are much more frequent. Training through our Better Training for Safer Food Programme now targets the operation of BIPs. The Food and Veterinary Office has also increased its inspection activities in relation to BIPs and, in the context of Better Training for Safer Food in third countries, we seek to promote high food safety standards which are applied worldwide.

Last but not least, I am committed to pursue work at international level, in particular with international organisations such as the Codex Alimentarius, to affirm the role of the EU as an essential actor in defining international food safety standards.