II

(Preparatory Acts)

COMMISSION

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

(94/C 252/04)

(Text with EEA relevance)

COM(94) 202 final — 94/0130 (COD)

(Submitted by the Commission on 26 July 1994)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 129 thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the Economic and Social Committee,

Having regard to the opinion of the Committee of the Regions,

Whereas, with reference to point (0) 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;

Whereas the Commission communication of 24 November 1993 on public health [1], 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;

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 [2], 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;

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 [3] 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;

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 [4] based on the Commission communication to the Council of 11 May 1992 on school health education [5], 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;

Whereas these actions need to be undertaken within the framework for action in the field of public health set out

(1) COM(93) 559 final.
(2) OJ No C 3, 5. 1. 1989, p. 1.
(3) OJ No C 329, 31. 12. 1990, p. 1.
(4) OJ No C 326, 11. 12. 1992, p. 2.
(5) SEC(92) 476 final.

by the Commission and take into account, as the Council requested in its resolution of 27 May 1993 (1), other actions undertaken by the Community in the field of public health or which have an impact on public health;

Whereas in its resolution concerning public health, health promotion and health education (2) 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;

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 ways of implementing health promotion in particular settings;

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;

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;

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;

Whereas cooperation with the competent international organizations and with non-member countries should be strengthened;

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;

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;

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;

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;

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,

HAVE DECIDED AS FOLLOWS:

Article 1

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.

Article 2

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.

Article 3

The budgetary authority shall determine the appropriations available for each financial year.

Article 4

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.

Article 5

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.

(1) OJ No C 174, 25. 6. 1993, p. 1.
(2) PE 205-804 final.

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.

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.

Article 6

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.

Article 7

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.

ANNEX

COMMUNITY ACTION PROGRAMME ON HEALTH PROMOTION (1995 to 1999)

A. HEALTH INFORMATION

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 assesment of results.

2. Surveys of public opinion on various aspects of health promotion (Eurobarometer survey) and support for the preparation and assesment 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.

B. HEALTH EDUCATION

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.

5. Support for health education measures in the workplace, particularly in relation to prevention of alcohol abuse and tobacco consumption, and nutrition.

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.

C. VOCATIONAL TRAINING IN PUBLIC HEALTH AND HEALTH PROMOTION

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.

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.

9. Support for training activities concerning health education in schools aimend 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.

D. SPECIFIC PREVENTION AND HEALTH PROMOTION MEASURES

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.

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.

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.

E. HEALTH PROMOTION STRATEGIES AND STRUCTURES

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.

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.