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

Implementation of the Public Health Programme in 2006

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(Text with EEA relevance)

1. INTRODUCTION

Under Article 12(1) of Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008)¹, the Commission must regularly monitor the implementation of the actions under the programme in the light of the objectives. This report aims to inform the European Parliament and the Council of the implementation of the Public Health Programme in 2006. A report on the first three years of the Programme can be found on the Europa website².

2. BUDGET OUTLINE

The programme's overall budget for 2003-2008 was EUR 354 million. The budget for 2006 was estimated at EUR 55 817 661 in Commission Decision 2006/89/EC of 10 February 2006 adopting the work plan for 2006 for the implementation of the programme of Community action in the field of public health (2003-2008), including the annual work programme for grants³. The operating budget and the administrative budget were estimated respectively at EUR 53 863 521 and EUR 1 954 140. The indicative amount for grants was EUR 47 798 344.

3. GRANTS

3.1. Call for proposals

A single call for proposals, covering all work plan activities for 2006, was published on 14 February 2006 and closed on 19 May 2006. It was published in the Official Journal⁴ and on the Europa website⁵. An information day was held on 22 February in Luxembourg for stakeholders and public health professionals interested in submitting proposals under the Public Health Programme.

The indicative amount for the call for proposals was EUR 43 018 510.

A total of 281 applications were submitted for the three strands (121 for Health Information, 18 for Health Threats and 142 for Health Determinants). Thirty-three

¹ OJ L 271, 09.10.2002, p. 1.

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

³ OJ L 42, 14.2.2006, p.29.

⁴ OJ C 37, 14.02.2006, p.14.

⁵ http://ec.europa.eu/health/ph_programme/howtoapply/proposal_docs/call2006_en.pdf.

applications were excluded during the screening and selection phase, in most cases because the proposals were incomplete. The remaining 248 proposals were evaluated by the Public Health Executive Agency (PHEA) and reviewed by an Evaluation Committee composed of representatives of the Commission's Directorates-General for Health and Consumer Protection and for Research, plus Eurostat and PHEA. The final list of proposals recommended for funding, the consolidated reserve list and proposals to be rejected were submitted to 28 external evaluators. As a result of the evaluation process, a list of 67 projects and a reserve list of 41 projects were drawn up.

More detailed information regarding the substance of the proposals, the number of proposals submitted by each Member State, the variation in success rates between applicants from different countries, and the impact of the information day, together with an analysis of the evaluation process, is available in "Call for Proposals 2006 — Evaluation Summary", published on the Public Health Executive Agency website⁶.

A Commission interservice consultation was held to ensure that projects selected for co-financing did not duplicate or overlap with ongoing projects in other DGs. In September 2006, the Committee for the implementation of the Community action programme on public health (2003-2008) unanimously agreed to co-finance the proposals selected (totalling EUR 39 008 234 on the main list).

An increase in budget line 17 03 01 01 was requested by the Commission and approved by the Budget Authority in December 2006 with the specific purpose of financing a higher number of projects under the 2006 call for proposals for the Public Health Programme (2003-2008).

The above-mentioned Committee gave a favourable opinion on Commission Decision C(2007)3354 amending Decision C(2006)6429 on the awarding of grants for projects under the "Public health — 2006" programme⁷ (for an overall amount of EUR 47 399 457 for the 2006 call for proposals), which was adopted on 13 July 2007. All grant agreements under the 2006 call for proposals were then signed in 2007 for a total of 87 projects (namely, 32 projects on Health Information, 12 projects on Health Threats and 43 projects on Health Determinants).

3.2. Calls for tender

A number of actions were initiated either by launching calls for tenders or by using the existing framework contracts. The most significant are listed below:

- A Eurobarometer survey on health risks in the 25 Member States and 4 neighbouring countries that covered perception of and information on the following four themes: potential health risks linked to electromagnetic fields, alcohol-related risks, smoking-related risks and organ donation.
- Continuation of the maintenance and development of the Public Health Portal, with the aim of improving its accessibility and of extending the number of languages available online.

⁶ http://ec.europa.eu/phea/documents/Evaluation_summary_REPORT_170107.pdf.

⁷ C(2007)3354 of 13.7.2007.

- An administrative agreement with the Joint Research Centre (JRC) to provide scientific support and advice on implementing Directive 2001/37/EC⁸ of the European Parliament and of the Council of 5 June 2001 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products. This support will help to harmonise the reporting system for tobacco ingredients, to enhance Member States' tobacco control laboratory cooperation and to provide scientific advice on issues relevant to the regulatory process.
- A report on the situation regarding drug treatment and sharing good practice, i.e. the quality of treatment services in Europe, with a specific focus on the development of know-how on drug treatment and sharing best practice. It also included the preparation of a Recommendation to develop “prevention, treatment and harm reduction services for people in prisons, reintegration services on release from prisons and methods to monitor/analyse drug use among prisoners”.
- A contract with Rand Europe to evaluate the uptake of healthy life years indicators.

3.3. Grants for international organisations

Cooperation with international organisations has been further developed. Seven direct grant agreements were signed with the World Health Organisation (WHO) and two with the Organisation for Economic Cooperation and Development (OECD).

Direct grants with the WHO, amounting to total co-funding of EUR 2 500 000, addressed the following issues:

- enhanced policy advice on the environment and health in Europe,
- implementation of existing recommendations on preventing injury and promoting safety,
- equity in health — inequalities in health system performance and their social determinants in Europe,
- support for health security and preparedness planning in EU neighbouring countries,
- coordinated implementation of the framework for alcohol policy in Europe,
- an assessment of emergency medical service preparedness in national crisis management structures in EU Member States.

Direct grant agreements with the OECD, amounting to total co-funding of EUR 800 000, addressed the following issues:

- work on health accounts,

⁸ JO L 194, 18.7.2001, p.26.

- health workforce and international migration.

3.4. Sub-delegation to Eurostat

In accordance with Article 1.4.7 of the Work Plan for 2006⁹, a budget of EUR 500 000 was set for sub-delegation to Eurostat. Under that Article, Eurostat launched two calls for proposal to support national statistical authorities:

- for the implementation in 2006-2008 of the European Core Health Interview Survey modules;
- for the implementation and further expansion of the System of Health Accounts in the EU (in cooperation with OECD and the WHO).

For the first, EUR 132 246.90 was ultimately sub-delegated and used for five grant agreements with Member States on the project “Implementation of the modules on health determinants, health care and background variables for the European Health Interview Survey (EHIS)”.

For the second, EUR 105 528.81 was ultimately sub-delegated and used for five grant agreements with Member States and for two with EFTA countries.

In other words, 47.56% of the total estimated sub-delegated budget was used for 10 grant agreements with Member States and for two with EFTA countries.

4. STRUCTURAL SUPPORT

4.1. Executive Agency for the Public Health Programme

Technical, scientific and administrative assistance needed to implement the 2006 call for proposals was provided by the Executive Agency for the Public Health Programme (PHEA). The Agency, set up in 2005¹⁰, became operational in 2006. It organised the 2006 call for proposals, coordinated the evaluation of the projects submitted, and negotiated and signed the co-financing contracts.

5. PUBLIC HEALTH PROGRAMME 2003-2008: INTERIM EVALUATION

The Public Health Programme Decision of 2002 provided for an external assessment of the first three years’ implementation and achievements of the programme, to be produced by the fourth year. The Inception Report was finalised in March 2006 and made available on the Europa site¹¹. The Final (Interim Evaluation) Report was published in 2007 and is available on the Europa site¹².

⁹ OJ L 42, 14.2.2006, p.29.

¹⁰ C(2004)4839 of 15.12.2004, OJ L 369, 16.12.2004, p. 73.

¹¹ http://ec.europa.eu/health/ph_programme/documents/evaluation/inter_evaluation_en.pdf.

¹² http://ec.europa.eu/health/ph_programme/documents/evaluation/PHP_evaluation_en.pdf.

6. MAIN ACTIVITIES IN 2006

6.1. Health information

As part of the “health information and knowledge system” component of the EU Public Health Programme, a report on “**Alcohol in Europe: A public health perspective**”¹³ was published in June.

The First European **Conference on Injury Prevention and Safety Promotion**¹⁴ was held in Vienna in June. It was organised by the Austrian Presidency with the support of the European Commission. Also in June, a Commission Communication on “Actions for a Safer Europe”¹⁵ was adopted by the Commission.

Six **Eurobarometer studies** on different subjects (medical errors, AIDS prevention, food and health, tobacco attitudes, mental wellbeing, and health prevention) were implemented and published during the year in order to cover information gaps in these areas.

An **e-Health High-Level Conference**¹⁶ took place in May under the Austrian Presidency as part of the follow-up to the Commission Communication on E-Health. Another important project was launched in May: the **Public Health Portal of the European Union**¹⁷ providing a single point of access to health-related information at European, national and regional levels.

The “Europe for health and wealth” project¹⁸ was co-funded during the Finnish Presidency as part of the Presidency theme of **Health in All Policies**. The project aimed at influencing determinants of health in other national and Community policies and gathering the best available knowledge on good practices to engage other sectors in improving health and reducing health inequalities. As part of the project, the Presidency organised a high-level ministerial conference in September on the subject and produced a publication *Health in All Policies: Prospects and potentials*, in cooperation with the participating countries and the WHO European Observatory.

The PERISTAT project held a Congress “**Better statistics for Better Health for pregnant women and their babies**”,¹⁹ co-funded by the Public Health Programme, in Porto (Portugal) on 2-3 June. The congress included sessions on “Strategies for increasing the utilisation of perinatal health information”, “Perinatal health information systems & indicators”, “Analysing data from routine sources to evaluate practices and outcomes” and “Assessing geographic and social inequalities”. Over 110 health professionals, from 26 European countries plus Australia and the United States, attended the congress.

¹³ http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm.

¹⁴ [http://www.eurosafe.eu.com/csi/eurosafe.nsf/html/homepage/\\$file/index.htm](http://www.eurosafe.eu.com/csi/eurosafe.nsf/html/homepage/$file/index.htm).

¹⁵ http://ec.europa.eu/health/ph_determinants/environment/IPP/documents/com_328_en.pdf.

¹⁶ http://ec.europa.eu/health/ph_projects/2005/action1/action1_2005_3_en.htm.

¹⁷ <http://health.europa.eu>.

¹⁸ http://ec.europa.eu/health/ph_projects/2005/action1/action1_2005_full_en.htm#21.

¹⁹ http://ec.europa.eu/health/ph_information/documents/ev_20060602_prog_en.pdf.

In June 2006, the Rare Diseases Task Force, funded by the Public Health Programme, submitted the report *Contribution to policy shaping: For a European collaboration on health services and medical care in the field of rare diseases*²⁰ to the High-Level Group on Health Services and Medical Care, updating information on reference networks in Europe.

The **European Primary Immunodeficiencies Consensus Conference**²¹, co-funded by the Public Health Programme, took place in Frankfurt-am-Main on 19-20 June. More than 100 experts in clinical immunology, PID care, public health, and genetics, from EU/national ministries of health and agencies, academic centres, public health laboratories, industry, professional organisations and patient groups, were brought together to identify and develop public health strategies for PID.

6.2. Health threats

The beginning of the year was marked by four fatal human cases of **avian influenza** in Turkey. This prompted a swift reaction by the Commission, the European Centre for Disease Prevention and Control (ECDC) and WHO, and all the response mechanisms set up in advance were activated, including sending a joint field team to assist the Turkish authorities. A new Web portal was set up to inform decision makers in Member States (HEDIS) and thereby played a pioneering role in EU-wide crisis preparations. The national preparedness of the Member States was assessed by teams of ECDC and Commission experts. A further joint WHO-Commission-ECDC conference on preparedness was held in Uppsala in May and the Health and Consumer Protection DG contributed to the success of the Beijing conference (where almost USD 2 billion was pledged for the global fight against avian flu and a pandemic), and to the follow-up conferences in Vienna and Bamako.

Measures to **control a number of disease incidents** notified by the EU's Early Warning and Response System (EWRS), set up by Decision No 2119/98/EC²², were coordinated by the Health and Consumer Protection DG. The most important were the avian influenza cases in Turkey, the Chikungunya outbreak in the Indian Ocean area, several outbreaks of Norovirus infections in cruise ships, a case of Lassa fever imported from Africa to Europe and several cases of legionellosis diagnosed in EU citizens after a stay in a hotel in Thailand. In close collaboration with the ECDC, the Health and Consumer Protection DG prepared for a 2007 revision of the EU case definitions and the transfer of the operation of the EWRS system and related Public Health Programme projects on surveillance of communicable diseases to the ECDC.

Chemical and radionuclear threats. The Commission adopted a communication on prolonging the mandate of the Health Security Committee (HSC), which deals with deliberate releases of biological, chemical and radionuclear agents with the aim of causing harm. The Committee also coordinates influenza preparedness planning. The need to continue the work of this Committee was underlined by the further spread of avian influenza and the criminal use of polonium 210 in the United Kingdom, which

²⁰ http://ec.europa.eu/health/ph_threats/non_com/rare_8_en.htm.

²¹ http://www.eupidconference.com/Publications_Consensus.aspx.

²² Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community, OJ L 268, 3.10.1998, p. 1–7.

also led to contamination of several commercial aircraft, exposing a very high number of EU citizens to a potential radiological hazard. The ability to react to such events was further increased by the new web-based RAS-BICHAT system and the roll-out of the RAS-CHEM system, which are used for rapid notification of attacks and events involving biological, chemical and radionuclear agents.

Generic preparedness for health threats. In order to further improve the generic preparedness of the Commission and Member States, several steps were taken to implement the lessons learnt from two simulation exercises organised in 2005. Among other improvements, the Health and Consumer Protection DG set up an extended Crisis Team which makes available all suitable resources that the DG has for the management of a major crisis. The team's work was supported by setting up new crisis rooms in Luxembourg and Brussels. The ability of Member States to use the available rapid alert and information systems was improved by special training sessions offered by the DG.

6.3. Health determinants

Following the “Communication on combating **HIV/AIDS** within the European Union and in the neighbouring countries, 2006-2009”²³, a high-level roundtable on safer sex for young people was set up. Its first achievement was the “AIDS remember me — Night of HIV/AIDS TV commercials” event in November. Cooperation and consultation with Member States and stakeholders continues, especially through the HIV/AIDS Think Tank and the HIV/AIDS Civil Society Forum.

Following a wide consultation process, the Commission adopted a “Communication on an EU strategy to support Member States in reducing **alcohol** related harm”²⁴ in October. Five priority areas were identified that are relevant in all Member States and where Community action can add value to national policies: “Protect young people, children and the unborn child”; “Reduce injuries and death from alcohol-related road accidents”; “Prevent alcohol-related harm among adults and reduce the negative impact on the workplace”; “Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns” and “Develop and maintain a common evidence base at EU level”. The Council Conclusions that were adopted in November 2006 welcomed the Commission Communication and endorsed the actions set out in it.

In September, the Commission published the results of the public consultation on the Green Paper “Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases”²⁵. The Commission continued stakeholder consultations and the impact assessment on a White Paper on **Nutrition and Physical Activity**²⁶. The European Platform for Action on Diet, Physical Activity and Health tabled and started to implement 177 commitments on actions to halt and reverse current obesity trends. Exchanges on public-private

²³ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2005:0654:FIN:EN:PDF>.

²⁴ http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_com_625_en.pdf.

²⁵ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_gp_en.pdf.

²⁶ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf.

partnerships between Platform members and similar actors in the United States were held in May.

The 2005-2008 “HELP: For a Life without Tobacco” EU anti-smoking campaign targeting mainly adolescents (15 to 18 year olds) and young adults (18 to 30 year olds) was continued. The campaign addressed the three main themes of **tobacco control** (prevention, giving up, and the dangers of passive smoking) through a range of media including television and the Internet, the press and the organisation of public relations events. The CO measurement campaign launched in March racked up more than 90 000 tests and over 250 events were run EU-wide. Finally, the European Youth Manifesto against Tobacco²⁷, drafted by young people themselves on the basis of 25 national consultations, was prepared for dissemination.

Extensive public consultation²⁸ on the Green paper “Promoting the mental health of the population: Towards a strategy on mental health for the EU”²⁹ of October 2005 was held. The consultation confirmed strong support from the general public for the development of a **mental health** strategy at EU level.

The Commission cooperated with Member States and with international organisations, particularly with the WHO and its Commission on Social Determinants of Health, to promote understanding and policy development for action in the area of **social determinants and health inequalities**. The EU Expert Group on Social Determinants and Health Inequalities initiated a study of the macroeconomic implications of health inequalities and provided a mechanism for sharing good practice on national policy developments. Council conclusions on Health in All Policies were agreed under the Finnish presidency which stressed the importance of addressing social determinants of health through policies in a variety of sectors. The Commission’s discussion document for a new health strategy “Health in Europe: A Strategic Approach” proposed that one of the core threads of the new strategy should be action to help reduce health inequalities and narrow the health gaps within and between countries.

A report on the implementation of the Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence³⁰ was drafted in 2006 and sent to the Council and Parliament in 2007. Preparations were started on a report on **drugs** treatment and a proposal for a Council Recommendation on drugs and prisons as set out in the European Drugs Action Plan due respectively in 2007 and in 2008.

A number of measures were taken under the EU Environment and Health Action Plan 2004-2010. An expert working group on **indoor air quality** was set up in October 2006 with a mandate to provide a forum for sharing best practice and information, to advise the Commission on EU programmes and policies related to indoor air quality, and to advise on actions aimed at reducing relevant pollutant emission/concentration.

²⁷ http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/help/manifesto_en.htm.

²⁸ http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/consultation_en.htm.

²⁹ http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf.

³⁰ http://eur-lex.europa.eu/LexUriServ/site/en/com/2007/com2007_0199en01.pdf.

6.4. Risk assessment

The Scientific Committees relevant to the Public Health Programme (2003-2008) were financed as laid down in Article 1.4.6 of the Work Plan for 2006³¹.

During 2006, the three Scientific Committees³², namely the Scientific Committee on Consumer Products (the SCCP), the Scientific Committee on Health and Environmental Risks (the SCHER), and the Scientific Committee on Emerging and Newly Identified Health Risks (the SCENIHR), adopted a wide range of opinions covering such matters as certain hair dyes (as part of a review of possible cancer risks), the safety of sun beds, existing substances under Regulation 793/93, other substances like organotins, the possible effects of substances released by air freshener products, the effect of electromagnetic fields on human health and the appropriateness of existing methodologies for assessing the risks of nanomaterials.

To take account of new scientific data on **electromagnetic fields**, the Scientific Committee on Emerging and Newly Identified Health Risks³³ (SCENIHR) was asked to undertake a comprehensive review of the opinion of the Scientific Committee on Toxicity, Eco-toxicity and the Environment (SCTEE) of October 2001 on the possible health effects of electromagnetic fields, radio frequency fields and microwave radiation. The SCENIHR opinion was subject to public consultation from September to November and a final version was to be published in the first quarter of 2007.

In the light of the results of a consultation launched in October 2005 on risk assessment methods for the products of **nanotechnologies**, in March the SCENIHR adopted an opinion on the appropriateness of existing methodologies to assess the potential risks of nanomaterials. The SCENIHR opinion concluded that some changes to current testing and monitoring methods would be needed to reflect the unique properties of nanotechnology products and highlighted the need for a case-by-case approach to risk assessment. It also identified gaps in knowledge, especially regarding human exposure, health effects and the environmental impacts.

Cooperation between the Scientific Committees and panels of the Health and Consumer Protection Directorate-General, the Employment, Social Affairs and Equal Opportunities Directorate-General, the European Food Safety Authority, the European Centre for Disease Control, the European Medicines Agency and the European Environmental Agency was confirmed at their second meeting, as was their common interest in working together within a common framework for risk assessment.

³¹ OJ L 42, 14.2.2006, p. 29.

³² http://ec.europa.eu/health/ph_risk/committees/committees_en.htm.

³³ http://ec.europa.eu/health/ph_risk/committees/04_scenihhr/04_scenihhr_en.htm.