COMMUNITY ACTION IN THE FIELD OF PUBLIC HEALTH (2003 TO 2008)

WORK PLAN 2003

(2003/C 62/06)

1. General introduction

1.1. *Legal context*

On 23 September 2002, the European Parliament and the Council adopted a Decision establishing a **programme of Community action in the field of public health** (2003 to 2008) [1].

The general objectives of the programme are:

(a) to improve information and knowledge for the development of public health;

(b) to enhance the capability of responding rapidly and in a coordinated fashion to health threats;

(c) to promote health and prevent disease through addressing health determinants across all policies and activities.

The programme shall thereby contribute to:

(a) ensuring a high level of human health protection in the definition and implementation of all Community policies and activities, through the promotion of an integrated and intersectoral health strategy;

(b) tackling inequalities in health;

(c) encouraging cooperation between Member States in the areas covered by Article 152 of the Treaty.

These general objectives shall be pursued by means of the **actions** listed in the Annex attached to the Decision. In Article 3, the Decision sets out different forms of **activities** in order to implement the actions under five main headings (activities related to the monitoring and rapid reaction systems; activities on health determinants; activities related to legislation; activities related to consultation, knowledge and information; promotion of coordination at European level of non-governmental organisations).

These objectives, actions and activities provide the reference framework for the programme's **work plans**, which are established annually, and set out priorities for the work to be undertaken, including the allocation of resources.

1.2. *Policy context*

The public health programme is a key instrument underpinning the development of the **Community's health strategy** [2]. In Article 2.3, the programme Decision stipulates that it shall contribute to the promotion of an integrated and intersectoral strategy. One key element is to develop links with relevant Community programmes and actions, in order to promote synergy and avoid overlaps. In particular, this will be done by launching joint strategies and actions with other Community policies. With regard to particular the sixth framework programme of the European Community for research [3], a number of complementary tasks for public health can be found in the specific programme for research, technological development and demonstration 'Integrating and Strengthening the European Research Area (2002 to 2006)' [4], under 'Policy-oriented research', strand 2 'Providing health, security and opportunity to the people of Europe'. The first call for proposals for that strand will close on 13 March 2003 [5]. A number of specific areas of work where joint actions will be carried out are identified in the Annex to the Decision. In addition, health impact assessment will be promoted as a tool to ensure that health requirements are taken into account in developing policies and actions.

Actions under the programme should not be regarded as ends in themselves. Instead, they should inform, support and advance policy development in priority areas of the Community's health strategy. The Commission intends to present a Communication early in 2003 concerning the development of this strategy. The programme will play an important role in accompanying this process. Policy development will fully involve key stakeholders in the health field, notably through the EU Health Forum.

[1] Decision 1786/2002/CE (OJ L 271, 9.10.2002, p. 1).

[2] As set out in the Commission's May 2000 Communication (COM(2000) 285 final of 16.5.2000).

[3] Decision No 1513/2002/EC of the European Parliament and of the Council of 27 June 2002 (OJ L 232, 29.8.2002, p. 1).

[4] Council Decision of 30 September 2002 (OJ L 294, 29.10.2002, p. 1).

[5] OJ C 31, 17.12.2002, p. 1; link to the first call: http://fp6.cordis.lu/fp6/calls.cfm

The objectives that structure the programme are closely interrelated, and are referred to in its overall aim 'to protect human health and improve public health' (Article 2.1). Integration and coordination between the actions described in the Annex to the Decision will be ensured, and projects linking actions to address a specific public health issue will be encouraged. For example, work on health information and knowledge should support proper planning and targeting of rapid reaction activities, and actions to tackle health determinants.

It is important to ensure synergy and complementarity of activities supported by the programme with the work undertaken by the relevant international organisations working in the health field, such as the World Health Organisation (WHO), the Council of Europe and the Organisation for Economic Cooperation and Development (OECD), and cooperation with them will be further strengthened in implementing the activities of the programme. Cooperation with third countries will also be developed, in order to share experiences and best practice.

For information and guidance, the following areas of work have been identified as **priority areas** for 2003.

Cross-cutting themes: health impact assessment; health in the applicant countries; tackling inequalities in health; cooperation between Member States on the implications of patient mobility for health services; promoting best practice and effectiveness; ageing.

Health information: developing and coordinating the health information system; operating the health monitoring system; mechanisms for reporting and analysis of health issues and producing public health reports; improving access to and transfer of data at EU level (EU public health portal) and other publishing platforms; *e*-Health.

Health threats: surveillance; early warning and response; health security and preparedness; safety of blood, tissues and organs; antimicrobial resistance; supporting the networking of laboratories; capacity building; rare diseases.

Health determinants: obesity; tobacco; environment; alcohol; drugs; mental health; sexual health; training; health promotion in particular settings; Injury.

1.3. ***Allocation of resources***

Actions under this programme must contribute to a high level of health protection and improve public health. Funding can be through project grants and public contracts (tenders). **The arrangements, criteria and procedures for selecting and financing projects to implement the actions of the programme are set out in a separate document** (6).

This work plan gives an overview of the actions to be launched in 2003 through the call for proposals (7). In addition, specific calls for tender will be published which refer to the section(s) of the work plan that they cover.

Applicants have two months to submit proposals from the date of publication of the call for proposals in the *Official Journal of the European Union*.

It is estimated that after this deadline a further five months will be necessary to undertake all the procedures leading to the Commission Decision on financial assistance. On this basis the planned date for closing the award procedure would be 30 September. Therefore the earliest possible date for the start of the actions would be 30 November 2003 (8) (9).

The financial envelope of the programme for the period 2003 to 2008 is EUR 312 million. The budget available for 2003 will be EUR 50,912 million. This includes both resources for financial intervention 'operational budget' (grants and calls for tender) EUR 45,472 million, and resources for technical and administrative assistance and support expenditure (including structural arrangements for the implementation of the programme) of EUR 5,440 million. As far as the allocation of resources is concerned, a balance between the programme's different objectives will be maintained. An indicative appraisal of the financial envelope which could be devoted to each of these three general objectives would give the following estimates (10):

(6) See the measures related to the arrangements, criteria and procedures for selecting and financing actions of the programme provided for in Article 8(b) of the Decision.

(7) If necessary, a second call for proposals may be launched later in the year.

(8) If the award procedure is unexpectedly delayed, the Commission reserves the right to modify the dates for closing the award procedure and the start-up of actions accordingly. In this case the new dates will be announced on the Commission website: http://europa.eu.int/comm/health/index_en.html

(9) According to Article 112 of the Financial Regulation, a grant may be awarded for an action which has already begun only where the applicant can demonstrate the need to start the action before the agreement is signed.

(10) Each of these percentages could vary by up to 20 %.

— Annex, part 1 of the programme decision: 33 % of the operational budget 2003,

— Annex, part 2 of the programme decision: 35 % of the operational budget 2003,

— Annex, part 3 of the programme decision: 32 % of the operational budget 2003.

These percentages include the cost of the work on the cross-cutting themes set out below. These estimates will have to be revised in light of the number, quality and scale of projects and tenders submitted for implementing the 2003 work plan.

As an initial indication, it is estimated that the amount to be spent by means of calls for tender is likely to be less than 18 % of the operational budget for 2003. This means that the indicative amount for this call for proposals will be EUR 37,287 million.

Given the complementary and motivational nature of Community grants, at least 20 % of the project costs must be funded by sources other than the 'Public Health' programme. Consequently, the amount of the financial contribution under this programme can, in principle, be up to 80 % of the eligible costs for the projects considered. However, this figure is a maximum, not the norm for all projects, and the Commission will determine in each individual case the maximum percentage to be awarded.

2. **Priority Actions for 2003**

For the sake of clarity, the actions are grouped in sections: **Health Information; Health Threats and Health Determinants. In addition, several cross-cutting themes** have been grouped together at the beginning to reflect the integrated approach. Each action refers to the corresponding Article to and Annex to the Decision No 1786/2002/EC.

Given the wide range of actions envisaged by the programme, this first work plan aims at laying the foundations for a comprehensive and coherent approach. In 2003, the resources of the programme will therefore be concentrated on some **key priorities**. These have been identified taking into account legal obligations and their implementation; major concerns that have been identified by the European Council, the Council and the Parliament; and finally the need to ensure continuity of activities launched under the previous public health programmes which have clearly demonstrated their value and relevance for this new programme.

Activities which are foreseen by the programme but which have not been identified as priorities for 2003 can be addressed only if funds remain after the priorities have been covered. **The 2003 priorities are the following:**

2.1. ***Cross-Cutting themes for 2003***

This section brings together several actions envisaged in the Annex to the programme of strategic importance for 2003 and which link several programme objectives. These actions also contribute particularly to the overall objectives of the programme, described in Article 2(3)(a), (b) and (c): the promotion of an integrated and intersectoral health strategy; tackling inequalities in health and encouraging cooperation between Member States in areas covered by Article 152 of the Treaty.

2.1.1. *Health Impact Assessment (Article 3(2)(c)(ii), Annex 1.5)*

A major objective of the programme is to develop a better understanding of the effects of Community policies and actions on health. Effective means are required to ensure that they support health and that health benefit becomes a key concern of, and is integrated into, policy development, building upon best practice.

A series of pilot and mapping projects is proposed, which will *inter alia* build upon work previously undertaken by the health monitoring programme. Three main activities will be supported:

1. projects designed to refine methods of prospective health impact assessment at Community level which demonstrate the impact on public health. This would include focusing on particular concerns, such as health inequalities, mental health and regional issues;

2. launch specific case studies on Community policies, legislation and actions;

3. mapping the use of health impact assessment in Member States and accession countries (see also point 2.1.2.2);

4. evaluating the way health has been taken up by other impact assessment methodologies (such as Environmental Impact Assessment) and in particular 'integrated' assessment tools.

This work will be developed in connection with other activities described in the information and determinants sections below.

2.1.2. *Health in the applicant countries (recital 41, Article 2(3)(a), Article 3(2)(e), Article 10, Annex 1.1, 1.4, 1.5)*

1. Health Challenges

There is a need to improve understanding of the health challenges facing applicant countries and how to address them. An initial action will be to survey the existing data and gaps in relation to the strengths of and challenges facing each country. This would include health policies and measures, health in other policies, public health capacity, health determinants and health systems. An assessment of existing analytic capacity will also be undertaken.

2. Assessing the impact of enlargement on health

A related issue is establishing the impact on health and health systems of the enlargement process itself. One important aspect will be the entry of applicant countries into the single market. This may have an impact both on those countries and on Member States (see also point 2.1.1). It is proposed to undertake an overall mapping exercise to gather and analyse available information, for example on challenges to health systems, and trends in patients and professionals mobility, and develop priorities for action.

3. Developing the health community

The programme will also support the coordination of NGO structures in the health field in the context of enlargement. This will involve creating effective NGO partnerships involving several countries and support for the involvement of NGOs in European networks and coordination structures.

2.1.3. *Tackling inequalities in health (recital 18, Article 2(3)(b), Annex 3.2)*

Health inequalities are an area of concern across Member States and applicant countries. The unequal distribution of health and its determinants is associated with social status and often defined in terms of social class/position or socio-economic status. Differences in health status exist between social groups, women and men, young and old and between different ethnic groups, as well as between countries.

Strategies to reduce health inequalities in the Community and to mitigate their effects require coordinated actions across major policy areas, such as social protection. However, health policy has its own role to play, for example in developing indicators and identifying effective interventions. It can also contribute in regard to ensuring access to health services.

Work in this area will take account of the models of best practice and recommendations developed by actions under the previous health promotion programme. The health information system (see action 2.2.1) will provide underpinning data. Joint actions will be promoted e.g. with DG Employment (in relation to promoting social inclusion) and the European Foundation for the Improvement of Living and Working Conditions.

The following actions will be taken in the initial phase of the programme:

1. develop health inequalities indicators and integrate health inequalities reporting into the health information system, based on best practice;

2. collect information and experiences from across Europe about policies and interventions on how to tackle the wider determinants of health and inequalities in health;

3. develop and pilot proposals for networking authorities or groups to assure effective exchanges between countries on addressing health inequalities.

2.1.4. *Cooperation between Member States on health services (recital 11 and 22, Article 3(2)(c) and (d)(i), Annex 1.5, 1.7)*

Within this general context, at the request of the Council [11], the Commission has set up a high level process of reflection on patient mobility and future health care development in the EU, involving a number of health ministers and other stakeholders.

They are looking at a range of issues and their recommendations will point to future work which could be carried forward. The following actions link to the work in this process:

1. mapping and categorising of patient flows to bring together information on patient flows between health systems in the Community, and develop new, sustainable systems to map and monitor these flows in a comprehensive way, taking account of EU enlargement. This will be developed in conjunction with the statistical and health information action on health care;

2. mapping of cross-border referral to specialised centres of excellence/reference. This involves the identification of centres, consideration of accreditation issues, and of networking and cooperation possibilities;

3. launch a mapping exercise to identify the procedures and structures set up by Member States and applicant countries to ensure access to health services.

Actions in this area will be developed in close connection with actions on health information described below (action 2.2).

2.1.5. *Promoting best Practice and effectiveness (recital 11, Article 3(2)(d)(iii) and (v) and Article 4 [12], Annex 1.6)*

A general goal is to strengthen capacity to assess and evaluate health strategies and interventions. This would focus on specific priority topics, for example health technologies, including pharmaceuticals. Key actions concern the development of tools and methodologies, common approaches and definitions. Initially the action will have the following aims:

1. identify and assess the mechanisms and structures relating to quality standards;

2. develop mechanisms for bringing together competent authorities in the EU and applicant countries, and, where applicable, other stakeholders and enabling them to cooperate more closely in health technology assessment, health promotion and other priority areas;

3. strengthen existing EU level data and information for assessment and evaluation purposes in the priority areas, for example by improving the comparability of data, and the dissemination of information;

4. develop and disseminate methods to evaluate quality and efficiency of health promotion strategies and measures;

5. in chosen areas, develop common approaches and consensus methodologies with a mapping exercise to identify current activities across the EU and accession countries as a first step. For example, for pharmaceuticals, this work would concern added therapeutic value.

2.1.6. *Ageing and health (Article 3(2)(a) and (b), Annex 1.1, 1.4, 1.7, 3.1)*

This action will develop work related to key health issues concerning the ageing European population.

The first area of work will concern analysing current practices of promoting health among the elderly in order to develop strategies and policies aimed at improving their health status.

A second action will be to consider the impact of demographic developments on health systems and long term care. This work is linked to the European Council's initiative on the future of health care and care for the elderly. Actions will focus on quality of health care and long-term care for the ageing population.

[11] Council conclusions on patient mobility of 26 June 2002.

[12] Follow up of the G10 Process; see the G10 Medicines Report of 7.5.2002 'High Level Group on innovation and provision of medicines' (http://Pharmacos.eudra.org).

Data related to these activities will be collected by the health information system. Moreover, joint strategies will be promoted with other Directorate-Generals, including Economic and Financial Affairs, Employment, Research and the Joint Research Centre (JRC), *inter alia* to support the analysis of health-related problems associated with ageing.

2.2. ***Health Information***

Through action on health information and knowledge, the development of a sustainable information system at EU level will be continued. It involves the definition, collection and exchange of data, building on data that are available or collectable, taking into account of the position in the Member States and applicant countries. The outputs of the system, including reports and analyses focussing on specific population groups or health concerns, will lead to policy spin-offs at Community level.

2.2.1. *Developing and coordinating the health information system (Article 3(2)(a), Annex 1.1, 1.3)*

This action aims at developing the strategy for health information and knowledge, and creating the necessary coordinating and advisory structures, tackling the enlargement issues and contributing to the overall planning process for implementing the health information and knowledge system. In particular, the action ensures the coordination of actions (2.2.2 to 2.2.4 below). Cooperation with international organisations, such as the WHO, its observatories and the OECD, will be maintained and strengthened through this action and implemented at practical level through actions 2.2.2 and 2.2.3, with a view to simplifying the data provision to international data resources.

The elements that need to be implemented are:

1. completing the technical and scientific background work for the establishment list of health indicators that will be agreed for use in the EU based on the detailed work in the health monitoring programme and in action 2.2.2;

2. developing the operating principles of the information and knowledge system, including the work on the basic information collection methods, and training in epidemiology;

3. creating a network of public health institutes ('competent authorities in the Member States') for health information and knowledge; and

4. establishing and running the coordinating network of health monitoring project leaders and working parties.

2.2.2. *Operating the health information system (Article 3(2)(a), Annex 1.1, 1.4)*

This action aims at starting to operate the comprehensive EU health information and knowledge system in a systematic and stepwise way. The action builds on the outcomes of the past programmes. The elements suggested for 2003 focus on areas where improved health data and information can best support other actions in this work programme. The action is directed by action 2.2.1 and will directly link to actions 2.2.3 and 2.2.4 that will take the results further.

The action involves putting in place and operating coordinated working parties (WP) that will form a prototype for the health monitoring system. The action forms the start for the further development of the appropriate structures for health monitoring. The tasks of the WP will cover all five phases of the data management: analysis of data needs in their respective area, definition of indicators and quality assurance; technical support for national efforts; data collection at EU level; reporting and analysis; dissemination of the results.

Collaboration and close coordination with Eurostat and its partnership groups is of utmost importance. The statistical element of the system will be developed, in collaboration with Member States, using as necessary the Community Statistical Programme to promote synergy and avoid duplication. Appropriate arrangements will thus be made between the working parties to be established under this programme and the structures under the Community Statistical Programme.

The action needs to be implemented in a modular way to enable flexibility but also to keep it focused and manageable. The WP will deal with the main health information areas as defined in the ECHI report [13], and on some key policy areas, taking into account the relevant areas and their content, as agreed under the Community Statistical Programme. They need to pay special attention to gender and inequality issues. Aspects related to reproductive health and age will be integrated into the work of each working party. The WP will be established in 2003 in the following areas — some particular links to other parts of this work plan are indicated — and funded for two years:

1. lifestyle: links to actions 2.4.1, 2-5;
2. morbidity: provides background information to all actions;
3. health system, including prevention: links to actions 2.1.4 and 2.1.5;
4. environment: links to action 2.4.7;
5. mental health: links to action 2.4.5;
6. accidents and injuries including self-inflicted injuries and violence: links action 2.4.10

The WP will bring together and coordinate projects in their area. Each WP will consist of a coordinating project and partnership projects. The partnership projects will be sub-contracted through the coordinating project to ensure coherence and a critical mass. Existing Health Monitoring and Injury Prevention Programme projects, as well as health information projects from other old programmes, will be associated to the relevant WP to ensure coordination and continuity. Data collection and analysis in cooperation with Eurostat and its partners in the European Statistical System (ESS) will contribute to a EU health survey system to reveal expectations, needs and baseline conditions on health status and provision.

2.2.3. *Develop mechanisms for reporting and analysis of health issues and producing public health reports (Article 3(2)(a)(iii), Annex 1.4)*

The action consists of launching major public health reporting projects under the guidance of Health Information and Knowledge networks in action 2.2.1. The reports will deal with topical public health issues relevant for further policy developments. As a set of reports will be launched annually, there will be a steady flow of reports in each year of the programme.

Each report must collect the relevant scientific and public health knowledge on the topic. The preparation of reports must aim at bringing together top European scientists thus contributing to the creation of the European Research Area. Three to six projects will be selected from proposals and launched in 2003. The following topics will be given priority:

1. health determinants and health status in the EU;
2. analysis of future health scenarios in the EU and policy options. (Possible joint action with the Joint Research Centre);
3. the economic and social burden of alcohol, including issues of promotion of alcohol, protection of children and young people;
4. issues relating to reproductive health;
5. analysis of the economic and disease burden of HIV/AIDS;
6. the economic and social burden of mental health and stress related diseases in the EU;
7. the economic and social burden of injuries in the EU, including self-inflicted injuries and violence, building on the work of WHO;

Other topics meriting examination will be initiated as resources allow.

[13] Design for a set of European Community health indicators. Final report by the ECHI project, 15 February 2001.

Moreover, there will be collaboration with the Health Evidence Network (HEN) being prepared by the WHO European region. This initiative will offer an opportunity for cooperation on and synergy with several expected outputs, such as a database of research results and conclusions, relating to health promotion and health systems, for publication in a standard format, in order to provide comparative and evidence-based tools for policy development.

These projects will be undertaken in close contact with the working parties referred to in action 2.2.1 but are independent of them. Reports will be published both electronically and in a printed format (the European Public Health Report Series, see action 2.2.4).

2.2.4. *Improving access to and the transfer of data at EU level: the EU public health portal and other publishing platforms (Article 3(2)(a)(i) and (iv), Annex 1.3, 1.4)*

This action aims at creating mechanisms and systems for the distribution, sharing and transfer of data, information and experience both in traditional and new formats between professionals and to the public. This will enable smooth data transfer between international organisations and Member States. The action directly supports the distribution of the results from other actions.

The action consists of the provision of a flexible information technology (IT) platform that can be used to launch various health information projects, including advice on health issues, data publishing, information storing and sharing of experience. It also includes the creation of a capacity to generate and collect health information relevant at EU level, as well as to edit results for publishing from other EU projects (e.g. an electronic bulletin on EU public health). Functional links will be created between the portal and the mechanisms for data transfer under the Community Statistical Programme.

The relevant information on public health will, whenever appropriate, be collected under a single point of stratified access using the concept of a public health portal that will provide a platform for many citizen-oriented health information actions under the whole Public Health Programme. Actions to be implemented in 2003 are:

1. user networking, maintenance and improvements of the current information transfer and early warning systems;

2. creation of the Public Health Programme wide platform (public health portal) for information sharing and matching the IT development with the appropriate content production project;

3. improvement of the early warning and response system (EWRS-2);

4. launching of the European Public Health Report Series and a European public health bulletin (see action 2.2.3).

2.2.5. e-*Health (recital 27, Annex 1.6, 1.7, 1.8)*

The aim of the action is to promote the development of e-Health in the EU, drawing on the results of projects financed under EU research programmes and coordinated with the activities pursued under the *e*-Europe 2002, *e*-Europe 2005 and *e*-Europe+ programmes. Former research projects cover the development of information technology tools and applications for the provision of information to patients and citizens as well as the collation of data relevant to public health. The present action will be developed in close association with actions under the e-Health chapter of the *e*-Europe 2005 programme. In particular, the implementation of Health Information Networks, refers to the development of the Health Information and Knowledge system of the public health programme. A key aspect will be to promote the coordination of the activities of various actors in the field of health informatics at European level, liasing with the work of DG Information Society.

Specific actions envisaged include the promotion of evaluation methodologies for IT tools and applications in health as well as the interoperability of such IT tools. Building on the Quality Criteria for Health related websites developed under *e*-Europe 2002 (COM(2002) 667 final) an exchange of views on the possible development of seals of approval for health-related websites is planned. It is also planned to produce a European e-Health newsletter to facilitate exchange of information. The programme will also contribute to a Ministerial conference on the contribution of IT to health, in cooperation with DG Information Society and the Greek Presidency.

2.3. ***Health Threats***

Most activities of this section are aimed to implement existing or imminent legislation on communicable diseases, blood, tissues and organs. Legislation concerning the Community network on communicable diseases is in place ([14]). To comply with the legal obligations set by Council and Parliament and ensuing regulations, a continuum of activities has started and must be sustained.

Other essential complementary activities (information, prevention, education), e.g. on HIV/AIDS and sexually transmitted diseases fall under other sections of this workplan (see action 2.4.6 on sexual health).

Activities regarding countering the threat of deliberate release of biological and chemical agents will be undertaken in tandem with on-going activities on communicable diseases. These activities will be developed following the conclusions of the health ministers of 15 November 2001 and the consequent 'programme of cooperation on preparedness and response to biological and chemical attacks' (Health Security). A timetable for implementing these actions within a period of 18 months has already been approved by the Health Security Committee.

2.3.1. *Surveillance (Article 3, Annex 2.1, 2.2)*

The aim is further to implement the Community Network on epidemiological surveillance and control of communicable diseases. This means continuing and strengthening existing disease-specific surveillance, and starting surveillance activities and networks for diseases and health issues that are not yet covered, in line with priorities set by the Network Committee.

The intention is to take work forward to develop a specialised European Centre for disease prevention and control to address health threats even more effectively over the coming years. The impact of differences in prevention, control and spread of infectious diseases in an enlarging Community requires a particular focus on 're-emerging' diseases. Priority will be given to:

1. ongoing surveillance projects already serving as disease-specific networks at European level and integrating them further into the Community Network;

2. evaluating, strengthening and modifying these networks, as needed, to improve quality;

3. extending the scope (covering more diseases/pathogens) and coverage (extension to applicant countries) of the networks and improving comparability of data;

4. activities to improve pandemic preparedness (particularly for influenza);

5. exchanging information on vaccination and immunisation strategies.

2.3.2. *Early warning and response (Annex 1.2, 2.4)*

This action aims to develop and improve tools to strengthen alert and response mechanisms to health threats. In particular with regard to the Early Warning and Response System (EWRS) of the Community Network on epidemiological surveillance and control of communicable diseases. It further aims to strengthen the networking and cooperation regarding exchange of alert information and response, involving other rapid alert and early warning networks set up at national, Community or international level including applicant countries. In light of this, priority will be given to:

([14]) Decision of the European Parliament and the Council 2119/98/EC; Commission Decision 2000/96/EC; Council Directive 92/117/EC; Commission Decision 2002/253/EC; Commission Decision No 2000/57/EC.

1. activities which support the enhancement of the European response capability through common intervention teams, agreed protocols, procedures, and equipment to be used for disease outbreaks or emergencies;

2. further improvement of the informatic system for EWRS and development of links with other appropriate Rapid Alert/Early Warning systems at national, Community and international levels.

2.3.3. *Activities related to health security and preparedness (Annex 2.4)*

This action aims to develop methods and strategies to prepare Member States and applicant countries, and the Community as a whole, for potential threats of deliberate release of biological or chemical agents. In order to improve preparedness, cooperation on required resources, medical supplies, logistic support and other processes is encouraged. Priority will be given to:

1. determination of the potential to dilute smallpox vaccines, and issues concerning evaluation of new vaccines;

2. exchange of information and enhancement of cooperation regarding biological products — vaccines for use against biological attack;

3. setting up a platform to enhance cooperation and preparedness on public health threats from chemical agents, including deliberate release threats;

4. development of a forensic medicine disaster plan in relation to the situation after an attack with biological or chemical agents;

5. decontamination of ventilation systems and decontamination of water systems after a biological/chemical agents attack;

6. development of models for the dispersion and propagation of agents related to deliberate release;

7. development of the collaboration between isolation units and of treatment facilities for biological attacks;

8. development of regularly updated clinical, diagnostic and treatment guidelines for deliberate release threats;

9. operation of a computerised system for electronic/encrypted exchange and a secure database for a biological/chemical attacks alert system;

10. improving surveillance methods, including those for the detection of possible deliberate releases of biological or chemical agents, using clinical alert levels and other factors.

2.3.4. *Safety of blood, tissues and organs (Article 3(2)(a)(ii) and (iii))*

Article 152 of the Treaty calls for measures setting high standards of quality and safety of organs, substances of human origin, blood and blood derivatives. This action aims to support the implementation or preparation of legislative initiatives in these areas, taking fully into account the efforts of the Council of Europe and avoiding any duplication.

The action related to blood aims to address the requirements of the blood Directive ([15]) and the Commission's commitments during its adoption process. Priority will be given to:

1. supporting exchange programmes/networking for professionals and/or establishments, with a special focus on applicant countries;

2. actions related to Community self-sufficiency;

3. identifying best practice in the donation and use of blood/blood products;

4. training programmes in the blood sector.

The action on human tissues and cells, which will be pursued during consideration of the proposal for a Directive ([16]), will aim to identify factors that impact on quality and safety, as well as traceability and quality management requirements that will assist in establishing a coding system for tissues and cells. Priority will be given to:

5. identifying factors influencing quality and safety;

([15]) COM(2002) 479 final.

([16]) COM(2002) 319 final.

6. training programmes in the area of tissues and cells;

7. identifying best practice, and procedures for information exchange in monitoring the donation-transplantation processes.

The action on organs will aim to assist the Commission in the development of a future legislative instrument in this complex area. Priority will be given to:

8. identifying factors influencing the quality and safety of organs for transplantation;

9. monitoring the organ donation-transplantation processes;

10. developing networking for effective exchange of information between countries.

2.3.5. *Anti-microbial resistance (Annex 2.9)*

The Commission is committed to implement a clear strategy against anti-microbial resistance as laid down in its Communication of July 2001 ([17]). This strategy is based on a series of legal acts ([18]) on the prudent use of antimicrobial agents in humans. Priority will be given to:

1. strengthening and coordinating surveillance activities, proposing common methodology and case definitions where possible;

2. developing principles and guidelines for best practice on the prudent use of antimicrobial agents in human medicine together with Member States and applicant countries;

3. supporting information exchange and coordination of education and intervention programmes aimed at the community and hospitals to combat anti-microbial resistance;

4. developing a (permanent) system for information connecting interested parties such as prescribers, pharmacists, consumers, health insurance etc. on consumption and related trends in resistance, building on results of existing projects, updating product information where necessary.

2.3.6. *Supporting the networking of laboratories (Annex 1.4, 2.4)*

This action aims to support networking and cooperation between European laboratories; to foster continuing communication; to enhance quality assurance and standardisation of laboratory methods in order to ensure comparability of data and to foster the development of networks of reference laboratories. Priority will be given to:

1. external quality assurance of microbiological laboratories in Europe and improving proficiency assessment schemes to develop networks of reference laboratories and Community laboratories of excellence;

2. enhance diagnostic capacity, sample handling and referral, training and communication between European laboratories, including work in relation to deliberate release threats; development of networks of reference laboratories, in particular the setting up of a P4 level (highest protection level) laboratory network;

3. exchange of information on surge laboratory capacity regarding preparedness and response to public health threats, including deliberate release threats;

4. provide training and education in the field of microbiological support in relation to outbreaks and field investigations;

2.3.7. *Capacity building (Annex 2.2)*

This action aims to strengthen training in the area of health threats by providing training, common methodology and practical experience in investigative epidemiology and to strengthen training in laboratory capacity. It aims to develop response capacity at national and at Community level by developing a European network of national public health epidemiologists extending to applicant countries. Priority will be given to:

1. supporting the network's operation, notably in relation to common investigation and field epidemiology training;

2. strengthening training in laboratory capacity in the Community;

([17]) See http://europa.eu.int/comm/health/index_en.html

([18]) Council Directive 92/117/EC; Decision No 2119/98/EC and the Council Recommendation 2002/77/EC (OJ L 34, 5.2.2002, p. 13).

3. providing training and skills, in particular to applicant countries, regarding participation in the network and convening a forum of stakeholders and participants in the communicable disease networks;

4. organising practical/simulation exercises and training the trainers to respond to public health threats.

2.3.8. *Rare diseases (Annex 2.3)*

Rare diseases, including those of genetic origin, are life-threatening or chronically debilitating diseases which are of such low prevalence that special combined efforts are needed to address them. As a guide, low prevalence is taken as prevalence of less than 5 per 10 000 in the Community. Priority actions will be:

1. exchange of information using a European information network on rare diseases. The information will comprise the disease name, prevalence rate in the Community, synonyms, a general description of the disorder, symptoms, causes, epidemiological data, preventive measures, standard treatments (e.g. orphan drugs), clinical trials, diagnostic laboratories and specialised consultations, research programmes and sources of further information. The availability of this information will be made widelyknown, including via the internet;

2. development of strategies and mechanisms for exchange of information among people affected by a rare disease, or volunteers and professionals involved, and coordination at Community level to encourage continuity of work and trans-national cooperation.

2.4. ***Health Determinants***

Tackling major health determinants is of great potential for reducing the burden of disease and promoting the health of the general population. Health determinants can be categorised as: personal behaviour and lifestyles; influences within communities which can sustain or damage health; living and working conditions and access to health services; and general socio-economic, cultural and environmental conditions.

Effective work on health determinants calls for a variety of approaches. For certain determinants a settings approach has proven to be particularly effective. For example, creating supportive environments in communities can strengthen social capital and facilitate uptake of healthy behaviour. Health care services are both important contributors to health, and settings for health promotion and disease prevention. Equally, focusing on individual health situations can sometimes be the best approach for achieving concrete results. However, the wider determinants of health are best tackled by policy initiatives on a more general level.

The **aim of Community action** in this area is twofold. Firstly, to encourage and support the development of actions and networks for gathering, providing and exchanging information in order to assess and develop Community policies, strategies and measures, with the purpose of establishing effective interventions aimed at tackling the determinants of health. Secondly, to promote and stimulate countries' efforts in this field, for example, by developing innovative projects which will stand as examples of effective practice.

The following **principles** apply to the actions listed below. Firstly, wherever possible, the experience gained under previous Community public health programmes will be built upon. Secondly, as socio-economic factors are an important reason for variations in health status across Europe, addressing these factors will be considered in all actions aimed at tackling lifestyle-related health determinants. Finally, life cycle approaches, and in particular the problems related to the ageing population, will be taken into account when addressing health determinants.

Several of the **cross-cutting themes** in Section 2.1 are closely linked with the activities in the area of health determinants. These include in particular evaluating quality and efficiency of health promotion strategies and measures (see action 2.1.5); promotion of health for the ageing population (see action 2.1.6:); addressing the socio-economic determinants of health (see action 2.1.3).

The priorities identified for 2003 are the following:

2.4.1. *Nutrition and physical activity (Article 3(2)(b), Annex 3.1)*

Establish a network of expert institutes to create a platform to take forward coherent strategies on nutrition and physical activity in the Community which should provide recommendations and support to national efforts. Emphasis will be put on excess weight and obesity, building on the outcomes of the Copenhagen Conference 'Prevention and management of obesity' of 11 and 12 September 2002.

Develop innovative measures and approaches to improve dietary habits and physical activity habits in all population groups.

2.4.2. *Tobacco (Article 3(2)(b), Annex 3.1)*

2.4.2.1. Smoking prevention and cessation. Encourage and support action networks, including experts from national authorities, for gathering, providing and exchanging information with regard to tobacco control measures and tobacco prevention actions:

1. promote strategies particularly focusing on smoking cessation and health education (information of non-smokers);

2. promote strategies aimed at protecting the population from the risk of passive smoking;

3. promote strategies to 'de-normalise' smoking, including strategies and measures to reduce the prevalence of smoking, such as strengthening health education and establishing programmes to discourage the use of tobacco products;

4. assess legislative measures on tobacco control, as well as measures aimed at tobacco control in other policies and disseminate information from the assessment process.

These actions will be developed in coordination with activities undertaken within the framework of the Community Tobacco Fund, to avoid duplication and create synergies.

2.4.2.2. Tobacco control. In addition to the smoking prevention and cessation activities above, a comprehensive legislative programme is part of the Commission's overall strategy to tackle smoking as a key health determinant which also includes active participation in the negotiation process of the WHO Framework Convention on tobacco control. Until the end of 2004, this legislative programme includes a Commission Decision on the use of colour photographs as part of the health warning, the examination of the possibility of a future Directive on ingredients, Commission Decisions/Regulations on measurement methods, health warnings and marking and tracing. Moreover, the Commission is required to produce a report on the application of the Tobacco Products Directive.

There is a need to establish and document a solid scientific basis for each legal instrument in the field of tobacco control. Moreover, the preparatory work for future legislation needs to be intensified. For these reasons, actions will be taken in the following areas, involving the use of calls for tender:

1. scientific and technical support regarding the follow-up of the Decision on colour photographs/illustrations as additional health warnings (Article 5(3), Directive 2001/37/EC);

2. legal data collection, scientific and technical advice for the Directive on ingredients in full coordination with work on ingredients and ISO-norms currently taking place in the JRC and Decisions/Regulations on measurement methods, on health warnings and on marking/tracing;

3. tobacco reports: providing background information and analysing the situation in countries in order to prepare reports on the implementation of the Tobacco Products Directive (Article 11, Directive 2001/37/EC) and on the Community's tobacco control policy.

2.4.3. *Alcohol (Article 3(2)(b), Annex 3.1)*

Establish a network of expert organisations to support the implementation of the Council Recommendation on the drinking of alcohol by young people and to contribute to further development of a Community strategy to reduce alcohol-related harm. Initiate preparation of a conference on alcohol, health and society to be held in 2005.

Promote the involvement of young people in the development of alcohol policies and activities — a priority of the Council Recommendation on alcohol and young people ([19]).

2.4.4. *Drugs (Article 3(2)(b), Annex 3.1)*

A balanced approach will be implemented between primary prevention on the one hand and risk reduction strategies on the other. In order to support the follow-up of the Commission Proposal for a future Council Recommendation on drug dependence, an inventory of activities will be established in cooperation with EMCDDA ([20]), with stress on evaluated projects. Projects also include networking of national drugs information and prevention structures (see also action 2.2.2; lifestyles working group).

Primary prevention of the use of different substances, both legal and illegal, is in many ways similar. Priority will be given to proposals involving a lifestyle approach addressing abuse of all substances with addictive potential.

The abuse of legal pharmaceutical products as a public health issue in relation to prescription practices is a multi-facetted and important area. Preparatory work involving an inventory of existing studies in this field will be undertaken.

2.4.5. *Mental health (Article 3(2)(b), Annex 3.1)*

Building on the review of existing best practices, develop strategies for implementation of interventions in relevant settings aiming at promoting mental health and preventing depression, suicide and related disorders.

2.4.6. *Sexual and reproductive health (Annex 1.1, 1.3, 3.1)*

Taking account of information from the health monitoring system, (see action 2.2.2) develop health promotion strategies and define best practices concerning teenage pregnancy, family planning and prevention of sexually transmitted diseases such as HIV/AIDS, including consideration of approaches in school settings and those targeting specific groups, encouraging gender equality and fully respecting cultural differences.

2.4.7. *Environment (Annex 3.3 and 1.1)*

1. Set up a network of experts to review and analyse scientific knowledge in order to provide scientific support to the development of health and environment policies and risk management, especially those relevant to children and vulnerable population groups. This network will take advantage of the activities carried out by the working party established under the health monitoring system (see action 2.2.2).

2. Set up a network to assess the consistency and the implementation of the Community's Health and Environment legislative framework, and promote an integrated approach to health and environment in the Community.

3. Provide expertise and scientific advice in order to assess the need for future legislative proposals to limit adverse effects of indoor air pollutants, in particular with regard to asthma and respiratory allergies, noise, UV radiation and multiple exposure to electromagnetic fields taking into consideration the scientific and technical work carried out by the JRC.

2.4.8. *Health promotion in particular settings and workplaces (Annex 3.5)*

1. Promote health in schools through the 'European Network of Health Promoting Schools' in cooperation with the Member States, the Council of Europe and the WHO. Emphasis will be put on improving the coverage of the network and developing best practices in concrete areas.

([19]) Council Recommendation of 5.6.2001 (OJ L 161, 16.6.2001, p. 38).

([20]) European Monitoring Centre on drugs and drugs addiction.

2. Promote health in the workplace through strengthening networking and collaboration between relevant organisation. Building on identified models of good practice for workplace health promotion in the private and public sectors, develop implementation strategies that focus on a sustainable development of health in the workplace and enhance implementation across economic sectors; specific attention will be given to applicant countries.

2.4.9. *Training in public health (Annex 3.6)*

Promote cooperation between educational institutions on the content of training courses and support the development of common European training courses in the field of public health, building on initiatives such as the European Masters Programmes in Public Health and the Programme for Intervention Epidemiology Training (EPIET).

2.4.10. *Injuries and injury risk reduction (Annex 1.1, 3)*

The health information system will produce better information in the field of accidents and injuries, including self-inflicted injuries and violence about, notably on how they relate to specific settings, circumstances and products. This will be used for consideration of appropriate policy initiatives, description of standards, dissemination of best practice, and training programmes for prevention.