

Fourth report

**on the integration of health protection
requirements**

in Community policies

(1999)

Table of Contents

Introduction

The way forward

The need to focus

A Community Health impact assessment

Conclusion

Introduction

- (1) Public health and the health aspects of Community policies are important for the European Institutions and the citizens of the European Union. This is recognised by the Treaty and the Community as a whole. The Commission in particular, is committed to ensure that Community policies and activities are directed towards the attainment of a high level of health protection (Article 3 (P) and 152 of the Amsterdam Treaty).
- (2) This report discusses how to improve further the integration of health requirements in Community policies in the future. This is particularly important in light of the increased importance given to health protection requirements in Community policies which are provided in the Treaty of Amsterdam.
- (3) On the basis of the experience with and reactions to the previous reports there is now a need for a critical assessment of how the complex issue of health protection in other policies should be dealt with in the future. It has been acknowledged that keeping a 'health watch' on all Community policies has not been easy and last year's report consequently pointed to the need to improve the way in which health protection requirements are dealt with in the Community policy-making process.
- (4) A detailed overview of health-related Community activities in 1997 is provided in a separate Commission working document.
- (5) This fourth report analyses the present situation and discusses how to improve the way in which health protection requirements are integrated in Community policy-making. The purpose of this report however is not to provide the definite answers to the problems involved in this field, but to present suggestions on the way forward. The results of the discussion of these will be taken into account in developing the new strategy on public health to be presented next year.

The way forward

- (6) The entry into force of the Amsterdam Treaty, which strengthens the obligations on the integration of health in other Community policies, means that the time is ripe to reconsider the way the Treaty obligations have been implemented so far.
- (7) It is worth reiterating that Article 3(o) in the Maastricht Treaty already placed substantial responsibility on the Community Institutions to ensure that the Community contributes towards ensuring a high level of health protection and that health protection requirements form a constituent part of the Community's other policies. It is clear that these obligations apply to the formulation and adoption of all policies and individual measures that might concern health. A contribution to ensuring a high level of health protection must, moreover, be obtained in the implementation by the Commission and the Member States of such Community policies and measures.
- (8) Article 152 of the Amsterdam Treaty gives even greater prominence to health protection requirements by underlining that a high level of human health protection

shall be ensured both in the *definition and implementation* of all Community policies and activities. The provision has now become the first point in this Article. The scope of the public health article has also been broadened to encompass actions 'directed at improving health' and 'obviating sources of danger to human health'.

- (9) Whereas the definition of Community policies and activities mainly takes place at the level of the Community Institutions, the *implementation* of policies or activities involves the Community Institutions, and also the Member States, inter alia, in their transposition of Community legislation into national legislation.
- (10) The important role that the Community Institutions play in ensuring a high level of human health protection has already been considered by the European Court of Justice. In its ruling on the UK request for interim relief regarding the export ban for cattle and related products in the context of BSE, the Court made several important points on the Community's responsibility to ensure that health protection requirements are taken properly into consideration.¹
- (11) The Court confirmed that the Common Agricultural Policy cannot disregard requirements of public interest, such as the protection of consumers or the health and life of humans and animals. Regarding public health, the Court explicitly referred to Articles 3(0) and 129 (1) third subparagraph which refers to the high level of health protection in Art. 129 (1) first sub-paragraph of the EC-Treaty.
- (12) This ruling has important consequences for all areas of Community policy. It clarified the obligations of the Community Institutions regarding the integration of health protection requirements in Community policies laid down in Article 129. This interpretation must also be applied, *mutatis mutandis*, in the context of the Amsterdam Treaty.
- (13) The ruling underlines the role of the Court of Justice in judging on the manner in which these requirements are integrated into policy. It is therefore in the interest of the Commission, of the other Community Institutions and of the Member States, to demonstrate clearly how health requirements are integrated into Community policy or activities and how they are subsequently implemented to ensure that the obligations are met. To this end it would be valuable to obtain information about the impact of a given policy on health and its health consequences.
- (14) The previous report on health requirements in other policies stated that the Commission will give consideration to instruments to give effect to these commitments, and will return to these issues in the fourth report.²
- (15) Both Council and Parliament have repeatedly underlined the importance of this issue and recently, in its conclusions on the future framework for Community action in the field of public health the Council expressly welcomed the Commission

¹ Cf. Case C-180/96 R, United Kingdom v Commission of the European Communities, ECR 1996, I-3903

² COM (98) 34 final of 27.1.1998/

Communication and made an explicit point of the need to strengthen the integration of health requirements in other policies.^{3, 4}

- (16) Moreover, in the context of enlargement, the future strategy for the integration of health protection requirements in Community policies should also bear mind the specific needs of the candidate countries.

The need to focus

- (17) Developing a strategy for the effective integration of health requirements in policy and measures of wide scale and application such as those developed and promulgated by the Community is not a simple and straightforward matter. Moreover, there are no established or widely used tools that are applicable across the spectrum of policies and measures. At the Community level, for instance, it has not proved easy to develop and apply an adequate methodology. Nor has it been possible to find promising models in use at Member State level that could be adapted for use in respect of Community policies. Worse still, there is insufficient awareness and recognition of the importance of health considerations in policy-making so as to commit the necessary resources in terms of funds and expertise at organisationally strategic posts and levels in policy-making and implementation structures.
- (18) In addition, the nature of the issues involved tend to vary a great deal, requiring different methods to ensure their successful incorporation in policy-making. Whereas some health issues are of a more technical nature, and can be amenable to quantitative analysis, other health issues are of a rather political nature requiring the careful balancing of various viewpoints and interests.
- (19) Both the Parliament and Council, in their comments on previous reports, have mentioned the need for a clearer focus and the need to single out specific issues of particular importance to public health. In its report on the second Commission report on health protection requirements⁵, the European Parliament also suggested that a more focused approach would be fruitful.⁶ In this report, Parliament argued that providing a complete annual overview of health related activities at Community level and an analysis of these activities was too ambitious and that a more limited and clearly defined approach was called for.
- (20) In its resolution of 20 December 1995⁷ the Council called upon the Commission to;
- achieve early and transparent evaluation of the impact of Community policies giving consideration inter alia to initiatives taken in the following policy fields:*

³ PE 223.766:fin

⁴ European Union, The Council, Luxembourg, 30 April 1998

⁵ COM (96) 0407-C4-0663/96

⁶ PE 223.766:fin

⁷ Com(96)0407 C4-0663/96

economic policy, in particular taxation, social policy including questions of unemployment, free movement of goods and persons, agricultural and food policy; consumer protection, research and technological development; environment and transport.

- (21) Subsequently the Council in its resolution of 12 November 96 called upon the Commission to develop a strategy for evaluating the impact of Community policies on health.

Developing a focussed Community health impact assessment

- (22) The Commission agrees that, given the wide scope of activities related to ensuring a high level of health protection in the definition and implementation of Community policies, there is a need to establish priorities. A more selective focus where certain issues are singled out would make the development of an effective strategy to ensure the integration of health requirements more feasible. The Commission would therefore give consideration to the drawing up of in-depth reports in place of the present system with general reports giving only brief overviews of health-related activities.
- (23) The Commission considers that the best way forward is to identify topics which would be the focus of an in-depth assessment. In the light of recent events, taking into account the BSE and dioxin crises, consumer protection could be the focus of the next report. .
- (24) Future reports should contain information on a given topic, not only on developments at the Community level, but also at the Member State level. Such an approach will necessitate a strong degree of co-ordination between the Community and the Member States. This would involve a detailed assessment of how policy and implementation services integrate a high level of health protection in their activities, both at Member State and Community level. .
- (25) An impact assessment of Community policies would require the careful development of a methodological framework. It will be necessary to develop criteria and specific methodologies, such as appraisal guidelines and checklists, against which both specific policy proposals as well as developments in a health-related policy during implementation could be measured.

Conclusion

- (26) This report has pointed to the need for a strengthening of efforts to integrate health protection requirements in Community policies. Such a strengthening is needed considering the experience so far and the increased weight given to this issue in the Amsterdam Treaty
- (27) The report then argues that future efforts for the integration of health requirements must take into consideration the complexity of the issue and the vast number of Community policies that have a bearing on health. The need for a step-wise approach involving the selection of one policy-area at a time in order to make progress is obvious, something which has been recognised by both Parliament and Council. In order to accomplish better results, it has also been argued in this report that the

Member States themselves have an important role to play given the fact that they in large part are responsible for the design and implementation of Community policy, be it legislation or other instruments.

- (28) The Commission will therefore give consideration to the health related policy issues in the Council resolution of 1995 in establishing activities for future reports. Consumer protection could be the object of the next report.
- (29) In the future, the report on health requirements should form part of this work, and replace the present system with annual descriptive overviews of all health-related Community activities.