



**COUNCIL OF
THE EUROPEAN UNION**



9507/04 (Presse 163)

PRESS RELEASE

2586th Council Meeting

Employment, Social Policy, Health and Consumer Affairs

Luxembourg, 1-2 June 2004

President

Ms Mary COUGHLAN, TD

Minister for Social and Family Affairs

Mr Frank FAHEY, TD

Minister of State at the Department of Enterprise, Trade and Employment (with special responsibility for Labour Affairs including Training)

Mr Willie O'DEA, TD

Minister of State at the Department of Justice, Equality and Law Reform (with special responsibility for Equality Issues including Disability Issues)

Mr Micheál Martin, TD

Minister for Health and Children

of Ireland

P R E S S

Rue de la Loi 175 B - 1048 BRUSSELS Tel.: +32 (0)2 285 8716 / 6319 Fax: +32 (0)2 285 8026
press.office@consilium.eu.int <http://ue.eu.int/Newsroom>

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Main Results of the Council

The Council reached political agreement on a draft Regulation updating Regulation 1408/71, on the coordination of social security schemes, in the light of recent changes in national legislation and of recent judgements of the European Court of Justice.

It further reached political agreement on the Employment Guidelines and Recommendations for 2004.

The Council revised the negotiating directives for the Commission in respect of the revision of International Health Regulations (IHR) within the framework of the World Health Organisation (WHO).

The Council adopted a Decision concerning the conclusion on behalf of the Community of the World Health Organisation Framework Convention on Tobacco Control.

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- Where declarations, conclusions or resolutions have been formally adopted by the Council, this is indicated in the heading for the item concerned and the text is placed between quotation marks.
 - The documents whose references are given in the text are available on the Council's Internet site <http://ue.eu.int>.
 - Acts adopted with statements for the Council minutes which may be released to the public are indicated by an asterisk; these statements are available on the abovementioned Council Internet site or may be obtained from the Press Office.

OTHER BUSINESS 48

OTHER ITEMS APPROVED

HEALTH

– World Health Organisation Framework Convention on Tobacco Control 1

PARTICIPANTS

The Governments of the Member States and the European Commission were represented as follows:

Belgium:

Ms Marie ARENA

Minister for the Civil Service, Social Integration and Policy on Large Towns and Cities

Mr Frank VANDERBROUCKE

Minister for Work and Pensions

Mr Rudy DEMOTTE

Minister for Social Affairs and Public Health

Czech Republic:

Mr Zdeněk ŠKROMACH

Minister for Labour and Social Affairs

Mr Jozef KUBINYI

Minister for Health

Denmark:

Ms Henriette KJÆR

Minister for Social Affairs and Equal Opportunities

Germany:

Ms Marion CASPERS-MERK

Parliamentary State Secretary to the Federal Minister for Health and Social Security

Ms Ulla SCHMIDT

Federal Minister for Health and Social Security

Estonia:

Mr Marko POMERANTS

Minister for Social Affairs

Greece:

Mr Panos PANAGIOTOPOULOS

Minister for Employment and Social Protection

Mr Nikitas KAKLAMANIS

Minister for Health and Social Solidarity

Spain:

Mr Jesús CALDERA SÁNCHEZ-CAPITÁN

Minister for Labour and Social Affairs

Ms Elena SALGADO MÉNDEZ

Minister for Health and Consumer Affairs

France:

Mr Gérard LARCHER

Minister with responsibility for Labour Relations, attached to the Minister for Employment, Labour and Social Cohesion

Ireland:

Ms Mary COUGHLAN, T.D.

Minister for Social and Family Affairs

Mr Willie O'DEA, T.D.

Minister of State at the Department of Justice, Equality and Law Reform

Mr Frank FAHEY, T.D.

Minister of State at the Department of Enterprise, Trade and Employment

Mr Micheál MARTIN

Minister for Health and Children

Italy:

Mr Girolamo SIRCHIA

Minister for Health

Cyprus:

Mr Christos TALIADOROS

Minister for Labour and Social Insurance

Mr Andreas TRYFONIDES

Permanent Secretary, Ministry of Health

Latvia:

Ms Dagnija STAĶE

Minister for Welfare

Mr Rinalds MUCIŅŠ

Minister for Health

Lithuania:

Mr Rimantas KAIRELIS

State Secretary at the Ministry of Social Security and Labour

Mr Juozas OLEKAS

Minister for Health

Luxembourg:

Ms Marie-Josée JACOBS

Minister for the Family, Social Solidarity and Youth, Minister for the Advancement of Women

Mr François BILTGEN

Minister for Labour and Employment

Mr Carlo WAGNER

Minister for Health and Social Security

Hungary:

Mr Gábor CSIZMÁR

Ms Ferencné JAKAB

Political State Secretary at the Ministry of Labour and
EmploymentAdministrative State Secretary, Ministry of Health, Social
and Family Affairs**Malta:**

Ms Helen D'AMATO

Parliamentary Secretary for the Elderly and Community
Care Ministry of Health, the Elderly and Community Care**Netherlands:**

Mr Aart Jan DE GEUS

Mr Hans HOOGERVORST

Minister for Social Affairs and Employment

Minister for Health, Welfare and Sport

Austria:

Mr Herbert HAUPT

Ms Maria RAUCH-KALLAT

Federal Minister for Social Security, Generations and
Consumer Protection

Federal Minister for Health and Women

Poland:

Mr Krzysztof PATER

Mr Wiktor MASŁOWSKI

Deputy State Secretary, Ministry of Economic Affairs,
Labour and Social Policy

Deputy State Secretary, Ministry of Health

Portugal:

Mr Nuno MORAIS SARMENTO

Ms Teresa CAEIRO

Mr Luís Filipe PEREIRA

Minister for Relations with the Prime Minister's Office

State Secretary for Social Security

Minister for Health

Slovenia:

Mr Vlado DIMOVSKI

Mr Dušan KEBER

Minister for Labour, the Family and Social Affairs

Minister for Health

Slovakia:

Mr Ľudovít KANÍK

Mr Rudolf ZAJAC

Minister of Labour, Social Affairs and the Family

Minister for Health

Finland:

Ms Tarja FILATOV

Ms Liisa HYSSÄLÄ

Minister for Labour

Minister for Health and Social Services

Sweden:

Ms Mona SAHLIN

Mr Lars ENGQVIST

Minister at the Ministry of Justice, with responsibility for
Democracy and Integration Issues and Equal
Opportunities

Minister for Social Affairs

United Kingdom:

Mr Andrew SMITH

Ms Jacqui SMITH

Mr John HUTTON

Secretary of State for Work and Pensions

Minister of State for Industry and the Regions and Deputy

Minister for Women and Equality

Minister of State for Health

Commission:

Mr Stavros DIMAS

Mr David BYRNE

Member

Member

Other participants:

Mr Theo LANGEJAN

Mr Mats WADMAN

President of the Social Protection Committee

President of the Employment Committee

ITEMS DEBATED**EMPLOYMENT/SOCIAL POLICY/EQUALITY****– SOCIAL SECURITY SYSTEMS COORDINATION – AMENDMENTS**

The Council reached political agreement on a draft European Parliament and Council Regulation, updating Regulation 1408/71 on the application of social security schemes to persons moving within the EU. The draft Regulation aims to take account of recent changes in national legislation as well as of developments in European Court of Justice case law.

The draft text substantially reduces the list of special non-contributory cash benefits¹, in particular social allowances and disability benefits, that are not exportable, as they are to be granted exclusively in the Member State where the beneficiary resides. It is expected that this improvement will further reduce obstacles to the free movement of persons within the European Union.

Other amendments allow periods spent in another Member State to be included in the calculation of the minimum period of insurance, sometimes required for entitlement to benefits, and cover the applicability of bilateral social security agreements between Member States where these are more favourable to beneficiaries.

The text as agreed is to be adopted in the form of a common position, without further debate, at a forthcoming Council, after its finalisation in all Community languages, and will be sent to the European Parliament with a view to its second reading.

For further details, please consult the following documents on the Council website: 12094/03 and 9020/04.

¹ Benefits which are financed through State budgets and not through contributions.

– ***SOCIAL PROTECTION COMMITTEE***

The Council reached political agreement on a draft Decision re-establishing the Social Protection Committee, on the basis of the specific legal basis deriving from the Treaty of Nice (Article 144 of the Treaty).

The purpose of the draft Decision is largely procedural, although the Committee's objectives have been redefined to reflect the new legal basis.

The agreed text is to be adopted, without further debate, at a forthcoming session of the Council, after its finalisation in all Community languages.

For further details, please consult the following documents on the Council website: 11000/03, 9682/04 and 9680/04.

– ***EMPLOYMENT PACKAGE 2004***

– ***Employment Guidelines***

The Council reached political agreement on a draft Decision establishing the Guidelines for Member States' employment policies, 2004.

In accordance with the recent streamlining of the three-year economic and employment policy cycles, the draft text maintains for 2004 the guidelines set out in the annex to the Council Decision of 22 July 2003². The Employment Guidelines will form the basis for the National Employment Action Plans, which are to be submitted by the Member States by October 2004.

– ***Employment Recommendations***

The Council also reached political agreement on a draft Recommendation on the implementation of Member States' employment policies, replacing the Council Recommendation of 22 July 2003.

The draft text sets out, as an immediate priority for action by the Member States and the social partners in 2004, the policy messages of the report of the Employment Task Force, chaired by Mr Wim Kok:

- increasing adaptability of workers and enterprises;
- attracting more people to enter and remain on the labour market: making work a real option for all;
- investing more and more effectively in human capital and lifelong learning;
- ensuring effective implementation of reforms through better governance.

It further establishes specific recommendations and priorities for each Member State.

The draft texts are to be adopted, without further debate, at a forthcoming session of the Council after finalisation in all Community languages.

² OJ L 197, 5.8.2003, p.13.

The Council further agreed to the texts being submitted to the European Council on 17/18 June 2004 for endorsement.

In line with the emphasis of the 2004 Employment Package on implementation, the Council held a debate on the basis of a Presidency Note on the role of Human Capital Investment and the European Social Fund in addressing the employment recommendations.

Delegations were in particular invited to share their national experiences and results, with respect to:

- integration of older workers into the labour market;
- vocational training;
- use of ESF funds to develop a knowledge-based society;
- modernisation of public employment services;
- use of ESF funds to increase equal opportunities in access to the labour market.

For further details, please consult the following documents on the Council website: 9593/04, 9400/04, 9549/04, 8076/04 and 9296/04.

– ***EUROPEAN GENDER INSTITUTE***

The Council held a debate on the merits of establishing of a European Gender Institute.

More specifically, the Council examined the issues which need to be considered in the future development of detailed proposals for the establishment of such an Institute.

Delegations fully supported in principle the setting-up of an Institute, while stressing the importance of a structure that would bring added value but which would not duplicate existing activities in this area. The need for budget-neutrality was also mentioned.

Today's debate followed the discussion held at the Equality Ministers' informal meeting, in Limerick on 7 May, and should also be seen in the light of the European Social Agenda adopted at Nice in December 2000, in which the European Council asked for the establishment of a European Institute for gender issues and for the completion of a feasibility study.

According to the results of the Commission's feasibility study, there is a clear role for an Institute to carry out some of the tasks which existing institutions are not currently involved in, specifically those concerning:

- questions of co-ordination;
- centralisation and dissemination of information;
- the raising of gender visibility; and
- the provision of tools for gender mainstreaming.

For further details, please consult the following document on the Council website: 9654/04.

– ***EQUALITY BETWEEN WOMEN AND MEN***

The Council held a policy debate on the proposal for a Council Directive implementing equality between women and men in the access to and supply of goods and services.

The debate focused on the overall approach taken by the Commission in addressing gender equality outside employment on the basis of the following indicative questions suggested by the Presidency:

- (a) Do Ministers welcome the proposed Directive and consider that the principle of equal treatment between men and women should be implemented in the area of goods and services, as part of the Commission's step-by-step approach to addressing gender equality outside employment?
- (b) Do Ministers, taking account of the impact on the customer and on the insurance industry, think that banning sex-based actuarial factors in insurance and related services covered by this Directive is a key element of the Directive and that the use of such factors should be prohibited as an unacceptable discrimination?
- (c) If the answer to (b) is yes, would it be worth exploring partial solutions on the issue of sex-based actuarial factors such as:
- applying the ban on sex-based actuarial factors to the calculation of premiums and benefits, while permitting the use of sex-based actuarial factors in the calculation of risks;
 - extending the transitional period to beyond the six years after the implementation of the Directive proposed by the Commission;
 - devising different solutions depending on the type of insurance products?
- (d) Alternatively, do Ministers consider that the use of sex-based actuarial factors should continue to be allowed, provided they are based on objective statistics?

For further details, please consult the following documents on the Council website: 14812/03 and 9426/1/04.

HEALTH

– HEART HEALTH - Council conclusions

The Council held a debate on the need to promote heart health and further adopted the following conclusions:

"THE COUNCIL OF THE EUROPEAN UNION:

1. NOTES that the citizens of the European Union attach great importance to the highest possible levels of human health and consider it to be an essential prerequisite to a high quality of life;
2. RECALLS
 - Article 152 of the Treaty provides that Community action is to complement national policies and be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to human health. Community action in the field of public health shall respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;
 - On 3 December 1990 the Council and the Ministers for Health of the Member States, meeting within the Council, adopted Conclusions concerning cardiovascular diseases in the Community³;
 - On 2 June 1994 the Council adopted a Resolution on cardiovascular diseases⁴;
 - On 29 June 2000 the Council adopted a Resolution on action on health determinants⁵;

³ OJ C 329, 31.12.1990, p. 19.

⁴ OJ C 165, 17.6.1994, p. 3.

⁵ OJ C 218, 31.7.2000, p. 8.

- On 14 December 2000 the Council adopted a Resolution on Health and Nutrition⁶;
- On 5 June 2001 the Council adopted Conclusions on a Community Strategy to reduce alcohol related harm⁷;
- On 26 June 2002, the Council took note of an information by the Spanish Presidency on Cardiovascular Health⁸;
- On 2 December 2002 the Council adopted Conclusions on Obesity⁹;
- On 2 December 2003 the Council adopted Conclusions on Healthy Lifestyles¹⁰;

3. NOTES that the "Promoting Heart Health, A European Consensus" conference in Cork, Ireland on 24 to 26 February 2004, with representatives from the 25 Member and Accession States at a senior health policy level, as well as national and European and world experts in cardiology, health promotion and public health concluded that:

- cardiovascular disease – heart diseases, stroke and other atherosclerotic vascular diseases - is the largest cause of death of men and women in the European Union,
- the European Union is experiencing declining rates of mortality from cardiovascular disease but increasing numbers of men and women are living with cardiovascular disease,
- the majority of cardiovascular disease is preventable, predominantly through lifestyle changes as well as through appropriate use of medicines,
- strategies to promote cardiovascular health need to address the whole population and those at high risk of or living with cardiovascular disease,

⁶ OJ C 20, 23.1.2001, p. 1.

⁷ OJ C 175, 20.6.2001, p. 1.

⁸ 9752/02 SAN 78.

⁹ OJ C 11, 17.1.2003, p. 3.

¹⁰ OJ C 22, 27.1.2004, p. 1.

- population strategies need to address health determinants including lifestyles, risk factors, and social and physical environments to support health,
 - unhealthy lifestyles, particularly tobacco consumption, as well as unhealthy diet and physical inactivity amongst European citizens are risk factors to be addressed in the development of national and European Union policy,
 - heart health promotion and preventive strategies are cost-effective investments with measurable health, social and economic benefits,
 - Member States should consider the development and implementation of guidelines for those at high risk or living with cardiovascular disease,
 - comparable data is needed across the European Union to monitor cardiovascular disease mortality, morbidity and relevant health behaviours and risk factors,
 - evidence-based information on the promotion of cardiovascular health is already very strong, but more research is needed in Europe.
4. NOTES that the Programme of Community Action in the Field of Public Health 2003 to 2008¹¹ has, inter alia, the general objective to promote health and prevent diseases through addressing health determinants across all policies and activities.
 5. EMPHASISES that cardiovascular disease is the largest cause of sickness and morbidity, is a major cause of death and premature death, and a major cause of reduced quality of life for the citizens of the European Union.
 6. STATES that although significant reductions in mortality from cardiovascular disease have been achieved in some countries, rapid targeted action is required in view of demographic trends and consequential increasing prevalence of cardiovascular disease.
 7. STATES that preventive measures, effective treatments as well as other measures are resulting in consequential reduced mortality from cardiovascular disease and increasing the life expectancy of European populations.

¹¹ OJ L 271, 9.10.2002, p. 1.

8. ACKNOWLEDGES that older citizens of the European Union have a high prevalence of risk factors for cardiovascular disease, including raised blood pressure and raised blood cholesterol; the population of the European Union suffers from a high prevalence of coronary heart disease, stroke-related disability and increasing prevalence of obesity, diabetes mellitus and chronic heart failure.
9. NOTES that the highest rates of cardiovascular disease occur in the lowest socio-economic groups in society, with resultant health inequalities amongst the citizens of the European Union and high social and health costs for Member States and citizens.
10. RECOGNISES that the main risk factors associated with cardiovascular disease are tobacco use, raised blood pressure and raised blood cholesterol levels, factors that are strongly and directly related to an individual's lifestyle and diet, as well as to his or her physical activity levels.
11. RECOGNISES that other contributory risk factors associated with cardiovascular disease include obesity, diabetes mellitus, excessive alcohol consumption and psychosocial stress.
12. IS CONCERNED by the negative consequences for cardiovascular health of the increase in obesity and overweight among all ages in the European Union, particularly among children and young people.
13. RECOGNISES that there are social, cultural and economic differences within and between Member States, and that many Community social and economic policies influence public health and can influence the supportive environments necessary to promote good cardiovascular health, including environmental, agricultural, fisheries, consumer protection, the internal market, transport and education policies.
14. RECOGNISES that it is possible to prevent or delay the onset of cardiovascular disease, to reduce recurrence and to improve the quality of life of people with cardiovascular disease, by addressing the underlying health determinants, particularly tobacco use, poor diet and physical inactivity, as well as excessive alcohol consumption levels of the population.
15. AGREES that promoting cardiovascular health has a direct positive benefit on other non-communicable diseases that are also major health burdens for the citizens of the European Union.
16. ACKNOWLEDGES the need for cardiovascular disease monitoring and surveillance, including comparable cardiovascular mortality, morbidity and risk factor data; and data on lifestyles, knowledge, attitudes and behaviours in populations across the European Union.

17. ACKNOWLEDGES that further research in Europe on combating the risk factors for cardiovascular disease could make a substantial positive contribution to addressing these diseases in the future.
18. RECOGNISES that to effectively address and reduce the incidence and suffering from cardiovascular disease, a long-term approach is necessary through public health strategies incorporating actions or programmes aimed at the healthy population and at individuals and groups at high risk or with cardiovascular disease.
19. ACKNOWLEDGES that a framework for a health promotion strategy requires an integrated approach and needs to be comprehensive, transparent, multisectoral, multidisciplinary, participatory and based on best available research and evidence. The framework needs to target people throughout the life cycle, all groups in society especially those who are most at risk of cardiovascular disease, taking account of social, cultural, gender and age differences, and must include resources to address appropriate evaluation, including monitoring and surveillance of actions and programmes.
20. ACKNOWLEDGES that a framework for a strategy directed at high risk groups or individuals needs to include an evidence-based tool to measure risk of cardiovascular disease and to support lifestyle advice, as well as addressing risk factor interventions and risk factor targets to reduce risk.
21. ACKNOWLEDGES that a high risk strategy needs to identify the education and training resources necessary to ensure that this tool is appropriately disseminated, implemented, monitored and evaluated, through building capacity amongst physicians, with emphasis on primary care general practitioners, other health professions and professions relevant for public health.
22. ACKNOWLEDGES the need for strong links and relationships between health promotion and high-risk strategies, to comprehensively address underlying health determinants associated with cardiovascular disease.
23. ACKNOWLEDGES the advances made in the European Union on tobacco control legislation and programmes.
24. WELCOMES the establishment by the European Commission of the Nutrition and Physical Activity Network.
25. FURTHER WELCOMES the European Commission's initiatives in relation to the preparation of an Environment and Health Action Plan for Europe.

26. INVITES the Member States to consider within the context of the adoption or review of national public health strategies, the:

- inclusion of health promotion, population and high risk strategies to promote cardiovascular health and improved quality of life with the long term aim of reducing the incidence and burden of cardiovascular disease,
- further development and introduction of health impact assessment to measure the health impact of all national public policies,
- adoption of a societal and multisectoral approach to promoting public health, including cardiovascular health, by involving through a comprehensive and inclusive partnership, all relevant governmental and non-governmental organisations, at both national and local levels,
- further development and implementation of national action plans on tobacco use, including smoke-free environments, diet and physical activity to promote public health, including cardiovascular health,
- implementation of evidence-based, sustainable and cost-effective community prevention programmes that are accessible and affordable to meet the needs of those most at risk of developing cardiovascular disease,
- possibility of establishing national guidelines for the prevention of cardiovascular disease and of considering the use of risk charts for the assessment of individual risk, having regard to Member States' organisation and delivery of their respective health services, ethical, legal, cultural and other relevant issues and available resources,
- integration with existing national cardiovascular health plans on a multisectoral basis, including the collection and publication of relevant comparable data on programme implementation, and
- implementation of standardised surveillance systems for cardiovascular mortality, morbidity, health behaviours and risk factors.

27. INVITES the European Commission to support, as appropriate in the framework of the Public Health Action Programme¹², Member States in their efforts to promote cardiovascular health, and to:

- take into account the results of national and international research, and existing national cardiovascular health strategies,
- encourage networking and the exchange of information between stakeholders, including professional, non-governmental and consumer organisations,
- consider the identification of best practice guidelines, in consultation with Member States, to enhance the co-ordination of population and individual high risk groups' health and prevention policies and programmes,
- strengthen the comparability of data on healthy lifestyles and behaviours data across Member States, as well as to study the possibility of using standardised procedures and methods for monitoring and surveillance of cardiovascular disease mortality, morbidity and risk factor data across Member States,
- take a multisectoral approach to promoting cardiovascular health and preventing cardiovascular disease and assessing the health impact of other public policies of the European Union; to include examining the economic cost of cardiovascular disease against the improved health status arising from a comprehensive public health strategy by Member States to reduce the burden of these diseases,
- continue to work towards the development of a comprehensive and integrated European food and nutrition policy, to include, among others, physical activity programmes, population dietary guidelines and address the impact on public health of promotion, marketing and presentation of foodstuffs,
- study ways of promoting better cardiovascular health, including
 - actively encouraging further advances in tobacco control policies;
 - supporting and promoting regular exchange of experience in the area of health determinants and cardiovascular health;

¹² OJ L 271, 9.10.2002, p. 1.

- facilitating the collation and appraisal of scientific evidence in the area of cardiovascular health promotion provided by experts in the field, in particular to provide support to national guidelines and information for high risk groups;
- facilitating the exchange of information about cardiovascular health professions and training courses, and
- consider bringing forward further proposals on health determinants of major importance for the promotion of cardiovascular health.

28. INVITES the Commission to continue to co-operate with the relevant international and inter-governmental organisations, in particular the World Health Organisation, to ensure effective co-ordination of activities."

– *E-HEALTH - Council conclusions*

The Council was briefed by the Commission on its Communication on "e-Health - making health care better for European citizens: An action plan for a European e-Health Area" (9185/04), and further adopted the following Conclusions:

"THE COUNCIL OF THE EUROPEAN UNION:

1. NOTES that e-Health is the use of information and communication technologies, including the Internet, to improve or enable health and healthcare. It offers potential benefits for providers and professionals. Examples of successful e-Health developments include health information networks, electronic health records, electronic monitoring systems and health portals. e-Health offers European citizens significant opportunities for improved access to better health systems. e-Health resources can help to:
 - improve health status by supporting healthy lifestyles, improving health decisions and enhancing health care quality;
 - empower people and patients to take greater control of their health by supporting better-informed health decisions within citizen-centred health delivery systems;
 - allow health care providers, through substantial productivity gains and improving efficiencies in the health system and prevention, to cope with increasing demand;
 - enhance public health services by facilitating health professional practice, the exchange of best practice and communication; and
 - reduce health disparities by applying new approaches to improve the health of remote communities and at risk population groups.
2. RECOGNISES the significant contribution which e-Health can make to improving:
 - access to information and care;

- the availability of Community-wide data for public health professionals and authorities; and
 - the quality, safety, economy and efficiency of health services.
3. WELCOMES the valuable contribution of the Commission in its communication of 29 November 2002 on e-Europe: Quality criteria for health-related websites¹³, and recalls the criteria therein relating to transparency and honesty, authority, privacy and data protection, updating of information, accountability and accessibility.
 4. WELCOMES the creation of Working Parties under the Health Information objective of the programme of Community action in the field of public health (2003-2008) including the Health Telematics Group. These will support the collection of Community-wide data for defined European Public Health indicators.
 5. WELCOMES the Community's Public Health Portal which will be introduced on a modular basis and which should also be used to disseminate information on health indicators collected under the health information strand of the programme of Community action in the field of public health (2003-2008)¹⁴, in addition to regular reports on health issues.
 6. NOTES the Commission's Communication on e-Health – making healthcare better for European citizens: An action plan for a European e-Health Area.¹⁵
 7. NOTES that the "Supporting the European Citizen through e-Health" conference in Cork on 5-6 May 2004, with representatives from the 25 Member States at ministerial and senior policy level, as well as national and European experts in e-Health:
 - emphasised the potential of e-Health developments to contribute to the empowerment of European citizens in relation to their health and wellbeing;

¹³ 15135/02 SAN 226 TELECOM 67

¹⁴ Adopted under Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 (OJ L 271, 9.10.2002, p. 1).

¹⁵ 9185/04 SAN 78 TELECOM 91 + ADD 1

- endorsed the new possibilities provided by e-Health including the Internet to disseminate, exchange and manage health-related information, to improve administrative processes, and to support healthcare services;
 - highlighted the potential of e-Health for addressing new opportunities and challenges in the context of the programme of Community action in the field of public health (2003-2008) and the achievement of the e-Europe 2005 action plan targets;
 - recognised that e-Health can enhance the expectation of European citizens to seek health services in a Member State other than that in which they reside through for example, the European Health Insurance Card;
 - called for full regard to be taken in relation to data protection, privacy and security in developing, testing and implementing e-Health systems;
 - called for greater research into the potential applications of e-Health, in particular the integration of data and interoperability; and
 - called for the greater sharing of best practice at the European level in the provision of personalised information and advice via telemedicine services and health-related websites, and in quality assurance.
8. RECOGNISES that e-Health encompasses all the elements of overall eGovernment such as high connectivity, interoperability (the ability of two or more systems or components to exchange data and use information), intraoperability (the ability to interchange and use information, functions and services among components within a system), security, privacy, availability, and accessibility, and RECOGNISES that since the health sector in Europe is a predominantly public sector service, the challenges and actions described in the Communication from the Commission on "The Role of eGovernment for Europe's Future"¹⁶ also apply here.
9. RECOGNISES that electronic health cards, electronic health dedicated national and regional networks and the use of other information technology tools can achieve significant improvements in the quality and safety of the health care that is delivered to patients in an environment of increasing pressure on health care systems, while contributing to cost savings in the longer term.

¹⁶ 13127/03 TELECOM 111

10. RECOGNISES that personalised systems for monitoring and supporting patients are also now available and can help to shorten or avoid completely the stay of patients in hospital, while ensuring monitoring of their health status, as well as helping ambulatory patients and supporting independent living for the elderly and chronically ill.
11. UNDERLINES the contribution that e-Health can make in response to the increasing inter-relationships between national health systems and the increasing mobility of patients and health professionals in the Community and third-countries. In this respect e-Health can play a role in the follow-up to the Commission communication and to the recommendations of the High Level Reflection Process on Patient Mobility and healthcare developments in the European Union. e-Health could provide technical solutions for information sharing at European level and contribute to the networking of European centres of reference. e-Health could also provide technical support to European cooperation on evaluating health technology.
12. RECOGNISES the important potential that multi-application single smart cards may have as a secure personal identification system to access medical data and health insurance data, and under strict conditions also as a storage medium for critical personal medical data and health insurance data. Such cards along with other IT solutions may help to facilitate patient mobility throughout Europe.
13. RECOGNISES the potential benefits to be gained from further cooperation in moving towards a secure interoperable healthcare system through international, national and regional networks which connect citizens, practitioners and authorities online and which facilitate the cross-border provision of web based health services, and RECOGNISES the importance of mainstreaming existing tools and services in this regard.
14. RECOGNISES that to make reasonable decisions about what health information they will trust, or what products or services they will use, individuals need to know what standards a site employs in developing content. Health-related websites must make clear the sources which they have used and ensure that the information presented is appropriate, independent and timely. Health-related websites should also identify who is most likely to visit the site and ensure that the information presented is as comprehensible and as easily accessible as possible to all visitors including disabled persons. As some sites may be sponsored by one party and hosted by a different one, these relationships should be clearly disclosed on the site.
15. RECOGNISES that the Health Internet can pose new challenges and opportunities for health professionals who provide online advice. In particular these professionals should help “e-patients” understand the limitations of online health advice, including ethical, social and legal concerns, and the fact that it cannot generally substitute for a face to face consultation. Attention should be given to ensuring that the patient understands any instructions for any follow up action that may be needed.

16. RECOGNISES that the risk to privacy and confidentiality is exacerbated by the technological capabilities of the Internet, the World Wide Web and the architecture of information systems. Users and patients have the right to expect that those maintaining health related websites will take all available reasonable precautions to protect personal data from such intrusions.
17. CONSIDERS that the collection of medical data raises special concerns with regard to data protection, especially where data is to be collected or may be used for purposes other than the immediate health benefits to the individual. In this regard, Community legislation on privacy and protection of personal data needs to be respected. At the same time, health-related websites should clearly disclose what information they gather and for what purposes they use personal data, and should allow visitors to decide for themselves whether they will permit such uses of their information by explicitly seeking visitors' informed consent for specific data-gathering and data-sharing activities.
18. INVITES THE MEMBER STATES TO:
- further develop and implement e-Health as part of national public health strategies according to the potential financial capacity of individual Member States;
 - consider, within the context of the adoption or review of national public health strategies, the investigation of whether and how quality and criteria for health related websites will be applied;
 - help to promote health literacy and Internet competence across society and to broaden the public's general knowledge about the potential and limitations of information technologies in health care;
 - further develop and disseminate best practice in e-Health in order to encourage developments in this field and to realise the potential benefits; and
 - take into consideration the potential of e-health as a means for following up the High Level Process of Reflection on patient mobility and healthcare developments in the European Union.
19. INVITES THE COMMISSION AND THE MEMBER STATES TO:
- promote, within the Community, networking between organisations, research institutions, competent authorities and other agencies active in the e-Health field;

- work towards the implementation of interoperable and intraoperable systems for the development of e-Health.

20. INVITES THE EUROPEAN COMMISSION to support Member States in their efforts to promote e-Health through relevant Community-level programmes and actions, in particular the programme of Community action in the field of public health (2003-2008), and to:

- investigate, in view of the rapid increase in health-related websites in the European Union and the increase in the number of European citizens consulting such sites, the possibility of further developing agreed quality criteria for public health related websites;
- launch, in the interest of a better information for citizens, the Public Health Portal by 2005;
- encourage networking and the electronic exchange of information between stakeholders, including professional, non-governmental and consumer organisations, patients, care-providers and citizens;
- further develop secure and interoperable information technology systems and data networks throughout Europe, including national telematic infrastructure, as a means of facilitating e-Health development and the possible collection of public health data across the Community, including on the mobility of patients and health professionals;
- review the legal aspects of e-Health with a view to further encouraging progress in this area, in particular in the area of protection of personal/patient data;
- review the existing regulatory environment as it relates to the marketing, promotion, sale, distribution and purchasing of pharmaceutical products online, including their importation from third countries;
- develop further research on the potential benefits in the areas of e-Health access, quality and economy;
- consider the identification of best practice guidelines, in consultation with Member States, to enhance the co-ordination of e-Health policies and programmes;
- strengthen the comparability of data on all aspects of e-Health and take a multi-sectoral approach to promoting e-Health throughout the Community;

- examine the feasibility of infrastructures which will provide user-friendly, validated and interoperable systems for health care providers, disease prevention, and health promotion and education through national and regional networks which connect citizens, practitioners and authorities;
- consider co-ordinated action to address common challenges in e-Health particularly in the development of interfaces between incompatible information technology systems;
- continue to co-operate with the relevant international and inter-governmental organisations, in particular the World Health Organisation, to ensure effective co-ordination of activities in the area of e-Health."

– ***INFLUENZA PANDEMIC PREPAREDNESS PLANNING - Council conclusions***

The Council adopted the following Conclusions:

"THE COUNCIL OF THE EUROPEAN UNION:

1. RECOGNISES that while pandemic preparedness planning remains primarily a Member State competence, there is added value in addressing this issue at a European level.
2. NOTES the importance of ensuring an effective response and a high level of operational preparedness with regard to future pandemic outbreaks.
3. RECALLS Decision No 2119/98/EC of the European Parliament and of the Council setting up a network for the epidemiological surveillance and control of communicable diseases in the Community¹⁷.
4. RECALLS the Council Conclusions of 6 May 2003 on Severe Acute Respiratory Syndrome (SARS).
5. RECALLS the discussion at the informal Ministerial dinner on avian influenza, held in Brussels on 12 February 2004 and the discussion at the Ministerial Informal Consultative Meeting held in Cork on 12 May 2004.
6. RECALLS Regulation (EC) No 851/2004 of the European Parliament and of the Council of 21 April 2004 establishing a European centre for disease prevention and control¹⁸.
7. NOTES the Commission working document of 26 March 2004 on Community Influenza Pandemic Preparedness and Response Planning¹⁹.
8. NOTES that the Health Security Committee was established as an informal cooperation and co-ordination body by the Health Ministers and the European Commissioner for Health and Consumer Protection on 28 October 2001; and that the Health Security Committee is composed of high-level accredited representatives of the Health Ministers of the Member States, and of the European Commission.

¹⁷ OJ L 268, 3.10.98, p.1.

¹⁸ OJ L 142, 30.4.2004, p.1.

¹⁹ 7975/04 SAN 58

9. NOTES that the Health Security Committee's terms of reference are to:

- exchange information on health-related threats from acts of terrorism or any deliberate release of biological or other agents with intent to harm health;
- share information and experience on preparedness and response plans and crisis management strategies;
- be able to communicate rapidly in case of health-related crises;
- advise Health Ministers and the European Commission services on preparedness and response as well as on co-ordination of emergency planning at EU level;
- share and co-ordinate health-related crisis responses by Member States and the Commission; and
- facilitate and support co-ordination and cooperation efforts and initiatives undertaken at EU level and help and contribute to their implementation at national level.

10. AGREES TO:

- request the Commission and the health ministers to extend the mandate of the Health Security Committee to cover the area of Community influenza pandemic preparedness and response planning for a temporary transitional period of one year to the end of May 2005 and then to review its mandate once the European Centre for Disease Prevention and Control has become operational in order to, inter alia, assess the desirability or otherwise of any future collective negotiation process with the pharmaceutical industry for the development and purchase of vaccines and anti-virals, taking into account the cost, storage, logistical and legal aspects of this area, with a view to potential cost savings, while fully respecting Member States' competence; and
- review the area of pandemic preparedness planning and the work of the structures involved before May 2005.

11. CALLS ON THE MEMBER STATES TO:

- keep each other informed of developments in the area of pandemic preparedness planning; and

- review, update or finalise their national pandemic plans, noting different local circumstances and the utility of evaluation.

12. CALLS ON THE MEMBER STATES AND THE COMMISSION TO:

- continue to co-operate with the relevant international and inter-governmental organisations, in particular the World Health Organisation, to ensure effective co-ordination of activities in the area of pandemic preparedness planning and response,
- facilitate technical assistance in the area of pandemic preparedness and planning at an operational and a strategic level;
- consider the establishment and improvement, as appropriate, of an effective network of reference laboratories for influenza;
- work towards promoting co-ordination and inter-operability of national pandemic influenza plans;
- facilitate regular meetings at a high level of the Health Security Committee;
- ensure that the potential role of Outbreak Assistance Teams is clarified; and
- work towards conducting a Joint Evaluation Exercise;

13. CALLS ON THE COMMISSION TO:

- ensure that the Council is fully and regularly informed of, and consulted on, the ongoing work in this area; and
- keep the role of the Network established under Decision No 2119/98/EC of the European Parliament and of the Council under review and assess the roles of the European Medicines Agency and the European Centre for Disease Prevention and Control in this area."

– ***PATIENT MOBILITY AND HEALTH CARE - Council conclusions***

The Council held a debate on the basis of the Commission's Communication: "Follow-up to the high-level reflection process on patient mobility and healthcare developments in the European Union" and further adopted the following Conclusions:

"THE COUNCIL OF THE EUROPEAN UNION:

1. TAKES NOTE OF:

- the Conclusions of the Council and of the Representatives of the Member States meeting in the Council of 19 July 2002 on patient mobility and health care developments in the European Union²⁰;
 - the report of 8 December 2003 from the high level process of reflection on patient mobility and health care developments in the European Union, which included Health Ministers and their personal representatives, as well as representatives of patients, health professionals, health insurers, and the European Parliament;
 - the Communication from the Commission of 20 April 2004 on the follow-up to the high level reflection process on patient mobility and health care developments in the European Union.
 - the Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions of 20 April 2004 on modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the "open method of co-ordination"; and
 - the Note from the Commission to the Economic Policy Committee of 16 March 2004 on controlling health care expenditures: some recent experiences with reform.
2. RECALLS Council Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community.
3. ACKNOWLEDGES the responsibilities of Member States under Article 152 of the Treaty for the organisation and delivery of health services and medical care, and at the same time NOTES the rulings of the European Court of Justice on the application of internal market rules to the issue of reimbursement of the cost of health services provided in another Member State.

²⁰ OJ C 183, 1.8.2002, p.1.

4. TAKES note of the enlargement of the European Union and the resultant increase in diversity in health care systems across an enlarged Europe and the particular issues which may arise surrounding patient and health professionals mobility.
5. EMPHASISES the wide diversity of health determinants to be found beyond the health sector and their impact on public health; and UNDERLINES that taking health into consideration in the planning and implementation of policies other than health policy is an essential part of public health and contributes to the long-term reduction of the cost of providing health and social services.
6. EMPHASISES the need for national health systems in the European Union to be guided by the principles of universality, solidarity and equity, and the need to respect the said principles when work is carried forward within the field of health care and other sectors which impact on the health care sector, and UNDERLINES the common challenges that Member States face in safeguarding these principles while maintaining the financial stability and sustainability of health care systems.
7. NOTES that the primary responsibility for health systems resides with the Member States and that the systems within each Member State are unique, reflecting historical developments, different social, economic and cultural values, and different legal systems and views on the rights and responsibilities of the individual, the family, the employer, charities and the State.
8. RECOGNISES that there are already many cases where Member States or regional or local health authorities within Member States have negotiated bilateral or multilateral agreements for provision of health care both across borders with neighbouring countries and in other countries of the European Union for their own citizens and other citizens of these Member States.
9. NOTES that, whilst both patients and professionals prefer care to be provided as close to home as possible, people are travelling more and have more information about more immediate treatment alternatives available in other Member States and NOTES that in border situations the most accessible care may be in another Member State. This new combination of opportunities may encourage people to consider treatment in another Member State.
10. RECOGNISES that rising health care costs may create challenges at the national level with regard to accessibility, quality and financing of health care delivery; and EMPHASISES that financial issues, especially reimbursement, will continue to play an important role in influencing the extent of patient mobility.

11. UNDERLINES the unique distinguishing characteristics of the health care sector and recognises that the market for health care is imperfect and increasingly complex, creating major information asymmetries between suppliers and consumers.
12. EMPHASISES that, in accessing health care abroad, patients should have access to correct and precise information about the price and costs involved in the treatment, the quality of care, and the practices that they can expect.
13. NOTES that information technology allows information about health to be far more widely disseminated than before, and, at the same time, NOTES that health is one of the most frequently searched for subjects on the internet, and that information technology allows some health services to be advertised and provided across borders.
14. NOTES that the exchange of expertise and information through health technology assessment may be enhanced through increased systematic EU-wide cooperation, in order to assist Member States to plan, deliver and monitor health services effectively and safely, based on the best available scientific evidence on the medical, social and economic implications of health technology.
15. RECOGNISES that other developments, such as those related to the internal market, social policy in general, employment and recognition of professional qualifications and diplomas, have an impact on health systems.
16. NOTES that the rulings of the European Court of Justice and the coverage of these judgements may have focused public attention on the increased possibilities of reimbursement for medical treatment abroad, and UNDERLINES that there is a need to explore how legal certainty could be improved following the European Court of Justice jurisprudence concerning the right of patients to receive reimbursement for medical treatment in another Member State. It is therefore timely for health ministers to continue to enhance cooperation in the field of health care.
17. NOTES that certain restrictions on reimbursement for medical treatment provided in other Member States may, provided that they are in accordance with the Treaty, be considered to be justified when, for example, they are necessary to ensure proper provision of balanced health services accessible to all, to ensure the financial sustainability of health systems, or to enable effective planning of services.
18. NOTES that patients have a number of rights, entitlements and expectations when accessing healthcare and that these may vary significantly between the Member States. Patients would therefore benefit from greater transparency about health care, protection of personal data, compensation, informed consent, rights and obligations of professionals with regard to patients, and obligations of patients such as providing complete and accurate information.

19. NOTES that the introduction of the European Health Insurance Card on 1 June 2004 will help to facilitate mobility within the European Union by simplifying procedures involved in accessing health care during a temporary stay in another Member State.
20. NOTES that it may be possible to share spare capacity within the framework of formal agreements to help reduce waiting times where waiting is due to capacity limits rather than budgetary constraints.
21. NOTES that the rapid introduction of new medical technology in one Member State may, while conferring clear benefits to patients, tend to increase pressure on other Member States; that growing medical specialisation, involving very costly clinical interventions, is resulting in the progressive creation of centres of reference which attract patients from all over Europe; and that European collaboration could potentially improve access to high-quality and cost-effective care, including for rare diseases.
22. NOTES that, whilst there are a wide range of issues linked to patient mobility and health care in the Internal Market, no existing forum or mechanism with a supporting legal basis has emerged at Community level as being appropriate to take forward the consideration of co-ordination and cooperation in the provision of cross-border care (cross-border care is a general term which covers both cooperation in border regions and, more generally, care received in another Member State, without any implication of proximity) and, more generally, to monitor the impact of the European Union on health systems.
23. SUPPORTS the recommendations in the report from the high level process of reflection on patient mobility and health care developments in the European Union inviting the Commission to consider the development of a permanent mechanism at the level of the European Union to support European cooperation in the field of health care and to consider the impact of the European Union on health systems and NOTES the Commission Decision of 20 April 2004 setting up a High Level Group on Health Services and Medical Care as a welcome immediate step towards taking those recommendations forward.
24. SUPPORTS the conclusion in the report from the high level process of reflection on patient mobility and health care developments in the European Union that Member States' responsibilities for health care include:
 - how the health care and social security system is financed (e.g. tax, social insurance etc.) and the overall organisation of the system including how prices are fixed;
 - setting overall priorities for health expenditure and the right of determining the scope of publicly funded care;
 - internal allocations of resources (including human resources) through central or devolved mechanisms;

- prioritisation of individuals' access to the system (if being paid for by the national scheme) with regard to clinical need;
- management strategies within set budgets, for instance the use of evidence-based medicine, with allowance for national diversity in health policies and treatment patterns; and
- issues of quality, effectiveness and efficiency of health care such as clinical guidelines.

25. INVITES THE MEMBER STATES with appropriate support from the Commission to take due account of the recommendations of the report of the high level process of reflection on patient mobility and health care developments in the European Union and, in particular, to:

- exchange information on existing bilateral and multilateral arrangements for provision of health care;
- consider existing cross-border health projects and the development of networking between these projects with a view to sharing best practice; and consider setting up framework agreements for cooperation in the health care sector;
- explore further the possibility of reaching a common understanding on patients' rights, entitlements and duties, both individual and social, at European level, starting by bringing together existing information on these issues and how they are addressed within the Member States;
- provide views on how different access routes for health care in other Member States operate in the country of origin, and the impact of these operations;
- explore further cooperation within the health care field for follow-up on exchange of information, experience and good practice;
- map European centres of reference including the organisation, designation and development of these centres and ways of fostering networking and cooperation between these in conjunction with the Commission;
- consider how exchanges of expertise and information on health technology assessment can be promoted and improved between Member States; and
- ensure access to high-quality health care for all citizens in accordance with the principles of equity and solidarity and taking due account of currently available medical competence and resources.

26. The Council states its intention to establish in accordance with existing procedures a permanent mechanism which operates at a high level, reports to the Council in the usual way on issues related to patient mobility and health care developments in the European Union, and assesses the impact of the European Union on health systems.
27. INVITES THE EUROPEAN COMMISSION, further to the establishment by the Commission of the High-Level Group on Health Services and Medical Care, to follow up the recommendations of the report of the high level process of reflection on patient mobility and health care developments in the European Union and, in particular, to:
- ensure that the High-Level Group on Health Services and Medical Care will work, as appropriate, in cooperation with other relevant bodies and committees, in particular the Social Protection Committee and the Economic Policy Committee;
 - consider further initiatives on patient mobility and health care developments within the European Union to provide data for informed decisions on further trans-national cooperation; and
 - ensure cooperation and co-ordination between relevant international bodies including the World Health Organisation, the Organisation for Economic Cooperation and Development and the Council of Europe.
28. INVITES THE MEMBER STATES AND THE EUROPEAN COMMISSION TO:
- take due account of the recommendations of the report of the high level process of reflection on patient mobility and health care developments in the European Union in the definition and implementation of all European policies and activities;
 - develop and reinforce systems of gathering accurate data relating to the mobility of patients and health professionals;
 - consider how to facilitate the inclusion of health, health infrastructure development and skills development as areas for funding under all the relevant existing European Union financial instruments; and
 - collect and share comparable workforce data in collaboration with the Commission and appropriate external organisations."

During the debate, a number of delegations voiced concerns with respect to the impact on the health care sector of the Commission's proposal for a Directive on services in the internal market (6174/04). It was agreed that the Presidency would bring these concerns to the attention of the responsible Council configuration.

Furthermore, over lunch, Ministers discussed the priority issues that should be covered by the High Level Group on Health Services and Medical Care; the immediate actions and projects to be undertaken regarding patient mobility; the application of the open method of coordination in the context of health care; possible ways to deal with the specificities of the health sector in relation to internal market requirements.

– ***LONG-TERM CARE***

The Council was briefed by the Commission on the public health aspects of the Communication on "Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the "open method of coordination"".

For further details, please consult the following document on the Council website: 8131/04.

– ***INTERNATIONAL HEALTH REGULATIONS***

The Council adopted revised negotiating directives for the Commission in respect of the revision of International Health Regulations (IHR) within the framework of the World Health Organisation (WHO).

It was further briefed by the Commission on the present status of negotiations with respect to the IHR revision process.

The Decision aims at reviewing the negotiating directives in the light of new information that became available in the context of the negotiations.

For further details, please consult the following document on the Council website: 8815/04.

– ***ALCOHOL AND YOUNG PEOPLE - Council conclusions***

The Council adopted the following Conclusions:

"THE COUNCIL OF THE EUROPEAN UNION

1. HAVING REGARD TO Article 152 of the Treaty, a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities.
2. RECALLS the Council Recommendation of 5 June 2001 on the drinking of alcohol by young people, in particular children and adolescents (OJ L 161 of 16.6.2001, p.38), which, inter alia, invited the Commission in cooperation with the Member States to:
 - follow-up, assess and monitor the developments and measures undertaken in the Member States and at Community level, and to ensure in this context a continuous, constructive and structured dialogue with all interested parties;
 - report on the implementation of the proposed measures, on the basis of the information provided by Member States, to consider the extent to which the proposed measures are working effectively, and to consider the need for revision or further action ; and
 - make full use of all Community policies, particularly of the programme of action in the field of public health, in order to address the matters covered in this recommendation.
3. RECALLS the Council Conclusions of 5 June 2001 on a Community strategy to reduce alcohol-related harm (OJ C 175 of 20.6.2001, p. 1) which inter alia:
 - emphasised that alcohol is one of the key health determinants in the Community;
 - expressed concern at increasing regular drinking habits as well as increasing binge drinking habits among young people in some Member States;
 - underlined the desirability of developing a comprehensive Community strategy aimed at reducing alcohol related harm; and
 - invited the Commission to put forward proposals for a comprehensive Community strategy aimed at reducing alcohol related harm which shall complement national policies and set out a timetable for the different actions.

4. NOTES that alcohol has been recognised as an important health determinant set out in the health strategy of the European Community and the Public Health Programme 2003-2008.
5. TAKES NOTE of recent studies with estimates that 55,000 young people, aged 15 to 29 years, died in the WHO Euro Region of Europe of alcohol-related causes during 1999. This constitutes an irreparable loss for societies, families and individuals and for the future of Europe.
6. UNDERLINES that the burden of alcohol related avoidable death and suffering, in particular among young people, has become a common concern and that cooperation and co-ordination at Community level is needed. This is one of the most urgent challenges facing Health Ministers at the European level.
7. RECALLS the earlier invitation to the Commission, in cooperation with Member States, to follow-up, assess and monitor the developments and measures undertaken in the Member States and at Community level related to the Council Recommendation on the drinking of alcohol by young people and to report to the Council about the implementation in the Member States in 2005.
8. SUPPORTS the Commission's ongoing work to develop a comprehensive strategy for alcohol, which would highlight the need to have a more balanced approach where more attention is given to the public health aspects in other policy areas, and REITERATES its invitation to the Commission to put forward at an early date such a strategy aimed at reducing alcohol-related harm which shall complement national policies and set out a timetable for the different actions.
9. UNDERLINES that special attention should be given to young people and alcohol within such a strategy."

– ***CHILDHOOD ASTHMA - Council conclusions***

The Council adopted the following Conclusions:

"THE COUNCIL OF THE EUROPEAN UNION

1. NOTES with concern that childhood asthma is having an increasingly serious health, social and economic impact on the European Community, that childhood respiratory illness as the most common cause of morbidity in children in industrialised countries has serious economic consequences and serious effects on the quality of life of individuals and their families, and that the WHO World Health Report 2000 identified respiratory diseases as one of the five major burdens of disease (in disability-adjusted life years).
2. RECALLS that under the United Nations Convention on the Rights of the Child children have a right to the enjoyment of the highest attainable standard of health.
3. RECALLS with concern that the joint report of the European Environmental Agency and the World Health Organisation's regional office for Europe "Children's health and environment: a review of evidence"²¹ highlights a significant increase in childhood asthma in "western affluent" countries over the last few decades, with a trend ranging from only a slight increase up to a three-fold increase.
4. RECALLS that there are a number of relevant Community programmes, such as those in the fields of public health, environment and research, which could have a positive impact on reducing the occurrence of childhood asthma.
5. WELCOMES the Commission's Communication on a European Environment and Health Strategy which was received by the Council on 13 June 2003 and which emphasises the importance of focusing on children because investing in children's health is essential to ensure human and economic development. The ultimate objectives of the Strategy are to reduce the disease burden caused by environmental factors in the European Union, to identify and prevent health threats caused by environmental factors, and to strengthen the European Union's capacity for policy-making in this area. The first cycle of the Strategy (2004-2010) aims to establish a good understanding of the link between environmental factors and, inter alia, childhood respiratory diseases, asthma and allergies.

²¹ A joint report from the European Environment Agency, Copenhagen and the World Health Organisation, Regional Office for Europe (2002)

6. REAFFIRMS the Council Conclusions of 27 October 2003²² on a European environment and health strategy which, inter alia, welcomed the new European Environment and Health Strategy, drew attention to the influence which factors in the indoor environment can have on the prevalence of respiratory disease, asthma and allergy in children, and stressed the need for unacceptable risks such as environmental tobacco smoke to be reduced or eliminated altogether.
7. RECALLS the EU Joint Research Centre/Irish Health Presidency Workshop meeting on childhood asthma held in Cork on 23 April 2004 which:
- endorsed the envirogenomic approach to childhood asthma and called for a multidisciplinary approach in research projects simultaneously examining genetic and environmental factors;
 - recognised the appropriateness of Europe as a basis for such work taking into account the availability of diverse genetic groups;
 - emphasised that investigation of childhood asthma in the context of the envirogenomic approach should focus primarily on approaches to better prevention, diagnosis and management of asthma in children;
 - called for full regard to be taken of ethical guidelines which should be applied in carrying out such research; and
 - called for greater research to be carried out into the problem of childhood asthma, for example using the envirogenomic approach, and endorsed the selection of childhood asthma as the prototype example.
8. WELCOMES the forthcoming pan-European Ministerial Conference on Environment and Health in Budapest in June 2004 which is expected to endorse a Children's Environment and Health Action Plan for Europe (CEHAPE).
9. NOTES that childhood asthma can result from the interaction of many different factors, including indoor air quality and outdoor air pollution, building materials, building design and building maintenance, genetics, diet and other lifestyle factors, socio-economic circumstances and the quality of medical care received. The individual sufferer's response to these different factors can vary according to, for example, gender and age.

²² OJ C 268, 7.11.2003, p. 2.

10. EMPHASISES that environmental tobacco smoke, which contains more than 50 known carcinogens, and air pollution are among the major threats to respiratory health, especially early in life, and contribute to worsening asthma.
11. STRESSES that common definitions and terminology would facilitate a common European-wide understanding of childhood asthma, especially if used in clinical databases.
12. NOTES that the incidence of childhood asthma and related diseases varies from region to region within the European Community, and that a thorough examination of this variation may throw valuable light on the causes and triggers of childhood asthma.
13. CONCLUDES that action is required at both national and European level to respond fully to this growing public health challenge, while fully respecting the national and Community competencies.
14. INVITES THE COMMISSION AND MEMBER STATES TO:
 - encourage and support research into the causative factors underlying childhood asthma (including environmental stressors, and the genetics and host condition of the individual), and into the reasons for the regional variations in the incidence of childhood asthma;
 - continue to develop a common terminology and definitions for use in the analysis of childhood asthma;
 - collect and disseminate good quality data on childhood asthma;
 - encourage the exchange of best practices in relation to the prevention and management of childhood asthma support;
 - involve all relevant stakeholder groups which can contribute to the struggle against childhood asthma; and
 - ensure that the implementation of the Children's Environment and Health Action Plan for Europe (CEHAPE) to be adopted at the June 2004 pan-European Ministerial Conference on Environment and Health takes full account of the major public health challenge posed by childhood asthma.

15. INVITES THE MEMBER STATES TO:
 - adopt a multi-disciplinary approach and to address childhood asthma in their national public health policies in particular; and
 - promote awareness, in particular of the role of adults, in relation to tobacco smoke and the importance of general air quality in the everyday environments of children.
16. INVITES THE COMMISSION to ensure that childhood asthma is taken into account in all relevant Community policies."

– ***CLAIMS ON FOODS***

The Council took note of a report on the progress achieved on the examination of a draft European Parliament and Council Regulation on nutrition and health claims made on foods.

The proposed Regulation aims at introducing a Community regulatory framework on the use of claims on the labels of foods. It would allow health claims to be made for certain foodstuffs under strict conditions and following an independent scientific assessment and Community authorisation.

Community harmonisation of rules on claims would contribute to the protection of consumers and public health and remove barriers to the proper functioning of the internal market arising from the co-existence of different national legislation.

European Parliament's first reading opinion is still awaited.

For further details, please consult the following document on the Council website: 11646/03.

– ***VITAMINS AND MINERALS ADDED TO FOODS***

The Council took note of a report on the progress achieved in the examination of a draft European Parliament and Council Regulation on the addition of vitamins, minerals and other substances to foods.

The proposed Regulation aims at harmonising national rules on the addition of vitamins, minerals and other substances to food, ensuring that the products concerned will not present any risk for human health, therefore increasing the protection of European consumers. Harmonisation is further aimed at removing obstacles to intra-Community trade.

European Parliament's first reading opinion is still awaited.

For further details, please consult the following document on the Council website: 14842/03.

OTHER BUSINESS

- Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the "open method of coordination" (Commission Communication, *8131/04*)
- Developments regarding services:
 - Services of general interest (Commission white paper, *9643/04*)
 - Services in the internal market (proposal for a European Parliament and Council Directive, *6174/04*)
- Workers' protection against optical radiation (amended proposal for a European Parliament and Council Directive *9891/04*)
- Commission proposals aimed at amending Regulations creating the:
 - European Agency for Safety and Health at Work (Bilbao) (*9050/04, 9950/04*)
 - European Foundation for the Improvement of Living and Working Conditions (Dublin) (*9031/04, 9950/04*)
- Social dimension of globalisation (Commission Communication, *9824/04, 9951/04*)
- Equal treatment between men and women in employment and occupation (proposal for a European Parliament and Council Directive - recast version - *8839/04, 9952/1/04*)
- Report on gender mainstreaming in the education area (*9923/04*)
- Indicators on sexual harassment in the workplace (*9832/04 + ADD 1*)
- Lisbon Seminar on development, equality and democracy in the Community of Portuguese-Speaking Countries, 15 March 2004 (*9839/04*)

- Presidency events:
 - Bundoran Conference on Reconciling Mobility and Social Inclusion, 1-2 April 2004 (9823/04)
 - Limerick Conference on Equal Opportunities, 6-7 May 2004 (9825/04)
 - Budapest Conference on Regulation 1408/71, 7-8 May 2004 (9826/04)
 - Dublin Conference on Families, Change and Social Policy in Europe, 13-14 May 2004 (9827/04)
 - Dublin Conference on "Violence against Women - From Violation to Vindication of Human Rights", 24-25 May 2004 (9828/04)
 - Limerick Conference on "Closing the Gap - Systematic Approaches to Promoting Equality and Diversity in Europe", 27-28 May 2004 (9829/04)
 - Brussels Conference on People Experiencing Poverty, 28-29 May 2004 (9830/04)
- Sustainable health care (8131/04, 9946/04)
- European Centre for Disease Prevention and Control
- European health insurance card (9927/04)
- European health strategy
- Environment and health
- Osteoporosis (9807/04)
- Diabetes (9808/04)

OTHER ITEMS APPROVED

HEALTH

World Health Organisation Framework Convention on Tobacco Control

The Council adopted a Decision concerning the conclusion on behalf of the Community of the World Health Organisation Framework Convention on Tobacco Control (9859/04).
