Draft

Integrated Work Plan 2002 for the Public Health programmes

1. INTRODUCTION

The year 2002 will be an important phase in the development of the European Community’s Public Health strategy. It is very likely that a new Community action programme on Public Health\(^1\) will come into force during the second half of 2002 and replace the 8 existing programmes in this area.

It is therefore important that actions under the existing programmes are geared as much as possible towards the priorities of the new programme, which will last until 2008.

Accordingly, the current public health programmes of Community action will be designed as a transition to the new programme.

All actions under the current programmes in 2002 should take into account the priorities of the future programme and mention that the three strands described below are related to the action concerned.

The proposed new programme of Community action in the field of public health places special emphasis on the following three main themes:

1. Improving health information
2. Establishing a rapid response mechanism
3. Tackling health determinants through prevention and health promotion

The aims of these three strands are:

- **Strand 1**, Improving health information: developing new and improving systems of data collection, analysis and distribution to underpin policy development in relevant areas. Information would cover both health status (e.g. injuries, morbidity, mortality and smoking rates) and health systems (e.g. costs, structures and effectiveness of interventions). Stress would be put on finding effective ways of providing authoritative information to the public, health professionals and authorities about major health issues

- **Strand 2**, Establishing a rapid response mechanism: for surveillance, alert and rapid intervention covering different health problems. This would build on the network on communicable diseases and the other existing Community systems. The aim is to help

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ensure that there is early information about a potential problem e.g. TSE prion diseases and achieve a co-ordinated EU response to solving it as quickly as possible.

– **Strand 3**, Tackling health determinants through prevention and health promotion; actions would be targeted at specific topics e.g. tobacco, alcohol, nutrition, as well as groups (e.g. the socially excluded, elderly people) and settings. These would be part of an inter-sectoral approach involving measures in other policy areas (e.g. social and consumer policies, environment) and using all the relevant powers in the Treaty.

### 2. Priorities

The detailed priorities relating to the 3 strands of the new programme and the various fields of activity of the current Public Health programmes\(^2\) are further specified in the annexes of the present Integrated Work Plan.


Annexe 1

Health promotion programme

Under the Health promotion programme, the 2002 implementation priorities relate to activities foreseen under strand 3 of the new programme.

1. **Tackling lifestyle-related health determinants in certain settings**

1.1. **Workplace**

As the concept of workplace health developed by the European Network for Workplace Health Promotion (ENWHP) is generally accepted and used in Europe, it is now the right time to implement these principles of workplace health and to widely disseminate the findings of previous projects carried out by ENWHP. First approaches in implementation on enterprise, intermediary, national and European level shall be identified and analysed. Furthermore, they shall be used as examples of best practice in workplace health promotion, involving key players and stakeholders in the field.

1.2. **Health Care Settings**

The potential for health-promoting interventions by health professionals when examining or counselling patients does not appear to be fully exploited. Activities aimed at systematically integrating health promotion into health professionals daily working routines will be based on work that has already been carried out and closely involve the associations and organisations representing health professionals at European level. Attention shall be paid to include health promotion in the training of health care professionals.

1.3. **Tackling lifestyle-related health determinants for certain target groups**

1.3.1. **Children and Adolescents**

Both children and adolescents are vulnerable groups on which effective health promoting interventions can have a high impact. Therefore, specific strategies and policies for improving the health of children and young people are to be developed.

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3 Project “Health Promotion in General Practice and Community Pharmacy – a European project”, information available on the following internet site: http://www.univie.ac.at/phc/webindex.htm
1.4. Older People

The percentage of elderly people aged over 65 in Europe’s total population has been increasing steadily and will continue to do so. This raises concerns, not only in view of a likely increase in health services required, as well as possible changes to their structure and their organisation, but also with respect to the maintenance of the quality of life of an ageing population. Health promotion activities can address these concerns, both by reducing older people’s dependence on health, social and welfare services, as well as by helping older people to maintain good function, independence and social contacts. For this purpose, strategies and policies will be analysed with the objective of identifying best practice for health-promoting interventions for elderly people. Moreover, following the report, which the Commission has issued, on the prevention of osteoporosis, it is intended to analyse how the recommendations of this report have been acted upon in the Member States.

1.5. Tackling single lifestyle-related health determinants through issue-based approach

1.5.1. Mental health

The outputs of previous projects on the development of prevention and coping strategies concerning anxiety and depression shall be promoted and disseminated on a Community level to ensure that best practice is as widely followed as possible. Implementation approaches for the above-mentioned outputs are to be identified, analysed and widely disseminated with a view to committing all stakeholders in the field, including the medical, nursing and NGO communities.

1.5.2. Nutrition and physical activity

Nutrition and physical activity are important and inter-related health determinants. Concerning nutrition, work already started on the formulation of a coherent nutrition policy at Community level and on the development of dietary guidelines. Future activities will focus on:

• Dietary habits of children and adolescents (which factors influence dietary behaviour, and what are the obstacles to a healthy diet for this group?);

• Obesity (how can obesity be prevented, and what measures are effective for obese people to reduce weight?);

• The analysis of attitudes towards diet, physical activity and breastfeeding.

As regards physical activity, strategies will be developed on how to better incorporate the promotion of physical activity in future planning and

\footnote{cf also 1.6}
policy-making, e.g. in schools, workplaces, in city and building planning, and in recreational policies.

1.5.3. **Alcohol**

In order to support the Member States in the definition of alcohol policies and to contribute to the development of a structured approach at the EU level, the availability of reliable and comparable information (political, socio-economic, medical) as well as the exchange of experience (on actions and policies) needs to be further developed.

1.6. **Socio-economic health determinants**

Building on the more general work on policies and interventions to reduce socio-economic inequalities in health which has already been carried out, activities will focus on reducing inequalities in specific health determinants (such as dietary behaviour in socio-economically disadvantaged groups) and on strategies and interventions to improve the access to health care in socio-economically disadvantaged groups.

1.7. **Tackling health determinants through training**

The co-operation between Member States on the content of training courses in the fields of public health and health promotion will be further developed.
Annexe 2

Europe against Cancer programme

Under the Cancer programme, the 2002 implementation priorities relate to activities foreseen under strands 1 and 3 of the new programme:

1. IMPROVING HEALTH INFORMATION

1.1. Priority will be given to the following actions:

Support for exchanges of information and experience relating to the collection and dissemination of reliable and comparable data for cancer registers (prevalence, incidence, mortality, survival rates and age groups). Development and strengthening of a European network in co-operation with the International Agency for Research on Cancer (IARC).

Studies on risk factors for cancer, in particular cohort studies on cancer, diet and health (the European Prospective Investigation into Cancer and Nutrition (EPIC) network), and diffusion of results, particularly to concerned audiences.

Support for the mobility of the health professions (particularly trainers), between those specialised centres in Member States offering training of a high quality in order to improve theoretical and practical knowledge of cancer (in particular primary prevention, early diagnosis, mass screening, and quality assurance), where such mobility is not ensured under existing Community programmes.

Preparation of teaching materials of European interest, aimed at improving training for healthcare workers in the matter of cancer, particularly through the use of interactive computer programmes, assessment of the impact of those materials in the pilot networks. In particular, support for the development, implementation and evaluation of prevention modules intended for the health professions, and of models to assist in diagnosis and in making decisions on measures to prevent the development of the disease and risks of relapse.

Promotion of initiatives and support for European studies in order to gain a better understanding of the quality control methods for measures aimed at correct early detection of the disease and prevention of its development, risks of relapse and associated syndromes and improving the effectiveness of those methods, taking into account the psychological and social aspects, in particular the quality of life of patients, including palliative methods. The dissemination of the conclusions of the initiatives and studies, particularly in the context of European-level meeting and exchanges of experience will be an important part of the work.
2. TACKLING LIFESTYLE-RELATED HEALTH DETERMINANTS IN CERTAIN SETTINGS

2.1. In this context, priority will be given to the following actions:

Improving the dissemination and effectiveness of cancer prevention messages, in particular the recommendations of the European Code against Cancer, by supporting targeted measures (for teachers, general practitioners, etc.) and pilot projects, studies and analyses of health promotion techniques and assessments of action in this field.

Encouraging projects with a European dimension relating to the prevention of tobacco consumption.

Selection at European level and dissemination of the best methods of overcoming addiction to smoking, and evaluation of their impact as part of pilot measures to implement these methods in liaison with opinion formers and healthcare workers in the Member States.

Strengthening the co-operation with the World Health Organisation as regards the development of a Global Framework Convention on Tobacco Control (FCTC) and related support:

Implementation of studies and dissemination of their conclusions, making it possible to improve the level of knowledge of the perceptions of young people with regard to cancer, tobacco, diet and the risks associated with excessive exposure of the skin to ultraviolet radiation. Carrying out analyses with the aim of increasing the effectiveness of preventive programmes among children and young people.
Annexe 3
Prevention of AIDS and other communicable diseases programme

Under the AIDS/CD prevention programme, the 2002 implementation priorities relate to activities foreseen under strands 1, 2 and 3 of the new programme:

1. **STRAND 1: UNDER THIS STRAND COMES CHAPTER 3 OF THE AIDS/CD PROGRAMME:**

1.1. “Information, education and training”

One of the priorities in terms of prevention policy is the education of young people. Moreover, special attention will be paid to methods of reaching vulnerable youth and on gender issues in HIV/AIDS prevention.

The programme will promote the integration of HIV/AIDS preventative issues into general policies of prevention, and provide for encouragement of initiatives intended to inform and educate migrants in the Member States, taking particular account of cultural and linguistic differences. Given the importance of the epidemic in Sub-Saharan Africa, the programme will continue to support projects/networks specifically dedicated to HIV and other sexually-transmitted diseases (STDs) prevention among Sub-Saharan communities in Europe.

2. **STRAND 2: UNDER THIS STRAND COMES CHAPTER 1 OF THE AIDS/CD PROGRAMME:**

2.1. “Surveillance and control of communicable diseases”

The programme will continue to support the activities of the European Centre for the Epidemiological Monitoring of AIDS insofar as these concern HIV/AIDS and related diseases.

From a surveillance viewpoint, the effects of new treatments limit the interpretation of AIDS surveillance data and highlight the need to improve the tools used to monitor the epidemic in Europe.

The programme will support the further development of initiatives aiming at maintaining a Europe-wide surveillance network for accurate detailed monitoring of trends in HIV and AIDS. Sentinel populations (e.g. sex workers, intravenous drug users, and migrant population coming from various regions) could be surveyed to complement the surveillance information from AIDS registries. Cohort studies of exposure could be coordinated on a European level to get more detailed pictures of trends regarding HIV incidence in these populations.
The programme will encourage that HIV/AIDS surveillance and monitoring is developed in accordance with human rights and the dignity of HIV-infected individuals.

The priorities regarding surveillance and control of other communicable diseases will be determined taking account of the expert group on communicable diseases comprising representatives of the institutions responsible for surveillance in each Member State.

The programme supports the improvement of the prevention and control of communicable diseases through the implementation of Decision 2119/98/EC of the European Parliament and the Council, for the priority communicable diseases and special health issues identified in the Commission Decision 2000/96/EC.

The Commission will also consider applications to further support existing European surveillance networks or aiming at developing new European surveillance networks where they do not exist yet. This will be done in compliance with the provisions of Decision 2119/98/EC for the priority communicable diseases and special health issues identified in the Commission Decision 2000/96/EC.

Influenza Pandemics will also be a priority, especially in case of large unforeseen incidence.

3. **STRAND 3 UNDER THIS STRAND COMES CHAPTER 2 OF THE AIDS/CD PROGRAMME:**


3.1.1. *The programme will give priority to those health determinants linked to behaviours, which may cause HIV transmission, as for instance sexual behaviour.*

The primary objective of the activities carried out in this field is to assist efforts to prevent the transmission of HIV and sexually transmitted diseases among those groups of persons or circumstances, which are more at risk i.e. parental drug use, prostitution and at-risk sexual relations, etc. or who are placed in particular situations (travel, penal institutions, etc.).

As regards injecting drug users, and given the importance of this mode of transmission, particularly in certain countries in southern Europe, priority will be given to large-scale projects involving exchanges of experience in this field. Accordingly, the different impact on the AIDS epidemic caused by the use of drugs in southern and northern Europe may constitute a subject for a comparative study, as well as the evolution of behaviours in this regard and the variation in the way of using drugs.

Priority will be given to projects that concern male homosexuals and bisexuals and that meet the selection criteria.
In particular, priority will be given to actions to strengthen information, education and prevention activities aimed specifically at male homosexuals and bisexuals, especially migrant, older men, disabled and men having sex with men without considering themselves homosexual (*non-identitaires*).

Special emphasis needs to be focused on those groups of women which are facing difficult conditions (due to low economic and social condition or to ethnic and cultural barriers) and are most at risk of infection by HIV.

3.1.2. *The programme will give priority to those health determinants linked to discrimination and support, as for instance access to treatment.*

Priority will be given to projects concerning the different aspects of support for those with HIV/AIDS. In view of the possibilities offered by the existing treatments, special attention will be paid to the quality of life and the integration of HIV positive persons in the working life. In fact, new forms of discrimination may appear as the illness becomes more 'commonplace' and associations become less vigilant.

In addition, in the light of the recent and constantly evolving features and implications of treatment of the HIV infection, the programme will support initiatives seeking to encourage and increase the early detection of the HIV infection among the persons who are most at risk.

The Commission will also aim to support activities to improve the access to medicaments for disadvantaged people and their compliance.
Annexe 4
Prevention of Drug Dependence programme

Under the Drugs programme, the 2002 implementation priorities relate to activities foreseen under strands 1, 2 and 3 of the new programme:

1. **STRAND 1: TO IMPROVE HEALTH INFORMATION AND ANALYSIS**

   The intention is to put in place a comprehensive information system that will allow policy makers and the public to identify and analyse key data. This will facilitate better and more effective public health provision in the Member States.

   This priority will foster the collection, analysis and dissemination of objective, reliable and comparable data on the drug phenomenon in the EU with the support of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol.

   New means of communication (e.g. the Internet) to provide objective, reliable and accessible information on drugs and the danger associated with them will be explored.

2. **STRAND 2: TO RESPOND RAPIDLY TO HEALTH THREATS**

   The increasing movement of people into and within the Community increases the need for vigilance to avoid threats to public health. This priority will support the Member States and the Community in responding rapidly to drug-related health threats.

   This priority will foster the development of early reaction systems in relation to public health threats linked to drugs.

3. **STRAND 3: TO ADDRESS HEALTH DETERMINANTS THROUGH HEALTH PROMOTION, RISK REDUCTION AND DISEASE PREVENTION**

   The biggest potential for improved health status and reducing premature deaths in the EU is through tackling the underlying causes of ill health through effective health promotion and disease prevention measures. Following action-areas are considered of priority:

   - the establishment of a strategy for co-operation with civil society and community voluntary groups from areas most affected by the problem of drug use;

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• the support to innovative awareness raising on the dangers related to drugs and programmes on the reduction of risks and adverse consequences related to drug use;

• the development of innovative approaches to the prevention of the abuse of synthetic drugs, taking into account the specificities of synthetic drug users;

• the development and implementation of preventive actions and strategies for all age groups, particularly for children and young people;

• the implementation of a network of trainers and professionals in the health and social sector who work with drug users.
Annexe 5  
Health Monitoring programme

Under the Health monitoring programme, the 2002 implementation priorities relate to activities foreseen under strand 1 of the new programme:

1. **STRAND 1: IMPROVING HEALTH INFORMATION**

1.1. **Establishment of Community health indicators**

1.1.1. _Health status:_

   a) functioning and quality of life including self-perceived health

   b) diseases/disorders of the following fields: respiratory, neurology, gastro-enterology, nephrology and haemato-immunology

   c) sensory diseases/disorders: eyes, ears

   d) dental health

   e) health of older adults

   f) health at work

1.1.2. _Health determinants:_

   a) tobacco/smoking

   b) alcohol

1.1.3. _Health systems:_

   a) pharmaceutical products: expenditure, consumption, use

   b) prevention and screening: data sources and indicators concerning the availability and coverage of programmes such as prenatal and neonatal screening or vaccination coverage

   c) medical technical equipment

2. **DEVELOPMENT OF A COMMUNITY-WIDE NETWORK FOR SHARING HEALTH DATA**

   – Data uploading and database co-ordination

   – Interface to facilitate the transfer of data and information into the Health Information Exchange and Monitoring Systems (HIEMS)
3. ANALYSES AND REPORTING

- Health impact assessment of various policies, such as agriculture policy, transport policy, chemicals and product safety policies, fiscal policy and the internal market

- Inventory of existing networks

- Inventory of mechanisms, procedures and responsibilities within Member States regarding production, maintenance, dissemination and use of health information

- Development of comparable data and health monitoring in the Candidate Countries

- The focus of the next Community health status report will be on nutritional health status
Annexe 6

Injury prevention programme

Under the Injury prevention programme, the 2002 implementation priorities relate to activities foreseen under strand 1, 2 and 3 of the new programme. Their main aim is to collect data (Section 1: Data Collection Projects) and to undertake epidemiological investigations (Section 2: Epidemiological Projects):

1. STRAND 1: IMPROVING HEALTH INFORMATION

1.1. (Section 1: Data Collection Projects)

- Collection in all Member States of representative and comparable data on home and leisure time injuries, their causes and event circumstances as well as on products involved. The collecting will be done according to agreed procedures, data structures and a coding manual.

- Uploading the collected data to make it available to policy makers, experts and researchers through the European Union Public Health Information Network (EUPHIN).

1.2. (Section 2: Epidemiological Projects)

- Finalisation of the comparable indicators for home and leisure injuries and intentional injuries in close connection with the development of common core indicators for injury prevention in Member States (e.g. related to research investments, enforcement capacity and educational efforts).

- Improving the use and comparability of statistics on causes of death due to injury in the European Union.

- Creating links to relevant information sources on injuries from areas, such as consumer protection (product safety), the Eurostat, safety at work and transport, as well examining their comparability and compatibility with the existing Home and Leisure Accidents (HLA) data.

- Surveys on how to adjust the core injury indicators to make them more comparable throughout the Community.


- Support to the Injury Prevention Network to link its current actions to the new Action Programme on Public Health.
2. **STRAND 2: ESTABLISHING A RAPID RESPONSE MECHANISM**

2.1. *(Section 2: Epidemiological Projects)*

- Establishment of a team including enforcement authorities, producers and products retailers to review and analyse data on and trends in product safety in order to define required hazard prevention and emergency measures.

3. **STRAND 3: TACKLING HEALTH DETERMINANTS THROUGH PREVENTION AND HEALTH PROMOTION**

3.1. *(Section 2: Epidemiological Projects)*

- Analyses on the relation of injury prevention policies and actions to the outcome in the Member States based on scorecards. This monitoring and benchmarking of efforts in injury prevention helps to define best practice.
Annexe 7

Rare diseases programme

Under the Rare Diseases programme, the 2002 implementation priorities relate to activities foreseen under strand 1 and 2 of the new programme:

1. **STRAND 1: UNDER THIS STRAND COME ACTION 1, 2 AND 3 OF THE RARE DISEASES PROGRAMME:**

1.1. **Action 1 : “European information network on rare diseases”**

Priority will be given to projects based on existing databases and using Internet technologies and should as far as possible address rare diseases in general or important groups of rare diseases (such as genetic diseases) that benefit patients, parents and experts’ knowledge such as:

- Development of user-friendly and reliable public information systems supporting existing solutions.
- Development of expert systems for exchange of information and knowledge.
- Solutions for harmonisation and management of public and expert systems.

According to Regulation (EC) No 45/2001⁵, the principles of data protection should apply to any information concerning an identified or identifiable person. In a first phase priority will be given to projects and systems that do not contain such information.

Information systems’ content will be promoted in accordance with the entries list in the annex to the programme of Community action on Rare Diseases. They should comprise:

- disease name, synonyms, a general description of the disorder, symptoms, causes, epidemiological data, preventive measures, standard treatments, clinical trials, diagnostic laboratories and specialised consultations, research programmes and a list of sources that can be contacted for further information about the condition.

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⁵ OJ L8 of 12/01/2001, p. 1 “Regulation of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and of the free movement of such data.
The information in the databases will have to be validated and constantly brought up-to-date. The beneficiary of the grant must arrange such validation with the assistance of scientific-health experts. The information should be consistent with the general criteria developed to assess the quality of health information on the Internet.

1.2. **Action 2: “Training on rare diseases”**

Priority will be given to projects organising training and refresher courses for professionals aimed at improving early detection, recognition, intervention and prevention in the field of rare diseases. These courses should as far as possible address rare diseases in general, important groups of rare diseases (such as genetic diseases) or at least a considerable number of them.

1.3. **Action 3: “Transnational collaboration on rare diseases”**.

Priority will be given to projects of transnational collaboration and networking promoted by “umbrella organisations” (organisations pooling together and/or representing other organisations). These organisations should as far as possible cover rare diseases in general, important groups of rare diseases (such as genetic diseases) or at least a considerable number of them.

2. **STRAND 2: UNDER THIS STRAND COMES ACTION 4 OF THE RARE DISEASES PROGRAMME:**

2.1. **“Monitoring, surveillance, early warning for clusters of rare diseases”**

According to the nature of rare diseases, information and knowledge is fragmented. Priority will be given to the development of systems that improve the systematic collection, analysis and dissemination of knowledge on rare diseases. Furthermore, priority will be given to projects concerning early warning and rapid response to rare diseases clusters. Development of expert systems should take into special account the principles of data protection and entries list, cf. 1.1.
Annexe 8
Pollution related diseases programme

Under the Pollution related diseases programme, the 2002 implementation priorities relate to activities foreseen under strands 1, 2 and 3 of the new programme:

1. STRAND 1:

1.1. To improve health information and analysis

Through actions of the programme to improve information on pollution-related diseases in order to contribute towards a better understanding of the role of pollution in the causation and aggravation of diseases in the Community in the priority areas covered by the Programme. Applicants should aim to develop information systems, networks and other mechanisms to describe, understand and estimate the relationship between pollution and major health end points to allow policy makers to draw priorities by:

- using the existing databases related to pollution diseases and exposures, and promoting their linkage (e.g. on the toxicology of pollutants);
- using a common methodology to collect data on these diseases or ensuring comparability between data bases;
- encouraging development of networks collecting relevant data;
- collating and processing information on a Community-wide scale (e.g. by comparing the prevalence and/or incidence of such diseases with data on environmental factors in the different part of the Community).

Collaboration with international and national organisations is encouraged in the context of the activities covered by this area. Actions, methods and procedures agreed under the Community Statistical Programme will be taken into account.

2. STRAND 2:

2.1. To respond rapidly to health threats:

Through actions of the programme to improve knowledge and understanding of the management of pollution-related diseases and thus of the health risks posed by these diseases. The projects will:

- Support and develop the exchange of information between the public, the media, scientists, national and international bodies and health professionals and other interested parties;
• Develop common methodologies for studying the management of pollution-related diseases.

3. **STRAND 3:**

3.1. **To address health determinants through health promotion risk reduction and disease prevention supporting**

- Actions to assess the cost/benefit ratio for public health activities to prevent, control and address pollution-related diseases;

- Actions to clarify/study the public perceptions of pollution-related risks to health throughout the Community and of the impact of the various policies on pollution and health.

**In particular, the 2002 implementation will put the accent on:**

a) Networking activities,

b) Development and efficient use of health information systems,

c) Approaches which aim at harmonised or calibrated methodologies,

d) Interdisciplinary co-operation including social sciences,

e) Approaches, which include results dissemination of existing projects of the programme, pooling together the relevant knowledge and preparing future Community actions in the field of health and environment (e.g. indoor air quality, housing conditions, asthma and allergies prevention).