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HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL  
Directorate C - Public Health and Risk Assessment  
**C2 - Health information**

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## **XI ANNUAL EUPHA MEETING 20 – 22 NOVEMBER 2003 - ROMA**

### **HEALTH INFORMATION AND PUBLIC HEALTH PROGRAMMES AT THE EUROPEAN COMMISSION**

**Speech by Dr. Frederic SICARD** – Health and Consumer Protection  
Directorate General / Directorate C – Public Health and Risk Assessment /  
Unit C2 : Health Information, Luxembourg

Mr. Chairman,

Ladies and gentlemen,

It gives me great pleasure this evening to speak on behalf of the European Commission regarding the issue of Health information and public health programmes. I welcome the occasion of this Conference to review the activities of the European Commission related to this topic.

### **LEGAL BACKGROUND**

Firstly, I would like to outline the legal background to the activities of the European Community in the public health field. The intervention of the Community in the field of public health finds its' origins in the provisions of Article 152<sup>1</sup> of the Treaty, which provides that Community action, which

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<sup>1</sup> 1957 Rome (Art. 36 & 100)  
1986 Single Act (Art. 100A & 118 A)  
1993 Maastricht Treaty (Art. 3 & 129)  
1996 Amsterdam Treaty (Art. 152)

shall complement National Policies, shall be directed towards improving public health, preventing human illnesses and diseases and obviating sources of danger to human health. Such action is intended to cover the major health sources, by promoting research into their causes, their transmission, and their prevention as well as health information and education.

### **THE DEVELOPMENT OF PUBLIC HEALTH PROGRAMMES**

This Article 152 also stipulates that “Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes” in the areas concerned.

In accordance with this Article, the Commission submitted a proposal to the European Parliament and the Council concerning the adoption of eight public health programmes on cancer, rare diseases, communicable diseases, pollution-related diseases, drug dependence, injuries, health promotion and health monitoring.

These eight programmes came to an end in December 2002 and a new Community public health programme came into effect with a six year life span. This new programme has three main axes, namely Health Information, Health Threats, and Health Determinants.

### **THE HEALTH MONITORING PROGRAMME**

The former Community action programme on health monitoring was adopted in June 1997 and came to an end five-and-a-half year later on 31 December 2002. It was based on a resolution of May 1993 in which the Council noted that it was essential to improve the gathering, analysis and dissemination of health-related data as well as the quality and comparability of the information available. That same year, the European Parliament decided that a sufficient amount of reliable information needed to be made available so that the Community could take the action required.

The total budget allocated to this programme was 18,2 million euros.

The programme on health monitoring had three specific objectives:

- firstly, and most importantly, to establish comparable Community health indicators by undertaking a critical review of existing health data and indicators and by developing appropriate methods for the collection of the progressively comparable health data needed to establish these indicators;
- secondly, to develop a reliable system for the transfer and sharing of

health data and indicators, essentially by means of the telematic interchange of data;

- thirdly, to identify the methods and tools required for conducting analyses and producing reports on state of health, trends and determinants, and the impact of health-related policies.

Other former Community programmes have also played a part in the work to gather information on public health. These include the former programmes on injuries, rare diseases, cancer and pollution-related diseases.

In October 2002, the Commission presented an interim report on the implementation of the health monitoring programme. It was drawn up with the help of, among others, an independent external evaluator. According to the report's conclusions on the progress of the programme at the half-way point, 60% of the programme's objectives had been achieved through the implementation of projects to which financial assistance was awarded. Most of the projects funded in this way concerned the collection of data and the definition of indicators.

A final evaluation of the 8 former programmes, including the health monitoring programme, is presently on going and also runned by an independent external evaluator.

The creation of a Community network for sharing information on health was not financed under the monitoring programme but under the IDA programme to the tune of some 700.000 € per year (the IDA programme involves the telematic exchange of data between administrative bodies). This considerably reduced the burden on the meagre resources available to the public health authorities for health monitoring.

A smaller part of the budget for the programme was also used for analyses and reports on health in the European Union.

As regards the results of the various projects financed under the health monitoring programme, all the projects final reports and other outcomes relating to them can be consulted freely on the Commission's website Europa ([http://europa.eu.int/comm/index\\_en.htm](http://europa.eu.int/comm/index_en.htm), then follow the links: public health — programme 2003-2008 — previous programmes — health monitoring — projects). As far as the present topic is concerned, I would like simply to mention the numerous key projects from the Health Monitoring Programme presented during the various workshops of this Conference:

- (1) Policy Health Impact Assessment for the European Union, coordinated by Alex Scott-Samuel from the Department of Public

Health of the University of Liverpool, UK

- (2) Health Indicators in the Europe's Regions (the ISARE project, phases 1 and 2), coordinated by André OCHOA from the FNORS (National Federation of Regional Health Observatories), France
- (3) European Community Health Indicators (the ECHI project, phases 1 and 2), coordinated by Pieter KRAMERS from the National Institute of Public Health and Environment (RIVM), Netherlands and I will come back on this key and umbrella project later on.
- (4) Cardiovascular Indicators surveillance set in Europe (the EUROCISS project, phase 1), coordinated by Simona GIAMPAOLI, from the Istituto Superiore di Sanità, Italy.
- (5) Monitoring expenditure and utilisation of pharmaceutical products in the European Union : a public approach (the EUROMEDSTAT project), coordinated by Pietro FOLINO-GALLO, from the Istituto Ricerche Popolazione, Italy.
- (6) Status of health monitoring for adults with intellectual disability in the Member States (the POMONA project), coordinated by Patricia NOONAN-WALSH, from the National University of Ireland.
- (7) Environment and health indicators for European Union Countries, coordinated by Michael KRZYZANOWSKI from WHO-European centre for environment and health, Germany.
- (8) Health Interview and Examination Surveys in the European Union : evaluation and models (the HIS / HES project, phases 1 and 2), coordinated by Arpo AROMAA, from the National Institute of Public Health (KTL), Finland.
- (9) Health Indicators for monitoring Cancer in Europe (the EUROCHIP project, phase 1), coordinated by Andrea MICHELI, from the Istituto Nazionale per lo studio e la cura dei tumori, Italy.
- (10) European Health Promotion indicators development (the EUPHIN project), coordinated by John DAVIES from the University of Brighton, UK.
- (11) Health Information from Primary Care (phase 2), coordinated by François SCHELLEVIS, from the Netherlands Institute for Health Services Research (NIVEL), Netherlands

## **THE NEW PUBLIC HEALTH PROGRAMME**

The former 8 programmes for 1997-2002 were replaced on 1 January 2003 by a new Community health programme which deliberately adopts a more "integrated" and "inter-disciplinary" approach than its predecessors. The new programme runs for six years and has an annual budget of around 52 million Euros, of which 15 million Euros are earmarked for information and knowledge about health.

As already mentioned, the new programme has three general objectives:

- (1) to improve information and knowledge with a view to promoting public health,
- (2) to strengthen the ability to respond rapidly and coherently to health threats,
- (3) to promote health and prevent diseases by taking account of health determinants in all Community policies and activities.

### **THE FIRST STRAND OF THE NEW PUBLIC HEALTH PROGRAMME : HEALTH INFORMATION**

The part of the new programme dealing with health information is clearly linked to your Conference, and I will now indicate the scope of the Commission' interventions.

Firstly, we have reinforced the involvement and commitment of the Member States in the health information field by creating a Network of Competent Authorities which will meet twice yearly to advise the Commission on the health information initiatives to be taken. The first meeting of the Network of Competent Authorities took place in Luxembourg on 10 July 2003. Secondly, we have regrouped all former existing and future project leaders into 7 Working Parties in order to ensure continuity and coherency. These include Working Parties on accidents and injuries, mortality and morbidity, mental health, lifestyles and other health determinants, health systems, health and environment, plus a specific "umbrella" Working Party dedicated to Health Indicators. The idea is that these working parties will progress work on developing indicators and facilitating the making available of data and information on the areas under their responsibility.

Secondly, building on work already accomplished in the health monitoring programme, a complete list of Community health indicators is in an advanced stage of preparation involving separate working groups on the

definition of each indicator. In addition, together with the Member States and EUROSTAT, a process has been put in place to establish a short list of Community health indicators which will, it is hoped, provide a birds eye view of health status. This process is conducted by this project named ECHI 2 (European Community Health Indicators – phase 2) which I have already mentioned and coordinated by Pieter KRAMERS from RIVM, NL, in close cooperation with SANCO services.

We have also put in place a regular series of health reports on different subjects, such as nutrition, alcohol or injuries. Each year, a series of topics will be selected, drawing elements from the indicators data and from the results of other Community level projects.

Another element which I would like to highlight is the development of a Community health portal. I can say that for several years now, we have been investing in the creation of a data sharing tool and rapid alert system called the European public health information network or EUPHIN. This is not well known outside administrations because several parts of the system contain individual level data, and access is consequently restricted. Also, rapid alerts on communicable diseases are by their nature not intended for public diffusion.

However, we are currently examining how parts of the EUPHIN system could be opened to a wider audience with more restricted information being reserved to authorised users.

On the basis of the experience with EUPHIN and with the Commissions' web site Europa, we are in the final stages of planning for the launch of a new development called the EU public health portal. This will contain several new elements focusing on making information available to a wider audience and providing a comprehensive selection of data and information.

For instance, one of the parallel session of this Conference is on informing the patients which is one aspect which could find its place on the EU health portal by providing information on specific disease networks, patient groups, national resources or centres of excellence and details of projects underway.

I would stress that informing the patient is the *last* stage of the process. We would envisage the information chain beginning much earlier with information on prevention, education and promotion towards citizens or specific target groups. Then, provision of comparable and reliable data and information to policy makers at the national and regional levels is something we also need to achieve.

We are working closely with EUROSTAT to make sure that the health indicators which we have defined are matched with data.

Then, we need to address the information needs of specialised groups such as NGO's, health professionals and researchers. In a multicultural and multilingual Europe, this information provision must take account of accessibility. In other words, we have to strive to provide information in a way that citizens can use it.

A final aspect of the new health information strand of the public health programme which I would like to mention concerns e-health. Last May, during the Greek Presidency of the Council of Ministers, we organised a Ministerial Conference on this subject.

We are now planning a follow-up Conference with the forthcoming Irish Presidency of the Council which plans an event in Cork in May 2004. The importance of using e-health tools to support patients and carers cannot be underestimated. For example, the development in some Member States of integrated prescription and drug delivery systems from the prescribing doctor directly to the pharmacy, and then on directly to the paying agency makes administration much simpler, considerably reduces prescribing errors and of course facilitates life greatly for patients.

Another area of development which is much more difficult to advance concerns electronic patient records. The recent series of decisions of the European Court on the rights of patients to seek treatment abroad mean that there is now a growing demand for cross-border provision of records. In addition some health administrations have organised care for their clients in other Member States, leading to the demand for better tools for exchanging data in a confidential and reliable way. This matter was examined in a recent report of the Commissions' High Level Committee on public health.

Finally, I should mention the Commission work on health related Internet sites. There has been a Commission communication on this subject and we are currently supporting a project which aims to develop seals of approval for health websites which would provide some assurances about the reliability of the contents.

When talking here about patient empowerment and patient information, we can recall that the World Wide Web is the fastest growing vector for health information but without any assurance of peer review or reliability as with the traditional forms of publication. The most recent data we have on the citizens' use of the Internet for seeking health information is contained in a

Eurobarometer report dating from March 2003<sup>2</sup>. Although 41% of those questioned thought that the Internet is a good source of health information, it is still only used as a main source of information by 3.5% of the population compared to 45% getting information from health professionals, 20% from TV and 8% from books or encyclopaedia followed closely by newspapers. Huge regional disparities exist, as well as major new challenges in relation to enlargement.

Thank you again for your attention, and congratulations on this launch initiative which has given some welcome focus on health information relating to the European Commission activities and projects.

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<sup>2</sup> European Union citizens and sources of information about health, European Commission Luxembourg March 2003.