Community action in the field of public health

(2003-2008)

Work plan 2005

1. GENERAL CONTEXT

1.1. Policy and legal context

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

The public health programme is a key instrument underpinning the development of the Community's health strategy. Good health is key to economic growth and sustainable development. Article 152, § 1, of the Treaty states that a high level of human health protection should be ensured in the definition and implementation of all Community policies. In Article 2.3, the Programme Decision lays out that the programme shall contribute to the promotion of an integrated and inter-sectoral strategy. One key element is to develop links with relevant Community programmes and actions and with national and regional initiatives, in order to promote synergy and avoid overlaps. These actions should take into account the reflection process for a new European health strategy, launched on 15 July 2004[2].

The principal aim in the first two years of the programme consisted of laying down the foundations for a comprehensive and coherent approach, by concentrating on three key priorities: health information, health threats, and health determinants. Together, the three strands endeavoured to contribute to a high level of physical and mental health and well-being throughout the EU. Actions under the programme were designed to create self-sustainable mechanisms which enable the Member States to coordinate their health-related activities.

As a result, more than 130 projects have already been selected for financing[3]. They constitute a solid basis on which further actions can be elaborated. The analysis of the implementation of the 2003 and 2004 work plans has led to a streamlining of activities in 2005 to ensure coverage of areas which have not been dealt with previously. Even if the number of specific actions covered by the work programme is not reduced compared to the previous work programmes, this document details the specific activities to be covered in 2005.

Synergy and complementarity will be pursued with the work undertaken by the relevant international organisations working in the health field, such as the World Health Organisation

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1 Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008). OJ No L 271, 09.10.2002

2 *Enabling good health for all – A reflection process for a new EU health strategy http://europa.eu.int/comm/health/ph_overview/strategy/reflection_process_en.htm*

3 See http://europa.eu.int/comm/health/index_en.html

(WHO), the Council of Europe and the Organisation for Economic Co-operation and Development (OECD). Co-operation with them will be further strengthened in implementing the activities of the programme.

Cooperation with WHO

A document setting out on the joint EU-WHO priorities for enhanced cooperation will be jointly developed and formally agreed upon in 2005[4]. It should govern all contribution-specific agreements between the European Commission and the WHO and allow for cooperation in the form of direct grant agreements in the areas covered by the Public Health Programme.

Cooperation with the WHO will be implemented in accordance with:

- "Agreement between the United Nations and the European Community on the principles applying to the financing or co-financing by the Community of programmes and projects administered by the United Nations" which entered into force on 9 August 1999, and the Verification Clause Agreement between the European Community and the United Nations which entered into force on 1 January 1995, as amended;

- the exchange of letters between the WHO and the European Commission concerning the consolidation and intensification of cooperation (including the memorandum concerning the framework and arrangements for cooperation between the WHO and the European Commission forming part of the exchange of letters)[5].

Financial assistance by the European Commission to activities undertaken by the WHO shall, unless otherwise agreed in exceptional circumstances, be provided in accordance with the Financial and Administrative Framework Agreement between the European Community and the United Nations, which entered into force on April 29th 2003 (adhered by WHO on 11th December 2003).

As set out in the letters and memorandum, the areas of cooperation between the Commission and the WHO include:

- Generating, collecting, processing and disseminating authoritative information and data for use by national administrations, professionals and other parties with an interest in the field of health, while respecting data protection requirements, in order to provide a sound basis for the monitoring of health and health determinants, the design of effective policies and measures, the undertaking and evaluation of implementing activities, and the timely introduction of corrective action;

- Developing methodologies and tools for health monitoring and disease surveillance, analysing and targeting for action specific health and health-related problems, assessing and prioritising health interventions, and aiding health system development;

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4 Conclusions of the Fourth High Level Meeting between the European Commission and the WHO of 2 July 2004

5 Exchange of letters between the World Health Organisation and the Commission of the European Communities concerning the consolidation and intensification of cooperation - Memorandum concerning the framework and arrangements for cooperation between the World Health Organisation and the Commission of the European Communities, O.J. No C 1, 4.1.2001
See http://europa.eu.int/comm/health/ph_international/int_organisations/who_en.htm

- Strengthening communicable disease surveillance and improving responses;

- Exchanging information and sharing experience on the evaluation of health effects of agents in the environment and on the setting and scientific and technical review of health and health-related criteria and guidelines aiming at a high-level of health protection in order to strengthen and maintain health risk reduction policies;

- Promoting health related research and technological development, taking stock of its results, and developing advice on applications in the health and health-related fields;

- Mobilising and coordinating where appropriate resources for health interventions in collaboration with recognised actors in this field and cooperating in emergencies such as those resulting from natural catastrophes;

- Seconding staff for the purpose of mutual information and provision of expertise.

Cooperation with OECD

Direct grant agreements concluded by the European Commission with the OECD are foreseen to cover areas of the Public Health Programme such as:

- Performance assessment of health care institutions to assess and compare quality strategies (Health Care Quality Indicators);

- Economics and health, and cost-effectiveness of prevention;;

- Issues related to the mobility of health professionals;

- Support for the System of Health Accounts in areas not covered by the EU Statistical programme[6], in particular for support users groups.

1.2. Allocation of resources

Actions under this programme must contribute to a high level of health protection and improve public health. Funding can be sought through project grants and public contracts (tenders). This work plan gives an overview of the actions to be launched in 2005.

The budget line for the operational credits is 17 03 01 01 - Public health (2003 to 2008).

The budget line for the administrative credits is 17 01 04 02 – Public health (2003 to 2008) – Expenditure on administrative management.

The financial envelope of the programme for the period 2003-2008 is € 353.77 million. The budget available for 2005 (commitments) is estimated at € 58,900,000[7]. To this budget, should be added:

- the contribution of EEA/EFTA countries: estimated at € 1,242,790[7];

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6 Decision No 2367/2002/EC of the European Parliament and of the Council of 16 December 2002 on the Community statistical programme 2003 to 2007. O.J. No L 358 , 31.12.2002

7 Indicative amount, subject to approval of the Budget Authority

- the contribution of 3 Candidate Countries (Bulgaria, Romania, Turkey): estimated at € 1,317,621[8];

The global budget for 2005 is therefore estimated at € 61,460,411[7 8].

This includes both resources for the operational budget (grants and calls for tenders), and resources for technical and administrative assistance.

This includes the budget earmarked for the Executive Agency for Public Health to be created (budget line No 17 01 04 30). This does not include the budget earmarked for the European Centre for Disease Prevention and Control[9] (€ 3,291,000 for the budget line No 17 03 03 01 and € 1,462,000 for the budget line No 17 03 03 02).

The total for the operational budget is estimated at € 53,685,051[7 8].

The total for the administrative budget is estimated at € 7,775,360[7 8].

As far as the allocation of resources is concerned, a balance between the programme's different priority areas will be maintained, so that the financial envelope will be split equally[10].

Grants

The indicative global amount for grants would be estimated at € 48,316,546[7 8].

One call for proposals "Public Health – 2005" will be published in the Official Journal in December 2004, as an indicative date. The general principles and criteria for the selection and funding of actions under the "Public Health" programme are set out in a separate document.

All the actions referred to in this Work plan 2005 are eligible for grants.

Applicants have three months to submit proposals from the date of publication of the call for proposals in the Official Journal. It is estimated that after this deadline a further five months will be necessary to undertake all the procedures leading to the Decision on financial assistance.

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8 Indicative amount: this figure is a maximum amount and depends on the actual amount of the contribution paid by the Candidate Countries.

9 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 control, O.J. No L 142, 30.4.2004

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

Given the complementary and motivational nature of Community grants, at least 40% of the project costs must be funded by other sources. Consequently, the amount of the financial contribution under this programme can, in principle, be up to 60% of the eligible costs for the projects considered. The Commission will determine in each individual case the maximum percentage to be awarded.

Exceptionally, however, a maximum co-financing of 80% of eligible costs could be envisaged where a project has a significant European added value and also involves the new Member States and Candidate Countries in a substantial manner. No more than 10% of the funded projects (in terms of number) should receive a co-financing over 60%.

The running period of any projects to be co-funded, should normally not exceed a maximum of three years.

No more than 10% of the budget earmarked for grants may be spent through direct grant agreements with international organisations (WHO, OECD, etc.). As a consequence, the amount shall not exceed € 4,831,655[7] [8]. Direct grant agreements will improve the synergies and the reaction ability between the European Commission and international organisations for some Public Health actions jointly covered. These organisations have certain capacities linked to their specific missions and responsibilities, which make them particularly qualified to carry out some of the actions to fulfil the aims set out in this Work Programme and for which direct grant agreements are considered as the most appropriate procedure.

Calls for tenders

It is proposed to spend less than 10% of the operational budget on calls for tenders. The indicative global amount for the call for tenders would be up to € 5,368,505[7] [8].

Specific calls for tenders will be published which refer to specific section(s) of the work plan.

A sub-delegation shall be given to the Directorate-General Eurostat for the provision of data regarding resources and activities of health systems for a maximum amount of € 500,000.

2. PRIORITY AREAS FOR 2005

For the sake of clarity, the actions are grouped in sections corresponding to the priority areas referred to in section 1.2.: Health Information, Health Threats and Health Determinants. Each action refers to the corresponding Article/Annex of the Programme Decision.

The key priorities and areas for action have been identified taking into account the need for supporting Member States' actions and enhanced co-operation in the EU context, legal obligations and their implementation, major concerns that have been identified by the European Council, the Council and the Parliament.

Synergies are to be ensured with the 6th Framework Programme of the European Community for Research[11] and its activities. All proposals shall demonstrate, where relevant, that synergies can be developed with relevant research funded activities, in particular for the area of scientific support to policies. The 6th Framework Programme of the European Community for RTD provides for scientific support to Community policies. This specific research is intended to provide support to policies that are targeted precisely on needs "demand-driven", coherent across the various Community policy areas and sensitive to changing policies. Priority tasks have been developed in close collaboration with Commission services including DG SANCO. The tasks with relevance to public health can be found in the Specific Programme for research, technological development and demonstration "Integrating and Strengthening the European Research Area (2002-2006)[12]" under "Policy-oriented research", strands 1 "Sustainable management of Europe's natural resources" and 2 "Providing health, security and opportunity to the people of Europe". Furthermore there is likely to be synergies obtaining from existing projects/proposals under negotiation for the Priority 1, *Life Sciences, genomics & Biotechnology for health*;[13] Priority 5, *Food Safety* and Priority 6, *Sustainable Development, Global Changes & Ecosystems*.

2.1. Health Information

The Public Health Programme aims to produce comparable information on health and health-related behaviour of the population. This will be based on European-wide common agreed health indicators established according to results of projects under the 2003 and 2004 Work Plans as well as on ongoing projects from the former programme of Community action on Health Monitoring. Regular reports of a general or specific nature will use the data and information generated.

The statistical element of health information will be developed, in collaboration with Member States, using as necessary the Community Statistical Programme[14] to promote synergy and avoid duplication.

Work health information will be developed taking into account the Community strategy on health and safety at work 2002-2006[15], and in collaboration with the Risk Observatory of the European Agency for Safety and Health at Work to avoid duplication and promote synergy.

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11 Decision No 1513/2002/EC of the European Parliament and of the Council of 27 June 2002, O.J. No°L 232, 29.8.2002

12 Council Decision of 30 September 2002 adopting a specific programme for research, technological development and demonstration "'Integrating and Strengthening the European Research Area" (2002-2006), OJ No L 294 of 29.10.2002

13 The CORDIS web site links to the FP6 Priority 1 is http://www.cordis.lu/lifescihealth/home.html

14 Decision No 2367/2002/EC of the European Parliament and of the Council of 16 December 2002 on the Community statistical programme 2003 to 2007. OJ No L 358 , 31.12.2002

15 Communication from the Commission COM(2002)118 final – Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006

2.1.1. Developing and co-ordinating the health information and knowledge system (Article 3.2.d., Annex – points 1.1., 1.3.)

This action aims at developing the necessary co-ordinating and advisory structures, tackling enlargement issues and contributing to the overall planning process for implementing the health information and knowledge system. Capacity building will be given attention. Co-operation with international organisations, such as WHO and OECD, will be implemented at practical level, with a view to simplifying data provision.

The elements that need to be implemented, in close collaboration with EUROSTAT, are:

- Putting into operation by means of a presentation tool of the European Community Health Indicators (the "ECHI short list")' with collection of related data; Implementing the ECHI system at national level as a public database using a public web application. See http://europa.eu.int/comm/health/ph_information/indicators/indic_data_en.htm.

- Improving operational definitions of existing indicators in the "ECHI short list", when necessary.

- Developing the technical scientific work on EU health indicators in the areas not yet covered.

- Projects focused on specific data sources aimed at developing the methodological and technical bases for moving to routine data collection from these sources.

2.1.2. Operating the health information and knowledge system (Article 3.2.d., Annex – points 1.1., 1.4.)

Operate the System (accessible to European experts and the public) as well as the components of the advisory structures (Working Parties and Task Forces)[16].

Social inequalities, gender mainstreaming and age related aspects will be integrated in the tasks of each working party.

Focus will be on continuing to develop information in the areas covered by these Working Parties and on developing an EU Public Health Portal accessible to the public.

2.1.3. Develop mechanisms for reporting and analysis of health issues and producing public health reports (Article 3.2.d., Annex – points 1.3., 1.4.)

To guarantee the necessary quality and comparability of information, priority related to the improvement of health reporting mechanisms will be given to:

- Proposals to draft comprehensive reports and analysis on topics of public health interest, in particular a new EU "Health Status Report" can be supported. Proposals for in-depth analyses of Causes of Death (COD) statistics shall be supported, such as detailed analyses of data in order to gain new insights into mortality patterns and to monitor changes across the EU.

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16 See http://europa.eu.int/comm/health/ph_information/documents/ev20040705_rd10_en.pdf.

- Develop the European Health Survey System, in close cooperation with the Community Statistical Programme. Implement and develop survey modules to collect the necessary data for the European Community Health Indicators (ECHI). The European Health Survey System is composed of a Core Health Interview Survey, managed under the Community Statistical Programme and European Special Health Interview modules, managed under the Public Health Programme. A pilot survey to test some of the priority special question modules will be implemented. A feasibility study for a European Health Examination Survey will be also a priority. Relevant reports based on this data should be supported (once the proposal(s) is (are) awarded).

- Initiatives adapting data from existing ad-hoc data collections and registers into routine data collection with a view to producing regular time series for European Community Health Indicators (ECHI).

- The system of inventories of sources of health information (which includes at present inventories of health surveys, communicable diseases sources, morbidity registers, organisation of health systems, etc.) needs to be maintained, updated and enlarged with a medium-term intention to implement on a routine basis in cooperation with the Community Statistical Programme.

- Support shall be given to develop a scheme to use and apply IT tools in the collection of injury data in hospitals which allow a direct coding and processing of the data for the Injury Database, with a view to facilitating the interviews and input in the database and to reducing costs for collecting and processing of the data, including the ten new Member States in the system. Relevant reports based on this data should be supported (once the proposal(s) is (are) awarded).

- Improve cooperation with the European Environment Agency[17] and develop joint actions to improve collection and diffusion of environmental health information, and particularly focusing on implementation of the European Environment and Health Action Plan 2004-2010[18]. This will be carried out by increasing coordination of work between the Environment and Health Working Party of the Public Health Programme and the Agency.

- Make operational, analyse and report on environmental health indicators according to the ECHI strategy and improve availability of data in collaboration with EUROSTAT, according to action 1 of the European Environment and Health Action Plan 2004-2010.

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17 Council Regulation (EEC) No 1210/90 of 7 May 1990 on the establishment of the European Environment Agency and the European Environment Information and Observation Network, O.J. No L 120, 11.5.1990

18 Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee–"The European Environment & Health Action Plan 2004-2010" {SEC(2004) 729} – COM/2004/416 Vol. I final

2.1.4. Developing strategies and mechanisms for preventing, exchanging information on and responding to non-communicable disease threats, including gender-specific health threats and rare diseases (Article 3.2.d., Annex – point 2.3)

Indicators and data on non-communicable diseases have to be collected with long-term and sustainable collections in mind. Proposals should define suggestions and methods to sustain a routine register, a survey basis, or be based on future modules from the European Health Survey System or as a combination of sources.

The prior elements to be developed are:

- Sustainable routine collection of information and data has to be established or improved for cancer, mental diseases, diabetes, oral health, asthma and chronic obstructive respiratory diseases, musculoskeletal diseases and cardiovascular diseases.

- Special attention has to be given to areas of disease information, not yet covered, including inventories of sources and definition of indicators, according to the ECHI strategy, for: haematological diseases, immunological disorders, allergies except asthma, genito-urinary diseases and nephrology disorders, gastroenterological diseases, endocrinological diseases, ear-nose and throat disorders, ophthalmology disorders and dermatology diseases as well as diseases related to environmental factors.

- Special attention has also to be given to information and definition of indicators on neurodegenerative, neurodevelopment and non-psychiatric brain diseases relating to prevalence, treatments, risk factors, risk reduction strategies, cost of illness and social support as well as what constitutes a "healthy brain lifestyle". That includes Alzheimer and other dementias, Parkinson, Multiple Sclerosis, Epilepsy, and Amyotrophic lateral sclerosis, Attention Deficit Hyperactivity Disorder, Autism/Asperger's Syndrome, cognitive retardation and disruption of motor, perceptual, language and socio-emotional functions. It will also include stroke, headache disorders and chronic pain. Diseases relating to ageing will also be addressed.

- Rare diseases (Annex 2.3), including those of genetic origin, are life-threatening or chronically debilitating diseases which are of such low prevalence that special combined efforts are needed to address them. Priority has to be given to generalist networks for improvement of information, monitoring and surveillance, provided that such actions are not already financed by proposals in the EU Research Programme. Consequently, priority actions will be:

    (a) Reinforcement of the exchange of information using already existing European information networks on rare diseases and promotion of better classification;

    (b) Development of strategies and mechanisms for exchange of information among people affected by a rare disease, or volunteers and professionals involved;

    (c) In the field of rare diseases, there is also a need to define relevant health indicators and develop comparable epidemiological data at EU level, taking into account the ECHI strategy and EUROSTAT standards and methodology.

- Special attention will be given in the field of mortality to the future assessment actions on mortality information focusing on the analysis of potential effects and specific consequences of events leading to an unforeseen level of mortality (e.g. heat waves, climate changes, an unanticipated epidemic, etc.).

2.1.5. eHealth (Article 3.2.d., Annex – points 1.7., 1.8)

In 2003 and 2004, Presidency, Ministerial or expert level conferences on eHealth have been organised in Brussels[19] and Cork. Proposals are encouraged, which organise a follow-up to these events, building on their conclusions which would lead to concrete Web programmes. Such proposals might include preparatory work at expert level, and should take account of the political interest in involving all stakeholders in the process. Work on verification of health information sites, as mentioned in the Commission Communication on eHealth[20] will continue to receive support.

Proposals will be supported which advance the implementation of that Communication by concrete national pilot or cross-border activities especially in support of patient mobility.

Maintaining and developing further the European Health Information Network EUPHIN and integrating into the EU Public health portal.

Ensuring improvements in the reliability of information provided to the public through internet sites by means of examining best practice and proposing common solutions.

To improve the provision of timely and reliable information on causes of death, activities towards examining the possibility for the EU-wide introduction of an electronic death certificate will also be supported.

2.1.6. Supporting the exchange of information and experiences on good practice (Article 3.2.d., Annex – point 1.7)

To improve the quality of classifications and practices of codification, priority will be given to support actions in the field of harmonisation of practices of information on hospital activity (especially information related to diagnosis discharges, codification of medical procedures and comparability of diagnosis related groups).

Support will also be given to actions in the field of automated coding for causes of death statistics as far as they support the introduction of ACME (Automated Classification of Medical Entities): e.g. training, manual coding, etc.

2.1.7. Health Impact Assessment (Article 3.2.c., Annex – point 1.5.)

Building on the methodology for health impact assessment at Community level developed for the Commission under the Health Monitoring Programme, case studies will be encouraged which analyse the impact of activities on health and its determinants in specific areas of legislation and sectors in which the Community has responsibilities (such as environment , nutrition, agriculture, alcohol, transport).

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19 See http://europa.eu.int/information_society/qualif/health/index_en.htm

20 Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions e-Health - making healthcare better for European citizens: an action plan for a European e-Health Area – COM/2004/356 final

Collection, dissemination and exchange of best available knowledge and information on good practice will be encouraged .

2.1.8. Co-operation between Member States (Article 3.2.d., Annex – point 1.5.)

Work will be carried out following up the high-level process of reflection on patient mobility and health care developments in the European Union with the following priorities:

- Quality assurance in Europe and health technology assessment: without prejudice to projects supported by the Community Research Programme, take stock of activities related to quality assurance and improvement and accreditation systems across Europe and develop networking and collaboration at EU level covering also patient safety and involvement of patients with their care. Necessary studies on performance assessment of health care institutions to assess and compare quality strategies need to be developed in cooperation with the OECD.

- Pilot proposals for cross-border co-operation in health services, to help develop co-operation, in particular in border regions and to identify potential benefits and problems associated with such co-operation.

- Issues related to the mobility of health professionals and their effects both for health systems and for the health status in sending and receiving countries. Proposals should identify potential difficulties and develop an information system based on existing known data (Labour Force Survey) and other data (professional organisations, other national sources). They should focus on general practitioners, specialists' and nurses' sustainable requirements; policy and planning tools available in the EU to influence the size, distribution and composition of the health workforce which preserve the sustainability of health systems.

- Economics and health: Contribute to a better understanding of whether, why and how investing in health across all sectors has economic benefits. Actions will aim to strengthen understanding of these links, and will be developed in close co-operation with other relevant international organisations. See also § 2.3.3. (1).

- Develop a Hospital Activity and Resources Information System to strengthen the comparability of hospital information within the System of Health Accounts framework[20] on hospital patients and develop time-series data. Also increase the scope of data collected to meet national and international imperatives for health care planning and patient mobility taking account of the Minimum Data Set on hospital statistics established in the Community Statistical Programme.

- Support all the necessary efforts led by Member States for the implementation of the System of Health Accounts as established in the context of the Community Statistical Programme. A focus will be given to the collection of a minimum dataset of core expenditure, and financing variables ideally to be reported by all Member States in 2005.

- A survey on Patient Mobility focusing on access and quality, coverage, insurance, service provided in Member States of origin, experimental treatment, quality, waiting times, satisfaction and motivation will be envisaged. It should contain survey variables in order to assess effects on inequalities in health care access of patient mobility. The type of care provided can supply information on effects of local shortages in connection to mobility of health professionals in the Member States and their region of origin. A mapping of centres of reference will be established[6].

2.2. Responding rapidly and in co-ordinated fashion to health threats

Activities under this section aim to support the development and integration of sustainable and Member State-backed or overseen systems for collecting, validating, analysing and disseminating data and information that address the needs and contribute to capacity building for preparedness and rapid response to public health threats and emergencies. Activities would assist in particular the co-operation undertaken under the Community network on communicable diseases[21] and other EC legislation in public health and take account of the International Health Regulations that are being revised. Activities would support the European Community dimension of relevant proposals, support the extension and development of surveillance schemes to cover all Member States, Candidate Countries, and EEA/EFTA Countries, be in line with the Regulation establishing the European Centre for Disease Prevention and Control (ECDC)[22], and promote evaluation, rationalisation and integration of existing arrangements for networking and other forms of collaboration.

Essential complementary activities (public information, prevention, education) on HIV/AIDS and sexually transmitted diseases fall under other sections of this work plan.

Activities regarding countering the threat of deliberate release of biological agents will be undertaken in tandem with on-going activities on communicable diseases. These and the activities on deliberate releases of chemical agents are being developed following the conclusions of the Health Ministers of 15 November 2001 and the consequent "Programme of co-operation on preparedness and response to Biological and Chemical attacks" (Health Security)[23].

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21 Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community. OJ No L 268, 03.10.1998
2000/57/EC: Commission Decision of 22 December 1999 on the early warning and response system for the prevention and control of communicable diseases under Decision No 2119/98/EC of the European Parliament and of the Council (notified under document number C(1999) 4016). OJ No L 21, 26.01.2000
2000/96/EC: Commission Decision of 22 December 1999 on the communicable diseases to be progressively covered by the Community network under Decision No 2119/98/EC of the European Parliament and of the Council (notified under document number C(1999) 4015). OJ No L 28, 03.02.2000
2002/253/EC: Commission Decision of 19 March 2002 laying down case definitions for reporting communicable diseases to the Community network under Decision No 2119/98/EC of the European Parliament and of the Council (notified under document number C(2002) 1043). OJ No L 86, 03.04.2002

22 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 control. OJ No L 142, 30.04.2004

23 http://europa.eu.int/comm/health/ph_threats/Bioterrorisme/bioterrorism01_en.pdf

2.2.1. Surveillance (Article 3.2.a., Annex – point 2.1.)

In the last two years, surveillance networks for priority communicable diseases[24] have been selected for co-funding which, depending on the network, would last until 2006 or 2007. In 2005, therefore, the focus will be on improving surveillance systems and covering emerging or previously unanticipated diseases.

This will be achieved by supporting action to facilitate co-operation on sharing effective tools and creating platforms among various professional disciplines (e.g. general practitioners, pharmacists, veterinarians, and relevant non-medical disciplines). The development of integrated activities which link information on diseases with information on their determinants will also be prioritised.

In view of the future operation of the ECDC[25], emphasis will be put on supporting the development of new tools for the monitoring and management of outbreaks of international importance, including tools for geographical depiction of outbreaks, surveillance and other epidemiologically relevant data, and for assisting the prediction of spread of disease outbreaks.

2.2.2. Exchanging information on vaccination and immunisation strategies (Article 3.2.a., Annex – points 2.4., 2.5.)

Vaccination and immunisation has acquired recently a major importance in public health and political terms. Immunisation rates in Europe have become a matter of concern and several media-led controversies over particular types of vaccines have given rise to public disquiet, affecting coverage levels.

Moreover, fear of bioterrorism attacks have led to a re-examination of vaccine development, production and stock creation policies. Several projects in this area have been accepted for co-funding under last year's work plan.

The aim continues to be to identify, distribute, and promote good practice in childhood and adult immunisation programmes including planning and policy implementation and strategies related to addressing areas of decreasing or lower rates; and in preparedness strategies (such as pre-event vaccinations or stockpiling), especially for serious health threats such as pandemic influenza and bioterrorism.

Moreover, since the success of vaccination programmes depends on good access to services and public acceptance, factors such as barriers to access, perception of immunisation and associated risks in different population groups will be the focus of particular attention.

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[24] See the list established in the context of the surveillance part of the Community Network (Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community. OJ No L 268, 03.10.1998)

[25] 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 Control

2.2.3. Health security and preparedness (Article 3.2.a., Annex – point 2.4.)[26]

This action aims to develop methods and strategies to assist Member States, Candidate Countries, and EEA/EFTA Countries, and the Community as a whole, in preparing for potential threats of deliberate release of biological or chemical agents. In the last two years, several actions have been funded on modelling and surveillance of deliberate releases of such agents. There is still incomplete information concerning the review, development and evaluation of policies and plans for facing up to health security emergencies with reference to legal instruments and to the incorporation of advances in knowledge and technology. Within this context, the following are of particular interest:

- Development of tools to strengthen networks of legal actors responsible for control measures;
- Isolation and quarantine measures in compliance with legal requirements;
- Building up capacity for communication and crisis management, including establishment and evaluation of pilot platforms;
- Bio-security policies and procedures;
- Assessment of health services priorities in chemical risk, preparedness and response;
- Development of tools, systems, or networks for the timely detection and tracing of chemicals and natural toxins that might be used in one or more scenarios, and for the related health emergency investigations and follow-up.

2.2.4. Safety of blood, tissues and cells, organs (Article 3.2.a., Annex – points 2.6., 2.7.)

This action aims to promote the quality, safety and availability of substances of human origin used for therapeutic purposes and to minimize the risks and ensuing threats to patients' health, particularly disease transmission, associated with their collection, processing, distribution and use. The activities should support the implementation of the existing EU legislation[27].

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[26] See http://europa.eu.int/comm/health/ph_threats/Bioterrorisme/bioterrorism01_en.pdf

[27] Directive 2002/98/EC of the European Parliament and of the Council of 27 January 2003 setting standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components and amending Directive 2001/83/EC. OJ No L 33, 08.02.2003
Directive 2004/23/EC of the European Parliament and of the Council of 31 March 2004 on setting standards of quality and safety for the donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells. OJ No L 102, 07.04.2004
Commission Directive 2004/33/EC of 22 March 2004 implementing Directive 2002/98/EC of the European Parliament and of the Council as regards certain technical requirements for blood and blood components (Text with EEA relevance). OJ No L 91, 30.03.2004

Priority will be given to the development of tools: that will provide practical guidance on how to install and maintain quality systems in blood establishments in the Member States; that will assist in the training of inspectors, using modern training techniques; and that will promote the optimal use of blood and blood components. These tools should be multilingual, provided in both paper and electronic form, and tested in a few environments to gauge their effective implementation. Tools that address optimal use of blood and blood components for different surgical procedures or illnesses should be based on best practice.

The implementation of quality systems in tissue and cells establishments needs in particular to take into account the needs of the new Member States. In addition, work should be extended during 2005 to inspection practices, through the preparation of guidelines concerning the conditions of the inspections and control measures and on the training and qualifications of the officials involved, and to serious adverse event reporting. In order to increase organ donation, implementation and evaluation of educational programmes are needed.

2.2.5. Antimicrobial resistance (Article 3.2.a., Annex – point 2.9.)

Activities will support the "Strategy against antimicrobial resistance" as laid down in a Communication of the Commission of July 2001[28]. Priority will be given to identifying and distributing best practice on the prudent use of antimicrobial agents and infection control measures in human medicine in hospitals and the community, including measures related to the movement of patients infected with resistant pathogens. Other priorities are activities at European level to study (a) resistance to antiviral drugs and (b) burden of antimicrobial resistant infections (morbidity, mortality, costs).

2.2.6. Supporting the networking of laboratories (Article 3.2.a., Annex – point 2.4.)

This action aims to support co-operation between European laboratories on External Quality Assurance schemes with a focus on the integration of the new Member States. As co-operation on high-risk viral pathogens is already sufficiently covered, priority will be given to the implementation of agreed methods and protocols for detection of rare high threat bacterial and fungal pathogens and toxins, in particular *Coccidioides immitis*, *Histoplasma capsulatum*, *Rickettsia rickettsii*, *Orienta tsutsugamushi*, *Rickettsia prowazekii, Clostridium botulinum* toxin, ricin, palytoxin, saxitoxin, microcystin, conotoxin, tetrodotoxin and to the development of schemes to foster a structure for European reference laboratories for rare bacterial pathogens of public health importance at EU level.

2.2.7. Capacity building (Article 3.2.a., Annex – point 2.2.)

The successful efforts on training of field epidemiologists at EU level in recent years need to be complemented by actions involving also other public health groups. This action therefore aims to develop training programmes (e.g.: train the trainers programmes) and training material relevant to public health involving a variety of specialist services dealing with laboratory issues, first line clinical diagnosis issues, infection control, and emergency management. A further priority will be actions to improve information exchange and capacity for surveillance and response in regions bordering the EU.

[28] See http://europa.sanco.cec.eu.int/comm/health02/ph_threats/com/mic_res/mic_resistance_en.htm

2.3. Health Determinants

The aim of Community action in this area is:

- to encourage and support the development of actions and networks for gathering, providing and exchanging information and good practice in order to assess and prepare the development of Community policies, strategies and measures;

- to promote and stimulate countries' efforts in this field, for example by developing innovative projects or by supporting effective networking.

The priorities set out in this area will take into account the following:

- **Linking actions to policy priorities**: Project proposals should be linked to and show awareness of the development of key public health policy priorities, notably nutrition and alcohol, tobacco and drugs, AIDS; health inequalities and wider socio-economic determinants;

- Giving attention to **areas not fully covered previously:** genetic determinants, physical activity,

- Giving priority to cross cutting and integrative approaches to **foster the integration of approaches on lifestyles, to fully integrate environmental and socio-economic considerations**, focus on key target groups, in particular on young people, and settings and to link work on different health determinants;

- Strengthening links between projects and **longer-term planning cycles** (e.g. EU Drugs Strategy[29], EU Action Plan on Drugs[30], Environment and health action plan).

Proposals should not duplicate but build upon the experience gained under previous Community public health programmes and cover a wide range of eligible countries.

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29 EU Drugs Strategy [2000-2004] & [2005-2012] to be adopted.
For EU Drugs Strategy [2000-2004],
see http://register.consilium.eu.int/pdf/en/99/st12/12555-r3en9.pdf

30 EU Action Plan on Drugs, [2000-2004], [2005-2008] & [2009-2012] to be adopted
For EU Action Plan on Drugs [2000-2004],
see http://register.consilium.eu.int/pdf/en/00/st09/09283en0.pdf

The priorities identified for 2005 are the following:

2.3.1. Supporting key Community strategies on addictive substances

(1) In support of further developing the Community's strategy on tobacco, proposals should focus on:

- Mapping, assessment and evaluation of recent developments in Member States including measures and actions *inter alia* on preventing sales to children and adolescents, pricing and taxation, prohibiting advertising and environmental tobacco smoke (ETS), in line with the Council Recommendation on the prevention of smoking and on initiatives to improve tobacco control[31];

- The impact of health warnings and colour photographs on tobacco packages on consumer habits in particular of young people, including recommendations for improvement and adaptation of the warnings;

- Providing scientific basis to progress the measurement methods for tar, nicotine and carbon monoxide and other substances and the marking for identification and tracing purposes of tobacco products;

- Develop and network prevention activities, focussing on specific settings, de-normalisation, encouraging health professionals' involvement, and reducing exposure to ETS. Collect and disseminate information and best practice on tobacco control to the general public;

- Develop and network activities on best practice regarding tobacco cessation strategies.

(2) On **alcohol**, activities will be linked to the overall strategic approach to reduce alcohol-related harm. Initial work in 2005 will focus on

- Innovative actions focusing on drink driving countermeasures and their effects;

- Innovative and cross-sector awareness raising activities, involving a number of different actors, to improve synergy and coordination of campaigns and consumer information activities to reduce under-age drinking, especially binge-drinking ;

- Best practice on information to the public, including consumer information and, in particular, health warnings and labelling;

- Promote the dissemination of best practice on early identification and brief interventions on alcohol problems within the general population.

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[31] Council Recommendation of 2 December 2002 on the prevention of smoking and on initiatives to improve tobacco control. OJ No L 22, 25.01.2003

(3) On **drugs**, in line with the EU Drugs Strategy and the Council Recommendation on Drugs[32], priority will be given to proposals on[33]:

- treatment and reinsertion activities covering all Member States and including both misuse/abuse of legal/illegal drugs;
- best practise on improving the availability of prevention and harm reduction services and giving priority to HIV/AIDS and other blood borne infections.

2.3.2. Integrative approaches on lifestyles and sexual and reproductive health

(1) Regarding lifestyles, work in 2005 will focus on the identification of good practice and networking concerning

- strategies and innovative actions to support physical activity in particular in school settings and at the workplace and for the elderly;
- specific work on obesity prevention, in particular among children and young people, including social and mental health aspects, and
- the effectiveness of educational programmes and of information campaigns run by the food industry, retailers, consumer organisations, etc. which aim at promoting healthy diets.

(2) Work on **sexual and reproductive health** will focus on developing strategies to address the observed increase in risk taking behaviours among young people.

(3) Actions to address **HIV/AIDS** continue in line with the overall strategy *Coordinated approach to combat AIDS within the European Union and in its neighbourhood*[34].

Work will focus on public health actions to develop strategies and identify best practice on

- HIV/AIDS prevention in priority areas and/or amongst population groups at high risk;
- Preventing mother-to-child transmission;
- Continuing specific networking activities in regional target areas;
- Maintaining awareness of the need for prevention among lower risk groups.

(4) On **Mental health**, the following actions will be supported:

- Scientific support for networking to promote mental health and to prevent mental disorders including harmful stress;

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32 Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence. OJ L 165, 03.07.2003

33 Projects focussing on prisons will not be supported in 2005

34 http://europa.eu.int/comm/health/ph_threats/com/aids/docs/ev_20040916_rd01_en.pdf

- Promote positive mental health and prevent mental disorders focusing on children, adolescents and young people in settings such as pre-school, school and further educational settings as well in community settings;

- Identify the situation including policies, strengths, weaknesses and challenges in all Member States, including country analyses;

- Develop evidence based practices for effective mental health promotion and prevention of mental disorders, including actions on depression, suicide prevention and prevention of self harm and substance abuse in children adolescents and young people;

- Special emphasis will be placed on evaluation and evidence of mental health promotion effectiveness.

2.3.3. Public health actions to address wider determinants of health

(1) In 2005, work on **social determinants of health** will concentrate on developing actions on **networking, identifying best practice and innovative approaches** in the following fields:

- A specific focus on developing targeted public health response strategies to address vulnerable groups, including access to and to quality of health and social services, as well as information and empowerment activities;

- Addressing specific issues, areas and settings of concern, notably housing and urban development and health, workplace health and working conditions, and the impact of ageing;

- Develop work on long-term health benefits and economic growth, taking into account the effects on the health sector and the improvement of productivity and economic conditions of citizens in general;

- A special focus should be given to quantifying the cost and benefits of prevention as well as of tackling inequalities.

Work should be linked as appropriate to actions on addiction and lifestyles.

(2) In line with the Environment and health action plan[35], work on **environmental determinants** will focus on developing networks and identifying best practice regarding

- Public health actions to address indoor air pollution, including indoor air pollution linked to ETS;

- Public health issues related to UV and optical radiation (lasers, sunbeds, etc);

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35 Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee – *The European Environment & Health Action Plan 2004-2010* COM (2004) 416 final of 09.06.2004

- Developing and disseminating best practice on risk communication and awareness raising on environment and health issues.

2.3.4. Disease prevention, and prevention of injuries

(1) The development of guidelines and best practice recommendations for addressing main public health relevant diseases, such as cancer, cardiovascular diseases and diabetes, will be supported. EU guidelines on best practice in colorectal cancer screening will be supported.

(2) Support will be given to the organisation of a European conference with a view to building a broader awareness of the European citizens in relation to the burden of injuries and to advocating prevention strategies developed under different projects within the Working Party on Accidents and Injuries of the Public Health Programme.

To analyse national policies and strategies to reduce risk taking behaviour of young people aged 15 to 25 and to identify existing models of good practice. Based on the analysis, European strategies shall be developed and steps for implementation shall be initiated with a view to injury prevention.

2.3.5. Genetic determinants for health

In its last annual report on the implementation of Life Sciences and Biotechnology strategy (COM(2004) 250 of 7 April 2004), the Commission has committed itself in engaging in EU-wide co-ordination efforts to ensure the highest quality of genetic testing. In this general context, as an initial step, a networking exercise will be supported to lead to an inventory report on genetic determinants relevant to public health. This network will identify public health issues linked to current national practices in applying genetic testing and on that basis will contribute to developing best practice in applying genetic testing.

2.3.6. Capacity building

(1) Priority will be given to promote co-operation between educational institutions on the content of training courses and support the development of common European training courses in key areas of public health. This includes projects to explore the *feasibility* of developing a coordinated approach to the training of environment and health professionals will be explored. Moreover, priority will be given to the development of tailor-made training curricula for health care personnel and other professionals involved in services dealing with people living with HIV/AIDS and with populations that are particularly vulnerable to HIV/AIDS (including intravenous drug users, men having sex with men, sex workers, prison inmates, migrants).

(2) A priority will be to short term support the **development of capacities** of selected European networks in public health with high public health importance and very significant European added value to overcome specific geographic or developmental weaknesses.