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HEALTH POLICY IN THE EU

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COLLINS, rapporteur

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Mr President, in all the fuss which surrounded the ratification of the Treaty on European Union in various countries, including my own, it was sometimes missed that the Treaty of Union included Article 129. This Article says that the Community shall contribute towards ensuring a high level of health protection by encouraging cooperation between the Member States and, if necessary, lending support to their action. Article 129 provides the basis, in other words, for the development of a formal European health policy.

We have had something of a health policy in the past. We have dealt with pharmaceuticals, we have a cancer programme, an AIDS programme and various research programmes. But we have not really had an up-front health policy. So, arising from the Treaty of Union text, my committee thought that it would be very useful if we now produced a report, in advance of anything the Council was likely to do, to map the way forward for the development of such a health policy. When we did this we discovered that nobody in the Community really knew what public health was. So we investigated that and decided that the centrepiece would be a definition of public health along the lines used by the WHO. I quote: "public health is about encompassing the problems affecting the health of a population, the collective status of the people, environmental health and health services and the administration of health care services". This needs to be seen against the background of a falling birth rate in the European Union combined with an increase of social division and, at the same time, an increase in life expectancy. In other words the pattern of morbidity in the Community is very likely to change and to keep changing over the next several years.

Because there was no real background in this area in the Community, we decided that we should have a public hearing and we took evidence on a number of areas. We took evidence on the present situation in terms of health in the Community. We looked at trends in health needs. We looked at the economics of health policy and we also looked at research. To help us we invited a number of experts from around the Community but, in a departure from normal practice, we also invited parliamentarians from the Member States to join us in the hearing. We did that because the whole question of health policy is wrapped up in the problem of subsidiarity. Each Member State has its own traditions and own practice. We were concerned to know where the limit of European intervention should be that would be consistent with maintaining these traditions in the Member States. So we asked the parliamentarians from the Member States to tell us.

The main point that came out of the hearing, as well as this concern for subsidiarity, was that health really ought to be integrated into other European policy areas. We also discovered that there were no agreed definitions in this field. One expert said that there is no common definition of a hospital bed in the European Community. If the defined base is so weak as not even to permit a definition of a hospital bed, it is clear that it would be very difficult to jump in with specific policy proposals.