

Health: Community action programme 2008-2013

2005/0042A(COD) - 06/04/2005 - Document attached to the procedure

COMMISSION'S IMPACT ASSESSMENT

For further information about the context of this issue, please refer to the summary relating to the Commission's proposal for a health and consumer protection strategy (COM(2005)0115).

1- POLICY OPTIONS AND IMPACTS

Five options were evaluated.

1.1- Option 1 - No action: this action would not be in line with the Treaty which provides for intervention at Community level in health and consumer protection policy as laid down in Articles 152 and 153. This would appear to call into question everything that has already been achieved in the area of health and consumer protection policy at Community level. This option, therefore, cannot be retained.

1.2- Option 2 - Continuation of the two programmes under way with the same budget (status quo): this would have the advantage of better continuity in the approach to each of the programmes with respect to national authorities (Health and Consumer Affairs generally fall under different ministries) and non-governmental organizations (consumer associations rarely deal with health questions in detail and vice versa). However, the disadvantages of this approach would be that the current budget would neither permit an optimal implementation of the obligations of the Treaty nor respond to the political will to do more for citizens in the area of health and consumer protection.

1.3- Option 3 - Continuation of two separate programmes, each with increased funding: as is the case for Option 2, this would offer the advantage of better continuity. A larger budget would enable a wider range of measures and more effective projects. However, the disadvantages would stem from the lack of synergies that would result from the merging of the two programmes – greater efficiency and visibility.

1.4- Option 4 - A merged programme with increased funding: this would enable Community action to be more effective and efficient resulting in an increased volume and extent of measures undertaken and would allow the Community to implement more fully Articles 152 and 153 of the Treaty. There would be budgetary and administrative advantages as well as greater synergies and visibility.

1.5- Option 5: presentation of a joint programme when the two current programmes come to an end. **This option would have the advantage of being able to take into account the results of the operation of the current programmes. It would enable a more detailed consultation of Member States and all the parties concerned to take place. However, it should be noted that the two programmes do not finish the same year (2008 for the health programme and 2007 for the consumer one). In addition, this option would not fit in with the timing fixed by the 2007-2013 financial perspectives.**

IMPACTS

- **Economic:** improving health and consumer confidence will contribute to boosting growth and employment by enhancing competitiveness. Better health contributes to productivity, labour force participation and sustainable growth. Improved confidence will encourage consumers to buy goods and services across borders.

- **Social:** Communication and awareness measures will help citizens have better access to healthcare and to cross-border goods and services. There will be better protection against dangerous products and other health threats. Citizens' ability to take better decisions both about their health and their consumer interests will be increased. More informed consumers will be able to opt to make healthy choices of the products they consume. Action under the health determinants and the information strands of the new programme is particularly relevant in raising awareness of the effects on health of food and drinks, alcohol, tobacco and drugs. In addition, action under the strand 'to achieve synergies between health systems' will impact positively on consumers' access to cross-border goods and services, in particular health services.

- **Environmental:** the selected option seeks to increase capacity to fight natural or man-made health threats – thus countering adverse effects both on the environment and human health. However, the impact that health policies have on the environment is minor compared to the impact that environment has on health. The environment, therefore, has a potential negative impact on human health.

- **Innovation and research:** the integration of health and consumer interests in other policies, such as research will allow the possibility of fostering the exchange of good practice between Member States and the development of centres of excellence.

- **Public health and safety:** the chosen option will improve the health status of European citizens to promote health as a human right, encourage health investment as a means to bridge the health gap by pursuing the following specific objectives: protecting citizens against health threats, promoting policies that lead to a healthier lifestyle, contributing to reducing the incidence of major diseases and to the development of more effective and efficient health systems.

- **Governance and participation:** The proposed strategy and programme seek to ensure that health and consumer protection policies are shaped in closer partnership with citizens and stakeholders and that their concerns are better taken into account in policy-making.

CONCLUSION: Only the selected option with increased funding for a merged health-consumer protection programme will allow the Community to efficiently achieve the objectives that it has set itself in this field.

2- FOLLOW-UP

The Commission, in close cooperation with the Member States, will undertake a regular follow-up of the implementation of the programme. In December 2010, it will, with the assistance of external experts, draw up a mid-term report providing a first evaluation of the results in order to determine whether any changes need to be made for the second half of the programme. An ex post evaluation report will be drawn up after the seventh year of the programme's operation to be submitted no later than 31/12/2015).