

COUNCIL OF THE EUROPEAN COMMUNITIES  
GENERAL SECRETARIAT

PRESS RELEASE

9926/92 (Press 207)

1616th meeting of the Council  
and the Ministers for  
**HEALTH**  
meeting within the Council  
Brussels, 13 November 1992

President: Ms Virginia BOTTOMLEY,  
Secretary of State for  
Health of the  
United Kingdom

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The Governments of the Member States and the Commission of the European Communities were represented as follows:

Belgium:

Ms Laurette ONKELINX

Minister for Public Health,  
Environment and Social  
Integration

Denmark:

Ms Ester LARSEN

Mr Jørgen VARDER

Minister for Health  
State Secretary for Health

Germany:

Ms Sabine BERGMANN-POHL

Parliamentary State Secretary  
to the Federal Minister for  
Health

Greece:

Mr Georges SOURLAS

Minister for Health

Spain:

Mr José Antonio GRIÑAN MARTINEZ

Minister for Health and  
Consumer Affairs

France:

Mr Bernard KOUCHNER

Minister for Health and  
Humanitarian Measures

Ireland:

Mr Chris FLOOD

Minister of State at the  
Department of Health

Italy:

Mr Francesco DE LORENZO

Minister for Health

Luxembourg:

Mr Johny LAHURE

Minister for Health

Netherlands:

Mr H.J. SIMONS

State Secretary for Welfare,  
Health and Cultural Affairs

Portugal:

Mr Arlindo DE CARVALHO

Minister for Health

United Kingdom:

Ms Virginia BOTTOMLEY

Secretary of State for Health

Commission:

Mrs Vasso PAPANDEOU

Member

FUTURE ACTION IN THE FIELD OF PUBLIC HEALTH

The Council and the Ministers for Health held a policy debate on future action by the Community and the Member States in the field of public health.

The discussion was based on the working document submitted by the Commission on 20 October 1992 and a note drafted by the Presidency to structure the Council's discussions around certain key issues.

Concluding the discussion, the President drew the following conclusions:

"The Health Council welcomed the Commission Working Document "Public Health" as a good basis for discussion of a future framework. It raises important questions and suggests a number of courses for future Community action by the Council and the Commission.

The Council agreed that it was important to give detailed consideration to the major issues involved, including those identified under previous Presidencies, and that it would wish to discuss the matter again at its next meeting in May 1993. It welcomed Denmark's intention to make progress on this under the Danish presidency and the priority it attaches to this work.

We also invited the Commission to pursue in parallel some of the actions suggested in the Working Document in consultation with Member States and in liaison with future Presidencies.

After a full discussion there was widespread support for the need for greater continuity and coherence in our future work and for setting priorities over a number of years. It was also argued that in view of the constraints on Community resources in this field it would be necessary to develop criteria for identifying priorities.

The Council also recognized the need for closer co-operation between the European Communities and the international health organizations in Europe.

The Council was of the view that on-going work in the public health field should continue subject to proper evaluation on the basis of full reports submitted by the Commission. A new Framework should, however, seek to achieve a proper balance between vertical and horizontal programmes having particular regard to the Community added value each could produce. Any framework should not however be too rigid.

We agreed that we would wish to consider further how a Framework might take into account policies and programmes submitted to other

Councils such as research, the environment and free movement of goods, services and persons and how we might best influence discussions of their content. We welcomed the proposal in the Commission's working document to undertake a comprehensive survey of health-related aspects of existing Community policies."

#### MONITORING AND SURVEILLANCE OF COMMUNICABLE DISEASES

The Council and the Ministers for Health meeting within the Council adopted the following Resolution on the monitoring and surveillance of communicable diseases:

"THE COUNCIL AND THE MINISTERS FOR HEALTH OF THE MEMBER STATES  
MEETING WITHIN THE COUNCIL,

Having regard to the Treaty establishing the European Economic Community,

Having regard to the relevant measures already adopted by the Community, for example in respect of water quality,

Having regard to the current activities organized or funded by the Community and the World Health Organization to foster exchanges of information and links between health institutions in Member States,

NOTING the Declaration of the European Council held in Birmingham on 16 October 1992;

WHEREAS outbreaks of communicable disease have serious economic and social consequences for individuals and the Member States;

WHEREAS the mobility of people and the increasing trade in food, particularly as a result of the development of the internal market, increase the importance of more comparable and more assessable data and of timely exchanges of information collected by the Member States in order to monitor outbreaks of communicable disease;

WHEREAS better information could lead to quicker action to reduce the number of cases associated with an outbreak of disease and therefore the resources required to contain the outbreak; whereas particular attention should be paid, in this context, to early warning systems;

RECALLING their Decisions establishing a programme of co-operative action for the prevention and control and AIDS and their Recommendation establishing co-operation between toxicology centres within the Community;

RECOGNIZING the value of the co-operative exchanges between the health institutions in the Member States which take place within the Community's action programme to combat the non-communicable diseases of cancer;

RECOGNIZING that the arrangements for, and establishment of, systems

within the Member States for identifying, monitoring and controlling outbreaks of communicable disease are the responsibility of the Member States;

RECOGNIZING that any new arrangements for improving co-operation between the Member States should make best use of the available resources and avoid duplicating existing arrangements and only be introduced in areas of communicable disease in which co-operation is of the greatest added value, particularly with regard to action undertaken by the Community;

RECOGNIZING that arrangements for greater co-operation in the area of communicable disease between Member States with the assistance of the Commission could provide a useful example of co-operation in other health-care sectors for combating serious and widespread diseases,

INVITE the Commission:

- (1) To consider, particularly in relation to the development of the internal market and the movement of people between the Member States, the existing arrangements which provide for co-operation between the Member States in the field of monitoring and control of communicable diseases, including food-borne diseases, together with such arrangements established by the World Health Organization.
- (2) In the light of this work to produce thereafter a brief report to the Council by 31 December 1993 examining the following:
  - the desirability of improving, within the Community, the coverage and effectiveness of existing networks between Member States (including data-processing networks) and also the desirability of maintaining, establishing or strengthening co-ordination between them for monitoring outbreaks of communicable diseases, where such action could add to the value of existing measures;
  - the desirability of agreeing guidelines for the Member States on ways in which data collected by them could be made more useful, more timely and more comparable, and also more compatible;
  - the value of collecting data from the Member States on a limited number of rare and serious diseases which require large samples for epidemiological study;
  - the need for better utilization of relevant findings of research programmes and better integration of pilot projects undertaken by the Community and the Member States on communicable disease;
  - the resources including, where necessary, additional costs arising from the specific situations of Member States, needed to implement any proposals, the benefits which may be expected and the use of pilot projects before proposals are implemented;
  - possibly, suitable proposals to be given priority in the light, inter alia, of their estimated cost-effectiveness;
  - the value of regular reviews of this kind in the future and their frequency.

- (3) For the purpose of assisting them in preparing their report, to consult experts drawn from and nominated by the Member States with experience in the management of existing intergovernmental networks on communicable diseases."

#### HEALTH EDUCATION

The Council and the Ministers for Health meeting within the Council adopted the following conclusions concerning health education:

"THE COUNCIL AND THE MINSTERS OF HEALTH MEETING WITHIN THE COUNCIL,

Having regard to the Treaties establishing the European Communities;

Having regard to the Resolution of the Council and of the Ministers of Education meeting within the Council of 23 November 1988 concerning health education in schools <sup>(1)</sup>;

Having regard to various resolutions, conclusions and decisions of the Council and the Ministers of Health meeting within the Council concerning health education particularly in schools, including: Decision 90/238/Euratom, ECSC, EEC of the Council and the representatives of the Governments of the Member States meeting within the Council of 17 May 1990 adopting a 1990 to 1994 action plan in the context of the "Europe against Cancer" programme <sup>(2)</sup>; Decision 91/317/EEC of the Council and the Ministers for Health of the Member States meeting within the Council of 4 June 1991 adopting a plan of action in the framework of the 1991 to 1993 "Europe against AIDS" programme <sup>(3)</sup>; the Resolution of the Council and the representatives of the Governments of the Member States meeting within the Council of 31 December 1990 on Community action to combat the use of drugs including the abuse of medicinal products, particularly in sport <sup>(4)</sup>; the Resolution of the Council and the representatives of the Governments of the Member States meeting within the Council of 31 December 1990 concerning an action programme on nutrition and health <sup>(5)</sup>;

HAVING considered the communication from the Commission to the Council of Education Ministers on the implementation of the Resolution of the Council and the Ministers of Health meeting within the Council of 23 November 1988 concerning health education in schools;

CONSIDERING that many illnesses and deaths are related to people's lifestyles and behaviour;

CONSIDERING that school is a vital setting for systematically developing a healthy lifestyle at an early age and presenting consistent messages on health education that will enable sickness and accidents to be reduced;

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(1) OJ No L 3, 5. 1.1989, p. 1.

(2) OJ No L 137, 30. 5.1990, p. 31.

(3) OJ No L 175, 4. 7.1991, p. 26.

(4) OJ No C 329, 31.12.1990, p. 4.

(5) OJ No C 329, 31.12.1990, p. 1.

CONSIDERING that there are a variety of other settings in which health education also has a central role, including local communities, homes, hospitals and workplaces and that it is important that health messages in all such settings should reinforce each other and ensure effective health education, appropriately targeted at specific groups at all ages;

CONSIDERING that in planning and developing stronger co-operation between Member States at the Community level and with international organizations over health education it is important that good practice and possible models for better health education should be identified and disseminated in all settings;

CONSIDERING that institutions and people involved in health care, for example school doctors and nurses, can make an important contribution to the promotion of health education in schools;

WELCOME the Commission's communication and endorse the value of this initiative in strengthening co-operation between Member States in developing more effective health education;

INVITE the Commission to consider the opportunities for adopting any or all of the recommendations in its communication as models for the development of co-operation over health education in other settings, targeted effectively at specific groups at all ages;

EMPHASIZE the importance of close co-operation between health and education authorities and CONSIDER IT DESIRABLE that the most effective use be made of existing professional expertise in public health in Member States

- in planning effective health education in schools which reinforces and is reinforced by health education in other settings, and
- in explaining to children and young people the importance of a healthy lifestyle."

## DRUGS

### Drug demand reduction

The Council and the Ministers for Health meeting within the Council adopted the following conclusions on the second report on drug demand reduction in the European Community:

"THE COUNCIL AND THE MINISTERS FOR HEALTH MEETING WITH THE COUNCIL,

NOTE the second report on drug demand reduction prepared by the Commission; they feel that the report, which also contains statistics, provides a valuable overview of activities at both Member State and Community level;

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Recognize the need for further consideration of the priorities for Community action in drug demand reduction in the light of the development of future health policies provided that such action adds value to the activities of the Member States; they also TAKE NOTE of current work on implementation and possible revision of the European plan to combat drugs;

NOTE in particular the value of Community action in assisting the dissemination of experience in the implementation and evaluation of demand reduction programmes; as a practical example of this type of activity they NOTE that European Drug Prevention Week, to be held from 16 to 22 November 1992, will provide the basis for an exchange of experience on prevention activities; they ASK the Commission to report back on evaluation and the lessons which can be learnt from this Week;

NOTE that in the coming years, in view of the tasks which it is planned to entrust to the future European Drugs Monitoring Centre, additional statistical and related material should be available which will be highly relevant to drug demand reduction;

ASK for future Commission work to take account of this material, ensuring that there is no duplication of activities; they SUGGEST that before producing future reports the Commission should review the developments in this area and consider the most appropriate form for presenting pertinent information on drug demand reduction in the light of future developments at Community level in the field of public health."

#### European Drug Prevention Week

The Ministers took part in the launch of European Drug Prevention Week (16 to 22 November 1992) on which the Council and the Ministers had adopted a declaration at their meeting on 15 May 1992 (see Press Release 6427/92 Presse 80).

The aim of this European Week, the principle of which was approved by the Maastricht European Council, is to stress the vital importance of preventing drug addiction in reducing drug demand as much as possible, particularly among young people. During the week, a large number of events stressing the prevention of drug addiction and directed particularly at young people will take place in the twelve Member States.



ANTI-SMOKING CAMPAIGN

(1) Advertising of tobacco products

The Council took of a progress report and held a further exchange of views on the proposal for a Directive on the advertising of tobacco products.

Since delegations' positions had not changed since the Council last discussed the subject, the Council instructed the Permanent Representatives Committee to continue work on seeking a formula that might pave the way for a solution and to report back to the Council for its next meeting.

(2) Reducing smoking

On the basis of a memorandum submitted by the Presidency, the Council and the Ministers for Health also held a further discussion on ways of reducing smoking in the Community. At the close of the discussion, the Presidency drew the following conclusions:

"Health Ministers reconfirmed their strong commitment to the lowering of the level of smoking in the Community. They emphasized the particular importance of discouraging young people from starting to smoke.

The Health Council welcomed the Presidency memorandum which set the context for a wide-ranging debate on the smoking reduction in the Community, based on the commitment of all Member States to reduce smoking.

The Council noted that all Member States are taking action to reduce smoking in the light of national cultures and circumstances.

In discussing the relative effectiveness of different measures to reduce smoking, the Council noted that all Member States agreed that health education, price and controls on tobacco advertising were important and that work should continue on the proposed Directive on tobacco advertising with a view to finding solutions.

The Council noted the summary of proceedings of the Presidency seminar on "Reducing smoking through price and other means" and the Presidency's intention of sending the full proceedings to all Member States.

Finally, the Council also welcomed the Danish Health Minister's indication that she would wish to consider ways of taking forward the wider discussion of measures to reduce smoking."

"EUROPE AGAINST CANCER" PROGRAMME

Pending the formal report, the Council heard an oral report by the Commission on evaluation of the "Europe against cancer" programme.

BLOOD PRODUCTS

The Belgian, French and Netherlands Ministers expressed their concern, which was shared by other Ministers, regarding Community self-sufficiency in human blood and maintenance of the principle of voluntary unpaid blood donations with a view to the free movement of blood products as envisaged in Directive 89/381/EEC.

In view of the urgency of these concerns, the Presidency asked the Commission to examine them.

OTHER BUSINESS

The Council and the Ministers took note of:

- two notes from the Netherlands delegation of future co-operation between the Community and the regional office of the World Health Organization (WHO) and on organ transplants;
- a communication from the Netherlands delegation on the Ministerial Conference on malaria on 27 October 1992;
- information from the Commission on current work on questions relating to the price of medicines.

MISCELLANEOUS DECISIONS

Relations with the Mediterranean countries

The Council adopted two Regulations opening and providing for the administration of Community tariff quotas for Mediterranean partner countries (1.11.1992 - 31.10.1993) for:

- melons originating in Israel
- cut flowers and flower buds, fresh, originating in Cyprus, Israel, Jordan or Morocco.

1992 International Sugar Agreement

The Council adopted the Decision on the signing and conclusion of the International Sugar Agreement, 1992. This Agreement was negotiated in Geneva in March 1992 under the auspices of the United Nations and is open for signature until 31 December 1992.

Appointments at the General Secretariat of the Council

The Council appointed:

- Mr François DUHOUX, as a grade A1 official ad personam - Deputy Director-General - at the General Secretariat of the Council, as from 1 July 1992;
- Mr Joseph LENTZ as a grade A1 official ad personam - Deputy Director-General - at the General Secretariat of the Council, as from 1 January 1993.



Bruxelles, le 13 novembre 1992

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NOTE BIO(92) 280 AUX BUREAUX NATIONAUX  
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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PREPARATION DU CONSEIL SANTE DU 13 NOVEMBRE 1992

La publicité en faveur des produits du tabac sera le point principal des discussions du Conseil "Santé" dont la réunion s'annonce brève. Le Conseil sera saisi d'un rapport sur l'état des travaux de la proposition de directive qui vise à interdire la publicité directe ou indirecte sur le tabac (voir P-29 de mai 1991).

Les travaux sur cette proposition n'ont pas évolué : trois délégation (D, NL, UK) formant une minorité de blocage ont empêché jusqu'à présent l'adoption de cette proposition; deux délégations (GR et DK) éprouvent également des difficultés.

A noter que les quatre Etats membres qui interdisent la publicité sur le tabac (F, P, I et prochainement B) pourront maintenir les barrières le 1er janvier 1993 à la libre circulation des produits-supports de cette publicité (magazines, journaux et affiches) en l'absence d'une réglementation communautaire uniforme.

Le Conseil sera saisi également d'un mémorandum de la Présidence en vue d'une discussion sur la réduction de la consommation de tabac. Le mémorandum reconnaît que les Etats membres ont des idées très diverses en vue de réduire la consommation de tabac et en particulier sur le rôle du prix du tabac ou de la publicité en sa faveur.

Sur un plan général, les délégations qui ne sont pas en faveur de la proposition de la Commission relative à l'interdiction de la publicité du tabac (D, DK, NL et UK) sont favorables à une discussion de ce thème sur la base du mémorandum de la Présidence. La Commission et d'autres délégations, tout en étant favorables à une telle discussion, considèrent par contre que celle-ci devrait s'inscrire dans la perspective des progrès qui doivent être accomplis sur la proposition de directive relative à l'interdiction de la publicité du tabac.

La Présidence a estimé que le thème de la publicité en faveur des produits du tabac devrait être apprécié dans le contexte du mémorandum; s'agissant de la proposition de directive elle-même, elle a fait état du peu d'espoir de voir s'accomplir des progrès compte tenu du désaccord politique existant.

Les autres points de l'ordre du jour :

Action future dans le domaine de la Santé publique: Le Conseil est appelé à avoir un débat sur une série de questions suggérées par la Présidence à la lumière notamment du document de travail de la Commission concernant la santé publique. Il s'agit de savoir :

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- quel est l'objectif de la politique communautaire en matière de santé publique;
- est-il acquis que la politique communautaire en matière de santé a besoin d'un cadre pour permettre une continuité des politiques au sein du Conseil "Santé";
- quel est le meilleur moyen de définir les objectifs de l'action future de la Communauté;
- quel est le meilleur moyen d'organiser les actions communautaires;
- faut-il tenir compte de ces politiques et programmes dans l'établissement d'un cadre pour la santé publique.

Résolution sur le contrôle et la surveillance des maladies transmissibles: Le Conseil est appelé à adopter une résolution suggérée par la Présidence concernant le contrôle et la surveillance des maladies transmissibles. De l'avis de la Présidence, la réalisation du marché intérieur qui suppose la libre circulation des personnes et des denrées alimentaires peut conduire à une recrudescence de certaines maladies transmissibles sous la forme de flambées épidémiques.


La Commission est invitée à examiner les dispositifs de coopération existant dans les Etats membres en matière de surveillance et de contrôle des maladies transmissibles et à présenter ensuite au Conseil un rapport.

L'Italie considérant que le contrôle et la surveillance des maladies transmissibles, une fois les frontières intérieures abolies, pèserait sur les Etats membres de façon très inégale selon leur position géographique, souhaite donc que la Commission étudie d'éventuels soutiens financiers qu'il serait opportun de fournir aux Etats membres en question. Cette demande a été appuyée par l'Espagne et le Portugal.

La Présidence a suggéré une formulation proche de celle demandée par l'Italie, invitant la Commission à étudier les "ressources, y compris, le cas échéant, les coûts supplémentaires liés notamment à des circonstances spécifiques".

Le Conseil adoptera des conclusions concernant l'éducation à la santé. Il approuvera aussi des conclusions concernant la réduction de la demande de drogue dans la Communauté. A cette occasion, la Commission fournira des informations concernant la première semaine européenne de lutte contre la drogue qui aura lieu du 16 au 22 novembre 1992.

Amitiés,

  
C. STATHOPOULOS

Bruxelles, le 13 novembre 1992

NOTE BIO(92) 280 (suite 1 et fin) AUX BUREAUX NATIONAUX  
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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CONSEIL SANTE DU 13 NOVEMBRE 1992

La réunion des Ministres de la Santé s'est terminée avant l'heure du déjeuner. Le Conseil a eu un premier débat sur l'action future dans le domaine de la Santé publique, il a approuvé une résolution sur le contrôle et la surveillance des maladies transmissibles ainsi que des conclusions concernant l'éducation à la Santé et la réduction de la demande de drogue dans la Communauté. Le débat sur la lutte contre le tabagisme n'a pas permis, comme prévu, l'adoption de la proposition de directive qui vise l'interdiction de la publicité en faveur des produits de tabac.

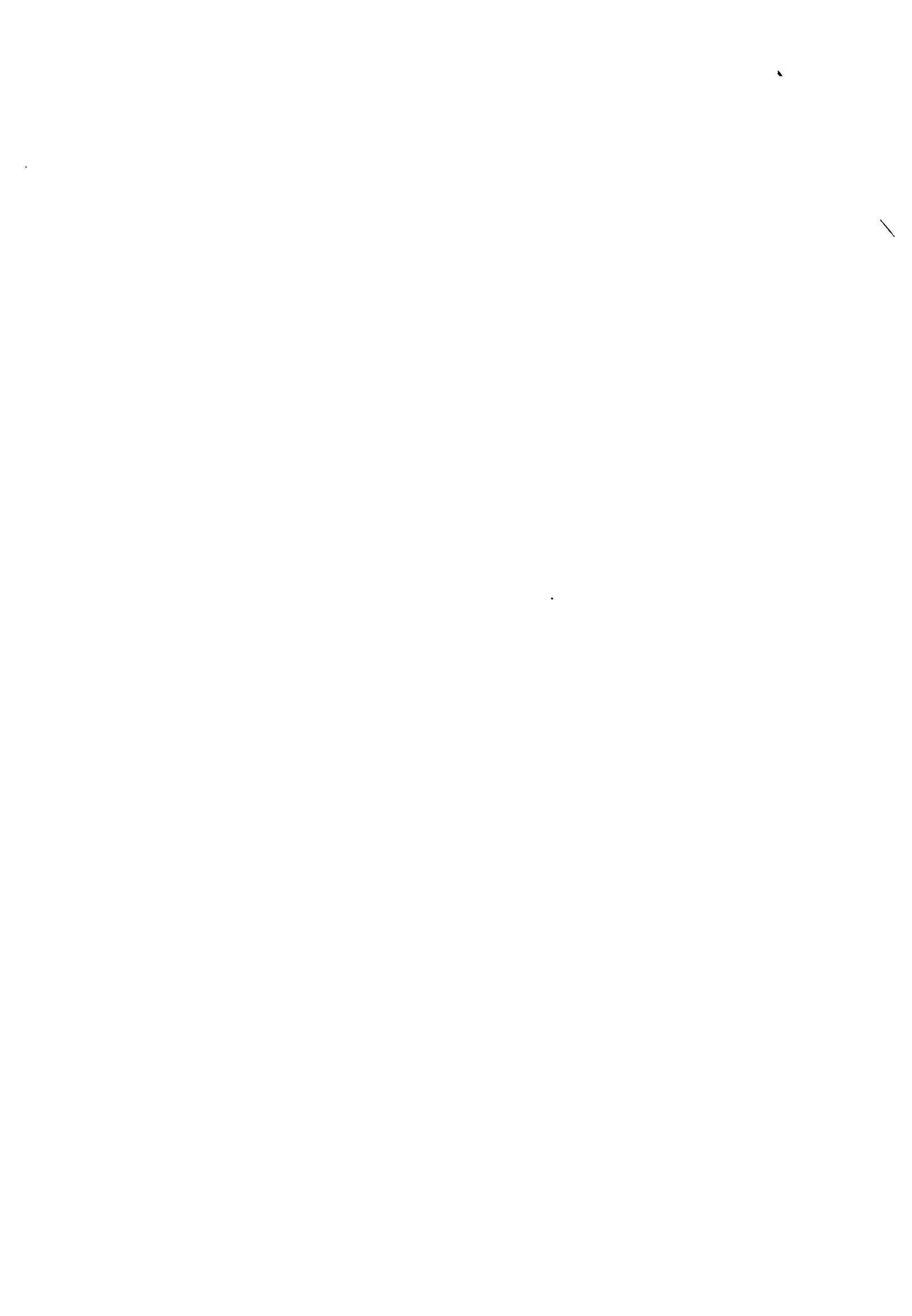
Le Conseil a concentré ses discussions sur l'action future dans le domaine de la Santé publique, se basant sur un document de travail de la Commission et une note de la Présidence. Ces documents posaient des questions auxquelles les Ministres ont donné leur première réaction. Plusieurs se sont exprimés en faveur de programmes pluriannuels que la Commission devrait présenter au Conseil et qui devraient prévoir aussi des mécanismes d'adaptation. Ces mécanismes sont nécessaires pour tenir compte de l'évolution de certaines maladies graves comme par ex. le cancer et le sida. Certains Ministres ont souligné la nécessité de réorienter les objectifs des politiques dans le domaine de la santé publique pour les adapter aux paramètres actuels des problèmes; les populations ont une attente de vie supérieure, des maladies comme le sida demandent une intensification de la recherche et de la prévention.

Certains pays ont demandé une augmentation des ressources des actions communautaires qui ne devraient pas rester "symboliques". D'autres ont souligné l'explosion des coûts des systèmes de santé nationaux, qui rend difficile l'augmentation des ressources communautaires. Tous étaient d'accord sur la nécessité de justifier toute action nouvelle en démontrant qu'il y a une valeur ajoutée si on agit au niveau communautaire. La coopération internationale ainsi que l'échange d'information entre les Etats membres devront être améliorées. Les Ministres sont convenus de poursuivre l'examen de cette question lors de leur prochaine réunion en mai 1993.

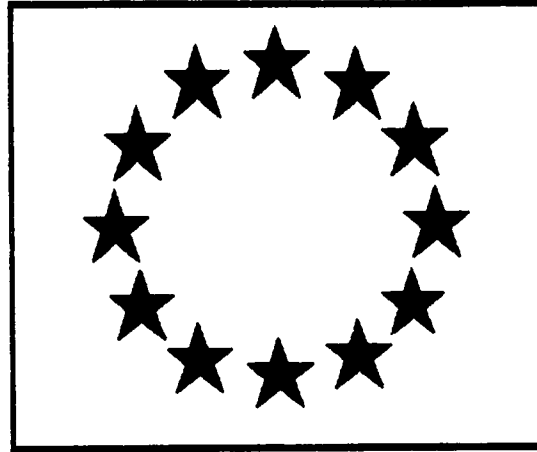
La discussion sur le tabagisme a confirmé les positions déjà connues de chacun des Etats membres. Mme PAPANDREOU a souligné dans son intervention que la crédibilité du Conseil des Ministres de la Santé était en jeu. Il faut, a-t-elle dit, que les Ministres de la Santé se mettent d'accord sur l'interdiction de la publicité en faveur des produits de tabac, même si les Ministres des Finances ou de l'Agriculture ne semblaient pas être d'accord. Une interdiction de la publicité à la télévision existe déjà (décidée par les Ministres du Marché intérieur). Le tabac causera 450.000 morts en 1992 dans la Communauté, 570.000 en 1995. Mme PAPANDREOU a également souligné que l'Art. 36 du Traité prévoit la possibilité d'interdire les importations entre autre pour des raisons de protection de la santé publique. Ceci signifie que les Etats membres qui interdisent la publicité pourront maintenir ou instaurer des barrières à la libre circulation des produits-supports de cette publicité (magazines, journaux, etc.) même après le 1er janvier 1993. Le Conseil poursuivra ses travaux sur cette proposition de directive.

Amiliés,

C. STATHOPOULOS







**COMMISSION DES COMMUNAUTÉS EUROPÉENNES**  
**COMMISSION OF THE EUROPEAN COMMUNITIES**

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BRUXELLES, LE 13 NOVEMBRE 1992

NOTE BIO(92) 280 (SUITE 1 ET FIN) AUX BUREAUX NATIONAUX  
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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CONSEIL SANTE DU 13 NOVEMBRE 1992

LA REUNION DES MINISTRES DE LA SANTE S'EST TERMINEE AVANT L'HEURE DU DEJEUNER. LE CONSEIL A EU UN PREMIER DEBAT SUR L'ACTION FUTURE DANS LE DOMAINE DE LA SANTE PUBLIQUE, IL A APPROUVE UNE RESOLUTION SUR LE CONTROLE ET LA SURVEILLANCE DES MALADIES TRANSMISSIBLES AINSI QUE DES CONCLUSIONS CONCERNANT L'EDUCATION A LA SANTE ET LA REDUCTION DE LA DEMANDE DE DROGUE DANS LA COMMUNAUTE. LE DEBAT SUR LA LUTTE CONTRE LE TABAGISME N'A PAS PERMIS, COMME PREVU, L'ADOPTION DE LA PROPOSITION DE DIRECTIVE QUI VISE L'INTERDICTION DE LA PUBLICITE EN FAVEUR DES PRODUITS DE TABAC.

LE CONSEIL A CONCENTRE SES DISCUSSIONS SUR L'ACTION FUTURE DANS LE DOMAINE DE LA SANTE PUBLIQUE, SE BASANT SUR UN DOCUMENT DE TRAVAIL DE LA COMMISSION ET UNE NOTE DE LA PRESIDENCE. CES DOCUMENTS POSAIENT DES QUESTIONS AUXQUELLES LES MINISTRES ONT DONNE LEUR PREMIERE REACTION PLUSIEURS SE SONT EXPRIMES EN FAVEUR DE PROGRAMMES PLURIANNUELS QUE LA COMMISSION DEVRAIT PRESENTER AU CONSEIL ET QUI DEVRAIENT PREVOIR AUSSI DES MECANISMES D'ADAPTATION. CES MECANISMES SONT NECESSAIRES POUR TENIR COMPTE DE L'EVOLUTION DE CERTAINES MALADIES GRAVES COMME PAR EX. LE CANCER ET LE SIDA. CERTAINS MINISTRES ONT SOULIGNE LA NECESSITE DE REORIENTER LES OBJECTIFS DES POLITIQUES DANS LE DOMAINE DE LA SANTE PUBLIQUE POUR LES ADAPTER AUX PARAMETRES ACTUELS DES PROBLEMES: LES POPULATIONS ONT UNE ATTENTE DE VIE SUPERIEURE, DES MALADIES COMME LE SIDA DEMANDENT UNE INTENSIFICATION DE LA RECHERCHE ET DE LA PREVENTION.

CERTAINS PAYS ONT DEMANDE UNE AUGMENTATION DES RESSOURCES DES ACTIONS COMMUNAUTAIRES QUI NE DEVRAIENT PAS RESTER 'SYMBOLIQUES'. D'AUTRES ONT SOULIGNE L'EXPLOSION DES COUTS DES SYSTEMES DE SANTE NATIONAUX, QUI REND DIFFICILE L'AUGMENTATION DES RESSOURCES COMMUNAUTAIRES. TOUS ETAIENT D'ACCORD SUR LA NECESSITE DE JUSTIFIER TOUTE ACTION NOUVELLE EN DEMONTRANT QU'IL Y A UNE VALEUR AJOUTEE SI ON AGIT AU NIVEAU COMMUNAUTAIRE. LA COOPERATION INTERNATIONALE AINSI QUE L'ECHANGE D'INFORMATION ENTRE LES ETATS MEMBRES DEVRONT ETRE AMELIOREES. LES MINISTRES SONT CONVENUS DE POURSUIVRE L'EXAMEN DE CETTE QUESTION LORS DE LEUR PROCHAINE REUNION EN MAI 1993.

LA DISCUSSION SUR LE TABAGISME A CONFIRME LES POSITIONS DEJA CONNUES DE CHACUN DES ETATS MEMBRES. MME PAPANDREOU A SOULIGNE DANS SON INTERVENTION QUE LA CREDIBILITE DU CONSEIL DES MINISTRES DE LA SANTE ETAIT EN JEU. IL FAUT, A-T-ELLE DIT, QUE LES MINISTRES DE LA SANTE SE METTENT D'ACCORD SUR L'INTERDICTION DE

LA PUBLICITE EN FAVEUR DES PRODUITS DE TABAC, MEME SI LES

MINISTRES DES FINANCES OU DE L'AGRICULTURE NE SEMBLAIENT PAS ETRE

D'ACCORD. UNE INTERDICTION DE LA PUBLICITE A LA TELEVISION EXISTE

DEJA (DECIDEE PAR LES MINISTRES DU MARCHE INTERIEUR). LE TABAC

CAUSERA 450 000 MORTS EN 1992 DANS LA COMMUNAUTE, 570 000 EN

1995. MME PAPPANDREOU A EGALLEMENT SOULIGNE QUE L'ART. 36 DU

TRAITÉ PREVOIT LA POSSIBILITE D'INTERDIRE LES IMPORTATIONS ENTRE

AUTRE POUR DES RAISONS DE PROTECTION DE LA SANTE PUBLIQUE. CE CI

SIGNIFIE QUE LES ETATS MEMBRES QUI INTERDISSENT LA PUBLICITE

POURRONT MAINTENIR OU INSTAURER DES BARRIÈRES A LA LIBRE

CIRCULATION DES PRODUITS-SUPPLÈMENTS DE CETTE PUBLICITE (MAGAZINES,

JOURNAUX, ETC.) MEME APRES LE 1ER JANVIER 1993. LE CONSEIL

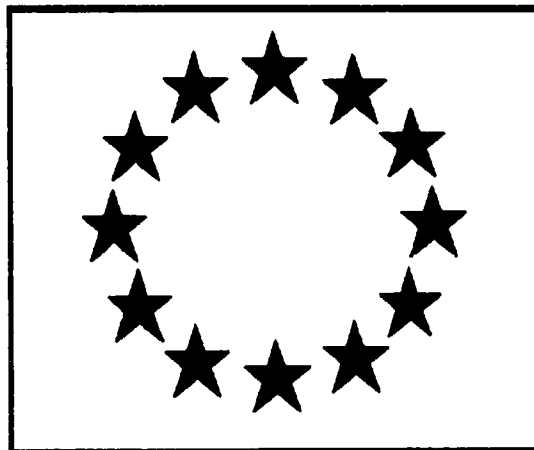
POURSUIVRA SES TRAVAUX SUR CETTE PROPOSITION DE DIRECTIVE.

AMITIES,  
C. STATHOPOULOS

SENT BY SPP HT FRI NOV 13 19:21:59 MET 1992

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**COMMISSION DES COMMUNAUTÉS EUROPÉENNES**  
**COMMISSION OF THE EUROPEAN COMMUNITIES**

FROM : C.E.C. - G.P.P.  
TO : C.E. WASHINGTON - WASHINGTON  
REF : 2318099191 - 13-11-1992 11:23

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BRUXELLES, LE 13 NOVEMBRE 1992

NOTE BIO(92) 280 AUX BUREAUX NATIONAUX  
CC. AUX MEMBRES DU SERVICE DU PORTE-PAROLE

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PREPARATION DU CONSEIL SANTE DU 13 NOVEMBRE 1992

LA PUBLICITE EN FAVEUR DES PRODUITS DU TABAC SERA LE POINT PRINCIPAL DES DISCUSSIONS DU CONSEIL 'SANTE' DONT LA REUNION S'ANNONCE BREVE. LE CONSEIL SERA SAISI D'UN RAPPORT SUR L'ETAT DES TRAVAUX DE LA PROPOSITION DE DIRECTIVE QUI VISE A INTERDIRE LA PUBLICITE DIRECTE OU INDIRECTE SUR LE TABAC (VOIR P-29 DE MAI 1991)

LES TRAVAUX SUR CETTE PROPOSITION N'ONT PAS EVOLUE : TROIS DELEGATION (D, NL, UK) FORMANT UNE MINORITE DE BLOCAGE ONT EMPECHE JUSQU'A PRESENT L'ADOPTION DE CETTE PROPOSITION: DEUX DELEGATIONS (GR ET DK) EPROUVENT EGALEMENT DES DIFFICULTES.

A NOTER QUE LES QUATRE ETATS MEMBRES QUI INTERDISENT LA PUBLICITE SUR LE TABAC (F, P, I ET PROCHAINEMENT B) POURRONT MAINTENIR LES BARRIERES LE 1ER JANVIER 1993 A LA LIBRE CIRCULATION DES PRODUITS-SUPPORTS DE CETTE PUBLICITE (MAGAZINES, JOURNAUX ET AFFICHES) EN L'ABSENCE D'UNE REGLEMENTATION COMMUNAUTAIRE UNIFORME.

LE CONSEIL SERA SAISI EGALEMENT D'UN MEMORANDUM DE LA PRESIDENCE EN VUE D'UNE DISCUSSION SUR LA REDUCTION DE LA CONSOMMATION DE TABAC. LE MEMORANDUM RECONNAIT QUE LES ETATS MEMBRES ONT DES IDEES TRES DIVERSES EN VUE DE REDUIRE LA CONSOMMATION DE TABAC ET EN PARTICULIER SUR LE ROLE DU PRIX DU TABAC OU DE LA PUBLICITE EN SA FAVEUR.

SUR UN PLAN GENERAL, LES DELEGATIONS QUI NE SONT PAS EN FAVEUR DE LA PROPOSITION DE LA COMMISSION RELATIVE A L'INTERDICTION DE LA PUBLICITE DU TABAC (D, DK, NL ET UK) SONT FAVORABLES A UNE DISCUSSION DE CE THEME SUR LA BASE DU MEMORANDUM DE LA PRESIDENCE LA COMMISSION ET D'AUTRES DELEGATIONS, TOUT EN ETANT FAVORABLES A UNE TELLE DISCUSSION, CONSIDERENT PAR CONTRE QUE CELLE-CI DEVRAIT S'INSCRIRE DANS LA PERSPECTIVE DES PROGRES QUI

DOIVENT ETRE ACCOMPLIS SUR LA PROPOSITION DE DIRECTIVE RELATIVE A L'INTERDICTION DE LA PUBLICITE DU TABAC.

LA PRESIDENCE A ESTIME QUE LE THEME DE LA PUBLICITE EN FAVEUR DES PRODUITS DU TABAC DEVRAIT ETRE APPRECIE DANS LE CONTEXTE DU MEMORANDUM: S'AGISSANT DE LA PROPOSITION DE DIRECTIVE ELLE-MEME,

istelfax autocal1-3222350138

ELLE A FAIT ETAT DU PEU D'ESPOIR DE VOIR S'ACCOMPLIR DES PROGRES COMPTE TENU DU DESACCORD POLITIQUE EXISTANT.

LES AUTRES POINTS DE L'ORDRE DU JOUR :

ACTION FUTURE DANS LE DOMAINE DE LA SANTE PUBLIQUE: LE CONSEIL EST APPELE A AVOIR UN DEBAT SUR UNE SERIE DE QUESTIONS SUGGEREES PAR LA PRESIDENCE A LA LUMIERE NOTAMMENT DU DOCUMENT DE TRAVAIL DE LA COMMISSION CONCERNANT LA SANTE PUBLIQUE IL S'AGIT DE SAVOIR :

-2-

- QUEL EST L'OBJECTIF DE LA POLITIQUE COMMUNAUTAIRE EN MATIERE DE SANTE PUBLIQUE:
- EST-IL ACQUIS QUE LA POLITIQUE COMMUNAUTAIRE EN MATIERE DE SANTE A BESOIN D'UN CADRE POUR PERMETTRE UNE CONTINUITE DES POLITIQUES AU SEIN DU CONSEIL 'SANTE'.
- QUEL EST LE MEILLEUR MOYEN DE DEFINIR LES OBJECTIFS DE L'ACTION FUTURE DE LA COMMUNAUTE:
- QUEL EST LE MEILLEUR MOYEN D'ORGANISER LES ACTIONS COMMUNAUTAIRES:
- FAUT-IL TENIR COMPTE DE CES POLITIQUES ET PROGRAMMES DANS L'ETABLISSEMENT D'UN CADRE POUR LA SANTE PUBLIQUE

RESOLUTION SUR LE CONTROLE ET LA SURVEILLANCE DES MALADIES TRANSMISSIBLES: LE CONSEIL EST APPELE A ADOPTER UEN RESOLUTION SUGGEREE PAR LA PRESIDENCE CONCERNANT LE CONTROLE ET LA SURVEILLANCE DES MALADIES TRANSMISSIBLES. DE L'AVIS DE LA PRESIDENCE, LA REALISATION DU MARCHÉ INTERIEUR QUI SUPPOSE LA LIBRE CIRCULATION DES PERSONNES ET DES DENREES ALIMENTAIRES PEUT CONDUIRE A UNE RECRUESCENCE DE CERTAINES MALADIES TRANSMISSIBLES SOUS LA FORME DE FLAMBEES EPIDEMIQUES.

LA COMMISSION EST INVITEE A EXAMINER LES DISPOSITIFS DE COOPERATION EXISTANT DANS LES ETATS MEMBRES EN MATIERE DE SURVEILLANCE ET DE CONTROLE DES MALADIES TRANSMISSIBLES ET A PRESENTER ENSUITE AU CONSEIL UN RAPPORT.

L'ITALIE CONSIDERANT QUE LE CONTROLE ET LA SURVEILLANCE DES MALADIES TRANSMISSIBLES, UNE FOIS LES FRONTIERES INTERIEURES ABOLIES, PESERAIT SUR LES ETATS MEMBRES DE FACON TRES INEGALE SELON LEUR POSITION GEOGRAPHIQUE, SOUHAITE DONC QUE LA COMMISSION ETUDIE D'EVENTUELS SOUTIENS FINANCIERS QU'IL SERAIT OPPORTUN DE FOURNIR AUX ETATS MEMBRES EN QUESTION. CETTE DEMANDE A ETE APPUYEE PAR L'ESPAGNE ET LE PORTUGAL.

LA PRESIDENCE A SUGGERE UNE FORMULATION PROCHE DE CELLE DEMANDEE

PAR L'ITALIE, INVITANT LA COMMISSION A ETUDIER LES 'RESSOURCES, Y COMPRIS. LE CAS ECHEANT, LES COUTS SUPPLEMENTAIRES LIES NOTAMMENT A DES CIRCONSTANCES SPECIFIQUES'.

LE CONSEIL ADOPTERA DES CONCLUSIONS CONCERNANT L'EDUCATION A LA SANTE. IL APPROUVERA AUSSI DES CONCLUSIONS CONCERNANT LA REDUCTION DE LA DEMANDE DE DROGUE DANS LA COMMUNAUTE. A CETTE OCCASION, LA COMMISSION FOURNIRA DES INFORMATIONS CONCERNANT LA PREMIERE SEMAINE EUROPEENNE DE LUTTE CONTRE LA DROGUE QUI AURA LIEU DU 16 AU 22 NOVEMBRE 1992.

AMITIES,

C. STATHOPOULOS

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+++ END OF TLXT +++