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## Preventive health care policies in the Council of Europe member states

**Reply to Recommendation<sup>1</sup>:** Recommendation 1959 (2011)  
Committee of Ministers

1. The Committee of Ministers has examined with interest Parliamentary Assembly [Recommendation 1959 \(2011\)](#) on “Preventive health care policies in the Council of Europe member states”. It has brought the recommendation to the attention of member states’ governments and has also transmitted it to the European Health Committee (CDSP) and to the European Committee of Social Rights (ECSR), the comments of which have been taken into account in this reply. The recommendation has also been communicated to the European Union, the Organisation for Economic Co-operation and Development (OECD) and to the World Health Organisation (WHO/Europe).

2. The Committee of Ministers supports the Assembly’s overall aim to bring prevention to the forefront of public health policy. Whilst acknowledging that determining such policy is primarily the responsibility of individual member states, it would call on governments to consider reviewing, where appropriate, their preventive health care strategies, and their implementation, paying renewed attention to the social determinants of health and health inequalities and focusing on health gains. In so doing, it would invite member states to bear in mind the proposed actions listed under paragraph 9 of the Assembly’s recommendation.

3. In this connection, the Committee of Ministers would also draw attention to Recommendation Rec(2000)18 on criteria for the development of health promotion policies, which proposes measures “to develop comprehensive and coherent strategies for the promotion of health at a countrywide level [...] with a view to identifying priority needs and improving the health of the population and reducing inequalities”.

4. It would also underline that effective preventive health care also requires that there is equal access to relevant services for all sectors of the population, regardless of their socio-economic standing. Awareness-raising initiatives for health care education and information are also important elements in promoting prevention policies.

5. The Committee of Ministers notes that the goals outlined by the Assembly are compatible with the Council of Europe Action Plan for Social Cohesion, approved by the Committee of Ministers on 7 July 2010.

6. It would also highlight the important role of the Revised European Social Charter and its mechanisms, including the Governmental Committee, tasked to supervise states’ implementation of the changes in their legislation and/or practice they have been invited to make, also in the field of preventive health. The Committee of Ministers notes that recommendations related to certain issues raised in the Assembly’s recommendation have been made by the European Committee of Social Rights in its conclusions with regard to several Articles<sup>2</sup> of the European Social Charter. Moreover, the same committee has also, on several occasions, taken a stand when ruling on collective complaints directly or indirectly raising questions connected with preventive health care.

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1. adopted at the 1118th meeting of the Ministers’ Deputies (6 July 2011)

2. Under Articles 3, 7, 8, 11, 12, 13, 15, 17, 19, 23, 30 and 31.



7. The Committee of Ministers remarks that many of the measures and activities proposed in this text are already carried out by other international organisations, in particular the WHO and its Regional Office for Europe, the European Commission as well as the OECD, involving substantial financial resources. Duplication of work by the Council of Europe should therefore be avoided. The Committee of Ministers considers that there may however be some merit and benefit to member states' public health practices in furthering synergies between the public health agendas of different organisations through more targeted and cohesive action, as suggested in paragraph 10.3.

8. Finally, the Committee of Ministers would inform the Assembly that, in the context of the reform of the Council of Europe, it has approved the Secretary General's proposal for a new set-up for intergovernmental structures. In this respect, health matters will continue to be dealt with, as mentioned above, through the European Committee for Social Cohesion and through relevant activities in the European Social Charter as well as under the Convention on Human Rights and Biomedicine. The activities relating to child-friendly health care will also be pursued as part of the transversal programme on children. The European Health Committee (CDSP) will be discontinued. As regards the review exercises advocated in paragraphs 10.1 and 10.2, the Committee of Ministers would inform the Assembly that the Council of Europe does not have the necessary resources to commit to carrying out these activities. With regard to paragraph 10.5, and also taking into account the reform process, the Committee would invite the CDCS to bear the Assembly's recommendation in mind, if appropriate, when discussing its priorities for the coming years.