



Recommendation 1445 (2000)¹

Health security for Europe's population

Parliamentary Assembly

1. The Assembly is concerned about the health risks linked to a speeding up of technological developments and ecological change, and about the difficulty of keeping these under control in a situation in which products and goods are moved around freely. While these developments may be beneficial to human health, they may also pose a threat to it, as several recent problems have shown at international level (Aids, asbestos, mad cow disease, dioxin in animal feed and poisoning linked to mass-market beverages).
2. It notes that people are increasingly anxious and extremely sensitive to health safety issues, and therefore considers it to be of the greatest importance to be able to give all concerned reliable information about the real situation and about the level of health risks which exist, so that these may be managed on a rational basis.
3. The Assembly takes the view that the interests of economic development must not be regarded as conflicting with the absolute need to protect health. It emphasises that it is impossible to do other than attach equal importance to both aspects, and that these are indissociable.
4. Concerned about the effectiveness of resource allocation, the Assembly wishes to promote a comprehensive and coherent framework for the analysis of health safety issues, applicable to all European countries, regardless of the sector involved. It is illogical for the rules applied to the assessment and management of health risks to vary according to causes, type of product to blame, polluted environments, branches of manufacturing concerned or channels through which human beings are exposed to the various physical, chemical or microbiological pollutants. These rules must be unified at European level.
5. The Assembly considers that the avoidable nature of the risks to which the people of Europe have been unreasonably subjected has recently given rise to public indignation and a feeling of insecurity, potentially jeopardising democracy through the naming of scapegoats, an accusation of laxity and a loss of public confidence, all of which may encourage the development of a totalitarian logic detrimental to human rights and to human health and wellbeing.
6. The Assembly notes that society very much expects correct application of the principles of prevention and precaution, and should receive a reasonable and effective response. Excessive precaution could render progress sterile, as could too much laxity. It is therefore necessary to give real substance to these principles, which are all too often mere empty words.
7. The Assembly is convinced that a comprehensive analysis of health safety would be the logical outcome of the action it began with a number of recommendations, particularly [Recommendation 1389 \(1998\)](#) on consumer safety and food quality and [Recommendation 1417 \(1999\)](#) on the dioxin crisis and food safety. It now wishes to widen its treatment of these issues to include all aspects of health safety for Europe's populations.

1. Assembly debate on 27 January 2000 (7th Sitting) (see [Doc. 8551](#), report of the Social, Health and Family Affairs Committee, rapporteur: Mr Mattéi). Text adopted by the Assembly on 27 January 2000 (7th Sitting).



8. Consequently, the Assembly recommends that the Committee of Ministers:

8.1. extend the role of the steering committee responsible for public health by setting up within it a public health unit to offer advice to member states in the various fields connected with this subject as proposed in [Recommendation 1417 \(1999\)](#) of June 1999. It is logical that the Council of Europe, as the first European institution to lay down recommendations on public health, should pursue this pioneering role. It would be the task of the unit to:

- a. help member states to diagnose their own needs in the sphere of health safety;
- b. draw up a guide to the tasks incumbent on the departments which are in charge of health safety in each member state;
- c. suggest a course of action enabling priorities for health safety activity to be defined;
- d. provide member states with a facility for reviewing health warning management arrangements, culminating in the possible award of a Council of Europe seal;
- e. propose to the Assembly a charter on the promotion of health safety in Europe;
- f. prepare a handbook describing how to achieve quality in health safety arrangements;
- g. devise a methodological framework for assessing the effectiveness of health safety arrangements;
- h. compare risk management techniques in Europe, particularly using methods based on feedback;
- i. in conjunction with the appropriate institutions, devise European training programmes covering health safety;

8.2. invite the European Union and the appropriate international organisations to take part in the work of the unit;

8.3. associate the Assembly with the establishment and operation of the unit.

9. In addition, the Assembly recommends that the Committee of Ministers invite member states to:

9.1. increase their knowledge of the various problems which may affect the health safety of their population, and, to this end:

- a. make the observation of health, risks and health risk factors systematic;
- b. develop health monitoring in connection with the main sources of human exposure in order to be able to detect and identify the nature of health risks as rapidly as possible;
- c. list in order of importance the problems and risks to which people are subjected;
- d. organise expert advice on health safety in an effective way;
- e. stimulate health safety research (into risk detection and risk assessment and management in emergency situations);

9.2. do more to control the health risks to which their population is exposed, and therefore:

- a. share responsibility for health risk management among the appropriate state services;
- b. lay down guidelines for risk management policy based on the following ten principles, set out in more detail in the report, which should be enshrined in a health safety charter:

1. Transparency;
2. Comprehensiveness;
3. Rationality;
4. Prevention and precaution;
5. Efficiency;
6. A geographical approach;
7. Ethics;
8. The use of more than one expert;

9. Responsibility;

10. Harmonisation;

c. start processes of public debate on public health decisions, particularly where there is great scientific uncertainty about the problems concerned;

d. make the use of health cost-benefit analyses systematic;

9.3. react better to events jeopardising health safety, and to this end:

a. ensure that there is effective epidemiological investigation capacity in respect of health threats (epidemics, clusters, abnormal exposure), and analysis capacity for identifying pollutants in the different environmental milieus;

b. acquire means of understanding how the public perceives risk problems, so as to have appropriate strategies for action;

c. make communication into a veritable instrument of health safety;

d. make health safety activities "visible" so as to foster renewed public confidence;

e. make the use of feedback systematic.

10. The Assembly invites the European Union to set up, in consultation with the Council of Europe, a European health safety agency which could provide high-level expert advice in the various sectors not covered by existing arrangements, particularly the chemical pollution of consumer products, quality control in the production of food for human and animal consumption, soil pollution, the management of risks throughout the various branches of waste processing, and the traceability of products on sale.