

Recommendation 1959 (2011)¹

Final version

Preventive health care policies in the Council of Europe member states

Parliamentary Assembly

1. The Parliamentary Assembly notes that over the last century Europe has recorded extraordinary progress in health and longevity. European health systems are appreciated worldwide for their equity and their ability to make treatment available to the people free of charge or at a reasonable cost. At the same time, our global consumer society has brought about new illnesses, such as obesity, heart disease, cancer, diabetes and mental health issues, and new health inequalities have emerged.

2. Population ageing will have serious consequences for individuals, communities and states, altering disease patterns and affecting the viability of health systems. Chronic conditions are projected to be the leading cause of disability throughout the world by the year 2020. Some warning voices state that the present generation of children might be the first to have a lower life expectancy than their parents. Worrying data show for instance that diabetes in children has significantly increased in the past ten years. If not successfully prevented and managed, these chronic conditions will become the thorniest problems faced by our health care systems.

3. The health promotion lessons of the past thirty years have often been forgotten, overlooked or disregarded in public policy implementation. Today's European health systems reward and nurture a therapeutic culture in which the goal is primarily to fix what goes wrong. As a consequence, the competent authorities face a strong and steadily growing demand for an increase in the capacity of health systems to meet the needs of an ageing population and improve care quality. The existing knowledge of what ensures health, the so-called health determinants, that is, societal changes as well as the exponentially rising rates of chronic diseases, indicate that national health systems need to shift course and apply a new mindset to health.

4. The Assembly draws attention to the fact that inequalities in access to health care and health education and information still exist, with a well-educated part of the population who enjoy easy access to the resources allocated and disadvantaged groups who experience greater difficulties. Some types of health inequalities have obvious spillover effects on the rest of

society, for example, the spread of infectious diseases, the consequences of alcoholism and drug abuse, or acts of violence and crime. The real issue is therefore how to secure access to the available resources by all population groups, irrespective of socio-economic status.

5. The Assembly considers that disparities in health are partially avoidable to the extent that they stem from identifiable policy options exercised by governments, in particular education, regulation of business and industry, nutrition, agriculture, chemical production, environmental protection, road traffic, transport and alcohol, tobacco or drug consumption. It follows that health inequalities are, in principle, amenable to interventions by public authorities.

6. Governments that care about improving the health of the population must incorporate to a much greater degree considerations of preventive health care policies in their policy setting process. There is a critical window of opportunity for European governments to make an important difference that can affect the lives of millions of Europeans by strengthening preventive and participatory medicine approaches.

7. Current knowledge of the social determinants of health, and of the fact that an improvement in general health represents an additional asset to economic growth, is so well established that it is rarely questioned. The Assembly nevertheless regrets that, despite calls for better prevention policies and despite all the recommendations and a number of statutory and legislative advances, there is still little reaction to known or emerging health risks, in particular those relating to non-communicable diseases. Health promotion policies require long-term vision and the implementation of strategies and concrete measures, which are rarely among national policy priorities.

8. The Assembly therefore urges Council of Europe member states to examine and evaluate their preventive health care strategies, paying renewed attention to the social determinants of health and health inequalities and focusing on the advantages of improving health, and to renew their commitment towards the health goals of the World Health Organization (WHO).

9. Furthermore, the Assembly asks the Committee of Ministers to invite member and observer states of the Council of Europe to:

9.1. define minimum standards of access to health care based on fundamental human rights and sound public health policies and practices, bearing in mind that the right to health applies to the whole population, including all migrants, irrespective of their migratory status;

9.2. work towards the promotion of better health and the closing up of "health gaps" as a shared goal across all sectors of public authority action, and incorporate a concern for impacts on health into the policy development process of all sectors and agencies, by adopting the "health in all policies" approach;

1. Assembly debate on 28 January 2011 (9th Sitting) (see [Doc. 12219](#), report of the Social, Health and Family Affairs Committee, rapporteur: Mrs Maury Pasquier). Text adopted by the Assembly on 28 January 2011 (9th Sitting).

9.3. strengthen risk prevention and reduction mechanisms of environment-related health hazards due to air, water, food, noise and soil pollution and promote the positive health effects of access to a good quality environment, as stressed in Assembly Recommendation 1863 (2009) on environment and health: better prevention of environment-related health hazards;

9.4. improve early screening and detection mechanisms for diseases and health conditions, including HIV/Aids, and tuberculosis, to enable illnesses to be treated promptly and to provide the means by which each individual may be oriented to complementary services and support; furthermore, actively co-operate with WHO and the global surveillance system in order to halt the expansion of infectious diseases;

9.5. promote a comprehensive sex and health education, including abstinence, to prevent the spread of sexually transmitted diseases;

9.6. promote universal screening for non-infectious diseases and for risk factors at key ages or in specific situations, for the prevention of health conditions related to certain genetic or environmental risks;

9.7. incorporate preventive health care policies explicitly in poverty reduction strategies and in relevant socio-economic policies so as to tackle inequalities in access to health information and protection, risk exposure and access to care which lead to major inequalities in the emergence and outcome of diseases, paying particular attention to the situation of vulnerable people in Europe;

9.8. support a good start in life for families and young children by strengthening preventive health care before pregnancy and for mothers and babies in pre- and post-natal, paediatric and school clinics, and through improvements in the educational levels of parents and children;

9.9. intensify the efforts to make health education a priority for public health policy and in particular make sure that they form part of the school curricula, using new technologies in this context;

9.10. develop independent research, based on scientific criteria, free from the influence of economic pressure groups, in particular the food, pharmaceutical and tobacco industries;

9.11. ensure transparent decision making and accountability in all food regulation matters; support sustainable agriculture and food production methods that conserve natural resources; develop a strong food-for-health culture in order to foster people's knowledge of food and nutrition;

9.12. pay attention to the risks of stigmatisation when planning campaigns on nutrition and healthy body weight, which could have

unintended negative consequences for overweight people or people at risk of developing body-image and eating disorders;

9.13. encourage the private sector, as well as the media, to increase their commitment to health issues and make the most high risk industries aware of their responsibilities through negotiation, encouraging transparency and fostering a culture of corporate social responsibility, in particular with regard to the less-privileged segments of the population;

9.14. work with the food and advertising industries to encourage the inclusion of key data, facts and figures on non-communicable diseases and to ban advertising of harmful products; make recommendations for reductions in levels of saturated fat and added sugar and increased marketing of reduced-/low-saturated fat and reduced-/low-/no-sugar versions of certain food products;

9.15. promote the development of indoor and outdoor facilities for physical recreation, especially gymnasia, pools, playing fields and ice rinks; reinforce support for sport programmes, in particular those accessible to the whole population, irrespective of age, sex and origin, and encourage the private sector to accept more social responsibility for extending the use of their facilities to less-privileged people;

9.16. strengthen integration between care and prevention by enlisting the support of health professionals; furthermore, support health education as a key element of initial and continuing medical training, including in particular nutrition, health and human rights education, and introduce health literacy as a key indicator of good hospital care;

9.17. deal with the wider social context that influences a problematic use of alcohol, tobacco and drugs (including psychotropic medicines whose regular use also presents risks of addiction) and support addiction policies within a broad framework of social and economic policies;

9.18. actively support WHO's efforts in establishing an international framework to deal with the harmful use of alcohol, following the example of the WHO Framework Convention on Tobacco Control;

9.19. promote educational campaigns to increase awareness of the gravity and underlying causes of road traffic accidents, deaths and injuries;

9.20. adopt appropriate measures to enable elderly persons to lead independent lives and to continue to live in their usual surroundings as long as they wish and are able to, and provide mental health programmes for any psychological problems in respect of the elderly, together with adequate palliative care services;

9.21. devote special attention to mental health, including the prevention of mental disorders and suicide; promote well-being, including a good

work-life balance and support the social integration of highly marginalised groups such as refugees, disaster victims, the socially excluded, the mentally disabled, the elderly and frail, women and children suffering violence and the very poor;

9.22. formulate, implement and periodically review a coherent national policy on occupational health and safety in consultation with employers' and workers' organisations;

9.23. develop "soft" mobility and healthy and environmentally friendly transport policies, such as public transport, car-sharing and carpooling initiatives, with a view to creating pedestrian- and bicycle-friendly towns, in co-operation with local and regional authorities;

9.24. encourage the participation of civil society organisations, such as patients' and consumers' associations, registered charitable bodies and non-governmental organisations, and actively support them;

9.25. set up evaluation systems and promote the standardisation of data, information collection and relevant indicators, in accordance with the WHO recommendations.

10. Finally, the Assembly calls on the Committee of Ministers to:

10.1. review, update and compare Council of Europe member states' national and international preventive health care policies and health promotion strategies, in co-operation with the European Union;

10.2. review and compare policy implementation and encourage the member states to increase the resources allocated to preventive health care and health promotion policies, and to ensure their sustainability;

10.3. examine the role played by national, European and international organisations engaged in health promotion policies and explore plans for a more strategic interaction based on each organisation's area of specialisation;

10.4. engage in constructive dialogue with the European Commission, with a view to strengthening solidarity in health and reducing health inequalities in Europe by focusing in particular on non-European Union countries, in close co-operation with WHO;

10.5. instruct a committee of experts to elaborate a draft recommendation based on the elements above within the next two years.