People and Health

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Citizens' action for public health

The European Public Health Alliance aims to ensure broad participation in health-related policy-making and to contribute to the promotion of public health. The origins of the Alliance and the ways in which it relates to official bodies are outlined below.

Throughout Europe, nongovernmental organizations with an interest in health are becoming aware of the need to coordinate their efforts. There are many potential gains, ranging from the sharing of experiences to the influencing of official policy. At least within the area of the European Community there is an opportunity to be heard in the policy-making process.

A union of people's advocates

Large commercial vested interests have a strong presence in Brussels and are well positioned to make their cases to the European Community. The need for the voices to be heard of those who speak for the ordinary people in matters of public health has led to the formation of the European Public Health Alliance, which owes its existence to:

- single-issue organizations, in individual countries, which expanded to assume a European dimension;
- the Europe-orientated activities of the Public Health Alliance in the United Kingdom;
- the Euro-Citizens' Action Service.

Voluntary organizations concerned with specific health problems have long existed in particular countries. During the 1980s it became clear that, in order to achieve the organizations' objectives, changes would be required at the supranational level, especially with respect to European Community policy. Directives on tobacco advertising, nutritional labelling of food, and taxation were increasingly the responsibility of the European Commission rather than the governments of Member States, and Brussels-based organizations were accordingly set up.

The Public Health Alliance in the United Kingdom was formed in 1987, with an intersectoral perspective on health.
promotion and disease prevention. It put forward a charter for health with ten areas of concern: income, homes, food, transport, work, environments, public services, education and information, comprehensive health services and equal opportunity.

As part of its function of strengthening and coordinating the health-related activities of nongovernmental organizations, the European Public Health Alliance aims to increase the democratic component in policy-making. In this connection there are two principal goals:

— to ensure the participation of citizens in health-related policy-making at the European level;
— to contribute to the promotion of public health in Europe.

The first meeting of the organizations forming the Alliance took place in September 1991. It quickly became apparent that the new body would have to find ways of accommodating the diverse aims of its members. This partly reflected the very different traditions of public health in the countries represented; indeed there was no clear agreement on the meaning of the term.

One view was that patients’ rights should take priority, and in particular that a charter on patients’ rights should be drawn up. Some participants felt that this task should be the work of patients and their representatives in nongovernmental organizations, and that health professionals should be excluded; others argued that health professionals could make important contributions in many areas.

Other views on priorities related more to health promotion and disease prevention, along the lines of the public health charter of the Public Health Alliance in the United Kingdom. The European Community’s common agricultural policy was mentioned as an example of a policy requiring a health perspective in its future development. Particular reference was made to the current subsidy for tobacco-growing, and more generally the need to place due emphasis on nutritional matters was underlined.

A suggested extension of the intersectoral perspective, to make it directly relevant to people already suffering from chronic disease or impairment, was that their special
needs should be taken into account in policies relating to transport, housing, public buildings, and so on.

The Maastricht Treaty of December 1991, which has yet to be ratified, contains a chapter on public health and proposes the strengthening of environmental and consumer protection law. This chapter marks the first occasion on which the European Community has given a legislative basis for health-related activity other than in specific areas, like those noted earlier. Orientated towards disease prevention, it contains the following particularly notable declaration: "Health protection requirements shall form a constituent part of the Community’s other policies". Another positive feature is the explicit mention of countries outside the Community and international organizations, opening up possibilities of collaboration with the European Region of WHO. The weakness of the chapter stems mainly from its exclusion of harmonization of the laws and regulations of Member States, and more generally from a lack of means of implementing health-promoting measures through actions of these countries, although the possibility exists of taking action on the basis of a qualified majority. The reluctance of the Community to involve itself in issues concerning the funding and organization of health services is understandable, but the inability to issue directives on health grounds, for example on the level of tobacco taxation, is disappointing.

At present, then, the best focus is on health promotion and disease prevention through changes in the European Community’s own policies. This provides ample scope for developing activities in the immediate future. In the longer term there is every hope that stronger public health measures will be adopted, as has happened in related fields such as those of the environment and consumer protection.

### The first step

June 1992 the European Public Health Alliance decided on priorities for specific pieces of work in relation to:
- patients’ rights;
- ethics, health care and disease prevention;
- health aspects of reform of the common agricultural policy;
- the proposed Fifth Environmental Programme of the European Community.

Also in June 1992 the Alliance hosted a seminar on the future of European Community activities on public health. This was attended by members of the European Commission, two Members of the European Parliament with a special interest in health matters, and three members of the committee responsible for preparing implementation of the public health chapter of the Maastricht Treaty. A memorandum of the Alliance’s views on the latter subject formed the basis for discussion. Among the matters covered were the selection of priorities for action, models of health promotion, and methods of making

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intersectoral action effective. A high level of discussion was generated and there was considerable agreement on major points. There was also a useful degree of controversy and a lot of ideas were put forward.