The Treaty of Lisbon and public health in the EU

The Treaty of Lisbon entered into force on 1 December 2009 after a long process of negotiations and ratification in all European Union (EU) Member States. It will bring about several changes in European Community policy, but for public health the existing principle will remain: it will continue to be subject to the subsidiarity principle. This implies rules allowing the Union only to complement national health policies and to act at the level of shared competence aiming at activities to support, coordinate or supplement the actions of the Member States.

However there are a few novelties in the Treaty which will have impact on public health policy. The role of the civil society represented by the European Parliament is significantly strengthened. The Parliament and the Council may adopt incentives designed to protect and improve human health and in particular to combat the major cross-border scourges, measures concerning monitoring, early warning of and combating serious cross-border threats to health.

The Treaty explicitly introduces monitoring and evaluation as an integral part of health policy emphasizing the need for systematic collection and analysis of information on processes and impact of public health actions. Having a more robust legislative basis will enable the European Commission, in close contact with the Member States, to promote initiatives aiming at the establishment of guidelines and indicators, the organization of exchange of best practice, and the preparation of the necessary elements for periodic monitoring and evaluation. The new provisions shall facilitate and enhance collaboration between European countries in activities aimed at:

- fostering elaboration of common indicators for assessing outputs and outcomes;
- establishment of frameworks for systematic reviews of needs; and
- regular monitoring of activities and periodic evaluations of outcomes in areas of health promotion and prevention and control of diseases.

The concept for monitoring and evaluation in the area of public health introduced more prominently by the EU legislative framework shall be used to ensure fulfilment of the European Community commitment to achieve and sustain high level of protection of human health.

Actions to monitor and combat serious cross-border threats to health will be promoted at the EU level encouraging cooperation between the Member States to improve the complementarity of their health policies. The issue of cross-border collaboration is obviously particularly important with regard to communicable diseases. Although the role of the European Centre for Disease Prevention and Control (ECDC) has already been recognized as valuable at the EU level, the Treaty may stimulate actions for further enrichment of the approaches on early warning, monitoring and evaluation of surveillance activities as well as technical and scientific evaluation of prevention and control measures at community level.¹ ³ ⁵

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Cancer survival in high-income and low-income countries: role of dose calculation of chemotherapy

I read with interest the work by Dr Redaniel et al. on ‘Cancer survival differences between European countries and an urban population from the Philippines.’

GLOBOCAN 2002 (database of Cancer Incidence and Mortality Worldwide of IARC) of WHO (http://www-dep.iarc.fr/), which I have cited and found excellent in my epidemiological observation earlier, fails to provide any clue to the differences of survival in cancer in developed and developing world. It contains mortality rate, which is based on population. Mortality rate, astonishingly, is shown to be much lower in India than in USA. Difference in survival may be described in three categories of cancer, such as screen detectable like breast and cervical, blood cancer with costly treatment regimen or other type such as oesophagus or liver, etc. While there is wide variation in survival in the first two categories, variation is less in the third one. But there is hardly any data on survival in stage-to-stage basis. Our common perception is that survival is much lower for individual stages also in

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