

# THE EU'S APPROACH TOWARDS YOUNG PEOPLE AND THEIR HEALTH

AN OVERVIEW OF RECENT POLICY DEVELOPMENTS AT THE EU LEVEL AFFECTING CHILDREN'S AND YOUNG PEOPLE'S HEALTH



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## AUTHOR:

This overview was compiled by **Wouter VAN DONGEN** for the GRADIENT project ([www.health-gradient.eu](http://www.health-gradient.eu)) , coordinated by EuroHealthNet.

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## I. INTRODUCTION

The following report presents an overview of existing EU policies that affect or could possibly affect the health of children and young people in Europe. It has been compiled by EuroHealthNet within the framework of the GRADIANT research project ([www.health-gradient.eu](http://www.health-gradient.eu)) which has received funding from the European Community (FP7 2007-2013) under EC Grant Agreement No HEALTH-F2-2009-223252.

### EUROHEALTHNET

EuroHealthNet ([www.eurohealthnet.eu](http://www.eurohealthnet.eu)) is an organisation that aims to contribute to a healthier Europe with greater equity in health between and within European countries. This is achieved by networking and cooperation among relevant and publicly accountable national, regional and local agencies in EU member states, in states seeking EU membership and in the European Economic Area. EuroHealthNet has no profit-making aims and seeks funding from a range of sources and donors only to carry out its objectives.

### THE GRADIANT PROJECT

*Health inequalities* (for definitions of all words in italics: see GRADIANT Glossary in Annex II) are currently regarded as one of the most important *public health* challenges in the EU. However, we do not have sufficient knowledge of which actions are *effective* to level up the *gradient* in health inequalities. The GRADIANT project aims to address this knowledge gap, to ensure that political momentum is maintained and that operational strategies can be developed to make progress on this issue. The focus of the research project will be on *families* and *children*, since the greatest impact on reducing the health gradient can be achieved through early life policy interventions and by creating equal opportunities during childhood and adolescence. Twelve institutions from all over Europe are involved in the GRADIANT project, including universities, research institutes and public health institutes at both national and regional levels.

The GRADIANT project strives to 1. develop a consensus-based European Framework to monitor and evaluate public health policies and their impact on health-gradients; 2. investigate if and why children and families from different socio-economic groups respond differently to public health policy interventions; 3. identify protective factors for the health of children and young people and their families focusing on social relations and *social networks*, in order to explore alternative policy options that moderate social inequities in health; 4. analyse and compare the impact of *universal policies* for families and children with the impact of *targeted policies* for 'at risk' families and children; and 5. formulate policy recommendations at European, national, regional and local level and to disseminate the findings across the European Union.

This overview is to serve as a stocktaking exercise as to which policies currently exist at the EU level, and as a future basis for policy analysis and formulation of recommendations on the EU level, based on the evidence generated by the GRADIENT project.

## EU POLICIES INFLUENCING THE HEALTH OF CHILDREN AND YOUNG PEOPLE

The GRADIENT project uses the WHO definition of *health*. According to this definition health is more than merely the absence of disease: it is a state of complete physical, mental and social well-being, and a resource for everyday life. As a positive concept emphasizing social and personal resources as well as physical capacities, it can be affected in a large number of ways, of which *public health policy* is just one. Health is greatly influenced by policies affecting what we call the *social determinants of health*. That is why, when analysing policies that could affect *children's* health, it is important to include all policy areas. Another reason to take a broad approach, is the *subsidiarity principle*: public health is not an official competence of the EU and meaning that the EU does not take action at the Community level unless this is more effective than action taken at the national, regional or local level. Therefore, health can often only be touched upon via other policy areas. For both these reasons, any policy documents from any policy areas that could affect the health of young people were considered for inclusion in this report. This means the focus will rather be on the determinants of health, ranging from alcohol to sports and from toy safety to child poverty, than on traditional health (care) issues.

## CRITERIA FOR INCLUSION AND SEARCH STRATEGY

This report does not present, nor aims to present, an exhaustive overview of EU policies dealing with the health of children and young people and only includes policies from 2000 onwards, and within that group those which were thought to be most relevant. Any suggestions concerning other relevant policies or reports which were not included in this overview are therefore most welcome at [a.ieven@eurohealthnet.eu](mailto:a.ieven@eurohealthnet.eu).

Information was collected mainly via official (online) EU sources, such as websites of the Commission and the different DGs, EURLEX (official legislation) pages and WHO online sources. The policy overview includes only written policies, that is, policies that have been documented and published, and does not take into account any non-written policies such as Europe-wide campaigns or projects funded by the EU. It does, however, include a number of reports, pacts and conferences which were thought to be relevant to the topic because they illustrate the EU's involvement in issues related to children's and young people's health. For the same reasons some proposals for legislation were also included. Although these have not yet been adopted and, for the moment, lack any legal force, they do illustrate EU concern in a particular field and indicate that action is on its way.

The report discusses policy documents divided over eight policy areas (which do not coincide with the different Directorates General (DGs) however), which include:

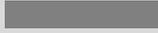
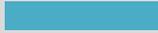
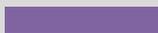


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- education, training and youth
- public health
- consumers
- food and agriculture
- employment and social policy
- human rights
- justice, freedom and security
- research

In addition, a number of documents from other bodies, most notably the WHO regional office for Europe, were included in a separate section because of their added value in the field of children and young people's health in Europe.

All documents have been categorised into four different groupings: the overarching policy framework or strategy in a particular policy area; relevant policy documents that (normally) fall within this policy framework or strategy, including decisions, directives, regulations and resolutions; supporting documents, which include action plans or action programmes; and all the remaining documents, such as conferences and reports. All documents have been colour coded according to these four groupings (see table below).

	= overarching policy framework or strategy
	= relevant policy document within the policy framework (Decisions, Directives, Recommendations, Regulations, Resolutions, Communications)
	= supporting action plan or programme
	= other relevant document (pact, conference, report etc.)
	= follow-up document/important relation between documents
<b>bold</b>	= key words
<i>italics</i>	= related EU policy or document
<u>underlined</u>	= relevance to health or children and young people

## STRUCTURE OF THE REPORT

The policy overview is divided into tables, each of which displays a certain policy document. In these tables, the name of the policy document and the body that issued it, the date on which it was published and the official code of the document are shown, in some cases followed by an internet link which provides more information on the topic. This is followed by more detailed, though comprehensive information on the issue

concerned. Key words are highlighted in bold and the relevance of the document to the field of health and/or children and young people is indicated by underlined wordings. In addition, the right column of every table summarises the main elements of the document.

A number of key features are mentioned here. First of all, it is indicated what kind of policy document is being dealt with, that is, whether it is a Commission Communication, Decision, Directive, or any other kind of policy document. Secondly, it is stated whether the policy document belongs to the field of health (where health is defined in the strict, traditional, pathogenic sense of the word) or that it has its origins in other policy areas. Thirdly, it is made clear whether the document concerned is targeted at children and young people *at risk* (and thus not merely targeted at children and/or young people in general) or whether it has a more universal approach and applies to all (young) citizens in general. Fourthly, information is given on the age-group that the policy aims to reach. Next, it is mentioned whether it wants to do so directly or indirectly. Direct policy measures are those that influence or benefit children directly. Indirect policy measures include those measures that could influence the health of children and young people through another medium, i.e. through their environment. This could be via traditional school settings or other educational settings, through their family, through their leisure environment (such as toys and video games), or via other settings like youth centres, childcare facilities, shops and the internet. Finally, it is stated whenever the document concerned contains an equity component, thereby referring to the fact that it explicitly refers to tackling social inequalities.

Not all documents, however, provide clear information on the abovementioned elements. Their categorisation has therefore been subject to personal interpretation. For the same reason, some policy documents could not be categorised at all and information about key features such as age group might be absent in a number of cases. The division of policies into different categories should thus not be seen in too rigid a way. It should be regarded as a tool to create a simple, accessible and comprehensive overview.

The report is structured as follows. First, a summary overview of the policy documents included in the report is given. This is followed by a more detailed examination in which documents are divided according to their policy area (as mentioned above). Finally, the report will conclude with some general impressions of the EU's policies in the field of young people's health.

## II. OVERVIEW OF EU POLICIES AFFECTING CHILDREN’S AND YOUNG PEOPLE’S HEALTH

### SUMMARY OVERVIEW

#### EDUCATION, TRAINING & YOUTH

2000	European Parliament + Council	Decision 1031/2000/EC: <b>Youth Community Action Programme 2000-2006</b>
2001	Commission	White Paper ‘ <b>A new impetus for European youth</b> ’
2002	Council	Resolution 2002/C 168/02 <b>regarding the framework of European cooperation in the youth field</b>
2000	Council	Resolution 2000/C 374/04 <b>on the social inclusion of young people</b>
2003	Council	Resolution 2003/C 134/04 <b>on equal opportunities for pupils with disabilities in education and training</b>
2005	Council	Presidency Conclusions: <b>European Youth Pact</b>
2005	Commission	Communication: <b>Implementing European Youth Pact</b>
2005	Council	Resolution: <b>Implementing European Youth Pact</b>
2006	European Parliament + Council	Decision 1719/2006/EC: <b>Youth in Action Programme 2007-2003</b>
2007	Council	Resolution 2007/C 314/01 <b>on equal opportunities for all young people</b>
2007	Commission	Communication: <b>Promoting young people’s participation</b>

European Youth Pact

p.12	2008	Council	Resolution 2008/C 141/01 <b>on the participation of young people with fewer opportunities</b>	p.16	
p.12	2008	Council	Resolution 2008/C 319/01 <b>on the health and well-being of young people</b>	p.17	
p.13	2009	Commission	Communication: ‘ <b>an EU Strategy for Youth – Investing and Empowering</b> ’	p.18	
p.13	2009	Commission	Staff Working Doc.: <b>EU Youth Report</b>	p.19	
p.13	2007	Commission	White Paper on <b>Sport</b>	SPORT p.19	
p.14	2007	Commission	Staff Working Doc. <b>Sport Action Plan ‘Pierre Coubertin’</b>		p.20
p.14	2008	Commission	Green Paper on <b>Migration and mobility</b>	EDUCATION & TRAINING p.21	
p.14	2008	Commission	Communication on an agenda for European cooperation on schools		p.21
p.15	<b>PUBLIC HEALTH</b>				
p.15	2000	Commission	Communication on <b>the health strategy</b>	OVERALL HEALTH p.22	
p.15	2002	European Parliament + Council	Decision 1786/2002/EC: <b>Community Action Programme on Health 2003-2008</b>		p.23



2007	Commission		p.23
	White Paper: <b>'Together for Health'</b>		
2007	European Parliament + Council		p.24
	Decision 1350/2007/EC: <b>Community Action Programme on Health 2008-2013</b>		
2001	Council		p.25
	Recommendation 2001/458/EC on <b>drinking of alcohol and young people</b>	ALCOHOL	
2001	Council		p.26
	Council Conclusions: <b>reducing alcohol-related harm</b>		
2004	Council		p.27
	Council Conclusions: <b>alcohol and young people</b>		
2006	Commission		p.27
	Communication: <b>EU Strategy to support Member States in reducing alcohol-related harm</b>		
2002	Council		p.28
	Recommendation 2003/54/EC on <b>the prevention of smoking and on initiatives to improve tobacco control</b>	TOBACCO	
2003	Council		p.29
	Directive 2003/33/EC on <b>advertising and sponsorship of tobacco products</b>		
2007	Commission		p.30
	Green Paper <b>'Towards a Europe free from tobacco smoke: policy options at EU level'</b>		
2000	Council		p.31
	Resolution 2001/C 20/01 on <b>health and nutrition</b>	NUTRITION & PHYSICAL ACTIVITY	
2005	Council		p.31
	Council Conclusion: <b>'Obesity, nutrition and physical activity'</b>		
2005	Commission		p.32
	Green Paper: <b>'Promoting healthy diets and physical activity'</b>		
2007	Commission	p.32	
	White Paper: <b>'A Strategy for Europe on Nutrition, Overweight and Obesity related Health Issues'</b>		
2004	Commission		p.34
	Conference on <b>the mental health of children and young people</b>	MENTAL HEALTH	
2005	Commission		p.34
	Green Paper: <b>Towards a European Strategy for Mental Health</b>		
2008	Commission		p.35
	<b>European Pact for Mental Health and Well-being</b>		
2008	Commission/DG SANCO	p.35	
	Consensus Paper: <b>Mental health in youth and education</b>		
2003	Commission		p.35
	Communication: <b>A European Environment and Health Strategy</b>	ENVIRONMENT & HEALTH	
2004	Commission		p.36
	Communication: <b>'The European Environment &amp; Health Action Plan 2004-2010'</b>		
2000	Commission		p.39
	Services Working Paper: <b>Report on the state of young people's health in the EU</b>		
2009	Commission	p.39	
	Conference on <b>Youth Health</b>		
2005	Commission		p.39
	Communication on <b>combating HIV/AIDS</b>		
<b>CONSUMERS</b>			
2005	European Parliament + Council		p.40
	Decision 845/2005/EC <b>establishing a multiannual Community Programme on promoting safer use of the internet and new online technologies</b>		
2001	Commission		p.40
	Decision 2001/579/EC on <b>the publication of the reference of a safety of toys standard</b>		

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2005	European Parliament + Council		p.41		
	Directive 2005/84/EC on <b>phthalates in toys and childcare articles</b>	TOY SAFETY			
2008	Commission		p.41		
	Proposal for Directive on <b>safety of toys</b>				
2008	Commission		p.42		
	Decision 2008/329/EC concerning <b>information on health and safety risks of magnetic toys</b>				
2002	Council	VIDEO GAMES	p.42		
	Resolution 2002/C 65/02 on the <b>labelling of video games</b>				
2008	Commission		p.42		
	Communication on the <b>protection of consumers in respect of the use of video games</b>				
2006	Commission	LIGHTERS	p.43		
	Decision 2006/502/EC on <b>child-resistant lighters</b>				
2008	Commission		p.43		
	Decision 2008/357/EC on <b>child safety standards for lighters</b>				
<b>FOOD &amp; AGRICULTURE</b>					
2007	Council		p.44		
	Regulation 1234/2007 on <b>specific provisions for certain agricultural products</b>				
2008	Commission		p.44		
	Regulation 657/2008 on a <b>School Milk Scheme</b>				
2009	Commission		p.45		
	Regulation 288/2009 on a <b>School Fruit Scheme</b>				
<b>EMPLOYMENT &amp; SOCIAL POLICY</b>					
2001	European Parliament + Council		p.46		
	Decision 50/2002/EC <b>establishing a programme of community action to encourage cooperation between Member States to combat social exclusion</b>				
2004	Commission/DG EMPLO		p.46		
	Report on <b>policy responses in reducing child poverty</b>	SOCIAL INCLUSION/CHILD POVERTY			
2004	Commission/DG EMPLO		p.47		
	Report on <b>policy measures concerning disadvantaged youth</b>				
2006	Council		p.47		
	Presidency Conclusions on <b>the relaunched Lisbon Strategy</b>				
2007	Commission/DG EMPLO		p.47		
	Report on <b>Poverty and Social Exclusion among Lone-Parent Households</b>				
2007	Commission/DG EMPLO		p.48		
	Report on the <b>Segregation of Roma Children in Education</b>				
2007	Commission/DG EMPLO		p.48		
	Report on <b>Tackling child poverty and promoting the social inclusion of children in the EU</b>				
2008	Commission/DG EMPLO		p.48		
	Report on <b>policy measures concerning child poverty</b>				
2008	Commission/DG EMPLO		p.48		
	Report on <b>Child Poverty and Well-Being in the EU</b>				
2008	Commission/DG EMPLO	p.49			
	Report on <b>Social Protection and Social Inclusion</b>				
2008	Commission	p.49			
	Communication ' <b>Renewed social agenda: Opportunities, access and solidarity in 21<sup>st</sup> century Europe</b> '				
1992	Council	FAMILIES & CHILDREN	p.50		
	Directive 92/85/EEC on <b>measures to encourage the health and safety of pregnant workers</b>				
2008	Commission		p.51		
	Proposal for a Directive <b>amending Directive 92/85/EEC</b>				
1992	Council		p.51		
	Directive 92/241/EEC on <b>child care</b>				
1996	Council	p.51			
	Directive 96/34/EC on <b>the framework agreement on parental leave</b>				

2000	Council	Resolution 2000/C 218/02 on the <b>balanced participation of women and men in family and working life</b>	p.53
2008	Commission	Communication ' <b>A better work-life balance</b> '	p.53
2008	Council	Report on the <b>implementation of the Barcelona objectives concerning childcare facilities for pre-school-age children</b>	p.54
1994	Council	Directive 94/33/EC on the <b>protection of young people at work</b>	p.55
2002	Commission	Communication: ' <b>Adapting to change in work and society: a new Community Strategy on health and safety at work 2002-2006</b> '	p.56
<b>HUMAN RIGHTS</b>			
2000	European Parliament + Council	Decision 293/2000/EC establishing <b>community action programme DAPHNE</b>	p.57
2004	European Parliament + Council	Decision 803/2004/EC establishing <b>community action programme DAPHNE II</b>	p.57
2007	European Parliament + Council	Decision 779/2007/EC establishing <b>community action programme DAPHNE III</b>	p.58
2004	Council	Declaration 9405/04 on <b>Racism and Intolerance in relation to Young People</b>	p.58
2006	European Parliament + Council	Decision 771/2006/EC establishing a <b>European Year of Equal Opportunities for All</b>	p.58
2006	Commission	Communication ' <b>Towards an EU Strategy on the Rights of the Child</b> '	p.59
2007	Commission	Decision 2007/116/EC on a <b>children's hotline</b>	p.60
2007	Commission	Decision 2007/698/EC on <b>amending Decision 2007/116/EC</b>	p.60
<b>JUSTICE, FREEDOM &amp; SECURITY</b>			
2004	Council	Note 15074/04 on a <b>EU Drugs Strategy</b>	p.61
2005	Council	Information 2005/C 168/01 on a <b>EU Drugs Action Plan 2005-2008</b>	p.61
2007	European Parliament + Council	Decision 1150/2007/EC establishing a ' <b>Drug prevention and information</b> ' programme	p.62
2008	Council	Notice 2008/C 326/09 on a <b>EU Drugs Action Plan 2009-2012</b>	p.63
2000	Council	Decision 2000/375/JHA to <b>combat child pornography on the internet</b>	p.63
2007	Commission	Communication ' <b>Towards a general policy on the fight against cyber crime</b> '	p.63
2009	Commission	Proposal for a framework Decision on <b>combating the sexual abuse, sexual exploitation of children and child pornography</b>	p.64

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<b>RESEARCH</b>		
1998-2002	<b>Fifth Research Framework Programme</b>	p.65
2002-2006	<b>Sixth Research Framework Programme</b>	p.65
2007-2013	<b>Seventh Research Framework Programme</b>	p.65
<b>RELEVANT DOCUMENTS AND DEVELOPMENTS OF OTHER BODIES</b>		
2002	WHO Europe + European Environment Agency <b>Children’s health and environment: A review of evidence</b> (joint report)	p.67
2004	WHO Europe + HBSC <b>Young people’s health in context</b> (report from the HBSC 2001/2002 survey)	p.67
2005	WHO Europe <b>Children’s health and development. Developing action plans</b>	p.68
2005	WHO Europe <b>European strategy for child and adolescent health and development</b>	p.68
2006	WHO Europe + HBSC <b>Addressing the socioeconomic determinants of healthy eating habits and physical activity among adolescents</b> (report)	p.68
2007	WHO Europe <b>Children’s health and the environment in Europe</b> (report)	p.68
2008	WHO Europe + HBSC <b>Social cohesion and mental well-being among adolescents</b> (report)	p.69
2008	WHO Europe + HBSC <b>Inequalities in young people’s health</b> (report from the HBSC 2005/2006 survey)	p.69

# 1. EDUCATION, TRAINING & YOUTH

## YOUTH

Community  
Action  
Programme  
2000-2006

### European Parliament and Council Decision establishing the 'Youth' Community Action Programme 2000-2006

Date: 13 April 2000

*Decision 1031/2000/EC*

The **Youth Programme** offers young people opportunities for mobility and active participation and contributes to the development of youth policy, based on non-formal education. It aims to promote exchanges between young people, voluntary work, participation and active citizenship, and the innovation and improvement of international training and cooperation skills in the youth field. It is also based on the objectives laid down by the Commission in its communication '*Towards a Europe of knowledge*'. In relation to health, the Decision aims to promote respect for human rights and to combat racism and xenophobia.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/c11603\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/c11603_en.htm)

- Decision
- universal
- non-health
- age group: 15-25
- direct

Policy  
Framework  
for youth

### Commission White Paper 'A new impetus for European youth'

Date: 21 November 2001

*COM(2001) 681 final*

With the White Paper on Youth, the Commission aims at increasing involvement of young people in public life. It calls on young people to become active citizens and hopes to give them the means to express their ideas and to make a greater contribution to society. In order to help the Member States and regions of Europe to take action for young people in Europe, the White Paper proposes a **new framework for cooperation** consisting of two components: increasing cooperation between Member States (relying on the Open Method of Coordination), and taking greater account of the youth factor in sectoral policies. For example, with regard to social inclusion, the Commission proposes, *inter alia*, to give young people access to resources, rights and services (such as healthy housing and appropriate health care); develop preventive approaches to address the causes of social exclusion of young people at a very young age; and reforming the social security systems and social legislation. The White Paper also comes to the conclusion that there is a widespread demand for preventive health information and education (both on physical and mental health) for all to promote a healthy lifestyle. The

- White Paper
- universal
- non-health
- age group: 15-25
- direct
- equity component



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creation of youth-specific health care facilities is seen as a necessary prerequisite. Furthermore, it is said that public health policies should put more emphasis on health problems affecting young people, which requires more studies, statistics and media reporting on this issue. Attention is also given to reconciling family and work life (through e.g. parental leave and child care services) and violence against (young) women.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/c11055\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/c11055_en.htm)



## Council Resolution regarding the framework of European cooperation in the youth field

Date: 27 June 2002

*Resolution 2002/C 168/02*

The resolution follows on from the White Paper by suggesting the priorities and timetable for the EU's workup until 2004 in the field of youth.

- Resolution
- universal
- non-health



## Council Resolution on the social inclusion of young people

Date: 14 December 2000

*Resolution 2000/C 374/04*

The Resolution builds on the *Lisbon Strategy* laid down in March 2000 and is in line with the later on adopted White Paper 'A new impetus for European youth'<sup>1</sup> and calls on the Commission and the Member States to take several initiatives to ensure that young people are included in all aspects of society.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/c11605\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/c11605_en.htm)

- Resolution
- universal
- non-health
- direct

## Council Resolution on equal opportunities for students with disabilities in education and training

Date: 5 May 2003

*Resolution 2003/C 134/04*

Recalling the Commission Communication of 2000 'Towards a barrier-free Europe for people with disabilities' and the related European Parliament Resolution of 2001, this Resolution aims to encourage the Commission and Member States to promote the social inclusion of young people with special needs or disabilities.

- Resolution
- targeted
- non-health
- age group: pupils and students
- direct
- equity component

<sup>1</sup> see page 9





## European Youth Pact

### Council Presidency Conclusions: A European Youth Pact

Date: 22 and 23 March 2005

*Council Presidency Conclusions 7619/1/05 REV 1*

The European Council calls on Member States, within the Framework of the *European Employment Strategy* and the *Social Inclusion Strategy*, to improve the education, training, mobility, vocational occupation and social inclusion of young people while facilitating the reconciliation of work and family life. This so-called **European Youth Pact** should ensure the overall consistency of initiatives to be taken in these areas.

- Presidency Conclusions
- universal
- non-health
- direct



### Commission Communication on European policies concerning youth. Addressing the concerns of young people in Europe – implementing the European Youth Pact and promoting active citizenship

Date: 30 May 2005

*COM(2005) 206 final*

This Communication shows how the Member States can put into operation the *European Youth Pact*, which was adopted by the European Council in March 2005, tying in with the European strategies for employment and **social inclusion** and the *Education and Training 2010* work programme. The Communication also draws attention to other policies which are relevant for young people, including a European initiative for the health of children and young people which is planned for 2006 and youth-related research as part of the *Sixth and Seventh Research Framework Programmes*<sup>2</sup>.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/c11081\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/c11081_en.htm)

- Communication
- universal
- non-health
- age group: 15-25
- direct
- equity component



### Council Resolution on addressing the concerns of young people in Europe – implementing the European Youth Pact and promoting active citizenship

Date: 24 November 2005

*Resolution 2005/C 292/03*

The resolution states that when developing a youth strategy in other relevant European policies, priority should be given to, *inter alia*, **anti-discrimination**, **healthy lifestyles**, including sport, and research on youth issues.

- Resolution
- universal
- non-health
- age group: 15-25
- direct
- equity component

<sup>2</sup> see page70



# DRAFT: DO NOT CITE WITHOUT PERMISSION



Community  
Action  
Programme  
2007-2013

## European Parliament and Council Decision establishing the 'Youth in Action' Programme 2007-2013

Date: 15 November 2006

*Decision 1719/2006/EC*

The '**Youth in Action**' programme for the period 2007 to 2013 aims to develop and support cooperation in the field of youth in the EU. It is designed to encourage young people, especially the most disadvantaged and the disabled, to participate in public life, and also to promote their sense of initiative, entrepreneurial spirit and creativity. To this end, 'Youth in Action' defines general and specific objectives which are implemented through five actions. It has a budget of EUR 885 million and its operation is largely decentralised. It is accessible to young people aged from 13 to 30 in the Member States and in third countries.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/c11080\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/c11080_en.htm)

- Decision
- universal
- non-health
- age group: 13-30
- direct
- equity component



## Council Resolution on creating equal opportunities for all young people

Date: 25 May 2007

*Resolution 2007/C 314/01*

The Resolution invites the Commission and Member States to improve the coherence of measures to implement the *European Youth Pact* and to make full use of the Youth in Action Programme with the aim of enabling as many young people as possible to live a healthy lifestyle. The importance of cross-sectional cooperation between youth policy and other policy areas is stressed.

- Resolution
- universal
- non-health
- direct
- equity component



## Commission Communication promoting young people's participation in education, employment and society

Date: 5 September 2007

*COM(2007) 498 final*

By building on the policy framework which has been set up since the White Paper on Youth, the Commission in this Communication addresses in greater detail the main measures of the *European Youth Pact* and refers to the employment guidelines and the objectives of the *Social Policy Agenda*. In the Communication the Commission draws attention to, *inter alia*, the importance of good health as a prerequisite for building

- Communication
- universal
- non-health
- age group: up to 30
- direct
- equity component



human capital and full participation. The prevention of ill-health is stressed, especially in the fields of alcohol, drug abuse, tobacco, consumer health, nutrition and obesity, HIV/AIDS and mental health. Greater inter-sectoral collaboration is needed to address the social dimension of health and create tailored actions to promote young people's health. The importance of promoting better nutrition and physical activity is also highlighted. In the Communication the Commission invites Member States to fight child poverty by promoting equal opportunities for children and young people in the field of education and parent's labour market participation and to equip youth organisations and youth workers to deal with health issues.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/c11103\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/c11103_en.htm)



### Council Resolution on the participation of young people with fewer opportunities

Date: 22 May 2008

*Resolution 2008/C 141/01*

This Resolution invites Member States and the Commission to give priority to young people in vulnerable situations when implementing the *Lisbon Strategy* and the *European Youth Pact*. Member States should adopt a multidisciplinary approach when developing their specific policies and programmes. In particular, the Council invites the Commission to:

- study national good practices in order to identify possible lines of action at a European level that will facilitate the social inclusion of young people and their participation in society
- take these objectives into account when proposing the priorities for future framework cooperation in the field of youth

The Resolution also specifically invites Member States and the Commission to support young people in adopting a healthy lifestyle and to include this specific target within their health policies, with a particular focus on young people with fewer opportunities.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/em0001\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/em0001_en.htm)

- Resolution
- targeted
- non-health
- age group: up to 30
- direct
- equity component



# DRAFT: DO NOT CITE WITHOUT PERMISSION



## Council Resolution on the health and well-being of young people

Date: 20 November 2008

Resolution 2008/C 319/01

Recalling all abovementioned actions (most notably the 2001 *White Paper on Youth*<sup>3</sup> and the 2005 *European Youth Pact*<sup>4</sup>) as well as the 2007 Commission White Paper *Together for Health: A Strategic Approach for the EU 2008-2013*<sup>5</sup>, this Resolution highlights the importance of promoting health and well-being of young people in Europe. Even though the health of Europe's young people is considered to be in general rather satisfactory, concerns remain regarding nutrition, physical activity, alcohol abuse, as well as sexual and mental health. In this context, it is essential to promote a healthy lifestyle, to adopt preventive measures and to take gender issues into consideration.

Several aspects related to living conditions pose a risk to young people's health and well-being. To ensure the healthy development of young people, their physical and social environments should be wholesome. This aim is best achieved by giving further support to parents.

The extent of social inclusion and level of education of young people is closely related to their health and well-being. Hence, it is important that young people are kept well informed of the advantages of a healthy lifestyle and that they are encouraged to become more responsible and autonomous with regard to their own health.

In order to ensure that youth health policy is efficient, the state of play should be assessed to provide better tailored strategies that take into consideration the needs of and differences among young people. The strategies should be based on a comprehensive and cross-sectoral approach. Youth health policy should involve the local, regional, national and European levels and be developed in close partnership with a wide range of stakeholders.

Consequently, the Council is inviting Member States to:

- mainstream the 'youth' dimension into all initiatives that are related to health issues and implement appropriate measures for youth health policy;
- allow all relevant stakeholders, including young people themselves, to participate in developing and implementing the initiatives related to health issues;

- Resolution
- universal
- health
- direct + indirect (via family)

<sup>3</sup> see page 9

<sup>4</sup> see page 11

<sup>5</sup> see page 20



- support young people’s access to both cultural and physical leisure-time activities;
- consider youth health issues in information and the media programmes and policies;
- promote youth workers’ and organisations’ training on health issues and prevention measures.

The Commission is also invited to ensure the mainstreaming of the ‘youth’ dimension in all initiatives related to health issues, as well as to include all stakeholders and the young people themselves at all stages of development of the initiatives on youth health policy.

Finally, the Council is inviting Member States and the Commission to collaborate, in order to:

- expand knowledge of youth health issues by increasing research and regular reporting on the topic;
- include data on youth health and well-being into the Commission’s triennial report on young people’s situation in Europe;
- inform the public about issues that affect the health of young people;
- promote exchanges at the local, regional, national and European levels on best practice related to youth health;
- promote the use of existing EU instruments in the development of youth health-related projects;
- encourage stronger collaboration on youth health issues among young people, youth organisations and other relevant stakeholders as well as civil society.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/ef0007\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/ef0007_en.htm)

**EU Strategy on Youth**

**Commission Communication ‘an EU Strategy for Youth – Investing and Empowering’**

Date: 27 April 2009

COM(2009) 200 final

The **new Strategy for youth** acknowledges that young people are one of the most vulnerable groups in society, especially in the current economic and financial crisis, and in our ageing society, young people are a precious resource. The new strategy is cross-sectoral, with both short- and long-term actions.

The actions involve key policy areas that affect Europe's young people, particularly youth education, employment, creativity and entrepreneurship, social inclusion, health and sport, civic participation, and volunteering.

The new strategy also emphasises the importance of youth work and defines reinforced measures for a better implementation of youth policies at the EU level.

- Communication
- universal
- non-health
- age group: 15-29
- direct + indirect (via school, environment and leisure)



## DRAFT: DO NOT CITE WITHOUT PERMISSION

The strategy 'Youth – Investing and Empowering', which is a follow-up to the renewed social agenda announced by the European Commission in 2008, has the following goals:

- to create more opportunities for youth in education and employment;
- to improve access and full participation of all young people in society;
- to foster solidarity between youth and society

The Commission's adoption of the new strategy on youth follows an extensive consultation exercise undertaken in 2008, involving national authorities, the European Youth Forum, youth organizations and other stakeholders. Young people themselves were consulted on-line and will now be invited to react to the Commission's proposals in a new phase of the permanent dialogue between the EU and its youth.

[http://ec.europa.eu/youth/news/news1458\\_en.htm](http://ec.europa.eu/youth/news/news1458_en.htm)



### Commission Staff Working Document accompanying the Communication 'Youth – Investing and Empowering'. EU Youth Report

Date: 27 April 2009

*SEC(2009) 549 final*

This Staff Working Document accompanies the Commission Communication and contains detailed information on a number of aspects concerning youth, including lifestyles (which includes youth and health) and the transition from education to employment. It concludes with recommendations derived from policy makers and youth workers.

- Commission Staff Working Doc.
- universal
- non-health + health

## SPORT

### Commission White Paper on Sport

Date: 11 July 2007

*COM(2007) 391 final*

The main objectives of the **White Paper on Sport** are to:

- set strategic guidelines;
- encourage debate on specific problems;
- increase the visibility of sport in the EU decision-making process;

- White Paper
- universal
- non-health
- indirect (through leisure)
- equity component

- highlight the needs and specific characteristics of the sector;
- identify the appropriate level of government for future action.

More specifically, the Commission intends to use this White Paper to:

- ensure that the sport dimension is fully reflected in all areas of European policy;
- increase legal clarity as regards the application of the *acquis communautaire* in the field of sport and thereby help to improve sport governance in Europe.

The Commission, *inter alia*, aims to promote volunteering and active citizenship, especially amongst young people, through sport. It also wants to promote social inclusion and equal opportunities through sport and combat discrimination and violence in sport. The *Youth in Action programme*<sup>6</sup> and the *DAPHNE programme*<sup>7</sup> should support these goals. A special paragraph pays attention to the protection of minors, in particular with regard to the exploitation of young sport players. Protective measures for unaccompanied minors in Member State immigration laws need to be applied rigorously. Sexual abuse and harassment of minors in sport needs also to be fought against. The Directive [http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/sport/l35010\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/sport/l35010_en.htm)



**EU Action Plan**

**Commission Staff Working Document Action Plan ‘Pierre de Coubertin’**

Date: 11 July 2007

SEC(2007) 934

In this **Action Plan**, the Commission proposes a range of specific actions relating to the societal and economic aspects of sport, such as health, social inclusion, voluntary work, education or external relations.

The Action Plan includes the following proposals:

- the development of guidelines on physical activity and the establishment of a European network for the promotion of sport as a health-enhancing activity;
- the award of a European label to schools which encourage involvement in physical activities;
- the launch of a study on volunteer work in sport;
- the improvement of social inclusion and integration through sport using European programmes and

- Commission Staff Working Document
- universal
- non-health
- indirect (through leisure and school)
- equity component

<sup>6</sup> see page 12

<sup>7</sup> see page 54-55



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resources;

- the promotion of the exchange of information, experiences and good practices between law-enforcement services and sport organisations for the prevention of racism and violence;
- promoting the creation of European social dialogue committees in the sport sector, and support for employers and employees.

[http://europa.eu/legislation\\_summaries/education\\_training\\_youth/youth/sport/l35010\\_en.htm](http://europa.eu/legislation_summaries/education_training_youth/youth/sport/l35010_en.htm)

## EDUCATION AND TRAINING

### Commission Green Paper 'Migration & mobility: challenges and opportunities for EU education systems'

Date: 3 July 2008

COM(2008) 423 final

This Green Paper opens the debate on **how education policies may better address the challenges posed by immigration and internal EU mobility flows**. The presence of significant numbers of migrant children has substantial implications for European education systems. Key issues are how to prevent the creation of segregated school settings, so as to improve equity in education; how to accommodate the increased diversity of mother tongues and cultural perspectives and build intercultural skills; how to adapt teaching skills and build bridges with migrant families and communities.

- Green Paper
- universal
- non-health
- age group: of school-going age
- indirect (via family and school)
- equity component



### Commission Communication 'Improving competences for the 21<sup>st</sup> Century: An Agenda for European Cooperation on Schools'

Date: 3 July 2008

COM(2008) 425 final

In this Communication the Commission is proposing an **agenda for cooperation among the Member States** in three main areas, to make school systems more relevant to the knowledge-based Europe of the future. First, there needs to be a focus on giving all pupils the competences they need for life in our rapidly changing knowledge society. Second, there needs to be a commitment to provide high quality learning for every student. Third, there is a need to strive to improve the quality of teachers and school staff.

- Communication
- universal
- non-health
- age group: of school-going age
- indirect (via school)
- equity component

## 2. PUBLIC HEALTH

### OVERALL HEALTH STRATEGY

#### EU Strategy on Health

#### Commission Communication on the health strategy of the European Community

Date: 16 May 2000

COM(2000) 285 final

This Communication sets out the **Community's general strategy on health**; how it is working to achieve a coherent and effective approach to health issues across all the different policy areas. A key component of this is a **new public health framework** which will enable the Community to fulfil its obligations more effectively by setting out clear objectives and policy instruments. This new strategy is the result of the debate launched in 1998 with the communication of the Commission on the development of public health policy. It takes account of the results of this debate as well as the experiences of previous action programmes. The strategy consists of two main elements:

- a new framework for action in public health ('public health framework'), which includes the adoption of a Community action programme in the field of public health (2001-2006);
- the development of an integrated health strategy. As a result of the Treaty provision which stipulates that a high level of health protection must be ensured in the definition and implementation of Community policies, health protection concerns all key areas of Community activity. This new strategy contains specific measures to incorporate health protection into all Community policies.

The public health framework, which is the key element of the strategy, includes those measures which relate specifically to public health. A new action programme is part of this framework for which three main strands of intervention are identified:

- improving information on health for all levels of society;
- setting up a rapid reaction mechanism to respond to the major health threats;
- tackling health determinants, in particular harmful factors related to lifestyle.

With regard to health determinants, the Communication states that action should be especially targeted at young people since key decisions on lifestyles and health-related behaviour are taken in youth and adolescence.

[http://europa.eu/legislation\\_summaries/public\\_health/european\\_health\\_strategy/c11563\\_en.htm](http://europa.eu/legislation_summaries/public_health/european_health_strategy/c11563_en.htm)

- Communication
- universal
- health
- direct + indirect (through environment and health care systems)



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## Community Action Programme 2003-2008

### Council Decision adopting a programme of Community action in the field of public health (2003-2008)

Date: 23 September 2002

*Decision 1786/2002/EC*

The programme forms an essential part of the *Community's health strategy* and focuses on an number of objectives and general measures (as laid down in the Commission Communication):

- improving information and knowledge with a view to promoting health and health systems
- boosting the ability to respond rapidly and coherently to health threats
- addressing health determinants

The programme does *not* specifically talk about children or young people.

[http://europa.eu/legislation\\_summaries/public\\_health/european\\_health\\_strategy/c11503b\\_en.htm](http://europa.eu/legislation_summaries/public_health/european_health_strategy/c11503b_en.htm)

- Decision
- universal
- health

✓ the programme is open to EFTA/EEA and a number of other third countries

### Commission White Paper 'Together for Health: A Strategic Approach for the EU 2008-2013'

Date: 23 October 2007

*COM(2007) 630 final*

The Communication underlines the importance of a cross-sectoral approach and states that all Community policies must play a role in health protection. The **new strategy** set out in this White Paper therefore relates to health in all sectors. It must also, in a single strategic framework, confront the growing challenges for the health of the population, such as demographic changes, pandemics, bioterrorism and illness related to unhealthy lifestyles. The White Paper lays down four principles:

- a strategy based on shared health values
- 'health is the greatest wealth'
- health in all policies (HIAP)
- strengthening the EU's voice in global health

It also establishes three objectives:

- fostering good health in an ageing Europe  
measures should be taken (by the Commission) to promote the health not only of older people, but also of children

- White Paper
- universal
- health
- indirect (through health care systems)

and young people in order to help create a healthy, productive population and to support healthy ageing now and in the future

- protecting citizens from health threats
- supporting dynamic health systems and new technologies

[http://europa.eu/legislation\\_summaries/public\\_health/european\\_health\\_strategy/c11579\\_en.htm](http://europa.eu/legislation_summaries/public_health/european_health_strategy/c11579_en.htm)



**Community  
Action  
Programme  
2008-2013**

### **Council Decision establishing a second programme of Community action in the field of public health (2008-2013)**

Date: 23 October 2007

*Decision 1350/2007/EC*

The second programme of Community action in the field of health draws on the achievements of the previous programme, which it replaces, and supplements and supports the policies of the Member States. It has three main objectives:

- to improve citizens health security
- to promote health, which involves **reducing inequalities** in this area
- to generate and disseminate health information and knowledge

It is stated that the programme should, *inter alia*, place emphasis on improving the health condition of children and young people and promoting a healthy lifestyle and a culture of prevention among them. Also, with regard to environmental issues, special action should focus on children and other groups which are particularly vulnerable to hazardous environmental conditions. Therefore, the programme should complement the actions taken within the European Environment and Health Action Plan 2004-2010.

[http://europa.eu/legislation\\_summaries/public\\_health/european\\_health\\_strategy/c11503b\\_en.htm](http://europa.eu/legislation_summaries/public_health/european_health_strategy/c11503b_en.htm)

- Decision
- universal
- health
- indirect (through health care systems)
- equity component

✓ the programme is open to EFTA/EEA and a number of other third countries



# DRAFT: DO NOT CITE WITHOUT PERMISSION

## ALCOHOL

### Council Recommendation on the drinking of alcohol by young people, in particular children and adolescents

Date: 5 June 2001

*Recommendation 2001/458/EC*

The purpose of the Recommendation is to sensitise all levels of society to the dangers of alcohol abuse among young people, including manufacturers and retailers of alcoholic beverages, as well as parents. It also addresses the different aspects of the problem, from irregular binge-drinking to alcohol dependency among young people.

Via this recommendation, the Council encourages a common approach to this problem within the Community.

According to the recommendation, the key features of these strategies should be:

- promote research into all the different aspects of problems associated with alcohol consumption by young people with a view to identifying and evaluating measures to deal with them;
- ensure that general health promotion policies targeted at all the groups concerned (children, adolescents, parents, teachers, etc.) should include the alcohol issue;
- foster a multisectoral approach to educating young people about alcohol involving, as appropriate, the education, health and youth services, law enforcement agencies, non-governmental organisations, the media, etc.;
- encourage the production of advisory materials for children, adolescents and parents;
- increase young people's involvement in youth health-related policies and actions;
- develop specific initiatives addressed to young people on the dangers of drink-driving;
- take action as a matter of priority against the illegal sale of alcohol to under-age consumers

In cooperation with the producers and the retailers of alcoholic beverages and relevant non-governmental organisations, the Member States are encouraged to establish effective mechanisms in the fields of promotion, marketing and retailing:

- to ensure that producers do not produce alcoholic beverages specifically targeted at children and adolescents;
- to ensure that alcoholic beverages are not designed or promoted to appeal to children and

- Recommendation
- universal
- health
- age group: children and adolescents (< 18)
- direct + indirect (via school, family and environment)

adolescents. Particular attention should be paid to the use of styles (motifs, colours, etc.) associated with "youth culture" , the images used, the promotion of ideas associated with alcohol consumption (implications of social success, sexual or athletic prowess, featuring of children in drink promotion campaigns and sponsoring of alcoholic drinks (sponsoring of sporting or musical events, sport merchandising, etc.);

- to ensure the possibility of examining and recalling products which do not respect the principles mentioned above;
- to develop, as appropriate, specific training for servers and sales persons;
- allow manufacturers, promoters, etc. to get pre-launch advice

In cooperation with the Member States, the Commission is invited to:

- support the Member States in their efforts to implement this recommendation notably by providing relevant data and by facilitating the exchange of information and good practices;
- promote further research at Community level on the attitudes and motivations of young people in regard of alcohol consumption and monitoring of ongoing developments;
- make full use of all Community policies, particularly of the programme of action in the field of public health, in order to address the matters covered in this recommendation

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11564\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11564_en.htm)

### Council Conclusions on a Community strategy to reduce alcohol-related harm

Date: 5 June 2001

*Council Conclusions 2001/C 175/EC*

The Council calls for the development of a comprehensive **Community Strategy** to reduce alcohol-related harm, in line with more wide-ranging Community initiatives like the *EU Health Strategy*<sup>8</sup> (drawn up in 2000) and the *EU Drugs Strategy*<sup>9</sup> (drawn up in 1999). The Council expresses its concern with the reported increase of regular drinking habits as well as binge drinking habits among young people in some Member States, particularly since there are strong links between an early start with regard to heavy alcohol consumption, substance abuse and criminality. It also draws attention to the relation between

- Council Conclusions
- targeted (at young people at risk because of drinking habits)
- health

<sup>8</sup> see page 19

<sup>9</sup> see also page 58-60



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alcohol abuse and the disruption of family life.  
[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11564a\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11564a_en.htm)



## Council Conclusions on alcohol and young people

Date: 1 and 2 June 2004

*Council Conclusions 9507/04 (Presse 163)*

In these conclusions (p. 40), the Council reiterates those of 5 June 2001 on a **Community Strategy** to reduce alcohol-related harm and invites the Commission to put forward proposals to this effect.

- Council Conclusions
- universal
- health



EU Strategy on Alcohol

## Commission Communication 'An EU Strategy to support Member States in reducing alcohol related harm'

Date: 24 October 2006

*COM(2006) 625 final*

The **Strategy** sets out five priorities with a view to reducing the harmful and hazardous effects of alcohol consumption in the European Union. For each of these it explains the rationale for action and highlights the good practices implemented by the Member States. The five priorities include the following:

1. Protecting young people, children and the unborn child

Three aims will be pursued:

- to curb underage drinking and reduce hazardous drinking among young people
- to reduce the harm suffered by children in families with alcohol-related problems
- to reduce exposure to alcohol during pregnancy

2. Preventing drink-driving

Attention should especially be given to young drivers (18-24 years old), since they are more often involved in alcohol-related accidents

3. Reducing alcohol-related harm among adults

4. Raising awareness

Measures which can achieve this objective include broad-based health education programmes, beginning in early childhood and ideally continuing throughout adolescence.

5. Collecting reliable data

This in particular includes following trends in young people's drinking habits

- Communication
- universal (involving all young people in general) + targeted (at young people at risk because of drinking habits)
- health
- age group: various (unborn child, children, young drivers 18-24)
- direct + indirect (via family and education)



At the EU level, the Commission will take action by applying two Community programmes: the *Community Action Programme on public health*<sup>10</sup> (2008-2013) and the *Seventh Research Programme Framework (FP7)*<sup>11</sup> (2007-2013). Furthermore, the Commission will seek to improve coherence between all policies that have an impact on alcohol taken in relation to alcohol and it will set up an Alcohol and Health Forum by June 2007.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11564b\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11564b_en.htm)

## TOBACCO

### Council Recommendation on the prevention of smoking and on initiatives to improve tobacco control

Date: 2 December 2002

*Recommendation 2003/54/EC*

The measures advocated in this Recommendation are additional to the provisions of the Directive on tobacco products adopted in 2001, and those of the Directive on advertising and sponsorship of tobacco products adopted in May 2003.

1. Reducing the supply of tobacco products to children and adolescents

The Recommendation urges the Member States to adopt legislative and/or administrative measures designed to prevent the sale of tobacco products to children and adolescents, e.g. by:

- requiring vendors of tobacco products to establish that purchasers are old enough, according to the age limit set by national law;
- removing tobacco products from self-service displays;
- restricting access to vending machines;
- restricting distance sales, e.g. via the Internet;
- prohibiting the sale of sweets and toys intended for children and manufactured with the intention that the product and/or packaging has the appearance of a tobacco product;
- prohibiting the sale of cigarettes individually or in packets of fewer than 19 cigarettes.

2. Restricting the advertising and promotion of tobacco products

Member States should adopt measures aimed at prohibiting the following forms of advertising and promotion:

- Recommendation
- universal
- health
- age group: people in educational years (<13; <18)
- direct + indirect (via environment, school)

<sup>10</sup> see page 21

<sup>11</sup> see page 63



## DRAFT: DO NOT CITE WITHOUT PERMISSION

- the use of tobacco brand names on non-tobacco products or services;
  - the use of promotional items (ashtrays, lighters, parasols, etc.) and tobacco samples;
  - the use and communication of sales promotions, such as discounts, free gifts, premiums or opportunities to participate in promotional contests or games;
  - the use of billboards, posters and other indoor or outdoor advertising techniques (such as advertising on cigarette vending machines);
  - the use of advertising in cinemas.
3. Measures targeting manufacturers of tobacco products  
The Member States are urged to take steps to require manufacturers of tobacco products to declare the expenditure they incur on advertising, marketing, sponsorship and promotional campaigns.
4. Protection against passive smoking  
The Member States are urged to implement legislation providing suitable protection from the effects of passive smoking at workplaces, in enclosed public places, and on public transport. In particular, it is recommended that priority consideration be given to educational establishments, health-care facilities and places providing services to children.
5. Other measures  
Member States should strengthen programmes aimed at both discouraging the initial use of tobacco products and overcoming tobacco addiction. They should also adopt and implement appropriate measures for the pricing of tobacco products so as to discourage tobacco consumption.
6. Monitoring  
Every two years, the Member States should inform the Commission of the action taken in response to the Recommendation. The Commission is to report on the implementation of the proposed measures and to consider the need for further action.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11574\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11574_en.htm)

### Council Directive on the approximation of laws, regulations and administrative provisions of the Member States relating to the advertising and sponsorship of tobacco products

Date: 26 May 2003

Directive 2003/33/EC

The Council urges the Member States, *inter alia*, to protect public health by regulating the promotion of

- Directive
- universal
- health
- age group: people in educational years



tobacco, thereby avoiding a situation where people begin smoking at an early age as a result of promotion and become addicted. It recognises that information society services as a means to advertise tobacco are particularly attractive and accessible to young consumers and should therefore be regulated.

In general terms, the advertising of tobacco products is prohibited in:

- the print media (newspapers and other publications);
- information society services;
- radio broadcasting.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11571\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11571_en.htm)

- indirect (via environment)



**Commission Green Paper 'Towards a Europe free from tobacco smoke: policy options at EU level'**

Date: 30 January 2007

COM(2007) 27 final

With this Green Paper, the Commission aims to launch a broad consultation process and an open public debate on the best means of **promoting smoke-free areas in the EU**. The Commission considers that the policy of the widest scope would bring the biggest benefit to public health. The key objective is to find the most appropriate strategy option to promote the development of smoke-free areas. Passive smoking remains a major source of excess morbidity and mortality in Europe, and imposes significant costs on society as a whole. Amongst other things, the Commission recognises the negative effects of second-hand smoking on especially unborn and young children and infants. It also urges for a 'denormalisation' of smoking in order to, *inter alia*, discourage children and young people from taking up smoking.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11571a\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11571a_en.htm)

- Green Paper
- universal
- health
- age group: (unborn) children and youngsters
- direct + indirect (via family, environment and education)



# DRAFT: DO NOT CITE WITHOUT PERMISSION

## NUTRITION & PHYSICAL ACTIVITY

### Council Resolution on health and nutrition

Date: 14 December 2000

*Resolution 2001/C20/01*

The Resolution focuses on integrating nutritional health not only into the *programme of Community action in the field of public health*<sup>12</sup> (2003-2008), but also into other Community policies with an impact on nutritional health, e.g. agriculture. The Resolution emphasises the importance of nutrition as a key determinant of human health. Poor diet is one of the main causes of many illnesses, such as cardio-vascular disease. Recent phenomena, such as the significant rise in obesity, especially in children and adolescents, and changes in eating habits in favour of mass catering and pre-prepared foods, are only making the situation worse. The Council takes the view that more national and European-scale action is needed to tackle this threat to health, the associated social costs and the lack of reliable and accessible information on nutritional issues.

- Resolution
- universal
- health

### Council Conclusions on 'Obesity, nutrition and physical activity'

Date: 3 June 2005

*Council Conclusions 9803/05*

In its Conclusions, the Council calls on the Member States and, where appropriate, the Commission to take action to **tackle obesity**. With regard to young people, it should be ensured that consumers are not misled by advertising, marketing and promotion activities and that especially the credulity of children and their limited experience with the media is not exploited; education on and the supply of healthy dietary choices at schools should be fostered and children and adolescents should be encouraged to exercise on a regular daily basis; and nutrition and physical education activities should be developed as an integrated part of health education in general.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11542a\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11542a_en.htm)

- Council Conclusions
- universal
- health
- direct + indirect (via environment and education)



<sup>12</sup> see page 20



**Commission Green Paper 'Promoting healthy diets and physical activity: A European dimension for the prevention of overweight, obesity and chronic diseases'**

Date: 8 December 2005

COM(2005) 637 final

Through this Green paper on promoting healthy diets and physical activity, the Commission intends to **trigger debate** on initiatives geared towards preventing obesity. The primary objective is to create conditions under which the best practices can be adopted throughout Europe. The Paper lays down a number of areas for action, amongst which are:

- consumer information, advertising and marketing
- consumer education
- a focus on children and young people

The role of schools is stressed and the Community can play a role by identifying the best practices

- addressing the obesogenic environment

Physical activity should be integrated in the daily routine, through e.g. stimulating children to walk or cycle to school instead of taking the car or bus.

- socio-economic inequalities

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11542b\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11542b_en.htm)

- Green Paper
- universal
- health
- age group: school-going children
- direct + indirect (via family and education)
- equity component



EU Strategy on Nutrition, Overweight & Obesity

**Commission White Paper 'A Strategy for Europe on Nutrition, Overweight and Obesity related issues'**

Date: 30 May 2007

COM(2007) 279 final

The purpose of this White Paper is to set out an integrated approach to **contribute to reducing ill health due to poor nutrition, overweight and obesity**. It aims for policy coherence at the Community level.

1. Better informed consumers

Food and lifestyle preferences are often the product of the environment where a person grows up. In the light of this, the Commission would like to encourage three aspects:

- improving information for consumers, through e.g. labeling. Another related aspect is that of the rules concerning claims made by the manufacturers of food products, in order to monitor the reliability of the scientific and nutritional information communicated by manufacturers;
- promoting codes of conduct for advertising and marketing where the message is intended to influence eating habits, especially those of children. The conclusions of the round table on advertising organised by the

- White Paper
- universal + targeted (at young people from disadvantaged socio-economic groups)
- health
- age group: 0-12; <18
- direct + indirect (via family, education and environment)



## DRAFT: DO NOT CITE WITHOUT PERMISSION

Commission from October 2005 to March 2006 on self-regulation could serve as a reference framework for advertising food intended for children. However, the Commission's strategy should remain essentially voluntary. The Commission will evaluate in 2010 the effectiveness of these steps and the measures taken by the industry and, if necessary, will make the necessary adjustments to the strategy;

- developing specific education and information campaigns (e.g. on poor nutrition and overweight) for vulnerable groups, such as children, in cooperation with the Member States and the stakeholders concerned.

### 2. More accessible healthy food

The *Common Agricultural Policy (CAP)* can be used by the Commission to achieve its public health objectives. Reform of the common market organisation for fruit and vegetables is one of these tools. The Commission will encourage the distribution of surplus production to public educational establishments and children's holiday centres. The Commission has other promotional tools at its disposal, thanks to reform of the common organisation of the market, such as campaigns targeting young consumers or the creation of a project to encourage the consumption of fruit at school, co-funded by the EU.

### 3. Encouraging physical activity

### 4. Priority groups and environments

Obesity is increasing significantly among children, particularly those from the most disadvantaged socio-economic groups. Nevertheless, local activities targeting children (0-12 years) in the areas of nutritional and physical education have proved to be effective. These two disciplines are thus priorities in the new *Lifelong Learning Programme* (2007-2013). The Commission will also be financing a study on the link between obesity and socio-economic status in order to define the most effective measures for these disadvantaged groups.

### 5. The role of research

Under the *Seventh Research Framework Programme (FP7)*<sup>13</sup>, the Commission will establish a number of strands, one of which will focus on drivers for preventing obesity in target groups such as infants, children and adolescents.

### 6. Developing monitoring systems

The Paper also talks about the role of private actors and what their possible contribution could be. Furthermore, attention is given to international cooperation, most notably through collaboration with the WHO.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11542c\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11542c_en.htm)

<sup>13</sup> see page 63



## MENTAL HEALTH

### Commission Conference on the mental health of children and young people

Date: 21-22 September 2004 (Luxemburg)

-

This meeting, organised by the Commission, the WHO Regional Office for Europe and the Ministry of Health and Social Security of Luxemburg, focuses on what the EU and its Member States can do to promote positive mental health among children, adolescents and young people.

- Conference
- universal
- health

### EU Strategy on Mental Health (proposal)

### Commission Green Paper 'Improving the mental health of the population. Towards a strategy on mental health for the European Union'

Date: 14 October 2005

COM(2005) 484 final

The Commission proposes that an EU **Strategy** could focus on the following aspects:

- promoting the mental health of all;  
This includes building mental health in infants, children and adolescents through e.g. teaching parenting skills or a holistic school approach
- addressing mental ill health through preventive action;
- improving the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity;
- developing a mental health information, research and knowledge system for the EU

The Green Paper proposes three main areas of action at EU level:

- Creating a Dialogue with Member States on Mental Health.
- Launching an EU Platform on Mental Health.
- Building up mental health information resources at EU level by developing an indicator system that would include information on mental health and its determinants and impact.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11570c\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11570c_en.htm)

- Green Paper
- universal
- health
- indirect (via family, school and environment)



# DRAFT: DO NOT CITE WITHOUT PERMISSION

<b>European Pact for Mental Health and Well-being</b>	<ul style="list-style-type: none"> <li>• Pact</li> <li>• universal</li> <li>• health</li> </ul>
Date: 12-13 June 2008 (Brussels)	
-	
<p>This Pact was signed at the <i>EU high-level conference 'Together for mental health and well-being'</i> and follows on the <i>Green Paper on mental health</i> and symbolises the will of those involved to exchange and work together on mental health opportunities and challenges. The participants call for action in five thematic priority areas, of which one is <u>mental health in youth and education</u>.  <a href="http://www.ec-mental-health-process.net/">http://www.ec-mental-health-process.net/</a></p>	



<b>Commission/DG for Health &amp; Consumers Consensus Paper: Mental health in youth and education</b>	<ul style="list-style-type: none"> <li>• Consensus Paper</li> <li>• universal</li> <li>• health</li> </ul>
Date: 2008	
-	
<p>This paper was based on input by a consensus group that met in Luxemburg (27 February 2008) and focuses on one of the five priority areas established in the <i>European Pact for Mental Health and Well-being</i>, namely <u>mental health in youth and education</u>.</p>	

## ENVIRONMENT & HEALTH

EU Strategy  
on Environ-  
ment and  
Health

<b>Commission Communication 'A European Environment and Health Strategy'</b>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• universal</li> <li>• health</li> <li>• indirect (through environment)</li> </ul>
Date: 11 June 2003	
<i>COM(2003) 338 final</i>	
<p>The objective of this <b>Strategy</b> is to integrate the information on the state of the environment, the ecosystem and human health. The ultimate objective is to establish a framework to help produce a better understanding of the cause-and-effect relationships between the environment and health and to make available the information needed to develop an integrated Community policy. Other objectives of the strategy are to identify and reduce any new health threats caused by environmental factors and to strengthen the Union's capacity for policymaking in this area. As the acronym indicates, the strategy is based on science, focuses on <u>children</u>, aims at raising awareness, uses legal instruments and includes continuous evaluation. The plan is to implement the strategy incrementally in successive cycles. The first cycle, from 2004 to 2010, will focus on the link between environmental factors and:</p> <ul style="list-style-type: none"> <li>• <u>childhood respiratory diseases, asthma and allergies;</u></li> </ul>	



- neurodevelopmental disorders;
- childhood cancer;
- disruption of the endocrine system (glands which secrete hormones)

The strategy will pave the way for a Community information system for assessing the overall impact of the environment on human health and the cause-and-effect links and for developing an integrated policy on the environment and health. In the first cycle three pilot projects will be launched to develop a method for putting in place a European system for integrated environment and health monitoring. These projects will focus on three priority pollutants for which data collection and monitoring are already well underway: dioxins, heavy metals and endocrine disrupters. The possibility of developing a harmonised European bio-monitoring system for children will also be considered during the first cycle.

The strategy is related to the *Community Action Programme on public health*<sup>14</sup> (2003-2008) and the *Community Strategy on health and safety at work*<sup>15</sup> (2002-2006). The Union is also participating in international activities such as the European Charter on Environment and Health and the 'Healthy Environment for Children' project, both in collaboration with the World Health Organisation.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_environment/l28133\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_environment/l28133_en.htm)



**EU Action Plan 2004-2010**

**Commission Communication 'The European Environment & Health Action Plan 2004-2010'**

Date: 9 June 2004

COM(2004) 416 final

Covering the first cycle of the European Environment and Health Strategy, i.e. the period from 2004 to 2010, this **Action Plan** aims, on the one hand, to provide the EU with the scientifically grounded information needed to help Member States reduce the adverse health impacts of certain environmental factors and, on the other hand, to step up cooperation between stakeholders in the environment, health and research fields, whether these are public authorities in Member States, European bodies or institutions, or civil

- Communication
- universal
- health
- indirect (through environment)

<sup>14</sup> see page 20

<sup>15</sup> see page 53



## DRAFT: DO NOT CITE WITHOUT PERMISSION

society.

In line with the *European Environment and Health Strategy*<sup>16</sup>, the Action Plan focuses particularly on the links between environmental factors and respiratory diseases, neuro-developmental disorders, cancer and endocrine disrupting effects.

The Action Plan places special emphasis on children in so far as their exposure and susceptibility are greater than those of adults. The challenge will be to put into practice the commitments regarding children's right to grow and live in healthy environments made not only in the 2003 strategy but also in the Convention on the Rights of the Child and the World Summit on Sustainable Development.

The Action Plan is based on three main themes, each covering a number of actions:

- improving the information chain by developing integrated environment and health information to understand the links between sources of pollutants and health effects:

*Action 1:* Develop environmental health indicators;

*Action 2:* Develop integrated monitoring of the environment, including food, to allow the determination of relevant human exposure;

*Action 3:* Develop a coherent approach to biomonitoring in Europe;

*Action 4:* Enhance coordination and joint activities on environment and health;

- filling the knowledge gap by strengthening research on environment and health and identifying emerging issues:

*Action 5:* Integrate and strengthen European environment and health research;

*Action 6:* Target research on diseases, disorders and exposures;

*Action 7:* Develop methodological systems to analyse interactions between environment and health;

*Action 8:* Ensure that potential hazards on environment and health are identified and addressed;

- reviewing policies and improving communication by developing awareness raising, risk communication, training and education to give citizens the information they need to make better health choices, and to make sure that professionals in each field are alert to environment and health interactions:

*Action 9:* Develop public health activities and networking on environmental health determinants through the public health programme;

<sup>16</sup> see page 32



*Action 10:* Promote training of professionals and improve organisational capacity in environment and health by reviewing and adjusting risk reduction policy;

*Action 11:* Coordinate ongoing risk reduction measures and focus on the priority diseases;

*Action 12:* Improve indoor air quality;

*Action 13:* Follow developments regarding electromagnetic fields.

The concerns of children are integrated throughout the Action Plan. A number of major child health issues will be covered in the monitoring as will exposure to the environmental stressors to which children are particularly sensitive. Research on susceptibility is particularly important so that policy responses can be adjusted to the needs of children in those cases where they are particularly vulnerable. The proposals on indoor air pollution are a case in point, as the scientific evidence shows that the health impacts of, for instance, Environmental Tobacco Smoke (ETS) are particularly evident for children.

Member States, the Commission, international organisations and stakeholder groups (industries and civil society, for example) will share responsibility for implementing the Action Plan. The Commission will play a major role and will continue to engage with all the main stakeholders and promote cooperation at EU level, within its areas of competence, and liaise with the European Environment Agency, the European Food Safety Agency and other relevant bodies. It will implement the actions through existing initiatives and programmes which already have allocated resources, notably the *Public Health Programme*<sup>17</sup> and the *Sixth Framework Programme for Research*<sup>18</sup>, and through the operational budgets of the services concerned.

Stakeholders will be fully involved in the implementation process through the Consultative Group, comprising Member States, stakeholders and international organisations. Relevant scientific committees and working groups will also be consulted.

[http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_environment/l28145\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_environment/l28145_en.htm)

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<sup>17</sup> see page 27

<sup>18</sup> see page 70



# DRAFT: DO NOT CITE WITHOUT PERMISSION

## OTHER

### Commission Services Working Paper: Report on the state of young people's health in the EU

Date: 2000

-

This report elaborates on the health of young people by looking at a number of important aspects and determinants, such as perceived health, mental health and lifestyle and diseases.

- Report
- universal
- health

### Commission Conference on Youth Health

Date: 9-10 July 2009 (Brussels)

-

The conference was organised by the Commission in cooperation with the European Youth Forum and aimed primarily to listen to young people and to involve them in the decision making process about their health. It also aimed at generating commitment from stakeholders to improve the health of young people.

- Conference
- universal
- health

### Commission Communication on combating HIV/AIDS within the European Union and in the neighbouring countries 2006-2009

Date: 15 December 2005

*COM(2005) 654 final*

Building on its working paper entitled '*Coordinated and integrated approach to combat the HIV/AIDS epidemic within the European Union and in its neighbourhood*', the European Commission is trying to bring together all of the interested parties in a joint action programme. In this Communication the Commission lays down targets and measures to be implemented by the end of 2009 for each of the areas in which action is needed. One of the priorities for action is the prevention of mother-to-child transmission of HIV. Also, with regard to prevention of new HIV infections, the Commission will give priority in work on sexual and reproductive health to developing innovative strategies to promote safe sex and to address the increase of risk-taking behaviour among young people within the *Community Action Programme on public health*<sup>19</sup>.

[http://europa.eu/legislation\\_summaries/public\\_health/threats\\_to\\_health/r12545\\_en.htm](http://europa.eu/legislation_summaries/public_health/threats_to_health/r12545_en.htm)

- Communication
- universal + targeted (at young people particularly exposed to the risks of AIDS/HIV)
- health
- direct + indirect (via family and education)

<sup>19</sup> see page 20



## 3. CONSUMERS

### European Parliament and Council Decision establishing a multiannual Community Programme on promoting safer use of the internet and new online technologies

Date: 11 May 2005

*Decision 845/2005/EC*

This Decision establishes a Community Programme (the **Safer Inter plus Programme**) for the period 2005-2008 to promote safer use of internet and new online technologies, particularly for children, and to fight against illegal content and content unwanted by the end-user.

- Decision
- universal
- non-health
- age group: minors
- indirect (through environment)

### TOY SAFETY

### Commission Decision on the publication of the reference of a safety of toys standard

Date: 31 July 2001

*Decision 2001/579/EC*

This Decision concerns toys that use percussion caps and stipulates that the maximum sound pressure level of 140 dB would remain in force until 31 July 2001, after which it would be reduced to 125 dB.

- Decision
- universal
- non-health
- age group:  $\pm <14$
- indirect (through environment and leisure)

### Commission Decision setting up Scientific Committees in the field of consumer safety, public health and the environment

Date: 3 March 2004

*Decision 2004/210/EC*

This Decision sets up three Scientific Committees; one of them – the Scientific Committee on Consumer Products – will be competent for the safety of toys placed on the market. It will provide the Commission with scientific opinions on this subject.

- Decision
- universal
- non-health



# DRAFT: DO NOT CITE WITHOUT PERMISSION

## European Parliament and Council Directive amending Council Directive 76/769/EEC on the approximation of laws (etc.) of the Member States relating to the marketing and use of phthalates in toys and childcare articles

Date: 14 December 2005

*Directive 2005/84/EC*

This Directive prohibits the use of certain categories of phthalates in the manufacture of toys and childcare articles intended for children.

It applies to the following chemical substances: di (2-ethylhexyl) phthalate (DEHP), dibutyl phthalate (DBP) and butylbenzyl phthalate (BBP). A second group of phthalates may be potentially dangerous to health; it consists of: di-iso nonyl phthalate (DINP), di-iso-decyl phthalate (DIDP) and di-n-octyl phthalate (DNOP). However, in the absence of adequate scientific information, the prohibition on these substances is limited to toys and childcare articles which can be placed in the mouth by children.

[http://europa.eu/legislation\\_summaries/consumers/consumer\\_safety/l32033\\_en.htm](http://europa.eu/legislation_summaries/consumers/consumer_safety/l32033_en.htm)

- Directive
- universal
- non-health
- age group:  $\pm <14$
- indirect (through environment and leisure)

## Commission *Proposal* for a European Parliament and Council Directive on the safety of toys

Date: 25 January 2008

*COM(2008) 9 final*

This proposal for a Directive updates, clarifies and improves the consistency of legislation forming the current framework for the safety of toys (*Directive 88/378/EEC*). In fact, this legislation has generally satisfied its objectives. However, changes are required to strengthen its impact. Furthermore, it incorporates all horizontal Community requirements regarding the safety and marketing of products, whilst adapting it to the specific aspect of the toys.

This proposal for a Directive applies to toys, i.e. any product designed or clearly intended to be used in play by children under the age of 14. On the other hand, its scope of application excludes certain products which are not considered as toys, such as playground equipment intended for public use, automatic playing machines for public use, video games, toy vehicles equipped with combustion engines, toy steam engines or historical replicas of toys.

[http://europa.eu/legislation\\_summaries/consumers/consumer\\_safety/l70005\\_en.htm](http://europa.eu/legislation_summaries/consumers/consumer_safety/l70005_en.htm)

- proposal for a Directive
- universal
- health/non-health
- age group: 0-14
- indirect (through environment and leisure)

**Commission Decision requiring the Member States to ensure that magnetic toys placed or made available on the market display a warning about the health and safety risks they pose**

Date: 21 April 2008

*Decision 2008/329/EC*

This Decision applies to magnetic toys, i.e. all toys containing or consisting of one or more magnetic lodestones or components which may detach from the toy and be ingested by children. In order to be marketed in the EU, magnetic toys must display a warning of their potential dangers.

- Decision
- universal
- non-health
- age group:  $\pm <14$
- indirect (through environment and leisure)

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## VIDEO GAMES

**Council Resolution on the protection of consumers, in particular young people, through the labelling of certain video games and computer games according to age group**

Date: 1 March 2002

*Resolution 2002/C 65/02*

In this Resolution the Council, *inter alia*, stresses the importance for consumers to have access to **clear information on video and computer game products** in order to allow an informed choice and to particularly protect young people from potentially harmful contents and it invites the Commission to keep under review the developments in the construction and use of various methods for the assessment of the contents of video and computer games as well as for their rating and labelling.

- Resolution
- universal
- non-health
- age group:  $\pm >12$
- indirect (through leisure)

**Commission Communication on the protection of consumers, in particular minors, in respect of the use of video games**

Date: 22 April 2008

*COM(2008) 207 final*

This Communication examines the methods used to assess the content, classification and labelling of video and computer games in Member States. It follows the Council Resolution of 1 March 2002 on the protection of consumers through the **labelling of certain video games and computer games**.

- Communication
- universal
- non-health
- age group:  $\pm >12$
- indirect (through leisure)

# DRAFT: DO NOT CITE WITHOUT PERMISSION

## CIGARETTE LIGHTERS

### Commission Decision requiring Member States to take measures to ensure that only lighters which are child-resistant are placed on the market and to prohibit the placing on the market of novelty lighters

Date: 11 May 2006

*Decision 2006/502/EC*

This Decision requires governments to ensure that common **cigarette lighters** placed on the EU market are child-resistant. It also forbids the placing on the market of lighters which resemble objects that are particularly attractive to children ('novelty lighters').

[http://ec.europa.eu/consumers/safety/prod\\_legis/prod\\_legislation\\_lighters\\_en.htm](http://ec.europa.eu/consumers/safety/prod_legis/prod_legislation_lighters_en.htm)

- Decision
- universal
- non-health
- age group: 0-51 months
- indirect (through environment)



### Commission Decision on specific child safety requirements by European safety standards for lighters pursuant to Directive 2001/95/EC of the European Parliament and the Commission

Date: 23 April 2008

*Decision 2008/357/EC*

This Decision establishes the requirements on the basis of which the Commission may request the relevant standardisation bodies to amend the relevant standard for lighters.

[http://ec.europa.eu/consumers/safety/prod\\_legis/prod\\_legislation\\_lighters\\_en.htm](http://ec.europa.eu/consumers/safety/prod_legis/prod_legislation_lighters_en.htm)

- Decision
- universal
- non-health
- age group: 0-51 months
- indirect (through environment)

## 4. FOOD & AGRICULTURE

### Council Regulation establishing a common organisation for agricultural markets and on specific provisions for certain agricultural products

Date: 22 October 2007

*Regulation 1234/2007*

Regulation 1234/2007 replaces 21 separate regulations establishing common organizations of markets for different agricultural products. It establishes a system common to all the products concerned. Those products include live trees, ornamental flowers, pigmeat, eggs, poultrymeat, raw tobacco, bananas, fruit and vegetables, processed fruit and vegetables, beef and veal, milk, wine, flax and hemp, sheep and goat meat, cereals, rice, dried fodder, olive oil, seeds, hops and sugar. The Regulation lays down, for each agricultural market, provisions concerning the granting of aid and market support measures.

- Regulation
- universal
- non-health



### School Milk Scheme

### Commission Regulation laying down detailed rules for applying Regulation 1234/2007 as regards Community aid for supplying milk and certain milk products to pupils in educational establishments

Date: 10 July 2008

*Regulation 657/2008*

Recalling the its 2007 *White Paper 'A Strategy for Europe on Nutrition, Overweight and Obesity related health issues'*<sup>20</sup>, the Commission aims to set up a **School Milk Scheme**. The European School Milk Scheme is intended to encourage consumption among children of healthy dairy products containing important vitamins and minerals. The scheme does not only have a nutritional character but also an educational character and contributes therefore greatly to the fight against obesity among children. The School Milk Scheme is there to provide quality products for children, to contribute to a healthy way of living and to nutritional education with a better knowledge on products.

[http://ec.europa.eu/agriculture/markets/milk/schoolmilk/index\\_en.htm](http://ec.europa.eu/agriculture/markets/milk/schoolmilk/index_en.htm)

- Regulation
- universal
- non-health
- age group: school-going children
- indirect (via school)



<sup>20</sup> see page 29

# DRAFT: DO NOT CITE WITHOUT PERMISSION

## School Fruit Scheme

### Commission Regulation laying down detailed rules for applying Regulation 1234/2007 as regards Community aid for supplying fruits and vegetables (etc.) to children in educational establishments

Date: 7 April 2009

*Regulation 288/2009*

Recalling the 2007 *White Paper 'A Strategy for Europe on Nutrition, Overweight and Obesity related health issues'*<sup>21</sup>, the Commission aims to set up a **School Fruit Scheme**. The School Fruit Scheme aims to encourage good eating habits in young people, which studies show tend to be carried on into later life. Besides providing fruit and vegetables to a target group of schoolchildren, the scheme will require participating Member States to set up strategies including educational and awareness-raising initiatives and the sharing of best practice.

[http://ec.europa.eu/agriculture/markets/fruitveg/sfs/back/index\\_en.htm](http://ec.europa.eu/agriculture/markets/fruitveg/sfs/back/index_en.htm)

- Regulation
- universal
- non-health
- age group: school-going children
- indirect (via school)

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<sup>21</sup> see page 29



## 5. EMPLOYMENT & SOCIAL POLICY

### SOCIAL INCLUSION/CHILD POVERTY

Community  
Action  
Programme  
2002-2006

#### European Parliament and Council Decision establishing a programme of Community action to encourage cooperation between Member States to combat social exclusion (2002-2006)

Date: 7 December 2001

*Decision 50/2002/EC*

When the Lisbon European Council decided in March 2000 to launch a new open method of co-ordination on social inclusion based on common objectives and national action plans, it also called for a Commission's initiative to encourage co-operation between Member States in this field. The Commission presented its proposal for a **Community Action programme** in June 2000. In the context of the open method of coordination, the programme was meant to support cooperation which enables the Community and the Member States to enhance the effectiveness and efficiency of policies to combat social exclusion by:

- improving the understanding of social exclusion and poverty with the help in particular of indicators that allow for comparisons;
- organising exchanges on policies which are implemented and promoting mutual learning in the context of national action plans;
- developing the capacity of actors to address social exclusion and poverty effectively, and to promote innovative approaches

Attention will be paid to, *inter alia*, child poverty.

[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/social\\_inclusion\\_fight\\_against\\_poverty/c10620\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/social_inclusion_fight_against_poverty/c10620_en.htm)

- Decision
- targeted
- non-health
- indirect (through family and environment)
- equity component



## DRAFT: DO NOT CITE WITHOUT PERMISSION

**Commission Report: Hoelscher, F. (2004). *A thematic study using transnational comparisons to analyse and identify what combination of policy responses are most successful in preventing and reducing high levels of child poverty*. Prepared for the Commission/DG EMPLO**

Date: 2004

The aim of the study is to assist in the development of more coherent and integrated policies to combat child poverty and exclusion in Member States in the context of the further development of NAPs/incl. It will do this by producing a report which will examine policies and programmes in 6 different Member States while also taking into account international data. It will aim to identify what combination of policies appear to be most successful in reducing and preventing high levels of poverty and social exclusion amongst children.

- Report
- targeted
- non-health

**Commission Report: Wahlter, A, & Pohl, A. (eds.) (2005). *Thematic Study on Policy Measures concerning Disadvantaged Youth*. Prepared for the Commission/DG EMPLO**

Date: 2004

This policy study examines successful policy approaches to including those at risk across a number of Member States and candidate countries. It aims to identify the key mix of elements that are necessary to reduce the level of poverty and unemployment amongst this age group.

- Report
- targeted
- non-health

**Council Presidency Conclusions on the relaunched Lisbon Strategy on jobs and growth**

Date: 24 March 2006

*Council Presidency Conclusions 7775/06*

In line with the Lisbon Strategy, the Council, *inter alia*, reaffirms the objective of the Partnership on growth and jobs that steps have to be taken to make a decisive impact on the reduction of poverty and social exclusion by 2010. Social inclusion policies should be pursued by the Union and the Member States, with its multifaceted approach, focusing on target groups such as children in poverty. The Council asks the Member States to take necessary measures to rapidly and significantly reduce child poverty, giving all children equal opportunities, regardless of their social background.

- Presidency Conclusions
- universal + targeted
- non-health



**Commission Report: Fondazione G. Brodolini (2007). Study on Poverty and Social Exclusion among Lone-Parent Households. Prepared for the Commission/DG EMPLO**

Date: February 2007

The study focuses on lone-parent households, analysing the reasons why they experience higher poverty risks and the barriers they have to face in order to access employment and other means of social inclusion.

- Report
- targeted
- non-health

**Commission Report: Fargas, L. (2007). Segregation of Roma Children in Education. Addressing Structural Discrimination through the Race Equality Directive. Prepared for the Commission/DG EMPLO**

Date: July 2007

This report portrays the issues facing Roma children in education across the EU as resulting from structural discrimination warranting solutions that reach beyond the personal level.

- Report
- targeted
- non-health

**Commission Report: Frazer, H., & Marlier, E. (2007). Tackling child poverty and promoting the social inclusion of children in the EU – Key Lessons. Prepared for the Commission/DG EMPLO**

Date: September 2007

This report, funded through the *Community Action Programme*<sup>22</sup>, provides a comprehensive review of the extent and nature of child poverty and well-being across the EU, plus a review of existing policy approaches. It brings together the contributions of 27 independent experts in social inclusion.

- Report
- targeted
- non-health

**Commission Report: (2008). Thematic study on policy measures concerning child poverty. Policy Studies Findings 10**

Date: 2008

Written for the general public, this leaflet presents the principal findings of a report identifying the predominant factors affecting child poverty in each EU Member State. It summarises the policy implications contained in the report, to give a clearer picture of the child poverty situation in the EU, what is being done, and what still needs to be done to achieve the common aim - eradicating child poverty.

- Report
- targeted
- non-health

<sup>22</sup> see page 63



# DRAFT: DO NOT CITE WITHOUT PERMISSION

## **Commission Report: European Communities (2008). *Child Poverty and Well-Being in the EU. Current status and way forward.* Prepared for the Commission/DG EMPLO**

Date: January 2008

The report reviews child poverty and social exclusion in EU and the national monitoring systems and it formulates recommendations aimed at better assessing and monitoring child poverty and child well-being in EU. The report analyzes different aspects of child poverty and social exclusion. Specifically it focuses on children at risk of poverty in the EU and it identifies the determinants of child poverty risk. The report was prepared by the EU Task-Force on Child Poverty and Child Well-Being and endorsed by the Social Protection Committee.

- Report
- targeted
- non-health

## **Commission Report: European Communities (2008). *Joint Report on Social Protection and Social Inclusion 2008 – Social inclusion, pensions, healthcare and long-term care.* Prepared for the Commission/DG EMPLO**

Date: March 2008

The annual **Joint Report** explores a selection of key issues that are high on the social agenda of the EU and the Member States. It presents some key messages at EU and national level. The 2008 report examines policies and developments in the area of social inclusion, pensions, healthcare and long-term care. It reviews the main trends across the EU and at national level. This year's report looks in depth at a number of themes, including child poverty, access to health care and evolving long-term care needs, longer working lives and privately managed pensions.

- Report
- targeted
- non-health

## **Commission Communication 'Renewed social agenda: Opportunities, access and solidarity in 21<sup>st</sup> century Europe'**

Date: 2 July 2008

COM(2008) 412 final

The **renewed social agenda** brings together a range of EU policies in order to support action in seven priority areas:

- Children and youth – tomorrow's Europe
- Investing in people: more and better jobs, new skills
- Mobility
- Longer and healthier lives
- Combating poverty and social exclusion
- Fighting discrimination and promoting gender equality

- Communication
- universal
- non-health
- direct + indirect (environment and education)

- Opportunities, access and solidarity on the global scene

The Commission is proposing to use a mix of different policy tools to achieve the objectives set out in the renewed social agenda:

- EU legislation (eg proposals on tackling discrimination outside the labour market, patients' rights in cross-border health care, improving the functioning of European Works Councils)
- Social dialogue (encouraging representatives of workers and employers to make full use of the possibilities offered by the European Social Dialogue)
- Cooperation between member States (in particular, reinforced cooperation in the area of social protection and social inclusion)
- EU funding (mobilising the EU's Structural Funds, the European Globalisation Adjustment Fund and the PROGRESS Programme on employment and social solidarity)
- Partnership, dialogue and communication (involvement and consultation of non-governmental organisations, regional and local authorities and other stakeholders)
- Ensuring that all EU policies promote opportunities, access and solidarity (screening new initiatives for social and employment impacts)

<http://ec.europa.eu/social/main.jsp?catId=547>

## FAMILIES & CHILDREN

### Council Directive Introduction of measures to encourage the improvement in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding

Date: 19 October 1992

Directive 92/85/EEC

The objective of this Directive is to take minimum measures to protect the health and safety of pregnant workers, workers who have recently given birth and women who are breastfeeding, who must be considered to be a specific risk group. This Directive establishes guidelines for assessing the risks related to chemical, physical and biological agents, to certain industrial processes, to certain movements and postures and to physical and mental stress. It provides for provisional measures to protect pregnant workers and workers who have recently given birth or are breastfeeding against these risks and bans outright their

- Directive
- targeted
- non-health
- age group: newborn children
- indirect (via family)



## DRAFT: DO NOT CITE WITHOUT PERMISSION

exposure to certain chemical, physical and biological agents. It contains specific provisions governing night work, maternity leave, ante-natal examinations, employment rights and protection against discriminatory dismissal. The Directive invites Member States to allow women wronged by failure to comply with these measures to assert their rights.

[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/equality\\_between\\_men\\_and\\_women/c10914\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/equality_between_men_and_women/c10914_en.htm)



### Commission *proposal* for a Directive of the European Parliament and the Council amending Directive 92/85/EEC

Date: 3 October 2008

COM(2008) 637 final

This proposal aims at **improving the protection and rights of pregnant women, women who have recently given birth or who are breastfeeding**, in order to better protect the interests of mothers and their children.

Maternity leave is extended from 14 to 18 weeks. This corresponds to 12 non-compulsory weeks that women can choose to take before or after confinement and six compulsory weeks after confinement. If the actual date of confinement differs from the presumed date, the period of leave before the birth could be extended without having an effect on the post-natal period. Moreover, additional leave may be granted in the event of premature childbirth, children hospitalised at birth, the birth of children with disabilities and multiple births.

The Proposal should also improve protection for working women and incite them to return to work after giving birth. Thus, during their maternity leave, they should receive a payment that is equal to their full salary. Member States may also however cap the allowance at the same level as for sick leave. In addition, women will have more leeway to choose the time at which they take the non-compulsory part of their leave (before or after birth). They will no longer be obliged to take a specific part of their leave before the birth, which is currently the case in some Member States.

At the end of maternity leave they have the right to return to work under equivalent conditions and to benefit from any improvements that have been made to working conditions. They may also request a re-examination of their working hours in order to better reconcile professional and family life.

Any breach of the Directive should be considered as discrimination. The Member States shall take the measures necessary to make its application effective. They should ensure in particular that their judicial

- proposal Directive
- targeted
- non-health
- age group: newborn children
- indirect (via family)

systems provide rules that are favourable to victims: the burden of proof should fall upon the respondent, plaintiffs should be protected against any reprisals and dissuasive penalties should be implemented.

[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/equality\\_between\\_men\\_and\\_women/c10914\\_en.htm#AMENDINGACT](http://europa.eu/legislation_summaries/employment_and_social_policy/equality_between_men_and_women/c10914_en.htm#AMENDINGACT)

### Council Directive on child care

Date: 31 March 1992

*Directive 92/241/EEC*

It is recommended that Member States take and/or encourage progressively initiatives to help men and women to **reconcile their responsibilities concerning their work, their studies and their families**. They must take into account the respective responsibilities of the national, regional or local authorities, the social partners and private citizens and/or work. In this context, efforts should be made in particular to ensure that:

- the services offered to parents are reasonably priced;
- the services combine reliable care from the point of view of health and safety with a general upbringing and a pedagogical approach;
- the services take into consideration the needs of parents and children as far as access is concerned;
- the services are available in all areas and regions of the Member States, both urban and rural;
- the services are accessible to children with special needs, e.g. from the linguistic point of view, and to children in single-parent families, and meet the needs of such children

[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/equality\\_between\\_men\\_and\\_women/c10916\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/equality_between_men_and_women/c10916_en.htm)

- Directive
- universal + targeted (at children with special needs)
- non-health
- age group: ± <12
- indirect (via family and environment)

### Council Directive on the framework agreement on parental leave concluded by UNICE, CEEP and ETUC

Date: 3 June 1996

*Directive 96/34/EC*

This Directive makes the framework agreement on parental leave concluded between the general cross-industry organisations **compulsory**. It also asks the Member States to lay down penalties for infringements of national measures taken in implementation of the Directive. The objective of the Directive is to introduce

- Directive
- universal
- non-health
- age group: newborn children
- indirect (via



## DRAFT: DO NOT CITE WITHOUT PERMISSION

minimum requirements on parental leave and time off from work on grounds of force majeure. It aims to reconcile occupational and family obligations and to promote equal opportunities and equal treatment for men and women. *Directive 97/75/EC* extends the scope of *Directive 96/34/EC* to the United Kingdom.

family)

### Council Resolution on the balanced participation of women and men in family and working life

Date: 29 June 2000

*Resolution 2000/C 218/02*

This resolution follows on from the Lisbon European Council (23-24 March 2000), which recognised the importance of furthering all aspects of equal opportunities, including making it easier to reconcile working and family life. Improved reconciliation of family and working life is one of the guidelines of the European Employment Strategy and is included in the common objectives of the European social inclusion process (combating of poverty and social exclusion). The **balanced participation of women and men on the labour market and in family life** is essential to the development of society. Maternity, paternity and the rights of children are essential values that need to be safeguarded by society, the Member States and the European Community. Amongst other things, the Member States are encouraged to:

- reinforce measures to encourage balanced sharing between working men and women of the care to be provided for children, elderly, disabled or other dependent persons;
- reinforce measures to encourage the development of support services for families, especially the improvement of child-care structures;
- grant, where appropriate, specific protection to single-parent families;
- examine the possibility of harmonising school and working hours (by organising school programmes)

[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/equality\\_between\\_men\\_and\\_women/c10917\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/equality_between_men_and_women/c10917_en.htm)

- Resolution
- universal + targeted (at children in single-parent families)
- non-health
- age group: ± <18
- indirect (via family)

### Commission Communication 'A better work-life balance: stronger support for reconciling professional, private and family life'

Date: 3 October 2008

COM(2008) 635 final

This communication analyses the policies and measures taken on national and Community levels to help citizens to balance their professional and family lives. It presents the measures of the 'reconciliation package'. The Commission is presenting two new legislative proposals, corresponding to the objectives of the *Renewed Social Agenda*<sup>23</sup>. In particular with regard to the revision of measures concerning family-related leave (such as maternity leave, *Directive 92/85/EEC*<sup>24</sup>) and equal treatment of self-employed workers and their assisting spouses (*Directive 86/613/EEC*). Moreover, the 'reconciliation package' also contains a report on the implementation by Member States of targets in terms of childcare services.

- Communication
- universal
- non-health
- indirect (via family)

### Council Report on the implementation of the Barcelona objectives concerning childcare facilities for pre-school age children

Date: 3 March 2008

COM(2008) 638

The Council met in Barcelona in March 2002 and adopted a series of objectives aimed at **removing the obstacles to woman participating in the labour market**, in particular by establishing childcare facilities for 90% of children over three years old and 33% of children under 3 years old by 2010.

The availability of childcare facilities also contributes to *European strategies for growth and jobs, social inclusion, equality between men and women and the reconciliation of work life with private life*.

This report presents a mid-term review of the progress made by Member States towards achieving these objectives. The competent authorities at national, regional and local levels must play an active part alongside their social partners in ensuring access to quality services which are affordable to everyone.

In the current situation the demand for systems of early childcare are not being met in the majority of Member States, despite some progress being made. These systems concern two age groups:

- the under-3s for whom the availability of childcare (crèches, childcare centres) remains unequal between Member States. In general the services offered by these facilities have to be paid for and

- Report
- universal
- non-health
- age group: <3; >3
- indirect (via family and environment)

<sup>23</sup> see page 46

<sup>24</sup> see page 47



## DRAFT: DO NOT CITE WITHOUT PERMISSION

their cost depends on the types of systems existing or co-existing alongside each other (universal access, means-tested contributions, voucher systems, etc.);

- the over-3s for whom pre-school education systems in nursery schools are sometimes combined with childcare. In general they are funded and can operate on a part-time basis depending on the State.

The Commission should promote the exchange of experiences, ensure jobs in this field are more highly valued and make new recommendations to Member States. The Barcelona objectives will be reviewed in 2010.

[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/equality\\_between\\_men\\_and\\_women/c10916\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/equality_between_men_and_women/c10916_en.htm)

### YOUNG PEOPLE AT WORK

#### Council Directive on the protection of young people at work

Date: 22 June 1994

*Directive 94/33/EC*

The Directive provides that the Member States shall take the necessary measures to prohibit the employment of children and shall ensure that the employment of adolescents is strictly controlled and protected under the conditions provided for in the Directive.

The Directive defines categories of young people as follows:

- young people: young people under the age of 18;
- children: young people under the age of 15 or who are still in full-time compulsory education in accordance with national legislation;
- adolescents: young people between the ages of 15 and 18 who are no longer in full-time compulsory education in accordance with national legislation

The Directive's main objective is to prohibit the employment of children.

The Directive includes provisions relating to:

- the employer's general obligations, such as protection of the health and safety of young people, assessment of the risks to young people associated with their work, assessment and monitoring of

- Directive
- universal
- non-health
- age group: <18
- indirect (through work)

the health of young people, information about young people and children's legal representatives on the possible risks to their health and safety;

- types of employment which must not be carried out by young people, such as work which exceeds the mental or physical capacities of young people, work involving harmful exposure to dangerous substances.

In addition, the Directive contains provisions relating to working hours, night work, rest periods, annual leave and rest breaks.

[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/health\\_hygiene\\_safety\\_at\\_work/c11205\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/c11205_en.htm)

**EU Strategy  
on Health  
and Safety  
at Work**

**Commission Communication 'Adapting to change and society: a new Community Strategy on health and safety at work 2002-2006'**

Date: 11 March 2002

COM(2002) 118 final

The aim of this **Strategy** is to facilitate the application of existing health and safety at work legislation and to come up with new ideas for the period in question. It is based on an inventory of the current situation, on the basis of which the Commission reiterates the three prerequisites for a safe and healthy workplace: consolidating risk prevention culture, better application of existing law and a global approach to well-being at work. To meet these conditions, the Community strategy proposes three main approaches: adapting the legal framework, support for innovative approaches (formulation of best practices, social dialogue, corporate social responsibility) and finally the mainstreaming of health and safety at work in other Community policies. Special attention is being given to young people, in particular with regard to the demographic changes that Europe will be facing in the future. Measures improving health and safety conditions at work should, amongst other things, be targeted at young people, since they are a particularly vulnerable group. The protection of young people will involve, on the one hand, enforcement measures to combat the illegal employment of people who have not yet reached the legal age and, on the other hand, for those that are of working-age, the rigorous application of the rules on health and safety.

[http://europa.eu/legislation\\_summaries/employment\\_and\\_social\\_policy/health\\_hygiene\\_safety\\_at\\_work/c11147\\_en.htm](http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/c11147_en.htm)

- Communication
- universal
- non-health
- indirect (through work)



## 6. HUMAN RIGHTS

**Community  
Action  
Programme  
2000-2004**

**European Parliament and Council Decision adopting a programme of Community action on preventive measures to fight violence against children, young persons and women**

Date: 24 January 2000

*Decision 293/2000/EC*

The **DAPHNE programme** aims to contribute to ensuring a high level of protection of physical and mental health by protecting children, young persons and women against violence (including violence in the form of sexual exploitation and abuse), by preventing violence and by providing support for victims of violence. The Decision deals firstly with the concept of violence of which children, young persons and women may be the victims. While describing the serious consequences of these violent acts, the text includes the definition of the term 'health' according to the World Health Organisation, namely, a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The actions proposed by the NGOs under the programme involve setting up and reinforcing European networks and implementing innovative pilot projects, the results of which are capable of transfer to other Member States and regions, thereby providing added value at European level. The Daphne programme will encourage and stimulate the dissemination of good practices. Here, while leaving a large part to subsidiarity, the European Union intends to play an important role.

[http://europa.eu/legislation\\_summaries/human\\_rights/fundamental\\_rights\\_within\\_european\\_union/l3306\\_2\\_en.htm](http://europa.eu/legislation_summaries/human_rights/fundamental_rights_within_european_union/l3306_2_en.htm)

- Decision
- targeted
- non-health
- direct

✓ the programme is open to EEA and a number of other third countries



**Community  
Action  
Programme  
2004-2008**

**European Parliament and Council Decision adopting a programme of Community action to prevent and combat violence against children, young people and women and to protect persons and groups at risk**

Date: 21 April 2004

*Decision 803/2004/EC*

The **DAPHNE II programme** is the second phase of the Daphne programme. Its aim is to prevent and combat all forms of violence against children, young people and women by taking preventive measures and providing support for victims. It also seeks to assist organisations active in this field and to encourage cooperation between them.

- Decision
- targeted
- non-health
- direct

✓ the programme is open to EEA and

[http://europa.eu/legislation\\_summaries/human\\_rights/fundamental\\_rights\\_within\\_european\\_union/l3329\\_9\\_en.htm](http://europa.eu/legislation_summaries/human_rights/fundamental_rights_within_european_union/l3329_9_en.htm)

a number of other third countries



**Community Action Programme 2007-2013**

**European Parliament and Council Decision establishing for the period 2007-2013 a specific programme to prevent and combat violence against children, young people and women and to protect victims and people at risk as part of the 'General Programme Fundamental Rights and Justice'**

Date: 20 June 2007

*Decision 779/2007/EC*

The **Daphne III programme** aims to prevent and combat all forms of violence (physical, sexual and psychological), occurring in the public or the private domain, towards children, young people and women and to protect the victims and groups at risk. It supplements the existing programmes in the Member States and builds on the policies and objectives of the two previous Daphne programmes.

[http://europa.eu/legislation\\_summaries/human\\_rights/fundamental\\_rights\\_within\\_european\\_union/l3360\\_0\\_en.htm](http://europa.eu/legislation_summaries/human_rights/fundamental_rights_within_european_union/l3360_0_en.htm)

- Decision
- targeted
- non-health
- direct

✓ the programme is open the EFTA/EEA and a number of other third countries

**Council Declaration on Racism and Intolerance in relation to Young People**

Date: 18 May 2004

*Declaration 9405/04*

Recalling the 2001 Commission White Paper '*A new impetus for youth*<sup>25</sup>', the Council in this **Declaration** agrees to take action to strengthen young people in their commitment against racism, xenophobia, Anti-Semitism, related intolerance and all forms of discrimination.

- Declaration
- universal
- non-health
- equity component

**European Parliament and Council Decision establishing a European Year of Equal Opportunities for All (2007) – towards a just society**

Date: 17 May 2006

*Decision 771/2006/EC*

The aim of the **European Year of Equal Opportunities for All** is to raise awareness of the advantages of a

- Decision
- universal
- non-health
- equity component

<sup>25</sup> see page 9



## DRAFT: DO NOT CITE WITHOUT PERMISSION

just and solidarity-based society. It advocates awareness-raising initiatives to combat discriminatory attitudes and behaviour and to inform people of their legal rights and obligations. The European Year will, among other things, encourage efforts to raise public awareness of how important it is to promote good relations between the various groups in society, particularly young people, and to eliminate stereotypes, prejudice and violence.

[http://europa.eu/legislation\\_summaries/human\\_rights/fundamental\\_rights\\_within\\_european\\_union/c10314\\_en.htm](http://europa.eu/legislation_summaries/human_rights/fundamental_rights_within_european_union/c10314_en.htm)

### EU Strategy on the Rights of the Child (proposal)

#### Commission Communication 'Towards an EU Strategy on the Rights of the Child'

Date: 4 July 2006

COM(2006) 367 final

This communication *proposes* to establish a comprehensive **EU strategy** to effectively promote and safeguard the rights of children in the EU's internal and external policies and to support Member States' efforts in this field. The strategy is aimed at all children, i.e. persons below the age of 18, as in accordance with the UN Convention on the Rights of the Child (UNCRC). The strategy is based on the following specific objectives:

- Taking advantage of existing policies and instruments
- Establishing the priorities of future EU action
- Systematically taking the rights of the child into account in all EU internal and external policies ('mainstreaming')
- Ensuring efficient coordination and consultation mechanisms
- Reinforcing competence and expertise on the rights of the child
- Communicating more effectively on the rights of the child
- Promoting the rights of the child in the field of external relations

In order to achieve these objectives, the strategy envisages a number of measures, namely:

- Setting up one single six-digit telephone number (beginning with 116) within the EU for child helplines, as well as a number for a hotline dedicated to missing and sexually exploited children
- Support for the banking sector and credit card companies in combating the use of credit cards when purchasing sexual images of children on the internet
- Launching an Action Plan on Children on Development Cooperation
- Publication of a consultation document with a view to identifying actions to be implemented in the future

- Communication
- universal
- non-health
- age group: <18
- direct + indirect (through environment etc.)
- equity component

- Setting up a European Forum for the Rights of the Child (already meeting twice a year) and an online discussion platform
- Involving children in the decision-making process
- Development of a communication strategy on the rights of the child, helping both children and their parents to improve their knowledge of these rights

In its Communication, the Commission also proposes to set up a **European Forum on the Rights of the Child**, including all the relevant stakeholders, which will meet regularly.

[http://europa.eu/legislation\\_summaries/human\\_rights/fundamental\\_rights\\_within\\_european\\_union/r12555\\_en.htm](http://europa.eu/legislation_summaries/human_rights/fundamental_rights_within_european_union/r12555_en.htm)



**Commission Decision on reserving the national number range beginning with ‘116’ for harmonised numbers for harmonised services of social value (children’s hotline)**

Date: 15 February 2007

*Decision 2007/116/EC*

This Decision establishes that the numbering range of phone numbers beginning with ‘116’ shall be reserved in national numbering plans for harmonised numbers for harmonised services of social value. The number ‘116000’ shall be used as a hotline for missing children

- Decision
- targeted
- non-health
- age group: <18
- direct



**Commission Decision amending Decision 2007/116/EC as regards the introduction of additional reserved numbers beginning with ‘116’**

Date: 29 October 2007

*Decision 2007/698/EC*

This Decision amends Decision 2007/116/EC by adding two more harmonised numbers for harmonised services of social value. The number ‘116111’ shall be used as a child helpline.

- Decision
- targeted
- non-health
- age group: <18
- direct



## 7. JUSTICE, FREEDOM & SECURITY

### DRUGS

#### EU Strategy on Drugs

##### Council Note on an EU Drugs Strategy

Date: 22 November 2004

Note 15074/04

The Council identifies two general aims with regard to drugs:

- the EU seeks to achieve a high level of health protection, well-being and social cohesion by complementing the efforts of Member States to prevent and reduce drug use, dependence and drug-related damage to health and society;
- the EU and its Member States strive to ensure a high level of security for the general public by taking action against drug production, cross-border trafficking in drugs and the diversion of chemical precursors used in drug production, and by intensifying preventive action against drug-related crime, through effective cooperation embedded in a joint approach.

The **Strategy** concentrates on two policy fields, demand reduction and supply reduction, and on two cross-cutting themes, international cooperation and research, and information and evaluation. With regard to demand reduction, attention is also paid to young people in the sense that intervention programmes for especially young people with experimental use of psychoactive substances should be improved.

[http://europa.eu/legislation\\_summaries/justice\\_freedom\\_security/combating\\_drugs/c22569\\_en.htm](http://europa.eu/legislation_summaries/justice_freedom_security/combating_drugs/c22569_en.htm)

- Note
- universal + targeted (at young people with experimental use)
- health + non-health
- indirect (through environment and education)



#### EU Action Plan 2005-2008

##### Council Information on an EU Drugs Action Plan (2005-2008)

Date: 8 July 2005

Information 2005/C 168/01

This **Action Plan** provides a consistent framework at European Union (EU) level for the adoption of enforcement and preventive measures aimed at reducing the supply of and demand for drugs. Its ultimate aim is to reduce significantly the prevalence of drug use among the population and to lessen the social harm and damage to health caused by the use of illicit drugs and trade in them.

- Information
- targeted
- health + non-health
- indirect (through education)

It follows the structure and the objectives of the 2005-12 anti-drugs strategy and seeks concrete results in specific priority areas.

The actions are based on five priorities:

- coordination of anti-drugs policy at EU level
- demand reduction

Special attention is given to young people. Prevention programmes targeted at, *inter alia*, young people, as well as the detection of risk factors related to experimental use by young people should be developed and improved. Furthermore, access to and coverage of rehabilitation and social reintegration programmes for young people who use drugs should be improved

- supply reduction
- international cooperation
- information and research on drugs, and evaluation of the actions undertaken

[http://europa.eu/legislation\\_summaries/justice\\_freedom\\_security/combating\\_drugs/c22568\\_en.htm](http://europa.eu/legislation_summaries/justice_freedom_security/combating_drugs/c22568_en.htm)

**European Parliament and Council Decision establishing for the period 2007-2013 the Specific Programme 'Drug prevention and information' as part of the General Programme 'Fundamental Rights and Justice'**

Date: 25 September 2007

*Decision 1150/2007/EC*

The objectives of the '**Drug prevention and information**' programme set up by the European Union are to:

- prevent and reduce drug use, drug addiction and the associated inherent risks;
- improve information about drug use;
- support the implementation of the EU Drugs Strategy;
- promote transnational actions;
- involve civil society in the implementation and development of the European Union Strategy on Drugs;
- control, implement and assess the action plans.

Special attention should be paid to the prevention of drug use among young people who are the most vulnerable in the population. It is stated that the main challenge in prevention is to encourage young people

- Decision
- targeted
- health + non-health
- indirect (through education and environment)



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to adopt healthy lifestyles.

[http://europa.eu/legislation\\_summaries/justice\\_freedom\\_security/combating\\_drugs/l33274\\_en.htm](http://europa.eu/legislation_summaries/justice_freedom_security/combating_drugs/l33274_en.htm)

**EU Action  
Plan 2009-  
2012**

## Council Notice on a EU Drug Action Plan for 2009-2012

Date: 20 December 2008

*Notice 2008/C 326/09*

The **EU Action Plan on Drugs** has the same five priorities as the previous Action Plan. With regard to demand reduction, Member States should, amongst other things, promote innovation and systematically make available evidence-based and evaluated universal prevention programmes and interventions in different setting, e.g. towards young people in youth centres, aiming to prevent or delay first use of drugs.

- Notice
- targeted
- health + non-health
- indirect (through education and environment)

## OTHER

### Council Decision to combat child pornography on the internet

Date: 29 May 2000

*Decision 2000/375/JHA*

With this decision, the European Union aims to prevent and combat the production, processing, distribution and possession of child pornography on the Internet.

- Decision
- targeted
- non-health
- indirect (through environment)

### Commission Communication 'Towards a general policy on the fight against cyber crime'

Date: 22 May 2007

*COM(2007) 267 final*

In this Communication, the Commission presents an initiative to promote a general policy to fight all forms of cyber crime. Given the limited powers of the Commission in the field of criminal law, this policy is designed purely to supplement the national measures. The Commission states that the most important actions will also be supported through the programme 'Prevention of and Fight against Crime'. The objective of the Commission initiative concerning illegal content consists in, inter alia, continuing to develop actions against specific illegal content, such as incitement to terrorism or child sexual abuse material.

[http://europa.eu/legislation\\_summaries/justice\\_freedom\\_security/fight\\_against\\_organised\\_crime/l14560\\_en.htm](http://europa.eu/legislation_summaries/justice_freedom_security/fight_against_organised_crime/l14560_en.htm)

- Communication
- universal
- non-health
- indirect (through environment)



**Commission Proposal for a Council Framework Decision on combating the sexual abuse, sexual exploitation of children and child pornography**

Date: 25 March 2009

*COM(2009) 135 final*

The **proposal for a Framework Decision** is aimed at stepping up prosecution of criminal, protection of child victims and prevention of offenses. The proposal repeals *Framework Decision 2004/68/JHA* and builds upon the 2007 Council of Europe Convention on the Protection of Children against Sexual Exploitation and provides further added value.

- proposal Framework Decision
- targeted
- non-health
- indirect (through environment)

## 8. RESEARCH

### FIFTH RESEARCH FRAMEWORK PROGRAMME (FP5) 1998-2002

The Fifth Framework Programme (FP5) has two distinct parts: the Fifth European Community Framework Programme covering Research, Technological Development and Demonstration activities; and the Fifth Euratom Framework Programme covering research and training activities in the nuclear sector. FP5 has a multi-theme structure, consisting of seven Specific Programmes, of which four are Thematic Programmes and three are Horizontal Programmes, which underpin and complement the Thematic Programmes by responding to common needs across all research areas. FP5 was conceived to help solve problems and respond to major socio-economic challenges the EU is facing. It focuses on a number of objectives and areas combining technological, industrial, economic, social and cultural aspects. This approach is reinforced by the Key Action concept. Key actions deal with concrete problems through multi-disciplinary approaches involving all the interested parties. Key actions are problem-oriented and clearly defined on the basis of a common set of criteria. They are specifically targeted to the objectives of each programme and to the desired results, taking into account the views of users.

The Programme 'Quality of Life and Management of Living Resources' is one of the four Thematic Programmes. It is built around six Key Actions of which one, Key Action 4 (KA4), deals with environment and health and aims to tackle health issues related to environmental hazards. Part of this Key Action is a specific focus on children's health and the environment. Four projects/case studies will be carried out with regards to:

- childhood asthma and allergies
- linking maternal exposure to allergies
- allergic reactions indoors and out
- volume control

#### FP5

- FP5 RTD
  - Quality of Life
    - KA4
      - children's health and the environment

There are also a number of other projects funded by FP5 that deal with children's health, such as e.g. the European Collaborative Study on Pregnant HIV Infected Women and Their Children.

[http://ec.europa.eu/research/quality-of-life/ka4/ka4\\_childrens\\_en.html](http://ec.europa.eu/research/quality-of-life/ka4/ka4_childrens_en.html)

## SIXTH RESEARCH FRAMEWORK PROGRAMME (FP6) 2002-2006

The Sixth Research Framework Programme (FP6) is divided into three parts: integrating and strengthening the European Research Area (ERA), structuring the ERA, and strengthening the foundations of the ERA. With regard to the first part, this is divided into seven priority thematic areas of which one is Life Sciences, Genomics and Biotechnology for Health. This thematic area, in its turn, consists of two major areas for research: advanced genomics and its applications for health and combating major diseases.

Under the Life Science, Genomics and Biotechnology for Health section there are a number of projects related to children's health, such as e.g. projects that deal with childhood asthma (GABRIEL project).

[http://europa.eu/legislation\\_summaries/research\\_innovation/general\\_framework/i23012\\_en.htm](http://europa.eu/legislation_summaries/research_innovation/general_framework/i23012_en.htm)

<http://cordis.europa.eu/lifescihealth/home.html>

### FP6

- Integrating ERA
  - Life Sciences, Genomics & Biotech. for Health
    - advanced genomics
    - combating diseases

## SEVENTH RESEARCH FRAMEWORK PROGRAMME (FP7) 2007-2013

The Seventh Research Framework Programme (FP7) consists of four main specific programmes: Cooperation, Ideas, People, and Capacities. Within the first programme, Cooperation, there are ten distinct themes, of which one is health. Child health and health of the ageing population will receive specific attention here. One objective of the health research theme is to emphasise transnational research and to translate basic discoveries into clinical applications and new therapies for the promotion of, *inter alia*, children.

[http://europa.eu/legislation\\_summaries/research\\_innovation/general\\_framework/i23022\\_en.htm](http://europa.eu/legislation_summaries/research_innovation/general_framework/i23022_en.htm)

[http://cordis.europa.eu/fp7/health/home\\_en.html](http://cordis.europa.eu/fp7/health/home_en.html)

### FP7

- Cooperation
  - Health



## 9. RELEVANT DOCUMENTS AND REPORTS FROM OTHER BODIES

### WHO Europe and the European Environment Agency Joint Report 'Children's health and environment: A review of evidence'

Date: 2002

This publication is a first contribution towards assessing the extent of the impact of environmental quality on children's health. It provides an overview of the available evidence of the relationship between the physical environment and children's health, identifying both research needs and policy priorities to protect children's health from environmental hazards.<sup>26</sup>

[http://www.euro.who.int/InformationSources/Publications/Catalogue/20020425\\_0?PrinterFriendly=1&](http://www.euro.who.int/InformationSources/Publications/Catalogue/20020425_0?PrinterFriendly=1&)

- Report
- universal
- health
- age group: school-aged children

### WHO Europe and Health and Behaviour in School-aged Children (HBSC) Report 'Young people's health in context (report from the HBSC 2001/2002 survey)'

Date: 2004

This report is the first major presentation of the international data from the 2001/2002 HBSC survey. The survey covered the physical, emotional and psychological aspects of health, and the influences of the family, schools and peers on young people aged 11, 13 and 15 years in 35 countries and regions in the WHO European Region and North America. The main body of the report gives comprehensive cross-national data on health and well-being, smoking, alcohol consumption, physical activity and sedentary behaviour, eating habits and body image, oral health, bullying and fighting, injuries and – for the first time – cannabis use and sexual health. Other chapters describe the contexts of young people's health, show some relationships between the two, and discuss the implications of the survey's main findings for the future development of policies and programmes.

[http://www.euro.who.int/eprise/main/who/informationresources/publications/catalogue/20040518\\_1](http://www.euro.who.int/eprise/main/who/informationresources/publications/catalogue/20040518_1)

- Report
- universal
- health
- age group: ≤15

<sup>26</sup> For a full list of WHO Europe Reports concerning child health see also the following website:

[http://www.euro.who.int/HEN/HTResults?language=English&HTParentPage=30590&HTCode=child\\_health](http://www.euro.who.int/HEN/HTResults?language=English&HTParentPage=30590&HTCode=child_health)

**WHO Europe Report ‘Children’s health and development. Developing action plans’**

Date: 2005

This book provides evidence, guidance and tools for countries to implement an action plan at the local, national and regional levels. Its three sections include summaries and documents from the Budapest Ministerial Conference on Environment and Health held in 2004.

[http://www.euro.who.int/InformationSources/Publications/Catalogue/20050812\\_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20050812_1)

- Report
- universal
- health
- age group: <18

**WHO Europe ‘A European strategy for child and adolescent health and development’**

Date: 2005

The WHO Europe developed the European strategy for child and adolescent health and development in collaboration with Member States. It offers support to workshops countries so that Member States can build their own policies and strategies within the framework of the overall Strategy.

[http://www.euro.who.int/childhealthdev/strategy/20060919\\_1](http://www.euro.who.int/childhealthdev/strategy/20060919_1)

- Report
- universal
- health
- age group: <19

**WHO Europe and Health and Behaviour in School-aged Children (HBSC) Report ‘Addressing the socioeconomic determinants of healthy eating habits and physical activity among adolescents’**

Date: 2006

This report highlights case studies and survey data presented at the WHO/HBSC Forum 2006 held to look at the socioeconomic determinants of healthy eating habits and physical activity levels among adolescents, and summarizes the Forum's main conclusions as to what the issues are and how policy-makers can tackle them.

[http://www.euro.who.int/InformationSources/Publications/Catalogue/20061101\\_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20061101_1)

- Report
- universal
- health
- age group: school-aged children

**WHO Europe and Health and Behaviour in School-aged Children (HBSC) Report ‘Social cohesion and mental well-being among adolescents**

Date: 2006

This publication describes the Forum and presents the case studies and reviews produced for it. Representatives from 14 Member States prepared case studies. Evidence reviews covered cross-

- Report
- universal
- health
- age group: school-aged children



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national HBSC data on mental well-being in school-aged children in the Region, socioeconomic inequalities in adolescents' mental health and economic aspects of mental health in children and adolescents. The 2007 Forum was the second in a series dedicated to increasing action on the socioeconomic determinants of adolescent health.

[http://www.euro.who.int/eprise/main/who/progs/sed/hbsc/20080821\\_26](http://www.euro.who.int/eprise/main/who/progs/sed/hbsc/20080821_26)

### **WHO Europe Report 'Children's health and the environment in Europe: A baseline assessment'**

Date: 2007

This publication gives an overview of the establishment of an environment and health information system in Europe, whose aim is to provide up-to-date and reliable information about public health and the environment as well as the outcomes of methodological work..

[http://www.euro.who.int/InformationSources/Publications/Catalogue/20050812\\_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20050812_1)

- Report
- universal
- health
- age group: 0-24

### **WHO Europe and Health and Behaviour in School-aged Children (HBSC) Report 'Inequalities in young people's health (report from the HBSC 2005/2006 survey)'**

Date: 2008

This report presents the key findings on patterns of health among young people aged 11, 13 and 15 years in 41 countries and regions across the WHO European Region and North America in 2005/2006. Its theme is health inequalities: quantifying the gender, age, geographic and socioeconomic dimensions of health differentials. Its aim is to highlight where these inequalities exist, to inform and influence policy and practice and to help improve health for all young people. The report clearly shows that, while the health and well-being of many young people give cause for celebration, sizeable minorities are experiencing real and worrying problems related to overweight and obesity, self-esteem, life satisfaction, substance misuse and bullying. The report provides reliable data that health systems in Member States can use to support and encourage sectors such as education, social inclusion and housing, to achieve their primary goals and, in so doing, benefit young people's health. Policy-makers and professionals in the participating countries should listen closely to the voices of their young people and ensure that these drive their efforts to put in place the circumstances – social, economic, health and educational – within which young people can thrive and prosper.

[http://www.euro.who.int/InformationSources/Publications/Catalogue/20080616\\_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20080616_1)

- Report
- universal
- health
- age group: ≤15
- equity component

### III. CLOSING REMARKS

In the last couple of years, the issue of children and young people's relation to health has increasingly received attention from the EU. Though rather general in their approach and not always solely focussed on children's health, a number of Green and White Papers issued by the Commission as well as some other political initiatives such as the European Youth Pact, the youth action programs, the resolutions and action plans or programmes discussed above illustrate this attention.

#### HEALTH vs NON-HEALTH

Both in the health and non-health sector, a number of initiatives have been taken and there seems to be to be quite some cooperation and coordination between the different policy areas and their respective Directorates General (DGs), most notably between the areas of education, training and youth (DG Education & Culture), employment and social affairs (DG Employment, Social Affairs and Equal Opportunities) and public health (DG Health & Consumers), as well as between the latter and the research framework programmes.

#### TYPES OF POLICY MEASURES

The majority of policy documents included in the overview are non-binding measures. The reason for this can be found in the EU's competences in the field of public health. In line with the principles of subsidiarity and proportionality, health policy issues are mainly being dealt with at the national level. Thus, most of the measures taken in the area of health have no legal force but seek to stimulate Member States to take action themselves. These include Commission Communications, Council conclusions, and Green and White Papers. Their importance should be seen in their political weight rather than their legal status. Binding measures exist as well, but most were decisions and directives, which first need to be transposed into national law (and, in the case of directives, leave it up to the Member States to choose the appropriate form and methods). Only three of the policy measures included in the overview were regulations, , which do not require implementation at the national level but enter into force directly, and all three were part of the EU's agricultural policy.

#### UNIVERSAL POLICIES VS. TARGETED POLICIES

The EU's subsidiarity principle and the types of policies that have been used also explain why most EU policies that affect children's and young people's health have a universal, rather than a targeted approach. The majority of the EU's policy documents seem to be focussed on children and young people as a whole and not so much on children and young people *at risk*. Most of the reports issued by the Commission did have a clear focus on especially vulnerable groups of children and contained more detailed and specific information. This discrepancy is largely the result



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of the types of policies issued by the EU in the field of health which are mainly non-binding and therefore normally have a broader focus than binding measures such as regulations, which, regardless of their policy area, usually contain very specific information and requirements.

### DIRECT POLICIES VS. INDIRECT POLICIES

A lot of policy documents included in the overview that affect children and young people and their health do this in an indirect way, that is, they impact young people via their family, school, leisure or other environments. Improving young people's health through directly affecting their own opportunities and participation in society seems to be less common. It is important to notice that, even among those policies that were targeted at children and young people directly, very few documents clearly specified the age-group they were targeted at. Even in those cases where an age-group was specified, the age-brackets were often construed broadly.

### EQUITY

With regard to equity, there are a number of documents that make more or less explicit references to the notion. Some specifically aim at reducing health or social inequities while other documents merely refer to it between the lines.

The overall impression is then that there are several initiatives at the European level that relate, in one way or another, to young people and their health. The EU's approach is predominantly a universal one, generally directed towards young people of all age groups. It mainly consists of action plans and non-binding measures which nevertheless illustrate the EU's concern with the health of children and young people.

## ANNEX I: INDEX OF IMPORTANT EU DOCUMENTS

DOCUMENT	BY	YEAR	TOPIC	PAGE
COM(2000) 285 final	Commission	2000	Health strategy	20
COM(2000) 379 final	Commission	2000	Social Policy Agenda	-
COM(2001) 681 final	Commission	2001	White Paper 'New impetus for European youth'	10
COM(2002) 118 final	Commission	2002	Strategy on health and safety at work	54
COM(2003) 338 final	Commission	2003	European Environment & Health Strategy	33
COM(2004) 416 final	Commission	2004	European Environment & Health Action Plan 2004-2010	34
COM(2005) 45 final	Commission	2005	EU Drugs Action Plan (2005-2008)	-
COM(2005) 94 final	Commission	2005	Green Paper 'Confronting demographic change'	-
COM(2005) 206 final	Commission	2005	European policies concerning youth/implementing the European Youth Pact	12
COM(2005) 484 final	Commission	2005	Green Paper 'Improving the mental health of the population'	32
COM(2005) 637 final	Commission	2005	Green Paper 'Promoting healthy diets and physical activity'	30
COM(2005) 654 final	Commission	2005	Combating AIDS	37
COM(2006) 367 final	Commission	2006	Towards an EU strategy on the rights of the child	57
COM(2006) 481 final	Commission	2006	Efficiency and equity in European education and training systems	-
COM(2006) 625 final	Commission	2006	An EU strategy to support Member States in reducing alcohol related harm	25
COM(2007) 27 final	Commission	2007	Green Paper 'Towards a Europe free from tobacco smoke'	28
COM(2007) 99 final	Commission	2007	EU Consumer Policy Strategy 2007-2013	-
COM(2007) 267 final	Commission	2007	Towards a general policy on the fight against cyber crime	61
COM(2007) 279 final	Commission	2007	A Strategy on Nutrition, Overweight and Obesity related health issues	30
COM(2007) 391 final	Commission	2007	White Paper on Sport	17
COM(2007) 498 final	Commission	2007	Promoting young people's full participation	13
COM(2007) 630 final	Commission	2007	White Paper 'Together for Health'	21
COM(2008) 9 final	Commission	2008	Proposal for a Directive on the safety of toys	39
COM(2008) 42 final	Commission	2008	Proposal for a Joint Report on Social Protection and Social Inclusion 2008	-
COM(2008) 207 final	Commission	2008	The protection of consumers in respect of the use of video games	40
COM(2008) 412 final	Commission	2008	Renewed Social Agenda	47
COM(2008) 423 final	Commission	2008	Green Paper 'Migration & mobility'	19
COM(2008) 425 final	Commission	2008	An Agenda for European Cooperation on Schools	19
COM(2008) 635 final	Commission	2008	A better work-life balance	51



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COM(2008) 637 final	Commission	2008	Proposal for a Directive amending Directive 92/85/EEC on maternity leave	49
COM(2008) 638 final	Commission	2008	Report on the implementation of the Barcelona objectives	
COM(2009) 135 final	Commission	2009	Proposal for a Decision on combating child abuse	62
COM(2009) 200 final	Commission	2009	An EU Strategy for Youth – Investing and Empowering	16
SEC(2007) 934	Commission	2007	Staff Working Document accompanying the White Paper on Sport – Action Plan ‘Pierre de Coubertin’	18
SEC(2008) 2526/2	Commission	2008	Staff Working Document accompanying the Proposal for amending Directive 92/85/EEC – Impact Assessment Report	-
SEC(2009) 549	Commission	2009	Staff Working Document accompanying the Communication ‘Youth – Investing and Empowering’ – EU Youth Report	17
-	Commission	2000	Report on the state of young people’s health in the European Union	37
-	Commission	2008	Consensus Paper ‘Mental health in youth and education’	33
-	Commission	2008	European Pact for Mental Health and Well-Being	33
Decision 2001/579/EC	Commission	2001	The publication of the reference of a safety of toys standard	38
Decision 2004/210/EC	Commission	2004	Setting up Scientific Committees in the field of consumer safety, public health and the environment	38
Decision 2006/502/EC	Commission	2006	Requiring Member States to take measures concerning child-resistant lighters	41
Decision 2007/116/EC	Commission	2007	Reserving the national numbering range beginning with ‘116’ (Child Hotline)	58
Decision 2007/698/EC	Commission	2007	Amending Decision 2007/116/EC	58
Decision 2008/328/EC	Commission	2008	Information on health and safety risks of magnetic toys	40
Decision 2008/357/EC	Commission	2008	Specific child safety requirements to be met by European standards for lighters	41
Decision 2000/375/JHA	Council	2000	Combat child pornography on the internet	61
Decision 293/2000/EC	EP + Council	2000	Adopting a programme of Community action to fight violence against children	55
Decision 1031/2000/EC	EP + Council	2000	Establishing the ‘Youth’ Community action programme	10
Decision 50/2002/EC	EP + Council	2001	Establishing a programme of Community action to combat social exclusion	44
Decision 1786/2002/EC	EP + Council	2002	Adopting a programme of Community action in the field of public health	21
Decision 803/2003/EC	EP + Council	2004	Adopting a programme of Community action to combat violence against children	55
Decision 854/2004/EC	EP + Council	2005	Establishing a multiannual Community Programme on promoting safe internet use	38
Decision 771/2006/EC	EP + Council	2006	Establishing a European Year of Equal Opportunities for All (2007)	57
Decision 1672/2006/EC	EP + Council	2006	Establishing a Community Programme for Employment and Social Solidarity	-
Decision 1719/2006/EC	EP + Council	2006	Establishing the ‘Youth in Action’ programme	13
Decision 779/2007/EC	EP + Council	2007	Establishing a specific programme to combat violence against children	56
Decision 1150/2007/EC	EP + Council	2007	Establishing the Specific Programme ‘Drug prevention and information’	60
Decision 1350/2007/EC	EP + Council	2007	Establishing a second programme of Community action in the field of health	22
Directive 2003/33/EC	EP + Council	2003	The approximation of laws relating to the advertising of tobacco products	27
Directive 2005/84/EC	EP + Council	2005	Amending Council Directive 76/769/EEC (phthalates in toys and child care articles)	39



Directive 2007/30/EC	EP + Council	2007	Amending Council Directive 89/391/EEC (workplace safety)	
Directive 92/85/EEC	Council	1992	Measures to encourage the health and safety of pregnant workers	48
Directive 92/241/EEC	Council	1992	Child care	50
Directive 94/33/EC	Council	1994	The protection of young people at work	53
Directive 96/34/EC	Council	1996	framework agreement on parental leave	50
Recommendation 2001/458/EC	Council	2001	The drinking of alcohol by young people, in particular children and adolescents	23
Recommendation 2003/54/EC	Council	2002	The prevention of smoking and on initiatives to improve tobacco control	26
Regulation 1234/2007	Council	2007	Specific provisions for certain agricultural products	42
Regulation 657/2008	Council	2008	Applying Regulation 1234/2007 to set up a School Milk Scheme	42
Regulation 13/2009	Council	2009	Amending Regulation 1234/2007 in order to set up a School Fruit Scheme	-
Regulation 288/2009	Council	2009	Applying Regulation 1234/2007 to set up a School Fruit Scheme	43
Resolution 2000/C 218/02	Council	2000	The balanced participation of women and men in family and working life	51
Resolution 2000/C 374/04	Council	2000	The social inclusion of young people	11
Resolution 2001/C 20/01	Council	2001	Health and nutrition	29
Resolution 2002/C 65/02	Council	2002	The protection of consumers through the labelling of video games	40
Resolution 2002/C 168/02	Council	2002	The framework of European cooperation in the youth field	11
Resolution 2003/C 134/04	Council	2003	Equal opportunities for pupils and students with disabilities in education	11
Resolution 2004/C 97/01	Council	2004	Combating the impact of psychoactive substances use on road accidents	-
Resolution 2005/C 292/03	Council	2005	Implementing the European Pact for Youth and promoting active citizenship	12
Resolution 2007/C 314/01	Council	2007	Creating equal opportunities for all young people – full participation in society	13
Resolution 2008/C 141/01	Council	2008	The participation of young people with fewer opportunities	14
Resolution 2008/C 319/01	Council	2008	The health and well-being of young people	15
2001/C 175/01	Council	2001	Council Conclusions on a Community strategy to reduce alcohol related harm	24
9405/04	Council	2004	Declaration on Racism and Intolerance in relation to Young People	56
9507/04 (Presse 163)	Council	2004	Press release Employment, Social Policy, Health and Consumer Affairs	25
15074/04	Council	2004	EU Drugs Strategy (2005-2012)	59
2005/C 169/01	Council	2005	EU Drugs Action Plan (2005-2008)	59
7619/1/05 REV 1	Council	2005	Presidency Conclusions: A European Youth Pact	12
7619/05 ANNEX I	Council	2005	Annex to Presidency Conclusions on a European Youth Pact	-
9803/05	Council	2005	Council Conclusions on obesity, nutrition and physical activity	29
7775/06	Council	2006	Presidency Conclusions: the relaunched Lisbon Strategy	45
2008/C 326/09	Council	2008	EU Drugs Action Plan (2009-2012)	61



## ANNEX II: GLOSSARY

### **Child**

Every human being below the age of eighteen years.

*Reference: Adapted from Convention on the Rights of the Child, Art. 1, UNICEF, 1989*

Young people above the age of eighteen who have not settled into adult life, and who are specifically targeted by public health policies for reasons of risks, behaviour, etc. specific to their young age group, are also included in this definition.

### **Communication**

A Communication is a policy document with no mandatory authority. The Commission takes the initiative of publishing a Communication when it wishes to set out its own thinking on a topical issue. A Communication has no legal effect.

*Reference: Taken from European Judicial Network Glossary, accessed at [http://ec.europa.eu/civiljustice/glossary/glossary\\_en.htm#Communication](http://ec.europa.eu/civiljustice/glossary/glossary_en.htm#Communication)*

### **Decision**

A decision is a form of secondary EU legislation that ‘shall be binding in its entirety upon those to whom it is addressed’. Decisions may be addressed to any or all Member States, to undertakings or to individuals and are often very specific.

*Reference: Article 249 of the Treaty establishing the European Community; Nugent N. ‘The Government and Politics of the European Union’, 2006, p. 286*

### **Directive**

A directive is a form of secondary EU legislation that ‘shall be binding as to the result to be achieved, upon each Member State to which it is addressed, but shall leave to the national authorities the choice of form and methods’.

*Reference: Article 249 of the Treaty establishing the European Community; Nugent N. ‘The Government and Politics of the European Union’, 2006, p. 285-6*

### **Equity in Health**

Equity means fairness. Equity in health means that people’s needs guide the distribution of opportunities for well-being.

*Reference: Health Promotion Glossary, WHO, 1998; taken from Equity in health and health care. WHO, Geneva, 1996*

And:

This implies that, ideally, everyone could attain their full health potential and that no one should be disadvantaged for achieving this potential because of their social position or other socially determined factors.

*Reference: DETERMINE project, 2007; taken from Dahlgren G., & Whitehead M. 'Levelling Up: a discussion paper on European Strategies for Tackling Social Inequities in Health'. WHO Europe, 2006, p. 3*

Or:

Equity in health implies that ideally, everyone should have a fair opportunity to attain their full health potential, and more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided.

*Reference: EC Expert Group on Social Determinants and Health Inequalities. Health Inequalities Glossary. Background document, 7 May 2007; taken from 'Health for all targets: the health policy for Europe'. Copenhagen, WHO Regional Office for Europe, 1993.*

## **Family**

A family is any group of people related either biologically, emotionally, or legally. For the purposes of the GRADIENT project, which this report is part of, only families including a child, by the definition of the project, will be considered, regardless of whether the child lives with the family part-time or full-time.

## **Green Paper**

Green Papers are documents published by the European Commission to stimulate discussion on given topics at European level. They invite the relevant parties (bodies or individuals) to participate in a consultation process and debate on the basis of the proposals they put forward. Green Papers may give rise to legislative developments that are then outlined in White Papers.

*Reference: Taken from EU Glossary, accessed at [http://europa.eu/scadplus/glossary/green\\_paper\\_en.htm](http://europa.eu/scadplus/glossary/green_paper_en.htm)*

## **Health**

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.

Health is a resource for everyday life, not the object of living and is a positive concept emphasizing social and personal resources as well as physical capacities.

*Reference: Health Promotion Glossary, WHO, 1998; taken from Ottawa Charter for Health Promotion. WHO, Geneva, 1986*



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## Health (or Social) Gradient

The association between socioeconomic position and health across the whole population.

*Reference: PAHO/WHO self-instructional course on social determinants of health*

In whatever way health is measured, there tends to be a gradient on which the most socially and economically advantaged group have better health and well-being, and lower rates of illness and death than disadvantaged groups. In western societies, the shape of the gradient tends to be relatively smooth with mortality and morbidity increasing, and self-reported health and well-being decreasing steadily as social disadvantage increases. Over time, the gradient as a whole tends to shift upwards because overall the health of most groups is improving. However, the degree and rate of improvement tend to be greater in higher social groupings, meaning that relative differences, and therefore the degree of inequities and inequalities, also tend to increase.

*Adapted from NICE – PUBLIC HEALTH GUIDANCE*

The gradient strategy involves comprehensive efforts intended to impact on the health of the entire population, including groups in different social strata. Some examples are actions against violence and traffic accidents, the improvement of work conditions and areas (smoking), or the fight to improve environmental conditions. In general, these efforts may be more costly and take longer, making it impossible to monitor health outcomes in the short run.

*Reference: PAHO/WHO self-instructional course on social determinants of health*

## Health Inequalities

Health inequalities are measurable differences in health experience and health outcomes between different population groups – according to socioeconomic status, geographical area, age, disability, gender or ethnic group. Inequality is about objective differences between groups and individuals measurable by mortality and morbidity.

*Reference: DETERMINE project, 2007; taken from Whitehead M. The concepts and principles of equity and health. Copenhagen, WHO Regional Office for Europe, 1990*

Or/and:

Differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are



unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.

*Reference: EC Expert Group on Social Determinants and Health Inequalities. Health Inequalities Glossary. Background document, 7 May 2007; taken from HIA Glossary. Accessed at <http://www.who.int/hia/about/glos/en/index.html>*

### **(Public) Health Policy**

A formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures.

*Reference: Health Promotion Glossary, WHO, 1998*

Or/and:

Health policy is often enacted through legislation or other forms of rule-making which define regulations and incentives which enable the provision of health services and programs, and access to those services and programs.

*Reference: EC Expert Group on Social Determinants and Health Inequalities. Health Inequalities Glossary. Background document, 7 May 2007; taken from European Observatory on Health Systems and Policies Glossary. Accessed at: <http://www.euro.who.int/observatory/glossary/toppage>*

### **Lifestyle**

Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental living conditions.

*Reference: Health Promotion Glossary, WHO, 1998*

### **Lisbon Strategy**

During the meeting of the European Council in Lisbon (March 2000), the Heads of State or Government launched a 'Lisbon Strategy' aimed at making the European Union (EU) the most competitive economy in the world and achieving full employment by 2010. This strategy, developed at subsequent meetings of the European Council, rests on three pillars:

- An economic pillar preparing the ground for the transition to a competitive, dynamic, knowledge-based economy. Emphasis is placed on the need to adapt constantly to changes in the information society and to boost research and development.
- A social pillar designed to modernise the European social model by investing in human resources and combating social exclusion. The Member States are expected to invest in education and training, and to conduct an active policy for employment, making it easier to move to a knowledge economy.
- An environmental pillar, which was added at the Göteborg European Council meeting in June 2001, draws attention to the fact that economic growth must be decoupled from the use of natural resources.



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A list of targets has been drawn up with a view to attaining the goals set in 2000. Given that the policies in question fall almost exclusively within the sphere of competence of the Member States, an open method of coordination (OMC) entailing the development of national action plans has been introduced. Besides the broad economic policy guidelines, the Lisbon Strategy provides for the adaptation and strengthening of existing coordination mechanisms: the Luxembourg process for employment, the Cardiff process for the functioning of markets (goods, services and capital) and the Cologne process on macroeconomic dialogue.

*Reference: Taken from EU Glossary, accessed at [http://europa.eu/scadplus/glossary/lisbon\\_strategy\\_en.htm](http://europa.eu/scadplus/glossary/lisbon_strategy_en.htm)*

## **Presidency Conclusions**

The Presidency Conclusions are the publication of a statement that is issued at the end of every Council summit, which normally takes place twice during each EU presidency and in which all heads of the EU Member States participate. Everything in the statement is customarily agreed to by all summit participants.

*Reference: Nugent N. 'The Government and Politics of the European Union', 2006, p. 231*

## **Proportionality Principle**

Like the principle of subsidiarity, the principle of proportionality regulates the exercise of powers by the European Union, seeking to set within specified bounds the action taken by the institutions of the Union. Under this rule, the institutions' involvement must be limited to what is necessary to achieve the objectives of the Treaties. In other words, the extent of the action must be in keeping with the aim pursued.

This means that when various forms of intervention are available to the Union, it must, where the effect is the same, opt for the approach which leaves the greatest freedom to the Member States and individuals.

*Reference: Taken from EU glossary, accessed at [http://europa.eu/scadplus/glossary/proportionality\\_en.htm](http://europa.eu/scadplus/glossary/proportionality_en.htm)*

## **Public Health**

The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.

*Reference: Health Promotion Glossary, WHO, 1998; adapted from the "Acheson Report", London, 1988*

## **Recommendation**

A recommendation is a form of secondary EU legislation and has no binding force. Though they are without legal force, they do have a political weight.

*Reference: Article 249 of the Treaty establishing the European Community; Nugent N. 'The Government and Politics of the European Union', 2006, p. 287*



## **Regulation**

A regulation is a form of secondary EU legislation and is:

- Of 'general application'; that is, it contains general and abstract provisions
- 'Binding to its entirety'; that is, Member States have to obey to the regulation as it stands
- 'Directly applicable in all Member States'; that is, it does not need to be transposed into national law, but enters into force immediately

*Reference: Article 249 of the Treaty establishing the European Community; Nugent N. 'The Government and Politics of the European Union', 2006, p. 285*

## **Resolution**

A resolution can be issued by the Council and is a document in which it requests the Commission to take a certain type of action. It is officially not a legal text, but does have political weight and is therefore difficult for the Commission to ignore. Sometimes resolutions are explicitly designed to pressurise the Commission to come up with proposals for legislation.

*Reference: Nugent N. 'The Government and Politics of the European Union', 2006, p. 193*

## **Risk Behaviour**

Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease of ill-health.

*Reference: Health Promotion Glossary, WHO, 1998*

## **Risk Factor**

Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility of a specific disease, ill health, or injury.

*Reference: Health Promotion Glossary, WHO, 1998*

## **Social Determinants of Health**

Social Determinants of Health refer to factors found to have the most significant influence – for better or worse, on health. Determinants of health include the social, economic and the physical environment, as well as the individual's particular characteristics and behaviours.

This term recognizes that health is determined by factors from both within the health sector and factors outside the health sector including:

- Economic factors, such as trade
- Social factors, such as poverty



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- Environmental factors, such as climate change
- Technological factors, such as information technology

*Reference: Glossary for the DETERMINE project, 2007*

## **Social Networks**

Social relation and links between individuals which may provide access to or mobilization of social support for health.

*Reference: Health Promotion Glossary, WHO, 1998*

## **Subsidiarity Principle**

The principle of subsidiarity is intended to ensure that decisions are taken as closely as possible to the citizen and that constant checks are made as to whether action at Community level is justified in the light of the possibilities available at national, regional or local level. Specifically, it is the principle whereby the Union does not take action (except in the areas which fall within its exclusive competence) unless it is more effective than action taken at national, regional or local level. It is closely bound up with the principles of proportionality and necessity, which require that any action by the Union should not go beyond what is necessary to achieve the objectives of the Treaty.

*Reference: Article 5 of the Treaty establishing the European Community; taken from EU glossary, accessed at [http://europa.eu/scadplus/glossary/subsidiarity\\_en.htm](http://europa.eu/scadplus/glossary/subsidiarity_en.htm)*

## **Targeted Policy Approach (see also: Universal Policy Approach)**

*(short version)* Improving the health of the most disadvantaged population groups through targeted programs.

*(long version)* The targeted program strategy identifies a target population segment and monitors the outcomes being attained as the program develops. This strategy is extensively used and may well be aligned with other social programs. However, it has limitations, since its beneficiaries are a subgroup accounting for only a small percentage of the population and its specific problems. In other words, it may not help reduce inequity because it neither integrates action on other structural or intermediary factors nor is it targeted to other social groups.

*Reference: PAHO/WHO self-instructional course on social determinants of health*

Targeted interventions can reduce health inequalities. However, producing interventions to target relative need is difficult, because the social differences that constitute the gradient are not well described in the epidemiological, sociological or intervention literature. Lack of detail makes it very difficult to accurately focus interventions on particular sections of the population. Targeted interventions tend to be both more difficult to implement and less cost effective than universal programmes.

*Adapted from NICE – PUBLIC HEALTH GUIDANCE*



**Universal Policy Approach or General Policy Approach (see also: Targeted Policy Approach)**

*(short version)* Addressing the entire health gradient, that is, the association between socioeconomic position and health across the whole population.

*(long version)* The gradient strategy involves comprehensive efforts intended to impact on the health of the entire population, including groups in different social strata. Some examples are actions against violence and traffic accidents, the improvement of work conditions and areas (smoking), or the fight to improve environmental conditions. In general, these efforts may be more costly and take longer, making it impossible to monitor health outcomes in the short run.

Reference: PAHO/WHO self-instructional course on social determinants of health

Universal approaches, which produce overall health improvement, can exacerbate relative health differences, since the well-off tend to make more use of (and derive greater benefit from) available services. This tendency has implications for public health policy. Greater efforts are required to help people at the lower end of the social gradient improve their health faster than the rest of the population to combat health inequity. In other words, special efforts need to be made with disadvantaged groups. Nevertheless universal interventions tend to be both easier to implement and more cost effective than targeted programs.

*Adapted from NICE-PUBLIC HEALTH GUIDANCE*

**White Paper**

White Papers are documents containing proposals for Community action in a specific area. In some cases they follow a Green Paper published to launch a consultation process at European level. When a White Paper is favourably received by the Council, it can lead to an action programme for the Union in the area concerned.

*Reference: Taken from EU Glossary, accessed at [http://europa.eu/scadplus/glossary/white\\_paper\\_en.htm](http://europa.eu/scadplus/glossary/white_paper_en.htm)*



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