

PROGRAMMES OF COMMUNITY ACTION IN THE FIELD OF PUBLIC HEALTH (2003-2008): A STRATEGIC APPROACH FOR THE EUROPEAN UNION

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Abstract: Health is central to people's lives. There are problems of increasingly large population health requires a new strategic approach. European strategy for achieving health for all has been approved by representatives of Member States of the region on the occasion of the 13th session of the Regional Committee held in Fez in 1980. Regional strategy defined four main areas: lifestyle and health, risk factors affecting health and the environment, reorienting the health care system, supporting factors: political, managerial, technological, human and research needed for the changes in first three areas. Each Member State has its own way of governing the health system. Health Ministers set the vision for health system development and have the mandate and responsibility for legislation, regulation and health policy. Each country will tend to make efforts to increase welfare and social cohesion, ensuring compliance of health system

Cuvinte cheie: programe de acțiune comunitară în domeniul sănătății, politici de sănătate

Rezumat: Sănătatea ocupă un loc central în viața oamenilor. Există probleme din ce în ce mai mari pentru sănătatea populației care necesită o nouă abordare strategică. Strategia Europeană pentru realizarea sănătății pentru toți a fost aprobată de reprezentanții Statelor Membre ale regiunii cu ocazia celei de-a 13-a sesiuni a Comitetului Regional ce a avut loc la Fez în 1980. Strategia regională a delimitat patru mari domenii de activitate: modul de viață și sănătatea; factorii de risc ce afectează sănătatea și mediul; reorientarea sistemului de îngrijiri sanitare; factorii de susținere: politici, manageriali, tehnologici, umani și de cercetare, necesari realizării schimbărilor în primele trei domenii. Fiecare Stat Membru are modalitatea proprie de guvernare și gestionare a sistemului de sănătate. Miniștrii sănătății stabilesc viziunea asupra dezvoltării sistemului de sănătate și au mandatul și responsabilitatea pentru elaborarea, reglementarea și aplicarea politicilor de sănătate. Fiecare țară va tinde să întreprindă eforturi destinate creșterii bunăstării și coeziunii sociale, asigurând concordanța sistemului de sănătate

INTRODUCTION

Health is central in people's lives. There are growing issues concerning the population's health which require a new strategic approach.

The European Strategy for Achieving Health for All was approved by the Member States' Representatives of the Region, on the occasion of the 13th Session of the Regional Committee which took place at Fez in 1980.

The Regional Strategy defined four main areas of activity:

1. *Lifestyle and health;*
2. *Risk factors that affect health and environment;*
3. *Re-target the health care system;*
4. *Supporting factors: political, managerial, technological, human and of research, necessary to the fulfillment of changes in the first three fields.*

The basics which defined the frame of this strategy were:

1. *The lower than it should be level of the European population's health, taking into account the financial resources intended for the sanitary service and the development of new medicines and medical technology in the last 30 years.*
2. *The inequities in the sanitary domain, in spite of a high*

general level of development in the Region, as well as the scientific, economic and educational level of most of the countries.

The regional objectives are destined to help Member States establish within the national policy their own objectives that should reflect specific needs, priorities and values.

The European strategy objectives are pursuing:

1. *To propose improvements in the health state of people, to achieve health for all;*
2. *To indicate the moment when action is needed, the extension of the correct collective effort and the directions towards which it should be orientated;*
3. *To provide an instrument for countries and for region in order to control the progress towards the objectives and to audit the course of the action where necessary.*

The Principles of the European Health Strategy for All are:

1. *Health for all implies equity; this means that all inequities which appear in the domain of health between countries and within the same country, should be kept to a minimum;*
2. *The aim is to give people a positive sense of health so that they can use their physical, mental and emotional capabilities at the maximum; the main stress should be put on the promotion of health and prevention of diseases;*

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3. *Health for all will be achieved by people*; a well informed, well-motivated and participant in an active way community represents a key-element in reaching the common objective;
4. *Health for all requires a coordinate action from all implied sectors*; sanitary authorities can solve only a part of the issues, multilateral cooperation representing the single mode of assuring the premises of the health state, by promotion of sanitary policies and the reduction of the risks which appear in the physical, economical and social media;
5. *The Health System should concentrate its attention on the primary health care*, covering the basic health needs of each community, providing services for all and based on a full participation of the community.
6. *The health issues go beyond national frontiers*; pollution and commerce with injurious to health products represent examples of the problems whose solution call for an international cooperation.

The Program of Community Action in the Field of Public Health 2003-2008, adopted by the Decision no. 1786/2002/CE of the European Parliament and of the Council, was the first Integrated Community Program in this field and it generated a series of developments and of important improvements.

It was established that the continuation of the efforts regarding the fulfillment of the already established objectives by the Community in the Field of Health, is necessary. Consequently, *A Second Program of Community Action in the Field of Public Health* (Decision no. 1350/2007/CE of The European Parliament and of The Council, the 23rd of October, 2007, of establishing of a second community action program in the field of health) was established.

The extension of the European Union generated new motifs of concern regarding the inequities in the field of health within the European Union and it is likely that this phenomenon aggravates at the same time with the new extensions. This aspect should, therefore, represent one of the main priorities of the program.

The Member States are encouraged to consider the developments in the matter of health as a priority of the national programs.

The objectives followed through the intermediate actions are:

1. *The improvement of the safety of citizens* in matter of health;
2. *The promotion of health including the reduction of inequities* concerning health;
3. *The production and diffusion of information regarding health*;

The fundamental principles of the European Community in matter of health are:

1. *A strategy based on common values in the field of health*; the policy in the field of health should be based on clear values: universality, access to good quality care, equity and solidarity.
2. *Health is the greatest wealth*; health is important for the welfare of individuals and of the society, but a healthy population represents also a necessary condition for the productivity and the economic prosperity.
3. *Health in all policies*; the population's health does concern not only the field of health policy; other community policies play an essential role, for instance, the regional and the environment policy, tobacco tax, the regulation of the pharmaceuticals and of the food products, research and innovation in the domain of health, health in the development policy, health and safety at work, protection against radiation.

4. *The voice of the U. E. must be getting better heard in the field of health at the global level*; The European Community can contribute to global health by shared values, experience and its competence, as well as by taking concrete measures to improve health.

The health policy at the community level should promote health, protect citizens against threats and sustain durability. In order to respond to major challenges with which health in E. U. is confronted, *three objectives* as main action domains for the next years:

1. *Promotion of a good health state in an aging Europe*;
2. *Protection of citizens of threats to health*;
3. *Promotion of dynamic health systems and of new technology*.

The implementation of the strategy aims to deliver concrete results in improving health. The European Community has a unique role in improving and protecting health, also in facilitating cooperation in health.

A major step in insuring international health security was represented - as also specified by the General Director of the World Health Organization (WHO), by the entry into force on the 15th of June, 2007, of *the Revised International Sanitary Regulation*.

The principles taken into account for the application of the Revised International Sanitary Regulation by the Member States are:

- *Respect for dignity, for man's rights and fundamental freedoms*;
- *The implementation accordingly to the Chart of U. N. O. and the Constitution of the WHO*;
- *The universal application of the principles of the protection of men against the international spread of diseases*.

The Member States have the sovereign right to legitimate and promulgate the necessary legislation in agreement with the Revised International Sanitary Regulation.

The European Ministerial Conference of WHO „Health Systems, Welfare and Health”, which took place at Tallinn, in Estonia, in the period 25-27th of June, 2008, marked the 30th Anniversary of the Declaration from Alma-Ata concerning The Primary Medical Assistance. The recommendations towards the directing of the health systems towards citizens, communities and primary medical aid are topical even today.

The Tallinn Chart reconfirms, adopts and elucidates the importance of other books and declarations concerning the promotion of health – Ottawa, 1986; Jakarta, 1997, Bangkok, 2005, The Conference from Ljubljana regarding the Medical Assistance Reform – 1996, as well as the relevant revised frame of the Health Policies in Health for all the European Region WHO, 2005.

WHO, The World Bank, United Nations Children's Fund (UNICEF) and the European Council engaged to cooperate with the Member States in view of the implementation of the Chart, in accordance with the stipulations of their statutes and mandates, and to assist the process of improving the performance of the health systems. The European Commission and the relevant institutions were invited to take into consideration the objectives of the Chart in the process of planning and the accomplishment of the activities in the domain of health systems.

Each Member State has its own way of ruling and management of the health system. The health ministers establish their vision on the development of the health system and have a mandate and responsibility for the elaboration, settlement and application of the health policies.

Each country tends to carry on the efforts intended for

the growth of welfare and the social cohesion, assuring the accordance of the health system with the next *requests*:

- *The distribution of the financial task in equity*, according to the level of the material means of the people, at the level at which the individuals and their families never touch the poverty line, generated by the aggravation of health or of medical services;
- *The correspondence with the requirements and preferences of the people*, treating them with dignity and respect, when they appeal to the system.

The allocation of resources must touch an adequate equilibrium between the medical assistance, diseases' prevention and health promotion in view of approaching the current and future health necessities.

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