European Commission

# 2014

# Management Plan

## Health & Consumers

## Directorate-General

**TABLE OF CONTENTS**

## 1. MISSION STATEMENT

*"Making Europe's citizens healthier, safer and more confident"*

The mission of DG Health and Consumers is to improve the health, safety and confidence of European citizens. This goal is central to what many people think of when they talk of European values, or 'well-being', in the sense of the Lisbon Treaty and it has an important role to play in helping the EU achieve its 2020 economic objectives of smart, sustainable and inclusive growth.

In practice, our mission requires that we:

- help citizens participate fully in consumer markets and contribute to economic growth,
- improve and protect human health,
- ensure that all food and consumer products are safe,
- protect animal and plant health, and
- promote the humane treatment of animals.

DG Health and Consumers is responsible for several important sectors including food, pharmaceuticals, medical devices, childcare articles and cosmetics in all of which safety is paramount. We are equally responsible for ensuring that citizens are well informed about their rights, are protected from unfair or deceptive commercial practices, and have access to safe products and services across the EU.

DG Health and Consumers works towards these objectives by:

- developing and maintaining sound and proportionate policies, laws and programmes that follow the Commission's principles of "Better Regulation",
- ensuring compliance with existing legislation, and
- communicating clearly and effectively with citizens and stakeholders.

In doing so, we aim to inspire more confident citizens, achieve greater competitiveness, support the creation of new jobs, and contribute to a more sustainable environment while also maintaining mutually beneficial relations with the EU's international partners.

A high level of confidence in the safety of goods and services is essential for market stability and for trade within the internal market in particular. A healthy population and well-functioning health systems are also preconditions for economic prosperity and social cohesion. All these factors require an appropriate regulatory framework and enforcement measures to ensure a high level of public safety and confidence.

The policies and laws for which we are responsible touch the daily lives of individual citizens. DG Health and Consumers ensures they are designed, applied and enforced in a way that delivers results and benefits to citizens. Our intention is to serve citizens in an open and transparent manner.

The Commission endeavours to ensure a high level of protection by identifying, preventing and managing risks. When EU action is needed to address a problem, we will make proposals that are practical, sensible and proportionate. Where national or regional authorities are better placed to solve a particular problem, their efforts should be supported and encouraged by the Commission who can provide expertise and facilitate the exchange of best practices. All types of policy instruments should

be considered to deliver effective results. We strive for close working relations with the Council, the European Parliament and the other institutions and bodies of the EU.

Our actions will be based on the best available data, the best possible objective scientific advice, including the impact of technological advances, and the widest possible consultation. All substantive initiatives will be supported by proportionate impact assessments and will be coordinated as relevant with other EU policies, notably those aimed at boosting competitiveness, growth and employment. Policy coherence (integration) across EU policies and activities remains essential in order to ensure that they are mutually supportive and deliver results which are beneficial to citizens and other stakeholders.

The professional pursuit of the public good is our guiding objective. We will respect the integrity and professionalism of those with whom we work within EU countries and elsewhere. We also aim to operate in a way that is efficient, open and professional.

This means, in particular:

- A prudent management of finances: we will ensure efficiency, accountability and best value for taxpayers' money by using the available resources efficiently, against a backdrop of fiscal consolidation and increasing demands on the Commission.
- We will develop and best use all talents in a healthy working environment, combat discrimination and ensure equality between men and women.
- We will pursue proper planning and efficient organization: flexibility with due care, and respect of the relevant rules and procedures. We will work on the basis of a programme that balances tasks and resources.
- We will ensure our actions are communicated appropriately to citizens and fully respect the principles of consultation.

## 2. THE CHALLENGES THIS YEAR AND BEYOND

DG Health and Consumers' policies address issues that concern citizens and governments across the EU and the rest of the world: neither disease nor dangerous food and risky consumer goods respect borders. By pooling knowledge, experience and resources we can help to tackle problems shared by all countries and in doing so, generate large economies of scale, strengthen the single market and deliver benefits to businesses and consumers alike.

Our mission is central to building a safe and secure Europe. Programmes funded under the EU's health and consumer policies contribute to the well-being of European citizens. Their added-value lies in their capacity to tackle issues that could not be addressed as effectively by EU countries acting alone, for example, issues linked to the increasing volume of cross-border shopping or those linked to a major outbreak of disease. Such challenges require a coordinated and coherent response across the EU.

Our policies also contribute to the objectives of the Europe 2020 strategy, in particular those of five of its seven flagship initiatives: the "Innovation Union", "Digital agenda for Europe", an industrial policy for the globalisation era, an agenda for new skills and jobs and the European platform against poverty and social exclusion.

### Consumer policy

EU consumer policy aims to place consumers at the heart of the internal market, giving them the confidence to fully and actively participate whilst protecting their safety and economic rights and interests. In a climate of fiscal consolidation, consumer confidence has the potential to unlock significant economic growth, stimulate competitiveness and support sustainable and resource-efficient growth.

Our work in the coming years will be defined by the priorities and challenges identified in the Consumer Agenda (COM(2012) 225 final (22.05.2012)), namely: reinforcing and enhancing product safety, improving implementation, enforcement and consumer redress, improving consumer knowledge, and aligning the policy with social and economic change.

*Protecting the safety of EU citizens*

Ensuring that products, services and food are safe is both a basic objective and a critical challenge for any consumer policy. Our policy supports – and will continue to support - a coordinated and coherent approach to safety across the EU. Specific efforts in 2014 will include follow-up with the European Parliament and Council of the Commission's 2013 proposals to review the product safety rules with a view to the rapid adoption of the Consumer Product Safety Regulation and of the Market Surveillance Regulation.

RAPEX – the Rapid Alert System for Dangerous Consumer Products – will continue to play an important role in protecting consumer interests and the number of notifications and follow-up reactions by EU countries will be carefully monitored. Continued efforts will be devoted to the implementation of the Cosmetics Regulation.

The legislation on medical devices covers a broad range of issues from sticking plasters and wheelchairs to X-ray machines and pacemakers. A positive result of the legislative procedure on the revision of the medical devices directives and the reinforcement of the application of the existing legislation through the joint action plan on immediate actions following the PIP breast implant scandal is of the utmost importance for consumers as well as patient safety.

*Improving market surveillance*

Linked to product safety is a high degree of market surveillance. Our message is clear: unsafe products have no place on the EU market and manufacturers worldwide must recognize their responsibility to ensure designs and exports are safe. DG Health and Consumers will continue to monitor product safety and support coordinated efforts to ensure that its policies are respected and breaches, where they occur, are detected early. As globalisation of the supply chain continues, so detecting unsafe goods becomes more difficult: an increasing proportion of consumer goods now come from outside the EU, for instance 85% of all toys which now come from China. Globalisation implies it is more important than ever to promote our product safety policy in international fora and with our key trade partners, notably China and the United States. EU efforts in 2014 and beyond will focus on addressing these challenges, for example, by co-financing joint market-surveillance actions between EU countries and preparing guidance and implementing measures linked to the new Regulations and also pursuing the actions listed in the multi-annual market surveillance plan 2012-2014 (COM(2013) 76 final (13.2.2013)).

*Ensuring better implementation and enforcement*

To unlock the full potential of the Single Market, consumers need to be confident that their rights are effectively and efficiently enforced. Across the EU, there is a need to reinforce enforcement efforts to ensure that citizens feel adequately protected from unsafe products and unfair commercial practices, and that businesses and industry can operate on an open, fair and level playing-field. The Consumer Protection Cooperation (CPC) network, which links enforcement authorities in EU countries, will continue to carry out joint actions to target on-line markets generating complaints from consumers. To prepare the review of the CPC Regulation, an impact assessment will be conducted in 2014.

*Strengthening rights and redress*

Linked to enforcement is consumer redress. Following the adoption of the legislative package on Alternative Dispute Resolution (ADR) and Online Dispute Resolution (ODR) in 2013, our priority for 2014 is to ensure a proper follow-up. Notably, this will include helping EU countries to transpose the Directive into national legislation and continued assistance with the technical development of the ODR platform. By giving consumers access to more efficient and cost-effective methods to resolve trade disputes, we hope to boost consumer confidence and make it easier to tackle rogue traders. In doing so, we also hope to reduce the economic losses reported by consumers for products/services for which they had cause for complaint – currently estimated at approximately 0.4% of EU GDP. We will continue to monitor - via the "Consumer Scoreboard" - the percentage of consumers who take action following problems encountered over the previous 12 months.

*Working for and working with consumers*

We will support and increase visibility of the European Consumer Centres (ECCs), an essential resource for consumers seeking assistance in achieving redress.

*Making markets work for consumers*

Additional efforts will be focused on a more effective integration of consumer interests into other EU policies – the 2nd Annual Report on the implementation of the Consumer Agenda will be published on this in 2014. Other efforts will include a push to adopt the proposed measures for greater transparency and comparability of bank fees, flexibility on transfers of payment accounts and access to a basic payment account by the co-legislators in 2014. We will also work on enforcement of the Consumer Credit Directive and promote the development and spread of financial education.

*Going digital*

Specific attention will be paid to the relationship between consumers and the digital world, on the one hand to tap into the significant economic potential it holds, and on the other to ensure citizens are properly protected. We will therefore actively contribute to the implementation of the Digital Agenda, notably via the 2014 Consumer Summit which will be dedicated to the "EU consumer in the digital era". We will also launch two studies in 2014 linked to consumer vulnerability, one of which will target the impact of marketing through social media, online games and mobile applications on children's behaviour.

*Enhancing knowledge*

Developing our understanding of how markets work and how well they function – notably through the "Consumer Scoreboard" - will help identify areas where weaknesses exist and feed into future policy discussions. Specific efforts will be invested into working together with those EU countries with weaker consumer cultures in order to improve their consumer environment and contribute to moving towards the overall target referred to in section 3.1.

**Public health policy**

Health is a top priority and a primary concern for EU citizens. Good health is a condition for smart, sustainable and inclusive growth and social cohesion in an EU where the population is ageing and public resources are increasingly stretched. By investing in health, we can help to deliver better value for money and boost economic growth, enabling people to remain active for longer and limiting the costs linked to the treatment of preventable diseases.

EU health policy complements and supplements national policies to tackle today's key challenges; it helps EU countries to achieve structural reform of their health systems in the most effective and cost-effective way possible. Implementation of key legislation will continue in 2014 notably linked to the Directive on patient's rights in cross-border healthcare and its accompanying implementing legislation and further implementation measures linked to strengthening the safety of pharmaceuticals and medical devices throughout the entire supply chain. Equally, a thorough and appropriate implementation of the Decision on serious cross border threats to health will be crucial for health security.

*Foster good health in an ageing Europe*

Healthcare systems must adapt to demographic change and a growing demand for healthcare in a climate of budget cuts and fiscal consolidation. EU citizens are living longer – often well beyond retirement age - but the age to which they enjoy good health remains the same, placing pressures on society, the economy and care systems as a whole. EU countries must be able to guarantee universal access to high quality care and ensure that this be continued into the future.

In particular, future efforts will focus on helping EU countries to improve the public health focus on vulnerable people, on combatting discrimination in health. The implementation of the best practices of the European Innovation Partnership on active and healthy ageing (EIP) will be particularly supported at regional and local level.

*Investing in prevention*

Reducing the burden of chronic diseases such as heart disease, cancer, diabetes, respiratory disease and mental illness would generate huge savings to society and the economy. For example, 10% fewer deaths from heart disease at working age would generate a 1% increase in GDP per capita.

Many chronic diseases are linked to four common risk factors: tobacco, the harmful use of alcohol, poor nutrition and lack of physical activity. EU health policy will continue to tackle these key risk factors. In 2014, a priority will be the conclusion of the legislative revision of the Tobacco Products Directive, followed by the preparation of several implementing acts. Other actions will include the Commission's contribution to an Action Plan on youth/binge drinking and continued work on rare diseases, cancer and antimicrobial resistance.

There will also be a particular focus in 2014 on the prevention and management of chronic diseases, notably via the organisation of an EU summit to identify strategies to reduce their impact on health and improve the sustainability of our health systems, and through the launch of a new Joint action with EU countries on chronic diseases which includes a dedicated package on diabetes.

*Reducing health inequalities and fighting discrimination*

The level of disease and the age at which people die is strongly influenced by various factors, including employment, income and access to healthcare. Across the EU, life expectancy varies by up to 10 years. Addressing these inequalities, for example by helping EU countries to tackle discrimination in health – a major conference on this will take place in March - or by supporting their actions to improve access to healthcare, will contribute to better overall health in the EU’s population.

*Ensuring patient safety*

The Commission will continue to work on improving patient safety, in particular by following up the Council Recommendation on patient safety (2009/C 151/01) for which an implementation report, based on information from EU countries, will be issued in 2014.

*Protecting citizens from health threats*

Serious cross-border health threats, including infectious disease, biological and chemical agents and environmental hazards, pose significant risks to health and international travel and trade. The EU plays a key role in coordinating and helping the EU and third countries to prevent, prepare and respond rapidly to global health threats. The value of investing in preparedness, prevention and coordination at EU level in tackling serious cross-border health threats was clearly demonstrated during the H1N1 outbreak in 2009.

Following the adoption in 2013 of a Decision on serious cross-border health threats, 2014 onwards will focus on its implementation and on strengthening the systems to prevent and respond to such threats. In particular, a voluntary initiative on the joint procurement of pandemic vaccines will be launched next year. 2014 will also see the renewal of the HIV/AIDS policy framework.

*Promoting cross-border cooperation on health*

In 2014, the Commission will monitor and assess whether EU countries are properly enforcing the rules of the Directive on patients' rights in cross-border healthcare (transposition into national law ended on the 25 October 2013). It will also adopt the legal framework for the establishment of European Reference Networks to boost cooperation between healthcare providers across the EU and give patients access to the highest quality of care in any given field.

*Encouraging innovation in health*

The Commission will continue to promote the use of safe, innovative and cost-efficient health products, technologies and systems and ensure, through EU wide legislation, the quality and safety of health products (pharmaceuticals, medical devices, substances of human origin), regulation of the products affecting health (tobacco products) and smooth functioning of the internal market.

The EU has developed and maintained a favourable regulatory environment for medicinal products and medical devices which guarantees a high level of protection of public health, and fosters a stable and predictable environment for innovation in medical technology. The newly established HTA Network is expected to enhance cooperation among MS in Health Technology Assessments and increase consistent use of HTA within MS to support genuine innovation. A 2014 priority is to bring to an end the negotiations on proposals for new rules on clinical trials with a view to boosting clinical research and modernising the legislation linked to this dynamic and rapidly evolving sector. The co-legislators reached an agreement on a new Regulation in 2013, and the formal adoption of the legislation is expected in 2014.

*Investing in eHealth solutions*

eHealth has been identified as a key tool to provide high quality and universal healthcare as health systems fall under increasing pressure. The Commission will continue to support a wider use of eHealth solutions in 2014 through the newly established eHealth network.

*Supporting health system reform*

In 2014 the Commission will continue to work with EU countries in the reflection process on health systems with a view to identifying and recommending best practices, based on relevant comparable indicators. Work on health system reform will be further considered as part of the European Semester, including work on reform measures set out in economic adjustment programmes.

**Food and feed safety, animal health and welfare, and plant health**

A high level of food safety remains a key public health and economic priority. The EU has put in place a sound and comprehensive regulatory framework to ensure that consumers and businesses alike can be confident in the safety of the entire food chain and that trade – within and outside the EU - can take place in safe and fair conditions.

Maintaining a high level of animal and plant health is a key contributor to growth and jobs in Europe. It ensures that the food industry, Europe's largest manufacturing sector and biggest employer, is supported by a regulatory environment which promotes high and uniform levels of safety throughout Europe.

In 2014, the focus will remain on ensuring the EU rules are implemented correctly and in time to support an innovative, competitive and high value added food industry founded on high levels on consumer confidence.

*Maintaining a high level of food safety*

This will remain a priority in the future, against the challenges posed by increasing globalisation and the potential for rapid transmission of disease and health threats. Success in this respect will be measured by the reduction in the incidence of the main food-borne diseases in the EU: BSE and salmonellosis.

*Improving enforcement*

The Commission insists on strict enforcement of its rules on food safety, animal health, plant health and animal welfare. It will remain a priority to ensure that standards are not compromised by poorly implemented controls and that industry can operate on a level playing-field.

The Commission will in particular maintain and develop efforts on the enforcement of the animal welfare legislation and in particular on the laying hens directive (ban of battery cages started in 2012), of the pig directive (grouping of sows started in 2013, the use of manipulable material for all pigs), of the regulation on the protection of animals at the time of killing (started in 2013). Furthermore the Commission will continue to work in improving the implementation of the regulation on animal transport through several initiatives such as the development of guidelines.

*Risk management: controlling diseases and pests*

EU measures have been extremely successful in tackling risks to food safety and controlling and eradicating certain animal diseases and plants pests. Action at EU level is far more efficient and cost effective than individual efforts at national level; a coordinated pan-European approach offers more effective protection against animal and plant diseases entering the EU and a more efficient tackling the cross-border spread of disease.

Day-to-day management will continue to focus on prevention, on reducing the incidence of animal diseases and minimizing the impact of outbreaks when they occur.

*Ensuring a rapid response to food safety and animal and plant health threats*

Preventing and reducing the incidence of animal and plant diseases protects citizens and supports farming and the rural economy: the impact of major livestock diseases such as Avian Influenza or Foot-and-Mouth disease can be devastating on farmers and the economy alike.

The Rapid Alert System for Food and Feed (RASFF) is an information system linked to enforcement actions in EU countries taken for products in which a health risk is identified. It will continue to play a critical role in containing and mitigating risks linked to food safety and threats to animal and plant health in the future. A full time, year-round presence at RASFF is ensured to act, inform and disseminate information to the appropriate management chain in case of a food and feed alert.

The Europhyt system is now fully operational and provides a notification and rapid alert system dealing with interceptions for plant health reasons of consignments of plants and plant products imported into the EU or being traded within the EU itself. This is a new and important step in strengthening preventative measures against the introduction and spread of dangerous plant pests and diseases in the EU. Such pests and diseases have led to significant economic losses and damage to eco-systems in recent years and their risk has grown significantly due to the growth in international trade and climate change.

In addition, a new Animal Disease Information System (ADIS) is being developed. ADIS aims to be well integrated with similar international systems whilst fulfilling the EU's needs; the next development phase will take place in 2014, in partnership with the World Organisation for Animal Health (OIE).

*Inspiring confidence in new technologies*

DG Health and Consumers aims to support innovation and economic growth by inspiring confidence in new technologies linked to food and feed and integrating key public concerns into the policy-making process e.g. perception of risk, cultural preferences, and possible scientific uncertainties.

In 2014 and beyond, the Commission will continue to work on proposals for a new Regulation on novel foods and manage the authorisations of GMOs. The Commission will again urge the Council to resume discussions on its to give EU countries greater freedom to decide on GMO cultivation.

*Streamlining the rules: a legal framework that is fit-for-purpose*

Given the size, sophistication and complexity of the food chain and the high costs – both human and economic - of system failures, it will remain a major challenge to ensure the EU's legal framework remains fit-for-purpose. Food, animal and plant legislation is under constant review and the Commission will continue to innovate, adapt and, where necessary, redesign the legal framework to ensure it can achieve its aims.

In improving the regulatory framework we aim to maximize benefit and minimize burden, applying the principle of subsidiarity, and in particular by demonstrating the added value and necessity of EU action.

Inter-institutional discussions on the 2013 proposal to review EU animal health law, the EU plant health and seeds law and the approach to official controls will continue in 2014 with the European Parliament and the Council. They aim to ensure Europe continues to have a safe and nutritious feed and food supply adapted to new challenges and changed circumstances.

A complete review will shape a new landscape for the Plant Health and Plant Reproductive Material regimes. The proposal on Animal Health foresees improved and simplified EU emergency preparedness and crises management systems using legal and non-legal means (training, coordination, technical assistance etc.

*Improving food information*

Information on the nutritional content of food and drinks and on certain mandatory elements – for example the “use by” date and instructions of use - allows consumers to make informed choices, consume food safely and ensures the free movement of legally produced and marketed food. It is particularly important for consumers with specific nutritional needs e.g. infants and the immunosuppressed. Efforts will continue in the context of Regulation (EC) 1169/2011 on food information to consumers.

Specific actions foreseen for 2014 include also implementing acts on the use of "gluten free" and "very low gluten" statements.

*A balance between science and wider social concerns*

Efforts will continue to ensure an appropriate balance is achieved between the scientific evidence base and wider social concerns linked to sustainability, resource efficiency, animal welfare and environmental protection. Reduction of food waste will be a key action towards producers, processors, distributors and consumers.

**Cross-cutting challenges**

*Integrating our work into other EU policies*

Integrating our priorities into other EU policies and activities remains essential to ensure coherence and synergy. In the new framework of European economic governance, health policies and reforms shall be adequately represented along the activities of the European Semester, in line with the priorities identified in the Annual Growth Survey.

The EU Treaty stresses the need to integrate health, consumer and animal welfare dimensions when formulating and implementing other EU policies. The Health Strategy has "Health in all policies" (HIAP) as one of its four key principles. As an example, increasing concerns linked to trends in antimicrobial resistance (AMR) requires constant attention across Commission services and concerned scientific agencies.

The Consumer Agenda presents also a comprehensive vision of the integration of consumer interests into EU policies. It identifies the following priority areas: digital/telecommunication, financial services, energy, transport, food and sustainable consumption. The results achieved on the integration of consumer interests into EU policies will be presented regularly in a report to the European Parliament.

We will continue to raise awareness throughout the Commission on the need to fully incorporate consumers' interests and patients' needs into policy design.

We will work to secure political support for these integration priorities, in particular through the Groups of Commissioners on the Internal Market, on the Digital Agenda and on the Innovation Union, and through close bilateral cooperation with all relevant Commission services, including the implementation of the CAP, and research and cohesion policy – post 2013.

*Working together with international partners*

Stronger international relations will be pursued to ensure that our goals can be reached and reflected in an increasingly interlinked world. We will continue to promote the European policy model and safety standards, to enhance global governance and a high level of protection.

We will also aim for fair and adequate participation and broad consultation in the evolution of EU policies involving stakeholders, notably NGOs, economic operators and third country partners. We will also continue to engage and develop bilateral and multilateral agreements with countries outside of the EU.

*Achieving more for less*

In all three of our policy areas, we strive to achieve the highest level of protection, the greatest degree of efficiency and the greatest value for money against the backdrop of the financial crisis. In particular, we must ensure any budget cuts at national level do not undermine enforcement or the protection of human health and safety.

2014 will be the first year of implementation of the new spending programmes under the 2014-20 multi-annual financial framework. Over the period, DG Health and Consumers will endeavour to support ambitious, cross-cutting initiatives that provide real benefits and represent good value-for-money.

*Managing risk, enforcing law*

We will maintain and develop our unique capacities to manage - and where possible predict - crises, to communicate on risk in our policy areas, and to use our treaty powers for the effective enforcement of law.

*Understanding lifestyle behaviours*

By improving our understanding of the motivation and main determinants behind consumer and health-related behaviour, we can help to generate smarter regulation linked to positive behaviour change, more sustainable lifestyles and better health. We recognise that delivering effective policies requires close cooperation with national governments and law-making through both regulation and self-regulation.

*Working towards simpler legislation*

We will continue to simplify, streamline and improve EU rules linked to the policies under DG Health and Consumers' remit.

*Communicating our mission*

In addressing all these challenges and objectives, communication has an important role to play. Citizens must be aware of their rights and entitlements while producers, processors, manufacturers, traders and control authorities must know their obligations. Communicating our message to all actors involved in or benefiting from the policy process will be key to its successful execution. We will also continue to develop open and participative policy-making with our stakeholders and to help the consumer voice be heard.

**Key Performance Indicators (KPI)**

<table>
<tr><td colspan="3">Impact indicator KPI-1: Consumer conditions index[1]</td></tr>
<tr><td>Baseline (2011)</td><td>Milestone (2017)</td><td>Target (2020)</td></tr>
<tr><td>62 (on a scale of 100)</td><td>65</td><td>67</td></tr>
<tr><td colspan="3">Impact indicator KPI-2: Number of Healthy Life Years at birth<br>(Source: European Innovation Partnership on Active and Healthy Ageing)</td></tr>
<tr><td colspan="2">Baseline<br>2010 (estimates 2011)</td><td>Target 2020<br>(agreed in the EIP on Active and Healthy Ageing)</td></tr>
<tr><td colspan="2">Males: 61.9 (61.8)<br>Females: 62.7 (62.2) (Source: Eurostat)</td><td>Increase by 2 years</td></tr>
<tr><td colspan="3">Impact indicator KPI-3: Reduction in the incidence of main food-borne disease in the EU (BSE & Salmonella)<br>Source: Proposal for a Regulation on expenditure in the field of the food chain, animal health and welfare and on plant health and plant reproductive material (COM(2013)327 final)</td></tr>
<tr><td>Baseline (2012)</td><td>Milestone (2018)</td><td>Target (2020)</td></tr>
<tr><td>18 BSE cases</td><td>10 cases</td><td>5 cases</td></tr>
<tr><td>90000 confirmed cases of human salmonellosis</td><td>67,000 confirmed cases of human salmonellosis</td><td>(60,000 cases) continuous reduction / no eradication possible</td></tr>
<tr><td colspan="3">Impact indicator KPI-4: Reduction in the incidence of foot and mouth disease in the EU (source: Commission internal)</td></tr>
<tr><td>Baseline (2012)</td><td>Milestone (2018)</td><td>Target (2020)</td></tr>
<tr><td>No confirmed cases of foot and mouth disease in the EU</td><td>Keep disease freedom</td><td>Keep disease freedom</td></tr>
<tr><td colspan="3">Impact indicator KPI-5: residual error rate of on-the spot controls (ex-post) for each ABB activity<br>(Source: Internal follow-up sheet, reported in AAR)</td></tr>
<tr><td colspan="2">Baseline (2012)</td><td>Target</td></tr>
<tr><td colspan="2">3,4% (Food & Feed);<br>< 1% (Public Health and Consumers)</td><td>Less than 2% in value<br>(approved by Management Team)</td></tr>
</table>

[1] The Consumer Scoreboard is the Commission's main tool to monitor the Single Market from a consumer perspective. The Consumer Conditions Index provides an overview of the key indicators describing the consumer environment at national level, as measured through surveys of perceptions, attitudes and experiences of consumers in particular.

## 3. GENERAL OBJECTIVES WITH A MULTI ANNUAL PERSPECTIVE

Our actions are essential to achieve the Commission Work Programme's priorities of restoring growth and pursuing a citizen's agenda. In working towards these objectives we can contribute to the other priorities of operating an ambitious external agenda and applying modernised work methods.

### 3.1. Consumer policy

The European Consumer Agenda - adopted in April 2012 - presents the strategic vision for EU consumer policy for the years to come. The Agenda puts consumers at the centre of the Single Market by building on four main objectives. It aims to increase confidence by reinforcing consumer safety, enhancing knowledge, stepping up enforcement and securing redress and aligning consumer rights and policies to changes in society and the economy. The Agenda supports consumer interests in the following key sectors: food, energy, financial, transport and digital sector.

It also stresses the importance of pursuing an evidence-based approach. Our Consumer Markets Scoreboards and Consumer Conditions Scoreboards, in-depth market studies of underperforming sectors and behavioural research are key to monitoring how the internal market works for EU consumers. They also help us to embed consumer interests in a broad range of Commission policies.

| **General objective 1:** Ensure a high level of consumer protection, to empower consumers and to place the consumer at the heart of the internal market, within the framework of an overall strategy for smart, sustainable and inclusive growth | | ☒ Spending programme<br>☒ Non-spending |
|---|---|---|
| Impact indicator KPI-1: Consumer conditions index[1] | | |
| Baseline (2011) | Milestone (2017) | Target (2020) |
| 62 (on a scale of 100) | 65 | 67 |

### 3.2. Health

Health systems and public health policy are essential to achieve the targets of the Europe 2020 strategy. Smart, sustainable and inclusive growth depends upon a healthy population and the proper functioning of financially sustainable health systems. Improving the health of EU citizens is a value in itself based on universality, access to good quality care, equity and solidarity.

A population in good health means a more productive workforce, lower healthcare costs and therefore a more competitive economy. Positive effects are noted in terms of improving employability, generating high-quality employment, offering an effective safeguard against poverty and benefits linked to sustained research and development efforts.

The EU Health Strategy sets out an over-arching framework for EU action on health through legislation, cooperation between EU countries and via the financial support provided by the Health Programme. The strategy was complemented in 2013 by the "Investing in Health" approach. The three objectives of the Strategy are:

- Fostering good health in an ageing Europe;
- Protecting citizens from health threats;
- Supporting dynamic health systems and new technologies.

The objectives are related to broader objectives set by the Commission across policy areas and contribute to the implementation of the Europe 2020 strategy. They will remain a focus in the proposed Health programme for the Multiannual Financial Framework 2014-2020. 2014 will mark the transition from the current programme to the new one.

| | |
|---|---|
| **General objective 2** Complement, support and add value to the policies of the Member States to improve the health of EU citizens and reduce health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats. | ☒ Spending programme<br>☒ Non-spending |
| Impact indicator KPI-2: Number of Healthy Life Years at birth<br>(Source: European Innovation Partnership on Active and Healthy Ageing) | |
| Baseline 2010 (estimates 2011)<br>(Source: Eurostat) | Target 2020<br>(agreed in the EIP on Active and Healthy Ageing) |
| Males: 61.9 (61.8)<br>Females: 62.7 (62.2) | Increase by 2 years |

### 3.3. Food and feed safety, animal health and welfare, and plant health

A high level of food safety is essential to achieve key public health and economic objectives of the EU. It is also essential to enable the food industry - Europe's largest manufacturing sector and biggest employer - to operate in a marketplace protected from the massive disruption which can result from unsafe food. The EU's food safety policy has three general objectives:

- ensuring food and feed are safe and nutritious;
- ensuring a high level of animal health, welfare and plant health protection;
- ensuring adequate transparent information about origin, content and use of foods.

These general objectives are pursued through a holistic approach to the food chain[2], encompassing legislation, enforcement, communication, scientific advice and international cooperation, while contributing to competitiveness and a sustainable environment.

The safety of food and feed is based on clear and predictable marketing authorisation, which applies to products and substances to be used in the production of primary products and in the processing of these products. For some products (pesticides, additives, flavourings) the EU has recently put in place modern authorisation processes allowing the relevant industry to plan and predict their market activities. This allows them access to the whole EU market, and strengthens their competitiveness in the framework of the 2020 agenda.

Once the safety and efficacy of products is independently assessed by EFSA, authorisations can be granted allowing the free movement of food products on the market. EU safety standards are among the highest in the world; a level playing-field, in which high levels of safety are the norm, is a precondition for job creation, economic growth and trade in an integrated EU market.

[2] Food chain is understood here in its broadest sense, accompanying also related areas which are wholly or partially beyond food, such as non-food animal health, semen, ova, embryo, animal by-products, plant health, seeds, forestry materials etc.

| | |
|---|---|
| **General objective 3:** Contribute to a high level of health for humans, animals and plants along the food chain and in related areas, by preventing and eradicating disease and pests, ensuring a high level of protection for consumers and the environment, while enhancing the Union food and feed industry competitiveness and favouring the creation of jobs | ☒ Spending programme<br>☒ Non-spending |

| Impact indicator KPI-3: Reduction in the incidence of main food-borne disease in the EU (BSE & Salmonella)<br>Source: Proposal for a Regulation on expenditure in the field of the food chain, animal health and welfare and on plant health and plant reproductive material (COM(2013)327 final) | | |
|---|---|---|
| Baseline (2012) | Milestone (2018) | Target (2020) |
| 18 BSE cases | 10 cases | 5 cases |
| 90000 confirmed cases of human salmonellosis | 67,000 confirmed cases of human salmonellosis | (60,000 cases) continuous reduction / no eradication possible |

| Impact indicator KPI-4: Reduction in the incidence of foot and mouth disease in the EU (source: Commission internal) | | |
|---|---|---|
| Baseline (2012) | Milestone (2018) | Target (2020) |
| No confirmed cases of foot and mouth disease in the EU | Keep disease freedom | Keep disease freedom |

### 3.4. Cross-cutting objectives

**Improving sustainability and fostering innovation**

The different legislative frameworks enable businesses to develop new feed and food applications that increase efficacy, e.g. of livestock farming, thus improving the usage of natural resources and reducing the carbon footprint. Other innovations launched are novel feeds that substitute the use of antibiotics in animals. Such efforts are accompanied by the Horizon 2020 programme including direct support from DG RTD.Four decentralised agencies, one executive agency and three scientific committees participate and support the Commission in achieving in achieving its objectives linked to consumer policy, public health and food and feed safety:

- the Community Plant Variety Office (CVPO) grants intellectual protection for new plant varieties throughout the EU,
- the European Centre for Prevention and Disease Control (ECDC), works to prevent disease outbreaks and to react quickly and effectively to minimise their impact,
- the European Food safety Authority (EFSA), provides independent scientific advice on food safety,
- the European Medicines Agency (EMA), evaluates and supervises medicines for human and veterinary use;
- The Consumer, Health and Food Executive Agency (CHAFEA) implements the EU Health Programme, the Consumer Programme and the Better Training for Safer Food (BTSF) initiative.
- The European Commission's Scientific Committees: the Scientific Committee on Consumer Safety (SCCS), the Scientific Committee on Health and Environmental Risks (SCHER), and the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR), provide independent scientific advice.

Good scientific knowledge is the basis for our risk management decisions. Risk assessment is a challenge shared by these decentralised agencies [except CPVO] and the three Scientific Committees. We have revised our procedures to enhance coordination and coherence on governance regarding the decentralised agencies. Follow-up of the joint statement issued by the three EU institutions is included in the overall coordination.

In pursuing our work we use a number of different tools:

**Early warning and crisis preparedness** is essential to deal effectively with human, animal or plant health emergencies that may emerge, and to ensure the rapid withdrawal of unsafe products from the market.

In recent years much of the focus has been on communicable diseases and the preparation for a possible pandemic. With the 2013 Decision on serious cross border threats to health the scope for health security has been extended to threats arising from other biological threats, chemical events and environmental hazards with an impact on public health. The generic and specific preparedness structures are constantly strengthened in terms of planning and coordination, monitoring and assessment, prevention and containment, health system response and communication, together with our partners such as EFSA, EMA and ECDC.

We have **rapid alert and traceability systems** which provide fast and user-friendly information on consumer, food and feed and public health alerts and support trade in the relevant products (food, animals, etc). The functioning of EU-wide mechanisms for information exchange, consultation, coordination and operation related to the handling of health-related emergencies need to be ensured.

Where an audit by the Food and Veterinary Office (FVO) identifies an immediate threat to consumer, animal or plant health, the Commission may take emergency ("safeguard") measures.

We ensure sustainable and flexible **business continuity mechanisms** covering both normal working arrangements - dealing with the management of relatively low level product safety and food and feed crises - and specific arrangements that may be needed in emergency situations, such as a serious outbreak of animal or human disease.

**Better implementation and enforcement** of existing legislation is crucial: over 75% of our resources are devoted to this in any given year. Proper enforcement is key to both ensuring a high level of safety and to avoid problems in trade. We are pursuing two goals: developing rules which are easier to implement and update, and making enforcement networks across Europe more efficient. Stakeholder's views help us to identify priority areas for action.

The FVO's audits are crucial for ensuring effective implementation in the fields concerned. As the "eyes and ears" of the Commission, the FVO plays an important role in verifying on-the-spot that controls are properly and effectively implemented by EU countries and also by third countries' authorities. The reports of the FVO also provide a solid basis for ensuring that legislation is kept up-to-date.

**Effective controls** are an essential factor in maintaining high levels of consumer protection, animal health and plant health. The Better Training for Safer Food (BTSF) initiative, managed by the Executive Agency, assists in achieving a harmonized and high standard of controls which in return ensure a level playing field, a precondition for enterprises to develop jobs and trade in an integrated EU market. Annually around 6 000 official control staff from Member States and third country national authorities are trained, in a programme of 160 conferences per year, to ensure that staff are kept up-to-date with relevant EU law in these areas.

The **Rapid Alert Systems** for non-food consumer products (RAPEX) network, operating under the General Product Safety Directive and Food and Feed (RASFF) help us to identify products posing a serious risk and remove them from the market. The newly developed Rapid Alert on Tissues and Cells (RATC) strengthens the safety and quality of tissue transplantations. It is envisaged to roll out adapted systems for the fields of organ transplantation and blood transfusion.

The network of European Consumer Centres (ECC-Net) which helps consumers resolve their cross-border problems also contributes to identifying areas where further efforts may be needed. Over the years, the ECCs have carried out joint projects analysing consumer complaints on key issues such as e-commerce, air passenger rights, alternative dispute resolution mechanisms in Europe. These reports offer a valuable insight about how citizens' experience the Single Market.

In the field of cosmetic products a new European IT portal has been operational since early 2012. It was further developed in 2013 to include detailed information on all cosmetic products on the EU market so that EU countries' competent authorities and European poison centres can better conduct market surveillance activities and prompt the appropriate medical treatment of citizens in the event of poisoning linked to cosmetic products.

A new module of the portal was also developed for nanomaterials in 2013 to enable the cosmetics industry to notify the nanomaterials they intend to use in their products. On the basis of the data submitted, and should concerns on the safety of nanomaterials be raised, the Commission will be able to seek an opinion from the Scientific Committee on Consumer Safety.

The evaluation and assessment of scientific evidence by the Commission Scientific Committees, the European Medicines Agency, the European Food Safety Authority, and the European Centre for Disease Control and Prevention will continue to underpin science based policy making in the EU in order to ensure the highest possible level of health and consumer protection.

The role of scientific evidence in the decision making process for public health is becoming increasingly important on all levels of decision-making. Evidence-based public health means integrating the best available evidence with the knowledge and considered judgements from stakeholders and experts to benefit the needs of a population. In particular, the work of the European Centre for Disease Prevention and Control (ECDC) and the data generated by observational studies, surveillance and modelling makes an important contribution to building the evidence base. Further work on the evidence base has been written into the work programmes. In particular, outbreak investigations need to be better performed and reported: information can only be gathered while an outbreak is ongoing.

Transparency and communication with policy makers are extremely important, especially where uncertainties arise during the risk assessment/decision-making process. With time, as access to evidence increases, these uncertainties can be reduced.

**Better regulation** remains high on the agenda, and we will endeavour to remain among the pace-setters. Our legislation can only work effectively if it is well designed, transparent, easy to implement and up-to-date. Policy needs to be evidence driven: better use of Impact Assessments and the full use of quantification of administrative burden and of associated benefits facilitate this. We will continue to pioneer the use of behavioural approaches and tools within the Commission.

Health, food safety and consumer protection are areas of immediate concern to citizens. Policy developments have a significant effect on their everyday lives and thus require full transparency and dialogue during the policy making process, as well as adequate and appropriate communication once initiatives are adopted and implemented. **Communication** in DG Health and Consumers is an integral part of the policy making process: policy messages must be delivered to citizens and stakeholders across the EU in a timely, clear and comprehensive manner. Communication activities are planned yearly, in parallel with the policy planning exercise, shaped by political priorities and integrating the corporate communication line. 2014 is the last year of the current Commission mandate, the time to take stock and communicate the impact of EU level actions on citizens' everyday life and recall the major achievements. The European elections will define the future political calendar and provide a focus on Europe.

On **good governance**, we will continue to develop participative processes involving stakeholders at all stages of the policy-making process, for example via the Advisory Group on the food chain and animal and plant health, the annual European Consumer Summit and the Open Health Forum for health policy. We will continue involving consumer organisations through the European Consumer Consultative Group (ECCG).

We will also pursue our multi-stakeholder approach on specific issues through the Working Group on e-Billing and personal energy data management, the Nutrition Platform, the Alcohol Forum, etc. We will follow-up on the multi-stakeholder dialogues on environmental claims and comparison tools to identify the best practices and deliver recommendations in this field.

### 3.5. International relations

Globalization has a dominant influence on the context in which we create and implement our policies. The EU is the world's biggest food importer and one of its biggest food exporters, a key player in the international trade of health products, and the largest single market for consumer goods. It is important to ensure that the EU plays an active role at a global level as a leading partner in health, food and feed safety and consumer matters. This is important both in our bilateral and multilateral relations and also in international organisations where the EU continues to be a long-established, active and much respected partner.

**Multilateral rule-making and governance cooperation**

As part of its global health policy the Commission collaborates with the World Health Organisation (WHO) and contributes actively to many international activities relating to health security, medicinal products, products of human origin, public health etc. In this context, we are working towards a comprehensive and sustainable framework for public health information with WHO and the OECD.

The Commission also participates in multilateral fora aimed at converging regulations in the field of medicinal products, medical devices and cosmetics. These include the International Cooperation for Cosmetics Regulation (ICCR), the International Conferences on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) and that for veterinary medicinal products (VICH) and the International Medical Device Regulators' Forum (IMDRF).

We will keep up our efforts to properly represent EU interests in the World Trade Organisation (Agreement of Sanitary and Phytosanitary measures) and in the international standard-setting bodies (Codex alimentarius, Office International des Epizooties and International Plant Protection Convention). We will continue our efforts to ensure that all the obligations derived from our membership of the WTO are fulfilled, including defending our interest when trade disputes arise.

Through our membership of the Codex Alimentarius Commission we will maintain a leading role, in close cooperation with EU countries, in promoting our values and interests on food safety standards. Our aim is to ensure that international standards for food are based as far as is possible on EU norms and values and, where this is not possible, that the effects of a trade dispute are kept to a minimum. We will continue to promote our policy to ensure that trade can continue to take place under safe and fair conditions.

Through our work with the World Organisation for Animal Health (OIE), we contribute to better animal health standards at international level more closely aligned to EU rules. We also help to ensure safe and fair worldwide trade in animals and animal products.

In consumer policy, we will continue to engage strongly in multilateral information sharing on policy effectiveness. Within the OECD, we actively contribute to the working party specifically dedicated to improving information exchange on consumer product safety at international level. For example, since 2012 we have been pooling information with other members about recalls and other similar measures taken against dangerous non-food products. We plan to use this information in our policy work and will encourage EU countries to see whether it is useful in identifying enforcement priorities. It also feeds into work on a toolkit for policymakers and on consumer-oriented indicators. Furthermore, we will engage in policy development forecasting and information exchange on policy issues, in particular in networks such as the International Consumer Protection and Enforcement Network (ICPEN). We encourage and give advice where asked on regional initiatives linked to pooling consumer safety information in different parts of the world. We will also continue engaging in the UN context to ensure that the initiative from UNCITRAL (United Nations Commission on International Trade Law) on Online Dispute Resolution is in line with the EU ODR Regulation.

In the field of plant health, the Commission is a contracting party of the FAO International Plant Convention Organisation (IPPC) and collaborates actively in preparation of the EU position for the Commission on Phytosanitary Measures (the annual IPPC management meeting), and the ongoing development of new international standards for the management of quarantine pests and diseases for plants. At regional level, the Commission participates as an observer to the European and Mediterranean Plant Protection Organisation (EPPO), and is party to the Cartagena Protocol under the Biodiversity Convention and participates, together with EU countries, in the development and implementation of its provisions to ensure the safe transfer handling and use of GMOs.

We also actively participate in the development of international rules for the certification of seed (Seed Schemes) and forest reproductive material (Forest Scheme) in OECD and for seed potatoes in United Nations Economic Commission for Europe (UN-ECE). As regards the intellectual protection of plant varieties the EU is a contracting party to the International Union for the Protection of new Plant Varieties (UPOV) where we contribute, with the help of CPVO, to the improvement of the standards in a number of technical meetings. In addition, the EU participates in the International Treaty on Plant Genetic Resources for Food and Agriculture and, with EU countries, in its implementation to ensure the conservation and sustainable use of plant genetic resources.

**Bilateral relations**

Bilateral agreements in all our policy areas are implemented in a way to ensure effective co-operation and a smooth trade in safe products.

*Brazil*

The EU is Brazil's largest trading partner – 23.5% of Brazil's total trade - including a large variety of agricultural products. Brazil is the EU's 10th largest trading partner -2% of EU trade. The EU has a large institutional cooperation with Brazil based on the EC-Brazil Consultation Mechanism on SPS issues. This implies annual meetings of the EU-Brazil Joint Committee (Comista) and frequent meetings with the Brazilian authorities to discuss specific SPS problems.

*Canada*

In October 2013, the EU and Canada reached a political agreement on the key elements of a Comprehensive Economic and Trade Agreement. It will be the first free trade agreement between the EU and a G8 country. The EU/Canada Veterinary Agreement has been incorporated into the EU Canada CETA.

*China*

The partnership between the EU and China in food safety and sanitary and phytosanitary (SPS) measures was formalised in 2006 with a Memorandum of Understanding (MoU) between DG Health and Consumers and the General Administration of Quality Supervision, Inspection and Quarantine of People's Republic Of China (AQSIQ). This ensures continuous effective co-operation and has since been developed to include DG Health and Consumers' new responsibilities in the fields of medicinal products, medical devices and cosmetics. AQSIQ's impact on EU trade is very important in terms of both safety of EU imports (which heavily

depends on the efficiency of AQSIQ controls) and the extent to which non-tariff barriers are imposed on EU exports. With the growth of the Chinese economy, and its internal market, there exists significant potential for EU exports to China.

Despite difficulties in opening the Chinese market, the joint efforts of the Commission, EU national authorities and industry operators now means China is one of the EU's biggest partners in terms of EU agricultural and fishery exports (which have grown from around €600 million in 2000 to almost €5 billion in 2012). The total value of EU exports to China is almost equal to the value of China's exports to the EU, which in 2012 was almost €5.7 billion. In the context of this dialogue, we plan a high level meeting (Commissioner/Minister) and a technical meeting in 2014. In addition we will continue to implement a pilot project with AQSIQ to facilitate EU exports to China, by pursuing harmonised and science-based import requirements, eliminating the clause "born and bred" (in a single EU country), the application of systems audit and pre-listing of establishments producing goods of animal origin. As regards non-food products, we will also continue engaging, in particular with China, to ensure that products exported to the EU are safe. We will pursue our trilateral cooperation with the US and China.

*Russia*

The Russian Federation is the EU's primary trade partner in agricultural products and pharmaceuticals. Together with Customs Union (CU) partners (Belarus and Kazakhstan), they form a region that represents both opportunities and challenges. For example, on animal health: the EU finances trans-border cooperation to vaccinate wild animals against rabies – which remains endemic in the region - and stop its spread. Russia has recently joined the WTO and is still adjusting to its new obligations, whilst also pursuing its modernisation objectives. Continuous discussions aim to enhance mutual understanding and resolve multiple trade impediments and to share EU experience in consumer protection, product safety and management of health threats.

*United States*

In addition, a number of key bilateral agreements are on the table. The talks on the Transatlantic Trade and Investment Partnership with the US were launched in summer 2013 with the aim of removing trade barriers in a wide range of economic sectors to make it easier to buy and sell goods and services between the EU and the US. The negotiations cover sanitary and phytosanitary issues, pharmaceuticals, medical devices and cosmetics, among other issues. The Commission intends to incorporate the relevant elements of the EU/US Veterinary Agreement concluded in 1998 into the TTIP. We will also continue to support the Transatlantic Consumer Dialogue (TACD) which is the only forum bringing together consumer organisations from both sides of the Atlantic. It will be important to engage further with the US in order to ensure that both sides shoulder the responsibility for funding the TACD.

**Free Trade Agreements (FTA)**

In addition, there are several on-going FTA negotiations, including a sanitary and phytosanitary (SPS) chapter, with countries outside of the EU, notably Japan, Malaysia, Vietnam, Thailand (Association of Southeast Asian Nations – ASEAN countries), India, the Mercosur group and Morocco. From 2014, progress is also

expected in relation to signature, initialling and entry into force of the Free Trade Agreements already finalised between the EU and countries in the Eastern Neighbourhood (Moldova, Ukraine and Georgia), and Singapore. All these Agreements include a comprehensive SPS Chapter.

We will continue to ensure the proper implementation of the existing agreements with an SPS component notably with South Korea, Mexico, Chile, Switzerland, the Veterinary Agreement with New Zealand and the European Economic Area Agreement (EEA). In 2014, we will work to ensure the implementation of Agreements recently entered into force and having an important SPS component namely the Central America (Costa Rica, El Salvador, Honduras, Nicaragua and Panama), Colombia and Peru Agreements.

**Association Agreements**

During 2014, we will continue to ensure the implementation of the association agreements with countries currently candidates to EU accession (Turkey, Serbia, Montenegro, the former Yugoslav Republic of Macedonia) and with potential candidates (Albania, Bosnia and Herzegovina, Kosovo*[3]). In addition, we will continue to monitor the adequate implementation of the relevant transitional measures granted to Croatia in its Treaty of Accession to the EU.

**Training and technical co-operation**

We will continue to step up our work on the provision of technical assistance to developing countries, through training seminars on EU food safety standards and rules organised through the initiative "Better Training for Safer Food" (BTSF). These third countries are heavily dependent on exports of food and agricultural products to the EU and our sanitary measures often pose an important market access barrier. DG Health and Consumers is active in helping capacity building and technical assistance efforts. Contributions to the preparation of candidate countries for EU accession and to regional initiatives and processes (such as the European Neighbourhood Policy) will continue. Training on the RAPEX system is also an established part of our capacity enhancing efforts and demand is still growing.

**Measuring our work**

To measure the results of our work we use different impact and result indicators, defined by objective and activity area. These represent our best approximation to assess the outcome of our work. Many of the indicators are not dependant solely on our efforts, but are also influenced by other broader factors (e.g. socioeconomic change, political priorities, media attention, etc.). It is important that the results are interpreted in that context.

**Controlling internal risks**

We will continue to ensure that the necessary control procedures are in place to guarantee the legality and regularity of transactions under each ABB activity.

[3] This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

## 4. POLICY ACTIVITIES

### 4.1. Consumer policy

| ABB activity: Consumer policy | | | | | | |
|---|---|---|---|---|---|---|
| Financial resources (€) in commitment appropriations | | | | Human resources | | |
| Operational expenditure | Administrative expenditure | | Total | Establishment plan posts[4] | Estimates of external personnel (in FTEs) | Total |
| | DG Health and Consumers | CHAFEA | | | | |
| 21.262.000 | 1.100.000 | 1.691.000 | 24.053.000 | 77 | 23 | 100 |
| | 2. 791.000 | | | | | |

The European Consumer Agenda[5] - the strategic vision for EU consumer policy adopted in April 2012 - is built on four main pillars:

- Reinforcing consumer safety: for goods, services and food, strengthening the regulatory framework and making market surveillance more efficient.
- Enhancing knowledge: to cope with the increasing complexity of markets, where consumers need the right tools and information to understand everything from the cost of consumer credit to finding how to complain. This is important for both consumers and traders, and the role of consumer organisations is key.
- Improving enforcement and securing redress, without which rights cannot exist. This is all the more relevant given that the detriment suffered by European consumers incurred from problems resulting in complaints is estimated at about 0.4 % of EU GDP[6]. The role of consumer enforcement networks is central.
- Aligning policy to societal change and making it relevant to daily life: to adapt consumer law to the digital age and tackle the problems consumers face online; to factor in the needs of vulnerable consumers; to make sustainable choices easy.

Finally, in line with the European Consumer Agenda, we will continue to pursue our evidence base approach.

**Reinforcing consumer safety**

We will continue to facilitate, in close cooperation with other relevant Commission departments, the adoption by the co-legislators of the Commission's proposal for a modern Consumer Product Safety Regulation and a new Market Surveillance Regulation. Together with the multi-annual market surveillance plan adopted by the Commission in 2013, the new regulations will aim to streamline and simplify the current rules, reducing the costs and administrative burden for economic operators and national authorities.

They will also strengthen the coordination between national authorities responsible for market surveillance, improving cross-border cooperation, preventing free-riding by rogue operators and improving protection overall. In concrete terms, we will implement the multi-annual market surveillance plan, establish a Member States working group on online sales and further improve the knowledge base, including exploring accident data collection and risk assessment methodologies and best practices.

4 Figure includes one frozen post

5 http://europa.eu/rapid/press-release_IP-12-491_en.htm

6 Working Document on Consumer Empowerment in the EU (SEC(2011) 469), based on the results of special Eurobarometer 342, http://ec.europa.eu/consumers/consumer_empowerment/index_en.htm

Product safety policy integration in trade and other international agreements will continue. We will invest in implementing the extended scope of the Memorandum of Understanding with China. A running joint enforcement cooperation project between the EU and China aims to ensure in the coming years that products coming to Europe are carefully monitored all along the supply chain.

We will continue our regular bilateral cooperation with the US and our trilateral work with the US and China to strengthen our market surveillance cooperation, in particular by better understanding the rules and practices in other jurisdictions, improving product traceability and advising manufacturers on legal requirements.

We also seek progress with regard to enhanced global governance of product safety, notably in the context of the International Consumer Product Safety Caucus (ICPSC) and in the OECD Committee of Consumer Policy's dedicated working party. In 2014, we will organise another International Product Safety Week to foster debate and cooperation amongst a broad range of professionals from around the world on policy development and enforcement in the area of non-food consumer product safety. We will also continue efforts to generate more state-of-the-art European standards for non-harmonised consumer products, so as to guide manufacturers and suppliers and to improve the compliance with the general safety requirements.

We will continue to gather data on tourism accommodation, in particular on fire safety. In the area of rapid alerts on dangerous (non-food) products we are planning to:

- further reinforce the network of EU countries' national market surveillance authorities;
- increase the cooperation with customs and other authorities; and
- investigate how to best promote the use of publicly available alert information amongst small and medium-sized EU retailers and importers before they purchase, as part of our "safety at source" strategy.

In the field of cosmetics, we will continue working on the implementation of the Cosmetics Regulation (e.g. on the definition of nanomaterial, claims) and will adapt the Annexes to the regulation based on the technical and scientific progress. In addition, we will prepare the 2015 review of the Cosmetics Regulation with regards to endocrine disruptors.

# Intervention logic: EU Consumer Policy

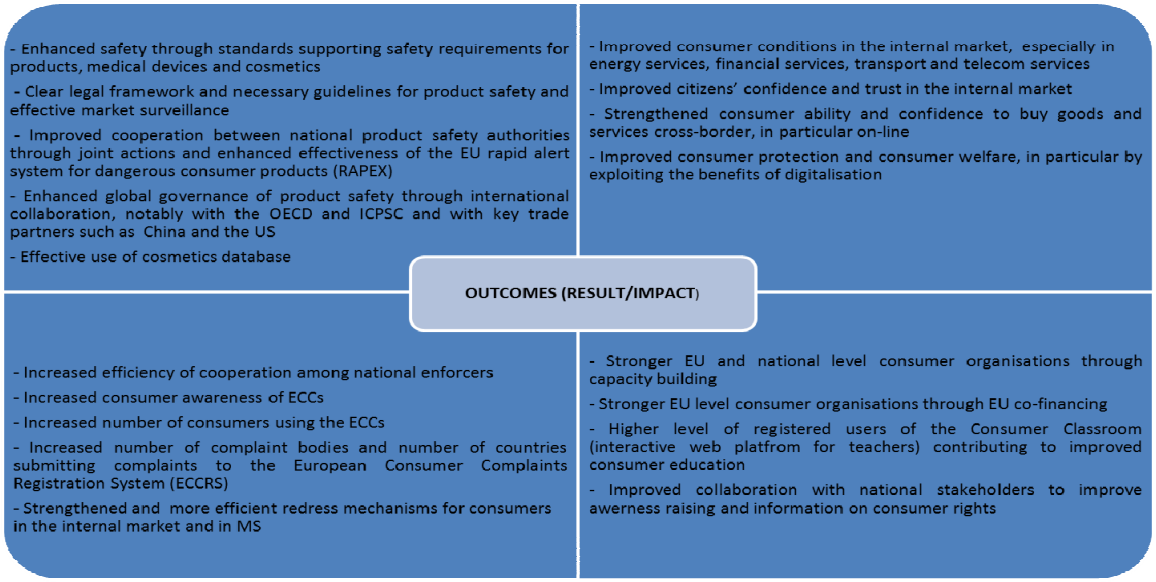
## CHALLENGES

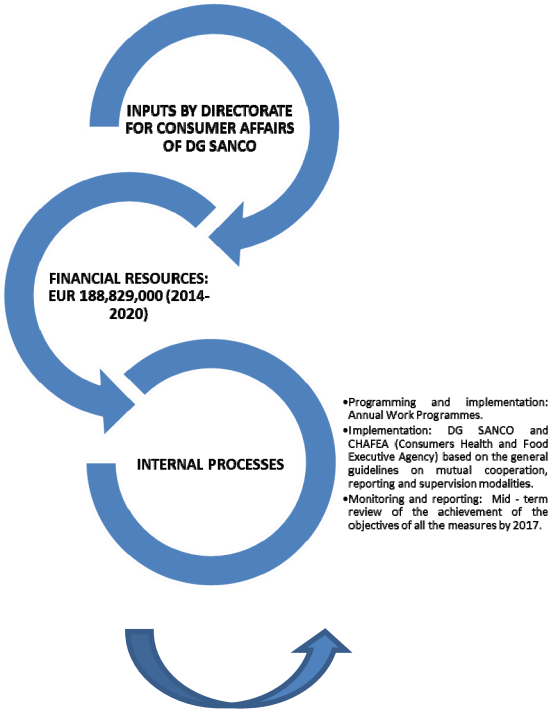
**Placing the consumer as an economic actor in markets:** Monitoring consumer markets and consumer conditions; Adapting consumer policy to economic governance; Enabling consumers to exercise their rights so as to create competitive market conditions

**Product Safety**: Increasing imports of certain products presenting risks; Balancing the reduced resources capacity with the need to maintain high standards of safety; Enhancing traceability; Keeping up with the evolution and innovation in the markets; Adapting obligations of economic operators to business reality; Addressing differences in EU Member States' enforcement

**Information to consumers:** Ensuring coherent, understandable, accessible information; Building capacity for consumer organisations so that they can deliver for all consumers across the EU

**Consumer rights and redress**; **Enforcement of consumer rights:** Helping EU Member States with their decreasing resources efficiently, enabling CPC to cover EU Member States' needs, enhancing the ECCs for the benefit of fairness in cross –border transactions; Helping the consumer make the most out of their spending




### *External factors*

- Economic situation in the EU, and in individual EU MS
- Differences in the level of transposition of the consumer acquis in EU MS
- Limited political and financial support to consumer organisations at national level in a number of EU MS, in particular in the CEESE countries
- Limited human resources in EU MS authorities to carry out joint projects
- Limited interest of EU citizens in consumer affairs

| | | |
|---|---|---|
| **Relevant general objective 1:** Ensure a high level of consumer protection, to empower consumers and to place the consumer at the heart of the internal market, within the framework of an overall strategy for smart, sustainable and inclusive growth | | |
| **Specific objective 1.1:** Safety: to consolidate and enhance product safety through effective market surveillance throughout the Union | | ☒ Spending programme<br>☒ Non-spending |
| **Result indicator 1.1.1**: Percentage of RAPEX notifications (Rapid Alert System for Dangerous Consumer Products) entailing at least one reaction (by other Member States)<br>(source: Consumers Programme 2014-2020) | | |
| Baseline 2010 (as per Consumer Programme) | Milestone (2017) | Target (2020) |
| 43% (843 notifications)<br>(source: RAPEX) | 45% | Increase of 10 % to 47.5% (agreed in the Consumer Programme) |
| **Result indicator 1.1.2**: Ratio number of reactions/number of RAPEX notifications (serious risks)<br>(source: Consumers Programme 2014-2020) | | |
| Baseline 2010 (as per Consumer Programme) | Milestone (2017) | Target (2020) |
| 1.07<br>(source: RAPEX) | 1.15 | Increase of 15 % by to 1.23 (agreed in the Consumer Programme) |

**Main outputs in 2014**

| Description | Indicator | Target |
|---|---|---|
| Preparation of the future implementation of the Consumer Product Safety and Market Surveillance Regulations through guidance, implementing measures etc. | Guidance and, where necessary, implementing measures adopted; running of expert group | 2015 (or date of application of new Regulations) |
| Implementation of actions (falling under the responsibility of DG Health and Consumers of the multi-annual action plan for market surveillance (with DG ENTR) | Establishment of a Member States working group on online sales | 1 in 2014 |
| Facilitation and co-financing of joint market surveillance actions by MS on consumer safety awarding of special indemnities for exchange of officials | Grant agreements for joint actions signed;<br>Special indemnities for exchange of officials | 2014 |
| Close collaboration and regular information exchange with international stakeholders on consumer product safety | International Product Safety Week 2014 | 1 in 2014 |
| Update of the definition of nanomaterials in the Cosmetics Regulation | Comitology or delegated act adopted | 1 in 2014 |
| Annual report on nanomaterials in cosmetics | Report adopted | 1 in 2014 |
| Annual Report on Animal Testing | Report adopted | 1 in 2014 |
| On-going technical adaptation of the Annexes to the Cosmetics Regulation | Several Commission Regulations adopted (on average five per year) | 3 in 2014 |

**Enhancing knowledge**

Important information on consumer markets is available through the "Consumer Scoreboard". The Consumer Conditions Scoreboard monitors the integration of the retail internal market and tracks the consumer environment in EU countries. The Consumer Markets Scoreboard ranks over 50 of the most important consumer markets according to how well they function for consumers.

In Spring 2014, the tenth edition of the Consumer Markets Scoreboard will be published. In addition, the Commission will continue to review the Scoreboard's methodology with a view to further improving the quality and maximising policy impact. Market studies on the market for second-hand cars (as a follow–up to the 8th Consumer Markets Scoreboard of December 2012), on functioning of the retail electricity market for consumers, on online comparison tools and third-party verification schemes and on feasibility of setting up a database of food labelling rules will be completed in 2014. A study on consumer vulnerability in key markets - launched in response to the European Parliament's resolution on strengthening the rights of vulnerable consumers – will produce intermediate results and a further study on marketing to children and adolescents in online games, mobile applications and social media will be completed. The studies will deliver policy recommendations aimed at improving consumer conditions.

The findings of the tenth Scoreboard will be used to identify further market studies. Consumer data will also be used to properly integrate the consumer dimension in the Commission-wide market monitoring exercises.

In addition, the Commission will continue to assist national complaints handling bodies - through dedicated country visits as well as financial and IT support - in the implementation of the complaints Recommendation.

Awareness raising efforts will focus on complementing consumer rights information in selected EU countries in cooperation with national partners, and on the development and execution of a campaign on consumer rights in Croatia, implemented by the Executive Agency for Health and Consumers (EAHC/CHAF-EA).

Consumer education actions have been redeveloped following an evaluation in 2011. An interactive educational platform targeting teachers of students in secondary school was launched in the first half of 2013 and it will be further developed and promoted amongst teachers in 2014.

Based on identified training needs in the staff of EU countries' consumer organisations, on-line and off-line courses for national consumer organisations, as well as an interactive web platform for exchange of best practice, will be implemented within a reformulated capacity building programme, starting in 2014.

In view of the above, the Staff Working Document on Knowledge Enhancing Aspects of Consumer Empowerment 2012–2014 issued in July 2012 will be revised and updated in 2014 and will develop ideas for actions for 2015-2017. To this end we will engage with EU countries and stakeholders, in particular on issues such as consumer vulnerability, exchange of best practices in awareness raising and options for strengthening the consumer movement through capacity building in the countries of East and South East Europe (as a follow-up to studies in 2011 and 2012).

As a follow-up to the multi-stakeholder dialogue on comparison tools, DG Health and Consumers will undertake a study to gather more in-depth information on the number and types of comparison tools available throughout the European Union and on relevant third-party verification schemes. The study will also look at how consumers use and trust comparison tools and how some of their parameters influence their decision making. Evidence gathered through the study will lay the basis for possible future policy action.

| | | |
|---|---|---|
| **Relevant general objective 1:** Ensure a high level of consumer protection, to empower consumers and to place the consumer at the heart of the internal market, within the framework of an overall strategy for smart, sustainable and inclusive growth | | |
| **Specific objective 1.2:** Consumer information and education and support to consumer organisations: to improve consumers' education, information and awareness of their rights, to develop the evidence base for consumer policy and to provide support to consumer organisations, including taking into account the specific needs of vulnerable consumers | | ☒ Spending programme<br>☒ Non-spending |

**Result indicator 1.2.1**: Average percentage of consumers' correct answers to three questions about basic consumer rights (source: Consumer Conditions Scoreboard)

| Baseline (2012) | Milestone (2017) | Target (2020) |
|---|---|---|
| 52% (source: Consumer Scoreboard) | 55% | 57% |

**Result indicator 1.2.2:** Number of complaint bodies and number of countries submitting complaints to the European Consumer Complaints Registration System (ECCRS) (source: Consumer Programme 2014-2020)

| Baseline 2012 (Consumer Programme) | Milestone (2017) | Target (2020) |
|---|---|---|
| 33 complaint bodies from 7 countries in 2012<br>(source: ECCRS) | 50 complaint bodies from 14 countries | 70 complaint bodies from 20 countries by 2020<br>(agreed in Consumer Programme) |

**Result indicator 1.2.3**: Consumers' knowledge of basic consumer rights (Source: 9th Consumer Conditions Scoreboard)

| Baseline (2012) | Milestone (2017) | Target (2020) |
|---|---|---|
| 11.7% (source: Consumer Scoreboard) | 12.5%) | 15% |

**Main outputs in 2014**

| Description | Indicator | Target |
|---|---|---|
| Consumer Scoreboard 2014 | Publication of the 10th Scoreboard | 1 in 2014 |
| Market studies | Finalisation of studies on second-hand cars, on the functioning of the energy market for consumers, on online comparison tools and third-party verification schemes and on the feasibility of setting up a database of food labelling rules. Further study/studies to be launched based on the results of the 10th Scoreboard | 4 to be finalised and 1 to be launched in 2014 |
| Consumer vulnerability | Studies on the situation of vulnerable consumers across key markets in the EU and on the impact of marketing through social media, online games and mobile applications on children's behaviour | 2 in 2014 |
| Follow–up to the Staff Working Document on the knowledge enhancing aspects of consumer empowerment 2012-2014 | Staff Working Document | 1 in 2014 |
| Financial support to EU-level consumer organisations | Grant awarded | 1 in 2014 |
| Consumer Classroom | Increase of the volume of pedagogical materials on the platform and of the number of registered users | Increase in pedagogical material and registered users in 2014 |
| Capacity-building for | Implementation of an interactive and inclusive set | Actions |

| | | |
|---|---|---|
| consumer organisations | of actions including the establishment of a web-based platform | implemented and web platform established in 2014 |
| Information campaign in Croatia | Preparation and launch of the campaign | 1 in 2014 |
| Raise awareness of certain consumer rights in selected EU countries | Targeted materials produced and disseminated via intermediaries in the EU countries | Materials produced in 2014 |

**Strengthening rights and redress**

After the adoption of the legislative package on Alternative Dispute Resolution (ADR) and Online Dispute Resolution (ODR), we will ensure a proper follow up. We will help EU countries transpose the Directive by issuing implementation guidelines in the first quarter of 2014. In addition, we will continue with the technical development of the ODR platform and adopt the necessary implementing measures and delegated acts, as foreseen by the ODR Regulation.

Following the adoption of a Commission Recommendation on Collective Redress, we will monitor how EU countries implement the principles of the Recommendation.

Studies, notably in the context of CPC regulation and behavioural economics will also be carried out. Behavioural studies on online gambling, food information and European Consumer Centres will be finalised, while others are planned, including a market study on consumer guarantees and behavioural studies in cooperation with other Commission services on consumer-relevant issues.

| | | |
|---|---|---|
| **Relevant general objective 1:** Ensure a high level of consumer protection, to empower consumers and to place the consumer at the heart of the internal market, within the framework of an overall strategy for smart, sustainable and inclusive growth | | |
| **Specific objective 1.3**: Rights and redress: to develop and reinforce consumer rights in particular through smart regulatory action and improving access to simple, efficient, expedient and low-cost redress, including alternative dispute resolution | | ☒ Spending programme<br>☒ Non-spending |
| **Result indicator 1.3.1:** Percentage of consumers who took action in response to a problem encountered in the past 12 months (source: Consumer Programme 2014-2020) | | |
| Baseline<br>(2010, Consumer Programme) | Milestone<br>(2017) | Target<br>(2020) |
| 83%<br>(source: Consumer Scoreboard) | 86% | 90%<br>(agreed in the Consumers Programme 2014-2020) |

**Main outputs in 2014**

| Description | Indicator | Target |
|---|---|---|
| ADR Directive | Publication of implementation guidelines for the ADR Directive | 1 in 2014 |
| ODR Regulation | Adoption of implementing acts in the context of the ODR Regulation | 4 committee meetings in 2014 in view of adopting the implementing acts |
| ODR platform | Pursue the technical development of ODR platform and running of the ODR expert group | 9 ODR expert group meetings and testing of the platform in 2014 |

| | | |
|---|---|---|
| Studies, notably in the context of the CPC regulation and behavioural economics | Finalisation of behavioural studies on online gambling, food information and European Consumer Centres. Launch of market study on consumer guarantees and 2-3 behavioural studies in cooperation with other Commission services. | 3 to be finalised and 3-4 to be launched in 2014 |

| | | |
|---|---|---|
| **Relevant general objective 1:** Ensure a high level of consumer protection, to empower consumers and to place the consumer at the heart of the internal market, within the framework of an overall strategy for smart, sustainable and inclusive growth | | |
| **Specific objective 1.4:** Enforcement: to support enforcement of consumer rights by strengthening cooperation between national enforcement bodies and by supporting consumers with advice | | ☒ Spending programme<br>☒ Non-spending |
| **Result indicator 1.4.1:** Percentage of cases of enforcement requests handled in 12 months within the CPC network (Consumer Programme 2014-2020) | | |
| Baseline (as per Consumer Programme) | Milestone (2017) | Target (2020) |
| 50% (reference period 2007-2010)<br>(Source: CPC network database) | 55% | 60% by 2020<br>(agreed in Consumer Programme) |
| **Result indicator 1.4.2:** Number of contacts with consumers handled by the ECC (Consumer Programme 2014-2020) | | |
| Baseline 2010 (Consumer Programme) | Milestone (2017) | Target (2020) |
| 71 000<br>(source: ECC report) | 88 750 | 106 500 (increase by 50%)<br>(agreed in Consumer Programme) |
| **Result indicator 1.4.3**: Level of information flow and cooperation with the CPC Network (Consumer Programme 2014-2020) | | |
| Baseline 2010 (Consumer Programme) | Milestone (2017) | Target (2020) |
| - 129 requests to exchange information between CPC authorities<br>- 142 requests for enforcement measures between CPC authorities<br>- 63 alters within the CPC network<br>(source: CPC Network database) | 156<br>172<br><br>76 | 167 Increase by 30%<br>184 Increase by 30%<br><br>82 Increase by 30% (agreed in Consumer Programme) |
| **Result indicator 1.4.4:** Percentage of information requests handled within 3 months within the CPC Network (Consumer Programme 2014-2020) | | |
| Baseline (Consumer Programme) | Milestone (2017) | Target (2020) |
| 33% (reference period 2007-2010)<br>(source: CPC Network database) | 37% | increase by 50%<br>(agreed in Consumer Programme) |
| **Result indicator 1.4.5:** Number of visits to the ECCs' websites (Consumer Programme 2014-2020) | | |
| Baseline 2011 (Consumer Programme) | Milestone (2017) | Target (2020) |
| 1.670.000<br>(source: ECCNet evaluation report) | 2.488.300 | 2. 839.000 increase by 70%<br>(agreed in Consumer Programme) |

| **Main outputs in 2014** | | |
|---|---|---|
| Description | Indicator | Target |
| CPC Regulation | Publication on a Report on the functioning of the Regulation (including the results of the public consultation) | 1 in 2014 |
| Joint enforcement actions in the framework of the CPC regulation | Publication of the results of the joint actions | 1 in 2014 |
| Support to ECC and actions to increase the ECC visibility | Increased number of visitors to ECC websites | Increase of visitors in 2014 |

**Making markets work for consumers**

Enhanced action will be taken towards more effective integration of consumer interests in other EU policies.

The 2nd Annual Report to the European Parliament on the implementation of the Consumer Agenda will be published in 2014. It will present how consumer interests have been integrated into EU policies in 2012-2014.

In the field of *financial services*, together with DG MARKT we will work towards facilitating the conclusion of the inter-institutional negotiations on the Payment Accounts Directive. The aim of the proposed legislation is to provide all EU citizens with access to a basic payment account, ensure bank account fees are transparent and make switching bank accounts easier.

Furthermore, we will feed the possible work of third-pillar pensions with the results of the public consultation, which was launched and concluded in 2013. We will also conclude and assess the information campaign on the Consumer Credit Directive in four selected EU countries. We will also continue the work on the enforcement of the Consumer Credit Directive via expert group meetings with EU countries and on promoting financial education and the effective representation of consumer interests in financial services (for example through the Financial Services User Group).

The advent of the *digital economy* requires specific attention to be given to the rights of consumers online. We will therefore actively contribute to the implementation of the initiatives announced in the Digital Agenda. These topics will receive particular attention at the 2014 Consumer Summit which will be dedicated to the "EU consumer in the digital era".

We will provide inputs into the reform of the EU framework on copyright, which should enable all European consumers to have better access to legal offers. We will advocate for tangible solutions to be found on private copying levies which will benefit consumers. We will work to guarantee that consumers' fundamental rights are fully respected in the context of enforcement of Intellectual Property Rights online.

Forthcoming actions relating to convergent media to ensure consumers enjoy a similar level of protection, irrespective of the technology they are using to access information and content will be followed.

We will continue to advocate for a stronger protection and easier portability of consumers' personal data. We will also be closely involved in the implementation of the Cloud Computing Strategy.

We will work to ensure that consumers feel as empowered shopping online as offline, by raising awareness on their online rights and reflecting on how to get the most out of comparison tools and trustmarks for e-commerce websites and developing education tools to enhance digital literacy.

We will contribute to work to ensure that consumers enjoy open, accessible and affordable telecom services in the context of the 2013 Telecoms Single Market Proposal. We will also remain committed to safeguard open access to the Internet for consumers.

On *energy*, we will continue our efforts to promote well-functioning electricity and gas markets. Our objective is to enhance transparency in bills, prices and offers and empower consumers with meaningful information to guide their choice and get better deals. We are also paying particular attention to vulnerable energy consumers.

We are working within the framework of the Third Energy Package and the Citizens' Energy Forum. In doing so, the Commission will continue to support the European Consumer Consultative Group (ECCG) sub-group on Energy. On energy efficiency, our focus is on helping consumers better manage and control their energy consumption at home, on consumer-friendly design, data privacy and facilitating personal data management, and innovative ways for consumers to act as market agents.

In the field of *transport*, we will pursue our efforts to integrate consumer interests – such as accessibility, affordability and health - into policies related to the decarbonisation of transport and the future of transport in the EU. We will also follow the Package Travel Directive and Air Passenger Rights Directive.

We will continue our work to integrate consumer interests into *sustainable consumption* policies. We will contribute to the implementation of "sustainable consumption" actions in the context of European Consumer Agenda. In this respect, and as a follow-up to the report of the multi-stakeholder dialogue on environmental claims[7], we will finalise the "Consumer Market Study on Environmental claims" (non-food products) and review its recommendations with relevant Commission services and stakeholders.

<table>
<tr><td colspan="3">Relevant general objective 1: Ensure a high level of consumer protection, to empower consumers and to place the consumer at the heart of the internal market, within the framework of an overall strategy for smart, sustainable and inclusive growth</td></tr>
<tr><td colspan="2">Specific objective 1.5: Making markets work for consumers</td><td>☐ Spending programme<br>☒ Non-spending</td></tr>
<tr><td colspan="3">Result indicator 1.5.1: Consumer assessment of the functioning of energy services</td></tr>
<tr><td>Baseline (2012) Consumer Markets Scoreboard (on a scale of 100)</td><td>Milestone (2017)</td><td>Target (2020)</td></tr>
<tr><td>72.9</td><td>74</td><td>75</td></tr>
<tr><td colspan="3">Result indicator 1.5.2: Consumer assessment of the functioning of financial services</td></tr>
<tr><td>Baseline (2012)</td><td>Milestone (2017)</td><td>Target (2020)</td></tr>
<tr><td>73.3</td><td>74.4</td><td>75.5</td></tr>
<tr><td colspan="3">Result indicator 1.5.3: Consumer assessment of the functioning of transport services</td></tr>
<tr><td>Baseline (2012)</td><td>Milestone (2017)</td><td>Target (2020)</td></tr>
<tr><td>75.4</td><td>76.5</td><td>77.5</td></tr>
<tr><td colspan="3">Result indicator 1.5.4: Consumer assessment of the functioning of telecom services</td></tr>
<tr><td>Baseline (2012)</td><td>Milestone (2017)</td><td>Target (2020)</td></tr>
<tr><td>73.6</td><td>74.8</td><td>76</td></tr>
</table>

[7] http://ec.europa.eu/consumers/events/ecs_2013/docs/environmental-claims-report-ecs-2013_en.pdf

| Main outputs in 2014 | | |
|---|---|---|
| Description | Indicator | Target |
| 2nd report on the implementation of the Consumer Agenda | Publication of the Report | 1 in 2014 |
| 2014 Consumer Summit on Digital | Organisation of the Summit | 1 in 2014 |
| Citizens Energy Forum (CEF) 2014 | Prepare Report to be submitted to the CEF with a focus on innovative ways for consumers to act as market agents. | 1 in 2014 |
| Environmental claims | Study on "Consumer Market Study on environmental claims for non-food products" and review its conclusions and recommendations | 1 in 2014 |
| Payment Accounts Directive (with DG MARKT) | Negotiations between the co-legislators | Conclusion of negotiations in 2014 |
| Consumer Credit information campaign | Assessment of the campaign and possible extension | Campaign and evaluation exercise concluded in 2014 |
| Enforcement of the Consumer Credit Directive | Enforcement meetings with Member States | 3 in 2014 |

**Horizontal issues**

In 2014, we will start the implementation of the financial framework for consumer policy: the Consumer Programme 2014-2020. The proposed Programme focuses on the following four pillars: safety, consumer information and education, rights and redress, and enforcement of consumer rights.

We will pursue jointly with the Directorate-General for Justice the implementation of the Consumer Agenda, and especially the specific initiatives to be implemented in 2014.

Focusing on evidence base, enforcement, cooperation, information and education and redress, the financial work programme 2014 will also contribute to achieving the objectives set out above.

## 4.2. Health

| ABB activity: Health | | | | | | | |
|---|---|---|---|---|---|---|---|
| Financial resources (€) in commitment appropriations | | | | | Human resources | | |
| Operational expenditure | | Administrative expenditure | | Total | Establishment plan posts[8] | Estimates of external personnel (in FTEs) | Total |
| DG Health and Consumers | ECDC, EMA, EFSA | DG Health and Consumers | CHAFEA | | | | |
| 52.575.000 | 164.644.000 | 1.500.000 | 4.504.000 | 223.223.000 | 184 | 49 | 233 |
| 217.219.000 | | 6.004.000 | | | | | |

EU health policy contributes to a smarter, more inclusive and more sustainable Europe and supports the objectives of the overall EU growth strategy, Europe 2020.

It aims to add value to the policies and actions of EU countries whilst respecting their responsibility to define their own health policies and it provides an overarching framework for EU action on health with a focus on four key principles:
- taking a value driven approach,
- recognising the links between health, economic prosperity and social cohesion,
- integrating health in all policies, and
- strengthening the EU's voice in global health.

These principles underpin three strategic objectives for improving health in the EU:
- fostering good health in an ageing Europe,
- protecting citizens from health threats, and
- supporting dynamic health systems and new technologies.

In 2014 the Commission will pursue actions linked to these objectives. It will continue to support an integrated approach to health implemented through legislation, cooperation and with financial support from the EU Health Programme.

It will also build on the policy approach developed in the "Investing in health"[9] paper, published in February 2013 as part of the Social Investment Package for Growth and Cohesion. The paper reinforces the role of health as part of Europe 2020 (in line with the dual aims of the 2013 Annual Growth Survey to ensure the sustainability of health systems and access to high quality health care). It recognises that health is a growth-friendly type of expenditure and that a healthy population and sustainable health systems are instrumental to economic prosperity and social cohesion.

**Foster good health in an ageing Europe**

*Legislation*

The agreement reached in December 2013 on a revision of the Tobacco Products Directive will be formalised by the European Parliament and by the Council of Ministers during spring 2014, with a view of an entry into force of the new EU Directive in the first half of 2014. It will be followed by the preparation of several implementing and delegated legal acts concerning mainly the ingredients and

[8] Figure includes two frozen posts

[9] http://ec.europa.eu/health/strategy/docs/swd_investing_in_health.pdf

labelling of tobacco products, such as a common reporting format and adaptation of the health warnings on tobacco packs.

*Cooperation*

The Commission will continue to support activities on key health determinants including social and environmental determinants and health inequalities, nutrition and physical activity and alcohol and smoking prevention.

Cooperation developed within the "European Innovation Partnership on Active and Healthy Ageing" will continue in 2014. This project, elaborated under the Innovation Union flagship initiative, aims at enhancing Europe's innovation potential for tackling the challenges of demographic change associated with ageing.

Thus, and while unleashing the innovation potential and capacity in the health and ageing areas by identifying the good practices developed by the Reference Sites, the Partnership is committed to the scaling up of such good practices throughout the EU with the use of targeted twinning and cross-border cooperation between advanced and developing regions, and to secure the necessary support to scale them up.

The Partnership was launched in 2011 and aims at increasing Healthy Life Years (HLY) by 2, while unleashing the innovation potential and capacity in the health and ageing areas. The Partnership should contribute to achieving the Health Strategy objectives as well as Europe 2020 objectives of smart and inclusive growth. A communication linked to the “First results from the European Innovation Partnership on Active and Healthy Ageing” will be prepared in 2014.

Cooperation in the context of the "Strategy for Europe on Nutrition, Overweight and Obesity related health issues" will continue in 2014. An action plan on childhood obesity will be developed with the High Level Group on Nutrition and Physical Activity and support will be given to the Council of Ministers to adopt conclusions on obesity prevention in children. The Commission will also support a new Joint Action under the EU health programme to take forward work on common priorities in line with the EU Strategy.

To support EU countries’ efforts to reduce alcohol related harm, an action plan will be developed by the Commission and the Committee for national alcohol policy and action in 2014 on youth/binge drinking. Linked to this action plan – and in line with the EU alcohol strategy – will be a new Joint Action under the EU Health Programme to coordinate and help EU countries to take forward work on common priorities. The aim is to strengthen the capacity of EU countries to reduce harmful alcohol consumption and related harm, as well as the related costs to health systems and society. We will also support the Council in adopting conclusions on youth and alcohol harm.

It will also issue a report on the implementation of the Council Recommendation on Injury Prevention (2007) - an initiative particularly aimed at preventing falls in the elderly, as well as other types of injury.

Work will continue to support EU countries in activities to improve access to health care - in particular for vulnerable people - and combatting discrimination in health. This will include support for training health professionals, raising awareness of

effective actions in this area and support for the implementation of national strategies on Roma integration.

In parallel, work on major chronic and rare diseases will continue in 2014. Chronic diseases represent the major part of the disease burden in the EU and place a high burden on patients, health and social care systems. The conclusions of the reflection process on chronic diseases will be taken forward, primarily by implementing a joint action on chronic diseases – including a work package dedicated to diabetes - financed under the EU health programme and by setting up an expert group on patient empowerment in chronic disease management.

An EU summit on chronic diseases will be organised in early 2014 to bring EU countries and stakeholders together to identify the best strategies to prevent and manage chronic diseases and to reinforce the sustainability of health systems.

Work on mental health and well-being remains a key priority and will be further developed in 2014, building on the conclusions of the Lithuanian Presidency conference "Mental Health: Challenges and possibilities" (October 2013).

Cancer is the second biggest cause of death for both men and women. 2014 will see the launch of a new joint action financed under the EU health programme, and a revision of the European Code against cancer. Work on cancer registries and cancer screening guidelines – taken forward by JRC – will also be developed further. An advisory committee on cancer prevention will be re-established to guide work in this area.

EU action on rare diseases brings together fragmented resources from across EU countries to improve diagnosis and treatment. The Commission's communication on rare diseases, Europe's challenges and the Council recommendation on action in the field of rare diseases provide the framework for activities which will continue in 2014.

In 2014, the Commission intends to publish reports on the implementation of the Council recommendations on cancer screening and the European partnership for Action on Cancer, the Council recommendation on action in the field of rare diseases, and on the EU strategy for Alzheimer’s disease and other dementias.

In 2014, the Commission and the Russian Federation will continue to work in a sub-group on non-communicable diseases to exchange information on strategies for prevention of specific diseases and chronic diseases in general.

# Intervention logic: EU Public Health Policy

## *THE CHALLENGES*

*- increasingly challenging demographic context threating the sustainability of health systems*

*- fragile economic recovery limiting the resources available for investment in healthcare*

*- increase of health inequalities between/within Member States*

*- increase in chronic diseases prevalence*

## *GENERAL OBJECTIVES*

***- Complement, support and add value to the policies of Member States***

***- to improve the health of EU citizens*** *and*

***-reduce health inequalities***

**Budget: €449.4 million (2014-2020)**

**Management mode: Centralised direct and indirect management**

**Programming and implementation on the basis of adoption of Annual Work Programmes through implementing acts**

**Monitoring and reporting**

**Mid-term review in 2017Annual implementation report sent to EP& Council**

## *SPECIFIC OBJECTIVES*

***1) Promote health, prevent disease and foster supportive environments for healthy lifestyles***

***2) Protect citizens from serious cross-border health threats***

***3) Contribute to innovative, efficient and sustainable health systems***

***4) Facilitate access to better and safer healthcare for Union citizens***

## *OPERATIONAL OBJECTIVES*

*1) Identify, disseminate and promote the up-take of evidence-based good practices for cost-effective disease prevention and health promotion measures by addressing in particular the key lifestyle related risk factors with a focus on the Union added value.*

*2) Identify and develop coherent approaches and promote their implementation for better preparedness and coordination in health emergencies.*

*3) Identify and develop tools and mechanisms at Union level to address shortages of resources, both human and financial, and facilitate the voluntary up-take of innovation in public health intervention and prevention strategies.*

*4) Increase access to medical expertise and information for specific conditions also beyond national borders, facilitate the application of the results of research and develop tools for the improvement of healthcare quality and patient safety through, inter alia, actions contributing to improve health literacy.*

## *ACTIONS (see annex I of the Programme Regulation)*

***1.1*** *Risk factors such as use of tobacco and passive smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity.*
***1.2.*** *Drugs-related health damage, including information and prevention.*
***1.3.*** *HIV/AIDS, tuberculosis and hepatitis*
***1.4.*** *Chronic diseases including cancer, age-related diseases and neurodegenerative diseases*
***1.5.*** *Tobacco legislation*
***1.6.*** *Health information and knowledge system to contribute to evidence-based decision making*
***2.1*** *Risk assessment additional capacities for scientific expertise*
***2.2.*** *Capacity building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries*
***2.3.*** *Implementation of Union legislation on communicable diseases and other health threats, including those caused by biological, and chemical incidents, environment and climate change*
***2.4*** *Health information and knowledge system to contribute to evidence-based decision making*
***3.1*** *Health Technology Assessment*
***3.2*** *Innovation and e-health*
***3.3*** *Health workforce forecasting and planning*
***3.4*** *Setting up a mechanism for pooling expertise at Union level*
***3.5*** *European Innovation Partnership on Active and Healthy Ageing*
***3.6*** *Implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare*
***3.7*** *Health information and knowledge system including support to the Scientific Committees set up in accordance with Commission Decision 2008/721/EC*
***4.1*** *European Reference Networks*
***4.2*** *Rare diseases*
***4.3*** *Patient safety and quality of healthcare*
***4.4*** *Measures to prevent Antimicrobial resistance and control healthcare-associated infections*
***4.5*** *Implementation of Union legislation in the fields of tissues and cells, blood, organs*
***4.6*** *Health information and knowledge system to contribute to evidence-based decision making*

## *RESULTS*

*1. Increased use of evidence-based practices at the appropriate level in Member States*

*2. Coherent approaches integrated in the Member States preparedness plans; improved surveillance of cross-border health threats and their protection and management*

*3. Increased production of advice and use of developed tools and mechanisms by MS in the reform of their health systems*

*4. Creation of the European Reference Networks including for rare diseases, and increasing number of healthcare providers and centres of expertise joining the European Reference Networks*

| | | |
|---|---|---|
| **Relevant general objective 2:** Complement, support and add value to the policies of the Member States to improve the health of EU citizens and reduce health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats. | | |
| **Specific objective 2.1:** In order to promote health, prevent diseases, and foster supportive environments for healthy lifestyles: Identify, disseminate and promote the up-take of evidence-based and good practices for cost-effective disease prevention and health promotion measures. | | ☒ Spending programme<br>☒ Non-spending |

**Result indicator 2.1.1:** Number of validated best practices for cost-effective prevention measures identified and disseminated (source: Health for Growth Programme 2014-2020)

| Baseline (2013) | Milestones | | Target (2020) (agreed in Health for Growth Programme 2014-2020) |
|---|---|---|---|
| | 2015 | 2018 | |
| 0 | 7 | 23 | 28 |

**Result indicator 2.1.2.** Number of MS involved in projects of promoting health and preventing diseases (source: Health for Growth Programme 2014-2020)

| Baseline | Milestones | Target |
|---|---|---|
| 0 | 7 - 23 | 28 |

**Result indicator 2.1.3:** Number of EU countries with a national initiative on the reduction of saturated fat (source: White Paper on a strategy for Europe on Nutrition, Overweight and Obesity related health issues – COM (2007)279 final)

| Baseline (2013) | Milestones | | Target (2020) (target agreed in the programme statement) |
|---|---|---|---|
| | 2015 | 2018 | |
| 12 | 18 | 24 | 28 |

**Result indicator 2.1.4**: Number of EU countries in which a European accreditation scheme for breast cancer services is implemented (source: Programme Statement attached to the Budget 2014)

| Baseline (2013) | Milestone (2017) | Target (2020) (target agreed in the programme statement) |
|---|---|---|
| 0 | 10 | 28 |

Main outputs in 2014

| Description | Indicator | Target |
|---|---|---|
| Validated best practices for cost-effective prevention measures identified and disseminated | Number identified and disseminated | 2 |
| First results from the European Innovation Partnership on Active and Healthy Ageing | Preparation of a communication | 1 |

**Protecting citizens from health threats**

*Legislation*

The Commission adopted a Decision in 2013 on serious cross-border health threats aimed at improving health security in the EU and extending the existing framework for communicable diseases to hazards caused by other biological, chemical and environmental events. Building on this new legal basis, the generic and specific preparedness structures will be strengthened to improve planning and coordination, monitoring and assessment, prevention and containment, and health system response and communication. Common standards to monitor and control serious cross-border health threats will be established and the response coordination will be improved. It will also become possible to recognise emergency situations at European level in order to trigger pharmaceutical legislation for medical countermeasures.

The implementation of the Decision will take place in 2014; the information EU countries have to provide as regards preparedness planning will be defined. Procedures for information exchange under the Early Warning and Response System (EWRS) and procedures for mutual information, consultation and coordination to coordinate responses to a health threat also need to be established.

One of the most crucial achievements of the Decision is the establishment of the legal basis for the coordination of joint procurement of medical countermeasures. A specific initiative will be launched in 2014 dealing with joint procurement of pandemic vaccines, with voluntary participation from EU countries. This will allow the EU countries that participate to be better prepared for future pandemics.

Implementing legislation for verifying the equivalent standards of quality and safety for human tissues and cells imported from third countries is under preparation in order to harmonise the current practices in EU countries and ensure that the same high-quality standards apply to all tissue and cell products circulated across the EU.

To strengthen traceability at EU level, implementing legislation setting out the mechanism for the application of the Single European Code for human tissues and cells intended for human application is also under development.

Following an analysis of EU countries' replies to surveys on the implementation of EU legislation on blood (Directive 2002/98/EC), tissues and cells (Directive 2004/23/EC) four reports are also planned for 2014.

A staff working document is foreseen in 2014, based on an evaluation of the 2013 mid-term review of the Action Plan on Organ Donation and Transplantation (2009-2015), to analyse the organ transplantation situation in EU countries, to draw attention to common problems and to identify potential improvements under each of the ten priority actions.

Following its publication, the Commission will focus on measures and activities supporting EU countries in their efforts to achieve the objectives under all priority actions, especially those that can be addressed by sharing best practices and those that are more difficult to address (e.g. "re-prioritisation" or new methodologies).

*Cooperation*

The EU Health Security Committee will continue to provide for cooperation on risk management of specific threats. Following the decision on serious cross border threats to health, the Committee will be transformed from an informal committee into a formal consultation body. Within this Committee, officially nominated representatives from EU countries will coordinate their preparedness activities, measures taken to contain or mitigate serious cross-border health threats and their risk and crisis communication activities.

International cooperation in preparing for and reacting to serious cross border health threats will be continued both at the WHO and through the Commission's membership of the Global Health Security Initiative, in which the UK, US, Germany, France, Italy, Japan, Canada, Mexico, WHO and EU work together to improve health security at global level.

Antimicrobial resistance (AMR) will remain a high priority in 2014. The 2011 Action Plan on the fight against the rising threats from Antimicrobial Resistance

(AMR)[10], which established cooperation at EU level in this area, will continue to be implemented in 2014. In early 2014, a commission staff paper on the state of the implementation of the Action Plan will be published. The EU-US Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) will also publish a Progress report in early 2014 and will continue to share information and strategies on AMR. A third European Commission report on implementation of the Council recommendation on the prudent use of antimicrobials will be prepared for publication in 2015. All these reports, plus the 2013 AMR Eurobarometer report, will provide important data for the Netherlands which announced it will make the fight against Antimicrobial Resistance a priority when it assumes the European Council Presidency in the first half of 2016.

In April 2014, a second Commission report on the implementation of the Council Recommendation on patient safety, including hospital acquired infections will also be published.

*Disease specific activities*

The implementation of the 2nd HIV/AIDS strategy adopted in 2009 will be continued taking into account the updated Action Plan on HIV/AIDS, due to be adopted in early 2014. The results of an external evaluation of the HIV/AIDS strategy will inform the development of options for a future EU policy framework. The Commission will continue its work with the Civil Society Forum, the Think Tank on HIV/AIDS, international organisations and other stakeholders in the definition and implementation of policies combating HIV/AIDS and co-infections such as tuberculosis and hepatitis. The development of a framework for the prevention and control of hepatitis B and C in the EU and European Economic Area (EEA) will continue in cooperation with European Centre for Disease prevention and Control (ECDC). These actions will be supported by projects under the Public Health Programme.

A coordination strategy on human laboratories in the EU will be elaborated in consultation with stakeholders concerned. The outcome of a study on a European system of reference laboratories for pathogens for humans will be complemented by a cost-benefit analysis to assess possible options for establishing such an approach EU-wide. Continued activities related to vaccination against measles and rubella will be implemented in order to contribute to reaching the WHO European Region target to eliminate measles and rubella by 2015. EU countries will continue to be supported to increase vaccination coverage at national level.

In 2014, a project will focus on strengthening targeted communication measures regarding the prevention of sexually transmissible diseases, in particular focusing on Human Papillomavirus (HPV). On the basis of the progress report on the implementation of the Council Recommendation on seasonal influenza vaccination (2009/1019/EU) a hearing/conference with stakeholders will be organised with a view to achieving a consensus on proposed steps for improvement and a commitment to accelerated actions. A cost-benefit analysis will also be conducted to demonstrate the cost-effectiveness of seasonal influenza vaccination.

10 http://ec.europa.eu/dgs/health_consumer/docs/communication_amr_2011_748_en.pdf

| | |
|---|---|
| **Relevant general objective 2:** Complement, support and add value to the policies of the Member States to improve the health of EU citizens and reduce health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats. | |
| **Specific objective 2.2:** In order to protect citizens from serious cross-border health threats: Identify and develop coherent approaches and promote their implementation for better preparedness and coordination in health emergencies. | ☒ Spending programme<br>☒ Non-spending |

**Result indicator 2.2.1:** Number of Member States integrating the developed common approaches in the design of their preparedness plans (source: Commission Staff Working paper impact assessment (accompanying the Decision of the European Parliament and Council on serious cross-border threats to health)

| Baseline (2013) | Milestones | | Target (2020) (agreed in the programme statement attached to the Budget 2014) |
|---|---|---|---|
| | 2015 | 2017 | |
| 0 | 4 | 14 | 28 |

Main outputs in 2014

| Description | Indicator | Target |
|---|---|---|
| Veterinary pharmaceutical | Legislative proposal | Adoption |
| Decision on serious cross border threats to health | Implementing acts | Adoption |
| Pandemic preparedness | Joint procurement agreement | Conclusion |
| Joint procurement of pandemic vaccines | Framework contracts | Conclusion |
| Anti-Microbial Resistance roadmap | Deliverables | Realisation |
| Stakeholder consultation on reference laboratories for human pathogens | Report | Preparation |
| Evaluation of the European Centre for Disease Prevention and Control (ECDC) | Communication from the Commission | Adoption |
| Implementation of the Council Recommendation on patient safety, including the prevention and control of healthcare associated infections. | Report from the Commission to the Council on the basis of Member States' reports on the implementation of the Council Recommendation on patient safety, including the prevention and control of healthcare associated infections. | Adoption |
| Procedures for verifying the equivalence of imported tissues and cells with EU quality and safety standards | Implementing Directive | Adoption |
| Implementing Directive (2006/86/EC) for the Tissues and Cells Directive (2004/23/EC) to make legally binding the European identifying code for donated tissues and cells | Amendment | Adoption |
| Detailed rules for a unique identifier for medicinal products for human use, and its verification (falsified medicines) | Delegated act | Adoption |
| Preparedness and response planning | Trainings and exercises | Carry out |

**Support dynamic health systems and new technologies**

The Commission will keep working for a consistent representation of health system reforms within the framework of the European Semester. The goal is to support the development of cost-effective and sustainable health systems, able to provide the

patient with high-quality care and access to appropriate and effective health services. Looking at this general objective, the Commission will provide support to identify areas where reforms are more needed, and will help monitoring the implementation of these reforms.

*Legislation*

The Directive on patients' rights in cross-border healthcare, which had to be transposed by EU countries by 25 October 2013, will help facilitate access to high-quality and cost-effective healthcare for patients, giving them the right to receive high quality, safe and efficient healthcare in other EU countries and be reimbursed for it.

In 2014 the Commission will monitor and assess whether EU countries are properly enforcing its rules. In implementing the Directive, instruments are being put in place to encourage EU countries to work closely together on areas such as health technology assessment and eHealth. The Commission will continue to promote the exchange of best practices in healthcare, with a view to improving the quality and value for money of all European health systems.

In 2014, the Commission will also adopt the legal framework for the establishment of European Reference Networks, in accordance with the provisions of Directive 2011/24/EU. These networks will enhance cooperation between healthcare providers across the EU, with the aim of improving patient access to the highest quality care available in a given field.

In 2014, the Commission will continue implementing the Action Plan for the EU Health Workforce adopted in April 2012 as part of the Communication on job-rich recovery (COM (2012) 173 final). The Action Plan puts forward 4 areas of action to help EU countries cope with the challenges faced by the health workforce:

- improve health workforce planning and forecasting in the EU,
- better anticipate skills needs in the healthcare sector,
- stimulate exchange on recruitment and retention of health workers, and
- cooperate with WHO on the implementation of the Global Code on the international recruitment of health workers.

In the field of medical devices, the legislative procedure on the revision of the three medical devices directives will continue with the objective of achieving adoption by the legislators in 2014.

In 2014, the Commission will also continue working towards the implementation of the Directive on falsified medicinal products adopted in June 2011.

A proposal to revise the clinical trials Directive was adopted by the Commission in 2012. The co-legislators reached an agreement on a new Regulation in 2013, and the formal adoption of the legislation is expected in 2014.

A proposal to revise the legislation on veterinary medicines should be adopted in early 2014.

The Commission, through a joint action, will continue to facilitate EU countries' exchange of experience and knowledge for organising and running their pharmacovigilance systems with the view to monitor the safety of authorised

medicines and detect any change to their risk-benefit balance in the context of the new pharmacovigilance legislation. A proposal on the fees payable to the European Medicines Agency for pharmacovigilance activities relating to medicinal products for human use was adopted in June 2013 and will be negotiated by the European Parliament and Council in 2014.

The Commission will continue to work with the European Medicines Agency to ensure that medicinal products placed on the EU market conform to EU standards for quality, safety and efficacy. In this context, the Commission manages the marketing authorisation procedure for medicinal products, leading to a range of 1000-1500 Commission Decisions per year. The Commission will also make available a report on the application of the Regulation on Advanced Therapy Medicinal Products in 2014.

**Relevant general objective 2:** Complement, support and add value to the policies of the Member States to improve the health of EU citizens and reduce health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats.

| | |
|---|---|
| **Specific objective 2.3:** In order to support public health capacity building and contribute to innovative, efficient and sustainable health systems: Identify and develop common tools and mechanisms at EU level to address shortages of resources, both human and financial, and facilitate the voluntary uptake of innovation in public health intervention and prevention strategies | ☒ Spending programme<br>☒ Non-spending |

**Result indicator 2.3.1:** Number of Health Technology Assessments produced per year (source: Programme Statement attached to the budget 2014)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2012 | 2015 | 2017 | 2020 (agreed in the programme statement) |
| 2 | 6 | 10 | 50 |

**Result indicator 2.3.2:** Number of MS using the tools and mechanisms identified in order to contribute to effective results in their health systems – guidelines on patient summary set of data (source: Health for Growth Programme 2014-2020)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2013 | 2015 | 2017 | 2020 |
| 0 | 5 | 12 | 28 |

Main outputs in 2014

| Description | Indicator | Target |
|---|---|---|
| Health Technology Assessments | Number produced | 6 |
| Guidelines on ePrescription under the eHealth Network of the Cross-border Healthcare Directive | Guidance document | Adoption |
| Expert Panel opinions | Number produced | 6 |
| Health systems across MS | Cost-effectiveness analysis | Carry out |
| Strategies, good practices, scenarios of collaboration to empower patients with chronic diseases in disease management | Catalogue | Production |
| Pharmaceuticals and medical devices | Early dialogue | Carry out |
| Strategies to recruit and retain health workers | Analysis | Carry out |
| Continuous professional development of health workers | Review and mapping | Carry out |
| Legal framework for electronic health records | Overview | Carry out |
| Existing pricing and tariff systems in MS | Study | Carry out |
| Directive on patients' rights in cross-border healthcare | Compliance check and communication actions | Carry out |

| | | |
|---|---|---|
| Patient safety and AMR | Eurobarometer survey | Carry out |
| Blood transfusion (training programme, guide, web portal etc.) | Good practices | Identification |
| Audit of Notified Bodies responsible for class III medical devices by a team involving national and Commission staff | 15 | 31/12/2014 |
| Monthly vigilance coordination teleconferences with competent authorities for follow-up on high priority cases | 10 | 31/12/2014 |

*Cooperation*

Health systems in Europe are under financial pressure and the challenge to provide high quality and universal healthcare has never been greater. In 2014, the Commission – together with EU countries - will continue the work within the reflection process on the future sustainability of health systems.

Through the newly established eHealth Network the Commission will continue to support in the wider use of eHealth solutions in 2014 to bring concrete benefits to citizens. The work priorities of the Network follow the key objectives spelled out in the Cross-Border Healthcare Directive.

The Expert Panel on investment in health - which became operational in 2013 - will continue to offer independent advice and opinions from highly qualified professionals to provide support for EU countries and the Commission on the efficiency of national health systems.

Health technology and innovation in health are drivers of competitiveness and have the potential to address the challenges health systems face. However, it is important to ensure that these new technologies have the patients' interests at heart. Health Technology Assessment can assist national authorities in achieving best value through identification of the most effective and safe health interventions. In 2013, the Commission has set up a network of national authorities and bodies for Health Technology Assessment in order to enable better informed decisions to use new and old technologies, as well as pooling information on methodologies, data and best practice at EU level. The Network is also expected to facilitate Joint pilots of HTAs among member states' Agencies.

In April 2014, the Commission is planning to adopt a second implementation report on patient safety. The report will assess to what extent the Council Recommendation on patient safety and hospital acquired infections (2009/C 151/01) has been implemented by EU countries and should identify areas where patient safety and quality of care would benefit from further EU action. Finally, based on the mid-term results of the joint action on patient safety and quality, it should suggest if/how existing EU collaboration on patient safety could continue in the next years. The report will be based on information received from EU countries and stakeholders.

In the field of medical devices the application of the existing legislation is further reinforced through the joint action plan on immediate actions following the PIP breast implant scandal. This plan targets issues such as approval of products by notified bodies and market surveillance, as well as cooperation and coordination between EU countries and the Commission.

**Relevant general objective 2:** Complement, support and add value to the policies of the Member States to improve the health of EU citizens and reduce health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats.

| **Specific objective 2.4:** In order to facilitate access to better and safer healthcare for Union citizens: Increase access to medical expertise and information for specific conditions also beyond national borders, facilitate the application of the results of research and develop tools for the improvement of healthcare quality and patient safety through, inter alia, actions contributing to improve health literacy | ☒ Spending programme<br>☐ Non-spending |
|---|---|

**Result indicator 2.4.1:** The number of Member States having adopted and implemented a national strategy for the prevention and control of health-care associated infections (HAI), and from 2014, monitor forthcoming ECDC indicators for hospitals for the prevention of HAI
(source: Commission report (COM (2012) 658 final) on the implementation of the Council Recommendation 2009/C 151/01)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2013 | 2015 | 2018 | 2020 |
| 9 | 15 | 20 | 28 |

**Result indicator 2.4.2:** The number of functioning European Reference Networks (source: Health for Growth Programme 2014-2020)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2013 | 2015 | 2017 | 2020 (Health for Growth Programme 2014-2020) |
| 0 | 2 | 10 | 22 |

**Result indicator 2.4.3**: Share of Population worried to suffer an adverse event while receiving healthcare (source: Programme Statement attached to the Budget 2014)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2009 | 2014 | 2017 | 2020 (target agreed in the programme statement) |
| 50% | 45% | 40% | 30% |

**Result indicator 2.4.4:** Number of Member States having implemented the provisions of the Council Recommendation of 9/6/2009 on patient safety, including the prevention and control of healthcare associated infections 2009/C 151/01
(source: Report from the Commission to the Council on the basis of Member States' reports on the implementation of the Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (COM(2012) 658 final)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2012 | 2014 | 2017 | 2020 |
| 9 | 19 | 25 | 28 (all MS) |

**Result indicator 2.4.5**: Number of Members of the European Reference Networks (source: Health for Growth Programme 2014-2020)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2013 | 2015 | 2017 | 2020 |
| 0 | 26 | 120 | 266 |

Main outputs in 2014

| Description | Indicator | Target |
|---|---|---|
| Second Patient Safety Report | Adoption | Adoption |
| Delegated Decision and Implementing Decision on the criteria/conditions for and establishment/ evaluation of European Reference Networks | Adoption | Adoption |
| Council Recommendation on action in the field of rare diseases | Implementation Report | Adoption |

| | | |
|---|---|---|
| Council Recommendation on smoke-free environments | Implementation Report | Adoption |
| Council recommendations on cancer screening and the European partnership for Action on Cancer | Implementation Report | Adoption |
| European initiative on Alzheimer's disease and other dementias | Implementation Report | Adoption |
| Establish an advisory group on cancer prevention | Commission decision | Adoption |
| Communication action addressing chronic diseases (200.000€) | Scoping study | Preparation |
| Communicating nutrition and physical activity (500.000€) | Promotional material | Preparation and dissemination |
| Improve access and appropriateness of health services for migrants and ethnic minorities | Training packages for health professionals | Preparation and dissemination |
| Effective operation of the Pharmacovigilance system in the EU". | Joint Action facilitating collaboration among Member States | Carry out |

**Finance and governance**

The following actions will continue to be developed in 2014:

- Implementing the third Health Programme (2014-2020) according to the annual work programme in cooperation with the Executive Agency for Health and Consumers.
- Coordinating the implementation of the EU Health Strategy in the Council Working Party on Public Health at Senior Level. This group, composed of senior public health officials from EU countries, meets once per Presidency to steer and identify priority actions.
- Consulting stakeholders, in particular the European Health Policy Forum, a group of over 50 civil society organizations including patients groups, health professionals and other health related groups.
- Generating and making data and scientific opinions available. In 2014, the Commission will continue to support health policy by updating and providing relevant indicators and making information available to the broad health community through the European Core Health Indicators (ECHI).
- Promoting global health and working - in particular - with international organisations in the field of health (mainly WHO) and multilateral fora with a view to converging regulations in the field of medical products and cosmetics, e.g. the International Cooperation for Cosmetics Regulation (ICCR), the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) on the one hand and for veterinary medicinal products (VICH) on the other, and the Global Harmonisation Task Force for medical devices (GHTF – this is currently undergoing a transition towards a more inclusive and operational International Medical Device Regulators' Forum (IMDRF).
- The Commission will also maintain bilateral regulatory dialogues on medicinal products for human use, medical devices or cosmetics and negotiate a number of bilateral trade agreements (notably with USA, Japan, Canada, Vietnam, Thailand and India) which include these products. The Commission also contributes to the work of the European Committees on Organ Transplantation (CDPTO) and on Blood Transfusion (CDPTS) within the Council of Europe, and cooperates with

OECD on health data collection. It is important that our internal policies in health are reflected in our external policies.

- With particular reference to tobacco control, the Commission will prepare for the sixth FCTC Conference of the Parties in October 2014, co-ordinating the EU position and representing the EU. The Commission will also work towards the ratification of the FCTC Protocol on Illicit Trade and maintain bilateral contacts with key country partners.

### 4.3. Food and feed safety, animal health and welfare, and plant health

<table>
<tr><th colspan="6">ABB activity: Food and feed safety, animal health and welfare, and plant health</th></tr>
<tr><th colspan="4">Financial resources<br>(€) in commitment appropriations</th><th colspan="2">Human resources</th></tr>
<tr><td rowspan="2">Operational expenditure</td><td colspan="2">Administrative expenditure</td><td rowspan="2">Total</td><td rowspan="2">Establishment plan posts</td><td rowspan="2">Estimates of external personnel (in FTEs)</td><td rowspan="2">Total</td></tr>
<tr><td>DG Health and Consumers</td><td>CHAFEA</td></tr>
<tr><td rowspan="2">250.844.000</td><td>1.500.000</td><td>1.014.000</td><td rowspan="2">253.358.000</td><td rowspan="2">401</td><td rowspan="2">52</td><td rowspan="2">453</td></tr>
<tr><td colspan="2">2.514.000</td></tr>
</table>

In 2014, we will strive to strengthen the food chain framework by:

- Placing the consumer first, whilst promoting the competitiveness of private business operators of the food chain;
- Setting the right standards at EU level, in order to protect consumers, plants, animals;
- Enhancing a competitive market by adopting Smart Regulation;
- Assuring effective and efficient control systems and compliance with EU standards in the food and feed safety, food quality, animal health, animal welfare, animal nutrition, plant reproductive material and plant health sectors within the EU, and in third countries in relation to their exports to the EU;
- Promote transparency to enhance the possibility for consumers to make informed and nutritionally relevant choices in relation to food, supported by carrying out comprehensive impact assessments;
- Promoting sustainability as an opportunity to create jobs and growth for a more green economy;
- Monitoring, evaluating, managing threats, and where necessary, alerts and identified risks, in a proportionate manner;
- Exploring how the food chain policy while ensuring safety can be adapted to sustainability imperatives for example by contributing to preventing food waste along the food chain;
- Fostering innovation so as to encourage the use of new technologies and investments in research;
- Promoting the use of innovative, resource efficient feed materials to cope with the scarcity of protein feed and to reduce the wastage of valuable resources.
- Promoting EU standards at the international and multilateral levels, both as examples to follow in the interests of health protection and to protect the interests of our exporters;
- Strengthen relations with the European Food Safety Authority (EFSA) and ensure science-based risk management;
- Strengthen relations with the Community Plant Variety Office (CPVO) and take part actively to its Administrative Council and Technical Liaison Officers meetings;

- In the food safety area we are continuously striving to simplify and innovate the legislative framework, and to make it work more effectively. The latter depends heavily on the proper implementation and enforcement of the legislation by Member States and verification by the Commission. Making the framework effective also entails working together with stakeholders in order to find appropriate instruments to facilitate maximum compliance with the legislation.

Intervention logic: EU policy for food and feed safety, animal health and welfare, and plant health

## COMMON FINANCIAL FRAMEWORK FOR FOOD AND FEED (CFF)

*For a better understanding by non-experts readers, this logic of intervention is presented in a simplified way.*

### NEEDS

- Tackling and preventing animal diseases
- Tackling and preventing pest of plants;
- Safeguarding public health;
- Reducing human health costs;
- Ensuring protection and information of consumers;
- Preserving the environment;
- Ensuring animal welfare;
- Ensuring more uniform, objective and efficient official controls in food and feed, animal health and welfare and plant health areas
- Favouring competitiveness and creation of jobs;
- Protecting the economic value of the food and feed sector;
- Contributing to market stability all along the food chain;
- Guaranteeing fair practices in trade;
- Ensuring safe trade;
- Increasing extra-EU trade;

### OBIECTIVES

- Contributing to a high level of health for humans, animals and plants along the food chain and in related areas
- Contributing to a high level of protection for consumers and the environment while enabling the Union livestock, plant, food and feed industry to operate in an environment favouring competitiveness and the creation of jobs and in a safe EU internal market for their products

### INPUTS DG SANCO

| | |
|---|---|
| **Financial ressources** | 1 891,936 million (2014-2020) |

## PROCESSES

| | |
|---|---|
| **Funding modalities** | Mainly grants (Annual or multiannual programmes, Emergency measures, Technical activities)<br>Payments to international organisations |
| **Management modes** | Centralised direct and indirect |

**INTERNAL PROCESSES**:

- **Programming and implementation**
  - Annual and Multiannual work programmes
- **Monitoring and reporting**:
  - Mid-term evaluation report no later than 30 June 2017 / Ex-post evaluation by 30 June 2022
  - Annual intermediate financial reporting on implementation of programmes
  - Annual financial and technical reporting on implementation of programmes.

## OUTPUTS

- High level of safety of food and food production systems and of other products which may affect the safety of food
- Improved sustainability of food production;
- Higher animal health status in the Union and to support the improvement of the welfare of animals;
- Timely detection of pests and their eradication where those pests have entered into the Union;
- Improved effectiveness, efficiency and reliability of official controls and other activities carried out in view of the effective implementation of and compliance with the Union rules.

## OUTCOMES (RESULTS/IMPACT)

- Reduced number of cases of diseases in humans in the Union which are linked to food safety or zoonoses;
- Increased number of Member States or regions thereof which are free from animal diseases for which a financial contribution is granted;
- Reduced animal disease parameters such as incidence, prevalence and number of outbreaks;
- Coverage of the Union territory by surveys for pests, in particular for pests not known to occur in the Union territory and pests considered to be most dangerous for the Union territory;
- Timely and successful eradication of those pests;
- Favourable trend of the outcome of controls in particular areas of concern carried out and reported by Commission experts in the Member States.

## EXOGENOUS FACTORS

- Potential re-emergence of current priority diseases and pests
- The potential introduction of animal diseases and plant pests, in particular exotic, emerging and vector borne diseases
- Increasing complexity of international supply chains

In order to reach our goals, a series of actions will be implemented at different levels:

**A more efficient framework for official controls and enforcement along the agri-food chain**

Official controls are key elements to assure consumers and operators that the measures put in place along the agri-food chain for a safer, more competitive and sustainable market are implemented properly. In May 2013, the Commission adopted its Regulation proposal reviewing rules, the review of Regulation 882/2004 on official controls. The proposal in particular:

- extends the scope of the current Regulation 882/2004 on official controls to plant health, plant reproductive material and animal by-products in order to cover the whole agri-food chain;
- allows for the adoption of official control requirements adjusted to the needs of specific sectors;
- increases the transparency of official controls activities carried out by national authorities, and allows them – under certain conditions - to publish information on the results of controls on individual operators and to establish "rating schemes" whereby consumers can consult data on the performance of retailers, restaurants and other businesses;
- extends mandatory fees to most official controls to ensure that Member States appropriately resource their control authorities through fees charged on operators, whilst exempting micro-businesses from those fees;
- creates a common framework for carrying out border controls on animals and goods entering the EU;
- strengthens mechanisms for administrative assistance and cooperation between Member States in case of cross-border breaches of agri-food chain rules;
- modernises the computerised systems for the management of data and information on official controls.

Furthermore, the proposal includes

- the requirement for competent authorities to carry out official controls along the agri-food chain for the purpose of detecting intentional violations of EU rules (fraud) and
- the requirement for Member States to provide sufficiently dissuasive penalties for such violations (financial penalties shall be set at a level which offsets the advantage being sought through the violation).

Discussions between the Commission and the co-legislators will continue on this proposal in 2014.

Based on the latest scientific advice provided by EFSA the Commission will prepare draft regulations on meat inspection of ruminants, horses and farmed game for adoption during 2014. Rules for pig meat inspection have already been adopted.

| | | |
|---|---|---|
| **Relevant general objective 3:** Contribute to a high level of health for humans, animals and plants along the food chain and in related areas, by preventing and eradicating disease and pests, ensuring a high level of protection for consumers and the environment, while enhancing the Union food and feed industry competitiveness and favouring the creation of jobs | | |
| **Specific objective 3.1:** Contribute to improve the effectiveness, efficiency and reliability of official controls and other activities carried out in view of the effective implementation of, and compliance with, EU rules | | ☒ Spending programme<br>☒ Non-spending |
| **Result indicator 3.1.1:** Percentage of FVO recommendations following FVO audits that Member States have satisfactorily addressed with corrective action | | |
| Baseline (2013) | Target (2014) | |
| 60% for recommendations from reporting cycles 2010 - 2012 | 70% of all recommendations from these reporting years to be addressed | |
| Main outputs in 2014 | | |
| Description | Indicator | Target |
| FVO audits in the fields of food and feed safety, food quality, animal health and welfare and plant health | (1) Percentage of programmed audits completed<br>(2) Overall use of capacity (percentage of the number of planned audits completed) | (1) 80%<br>(2) 90% |
| Official controls and other official activities performed to ensure the application of food and feed law, rules on animal health and welfare, plant health, plant reproductive material, plant protection products and amending […](Official controls Regulation) | Inter-institutional negotiations (meetings of Council Working parties and of the European Parliament) in view of adoption of a Regulation | Preparing input |
| Report on the operation of official controls along the food chain | | 2014 |
| Update the list of food and feed (plant origin) requiring increased official controls at the borders. | Review of product list | Adoption of quarterly updates (in the form of Commission implementing Regulations) to Annex I to Regulation (EC) No 669/2009. |
| **Result indicator 3.1.2**: Increased use of cross–border cooperation mechanisms between Member States in cases of intentional violations of food chain rules that could result in frauds. (5-point Action Plan on food fraud) | | |
| Baseline (2013) | Target (2017) | |
| Number of EU relevant cases : 4 | + 30 % | |
| Main outputs in 2014 | | |
| Description | Indicator | Target |
| Operation of a network of national correspondents in relation to cross-border violations that could result in frauds.<br><br>Awareness raising of actors concerned by potential frauds along the food chain | Establishment of the network<br><br>Test version of an IT tool for the purposes of the network | 3 meetings of network of national correspondents in 2014<br><br>Full scale test of the IT tool in 2014<br><br>*EU level conference on food fraud* with actors from different enforcement agencies/actors |

## Plants and seeds

Plants and plant reproductive material are essential sectors for the safety and security of the food chain. We intend to promote in particular innovation by ensuring that this is applied by respecting safety rules, by reducing administrative burden and fostering a smart and greener economy. The following actions are planned for 2014:

- New legislative proposals for Plant Health and Plant Reproductive Material will be adopted by Parliament and Council in 2014-2015. The work in 2014 will focus on the development and update of the secondary legislation in these areas. Priorities, identified for PRM, are rules on so-called heterogeneous material (plant reproductive material not conforming to the definition of a variety), rules for niche markets and sectoral rules for certification. For Plant Health priorities relating to the continuation of the work started in 2013 for updating the Annexes of the current Directive 2000/29/EC and to the updating of lists of quality pests included in the Directives on seed and plant propagating material in order to create the conditions for their smooth adoption under secondary legislation within the new Plant Health Regulation. Necessary support studies will be contracted out for this preparatory work.
- Management of the current legislation in the areas of Plant Health, Plant Reproductive Material and Community Plant Varieties Rights will continue as well as the activities related to establishing emergency measures against new threats by quarantine organisms, assessment of requests for derogations and equivalence and the evaluation of applications for grants in the framework of the plant health regime.
- Management of GMO authorisations will continue.
- A study to analyse data from stakeholders on the likely impacts of harmonisation/non-harmonisation of sampling and testing methods for pending/obsolete GMOs for food use will be carried out in support of a subsequent impact assessment.
- The proposal giving more freedom to EU countries to decide on GMO cultivation is still being discussed in Council. The EP Resolution was adopted in July 2011 and discussions in Council will continue in view of a possible common position. Guidelines on the environmental risk including monitoring will be discussed and transformed into a legal document. A recommendation regarding environmental monitoring of the cultivation of GMOs by Member States will be proposed. The Commission will steer the work of the socio-economic bureau on the impact of the cultivation of GMOs as well as the work of the co-existence bureau. Communication efforts will continue
- As regards plant protection products, the work on implementing measures as foreseen under the regulation concerning the placing on the market of plant protection products will continue. Particularly important is in this context the establishment of criteria for endocrine disruptors, which may have far reaching consequences for other policy areas in DG Health and Consumers. A report on the possibility of the establishment of a European fund for minor uses will be submitted to Council and Parliament. Depending on the outcome of the discussions, follow-up actions may be required. In addition, the processing of approval dossiers for active substances will continue as well as the setting of maximum residue levels of pesticides in food.

**Relevant general objective 3:** Contribute to a high level of health for humans, animals and plants along the food chain and in related areas, by preventing and eradicating disease and pests, ensuring a high level of protection for consumers and the environment, while enhancing the Union food and feed industry competitiveness and favouring the creation of jobs

| **Specific objective 3.2:** Contribute to timely detection of pests and their eradication, where they have entered the EU | ☒ Spending programme<br>☒ Non-spending |
|---|---|

**Result indicator 3.2.1**: Percentage of the EU territory covered by surveys for pests, in particular for pests not known to occur in the Union territory.
(source: Food Chain, Animal Health & Welfare, Plant Health & Reproductive Material Programme)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2012 | 2015 | 2017 | 2020 (agreed in Commission proposal COM(2013)327 final) |
| 5% | 50% | 70% | 100% |

**Result indicator 3.2.2:** Percentage of the EU territory covered by surveys for pests considered to be most dangerous (as defined under Directive 2000/29/EC) (source: Food Chain, Animal Health & Welfare, Plant Health & Reproductive Material Programme)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2012 | 2015 | 2017 | 2020 (agreed in Commission proposal COM(2013)327 final) |
| 100% | 100% | 100% | 100% |

**Result indicator 3.2.3:** Time to eradicate such pests (For pests not known to occur in the Union, the number of days between finding and notification – 2012)
(source: Food Chain, Animal Health & Welfare, Plant Health & Reproductive Material Programme)

| Baseline | Milestones | | Target |
|---|---|---|---|
| 2012 | 2015 | 2017 | 2020 (agreed in Commission proposal COM(2013)327 final) |
| 10 days | 8 days | 4 days | 3 days |

**Result indicator 3.2.4:** Success rate in eradicating such pests (For pests not known to occur in the Union, the success rate of eradication of pests - 2012)
(source: Food Chain, Animal Health & Welfare, Plant Health & Reproductive Material Programme)

| Baseline | Milestones | Target |
|---|---|---|
| 2013 | 2017 | 2020 (agreed Commission proposal COM(2013)327 final) |
| 0[11] | 60% | 95% |

Main outputs in 2014

| Description | Indicator | Target |
|---|---|---|
| Surveys for pests subject to EU emergency measures and EU Control Directives | % compliance with legal obligation | 100% |
| Managing of the current legislation and the preparation of secondary acts for the Plant Health proposal | Working group meetings | 9 |
| Managing of the current legislation and the preparation of secondary acts for the Plant Health proposal | Standing Committee meetings | 11 |
| Plant Reproductive Material legislative proposal | Efficient and well prepared meetings at Council and EP in the context of the first/second reading of the proposal | 1-2 Council working group meetings per month |

[11] So far no official figures available up to the entry into force of the future EU Regulation on protective measures against pests of plants (COM(2013)267 final)

| | | |
|---|---|---|
| Common Catalogues on plant varieties | Publication in the Official Journal | 12 supplements and 2 complete editions |
| Update current legislation | Adoption of implementing acts | 7 Standing Committee meetings in view of the adoption of the implementing acts |
| Preparation of secondary acts of new Plant Reproductive Material | Preparation of delegated and implementing acts according to a fixed planning<br>Launch of pre-normative studies (JRC) | 10-20 working group meetings; organisation of a seminar on heterogeneous material; studies carried out |
| International co-operation on Plant Reproductive Material | Preparation of EU positions and active participation | 6 meetings (OECD Seed and FRM Schemes, UPOV, UN-ECE, ISTA), EU positions for 4 meetings (OECD, UPOV ) |
| EU equivalence requests on Plant Reproductive Material | Evaluation of legal and practical equivalence, FVO mission | 2 countries |
| Managing the Community Plant Variety Office | Preparation of Administrative Council (AC) meetings and active participation, annual assessments | 2 AC meetings<br>1 TLO (technical liaison officers meeting)<br>2-3 legal working group meetings on CPVR |

**Animal health and welfare**

In the animal health area we will continue the work started in 2007 under the motto "Prevention is better than cure" in several legislative and non-legislative streams.

- Under the animal health strategy (2007-2013), the preventive approach has been stepped up and existing mechanisms are strengthened. As a key element of the Animal Health Action Plan implementing the Strategy, certain new mechanisms and an overarching legal framework need to be established to provide increased support to a competitive and sustainable European livestock sector and to a safe and smooth EU market of live animals and their products (e.g. semen, ova, embryo etc.).
- The Commission proposal of 2013[12] for such future framework not only aims for significant simplification (replacing over 40 current rules with one where responsibilities are clearer) but will also provide legal basis, flexibility and possibilities for further simplification and reduction of administrative burden (e.g. during the movement of low-risk products, to accommodate local needs, by using modern technology etc.) at later stages. It will also increase internal coherence between animal health issues and related areas (such as EU veterinary expenditure, official controls by competent authorities, zoonoses, veterinary medicines, etc.). The co-legislators are now examining the proposal for this challenging initiative, the so-called "EU Animal Health Law" and work will continue in 2014.

[12] COM(2013) 260 final

- Other actions are designed to use opportunities offered by developments in technology (e.g. electronic certification, Animal Disease Information System, further development of TRACES[13] etc.) for regulatory use. TRACES development is also taking into account of the need of other sectors, such as import of food of non-animal origin or plant health. Developments in science are also followed (e.g. bluetongue vaccines, foot and mouth EU vaccine bank, EFSA opinions, EU Reference laboratories for various diseases etc.) to support the animal health area or other Commission Services in their quest for competitive and healthy livestock sector or dedicated research for the area. These will continue in 2014.

The EU financial contribution for animal diseases eradication, control and monitoring programmes is aimed to progressively eliminate animal diseases and/or implement disease monitoring measures in the MSs and the EU as a whole. It represents by far the largest amount of expenditure under the EU food safety budget[14].

Apart from a few areas of concern, the veterinary programmes have been playing a crucial role in the effective management of the targeted animal diseases, by ensuring disease surveillance and eradication, better targeting of the control of trans-boundary diseases of high EU relevance as well as prevention and rapid reaction to emerging and re-emerging animal diseases, which are a cornerstone of the EU Animal Health Strategy. This, in turn, offers clear net economic benefits to the relevant sectors of the EU economy and to the smooth functioning of the single market, as well as the protection of consumers and public health, which represent key public goods for EU society. Many targeted diseases have been progressively eradicated from large areas of the EU, as indicated by a significant expansion of "disease free zones" in the last years (e.g. bovine tuberculosis, bovine brucellosis, and classical swine fever, the dramatic drop in the detected Bovine Spongiform Encephalopathies, the progressive eradication of rabies, and the ca. 50% reduction of the number of human cases in the case of salmonellosis since 2007. In most other cases, the targeted diseases have been effectively contained and incidence or presence has been brought under control.

By 2014, a new regulation covering the whole food safety expenditure is expected to be adopted by the EU legislator. The aim is to optimize the existing financial framework, leading to increased simplification, transparency, flexibility, and to demonstrate the cost-effectiveness of the expenditure on food safety, including veterinary programmes.

The area of EU zootechnical rules is also likely to be in the focus in 2014. This area is instrumental for the smooth operation of the EU market of several species of breeding animals (e.g. bovine, horses, pigs etc.) and their germinal products. Its main elements and principles have been working well for over 2 decades. Preparatory work is close to finalisation to propose new basic rules for the consideration of the co-legislators. Current scattered legislation will not only be aligned to the provisions of the Lisbon Treaty (the main driver for their revision) but

13 http://ec.europa.eu/food/animal/diseases/traces/about/index_en.htm

14 Over the period 2005-2011, more than 1,17 billion EUR were spent by the EU to co-finance the implementation of programmes for thirteen diseases

also streamlined into one modern basic set of rules, fully taking into account the principles of better regulation.

As regards animal welfare, the EU Animal Welfare Strategy 2012-2015 contains the guiding priorities for our actions in this policy field. The general aim is to ensure that animals do not endure avoidable pain or suffering, to make sure that the owner/keeper of animals respect minimum welfare requirements and to ensure the proper information and education of citizens and operators on animal welfare issues.

In this context the Commission will organise in 2014 an international conference on the achievements of the EU animal welfare strategy. In addition, the Commission will continue to work on the feasibility of a new legislative framework for animal welfare. It will be based on the following objectives: allowing the use of animal welfare indicators to provide more flexible means of compliance with quantitative requirements and to set up a common methodology for assessing compliance with qualitative requirements.; to develop an information system for consumers on animal welfare in the context of their purchase choice; to increase the level of initial competence and develop and maintain lifelong learning for persons working with animals and those involved in the design of animal production systems, facilities or equipment.

In 2014, the follow up to the EU strategy for the protection and welfare of animals (2012-2015) will be continued. In addition the Commission will analyse the outcome of a pilot project on a Coordinated European Animal Welfare network and continue to follow up a study on information to consumers and education, both initiatives to be used for the impact assessment for a new legislative framework for animal welfare. Furthermore, the Commission will continue the cooperation on animal welfare with the EU's trading partners in the appropriate international fora to build a common understanding on internationally recognised animal welfare standards.

The Commission will first concentrate its efforts in 2014 on ensuring that enforcement of the legislation on animal welfare is applied strictly and in time. In particular, it will continue to check the proper implementation of the grouping of sows and work in developing guidelines for the welfare of pigs in areas where non-compliance is often reported (routine tail docking and insufficient use of manipulable material). The Commission audits will focus on the regulation on the protection of animals at the time of killing which started to apply in 2013. In 2014, the Commission, in cooperation with the Federation of Veterinarians will continue the training program for veterinary practitioners with two workshops on animal welfare in Poland and France.

<table>
<tr><td colspan="2">Relevant general objective 3: Contribute to a high level of health for humans, animals and plants along the food chain and in related areas, by preventing and eradicating disease and pests, ensuring a high level of protection for consumers and the environment, while enhancing the Union food and feed industry competitiveness and favouring the creation of jobs</td></tr>
<tr><td>Specific objective 3.3: to contribute to a higher animal health status in the Union and to support the improvement of the welfare of animals</td><td>☒ Spending programme<br>☐ Non-spending</td></tr>
<tr><td colspan="2">Result indicator 3.3.1: Number of Member States or regions thereof which are free from animal diseases for which a financial contribution is granted</td></tr>
</table>

| (source: Food Chain, Animal Health & Welfare, Plant Health & Reproductive Material Programme) | | |
|---|---|---|
| Baseline[15] | Milestone | Target |
| 2011 | 2017 | Increase in the number of free regions (2020, target from the programme) |
| Bovine brucellosis:<br>15 MS and 19 regions officially free | 18 MS and 30 regions officially free | Eradication except 1 MS |
| Bovine tuberculosis:<br>15 MS and 13 regions officially free | 17 MS and 20 regions officially free | Eradication except 1 MS |
| Brucella melitensis<br>20 MS and 18 regions officially free | 24 MS and 28 regions officially free | Eradication except 1 MS and 5 regions |
| **Result indicator 3.3.2:** the increase of the number of Member States or regions thereof which are free from Aujeszky disease or with an approved eradication programme<br>(source: Commission internal) | | |
| Baseline[16] | Target | |
| 2011 | 2015 (Commission internal target) | |
| 17 MS and 98 regions | Increase in the number of free regions | |
| **Result indicator 3.3.3:** Disease parameters such as incidence, prevalence and number of outbreaks (source: Food Chain, Animal Health & Welfare, Plant Health & Reproductive Material Programme) | | |
| Baseline[17] | Milestones | Target |
| 2011 | 2017 | 2020 - overall decrease[18] |
| Classical swine fever - 0 outbreaks | 0-5 outbreaks | 0 outbreaks |
| BSE - 28 positive animals | 15 positive animals | 5 positive animals |
| Scrapie (sheep/goats) - 17 % prevalence | 17 % prevalence | 8 % prevalence |
| Rabies - 518 cases in wild animals | 350 cases in wild animals | 100 cases in wild animals |
| Main outputs in 2014 | | |
| Description | Indicator | Target |
| Commission proposal for a Regulation on animal health | Follow up negotiations between co-legislators | Support negotiations |
| High level animal health conferences (bees and wild animals) | Number of conferences | 2 |
| International Organisation for Animal Health (OIE) | Representation of the Commission | Coordinated EU position for the General Session of May 2014 |
| Regulate zootechnics | Follow up Commission proposal | Support negotiations between co-legislators |
| Event for the mid-term progress of the EU animal welfare strategy | A conference | 1 |
| Policy on restraining bovine animals by inversion or any unnatural position. | Report to the European Parliament and Council | adoption |
| Information to consumers on the stunning of animals | A study | Finalisation of the study |
| Education of veterinary practitioners on animal welfare | Number of foreseen workshops | 3 |
| Brucellosis eradication programmes | Number of foreseen | 5 |

15 Source: annual reports from the Member States under Directive 64/432/EEC and 91/68
16 Source: annual reports from the Member States under Directive 64/432/EEC
17 Source: Animal Disease Notification System [ADNS]
18 Target from the programme

| | | |
|---|---|---|
| | programmes | |
| Bovine tuberculosis eradication programmes | Number of foreseen programmes | 6 |
| Ovine/caprine brucellosis eradication programmes | Number of foreseen programmes | 6 |
| Bluetongue eradication programmes | Number of foreseen programmes | 18 |
| Salmonella control programmes | Number of foreseen programmes | 25 |
| Swine diseases (classical swine fever, African swine fever, swine vesicular disease) eradication programmes | Number of foreseen programmes | 10 |
| Avian influenza survey programmes | Number of foreseen programmes | 28 |
| TSE monitoring and BSE/scrapie eradication programmes | Number of foreseen programmes | 28 |
| Rabies eradication programmes | Number of foreseen programmes | 13 |

**Food and feed**

In order to address consumers' interest in food information and boost innovation as a driver for smart growth we will take measures in the following areas:

- As regards Food Information to Consumers, the Commission will carry out the follow up actions prescribed in Regulation (EU) No 1169/2011 such as the reports on the presence of trans fats in foods and on origin labelling of certain categories of food.
- In the area of food contact materials, based on the roadmap on how to address the safe use of materials not harmonized at EU level, a baseline study to map the current situation as regards markets, barriers to trade and enforcement will be carried out to define the areas where action is needed.
- Following the priorities set by the Commission on encouraging innovation, the definition of nanomaterials as set out in the Commission Recommendation of October 2011[19] will be adapted to the food sector to ensure effective implementation from food safety and consumer information point of view and allowing innovation.
- A Regulation to revise and simplify the legislation covering foods for particular nutritional uses (dietetic foods) was adopted by the European Parliament and Council in June 2013[20] on the basis of the Commission's proposal. The Commission has already started implementation work required by the Regulation and will continue in 2014 in order to respect the deadlines set by the co-legislators (2015-2016).
- Follow-up will be given to the evaluation of GMO legislation, in particular by better implementation. The management of GMO authorisations will continue.

[19] OJ L 275/38, 20.10.2011, p38-40

[20] Regulation (EU) No 609/2013 of the European Parliament and of the Council of 12 June 2013 on food intended for infants and young children, food for special medical purposes, and total diet replacement for eight control and repealing Council Directive 92/52/EEC, Commission Directives 96/8/EC, 1999/21/EC, 2006/125/EC and 2006/141/EC, Directive 2009/39/EC of the European Parliament and of the Council and Commission Regulations (EC) No 41/2009 and (EC) No 953/2009, OJ L 181, 29.6.2013, p. 35–56

The Commission will discuss the results of the GM free labelling study and its follow-up. The proposal for the amendment of the Honey Directive will continue to be discussed in Parliament and Council.

- In the course of 2014 the Commission will carry out an impact assessment on the setting of criteria for the identification endocrine disruptors. While the setting of those criteria is a requirements in the plant protection product legislation (see also section of this plan on "plants and seeds"), the criteria will horizontally apply to other sectors. This also includes, among others, the legislation on food contact materials.

In view of eliminating bottlenecks for the 21st century single market according to the principle of smart regulation we will:

- Continue the process of the Review of the Hygiene Package legislation, in force since 2006 and in light of the report on the experienced gained since then. Discussions will be held with the European Parliament and Council during 2014.
- Implement the legislation and manage the authorization for food additives, enzymes, flavourings, food contact materials, GMOs and novel food. The legislation will be managed to facilitate harmonized implementation, both for routine and emerging issues. This permanent and systematic work provides a useful perspective to the Internal Market.
- In line with the 5-year Action Plan on Antimicrobial Resistance (AMR), implementing the legislative framework for the harmonized monitoring of AMR in food and animals and preparation of an interim report on the implementation of the Action Plan.

A reform of the legislation on the use of Medicated Feed is expected in 2014. The current Directive dates from 1990 and is widely seen as vague and outdated. The legislation will cover the technical aspects of incorporating veterinary medicines on prescription into feed to ensure safe practices in the single market. The proposal should pave the way for innovative applications e.g. of medicated feed for chronically diseased pets.

The reception of the requests and subsequent re-evaluation of all feed additives is the major task and will last for at least 4 years. Innovation in the area of feed additives can support the replacement of the use of antibiotics in livestock farming and improve the resource efficiency.

The removal of regulatory barriers for the use of safe and valuable feed materials should decrease the carbon footprint of animal production.

In addition, we will enhance the dialogue and the information within the EU by:

- Continuing with the implementation of the Regulation on nutrition and health claims. In particular, we will continue the work on individual applications and to advance work on the list of permitted 'function' health claims which was first adopted in May 2012 and started to apply from 14 December 2012. To date 228 'function' health claims and 24 health claims under individual applications have been authorised for use throughout the EU, which will ensure consumer protection and fair competition for food business operators by removing misleading and false claims from the market. Moreover, following the adoption of the Commission Regulation setting rules for applications concerning the use of generic descriptors, we expect to start working on the first notifications based thereon.

- Continuing the specific programme of training targeted on sanitary and phytosanitary measures, the Better Training for Safer Food (BTSF initiative). The main objectives of the programme are to increase levels of competence and awareness of EU rules amongst official control staff in order to ensure more uniform, objective and efficient controls throughout the EU, secure high levels of consumer protection, animal health and welfare and plant health and create the conditions for a level playing field for food businesses.

<table>
<tr><td colspan="4">Relevant general objective 3: Contribute to a high level of health for humans, animals and plants along the food chain and in related areas, by preventing and eradicating disease and pests, ensuring a high level of protection for consumers and the environment, while enhancing the Union food and feed industry competitiveness and favouring the creation of jobs</td></tr>
<tr><td colspan="3">Specific objective 3.4: contribute to a high level of safety of food and food production systems and of other products which may affect the safety of food, while improving the sustainability of food production</td><td>☒ Spending programme<br>☐ Non-spending</td></tr>
<tr><td colspan="4">Result indicator 3.4.1: The number of cases of diseases in humans in the EU linked to food safety or zoonoses (source: Food Chain, Animal Health & Welfare, Plant Health & Reproductive Material Programme)</td></tr>
<tr><td>Baseline</td><td>Milestone</td><td colspan="2">Target</td></tr>
<tr><td>2012</td><td>2018</td><td colspan="2">2020[18]</td></tr>
<tr><td>90 000 confirmed cases of human salmonellosis</td><td>67 000 cases</td><td colspan="2">60 000 (sustained negative trend in incidence cases)</td></tr>
<tr><td colspan="4">Main outputs in 2014</td></tr>
<tr><td>Description</td><td colspan="2">Indicator</td><td>Target</td></tr>
<tr><td>Review of the Hygiene Regulations</td><td colspan="2">Commission Proposal and follow-up</td><td>Adoption and support discussions in Council and Parliament</td></tr>
<tr><td>Alignment of TSE Regulation (EC) 999/2001</td><td colspan="2">Commission Proposal and follow-up</td><td>Adoption and support discussions in Council and Parliament</td></tr>
<tr><td>Interim Report on the implementation of the 5-Year Action Plan on Antimicrobial Resistance (AMR)</td><td colspan="2">Report</td><td>Publication</td></tr>
<tr><td>Meat inspection in of cattle, horse, game and small ruminants</td><td colspan="2">Legislative proposals</td><td>Adoption by Comitology or delegated act</td></tr>
<tr><td>Medicated Feed Regulation</td><td colspan="2">Council position (expected December 2014), in EP vote in Committee</td><td>Support discussions</td></tr>
<tr><td>Improve legal environment for feed use of safe by-products from food and biofuel industries</td><td colspan="2">delegated/implementing acts to be presented and discussed</td><td>Adoption of the acts</td></tr>
<tr><td>Authorisation of feed additives in the framework of Regulation (EC) No 183/2003</td><td colspan="2">Number of decisions on authorisation</td><td>50-55</td></tr>
<tr><td colspan="4">Result Indicator 3.4.2: BTSF training programmes (% rate of satisfaction and steady state of annual participants) (source: Commission internal)</td></tr>
<tr><td>Baseline</td><td colspan="2">Milestone</td><td>Target</td></tr>
<tr><td>October 2013</td><td colspan="2">2018</td><td>2020 (internally agreed)</td></tr>
<tr><td>80% satisfaction rate/6100</td><td colspan="2">85% satisfaction rate / min. 6000</td><td>87% satisfaction rate / min.</td></tr>
</table>

| | | |
|---|---|---|
| participants trained | participants trained | 6000 participants trained |

| Main outputs in 2014 | | |
|---|---|---|
| Description | Indicator | Target |
| Management of BTSF programmes | Monitoring of contracts, evaluation of reports, offers etc, meetings with contractors | 100% |

| **Result indicator 3.4.3:** Review of Maximum Residue Levels of pesticides substances voted at the Standing Committee following EFSA's opinions as foreseen in Regulation 396/2005 | |
|---|---|
| Baseline | Target (planning of scientific opinions) |
| 40 pesticide substances in 2013 | 50 pesticides substances in 2014 |

| Main outputs in 2014 | | |
|---|---|---|
| Description | Indicator | Target |
| Cloning | Council position (expected 2nd half of 2014) | Support discussion |
| Novel Food | Council position (expected 2nd half of 2014) | Support discussion |
| Setting of new MRLs (Maximum Residue Levels) for pesticides substances including import tolerances and Codex MRLs (Reg. 396/2005) | Number of pesticides substances | 60 |
| Approval of pesticides in the framework of Regulation 1107/2009 | Number of decisions on approval | 40 |
| Definition of EU multiannual monitory programme for pesticides residues | Commission Regulation | Adoption by end of the year |
| Evaluation of National Action Plans under Directive 209/128/EC | Commission Report to EP and Council | First draft by end of the year |
| Authorisation of food additives in the framework of Regulation 1333/2008 | Number of decisions on authorisations | 15-20 |
| Follow up of the re-evaluation programme on food additives (Reg. 257/2010) | Assessment of EFSA opinions including measures to be taken, if needed | 15-20 |
| Assessment of the validity of enzyme application in view of the establishment of the EU Register (Reg. 1332/2008) | Number of applications assessed for validity | 150-200 |
| Follow up of the submission of data for further evaluation of flavouring substances as foreseen in Reg. 1334/2008 | Measures taken following non-submission of data or following opinion of EFSA | 10 |
| Managing legislation in the area of pesticides, additives, enzymes, flavourings, food contact material and contaminants | Number of Standing Committees on pesticides (legislation and residues) and toxicology | 16 |

| | | |
|---|---|---|
| **Relevant general objective 3:** Contribute to a high level of health for humans, animals and plants along the food chain and in related areas, by preventing and eradicating disease and pests, ensuring a high level of protection for consumers and the environment, while enhancing the Union food and feed industry competitiveness and favouring the creation of jobs | | |
| **Specific objective 3.5:** Strengthen a basis for consumers to make informed choices to make safe use of food | ☐ Spending programme<br>☒ Non-spending | |
| **Result indicator 3.5.1:** Deliver most of the prescribed implementing acts and reports within the deadlines foreseen in Reg. 1169/2011 on food information to consumers[21] | | |
| Baseline | Target | |
| 2013 | 2017 | |
| 0 | 8 (application, i.e. 100% of the provisions) | |
| Main outputs in 2014 | | |
| Description | Indicator | Target |
| Reporting on origin indication of:<br>-meat other than beef, pig, poultry, sheep/goat<br>-milk<br>-milk used as ingredient in dairy products<br>-unprocessed food<br>-single ingredient products<br>-ingredients representing more than 50% of a food | Report foreseen in Regulation (EU) 1169/2011 on the provision of Food Information to consumers – Art. 26 (5) | adoption |
| Reporting on Trans fatty acids | Report foreseen in Regulation (EU) 1169/2011 on the provision of Food Information to consumers – Art. 30 (7) | adoption |
| Implementation of the conditions of use of the "gluten free" and "very low gluten" statements | Implementing act as foreseen in Regulation (EU) 1169/2011 on the provision of Food Information to consumers – Art. 36 (3) | adoption |
| Providing guidance on the presence of certain contaminants | Guidelines document as foreseen in Directive 2009/54/EC on the exploitation and marketing of natural mineral waters | preparation |
| Authorisation and refusal of authorisation of health claims following authorisation procedures as foreseen by Regulation (EC) No 1924/2006. | Commission Decisions to be adopted by 2014 | 4-6 |
| Exemption of generic descriptors (denominations) from the scope of Regulation (EC) No 1924/2006. | Commission Decisions to be adopted by 2014 | 1-2 |
| Infant formula and follow-on formula, cereal based foods and other baby foods, foods for special medical purposes, total diet replacement for weight control, transfer of rules on 'gluten-free' and 'very low gluten' statements under the Food Information Regulation | consultations delegated/implementing acts foreseen by Regulation (EU) No 609/2013 | Preparation and completion eventual adoption |
| Milk-based drinks and similar products for young children and food for sportspeople | Reports required by Regulation (EU) No 609/2013 | Preparation |

[21] As foreseen in Reg. 1169/2011

**Global dimension**

Work in the field of international relations will continue to ensure the representation of EU views and interests in international fora. The EU's multilateral obligations are also to be maintained, in particular when this comes to obligations arising from the TBT and SPS Agreements under the World Trade Organisation. Transparent information will be provided to trading partners of EU measures that are likely to affect trade, while simultaneously the EU will actively participate in a number of multilateral standard-setting bodies to help to shape the international norms that will affect trade in EU products. These include: the Codex Alimentarius, Commission (CAC), the World Organisation for Animal Health (OIE) and the International Plant Protection Convention (IPPC). EU interests will also be safeguarded and promoted in fora such as the International Union for the Protection of New Varieties of Plants (UPOV), the Cartagena Protocol on Biosafety, the International Treaty on Plant Genetic Resources for Food and Agriculture (ITPGRFA), and the OECD. Furthermore, the management of the EU's bilateral agreements in the field will be pursued.

| | | |
|---|---|---|
| **Relevant general objective 3:** Contribute to a high level of health for humans, animals and plants along the food chain and in related areas, by preventing and eradicating disease and pests, ensuring a high level of protection for consumers and the environment, while enhancing the Union food and feed industry competitiveness and favouring the creation of jobs | | |
| **Specific objective 3.6:** to promote EU standards at the international and multilateral levels and to assist safe and smooth trade between the EU and third countries and to avoid that SPS measures could constitute unjustified barriers to trade | | ☐ Spending programme<br>☒ Non-spending |
| **Result indicator 3.6.1:** participation at multilateral and bilateral meetings stemming from international obligations (source: relevant multilateral and bilateral international agreements) | | |
| Baseline | Milestone | Target |
| 2011 | 2017 | 2020 (from relevant international agreements) |
| 100% | 100% | 100% |
| Main outputs in 2014 | | |
| Description | Indicator | Target |
| Representation in WTO SPS Committee | Committee meetings | 3 |
| Representation in Codex | Committee meetings/task forces + Commission meeting | 16 approx. |
| Representation at other international meetings | Annual programme | tbd |
| Representation vis-à-vis third countries with bilateral agreements | Joint Management Committee (JMC) meetings | Approx. 6 |
| Negotiation of new agreements with third countries | Rounds of negotiations | Provide input to negotiations |
| SPS bilateral dialogue with third countries without formal agreement | Meetings with third countries | Provide input to negotiations |

**Enforcement**

The audits of DG Health and Consumer's audit service, the Food and Veterinary Office located in Grange – Ireland (FVO), are crucial for ensuring proper implementation in the fields of food and feed safety, food quality, animal health and welfare, plant health and some areas of human health. During 2014, the FVO in accordance with its audit programme will carry out approximately 250 audits in Member States, candidate countries and third countries exporting to the EU. The

FVO's programme also includes audits on organic farming and geographical indicators[22]. Since 2013, the FVO has extended its audit activities to the health sector with joint assessments with Member States of Notified Bodies in the field of medical devices and audits on imports of active pharmaceutical ingredients for medicinal products for human use.

In its reports[23] the FVO makes recommendations to the competent authority of the country concerned to deal with any shortcomings revealed during the audits. The competent authority is requested to present an action plan to the FVO on how it intends to address shortcomings. Verification of the completion and effectiveness of corrective actions through a number of systematic follow up activities is an integral part of FVO activity. The FVO revisits Member States regularly to monitor progress in relation to the outstanding issues with a view to getting action. Persistent problems may be the subject of high-level meetings between the Commission and the authorities concerned. As a last resort, legal action under EU law may be taken by the Commission to ensure that Member States meet their obligations under EU law.

Where an audit identifies an immediate threat to consumer, animal or plant health, the Commission may take emergency ("safeguard") measures. These may include legal action to prevent trade in, or imports of, animals, plants or their products. In other cases, where serious, but less urgent, problems are found, or where a competent authority fails to take satisfactory corrective action, the Commission may use the audit report as one element in deciding to start infringement proceedings against a Member State or, in the case of a third country, to refuse, withdraw or modify authorisations for exports to the EU.

The FVO also produces overview reports[24] to ensure that the results of audit series are presented in a manner which facilitates understanding of the state of implementation of EU legislation and the problems and good practices identified across the Member States.

Since the entry into force of Regulation (EC) No 882/2004[25], the FVO assesses Member States' Annual Reports on the implementation of their Multi-Annual National Control Plans and provides feedback to Member States, aimed at improving the quality of these reports. The FVO is carrying out a number of activities in 2014 – in dialogue with the Member States - to further promote sound regulatory practices in the implementation of controls including identification and exchange of information and good practices. The Commission reports annually on the operation of official controls along the food chain in the Member States[26].

In addition to audit and follow-up, the FVO carries out a large range of non-audit activities, including the evaluation of residue control plans from Member States and

22 Protected Denominations of Origin, Protected Geographical Indications, Traditional Specialities Guaranteed

23 http://ec.europa.eu/food/fvo/ir_search_en.cfm

24 http://ec.europa.eu/food/fvo/specialreports/overview_search_en.cfm

25 Regulation (EC) No 882/2004 on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules

26 Report from the Commission to the European Parliament and to the Council on the overall operation of official controls in the Member States on food safety, animal health and welfare, and plant health http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2013:0681:FIN:EN:PDF

from third countries exporting food of animal origin to the EU, the management of lists of approved third country establishments for the production of food of animal origin, the evaluation of Border Inspection Post plans and the assessment of Member States' national action plans for the sustainable use of pesticides. In the plant health area the FVO operates the Europhyt plant health interception notification system and collects, analyses and reports on outbreaks of plant pests in the EU. The FVO also contributes to the Commission's technical assistance for third countries to help them meet EU food safety, animal and plant health standards, as well as to the Better Training for Safer Food Programmes for competent authorities both in Member States and third countries.

Finally, the results of FVO activities assist in ensuring that our legislation is kept up to date, relevant and fit for purpose.

The Rapid Alert System for Food and Feed (RASFF) is a critical information system about enforcement actions taken in EU countries for products in which a health risk is identified. Implementing measures adopted in 2011 further strengthened and improved the RASFF and to complement this regulation Standard Operating Procedures have been developed and are on schedule to be published in early 2014. A new interactive and high performance IT platform for RASFF has been introduced in EU countries with full implementation expected in early 2014. As a result, RASFF will be better prepared for the continuous increase in information exchange as well as for particular crisis situations placing very high demands on the system.

## 5. HORIZONTAL ACTIVITIES

### 5.1. Policy strategy and coordination for DG Health and consumers

| **ABB activity: Policy strategy and coordination** | | | | | |
|---|---|---|---|---|---|
| **Financial resources (€) in commitment appropriations** | | | **Human resources** | | |
| Operational expenditure | Administrative expenditure | Total | Establishment plan posts | Estimates of external personnel (in FTEs) | Total |
| 0 | 16 453 340 | 16 453 340 | 33 | 9 | 42 |

The Activity "Policy Strategy and Coordination for DG Health and Consumers" includes all actions that support, guide or co-ordinate the policies for which DG Health and Consumers is responsible. The actions under this activity contribute directly to the success of our main policies.

This Activity supports and drives the policy definition, preparation and implementation in order to achieve the overall mission of the DG within the timescales laid down. It promotes a strategic planning culture within the DG in accordance with the Commission's strategic planning and programming cycle. It actively promotes the main policies of the DG through information, internal and external communication, awareness-raising and dialogue with stakeholders. It supports the coherence of the different activities within the DG, ensuring liaison with the horizontal services, the Cabinets of the two Commissioners and other Institutions. It provides legal advice so that DG Health and Consumers' policies are legally sound and comply with the relevant procedures. It aims to develop an

administrative culture of independence, objectivity and fairness founded on principles of proportionality and better regulation.

This Activity includes the following functions:

- Policy strategy definition and coordination, better regulation including impact assessment;
- Strategic planning and programming;
- Internal and external communication;
- Coordination of institutional affairs;
- Management of legal issues and coordination of legal processes.

**Policy strategy definition and coordination, better regulation including impact assessment**

The better regulation practices of the DG will be further improved through the provision of enhanced assistance to policy sectors in the preparation of internal information documents ensuring effective management and delivery of new initiatives (Road Maps) for a better strategic vision of policy making, and of help to produce up-to-standard Impact Assessments (IA).

Further to the Regulatory Fitness Commission Communication of 2 October 2013, the DG will initiate work to respect the relevant Commission commitments. DG Health and Consumers will continue its work on further coordination and coherence in the supervision of the four Regulatory Agencies for which it is the Commission's interlocutor[27]. This will involve exploring new governance tools with the Agencies, e.g. codes of conduct, improved performance indicators, harmonised conflict of interest policy as well as developing SANCO positions in Secretariat General led dialogue between the Commission and EU Agencies generally.

<table>
<tr><td colspan="2">Specific objective: Support the decision making process through evaluations and impact assessments, systematic stakeholder consultations and by suitable measures and methods to ensure the mission of DG Health and Consumers is fulfilled</td></tr>
<tr><td colspan="2">Indicator: Percentage of impact assessments resubmitted to the Impact Assessment Board (IAB) (European Commission – Secretariat General)</td></tr>
<tr><td>Baseline</td><td>Target</td></tr>
<tr><td>57% (2013)</td><td>47% (Commission average 2012)</td></tr>
<tr><td colspan="2">Indicator: Percentage of stakeholder consultations that respect the 12 week minimum consultation standard (European Commission – DG Health and Consumers)</td></tr>
<tr><td>Baseline</td><td>Target</td></tr>
<tr><td>100% (2013)</td><td>100% (in accordance with Commission rules on stakeholder consultations and the SANCO Guide for Stakeholder Consultations)</td></tr>
</table>

**Strategic Planning and Programming**

[27] The European Centre for Disease Control "ECDC"; the Community Plant Variety Office "CVPO"; the European Food Safety Authority "EFSA"; and the European Medicines Agency", "EMA".

This ensures the implementation of the Commission planning and programming process using the planning tool to support daily management, providing a better overview and coherence from the Commission-wide Work Programme to the unit specific implementation.

| | |
|---|---|
| **Specific objective:** Implement the Commission's planning and programming process so that the Directorate General delivers its policy objectives and contributes to the overall Commission strategy in an effective, timed, efficient and coherent manner | |
| Indicator: Percentage of contributions linked to the planning cycle delivered on time (European Commission – DG Health and Consumers) | |
| Baseline | Target (agreed internally) |
| CWP 2014 (100%)<br>MP 2014 (100%)<br>AAR 2012 (100%) | CWP 2015 (100%)<br>MP 2015 (100%)<br>AAR 2013 (100%) |
| Indicator: Percentage of planning reports for management and the Commissioners prepared on time (European Commission – DG Health and Consumers) | |
| Baseline | Target |
| 100% (by October 2013) | 100% (agreed internally) |

**Internal communication**

This action encompasses the contribution to an effective Internal Communication within the Directorate-General across the three sites as a key element for efficient external communication.

| | |
|---|---|
| **Specific objective:** Develop, implement, monitor and adapt internal communication in the DG and establish direct communication, consultation and feedback channels between management and staff to ensure staff understand and share the vision and objectives of their department and work effectively together. | |
| Indicator: Staff from DG Health and Consumers on the Commission's internal social network (Yammer) (source: European Commission) | |
| Baseline | Target |
| 244 (2013) | 500 (2014) |
| Indicator: Number of "knowledge hours" (source: European Commission – DG Health and Consumers) | |
| Baseline | Target |
| 17 (2013) | 20 (2014) |
| Indicator: Staff satisfaction with the intranet (source: European Commission – DG Health and Consumers online survey 2013) | |
| Baseline | Target 2014 |
| X | At least 60% satisfied with 1) news and information flow on Intranet and 2) the Intranet helps me perform my work. |
| Indicator: Completion of the actions foreseen in the internal communication strategy (source: DG Health and Consumers) | |
| Baseline | Target 2014 |
| X | 90% |
| Indicator: Staff satisfaction on management communication (Source: European Commission: staff survey 2014) | |
| Baseline | Target 2014 |
| X | 65% of staff judging as good or above that DG Health and Consumers' mission and policies are clearly communicated |

**External communication**

A series of communication priorities have been defined with the management. On each of those, exhaustive communication plans will be developed and implemented, in close coordination with policy units, using the most appropriate tools to reach our agreed communication objectives (media relations, web, audio-visual materials, events, publications, social media, etc).

In 2013, the DG began a thorough web rationalisation process, starting with the consumer policy website. Its revamp will be finalised in 2014 and the website on food and feed will follow. Any pages dedicated to priority topics will be redesigned. In parallel in 2014 we will develop and follow a roadmap for migration of the web content to "Documentum" (corporately supported platform).

Media relations will be coordinated and implemented in close liaison with the Commissioners' Spokespersons.

<table>
<tr><td colspan="2">Specific objective: Develop, implement, monitor and adapt an external communication strategy to actively promote the main policies and initiatives of the DG in a clear and visible manner</td></tr>
<tr><td colspan="2">Indicator: Percentage of campaigns completed within the given timeframe<br>(source: DG Health and Consumers)</td></tr>
<tr><td>Baseline</td><td>Target</td></tr>
<tr><td>90% (2013)</td><td>90% (2014) - Maintain</td></tr>
<tr><td colspan="2">Indicator: Percentage of communication actions based on a communication plan developed jointly by the policy and communication units (source: DG Health and Consumers)</td></tr>
<tr><td>Baseline</td><td>Target</td></tr>
<tr><td>90% (2013)</td><td>90% (2014) - Maintain</td></tr>
<tr><td colspan="2">Indicator: Number of thematic communication plans developed for each communication priority (source: DG Health and Consumers)</td></tr>
<tr><td>Baseline</td><td>Target</td></tr>
<tr><td>X</td><td>100% (2014)</td></tr>
<tr><td colspan="2">Indicator: Number of thematic communication plans implemented within the given timeframe (source: DG Health and Consumers)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>X</td><td>80% (2014)</td></tr>
<tr><td colspan="2">Indicator: Number of hits on the DG Health and Consumers website (source: DG Health and Consumers)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>Public health: 4 088 500 (2013)<br>Food safety: 2 442 586 (2013)<br>Consumer Affairs: 2 482 962 (2013)<br>DG Health and Consumers homepage: 457 296 (2013)</td><td>Maintain 2013 levels (given the rationalisation process, which could result in a significant reduction in the number of pages, figures in 2014 may not be comparable; in this case the indicator will be adjusted accordingly)</td></tr>
<tr><td colspan="2">Indicator: Press material produced within the deadline (source: DG Health and Consumers)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>New indicator</td><td>95%</td></tr>
<tr><td colspan="2">Indicator: Media requests handled within 24 hours (source: DG Health and Consumers)</td></tr>
</table>

| Baseline | Target 2014 |
|---|---|
| New indicator | 80% |
| Indicator: Further development of social media outreach – Twitter (source: DG Health and Consumers) | |
| Baseline | Target 2014 |
| EU_health account: 4568 followers (2013)<br>EU_Consumers account: 11 994 followers (2013) | Increase |
| Indicator: Improve the visibility and outreach of audiovisual materials to enable better monitoring and increase the number of views (source: DG Health and Consumers) | |
| Baseline | Target 2014 |
| New indicator | 100% of newly produced material monitored and promoted |
| Indicator: Secure appropriate distribution for printed materials based on the ratio of distribution plans for publications (source: DG Health and Consumers) | |
| Baseline | Target 2014 |
| New indicator | 80% publications with dedicated plan |

**Institutional affairs**

This encompasses the co-ordination of the relations of the DG with the European Parliament, the Council, the Economic and Social Committee and the Committee of the Regions, including notably preparation of European Parliament and Council sessions/meetings, ensuring reports/follow-up, handling of questions from Members of the Parliament, petitions, Ombudsman's complaints, preparing and overseeing the preparation of speeches and briefings for the managerial and political hierarchy on institutional matters.

We will work to maintain and develop the good relationships established with the Parliament and the Council formations relevant to the portfolios with the aim of finalising as many files as possible under the present Parliament's mandate. Year 2014 will also be the year of renewal of the European Parliament and of the College of Commissioners. We will work towards establishing contacts with the new incoming Parliament and contribute to the successful hearing of Commissioner(s)-Designate for the health and consumer policy portfolios.

| **Specific objective:** Establish and maintain dialogue and cooperation channels with other EU institutions so that legislative and non-legislative proposals put forward by the DG make smooth and efficient progress through the institutions | |
|---|---|
| Indicator: Percentage of Parliamentary questions replied to within the deadline (European Commission – DG Health and Consumers) | |
| Baseline 2013 (17/12/2013) | Target |
| 80.10% (Of a total of 1330 PQs on 17/12/2013) | 100% (The Commission should respect its institutional commitments and respond in time to Parliamentary questions) |
| Indicator: Number of preparatory meetings organised with forthcoming and current Council Presidencies (European Commission – DG Health and Consumers) | |
| Baseline | Target |
| 19 (2013) | At least 6 per year (one per policy area and per Presidency) |

**Legal affairs**

This encompasses the coordination of legal affairs of the DG through providing coherent legal advice in close collaboration with operational units and the Legal Service, and to support the Management Team and the Cabinets in the management of legal issues. It also encompasses contributing to the administrative culture of independence, objectivity and fairness in the processing of inquiries and complaints as well as improving legislation on the basis of the principles of proportionality and better regulation. This work also includes ensuring that each action is based on a sustainable legal basis and that each decision avoids discrimination or abuse of power and enhances trust from the European citizen.

This action is an internal horizontal legal resource for the entire DG and it includes the following functions:

- drafting legislation;
- providing legal support to international negotiations conducted by the DG;
- launching infringement proceedings as part of the Commission's role as guardian of the Treaties; and
- advising on the legal parameters of powers to implement Union legislation in the management and control of the DG.

Drafting Legislation – support to policy units in applying uniform principles of presentation and legislative drafting so legal acts adopted by DG SANCO are intelligible, well-thought-out and coherent so that citizens and economic operators can easily ascertain their rights and obligations.

Legal Support to International Negotiations – support to the DG in international negotiations when legally complex issues are involved such as the level of equivalence of regulatory regimes.

Complaints and Infringements – administration of DG Health and Consumers' complaints by evaluating and processing them according to established benchmarks.

Legal advice on Enforcement – monitoring enforcement of the DG's legislation through the cooperation with the European institutions and EU countries. It provides legal support especially on issues of interpretation in respect of the nature and extent of controls.

| | |
|---|---|
| **Specific objective:** to advise on the current legislation and manage legal risks in close collaboration with the Commission's Legal Service, the Management Team and the Cabinets. | |
| Indicator: Percentage of set deadlines met for requests to provide legal advice (European Commission – DG Health and Consumers) | |
| Baseline | Target<br>The new Rules of Procedure and the Implementing Rules - C(2010)1200 – Article 23 |
| 100% response on time (October 2013) | 80% of written requests for legal assessment with set deadlines responded on time. |
| **Specific objective: to contribute to the development of sound, clear, simple and effective new legislation.** | |
| Indicator: Percentage of legislative and non-legislative proposals reviewed within the deadlines for internal consultation (i.e. 10 working days)<br>(European Commission – DG Health and Consumers) | |
| Baseline | Target |

| | | |
|---|---|---|
| | The new Rules of Procedure and the Implementing Rules - C(2010)1200 – Article 23 | |
| 100% response on time for all CWP items.<br>100% response on time for all other legal instruments.<br>(October 2013) | Response rate of 100% for all Commission Work Programme items by set deadline.<br>80% responses of all other legal instruments by set deadline in intra-SANCO and not being less than five working days. | |
| **Specific objective:** to effectively process complaints and infringements on the basis of good administrative practice and prioritisation**.** | | |
| Indicator: Percentage of complaints/infringements processed in DG Health and Consumers that meet Commission benchmarks (when there are no grounds to justify slower processing)<br>(European Commission – DG Health and Consumers) | | |
| Baseline<br>October 2013 | Milestone | Target<br>Benchmarks established by Commission Communication on "A Europe of results – applying community law" - COM(2007) 502 final; see also COM(2010) 70 final and COM(2012) 154 final) |
| 100% compliance to established benchmarks for processing complaints or infringements, except justified slower processing cases. | Bi-annual coherence exercise of the European Commission in 2014. | At least two-thirds of SANCO caseload to meet established benchmarks during coherence exercises 2013-2014. |

## 5.2. Administrative support for DG Health and consumers

| **ABB activity: Administrative support** | | | | | |
|---|---|---|---|---|---|
| **Financial resources (€) in commitment appropriations** | | | **Human resources** | | |
| Operational expenditure | Administrative expenditure[28] | Total | Establishment plan posts | Estimates of external personnel (in FTEs) | Total |
| 0 | 4 665 000 | 4 665 000 | 93 | 22 | 115 |

This Activity includes actions that are necessary for the functioning of the organisation as such and are indirectly linked to the policies for which the DG is responsible.

This Activity promotes and maintains sound and efficient management of human, financial and IT resources within the DG, and ensures that resources are allocated to achieve the policy objectives of the DG. It ensures the soundness of internal control established in the DG's operational management and its financial accounting and reporting systems, and provides internal audit advice within the DG.

[28] Covers missions, horizontal units A3, A4, A5, Unit 01, training expenditure and housing (Grange)

The Activity includes the following functions:

- Human resource management;
- Financial management;
- Management of information and communication technologies (ICT);
- Document management;
- Internal audit;
- Internal control and risk management.

**Human resource management**

The DG seeks to attract, deploy, develop and retain sufficiently qualified and experienced staff. The Commission Human Resources (HR) policies are tailored to the needs of the DG as an organisation and to its staff. HR processes are carried out in Units, with the Human Resources Unit operating as a centre of competence for the whole DG. 2014 will be a transition year between two Commissions which could have an organisational impact on the Commission services. Moreover new Staff Regulations will come into force on 1/1/2014, and overall staffing numbers will continue to decrease. It will be important to continue the effort to adapt working methods and organisation and to review and adopt HR policies to ensure staff motivation and engagement remains at a high level. The objectives are to:

- Ensure that the DG has qualified and experienced staff and makes use of their full potential;
- Ensure that the DG supports working conditions that are conducive to high productivity;
- Ensure the DG allows individuals to reconcile private and professional lives.

| | |
|---|---|
| **Specific objective:** ensure that the DG has qualified and experienced staff and makes use of their full potential. | |
| Indicator: Percentage of vacant posts (source: European Commission HR Report) | |
| Baseline 5,9% (October 2013) | Target <6,5% (Less than Commission average) |
| Indicator: Percentage of female AD officials, non-management (source: European Commission HR Report) | |
| Baseline 43,6% (October 2013) | Target >43% (Above 2014 Commission target) |
| Indicator: Percentage of female middle managers (source: European Commission HR Report) | |
| Baseline 29,7% (October 2013) | Target >30% (Above 2014 Commission target) |
| Indicator: Percentage of staff with a job description (source: European Commission - SYSPER2) | |
| Baseline 98,15% (October 2013) | Target 98% (Above Commission average) |
| **Specific objective:** ensure that the DG supports working conditions that are conducive to high productivity | |
| Indicator: Percentage of positive training evaluations (source: European Commission - SYSLOG) | |
| Baseline 89% (October 2013) | Target >85% (Commission target) |
| Indicator: Percentage of Career Development Reviews (CDR) completed on time (source: European Commission - SYSPER) | |
| Baseline 100% (8.2.2013) | Target 100% (Commission target) |
| **Specific objective:** ensure the DG allows individuals to reconcile private and professional lives | |
| Indicator: (source: European Commission - Staff survey – Staff satisfaction level) | |
| Baseline 75% (2013 Staff survey) | Target >70% (Above Commission average) |

**Financial management**

The main objectives of this function are to ensure that DG Health and Consumers obtains the financial resources it needs to meet its policy objectives, and to ensure that operational and financial activities are legal and regular, that financial regulation requirements are met and that financial and management reporting is reliable.

This is achieved by co-ordinating the implementation of the budget, performing risk-based ex-ante verifications and on-the-spot financial controls on funding provided by the DG, and by co-ordinating and reporting on the implementation of the internal control and management standards in the DG.

<table>
<tr><td colspan="2">Specific objective: plan, perform, monitor and report on the spending of financial resources to ensure sound financial management in all the DG's activities</td></tr>
<tr><td colspan="2">Indicator: Percentage of executed commitment appropriations managed by DG Health and Consumers (without credits transferred to EAHC)<br>(source: European Commission - ABAC, reported in AAR)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>2012: 98%</td><td>99% (approved by Management Team)</td></tr>
<tr><td colspan="2">Indicator: Percentage of executed payment appropriations managed by DG Health and Consumers (without credits transferred to EAHC)<br>(source: European Commission - ABAC, reported in AAR)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>2012: 100%</td><td>100% (approved by Management Team)</td></tr>
<tr><td colspan="2">Indicator: Percentage of payments made on time<br>(source: European Commission - ABAC, reported in AAR)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>2012: 95%</td><td>95% (approved by Management Team)</td></tr>
<tr><td colspan="2">Indicator: Percentage of the value of financial transactions subject to 2nd-level ex-ante desk verifications (source: European Commission - ABAC, MUS-DICE and internal calculations)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>New definition of indicator; first results will be reported in the 2013 AAR</td><td>50% (approved by Management Team</td></tr>
<tr><td colspan="2">Indicator: Percentage of ex-ante controls on procurement procedures with a total contract value > €130.000 (Comité de marchés publics" (CMP))<br>(Source: European Commission, ABAC and internal calculations, reported in AAR)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>2012: 100%</td><td>100% (approved by Management Team)</td></tr>
<tr><td colspan="2">Indicator: Percentage of total budget subject to on-the-spot controls<br>(source: European Commission - ABAC and internal calculations)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>2012: 60%</td><td>60% (approved by Audit Committee)</td></tr>
<tr><td colspan="2">Indicator: Percentage of recovery orders due to ex-post controls issued within three months (period between notifying the final audit report to the auditee and issuing the debit note)<br>(source: European Commission - ABAC and internal calculations)</td></tr>
<tr><td>Baseline</td><td>Target 2014</td></tr>
<tr><td>New indicator; first results will be reported in the 2013 AAR</td><td>100% (approved by Management Team)</td></tr>
</table>

**Management of Information and Communication Technologies (ICT)**

The main objective is to promote and use Information Technologies capabilities to better serve the policy objectives of the DG.

In 2014, the focus will be on an important input by SANCO to the rationalisation of information systems in the Commission, given the DG's active role in an important portfolio of systems, while ensuring maintenance of the necessary day-to-day services to SANCO staff. The main development focus will be on four major new systems: Online Dispute Resolution, Clinical Trials, Medical Devices and the rationalisation of internal Food and Feed systems to TRACES/IMSOC. These systems, together with the more limited maintenance and evolution of existing systems, will mobilise most of human, financial and IT resources. An active participation in the Open Data Portal initiative will allow the DG to share data more efficiently with SANCO's numerous stakeholders.

2014 will be the first year where the Help Desk will be performed directly by DIGIT under ITIC.

<table>
<tr><td colspan="2">Specific objective: define, plan, set up, maintain and develop high quality ICT infrastructures, tools and services to adequately support staff in their work</td></tr>
<tr><td colspan="2">Indicator: Percentage of systems implemented on time<br>(Source: European Commission)</td></tr>
<tr><td>Baseline 2013</td><td>Target IT Master Plan</td></tr>
<tr><td>90%</td><td>90%</td></tr>
<tr><td colspan="2">Indicator: Increase in the number of streamlining business processes linking DG Health and Consumers and associated agencies (and/or FVO)<br>(Source: MoU DG SCIC-DG SANCO )</td></tr>
<tr><td>Baseline October 2013</td><td>Target</td></tr>
<tr><td>10 business processes (through 800 video conferences)</td><td>More than 20 videoconference with interpretation with FVO (agreed with DG SCIC in the MoU)</td></tr>
<tr><td colspan="2">Indicator: Percentage of helpdesk calls resolved within one day<br>(Source: Monitoring report of contractor)</td></tr>
<tr><td>Baseline (October 2013)</td><td>Target</td></tr>
<tr><td>98%</td><td>95%</td></tr>
<tr><td colspan="2">Indicator: Information Systems support - Percentage of calls resolved in less than 3 days<br>(Source: Monitoring report of contractor )</td></tr>
<tr><td>Baseline</td><td>Target</td></tr>
<tr><td>99% (15 000 up to October 2013)</td><td>95%</td></tr>
</table>

**Document Management**

The main objective of this function is to improve efficiency of the DG functions by optimising and rationalising the internal document flows and process.

The focus in 2014 will be on consolidating the use of the ARES system, not only as a central register, but also as a major tool to streamline the management of electronic and paper documents and mail (simplification of circuits, electronic visas, very low probability of loss, and acceleration of the document flow). A particular emphasis will be done on the filing and archiving processes. The central register should help to improve the efficiency and quality of the DG's responses in the area

of transparency and access to documents. On document knowledge management we intend to deploy tools in order to make better use of the knowledge contained in the document portfolio of the DG.

| **Specific objective:** put in place and maintain effective document management so that any document connected with the DG's official functions can be electronically filed, stored and retrieved at any given moment**.** | |
|---|---|
| Indicator: Percentage of documents registered in DG SANCO and filed in ARES (Source: ARES reports ) | |
| Baseline 2012 | Target |
| 95% | 98% |

**Protection of Personal Data**

The main objective of this function is to ensure that all of our processes and information systems are in line with the regulations in this domain, through advice and support to services. Permanent contact is maintained with the Data Protection Officer of the Commission, as well as a constructive dialogue with the European Data Protection Supervisor's services.

| **Specific objective:** ensure that all the measures are in place in order to comply with the relevant regulation | |
|---|---|
| Indicator: Percentage of new systems involving processing of personal data reviewed and notified to the DPO (Source: IT Master Plan 2013-2014 and DPO-2 IT system) | |
| Baseline 2013 | Target |
| 95% | 96% (compliance rate fixed by the Data Protection Officer) |

**Internal audit including evaluation**

The main objective of this unit is to perform both audit and evaluation in line with guidelines provided by the Secretariat General and the audit standards. Subsequently, the outcome of these activities are used in support and advice to the DG and management with independent, objective recommendations for developing and maintaining high standards of management practices and management controls. Evaluations are performed to provide the basis for informed policy initiatives according to Commission policies in line with guidelines provided by COM(2013)656[29], and useful input to ensure sufficient and improve quality of the policy development and implementation in the DG.

| **Specific objective:** ensure that the Internal Audit Capability (IAC) is operated as an independent, objective assurance and consultancy activity | | |
|---|---|---|
| Indicator: Percentage of audits carried out based on the IAC annual work plan (Source: Indicative DG SANCO Audit plan for 2013-2014 ) | | |
| Baseline | Milestone | Target |
| 2013-2014 | 12/12/2014 (Audit Committee meeting) | 100% (adoption of Draft Final Audit Reports) |

[29] COM(2013) 686 final, 2.10.2013

| | | |
|---|---|---|
| **Specific objective:** ensure evaluation is integrated into the decision making process of DG Health and Consumers and is a useful, accepted and broadly applied information tool | | |
| Indicator: percentage of evaluation reports that are finalised in relation to number of requests in line with planning.<br>(Source: Multi Annual Evaluation Plan) | | |
| Baseline | Milestone | Target |
| 2013 - 2014 | Dec-2014 (Multiannual Evaluation Plan – Evaluations starting baseline year) | 100% of reports that are finalised |
| Indicator: for the FWC on evaluation, percentage of finalised terms of reference in relation to requests for assistance. | | |
| Baseline | Milestone | Target |
| 2014 | Dec-2014 | 100% of finalised ToR with 01's support on Evaluation Framework contract |
| Indicator: level of implementation and compliance of the 8 evaluation targets related in the Annex in: COM(2013)686 final for DG SANCO evaluations. | | |
| Baseline | Milestone | Target |
| 2013 | Dec-2013 | Dec-2013: 50% / Dec-2014:70%<br>(Progressive target as these 8 targets are still to be implemented) |

**Internal control and risk management**

This activity encompasses the coordination and update of risks and action plans and communication on the progress of the implementation of action plans and the emergence and management of new risks with a special focus on critical risks. It also contains development, update and review of guidelines and documentation related to Internal Control Standards, Baseline Requirements and how to measure and demonstrate control effectiveness.

| | |
|---|---|
| **Specific objective:** to implement, maintain and report on an effective and reliable internal control system | |
| Indicator: Percentage of mitigating measures for critical risks implemented within the deadlines set in the action plan (Source: 2012 AAR) | |
| Baseline | Target |
| 2012: 99% | 100% (approved by Management Team) |
| **Specific objective:** to provide reasonable assurance that the resources assigned are used according to the principles of sound financial management**.** | |
| Indicator: Percentage of audit recommendations (from the IAS, IAC, ECA and Discharge Authority) rated "critical" or "very important" implemented within the deadlines set in the action plan (Source: 2012 AAR) | |
| Baseline | Target 2014 |
| N/A for critical recommendations<br>2012: 57 % of very important recommendations | 100% (approved by Audit Committee) |
| **Specific objective:** to ensure the risk of errors in operations is minimised | |
| Indicator: Rate of correction to be done following the 2nd level ex-ante verification (Source: 2012 AAR) | |
| Baseline | Target 2014 |
| 2012: 0% | Less than 2% in value (approved by Internal Control Coordinator) |

<table>
<tr><td colspan="3">Specific objective: to ensure the control procedures put in place give the necessary guarantees concerning the legality and regularity of the underlying transactions</td></tr>
<tr><td colspan="3">Indicator: Residual error rate of on-the spot controls (ex-post) for each ABB activity<br>(Source: Internal follow-up sheet, reported in AAR)</td></tr>
<tr><td colspan="2">Baseline</td><td>Target</td></tr>
<tr><td colspan="2">2012: 3,4% (Food & Feed);<br>2012: < 1% (Public Health and Consumers)</td><td>Less than 2% in value<br>(approved by Management Team)</td></tr>
<tr><td colspan="3">Specific objective: To prevent, identify and report on cases of suspected fraud</td></tr>
<tr><td colspan="3">Indicator: Percentage of procurement and grant procedures subject to additional controls due to relatively high risks of fraud compared with other contracts<br>(Source: Internal planning tables, reported in AAR)</td></tr>
<tr><td>Baseline</td><td colspan="2">Target 2014</td></tr>
<tr><td>2012: 100%</td><td colspan="2">100% (approved by Internal Control Coordinator)</td></tr>
<tr><td colspan="3">Indicator: Percentage of grant agreement payments subject to additional controls due to relatively high risks of fraud compared with other grant agreements<br>(Source: ABAC and internal calculations, reported in AAR)</td></tr>
<tr><td>Baseline</td><td colspan="2">Target 2014</td></tr>
<tr><td>2012: 86%</td><td colspan="2">100% (approved by Internal Control Coordinator)</td></tr>
<tr><td colspan="3">Indicator: Percentage of actions listed in the anti-fraud action plan (SEC(2011)787) and relevant to DG Health and Consumers implemented on time<br>(Source: Internal follow-up sheet, reported in AAR)</td></tr>
<tr><td>Baseline</td><td>Milestone</td><td>Target 2014</td></tr>
<tr><td>2012: 1 action on-going</td><td>2013: 3 actions to be finalised<br>2014: 1 action to be finalised<br>2015: 2 actions to be finalised</td><td>100%<br>(obligation for each DG, no specific approval necessary)</td></tr>
<tr><td colspan="3">Indicator: Percentage of OLAF investigations covered by appropriate follow-up and reporting<br>(Source: Internal follow-up sheet, reported in AAR)</td></tr>
<tr><td>Baseline</td><td colspan="2">Target 2014</td></tr>
<tr><td>2012: n/a</td><td colspan="2">100% (obligation for each DG, no specific approval necessary)</td></tr>
</table>

*Annex 6. Summary of the DG Health and Consumers' Communication Strategy 2014*

**POLITICAL CONTEXT**

Under the first signs of economic recovery, but with the EU still facing an economic and social crisis, 2014 communications will need to focus on building citizens confidence in the EU's future. As recalled by President Barroso in his State of the Union address and in the Commission Work Programme 2014, getting Europe out of the crisis is not only a matter of pure economic measures to increase market trust. Providing hope and confidence to Europe's citizens is just as crucial. SANCO communication can play an important role in this context.

2014 is also the last year of the current Commission mandate, the time to take stock and communicate the impact of EU level actions on citizens' everyday life and recall the major achievements. At the same time, the Commission will concentrate on continuing cooperation at European level to face common challenges and to deliver tangible results for Europe's citizens.

The European elections in May will define the future political calendar and provide a focus on Europe. This provides an opportunity to shape our messages to show the EU's added value to voters, and at the same time offer SANCO the possibility to seek synergies with campaigns around the EU on the elections.

**SANCO COMMUNICATION PRIORITIES FOR 2014**

SANCO communications in 2014 will follow the approach established in 2013's communication strategy, concerning principles, objectives, audiences and communication tools.

Communication will be targeted to serve 2 purposes: first, to serve the EU's wider political context in the run-up to the 2014 EU elections; and second, to demonstrate how we work towards shaping consumer policy to fit reality with a vision through 2020.

In times of crisis, the EU is working to maintain a high level of protection in particular in the field of health. SANCO's communication will show that all Europeans have the right to a high level of health protection and access to healthcare, to safe food and to information about healthy lifestyle and to safe products and services. SANCO's policies and actions are based on evidence and science and on transparency towards our stakeholders.

DG SANCO's communication priorities are in line with the Commission corporate communication, and our narrative is integrated with two of the Commission's corporate themes[30]: *The EU makes the quality of life better* and *An EU that protects its citizens.*

[30] Theme 1 – Tackling unemployment and creating jobs; Theme 2 – The EU makes doing business easier and better; Theme 3 – The EU makes sure that the efforts to come out of the crisis are spread in a fair way; Theme 4 – The EU makes the cost of living cheaper; Theme 5 – The EU makes the quality of

## Consumers

### Product Safety - Safer products for competitive markets and confident citizens

We will make the case on the importance of maintaining the EU as a pioneer of product safety in the world while ensuring a true Single Market for safe products for the benefit of both consumers and operators. This will be done through regular communication of our daily work, e.g. RAPEX report, International Safety Week, medical devices implementing measures, cosmetics labelling and animal testing follow-up.

On the occasion of the negotiations' milestones of the product safety package, we will promote our role on safety for consumers, less burden on businesses and more cooperation amongst authorities. The result of the package is that citizens and businesses will be able to reap the full benefits of the Single Market and will be an important part of SANCO's contribution to this Commission's legacy. The legislative package places an emphasis on the enhanced product identification and traceability, resulting in clearer rules that would enable to quickly identify the origin of products. Importantly, the package simplifies the rules governing market surveillance resolving existing incoherence and eliminating overlaps.

We will also seek the appropriate opportunities to capitalise on the significant achievement of the ban on the marketing of cosmetics tested on animals in 2013. The 2013 legislation also strengthened safety standards and provided for better information requirements for consumers. In 2014 SANCO will bring these new standards to the attention of consumers, economic operators and enforcers. In addition, the evaluation of various cosmetics ingredients, such as certain fragrances and parabens, are on-going.

### Consumer Agenda - Delivering a sustainable, market-oriented and concrete consumer policy for all citizens

The Consumer Agenda is one of the most important vehicles for the European Commission to deliver real benefits in people's daily lives. On the occasion of the report on its implementation, we will be able to communicate on how EU policies improve the situation of consumers in the Single Market, in particular through strengthening consumer rights and more efficiently enforcing them, improving safety of consumers, and better informing them. We will aim at using these outcomes to communicate ahead of the EU elections on how we make the Single Market deliver for people and businesses. We will also demonstrate concrete achievements of this Commission's legacy.

### Consumer Rights - Inspiring confidence in the Single Market through Better conditions for consumers

In 2014, DG SANCO will show how the EU is delivering better consumer conditions in a number of areas such as e-commerce, digital products, travel and transport services, energy and financial services.

---

live better; Theme 6 – With the EU we are playing a unique and crucial role in the world to tackle global challenges; Theme 7 – An EU that protects its citizens

We need to promote the work we do to help consumers deal with the impact of the financial crisis in their households. The proposal on the Bank Accounts will improve the transparency and comparability of fees, and switching process will enable consumers to benefit from better offers and incur lower costs for their accounts. At the same time, the financial services industry will benefit from increased mobility of clients, with reduced barriers to entry, including cross-border. The Directive is a true Single Market instrument for financial services vis-à-vis consumers. While leading the legislative work on the proposal, we will communicate mostly to Member States and stakeholders to ensure a buy-in of the proposal.

In the first half of 2014, several reports and studies, alongside with the Consumer Summit in May 2014, will also provide an opportunity to showcase how EU legislations secures tangible benefits for consumers. SANCO will bring out value of the Consumer Markets Scoreboard, which will rank over 50 most important consumer markets according to how well they function for consumers and identify those that appear most at risk of malfunctioning for in-depth investigation. Outcome of several joint enforcement projects carried out by national enforcement authorities under the coordination of the Commission will also be communicated. In this respect, SANCO will organise communication activities with other DGs, stakeholders and authorities**.**

## Health

### Tobacco – Making tobacco less attractive, especially to young people

The communication priority for 2014 will be to explain the improvements following the adoption of the Tobacco Products Directive as well as facilitate its successful implementation, with the prime emphasis given to the issue of attractiveness of tobacco products, particularly for the young. This will also be put into the wider context of tobacco policy and the Framework Convention on Tobacco Control (FCTC), including references to complementary measures taken at national level and in other policy domains, such as smoke free environments and advertising, again focusing mainly on the issue of attractiveness to the young. In 2014, the Illicit Trade Protocol will be signed and the Communication Strategy will aim to inform about the role and importance of this Protocol.

### Cross border health care - access to high quality health services

European legislation gives all patients the right to access safe and high quality cross-border healthcare and to be reimbursed for it. Communications in 2014, following the transposition deadline in autumn 2013, will aim to provide clear information to patients and stakeholders of the new legal framework. It will underline the importance of this step ahead for EU patients' rights while maintaining public expectations according to the progress in implementation in Member States. Another objective would be to promote and facilitate the designation of healthcare providers as Centres of Expertise, and the establishment of European Reference Networks, thus further supporting the implementation process.

The partners involved in the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) are collecting good practices on their numerous activities addressing active ageing and ensuring a healthy population. Partners are working together with the European Commission to develop a repository of data and evidence for policy-making as well as good practices to replicate in other regions.

**Serious cross border health threats – Strengthened cooperation to protect citizens better from serious cross border health threats**

Communicable diseases and health threats caused by biotoxins, chemical or environmental events do not respect borders. The EU is at the forefront of coordination of action to improve preparedness planning for such threats and better coordinate the response at EU level, if such threats emerge. The Decision on serious cross border health threats, which enters into force at the end of 2013, will strengthen health security for the European citizens as a solid framework for EU action comprising preparedness, risk assessment and risk management will be established.

This will provide with good opportunities to show EU added-value in managing serious cross border health threats during the current mandate (H1N1).

**Investing in health – a condition for economic prosperity and social cohesion**

The ageing population and rising tide of chronic diseases are challenges to our health systems. In order for health systems to remain sustainable, investment in efficient health systems and in health promotion and disease prevention is needed. Investing in health goes beyond health systems and includes investing in people's health as human capital and investing in reducing health inequalities. Together, these three areas of investment are critical for economic prosperity and social cohesion. At the same time, investing in health is not just understood in financial terms. It also requires coordination, cooperation and commitment from all levels of government and from stakeholders. For instance, when it comes to giving EU countries advice on structural reforms of their health systems, SANCO's message is clear: the Commission is here to help Member States.

In this context, SANCO will use opportunities, such as the Country Specific recommendations in 2014, the Communication on health systems, the conferences on anti-discrimination in health and on chronic disease, the publication of the report on patient safety in October, etc., to pass messages on the Commission's role in helping Member States to improve the cost-efficiency of their health systems, the importance of preventing diseases, in particular chronic diseases and the need to fight inequalities in health,. SANCO will also, where relevant in cooperation with other services, highlight the considerable financial support provided through the health programme, Horizon 2020 and the European Structural and Investment Funds.

The European Innovation Partnership on Active and Healthy Ageing is a key initiative of our 'Investing in health' approach, by piloting multi-stakeholder collaboration on ageing and innovation and by collecting and promoting good practices demonstrating improvements in health services and contribute to growth and jobs in the health care sector.

**Antimicrobial resistance – coordinating monitoring and measures**

Antimicrobial Resistance (AMR) is a real concern and only concerted action can contain this threat. The EU is therefore taking a holistic approach in tackling AMR, with human medicine, veterinary medicine, research, animal husbandry, agriculture, environment and trade all being addressed in the Action plan against the rising threats from Antimicrobial Resistance adopted on15 November 2011.

2014 is marked by the publication of a progress report on the 12 concrete actions of the AMR strategy and focusing on the challenges ahead.

## FOOD and FEED

### Safe food – Continuing firm action to protect the food chain, from farm to fork

The EU control system, joining Commission and Member States efforts, works well to ensure that food in Europe is safe.

The national control systems check for any risk of human, animal or plant health. At European level through the rapid alert and traceability system the product can be traced back to its origin. Then the EU network of national food safety authorities deals swiftly with any food safety risks across the whole EU.

DG SANCO works to further strengthen the capability of national enforcers to tackle food fraud and for an effective cooperation across borders in this matter. The review of the Official Controls Regulation is a key element of the increased attention to enforcement in general and to food fraud in particular.

Also, learning from food crisis such as BSE and E.Coli, SANCO sets up a whole series of tools and systems.

In this context, we will use opportunities of relevant events and the anniversary of RASFF to highlight the main food safety actions taken by the EU to uphold high safety standards.

Public hostility to new technologies in the food/agriculture sector is seriously affecting Europe's ability to innovate. Certain people argue about possible long term effects and uncertainty which has driven consumers to take a very risk adverse position towards novel technologies. We need to launch an inclusive debate with stakeholders to address innovative technologies in the food sector. This should focus on innovation in general and not on any one technology in particular.

### Food labelling – Knowing where your meat comes from

New rules on origin labelling of foods will apply by the end of 2014. In particular, mandatory origin labelling will be extended to fresh meat from pigs, sheep, goats and poultry. By the end of 2013 implementing measures will be adopted, providing for more precise information on food labels, thus enabling an informed choice for citizens.

Our communications in 2014 will aim to ensure a proper implementation of the new rules, with targeted information to the food, packaging and labelling industry on the broader and more general scheme of the new rules.

### Bees – Surveillance and Science

Alarming reporting in the press of bee colonies disappearing and the strong public reaction triggered action by Commission to have a thorough monitoring of the phenomenon in the EU. The results of this exercise will be presented at a "Science & bees" conference in 2014, where the course of action will also be discussed.

Besides this communication focus, our messages in 2014 will underline the actions already taken during this mandate, in particular the actions taken on pesticides and the **Commission's bee health strategy in 2010**, covering several actions such as the designation of an EU Reference Laboratory for bee health, increased EU co-financing for national apiculture programmes, and co-financing to carry out surveillance studies.

### Animal welfare

Proactive communication by DG SANCO on the results achieved in the field of animal welfare is a priority in the face of recent criticism that the Commission will not bring forward a legislative proposal on animal welfare under this mandate. The criticism has been particularly focused on the Commission's reluctance to propose rules limiting the live transportation of animals within the EU.

In response, DG SANCO will in 2014 highlight the EU's achievements in the field of animal welfare and show how EU animal welfare policy is a world leader in this field.

---

In addition to these topics, and in the run up to 2015 when the World Expo in Milan will have food as its central theme, DG SANCO will use any relevant opportunity to communicate to both consumers and the industry on the extent and consequences of food waste.

Throughout the year, DG SANCO will concentrate its pro-active efforts mainly on the above mentioned communication priorities. We will however continue to monitor and respond to political and policy developments as well as public concerns.