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**Ms Adina-Ioana Vălean MEP**

Chair of the Committee on the Environment, Public Health and Food Safety  
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## Brexit and Europe's Public Health

**Dear Ms Vălean**

I am writing to you following your recent election as Chair of the European Parliament's (EP) Committee on the Environment, Public Health and Food Safety (ENVI), and as a result of the UK's decision to leave the EU.

You will be aware that the EU has played a key role in both the protection and improvement of population health through the development of cross-national strategies, collaborative working and the implementation of legislation. You will also be aware that, as a member state, the UK has actively supported this as a priority policy area and played a key, cooperative role in the amelioration of Europe's public health.

It is imperative that "Brexit" does not threaten such existing pan-European cooperation as it becomes ever more vital in the tackling of health inequalities, chronic diseases, driving the development of progressive public health standards and in the protection against serious health threats. Further information about these issues is appended to this letter.

As the EP, and the ENVI committee, will play a key role in the "Brexit" negotiations, I hope that this letter helps you and your colleagues to ensure that, whatever the outcome, it does not threaten Europe's health.



I would be delighted to elucidate further on our concerns and look forward to following your committee's work on this matter.

Yours sincerely

A handwritten signature in black ink that reads "Mark Porter." The signature is written in a cursive style with a horizontal line underneath the name.

Dr Mark Porter, BMA council chair

## Brexit and Europe's Public Health

### 1. Reducing health inequalities

Significant health inequalities exist between and within European countries. The response at an EU level has led to a common policy approach to addressing these inequalities – including supporting research, monitoring and the sharing of information and data – in line with the European Commission's '*Solidarity in health: reducing health inequalities in the EU*' framework. The UK has taken a lead role in this collaboration, for example, through the work of the Institute of Health Equity providing evidence and proposals to influence policy making, and advising on best practice.

Any reduction in this level of cooperation will reduce the capacity of the EU, individual Member States and the UK to address health inequalities. This includes adversely affecting the ability to respond in a uniform way to financial, economic and social crises, and poorer knowledge sharing.

Working together to maintain and strengthen the key social protection measures that have been established at an EU level will also be important. This is necessary to ensure there is no decline within and across European countries in the standards for health and wellbeing. These include measures for maternity and paternity leave, guaranteed time for annual leave, limits on weekly working hours, equal rights for flexible/part-time workers, and protection against unfair dismissal.

### 2. Preventing chronic diseases across Europe

There are a range of health risk factors (such as smoking, alcohol use and unhealthy nutrition) that are significant to the development of chronic health conditions. Many of these conditions are prevalent across Europe, including cardiovascular disease, cancer, mental health problems, diabetes, chronic respiratory disease and musculoskeletal conditions.

Action to reduce the prevalence and impact of these conditions requires a partnership approach between countries to take account of trans-border factors such as advertising, marketing and (legal and illegal) trade of products. It is also clear that the progress made in reducing smoking rates across Europe, and action to tackle alcohol-related harm and unhealthy diets, could be undermined by a weakening of regulations set at a European level. For example:

- measures to prevent smuggling and counterfeiting are vital in ensuring illicit tobacco trade does not reduce the public health impact of tobacco control policies and increase demand for tobacco products within and between European countries;
- proposals to strengthen the protection for children from alcohol and junk food marketing through revisions of the Audiovisual Media Services Directive 2010/13/EU will be most effective if they apply across all European countries, given the global nature of marketing campaigns; and
- plans to introduce mandatory EU limits on industrial trans fatty acid content in processed and pre-prepared foods will provide inadequate protection if there is no common standard for products traded between the UK and EU.

At a broader level, the linkages between food, farming, fishery and environmental policies across Europe highlight the need for all countries to continue to work together through an integrated framework that has a common goal of providing affordable, healthy diets.

### **3. Driving the development of public health standards**

In the absence of a mechanism for collaboratively developing public health policies, the UK's exit from the EU will impact on the common purpose of driving up public health standards across European countries. For example, the UK has led the way in introducing measures such as standardised ('plain') packaging for tobacco products, a more robust approach to the labelling of food and drink items, and minimum unit pricing for the sale of alcohol. These measures all impact on public health outcomes across Europe in light of the way these products are regularly traded between countries. A move away from coordinated public health policy development between the UK and EU will also limit the way in which the implementation of stronger measures in one country/region sets a precedent for implementation of such measures in other countries.

### **4. Protecting all European citizens from serious health threats**

Addressing global health threats – such as the spread of infectious diseases, antimicrobial resistance, and climate change and air pollution – is the responsibility of all countries. Successful health security and protection systems are therefore reliant on international cooperation. These systems cannot be established by a single government, and the effectiveness of collaborative work across a region will be limited if there is no agreement on areas of action between countries within the region. To avoid a reduction in the capacity to respond to serious health threats, it is essential that the UK and EU maintain a coordinated, European-wide approach across the following areas:

- Emergency preparedness: ensuring national emergency planning strategies are joined up and take account of any impacts across borders. Discrepancies in preparedness planning between Member States and the UK (eg in the flexibility of preparedness plans) would lead to a non-complementary response at a European level to the spread of a respiratory virus, as was the case with pandemic A(H1N1) influenza in 2009.
- Risk assessment, management and communication: ensuring networks of UK, EU and international experts and independent bodies work together to provide advice to decision makers. Inconsistent decisions by Member States and the UK on measures to limit the spread of antimicrobial resistance (such as whether to prohibit prophylactic use of antimicrobials in farming) would severely limit the ability to reduce the spread of resistance across European countries. The existing relationship for collecting and sharing national surveillance data (hosted by the European Centre for Disease Prevention and Control), and analysing risks posed by substances or technologies, is vital in planning for future emergences and threats across Europe.
- International cooperation: ensuring governments agree, monitor and embed key policy commitments. Incentivising the development of new antimicrobials and vaccines requires collaboration across international agencies, as well as significant funding. This can only be achieved effectively through cooperation among European countries. Factors that affect climate change and air quality cannot be regulated at a national level, highlighting the need for the UK and EU to continue to work closely on agreed

targets for reducing greenhouse gas emissions and air pollution levels, as well as delivering on renewable energy and energy efficiency objectives.