

Statement by Paul Ribeyre on the establishment of a European Health Community (September 1952)

Caption: On 24 September 1952, Paul Ribeyre, French Minister of Public Health and Population, proposes to his colleagues at the Council of Ministers the establishment of a European Health Community.

Source: Archives Nationales du Luxembourg, Luxembourg. Conseil de l'Europe-Santé et Moralité. Communauté européenne de la santé -Pool blanc 1952-53, AE 9261.

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Last updated: 05/07/2016

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['Europe will not happen overnight, or as part of some grand design; it will come about in practical steps, building on a sense of common purpose', declared President Schuman when he launched the idea of the European Coal and Steel Community in spring 1950.

If there is one resource of their national heritage that the people of Europe have always kept watch over, if there is one precious asset among everything that we all unceasingly strive to safeguard and augment, for him and his allies it is undoubtedly 'health'.

Beyond our borders, irrespective of nationality, religious belief or political ideology, we all have one common concern: 'mankind'. Mankind as such in his fragile condition, exposed since birth, in every part of the world and in every climate, to disease, to suffering and to death ...

I am therefore asking you to undertake a generous task worthy of the French tradition: the creation and organisation of a 'EUROPEAN HEALTH COMMUNITY'.]

(a) The role of a European Health Community

A European Health Community will be responsible for coordinating and improving health and welfare protection in participating States. By pooling resources intended to care for the sick and the infirm, its task will be to contribute to the moral and physical welfare of the people.

The Community will have to standardise certain measures and organise a huge exchange of all the resources which are called upon to improve our state of health.

It will create a common market in medicinal products, medical and surgical equipment, pharmaceutical production plants and climatic and thermal resources in particular.

It will also combine cultural assets and human values.

A brief reminder of some of the aspects that cooperation in the cultural, economic and social fields should involve will suffice to illustrate the scope and usefulness of the planned Community.

By means of health or demographic information, publications disseminated, exchanges between practitioners or professionals from various States, it will facilitate the action of governments, particularly since the latter will have the opportunity to base their policy on scientific foundations, made even more solid by the coordination of research, the establishment of learned European societies and so on.

In the economic field, the resources that will be available to Member States to improve the health and welfare conditions of the population will themselves be enhanced by improvements in the production and distribution of medicines, providing opportunities for exchanges, planning the hospital system, pooling climatic resources etc.

From the health and welfare point of view, the guarantees that neighbouring countries will be given by the rights granted to their nationals in the other Community countries to benefit from welfare legislation and the progress that social medicine will make as a result of common research and statistics, are undeniable. In the battle against epidemics, the entire Community will be mobilised to assist the country affected. Not only will the latter be able to call upon medical practitioners from the other countries and specialised Community laboratories, it will also be able to rely on supplies of medicinal products from the common pool. The prevention of widespread illnesses cannot fail to benefit from the coordination of screening mechanisms.

(b) The problems to be resolved

1. — Need for a special organisation

Defining the goal of the Community amounts to demonstrating the need to create a new organisation, the role of which will actually be different from but complementary to that of the specialist international health institutions.

These organisations have had to content themselves with gearing their activities towards scientific or administrative studies, research and even mutual assistance, but they do not seek to attain specific achievements of an economic nature in particular, which will be one of the Community's roles.

At all events, a more restricted and homogeneous group of nations will be able to study and try to resolve health problems from a more concrete perspective than the World Health Organisation or the United Nations, whose action is too universal for them to adapt to the specific features obtaining in the various countries in the world.

What is more, authority can be delegated to universal organisations only within restricted limits. A Community composed of neighbouring countries whose development is highly comparable might find itself making greater concessions as regards national sovereignty.

A specific example can be given of the limits of cooperation at world level. Over recent years, several improvements have had to be incorporated into the international conventions on narcotics. United Nations initiatives have not been completely successful, however, because there were too few points in common among the contracting parties, which come from every corner of the globe, to be able to introduce into the convention new provisions mandatory for each of them.

The European Health Community will take the participating countries' pre-existing international commitments into account and will allow the international organisations that exercise their activity on a broader scale to take advantage of the fruit of its experience, as it, in turn, will be able to benefit from the work of more restricted groups, such as the countries signatory to the Treaty of Brussels, for example.

2. — Specific features

The establishment of a European Health Community is certain to require sacrifices and provoke opposition.

The pooling of therapeutic resources presupposes interchangeable elements, a standardisation ranging from medicinal products and medical and surgical equipment to the very system of medical and paramedical studies. In certain cases, this will imply a gradual harmonisation of laws which not only still diverge but which may oppose common action or exchanges.

There is no doubt that the sick can only gain from the creation of a European Health Community. Legitimate particular interests may well be threatened, however, if certain precautions are not taken.

It will be easy to demonstrate that the sacrifices demanded may be broadly offset by extending the field of action within the Community.

Does it need saying that the criticisms of the circles concerned will be heard and that they will be involved in setting up the Treaty?

This is all the more conceivable if the greatest freedom of action within the Community is left to the participants, which seems quite possible. The example of the United States and the Swiss Confederation may be put forward in evidence. Does not each US State have its own law on the practising of medicine and pharmacy?

The Treaty could thus provide that all States must guarantee doctors the freedom to prescribe, which would not prevent each State from taking particular measures against the use of certain bogus medicinal products.

There could be no question of allowing all the doctors in the Community to practise indiscriminately in each participating country.

On the other hand, the standards covering pharmaceutical raw materials could be unified, although the idea of standardising all patent medicines would not arise. The free movement of basic medicinal products would not involve abolishing national control of patent medicines and their uniform reimbursement in each State.

It is essential to maintain original treatments. That will, furthermore, be a source of emulation and progress.

(c) The Treaty of the European Health Community

The Community will be based on a Treaty that should essentially contain two types of provision:

(1) Some, which have an essential, precise and rapidly applicable nature, will impose obligations or prohibitions that the members of the Community will have to respect. The latter's role will be to interpret them, so as to ensure that they are not infringed, and to penalise infringements, where necessary. In the economic field, these will be, for example, the abolition of import or export duties between Community Member States on products included in the common pool and the imposition of penalties in the event of unfair competition;

(2) The second group of provisions will specify certain tasks to be accomplished in cooperation. These will principally involve joint planning and studies of problems that will continue to be resolved by the States acting independently.

The principal objectives to be attained will be laid down in the Treaty. In applying it, the Community will have to determine the schedule of its studies. It will be possible to lay the foundations of the work almost immediately, while specific achievements will be attained sometime in the future. Thus, within the framework of hospital planning, the Community will be able to have a programme for building medical establishments, whether the latter become its property or whether it provides financial assistance to certain governments. But it will also and, perhaps, in particular have to intervene so as to enable the existing establishments throughout its territory to be used as effectively as possible.

(d) How a European Health Community would work

The form in which cooperation could be organised between European States in the field of health remains to be defined.

1. — Organisation

The experience acquired from a study of how international health organisations operate illustrates the need to establish adequate relations between practitioners who debate issues at their meetings and the politicians who are responsible for taking decisions in their respective countries.

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Subject to certain improvements, the organisation adopted by the European Coal and Steel Community may be taken as a model.

The institutions particular to the Community will therefore include a decision-making and executive body, *the High Authority*. This body will ensure that the Treaty is enforced and will be assisted by a *Consultative Committee* whose members will have specialist knowledge of health-related sciences or industries. A liaison body formed by the member countries of the Community, *the Council of Ministers*, will have to bring the action taken by the High Authority into line with the health policy of the various governments.

Finally, this new organisation will use the non-technical institutions of the Schuman Plan, with general, political and legal powers.

2. — Funding

The Community will have independent financial resources that will be covered by various means:

firstly, proceeds from a tax applied to sales of medicines and medical and surgical equipment, as well as to charges levied by care facilities;

secondly, payments made to independent research laboratories established by the High Authority in exchange for work done for the private sector;

furthermore, the High Authority, like the High Authority of the Schuman Plan, could be authorised to find the funding essential for its mission by borrowing;

it could also acquire such funds free.