Third programme for the Union's action in the field of health (2014-2020)

2011/0339(COD) - 03/07/2012 - Committee report tabled for plenary, 1st reading/single reading

The Committee on the Environment, Public Health and Food Safety adopted the report by Françoise GROSSETÊTE (EPP, FR) on the proposal for a regulation of the European Parliament and of the Council establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020.

The committee recommended that the European Parliament's position adopted in first reading, following the ordinary legislative procedure, should amend the Commission proposal as follows:

Title: Members propose changing the title of the programme to "Health and Growth for Citizens Programme" instead of "Health for Growth Programme.

General objectives: the Programme should respect the competences of Member States in the field of health and their freedom to decide what kind of health services they consider it appropriate to provide, in strict compliance with the principle of **subsidiarity.** The general objectives of the Programme shall be to complement, support and **addvalue** to the policies of the Member States in order to improve **physical and mental health** and access to healthcare for all EU citizens and reduce health inequalities by addressing the health-related, social and economic challenges posed by an ageing population and the increasing number of **chronic illnesses**, by:

- promoting health and the principle of prevention,
- encouraging innovation in healthcare,
- increasing the sustainability and the comparability of health systems,
- operating within a gender-sensitive framework,
- protecting EU citizens from serious crossborder health threats.

The objectives shall be achieved through the actions listed in the Annex.

Specific objectives: Members state that the general objectives shall be pursued through the following specific objectives:

1. develop common tools and mechanisms at EU level to address shortages or surplus of resources, both human and financial, and to facilitate voluntary up-take of **innovation in public health interventions, prevention strategies and healthcare management, in order to contribute to innovative, efficient and sustainable health systems;**
2. increase access to medical expertise and information for specific conditions also beyond national borders, develop shared solutions and guidelines, **promote research and comparisons between national health systems** to improve health literacy;
3. identify, disseminate and promote the up-take of validated best practices for cost-effective prevention measures by addressing the key risk factors, namely **smoking, harmful use of alcohol, an unhealthy diet, a sedentary lifestyle and obesity, drug use and environmental factors, as well as communicable diseases**, with a focus on the cross border dimension, and operating in a gender-sensitive framework;
4. contribute to evidence-based decision making by fostering health information, **collecting and analysing harmonised health data and disseminating key health indicators**.

Financial envelope: in the report, Members point out that the financial envelope specified in the legislative proposal constitutes only an indication to the legislative authority and cannot be fixed until agreement is reached on the proposal for a regulation laying down the multiannual financial framework for the years 2014-2020. They stress that the amounts of funding referred to in this legislative procedure may have to be adapted to suit the financial envelope of the Health for Growth Programme in the ongoing negotiations on the multi-annual financial framework. They reiterate that sufficient additional resources are needed in the next MFF in order to enable the Union to fulfil its existing policy priorities and the new tasks provided for in the Treaty of Lisbon. Members point out that **even with an increase in the level of resources for the next MFF of at least 5% compared to the 2013 level only a limited contribution can be made to the achievement of the Union's agreed objectives and commitments**.

Members note that budgetary resources should be shared out between objectives in a manner proportionate to their probable advantages for EU citizens' health. There should not, therefore, be a set order of priority for objectives.

Delegated acts: in order to implement the Programme, the power to adopt acts in accordance with Article 290 of the Treaty on the Functioning of the European Union should be delegated to the Commission in respect of **drawing up annual work programmes**. As the annual work programme contains elements that are significant policy choices intended to supplement or amend the primary policy shaping elements as established in this Regulation, it is suitable to delegate powers to the Commission in this respect.

Consistency and complementarity: the Commission shall, in cooperation with the Member States, ensure overall consistency and complementarity between the Programme and other policies, instruments and actions of the Union and the activities of agencies whose remit is covered by the Programme.

Key indicators: the Commission should annually monitor the implementation of the programme using **key indicators for assessing results and impacts**. The indicators, should provide the basis for assessing the extent to which the objectives of the programme have been achieved.

Report: Members suggest that Member States shall report every **two years** on the measures undertaken and the resources spent on actions under the Programme, including, in particular, networking activities, exchange of best practices and expertise across borders. The Commission shall make the results publicly available and shall ensure they are widely disseminated.

Annex: the annex details the eligible actions, such as:

- **innovation**: fostering innovation in the field of public health interventions, prevention strategies, health system management and organisation and provision of care, has the potential to improve public health outcomes. Member call for innovative measures to be supported such as health innovation and **e-Health**: use of intelligent transport systems (**ITS**) by emergency medical services;
- **mental health**: according to the WHO, one in four Europeans will have a mental health issue at some time in their lives. Mental health problems are also wide-ranging, long-lasting and a source of discrimination, contributing significantly to inequality in health in the Union. Members call for innovative solutions in the treatment of **neurodegenerative diseases**;
- **prevention**: Members consider that prevention needs to be looked at in its entirety, including primary, secondary and tertiary prevention, in order to stop a disease getting to its final stage. Prevention means primary prevention, including health promotion policies, as well as secondary prevention, including **vaccination programmes**, early diagnosis and appropriate treatment in order to prevent the development of a disease, as well as tertiary prevention, including methods to mitigate and reduce the complications of a disease. The aim is to identify, disseminate and promote the up-take of validated best practices for cost-effective prevention measures by addressing the key risk factors, namely smoking, harmful use of alcohol, an unhealthy diet, a sedentary lifestyle and obesity, drug use and environmental factors, as well as communicable diseases;

- **synergies**: Members consider that this programme should also contribute to creating synergies with the European research field by introducing and applying innovative breakthroughs in the health sector and making sure that limited national European resources are used efficiently;
- **gender dimension, notably in terms of data collection**: the report notes that major gaps still exist in expertise and general knowledge about the differences between disease processes in women and men, and further gendersensitive studies, analyses, investigations and sex-disaggregated data would contribute to identifying, disseminating and promoting validated best practices for cost-effective prevention measures addressing gender-specific health conditions and diseases;
- **health education**: studies show that the Union is lagging far behind many countries in the world as regards health education and patient awareness of safety and quality issues. Members consider it essential to focus more closely on improving EU citizens' health education and raising awareness among patients and healthcare professionals of safety and quality issues;
- **rare diseases**: Members call for support for European cooperation, networking and information in the field of rare diseases as well as emerging rare diseases;
- **resistance to medicine**: Members state that the prudent use of antimicrobial agents in medicinal products in both human medicine and veterinary medicine should be improved and that there should be a reduction in the practices that increase antimicrobial resistance, including in the veterinary sector, particularly in hospitals;
- **combat inequality**: the programme should develop comparable Union-wide health indicators in order to help reduce inequalities as regards healthcare in the Union;
- **environmental impact on health**: according to the WHO, in the WHO European region more than 1.7 million deaths (18% of the total) each year can be ascribed to environmental factors. In this respect, Members call for the exchange knowledge and best practice on the environmental impacts on health;
- **public health threats**: to minimise the public health consequences of cross-border health threats which could range from mass contamination caused by chemical incidents to pandemics, like those unleashed recently by E coli, influenza strain H1N1 or SARS (severe acute respiratory syndrome) or diseases from developing countries which through global population movements are an increasing reality in some European countries, the Programme should contribute to the creation and maintenance of rob**ust mechanisms and tools to detect, assess and manage major cross-border health threats.** The EU should be more proactive in implementing its Europe-wide vaccination strategies by ensuring **optimal vaccination cover**.