Public health: Community action programme 1999-2003 on injury prevention, EHLASS incl.

1997/0132(COD) - 26/11/1998 - Council position

The common position of the Council incorporated 13 of the 28 amendments adopted by the European Parliament at first reading. The main changes made by the Council to the amended proposal by the Commission concerned the following points: - objectives of the programme: the common position omitted the references to specific groups of persons and different causes of injury, opting for a broader approach, thereby allowing a degree of flexibility in the programme's implementation. However, it added a reference, which was not restrictive, to injuries caused by home and leisure accidents, to emphasise the fact that account had been taken of the experience acquired under the earlier EHLASS programme. The definition of injury was also deleted; - consistency and complementarity: in view of the broader approach adopted with regard to data collection and the exchange of information on injuries, the Council clarified the scope of the programme; - commitology: the common position did not accept the procedure proposed, opting instead (as in the case of the programmes already adopted) for a mixed-type procedure, which reconciled the need for flexibility in managing certain aspects of the programme with the need to involve Member States more actively in taking certain important decisions, particularly in deciding on the arrangements, procedures and specifications for the content and finance necessary to ensure the implementation of the Community injury data-collection and information-exchange system; - programme content: the Council reorganised and condensed the content of the Annexes and shifted the focus of prevention activities to transnational schemes and those offering the greatest Community added value. This involved providing for a single network combining data-collection and information-exchange activities regarding prevention. On the data-collection side, the Council deleted the explicit references to intentional injuries, suicide and self-inflicted injuries. On the prevention side, prevention was now focused on transnational networks. Consequently some of the proposed prevention activities, which were more the responsibility of the Member States, were not incorporated, in particular campaigns and consultation exercises.