Health: Community action programme 2008-2013

2005/0042A(COD) - 16/03/2006 - Text adopted by Parliament, 1st reading/single reading

The European Parliament adopted a resolution drafted by Antonios **TRAKATELLIS** (EPP-ED, EL) and made some amendments to the Commission's proposal. The Commission had originally suggested a single action programme for health and consumer protection, with an overall budget of EUR 1,203 million, of which EUR 969 million were earmarked for health. The Commission hoped to achieve more efficiency by combining the two areas but Parliament, while in favour of pooling administrative resources, decided that the two areas, which come under different legal bases (Articles 152 and 153 of the EC Treaty) in which the EU has different powers, should be split into two separate programmes. The Committee on Internal Market and Consumer Protection thus dealt only with consumer protection, while the Environment and Public Health Committee was left to address the health component. Commissioner Kyprianou still insisted on the original approach and stated that the Commission would reject amendments that split the programme. Parliament affirmed that the wording of the title must make it clear that this proposal would deal with health only and would be the second Community action programme in the field of public health, covering the period from 1 January 2007 to 31 December 2013. Other amendments include the following:

- The budget for the programme should be increased to EUR 1 500 million for the seven-year period starting on 1 January 2007 since extra funding was required for new actions.

- Such new actions should include: Monitoring the resistance of bacteria to antibiotics and of nosocomial infections, and developing strategies to prevent and treat them; developing measures to prevent disease and injury in socially isolated individuals and to raise the awareness of immigrants in matters of health; encouraging Member States to establish genuinely independent drug scrutiny boards to monitor the usage and effects of all new prescription drugs from the date of their approval;identification of the causes of health inequalities; analysis of genetic determinants and personal and biological factors of major diseases and development of prevention strategies, including genetic screening, but excluding the possibility that data could be used for employment, insurance, eugenic or family planning purposes; the development of strategies and the exchange of correct practices in order to prevent disability, where possible, and promote the health of people with disabilities; support for the development of education units on nutrition for parents and children; support for actions to improve diagnosis and therapy for older persons; and gender and age aspects of health.

- The Commission must ensure that the Programme ties in optimally with other Community programmes, actions and funds. In particular, cooperation with the 7th Framework Programme of Research should reinforce the impact of the Programme.

- The Programme will complement, support and add value to the policies of the Community and Member States and contribute to protecting and promoting human health and safety, preventing human illness, diseases and injuries and improving public health.

- The Programme will also contribute to encouraging cooperation among Member States and tackling inequalities of all kinds in the field of health which exist amongst and within Member States so that all EU citizens have access to health care of a comparable standard, irrespective of sex, age, ethnic origin, education or place of residence.

- The proportion of EU funding for NGOs which specialise in health promotion should be 75%, rather than 60% as proposed by the Commission. Parliament added that as a general rule the Commission can, as a general rule, seek to grant core funding on a two-year basis by means of a framework partnership

convention. In accordance with Article 163 of the Implementing Rules of the Financial Regulation, such a partnership establishes a long-term cooperation between the recipient and the Commission, but shall not exceed two years.

- The Commission must ensure, in close cooperation with the Member States, for the attainment of the objectives of the Programme the necessary cooperation and communication with the European Centre for Disease Prevention and Control.

- The Commission must submit the following reports: an external and independent interim evaluation report on the results obtained and the qualitative and quantitative aspects of the implementation of the Programme three years after its adoption, making it possible to assess the impact of measures on all countries; a Communication on the continuation of the Programme no later than four years after its adoption; no later than 31 December 2015, a detailed external and independent ex-post evaluation report covering the implementation and results of the Programme, to be drawn up on completion of its implementation. In addition, it must publish every two years after the adoption of the Programme a report on Health Status in the European Union based on all data and indicators and including a qualitative and quantitative analysis.

- Coordination and cooperation must be ensured between the Commission and the Member States on a variety of matters.