Health: Community action programme 2008-2013

2005/0042A(COD) - 24/05/2006 - Modified legislative proposal

PURPOSE : to establish a second Programme of Community action in the field of Health (2007-2013) following the agreement of 17 May 2006 on the Financial Framework 2007-2013.

PROPOSED ACT : Decision of the European Parliament and of the Council.

CONTEXT : on 6 April 2005, the Commission proposed a wide-ranging and ambitious health and consumer protection programme 2007-2013 based on the assumption of a **EUR 1 203 million** budget (out of which **EUR 969 million was for health**). This proposal foresaw a significant increase in existing Community health action from three to six action strands in order to address cross-border health challenges and to meet stakeholders' expectations.

In its first reading Opinion of 16 March 2006 on the health part of the programme, the European Parliament endorsed the objectives and main actions proposed by the Commission, underlined its preference for a separate health programme, enlarged further the scope of proposed health action and requested a budget of EUR 1 500 million.

However, following the inter-institutional agreement on the Community Financial Framework 2007-2013, the **final budget for health action was settled at EUR 365.6 million**, i.e. approximately one third of the budget initially foreseen in the Commission proposal of April 2005. Given these resource constraints, it is necessary to take a more focused approach to Community health action.

CONTENT : the purpose of the current modified proposal is to replace the original Commission proposal of April 2005 as far as health action is concerned. In presenting a separate proposal for health action only, the Commission is responding positively to the approach favoured by the Parliament and the Economic and Social Committee as regards splitting its proposal into two. A separate proposal tackles consumer protection.

The Commission therefore proposes to refocus the scope of the programme along three broad objectives:

Objective 1: Improve citizens' health security

Axis 1: Protect citizens against health threats: the Community Strategic objectives for 2005-2009 stress the importance of countering threats to citizens' health and safety at EU level (including bioterrorism). Surveillance simply provides the information necessary for the Community to decide what needs to be done. To protect citizens, the EU needs technical and operational capability to prepare for and respond to health threats (inside or outside the EU). The programme will therefore support the development of EU capacity to co-ordinate a response at European level. It will contribute to enhancing the effectiveness of national structures with action to improve risk management and health emergency planning; facilitate co-ordination of actions in health emergencies; improve preparedness for health emergencies; and facilitate networking and exchange of best practice. The programme will further help Member States to develop their own infrastructure, capacity and co-ordination arrangements needed to respond to a threat.

Axis 2: Improve citizens' safety: citizens are confronted with many and varied threats to their safety in addition to possible pandemics. This proposal takes account of the Parliament's requests for the Community to treat serious cross-border health threats as a matter of priority, to co-ordinate closely work under the programme with work by the ECDC, and for action to be taken on injury prevention and

on organs.

Objective 2 : Promote health for prosperity and solidarity

Axis 1: Foster healthy, active ageing and help bridge inequalities: Europe's population is growing older and the proportion of working people is falling. Against this background a key challenge is to ensure that the population ages in good health. In addition, poor population health translates into lower productivity and labour participation. Thus a population in bad health impacts negatively on economic growth and the health gap feeds into the economic gap. The EU Regional policy can support investment in health infrastructure in convergence regions, as well as human resources throughout the European Union. This programme will also encourage Member States to invest in health in co-operation with other policies. This programme will take forward action to identify the causes of health inequalities within and between Member States with a particular emphasis on the situation in the new Member States; and will encourage exchange of best practice to address such inequalities. This modified proposal therefore takes full account of the Parliament's requests for action on health inequalities to be a priority of the programme and will seek to contribute to bridging the health gap across the EU. In addition, the modified proposal takes account of the Parliament's request for the programme to focus on cross-border issues. Synergies and complementarities would be sought with the health related cross border projects under the regional policy territorial cooperation objective. The programme will foster co-operation between health systems on a number of growing cross-border issues such as the mobility of patients and health professionals.

Axis 2 : Promote healthier ways of life by tackling health determinants: promoting good health therefore requires tackling the life-style factors (e.g. nutrition, physical activity and sexual health), and addictions (e.g. tobacco, alcohol, drugs) that undermine health, as well as broader socio-economic and environmental health determinants. This proposal foresees focused action in particular on lifestyle determinants and addiction-related determinants. Action to support healthy diets can contribute to reducing heart disease, and action on sexual health can contribute to fighting HIV/AIDS.

Objective 3: Generate and disseminate health knowledge

Axis 1 : exchange knowledge and best practice added value and focus on cross-border issues: exchange of best practice will target issues where the Community can provide genuine added-value in bringing together expertise from different countries, as is the case with rare diseases, or cross-border issues related with co-operation between health systems. It will also include horizontal issues

such as gender-related aspects of health or children's health. Other key issues of common interest to all Member States such as mental health will also be covered.

Axis 2 : Collect, analyse and disseminate health information: to generate and disseminate health knowledge means expanding existing work to develop an EU health monitoring system that feeds into all health activities, using the Community Statistical Programme as necessary. The programme will continue efforts to develop indicators and other tools, and to collect data and information as a basis for policymaking. In addition, as envisaged in the original Commission proposal, the programme will increasingly focus on providing analysis and disseminating information to citizens in a user-friendly manner, such as the Health portal. A stronger focus on communication with citizens will also underpin efforts to bring Europe – and European health policy – closer to its citizens.

It should also be noted that this modified proposal aligns future health action more explicitly with the overall Community objectives of prosperity, solidarity and security and seeks to further exploit synergies with other policies, as highlighted by the European Parliament. The current modified proposal has incorporated to the extent possible the Parliament's concerns on key strategic issues such as the need to promote healthy ageing, to address health inequalities across the EU, to take gender health issues into account and to focus on cross-border issues.

However, in the light of the budgetary constraints, this modified proposal does not include a specific action strand to tackle individual diseases (as in the Commission original proposal which was further strengthened by the European Parliament). Instead, in view of the limited resources, the Commission aims to help reduce the burden of diseases by tackling the most important health determinants. Nevertheless, in cases where there is important added value in Community level action on a specific disease (e.g. on rare diseases or mental health), provisions are made under the relevant objectives of the modified proposal. In addition, action on co-operation between health systems (a separate strand in the Commission original proposal) has been considerably streamlined and incorporated into all the three objectives for Community health action.

This modified proposal keeps the instruments and main implementing provisions of the initial Commission proposal of April 2005 and takes on board a number of European Parliament amendments which add detail and transparency to the initial proposal. In line with better regulation principles, particular efforts will be made to ensure policy coherence between this instrument and other Community programmes.

As requested by the Parliament in its first reading Opinion, the programme will strengthen synergies with other Community policies and programmes such as regional development and the Structural Funds, the Community statistical programme, the Community strategy for health and safety at work, the Sustainable development strategy, the Framework research programmes and the Lisbon agenda; and will seek to pursue, where appropriate, joint actions with other policies. Civil society participation in health policy-making will be promoted. Major initiatives under this programme will take full account of consultation with stakeholders. In addition, the Commission has taken on board the Parliament's request for the draft Decision to provide clear criteria for NGOs eligible for core grants. This contributes to providing more transparency in the text, in accordance with better regulation principles. However, in the light of budgetary constraints, this modified proposal brings down the maximum core funding in exceptional cases from 95% (as in the original Commission proposal and endorsed by the Parliament) to 80%. The existing Public Health Programme puts a strong focus on co-financing cross-border action through project grants. The Commission proposes that the future programme will reduce the proportion of co-financing of projects and focus more on calls for tender in order to maximise the efficiency, effectiveness and added-value of actions financed under the programme, and as a means to ensure that resources are clearly channelled to needs related to the programme objectives.

Lastly, this programme is being developed as part of a broad-ranging health strategy, which will be presented by the Commission in 2007. The programme covers essentially those actions that require financial resources. The future strategy will bring together under a comprehensive framework the broad range of Community heath action and define goals and priorities. Key issues, such as the mainstreaming of health concerns in other policies, addressing health inequalities, and responding to international issues will be developed further in the strategy.

For further information concerning the financial implications of this measure, please refer to the financial statement.