Health: Community action programme 2008-2013

2005/0042A(COD) - 08/05/2007

The Committee on the Environment, Public Health and Food Safety adopted, by a very large majority at second reading, the report drafted by Antonios **TRAKATELLIS** (EPP-ED, EL) on the Council common position establishing a second programme of Community action in the field of health (2007-2013).

Firstly, are regards the budget, the report recalls that the budgets of the new multi-annual programmes in all policy areas were part of the negotiations on the new Financial Framework for 2007-2013. Member States' compromise in December 2005 left the funding of a number of policy areas much below the level that the Commission had originally proposed. The European Parliament was partly able to correct the situation in the negotiations with the Council in spring 2006, but the consequences of the deal were worse for some policy areas than others. One of the policy areas to suffer most was public health, and the Health Programme became the biggest victim.

The budget originally proposed by the Commission of EUR 969 million, increased by Parliament to EUR 1 500 million, shrank to just EUR 365.6 million. The common position fixed the financial for the implementation of the Programme for the period specified at EUR 365.6 million. **The committee asks for the envelope to be increased by 10% (to EUR 402 160 000)** to slightly rectify the drastic budget cut. The committee also included an amendment stating that the budgetary authority could decide to modify the annual programming foreseen by the Commission, which is purely indicative, and increase the commitment and payment appropriations over the first two or three years of the period, possibly with a monitoring clause, in accordance with the provisions of the Interinstitutional Agreement. The use of the Flexibility Instrument was also proposed to cover expenditure which could not be financed within the limits of the ceilings available for one or more other headings.

The recommendation includes the following provisions:

- the Commission should submit, during the course of this Framework Programme, proposals for Council Recommendations on the prevention, diagnosis and control of major diseases;

- the Programme should build on the achievements of the previous Programme for Community action in the field of public health (2003-2008). It should contribute towards the attainment of a high level of

physical and mental health and greater equality in health matters throughout the Community by directing actions towards improving public health, preventing human diseases and disorders, and obviating sources of danger to health with a view to combating morbidity and premature mortality. It should further provide citizens with better access to information and thereby increase their ability to make decisions which cater best for their interests;

- best practice is important because health promotion and prevention should be measured on the basis of efficiency and effectiveness and not purely in economic terms. Best practice and latest treatment methods for diseases and injuries should be promoted in order to prevent further deterioration of health, and European networks of centres of reference for specific conditions should be developed. It is also important to allow alternatives, which may be preferable for social, ethical and other individual reasons;

- a first reading amendment was reintroduced stating that a holistic and pluralist approach to public health is necessary and therefore complementary and alternative medicine should be included in the actions supported by the Programme;

- financial contributions by the Community may, where appropriate given the nature of the objective to be achieved, include joint financing by the Community and one or more Member States or by the Community and the competent authorities of other participating countries. In this case, the Community contribution shall not exceed 50%, except in cases of exceptional utility, where the Community contribution shall not exceed 70%. These Community contributions may be awarded to a public body or a non-profit-making body designated through a transparent procedure by the Member State or the competent authority concerned and agreed by the Commission. These Community contributions should be granted on the basis of the criteria for patients' and consumers' organisations adopted by the European Medicines Agency;

- the report calls for the establishment of a Community system for cooperation between centres of reference to enhance the application of best practice within Member States;

- another first reading amendment has been reformulated which calls for the further development of a sustainable health monitoring system with mechanisms for collection of data and information, with appropriate indicators; collect data on health status and policies; establish Europe-wide registers on major diseases, such as cancer, and at the very least, on cervical cancer, breast cancer and colorectal cancer, based on the data collected when implementing the Council recommendation on cancer screening; develop methodologies and database maintenance; the statistical element of this system will be developed together with the Community Statistical Programme.