Basic information

1995/0238(COD) COD - Ordinary legislative procedure (ex-codecision procedure) Decision	Procedure completed
Public health: Community action programme 1997-2001 on health monitoring Amended by 2000/0192(COD) **Subject** 4.20 Public health	

Key players

European Parliament

Former committee responsible	Former rapporteur	Appointed
ENVI Environment, Public Health and Consumer Protection	POGGIOLINI Danilo (PPE)	21/11/1995
ENVI Environment, Public Health and Consumer Protection	POGGIOLINI Danilo (PPE)	21/11/1995

Former committee for opinion	Former rapporteur for opinion	Appointed
BUDG Budgets	GHILARDOTTI Fiorella (PSE)	31/10/1995

Council of the European Union

Council configuration	Meetings	Date
Competitiveness (Internal Market, Industry, Research and Space)	1970	1996-11-26
Transport, Telecommunications and Energy	1937	1996-06-18
Health	1924	1996-05-14
Health	2013	1997-06-05
Health	1890	1995-11-30

Key events

Date	Event	Reference	Summary
16/10/1995	Legislative proposal published	COM(1995)0449	Summary
23/10/1995	Committee referral announced in Parliament, 1st reading		
30/11/1995	Debate in Council		
20/03/1996	Vote in committee, 1st reading		Summary

20/03/1996	Committee report tabled for plenary, 1st reading	A4-0092/1996	
16/04/1996	Debate in Parliament		Summary
15/05/1996	Modified legislative proposal published	COM(1996)0222	Summary
18/06/1996	Council position published	07404/2/1996	Summary
04/07/1996	Committee referral announced in Parliament, 2nd reading		
25/09/1996	Vote in committee, 2nd reading		Summary
25/09/1996	Committee recommendation tabled for plenary, 2nd reading	A4-0285/1996	
22/10/1996	Debate in Parliament		Summary
26/11/1996	Parliament's amendments rejected by Council		
16/04/1997	Formal meeting of Conciliation Committee		Summary
16/04/1997	Final decision by Conciliation Committee		
14/05/1997	Joint text approved by Conciliation Committee co-chairs	3612/1997	
29/05/1997	Report tabled for plenary, 3rd reading	A4-0202/1997	
05/06/1997	Decision by Council, 3rd reading		
09/06/1997	Debate in Parliament		Summary
30/06/1997	Final act signed		
30/06/1997	End of procedure in Parliament		
22/07/1997	Final act published in Official Journal		

Technical information

Procedure reference	1995/0238(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Decision
Amendments and repeals	Amended by 2000/0192(COD)
Legal basis	EC Treaty (before Amsterdam) E 129
Stage reached in procedure	Procedure completed
Committee dossier	CODE/4/08490

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, 1st reading/single reading		A4-0092/1996 OJ C 141 13.05.1996, p. 0005	20/03/1996	
		T4-0172/1996		

Text adopted by Parliament, 1st reading/single reading		OJ C 141 13.05.1996, p. 0086-0094	17/04/1996	Summary
Committee recommendation tabled for plenary, 2nd reading		A4-0285/1996 OJ C 347 18.11.1996, p. 0006	25/09/1996	
Text adopted by Parliament, 2nd reading		T4-0520/1996 OJ C 347 18.11.1996, p. 0051-0073	23/10/1996	Summary
Report tabled for plenary by Parliament delegation to Conciliation Committee, 3rd reading		A4-0202/1997 OJ C 200 30.06.1997, p. 0004	29/05/1997	
Text adopted by Parliament, 3rd reading		T4-0281/1997 OJ C 200 30.06.1997, p. 0017-0026	10/06/1997	Summary

Council of the EU

Document type	Reference	Date	Summary
Council position	07404/2/1996 OJ C 220 29.07.1996, p. 0036	18/06/1996	Summary

European Commission

Document type	Reference	Date	Summary
Legislative proposal	COM(1995)0449 OJ C 338 16.12.1995, p. 0004	16/10/1995	Summary
Modified legislative proposal	COM(1996)0222 OJ C 214 24.07.1996, p. 0006	15/05/1996	Summary
Commission communication on Council's position	SEC(1996)1110	14/06/1996	Summary
Commission opinion on Parliament's position at 2nd reading	COM(1996)0581	11/11/1996	Summary
Follow-up document	COM(2002)0547	21/10/2002	Summary

Other institutions and bodies

Institution/body	Document type	Reference	Date	Summary
CofR	Committee of the Regions: opinion	CDR0025/1996 OJ C 129 02.05.1996, p. 0050	17/01/1996	Summary
EESC	Economic and Social Committee: opinion, report	CES0407/1996 OJ C 174 17.06.1996, p. 0003	27/03/1996	Summary
CSL/EP	Joint text approved by Conciliation Committee co-chairs	3612/1997	14/05/1997	

Additional information

Source	Document	Date

European Commission	EUR-Lex	

Final act

Decision 1997/1400
OJ L 193 22.07.1997, p. 0001 Summary

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 18/06/1996 - Council position

In its common position, the Council made a series of changes to the text of the Commission proposal, while adhering to the same general approach (particularly as regards the substance of the programme as shown in Annex I to the decision). The main changes concerned: -the financial framework: slightly less than proposed by the Commission (ECU 13 m rather than 13.8 m), -commitology: a joint committee, proceeding as a regulatory committee when taking important decisions and as an advisory committee in other cases (including when deciding details of coordination), -data protection: the arrangements must comply with existing provisions on data protection, -the objective of the programme: the programme must have the aim of assessing health status, trends and determinants in the Community, facilitating the planning and monitoring of Community measures and providing Member States with health information such as to enable comparisons to be carried out, -consistency and complementarity with other Community measures, -international cooperation (particularly with international health organizations), -monitoring and evaluation of the programme with a view to its possible continuation, -systematic collection of data to make health data comparable (extension and improvement of the formulation in the Commission proposal). As regards the fate of the EP's amendments, the Council accepted the essential points of the amendments adopted by the EP at first reading and incorporated in the amended proposal. However, it did not accept the amendments concerning: .cooperation between the fields of health and occupational health and safety, .setting-up of a permanent monitoring body (particularly in the form of a European health observatory), . measures to prevent duplication of effort in the forwarding of data, .excessively strict measures regarding the confidentiality and security of data. It did however incorporate Parliament's amendments concerning the critical analysis of health indicators and budgetary provisions, which had not been accepted by the Commission.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 10/06/1997 - Text adopted by Parliament, 3rd reading

The European Parliament approved the joint text and the draft declaration drawn up by the conciliation committee.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 27/03/1996 - Economic and Social Committee: opinion, report

The ESC endorses the aims and principles of the Commission's proposal. The development and implementation of new indicators is possibly the most important result of the programme and, therefore, the ESC feels that the programme should place even more emphasis on this development stage. In particular, the ESC would like to emphasize the Commission's cooperation with the WHO (World Health Organization), OECD (Organization for Economic Cooperation and Development) and EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) as well as cooperation with other European agencies, such as the European Environment Agency. Comparable data is needed from other countries, as well as from EU Member States. The Committee considers it very important that the expertise available in Member States and in Community committees handling health and safety statistics should be utilized in the preparatory work on the selection of "domains" and "headings" for indicators. In particular, the ESC stresses the importance of consulting the Advisory Committee on Safety, Hygiene and Health Protection at Work. The ESC emphasizes that the rules on data protection with regard to individuals must be properly observed both when establishing the indicators and collecting data. The preferred trend would be for data sharing to be developed using electronic data networks but other methods should be used as well. Use should also be made of other corresponding projects. Finally, the ESC draws attention to the size of the appropriation for the programme. The appropriation for the collection and dissemination of data is too small considering the importance of the matter for the health policies of Member States and the European Union. In view of the fundamental importance of the programme, more funds should be provided.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 16/10/1995 - Legislative proposal

1) OBJECTIVE To establish statistical tools relating to disease prevention and health protection so as to facilitate the planning, monitoring and assessment of Community programmes and activities. 2) CONTENTS 1. Particularly since the entry into force of the Treaty on European Union, the Community has been called upon to play an increasingly important role in the field of public health. 2. For its contribution to have maximum effect in terms of quality, the Community must have at its disposal quantitative measurement criteria and a system for assessing the development of health and health determinants and the impact on health of policies, programmes and measures implemented at both national and Community level. 3. The health monitoring system envisaged should be based on indicators already available at European level (WHO, OECD, etc.) and avoid duplication of work. 4. Annex A shows the different domains selected by the Commission for which indicators should be established. 5. Community indicators would be of two types: * core indicators essential for the purposes of Community measures in the field of public health; * background indicators relating to other Community policies indirectly linked with public health. These indicators will have to be assessed and updated constantly in order to ensure that they meet the current needs of the Community and Member States. 6. A precise methodology needs to be followed to ensure that the data from the Member States are comparable, i.e. the same definitions and a similar quality level must be used. There are three possible solutions: * creation of data dictionaries to establish equivalence between data defined in different ways; * conversion of national data to Community network definitions according to a common set of rules; * harmonisation of the definition and methods of collecting national health data. 7. Data needed for the core indicators should be collected on a regular basis (in most cases annually) and processed and transmitted rapidly in order to ensure availability of the most recent data possible. 8. The Community health monitoring system should take the form of a network of distributed databases. Apart from its technical advantages (flexible, less costly compared with traditional collection methods, no duplication, minimal administrative structure, compatibility in terms of multilingualism), this solution makes it possible to work as close as possible to information sources. This network could be based on the infrastructure currently being developed under the IDA programme. 9. For maximum usefulness, the information collected will have to be the subject of a variety of regular and coordinated analysis operations. 10. The Commission believes that the development of a Community health monitoring system covering three strands of action (the establishing of Community health indicators, the development of a Community-wide network for data collection and dissemination, and the creation of adequate analysis capacity) should be initiated by means of a five-year Community action programme. 11. The programme will be assessed in two reports, including a mid-term report. Source : European Commission - Info92 - 02/96

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 21/10/2002 - Follow-up document

Following the adoption of the programme of Community action on health monitoring by the European Parliament and the Council, the Commission presents an interim report concerning the implementation period 1997 to 1999. Projects were accepted in 1998 and 1999, most of them having a duration of 2 years. The external evaluation report was received only in November 2001, on the basis of which this report is drawn up. Due to the extension of the programme, the final evaluation will not be submitted before June 2004. In this report the Commission highlights the degree of consistency and complementarity reached between the present programme and other relevant Community policies, programmes and initiatives. To recall, Decision 1400/97/EC, based on the former Article 129 of the Treaty (currently Article 152 of the Treaty) covers a wide range of general and specific objectives. The general aim of the programme is the contribution towards the establishment of a Community health monitoring system. The general aim is specified in a number of objectives and activities in three pillars: establishment of Community health indicators; development of a Community- wide network for sharing health data and analysis and reporting. The report states that the programme is consistent with other Community initiatives, e.g. the framework programme for statistical information, projects in the field of telematic interchange of information between administrations (IDA) and the other public health programmes that have a component of health monitoring. The synergy with the framework programme for research, technological development and demonstration has to be improved. The external evaluation states that the objectives as described in the Decision 1400 /97/EC are already covered to the level of 60% by the actions supported so far through the Programme. 15 of 19 projects supported during the reference period cover different aspects involved in establishing Community health indicators. The opinion of Member States was taken into account in the Programme Committee. Annual work plans and a list of the annually selected projects were transmitted to the European Parliament. Monitoring of the specific actions has been performed by the Commission Services. Some adjustments have been carried out during the implementation period to ensure the effectiveness of the programme. A discussion is needed about the definition, features and limits of a Community-wide health monitoring system.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 30/06/1997 - Final act

OBJECTIVE : introduction of a five-year Community action programme (1 January 1997 to 31 December 2001) which seeks to contribute to the establishment of a Community health monitoring system. COMMUNITY MEASURE : European Parliament and Council Decision 1400/97/EC adopting a Community action programme for health monitoring in the area of public health. CONTENT : The programme is adopted for the period 1 January 1997 to 31 December 2001 and its objective is to contribute towards the establishment of a monitoring system which will make it possible : - to measure health status, trends and determinants throughout the Community, - to facilitate the planning, monitoring and evaluation of programmes and Community measures, - to provide Member States with appropriate information on health which will enable comparisons to be made and support to be given to national health policies. These objectives are to be met through the eligible measures described in the annex and by encouraging cooperation between the Member States, if necessary by supporting their actions, promoting the coordination of their policies and strengthening cooperation with third countries and competent international organisations. -Eligible actions : three types of action are to be developed: 1) the establishment of Community health indicators: . the identification and critical examination of health data and indicators at European and Member State level, using

databases which have been validated by them, . the identification of Community health indicators which are designed to provide Member States with common measures by which comparisons can be made (a non-exhaustive list of the fields in which health indicators could be established is proposed in the annex to the decision. This list includes indicators relating to health status, life-style and health habits, living and working conditions, health protection, demographic and social factors, etc.), . development and support of the systematic collection of health data and a guarantee that data supplied are comparable (data dictionaries and development of conversion methods), .collection of comparable data for the preparation of surveys which are needed for drawing up Community policies, .promotion of cooperation with competent international organisations in the area of Community health indicators, .support for the feasibility of compiling standardised statistics on health resources with a view to their integration in the future health monitoring system, . support for the feasibility study currently under way on the setting up of a permanent structure which will be responsible for monitoring health data and indicators in the Community area; 2) development of a Community network for sharing health data which will primarily employ telematics-based data exchange and a Community-wide database system; 3) analyses and reports: .to promote and support the establishment of an analysis capacity while reinforcing existing capacity and evaluating new capacity, .support for analysing the impact of Community programmes in the field of public health, .support for the preparation and dissemination of reports and analyses on health trends and determinants. -Budget : ECU 13.8 million for the 5 years of the programme. -Implementation: the European Commission implements this programme in close collaboration with the Member States and organisations in the public health sector. It is assisted by a committee which operates according to the joint committee procedure (that is to say, it acts as a management committee when taking major decisions and as an advisory committee when dealing with other matters). -Coherence and complementarity: coherence and complementarity are actively pursued along with other Community initiatives affecting this sector (particularly in the area of telematics-based data exchange, research programmes, etc.). -International cooperation: cooperation with third countries and competent international organisations in the field of public health is encouraged (WHO, OECD, ILO). The programme is also open to all associated countries of central and eastern Europe, as well as to Cyprus and Malta. -Monitoring and evaluation : the Commission is to ensure that the measures taken are evaluated, taking into account the balance sheets drawn up by the Member States. It is to submit an interim report to the European Parliament and the Council (containing information on the measures receiving financial support) before 30 June 2000. A final report will also be submitted by 30 June 2003 at the latest. On the basis of these various evaluations, the Commission will, if necessary, present proposals for the furtherance of this programme. -Declarations : in annex to the decision, la Commission makes a declaration stating that during the implementation of the next Community statistics programme (1998-2002), the Commission is to pay special attention to the development of statistics in the field of health monitoring. For its part, Parliament undertakes to support this action during the budgetary procedure. ENTRY INTO FORCE: 30/06/1997.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 17/04/1996 - Text adopted by Parliament, 1st reading/single reading

In adopting the report by Mr Danilo POGGIOLINI (PPE,I), Parliament approved the proposal for a decision with the following amendments: - in order to complement this programme, healthcare authorities and providers should set measurable, time-based targets for health improvement, - the total budgetary appropriation should be ECU 20 m instead of ECU 13.8 m; - the Commission should be assisted by an advisory committee whose meetings would in principle be public (publication of its agendas and minutes); - in the course of implementing this programme, cooperation should be developed with health professionals and NGOs active in the field; - in the course of implementing this programme, reports should be submitted on the results of the Community health programmes, and the results of the implementation of the programme should be sent to all the EC institutions and Member States; - in the Annex to the programme, emphasis should be put on better monitoring and control of Community public health and on the cooperation of Member States in this area, - it proposed a non-exhaustive list of health indicators which might be established under a future Community health monitoring system. This list contained inter alia indicators relating to health status, life-style and health habits, living and working conditions, health protection, demographic and social factors, etc.; - the collection of data should be made comparable by the harmonization of definitions and methods of collecting national health data, and this comparability should be guaranteed by the Member States. Moreover, financial support should be granted to the Member States in connection with the establishment or improvement of their health data collection systems; - it also called for the carrying out of feasibility studies on setting up a European Health Observatory responsible for monitoring health data and indicators in the Community area, and for the development of a Community network for transferring and sharing health data; - finally, it called for the drafting of reports on health status and health systems in the Union and their cost-effectiveness and the dissemination of these reports to the Member States, the NGOs, health professionals and the general public.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 15/05/1996 - Modified legislative proposal

In its amended proposal, the Commission incorporated, in full or in part, 28 of the 44 amendments adopted by the European Parliament at first reading, namely those seeking to: - clarify or broaden certain recitals: . existing health monitoring capabilities to be enhanced so as to monitor trends in public health and determine priorities in this field; . a health monitoring system to be established to provide material for regular reports on health status in the Community and analyses of health trends; . cooperation in the field of occupational health to be increased with the aim of drawing up a table of occupational diseases and accidents and improving the comparability of data; - the actions covered by the programme to be broadened, in particular by including a feasibility study of a health observatory and by listing in a second Annex fields in which health indicators may be established. The Commission also accepted Parliament's amendments concerning the advisory committee and maintaining consistency in the actions proposed by the Commission (without the Member States). However, the Commission did not accept the amendments concerning: - the appropriation for the action programme (ECU 20 million rather than 13.8 million); - stepping up cooperation with NGOs in this field; - holding meetings of the committee in public; - Member States' setting up objectives for improving public health in compliance with a timetable; - financial support for the establishment or improvement of national systems for collecting health data and a guarantee that the data supplied by Member States are comparable; - requirement that evaluation reports be drafted and the results of EC health programmes submitted to the European Parliament.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 23/10/1996 - Text adopted by Parliament, 2nd reading

In adopting the report by Mr Danilo POGGIOLINI (PPE, It), the European Parliament approved, with various amendments, the common position with a view to the adoption of a programme of Community action on health monitoring. One of the amendments sought to reinstate the budget of ECU 20 m, rather than the ECU 13 m provided for by the common position. Other amendments concerned: -the monitoring system and the scientific definitions on which it was based; -stepping up cooperation with international organizations, particularly the WHO and OECD, appropriate NGOs and health workers; -submission by the Commission of an interim report by 30/06/1999 and a final report by 30/06/2002; -granting of financial aid to the Member States to set up or improve a health data gathering system (databases); -carrying out of feasibility studies for the setting-up of a European Health Observatory which would be responsible for monitoring and analysing health data and indicators within the Community; -setting up an advisory committee to assist the Commission.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 17/01/1996 - Committee of the Regions: opinion

The Committee of the Regions considered that this programme would be the launching point for a more intensive Community action in respect of public health and could also help introduce minimum health standards in all Member States. The CoR agreed with the political objectives outlined in the report, but pointed out that it was important to allow regions, large cities etc. to use the documents available, though broken down to a level that suited administrations of a smaller scale than the Member States. As far as the assessment of the programme was concerned, the CoR asked to be consulted or included in an assessment group and stressed that cooperation should not be based solely at Member State level but should also incorporate representatives of local and regional authorities, who had to be kept informed and included in the work at an early stage. The term ‘subsidiarity’ had to be applied in the widest sense of the word, that is to say ensuring that local and regional authorities were delegated their respective tasks in the area of public health. The CoR noted with satisfaction that the Commission recognized the need to ensure protection for the individual and for personal integrity, stressing that this was an important constituent of the programme. It took the view that the system being proposed should be allowed to develop gradually, while at the same time retaining a certain coherence that would enable it to assess the changes on a long-term basis. The debate on harmonisation could therefore be kept within limits. The CoR approved the publication of an annual report, though also wished to point out that good examples of this were also to be found in different local, regional and national reports, and that the latter could serve as an inspiration for the annual reports presented by the Commission. With regard to the comments concerning the proposal, the CoR stressed that cooperation should not only be based on the Member States but should also include representatives of local and regional authorities. It thought that the budget allocation of ECU 13.8 million could well prove to be inadequate, given the level of cooperation that was needed with other agencies, local and regional authorities, etc.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 11/11/1996 - Commission opinion on Parliament's position at 2nd reading

In its opinion amending the proposal following the second reading by the European Parliament, the Commission announced that it was able to incorporate, in full or in part, 11 of the 19 amendments approved by Parliament. These amendments relate to: - cooperation with third countries and the competent international organizations; - studies on the creation of a European Health Observatory; - a system of Community monitoring of telematics type networks; - support for the dissemination of reports and information for Member States and international organizations; - comitology (advisory committee rather than a joint committee). It also insisted that the programme should result in the implementation of a gradually harmonized (rather than merely "comparable") system of data collection. However, the Commission did not incorporate amendments seeking to increase the budgetary allocation to ECU 20 million and preferred to stand by its initial proposal of ECU 13.8 million. It also deleted the paragraph on the assessment of the programme as a basis for subsequent proposals in this field.

Public health: Community action programme 1997-2001 on health monitoring

1995/0238(COD) - 14/06/1996 - Commission communication on Council's position

In its opinion on the Council's common position, the Commission pointed out that it was unable to agree with the Council's text for the following reasons: - budgetary allocation (ECU 13 million instead of ECU 13.8 million proposed by the Commission): the Commission felt that its proposal was within the ceilings provided for in the budget and was relatively modest given the scope of the programme; - comitology: under the procedure recommended by the Council (joint committee), the committee would proceed as a regulatory committee on nine matters and as an advisory committee in all other cases; the Commission felt that this approach was overly bureaucratic and cumbersome and preferred a solely advisory committee; -

assessment: the Commission regretted that the assessment of the programme would be used as a basis for recommending whether or not the programme should continue (thereby contradicting the Commission's right of initiative), - comparability of data: the Commission regretted that the term "gradually harmonized data" had been deleted in favour of "comparable" data. It also recalled that numerous amendments by the European Parliament had been rejected by the Council.