Basic information

1997/0132(COD) COD - Ordinary legislative procedure (ex-codecision procedure) Decision	Procedure completed
Public health: Community action programme 1999-2003 on injury prevention, EHLASS incl. **Subject** 4.20 Public health	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Public Health and Consumer Protection		

Former committee responsible	Former rapporteur	Appointed
ENVI Environment, Public Health and Consumer Protection	TRAKATELLIS Antonios (PPE)	04/09/1997

Former committee for opinion	Former rapporteur for opinion	Appointed
BUDG Budgets	HAUG Jutta (PSE)	01/07/1997

Council of the European Union

Council configuration	Meetings	Date
General Affairs	2158	1999-01-25
Agriculture and Fisheries	2137	1998-11-23
Consumers	2084	1998-04-23
Health	2086	1998-04-30
Health	2056	1997-12-04
Health	2013	1997-06-05
Health	2131	1998-11-12

Key events

Date	Event	Reference	Summary
		COM(1997)0178	Summary

14/05/1997	Legislative proposal published		
29/05/1997	Committee referral announced in Parliament, 1st reading		
05/06/1997	Debate in Council		
04/12/1997	Debate in Council		
25/02/1998	Vote in committee, 1st reading		Summary
25/02/1998	Committee report tabled for plenary, 1st reading	A4-0067/1998	
10/03/1998	Debate in Parliament		Summary
15/04/1998	Modified legislative proposal published	COM(1998)0229	Summary
23/04/1998	Debate in Council		
30/04/1998	Debate in Council		
26/11/1998	Council position published	12009/1/1998	Summary
02/12/1998	Committee referral announced in Parliament, 2nd reading		
07/12/1998	Vote in committee, 2nd reading		
25/01/1999	Act approved by Council, 2nd reading		
08/02/1999	Final act signed		
08/02/1999	End of procedure in Parliament		
20/02/1999	Final act published in Official Journal		

Technical information

Procedure reference	1997/0132(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Decision
Legal basis	Rules of Procedure EP 66_o-p4 EC Treaty (before Amsterdam) E 129-p4
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/4/10580

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, 1st reading/single reading		A4-0067/1998 OJ C 104 06.04.1998, p. 0005	25/02/1998	
Text adopted by Parliament, 1st reading/single reading		T4-0135/1998 OJ C 104 06.04.1998, p. 0099-0126	11/03/1998	Summary
		T4-0735/1998		

Text adopted by Parliament, 2nd reading		OJ C 098 09.04.1999, p. 0143-0150	16/12/1998	Summary

Council of the EU

Document type	Reference	Date	Summary
Council position	12009/1/1998 OJ C 404 23.12.1998, p. 0021	26/11/1998	Summary

European Commission

Document type	Reference	Date	Summary
Legislative proposal	COM(1997)0178	14/05/1997	Summary
Modified legislative proposal	COM(1998)0229 OJ C 154 19.05.1998, p. 0014	15/04/1998	Summary
Document attached to the procedure	COM(1998)0488	04/09/1998	Summary
Commission communication on Council's position	SEC(1998)2031	01/12/1998	Summary
Follow-up document	COM(2002)0552	10/10/2002	Summary

Other institutions and bodies

Institution/body	Document type	Reference	Date	Summary
CofR	Committee of the Regions: opinion	CDR0456/1997 OJ C 379 15.12.1997, p. 0044	17/09/1997	
EESC	Economic and Social Committee: opinion, report	CES1170/1997	29/10/1997	Summary

Additional information

Source	Document	Date
European Commission	EUR-Lex	

Final act

Decision 1999/0372
OJ L 046 20.02.1999, p. 0001 Summary

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

1997/0132(COD) - 01/12/1998 - Commission communication on Council's position

The European Commission accepted Council?s proposal so that a common position could be adopted. However, the Commission made the following statement for the record on the following points: - the Commission would have preferred that the common position include certain aspects of its amended proposal, especially those incorporated following the first reading by the European Parliament; - with regard to comitology, the Commission repeated that the mixed management consultative committee was too bureaucratic and too cumbersome for this type of programme. The Commission would have preferred a purely consultative committee; - with regard to Community funds for data collection by the Member States, the Commission was able to state that the rate of financing would be set on the basis of annual financial provisions and current practice for financing other action programmes in the field of public health, but would be at least 65%; - the reports referred to in article 7 (2) would also examine the link between the quality of the data collected and the financial aid granted.

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

1997/0132(COD) - 11/03/1998 - Text adopted by Parliament, 1st reading/single reading

In adopting the report by Mr Antonios TRAKATELLIS (PPE, GR), the European Parliament adopted amendments to the programme on injury prevention. Recalling that children and women are more vulnerable, it called for: -the programme, as a priority, to help reduce the number of injuries to children, young adults, women and the elderly, whether caused intentionally or unintentionally, or through suicide or self-infliction, arising from causes other than industrial accidents and road accidents; -the programme to comprise both epidemiological monitoring of injuries, in the form of continuous and systematic gathering of health data and analysis of risk factors, and the establishment of networks to gather and exchange information about injury prevention; -in connection with the implementation of the programme, the Commission, in cooperation with the Member States, to be responsible for the development, operation and parallel management of two Community information systems: the first on injuries, based on the existing EHLASS system, and the second on suicide. The data gathered should be comparable and compatible. In addition, as regards injury data, Parliament called for information gathering to apply, inter alia, to dangerous products, to enable measures to be taken (e.g. removal from the market of unsafe products). Additions were also made to the annexes, where the first category of actions to be undertaken was extended to women and new actions were listed in the field of suicide: collection of information, transmission of comparable and consistent data, exchange of information about the effectiveness of information campaigns aimed at young people inclined to suicide (particularly the establishment of psychological support networks). Parliament also called for greater coordination of statistics, particularly by improving coordination of the work of Eurostat with that of certain specialized bodies (CEN, Cenelec, ETSI, the European Agency for the Evaluation of Medicinal Products, the European Environment Agency, etc.). Lastly, Parliament: -in the field of commitology, called for the Commission to be assisted by experts and representatives of organizations with the relevant expertise, -called for the appropriation for the programme for the period 1999-2003 to be increased to ECU 14 million.

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

1997/0132(COD) - 14/05/1997 - Legislative proposal

OBJECTIVE: this proposal seeks to establish a programme on injury prevention for the period from 1 January 1999 to 31 December 2003 the aim of which is to contribute to public health measures which seek to reduce accidents by: - encouraging dissemination and more efficient application of prevention techniques recognized by experts, - encouraging the general capacity of public health bodies to establish prevention actions. SUBSTANCE: In the framework of the programme, the objectives and actions to be implemented are as follows: 1) accidents affecting children, young adults and elderly people: actions seeking to help reduce the incidence of injuries from home, school and leisure accidents by an improved application of recognized prevention techniques; 2) suicide: actions seeking to help reduce the frequency of injuries resulting from self-inflicted harm by an improved application of recognized prevention techniques; 3) capacity as regards injury prevention: strengthening the capacity of public health bodies to set up prevention activities: . networks: creation of networks dedicated to the development of new approaches or innovative methods, exchanges of materials, guidelines and handbooks, organization of training activities, . campaigns: dissemination of information about prevention campaigns in Member States, assessment of their impact and transferability (data base), organization of competitions to identify the best injury prevention campaigns, organization of parallel campaigns in the Member States, development of basic publicity materials, . data about injuries: joint approaches to data definition, better recording of place of occurrence, behavioural aspects, etc.; application of relevant results of the International Collaborative Effort on Injury Statistics; examination and improvement of the coverage of existing data collection systems; inclusion of additional modules in existing Community-wide surveys; identifying the need for surveys; creation of a data base of surveys, . technical investigations of injury risk factors: collaboration between institutions with specialized knowledge; inventory of existing institutions, . consultation and cooperation: support for formal and informal meetings of public authorities, seminars, etc., . activities to increase the use which public health bodies can make of other Community policies for injury prevention: raising awareness of Community programmes and helping to set up transnational associations. Implementation: the Commission is to ensure implementation of the programme in close cooperation with the Member States. it will cooperation with the institutions active in this field. In the management of this programme it will be assisted by an advisory committee consisting of representatives of the Member States; Consistency and complementarity: the programme must be implemented in consistency and complementarity with the other relevant Community actions; International cooperation: the programme is open to participation by the associated countries of central and eastern Europe and Cyprus and Malta; Monitoring and evaluation: the

Commission must ensure the monitoring and continuous evaluation of the programme. It will present an evaluation report to the European Parliament and the Council during the third year of the programme. A final report will also be submitted to Parliament and the Council on completion of the programme; Budget: ECU 1.3 million for the first year (the financial framework for the following four years will be set after the establishment of the next financial perspective).

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

1997/0132(COD) - 16/12/1998 - Text adopted by Parliament, 2nd reading

The European Parliament adopted the recommendation in the form of a letter approving without amendment the common position of the Council establishing a Community action programme for injury prevention.

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

1997/0132(COD) - 04/09/1998 - Document attached to the procedure

OBJECTIVE: presentation of the Commission report evaluating the EHLASS programme. CONTENT: the purpose of the EHLASS (Community system of information on home and leisure accidents) system is to collect data on home and leisure accidents. It is based on data collected in hospital casualty departments, with the exception of three Member States where data are collected from household surveys. EHLASS is the only source of information on this kind of accident. It was set up in 1986 as a pilot project and kept in operation by Decisions of 1990, 1993 and 1994. The last Decision came to an end on 31 December 1997. The Commission commissioned an external audit of the functioning of the system accompanied by proposals for amendment. Following this report, the Commission considered that the EHLASS philosophy was useful overall but that it was not being used satisfactorily at Community level. It was evident, in particular, that the system's potential and the Community's financial investment in data collection were clearly being under-used. One of the main reasons for this lay in the fact that the Member States did not forward any data on individual accidents to the Commission (only graphs and statistical tables). Surveys of specific accidents could therefore be conducted only by asking Member States for such information. The Commission proposed to resolve this problem by facilitating data access by setting up a database integrated into EUPHIN (European Union Public Health Information Network) thereby providing the technological support needed to make all the data available to the Commission, the Member States and all other parties. The Commission made the following proposals to rectify the shortcomings of EHLASS: - representativeness: the Member States should choose hospitals that were more representative in terms of geographical and demographic distribution and the division between urban and rural areas; - comparability: the drawing up of common definitions, classifications and coding rules was a prerequisite if comparable Community-wide data were to be obtained; - data quality: data quality needed to be improved by using a quality measurement method in cooperation with the Member States; - respect of deadlines: to prevent delays in the forwarding of Member States' results, it was suggested that the current system of national returns should be abandoned and that the data should be forwarded directly to the database; - coding: needed to be reviewed, in particular for new products and sports; - statistical assistance: statistical assistance for the collection and processing of EHLASS data would be needed to adapt the methods to take account of the existing Community-wide codes and models (the Community statistical programme 1998-2002 made provision for such assistance). In conclusion, the Commission announced that it would take the measures needed to improve its future programme. For 1999 and beyond, the Commission proposed to integrate EHLASS into the action programme on injury prevention.

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

1997/0132(COD) - 15/04/1998 - Modified legislative proposal

In its amended proposal, the Commission has accepted 23 of the 28 amendments adopted by the European Parliament either in whole or in part. One of the main changes was the amendment concerning the improvement and development of the old ELHASS system for the collection of information concerning injuries which was fully incorporated into the proposal. The amended proposal also includes provisions to extend the definition of injuries to: intentional and unintentional injuries, suicide and self-inflicted injuries. It also redefines the target groups by adding references to particularly vulnerable persons, that is to say, women and children. Injuries in sporting contexts are also included. In addition to these fundamental modifications, the Commission has incorporated amendments concerning - the significance and scale of the problem of intentional and unintentional injuries and their impact in socio-economic and human terms, -the potential cost-benefit of the programme in socio-economic terms with regard to injuries and suicides, - the establishment of health indicators in areas relating to domestic and leisure accidents, mental health and product safety, - the rapid collection and utilization of information regarding injuries, - selection of the most effective preventive measures at Community level, - the epidemiological monitoring of injuries, - the cohesion and complementarity of the programme with other Community initiatives in the field of public health and research. Concerning the second system for the collection of information on suicides, the Commission calls for the introduction of a system based on the extension of existing Community networks (basically the IDA and the Community statistical programme). A new annex concerning the dual system for the collection of information is proposed based on improvements to the ELHASS system and the extension of existing networks regarding suicides and self-inflicted injury. The Commission also adopted the Parliament's budgetary amendment (increasing the total appropriation for the programme to ECU 14 million). However, it did not approve the amendments concerning comitology and collaboration with certain standard bodies (CEN Cenelec) or Community organizations. Finally, the amendment concerning information for the relevant authority on the labelling of dangerous products and the amendment concerning the withdrawal of products from the market were rejected since the Commission considered that they fell outside the scope of Article 129 of the Treaty (public health).

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.

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

1997/0132(COD) - 29/10/1997 - Economic and Social Committee: opinion, report

The Economic and Social Committee congratulates the Commission for the latest proposals for action programmes in the context of the Communication on the framework for action in the field of public health. These programmes show a will towards a more horizontal approach in public health policy, according to which health promotion should deal with all aspects of the living environment. The Committee is particularly pleased that the Commission is carrying out a more in-depth analysis of the health circumstances of specific age groups (i.e. children, young and elderly people) and environments (i.e. home and schools) as reflected in the current proposal. The Committee has a number of specific comments concerning: Budget: given that funds are only allocated up to 1999, it is critical that, from the onset, the continuity of the programme is guaranteed until the year 2003, which is the end of the proposed period of action. Consistency and complementarity: it is essential that consistency and complementarity with other relevant Community programmes and actions are guaranteed especially with regards to the EHLASS system, which could expire at the end of 1997. Product safety: there should be a strong cross-link established between injury prevention and Directive 92/59/EEC on general product safety . In this connection, the Committee endorses those proposed measures (i.e. under the injury prevention capacity area) directed to add public health value to other Community policies for injury prevention such as the above-mentioned directive.

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

1997/0132(COD) - 08/02/1999 - Final act

PURPOSE: to establish a programme of Community action on injury prevention for the period 1999 to 2003. COMMUNITY MEASURE: Decision 372 /1999/EC of the European Parliament adopting a programme of Community action on injury prevention in the framework for action in the field of public health (1999 to 2003). CONTENT: this programme, which will have a budget of EURO 14 million for the period 01/01/1999 to 31/12/2003, will contribute to the public health activities aimed at reducing the incidence of injuries caused by home and leisure accidents, by promoting: - the epidemiological monitoring of injuries by means of a Community system for the collection of data and the exchange of information on injuries; - information exchanges on the use of those data to contribute to the definition of priorities and better prevention strategies. An annex sets out details of the Community system for the collection of data and the exchange of information. The system will be largely based on strengthening and improving on the achievements of the former EHLASS system and will use the common criteria for codification established by that system. Particular attention will be given to the comparability and compatability of the data collected. The annex also specifies the process of information exchange between the Member States. Provisions are notably made for supporting the creation of Community networks concerning the epidemiology of injuries by means of the creation of a database that includes the results of surveys undertaken in the Member States, the dissemination of information, the identification of dangerous products, prevention strategies.... The European Commission will be responsible for ensuring the implementation of the programme, in close cooperation with the Member States and organisations active in the field of injury prevention. It will be assisted by a committee with a variety of competences, depending on the areas being addressed. The programme will be implemented in consistency and complementarity with other Community actions in the field of public health (eg. Community initiatives in the field of industrial accidents, road safety, product safety and civil protection). The Commission will also be responsible for monitoring and evaluation of the programme. It will present an evaluative report to the European Parliament and the Council during the third year of operation of the programme, incorporatinf information on Community financing within the framework of the programme. A final report will also be submitted upon completion of the programme. The programme is open to participation by the associated countries of Central and Eastern Europe as well as Cyprus and Malta. It will also be open to cooperation by international organisations

competent in the sphere of public health. On the basis of the interim evaluative report, the Commission may, if necessary, make appropriate proposals for modifications or adjustments to the programme. ENTRY INTO FORCE: 08/02/1999.

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

1997/0132(COD) - 10/10/2002 - Follow-up document

Following the adoption of the programme of Community action on injury prevention (Decision 372/1999/EC), the Commission presents an interim report concerning the implementation period 1999 to 2001. In this report, the Commission highlights the degree of consistency and complementarity reached between the Programme and the other relevant Community policies, programmes and initiatives. With a view to increasing the value and impact of this Programme an evaluation has been performed of the actions undertaken. For this purpose, the Commission has drawn on the opinion of experts and representatives of the Member States serving on the Programme Committee. The Commission also reports on the adjustments that are deemed necessary as a consequence of the information gathered. As regards consistency and complementarity, the report states that the Commission sought consistency and complementarity between its public health and other Community policies, programmes and initiatives by a multitude of efforts on different operational levels, in particular: The draft proposal for the programme itself and the work programmes for 1999, 2000 and 2001 were issued after inter-service consultations between various Commission services concerned. Furthermore, officials of the relevant Commission services were invited to the meetings of the Programme Committee and were involved in the evaluation of projects submitted for funding under the Programme. There was a close co-operation with other Community programmes, which resulted, e. g., in projects dealing with accidents on farms and in the consumer services sector (working accidents vs. home and leisure accidents vs. transport accidents). Meetings of project co-ordinators and of the injury prevention network additionally ensured consistency between the ongoing projects as well as complementarity with the work in injury prevention in the Member States. As regards the effectiveness and the achievement of objectives, the projects, which were proposed by the contractors, were accepted according to the work programmes 1999 to 2001. However, not all priorities defined in these yearly work programmes were chosen as basis for project proposals. For example, there were no project proposals concerning the development of indicators for the monitoring of home and leisure injuries. The Injury Prevention Projects could be classified in two main groups, firsly, data collection projects, and secondly epidemiological projects. Data collection projects were mainly performed by institutions of or related to the Member States administrations, such as for example Public Health Institutes, and epidemiological projects were mostly performed by non-governmental institutions. There was one reservation that in the initial stages, the European added value of projects was in many cases European added value of projects was in many cases unsatisfactory, but stress has been placed on the development of the network project and activities with a high number of Member States participating in order to resolve this shortcoming. In this context, the creation of a project: 'Injury Prevention Programme Network Coordinating Secretariat' was very helpful indeed: this project has the task to create and coordinate theInjury Prevention Network, to have Network Meetings two to three times a year, to do the ongoing monitoring and evaluation together with the Commission services, to issue an evaluation report, to publish a Injury Prevention Newsletter and to give technical advice to projects and information to interested citizens. This project was managed until 2001 by a Dutch contractor, who was followed by a Danish contractor. The main objective, to collect data on home and leisure injuries, was met in 1999 for 11 Member States, in 2000 for 14 Member States, in 2001 for 11 Member States and in 2002 (see page 12), in 9 Member States this data collection will be done (I, NL, S, EL, DK, F, UK, A, E). The initial increase of participation shows the primary interest of Member States in the Programme. The subsequent decrease in 2001 was also caused by concern of some Member States concerning data protection, and because methods not compatible with the Programme were used locally for data collection. In 2002, the reason for the further decrease of the number of co-operating Member States is mainly caused by the request of the Commission for Minimum Standards of data collection in order to have representative, compatible and comparable data: this was the price to be paid for better data quality and it is considered that the added value of 9 Member States' comparable and representative data is preferable to data for 15 countries which is neither comparable nor representative. The Minimum Requirements were designed together with responsible members of the Injury Prevention Network and were accepted by the Injury Prevention Committee at the meeting held on 18 December 2001. The prospect of having comparable data available for a nucleus of 9 Member States in 2003 gives remaining Member States the opportunity to compare their results and to supply their comparisons to the Community in the future. The different methods of data collection, classification and codification used in different Member States originated from the former EHLASS (European Home and Leisure Surveillance System) in which the Member States were supplied with funds by the European Community to do their own data collection. Its successor, the Injury Prevention Programme, has as one of its objectives to streamline the differences between the data collection procedures of the different Member States. Many projects have the purpose of comparing the different data already collected or develop tools for comparing them. Although successful, much work went into this effort to make the available data comparable and perhaps more efforts should have been put into the establishment of common methods. As regards programme management, since the early years of the implementation has been streamlined, but there are still opportunities for improvement.