Basic information

2002/2071(COS) COS - Procedure on a strategy paper (historic)	Procedure completed
Social protection: health care and care for the elderly, accessibility, quality and financial viability **Subject** 4.10.07 The elderly 4.20.06 Health services, medical institutions	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
EMPL Employment and Social Affairs	MANTOVANI Mario (PPE-DE)	24/01/2002

Committee for opinion	Rapporteur for opinion	Appointed
BUDG Budgets	The committee decided not to give an opinion.	
ECON Economic and Monetary Affairs	HONEYBALL Mary (PSE)	19/03/2002
ENVI Environment, Public Health, Consumer Policy	MUSSA Antonio (UEN)	27/03/2002

Council of the European Union

Council configuration	Meetings	Date
Economic and Financial Affairs ECOFIN	2493	2003-03-07

European Commission

Commission DG	Commissioner
Employment, Social Affairs and Inclusion	

Key events

Date	Event	Reference	Summary
05/12/2001	Non-legislative basic document published	COM(2001)0723	Summary
11/04/2002	Committee referral announced in Parliament		

10/12/2002	Vote in committee		Summary
10/12/2002	Committee report tabled for plenary	A5-0452/2002	
14/01/2003	Debate in Parliament		
15/01/2003	Decision by Parliament	T5-0015/2003	Summary
15/01/2003	End of procedure in Parliament		
07/03/2003	Debate in Council		
12/02/2004	Final act published in Official Journal		

Technical information

Procedure reference	2002/2071(COS)
Procedure type	COS - Procedure on a strategy paper (historic)
Procedure subtype	Commission strategy paper
Legal basis	Rules of Procedure EP 148
Stage reached in procedure	Procedure completed
Committee dossier	EMPL/5/16110

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, single reading		A5-0452/2002	10/12/2002	
Text adopted by Parliament, single reading		T5-0015/2003 OJ C 038 12.02.2004, p. 0175-0269 E	15/01/2003	Summary

Council of the EU

Document type	Reference	Date	Summary
Document attached to the procedure	07166/2003	07/03/2003	Summary

European Commission

Document type	Reference	Date	Summary
Non-legislative basic document	COM(2001)0723	05/12/2001	Summary
Non-legislative basic document	COM(2002)0774	03/01/2003	Summary

Social protection: health care and care for the elderly, accessibility, quality and financial viability

2002/2071(COS) - 15/01/2003 - Text adopted by Parliament, single reading

The European Parliament adopted the report by Mario MANTOVANI (EPP-ED, Italy) on health care for the elderly. (Please refer to the document dated 10/12/02).

Social protection: health care and care for the elderly, accessibility, quality and financial viability

2002/2071(COS) - 07/03/2003 - Document attached to the procedure

The Council endorsed the joint Council-Commission report on supporting national strategies for the future of health care and care for the elderly and decided to forward it to the Spring European Council. This report takes up the three broad goals endorsed by the Barcelona European Council (March 2002): access for all regardless of income or wealth; a high level of quality of care; financial sustainability of care systems. It addresses a number of common challenges and issues such as new technologies and treatments, improved well-being and patient information and demographic ageing. The report draws the main conclusions from the analysis of the Member States' responses and proposes future steps. It is recalled that the EPSCO Council also endorsed this report on 6 March.

Social protection: health care and care for the elderly, accessibility, quality and financial viability

2002/2071(COS) - 05/12/2001 - Non-legislative basic document

PURPOSE: to examine future trends and costs for health care and care for the elderly in the European Union. CONTENT: the Lisbon European Council concluded that social protection systems - including health care systems - are an integral part of the European social model. In June 2001 the Goteborg European Council went one step further calling on the Commission to prepare a progress report on guidelines in the field of health care for the elderly. The presentation of this Communication is in response to that request, the results of which will be integrated into the "Broad Economic Policy Guidelines". According to the Communication, the EU has an overall health care system which ranks amongst one of the best in the world and is a branch of social security protection second only to retirement and survivors' pensions. Total health care spending rose from around 5% of GDP in 1970 to over 8% in 1998. Since 1999 health expenditure has returned to a level of growth higher than GDP in several European countries. One significant feature of health care in today's society is that people live longer. Average life expectancy in the EU is one of the highest in the world and is continuing to rise. In 2000, it was 74.7 years for men born in that year and 81.1 years for women born in that year. At the same time there are more elderly people. The share of the total European population older that 65 is set to increase from 16.1% in 2000 to 22% by 2025 and 27.5% by 2050. What implications do these demographic trends then have on the European Union? The Communication states that it is difficult to predict with any accuracy the exact costs of the ageing population. Nonetheless costs overall are expected to increase as a result of the demographic changes taking place. A further attribute of elderly patients is that they tend to require less from the conventional health care system and more from the "medical social" sector. In addition to an ageing population the European health care system is witnessing an overall growth in new technologies and treatment. Within this context, the Report notes that as "consumers" become more informed, educated and sophisticated about various treatments, so they begin to demand the latest medical treatments. These tend to be of the more expensive variety. The Communication goes on to highlight the diversity of national systems. Indeed, the diversity of funding and organisational arrangements is one of the main characteristics of health care systems in Europe. Common to all, however, is that public-sector funding makes up a significant proportion of health expenditure. What role then for the European Union? The Communication stresses that health care is a matter for the nation state. Member States are responsible for determining budgets, priorities and future policies orientations in health care. There are, nevertheless, a number of EU Articles and competencies which impact on overall health priorities within Europe. The more significant ones are: a) Article 28 on the free movement of goods and in this case health product goods. b) Articles 18,39,42 and 43 on the free movement of persons and their right to statuary social security systems in the Member States including health care schemes. c) Article 49 and 50 on the free movement of services - impatient and outpatient health care now falls under the classification of a service. d) Article 152 on Public Health. This Articlestipulates that the EU is committed to ensuring a high level of human health protection in the definition and implementation of all Community policies and activities. To conclude the Communication urges the adoption of three simultaneous challenges for health care and care for the elderly: 1. Access to care for everyone. 2. A high level of quality in the care provided. 3. The financial viability of health care systems. In terms of the first challenge, the Communication notes that the elderly require long-term care, which presents a special challenge both in terms of financing and as regards making the necessary adjustments on the supply side. In terms of the second challenge namely, a high level of quality in the care provided, the Communication notes that an improvement in both transparency and the quality of health care systems is needed. Lastly, regarding the third challenge, the financial viability of health care systems, the Commission advises that reforms on spending evolve at a viable pace whilst at the same time guaranteeing that adequate financing is provided for health care.

Social protection: health care and care for the elderly, accessibility, quality and financial viability

2002/2071(COS) - 03/01/2003

The Barcelona European Council invited the Commission and the Council to examine more thoroughly the questions of access, quality and financial sustainability. For this purpose, a questionnaire was submitted to the Member States. This report draws the main conclusions from the analysis of the Member States' responses and proposes future steps. The replies from Member States confirm the usefulness of the three broad objectives of access, quality and sustainability as a basis for looking at policies for health care and long-term care for the elderly. All Member States are trying to find the best balance between these three goals: how to raise enough funding to secure adequate care for all, with high quality; how to provide services more cost-effectively. The Member States' replies show that seeking this balance poses a major challenge for the overall management of systems. Thus, many national replies refer to the need to ensure good decision making at the interface between their health care and the emerging long-term care sectors and a better co-ordination of health care provisions and long-term care services for the elderly. Achieving the best balance also raises governance issues; there needs to be a balance between the focus on quality, standards and cost control which are often centrally driven on the one hand, and local management and delivery, on the other. While it was not an explicit objective of the questionnaire, some Member States' replies point to the large employment challenges and opportunities in the care sector. The challenges include: how to retain staff under sometimes rather difficult working conditions; how to recruit and train new staff as demand increases over the next decades; and how to develop the quality of work, by providing skill development and career progression, in the sector. There will clearly be opportunities to increase employment. The health and social services sector is already a large employer with 9,7 % of total employment in the European Union in 2001. - In relation to access, Member States express their determination to maintain general and comprehensive access as a cornerstone of their systems, even in the face of increasing costs, with several proposing to further refine and improve their access mechanisms. - In the area of quality, the replies reveal that there is scope for greater co-operation between Member States in the area of quality of service delivery regarding both health and long-term care. This is particularly true in the perspective of greater crossborder mobility of patients and enlargement. The Community's action programme in the field of public health, which will come into force in January 2003, will help in developing tools for quality assessment. - Regarding financial sustainability, Member States point to the challenge of ensuring that resources and in particular new technologies can be deployed in the interest of efficiency and cost effectiveness and of ensuring that health professionals and patients integrate cost considerations into their decisions. Lastly, the Commission invites the Council, on the basis of this Communication, to adopt the joint report requested by the Barcelona European Council and to submit it to the Spring 2003 European Council. A process of mutual learning and co-operative exchange should becontinued on the basis of the issues identified in the joint report. The Commission will present in autumn 2003 further proposals for pursuing this co-operation. That Communication should also cover the specific aspects of these issues related to the enlargement of the European Union. Co-operation between Member States could concentrate on exchanging experiences and best practice with regard to each of the three broad objectives. There should be a particular focus on improving the information base and on indicators as a basis for such co-operation, drawing on the existing close co-operation between Eurostat and the OECD in this area. It would also be useful to pay particular attention to employment issues.