Basic information

2004/2189(INI) INI - Own-initiative procedure	Procedure completed
Modernising social protection and developing good quality healthcare **Subject** 4.10.10 Social protection, social security 4.20.06 Health services, medical institutions	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
EMPL Employment and Social Affairs	CABRNOCH Milan (PPE-DE)	10/11/2004

Committee for opinion	Rapporteur for opinion	Appointed
ENVI Environment, Public Health and Food Safety	ULMER Thomas (PPE-DE)	20/09/2004

Key events

Date	Event	Reference	Summary
20/04/2004	Non-legislative basic document published	COM(2004)0304	Summary
18/11/2004	Committee referral announced in Parliament		
31/03/2005	Vote in committee		Summary
06/04/2005	Committee report tabled for plenary	A6-0085/2005	
27/04/2005	Debate in Parliament		
28/04/2005	Decision by Parliament	T6-0152/2005	Summary
28/04/2005	Results of vote in Parliament		
28/04/2005	End of procedure in Parliament		

Technical information

Procedure reference	2004/2189(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative

Legal basis	Rules of Procedure EP 55
Stage reached in procedure	Procedure completed
Committee dossier	EMPL/6/23843

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, single reading		A6-0085/2005	06/04/2005	
Text adopted by Parliament, single reading		T6-0152/2005 OJ C 045 23.02.2006, p. 0017-0134 E	28/04/2005	Summary

European Commission

Document type	Reference	Date	Summary
Non-legislative basic document	COM(2004)0304	20/04/2004	Summary

Other institutions and bodies

Institution/body	Document type	Reference	Date	Summary
EESC	Economic and Social Committee: opinion, report	CES1447/2004 OJ C 120 20.05.2005, p. 0135-0141	28/10/2004	

Modernising social protection and developing good quality healthcare

2004/2189(INI) - 28/04/2005 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution based on the own-initiative report drafted by Milan CABRNOCH (EPP-ED, CZ) on social protection and good quality healthcare. (Please see the summary of 31/03/2005.) Parliament emphasised that each individual must have the right to a free choice of healthcare and long-term care without restriction anywhere in the EU. It called on the Member States and the Commission to ensure the approximation of data gathering and an improvement of the data situation as well as to enable citizens and service providers to access information on the healthcare and health policy of other Member States through the EU health portal which is currently under construction.

Parliament urged Member States to consider active steps to deal with the health needs of the poorest members of society and their access to health care. It pointed out that universal coverage must be based on solidarity and provide a safety net against poverty and social exclusion, benefiting in particular those on low incomes and those whose state of health requires intensive, long or expensive care, including palliative and end-of-life care.

Parliament regretted that the Commission (see COM/2004/0304) views the modernisation of social protection with regard to health care essentially in terms of the requirements of the Stability Pact. the Commission makes no reference in its text to the trends in spending on the various sectors of health care (treatment, hospital care etc.) or to the impact of prevention in the individual Member States.

Parliament remarked that the ‘big killers’ (e.g. cancer diseases, cardiovascular diseases) and the ‘big cripplers’ (e.g. musculo-skeletal disorders and other work-related chronic diseases, health problems resulting from unhealthy diets, drug abuse, environmental degradation and reduced physical activity) could be considerably reduced by general intersectoral policies and individual preventive policies and improved measures to address those factors in people's working and living environment which cause disease. It stressed the importance of developing occupational health care with a view to the prevention and early detection of diseases and health problems.

Modernising social protection and developing good quality healthcare

2004/2189(INI) - 20/04/2004 - Non-legislative basic document

PURPOSE : to modernise social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the "open method of coordination".

CONTENT : the aim of this Communication is to define a common framework to support Member States in the reform and development of health care and long-term care, borne by the social protection system, using the "open method of coordination". The Resolution adopted by the European Parliament on 11 March calls for greater cooperation on health and long-term care and calls on the Commission to present relevant proposals in the spring of 2004, allowing the Council to apply the "open method of coordination" in this field and to adopt common objectives.

This Communication is thus a complement to the one concerning the proposals of the "High-level process of reflection on patient mobility and healthcare developments in the European Union" (INI/2004/2189). These two Communications, adopted together by the Commission, thus present an overall strategy for developing a shared vision for the European health care and social protection systems.

This Communication proposes common objectives for the development and modernisation of health care provision and funding, which would allow Member States to define their own national strategy and benefit from the experiences and good practices of the other Member States.

While responsibility for healthcare rests with Member States, there are a number of common challenges, such as the ageing society, increased needs and demands from citizens and rapid technological change. The Commission's proposals are aimed at individuals. They include efforts to promote practical co-operation on the access to healthcare in another Member State. They should also empower patients by giving them better information on how to obtain treatment across borders and by making the most of technology to improve the quality, availability and effectiveness of care. They also benefit the healthcare profession, by proposing the development of centres of excellence, and mapping out how to harness new technologies. Finally the Commission addresses co-operation at government level, by proposing a framework for Member States relating to reform and modernisation of healthcare, long-term care and social protection.

The social protection systems need to be reformed in an integrated and coordinated way to meet these challenges. The Commission Communication Strengthening the social dimension of the Lisbon strategy: Streamlining open coordination in the field of social protection showed that health and elderly care is one of the areas where coordination in the field of social protection should be streamlined. This streamlining will contribute to strengthening the political messages in favour of the modernization of these systems and to ensuring that they are in line with the other coordination processes under the "Lisbon Strategy". The results will be:

- Greater consistency with existing social protection processes (pension reform, social inclusion), with which many areas of common interest exist. As part of the streamlining of these processes, one important task will be to identify issues which could constitute general objectives for all the branches of social protection, such as issues relating to gender, the role of health care in active ageing or the role of social protection systems in employment promotion measures.

- Closer coordination with other political processes, including the European Employment Strategy, in particular with regard to the challenges of the ageing workforce in these sectors, and the broad economic policy guidelines. As a result of the streamlining, issues of health and long-term care should be better reflected in the Lisbon Strategy, in line with their importance to citizens. As provided for in the Spring Report 2004, the Commission will be examining, by 2005, the arrangements for incorporating public health in the Lisbon Strategy, and its contribution to growth and sustainable development.

- In this context, the "open method of coordination" will be a flexible tool, respecting the diversity of the national situations and competences and therefore particularly well adapted to the specific features of health care systems in all the branches of social protection.

Pursuant to this Communication, it would be desirable to come to an agreement on the joint objectives in 2004. Member States, including the new ones, should present ‘preliminary reports' covering the challenges facing their systems at national level, current reforms and medium-term policy objectives by the next Spring Summit in March 2005. These reports would include statistical data and, where relevant, quantified objectives. At this preliminary stage, they would be concise.

They would then be analysed by the Commission, so that the views and contributions of the Member States can be taken into account when the joint objectives of the streamlined social security process are established. This streamlining will lead in 2006 to an initial series of "development and reform strategies" in health care and long-term care for the period 2006-2009. With regard to the indicators, the Commission proposes starting work in 2004 to identify possible indicators for these objectives. The interim reports due in the spring of 2005 will contribute by submitting national data, facilitating the drawing up of an initial comparison table of the different national situations and the assessment of

progress compared to the stated objectives. This work will have to be based on activities undertaken over several years in the context of the action programme on health monitoring, then the action programme on health, to create a prototype for a future Community health monitoring system. It will also be based on Eurostat's health statistics work. Cooperation with international organisations, such as the OECD and the WHO, will also be necessary.