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2004



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*Committee on the Environment, Public Health and Food Safety*

18.4.2007

PE 388.428v01-00

## AMENDMENTS 12-35

### Draft recommendation for second reading

(PE 386.560v01-00)

**Antonios Trakatellis**

Council common position for adopting a decision of the European Parliament and of the Council establishing a second programme of Community action in the field of health (2007-2013)

Council common position (16369/2/2006 – C6-0100/2007 – 2005/0042A(COD))

Council common position

Amendments by Parliament

Amendment by Christofer Fjellner

Amendment 12

Recital 10

(10) 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.

(10) 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***

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*interests.*

Or. en

*Justification*

*The programme should strengthen the capacity to provide citizens with information on health matters, broadening the scope of knowledge and choice.*

Amendment by Evangelia Tzampazi

Amendment 13

Recital 14

(14) Increasing Healthy Life Years (HLY), **also called disability-free life expectancy indicator**, by preventing disease and promoting policies that lead to a healthier way of life is important for the well-being of EU citizens and helps to meet the challenges of the Lisbon process as regards the knowledge society and the sustainability of public finances, which are under pressure from rising health care and social security costs.

(14) Increasing Healthy Life Years (HLY) by preventing disease and promoting policies that lead to a healthier way of life is important for the well-being of EU citizens and helps to meet the challenges of the Lisbon process as regards the knowledge society and the sustainability of public finances, which are under pressure from rising health care and social security costs.

Or. en

*Justification*

*The language should be amended as it refers to disability in a very negative way which is taking very much the medical approach to disability. Disabled persons have been active to explain that disability does not mean a disabled person is sick or incapable. Therefore, the language used in the draft report to association disability in this way is inappropriate*

Amendment by Iles Braghetto

Amendment 14

Recital 15

(15) The enlargement of the European Union has brought additional concerns in terms of health inequalities within the EU and this is likely to be accentuated by further enlargements. This issue should, therefore,

(15) The enlargement of the European Union has brought additional concerns in terms of health inequalities **between social groups and health differences** within the EU and this is likely to be accentuated by further

be one of the priorities of the Programme.

enlargements. This issue should, therefore, be one of the priorities of the Programme.

Or. it

*Justification*

*A definition of what 'health inequalities' are, as opposed to mere 'differences', is needed. Inequalities are the result of systematic social processes (discrimination, etc.) which fly in the face of social justice and human rights and which can be influenced by means of appropriate programmes and policies. Health inequalities can thus be linked with unfair access to social and health services, unfairness in terms of the treatment received, etc.*

Amendment by Christofer Fjellner

Amendment 15

Recital 18

(18) 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.

(18) 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.***

Or. en

*Justification*

*It is important to take into account that medical care is so good now that someone may choose a method of treatment, because of social, religious or other individual preferences, which is not, objectively, exactly as good as another. For instance, someone dying of cancer may prefer to be close to relatives rather than prolong his/her life; someone may choose, on religious grounds, not to accept a blood donation.*

Amendment by Iles Braghetto

Amendment 16  
Recital 21

(21) The Programme should contribute to the collection of data, the promotion and development of methods and tools, the establishment of networks and various kinds of cooperation and the promotion of relevant policies on patient mobility as well as on the mobility of health professionals. It should facilitate the further development of the European e-Health Area, through joint European initiatives with other EU policy areas, including regional policy, while contributing towards work on quality criteria for health-related websites and towards a European health insurance card. Telemedicine should be taken into account as telemedicine applications may contribute to cross-border care while ensuring medical care at home.

(21) The Programme should contribute to the collection of data, the promotion and development of methods and tools, the establishment of networks and various kinds of cooperation and the promotion of relevant policies on patient mobility as well as on the mobility of health professionals, **and the protection and promotion of natural and environmental resources used for therapeutic purposes**. It should facilitate the further development of the European e-Health Area, through joint European initiatives with other EU policy areas, including regional policy, while contributing towards work on quality criteria for health-related websites and towards a European health insurance card. Telemedicine should be taken into account as telemedicine applications may contribute to cross-border care while ensuring medical care at home.

Or. it

*Justification*

*With due regard for the subsidiarity principle, it is essential for natural and environmental resources such as mud, thermal spa waters and so on to be protected at European level, with clear definitions being laid down in order better to guarantee patients' rights and standards of quality.*

Amendment by Caroline Lucas and Hiltrud Breyer

Amendment 17  
Recital 23 a (new)

***(23a) 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.***

*Justification*

*Amendment 145 from first reading.*

*Millions of EU citizens make use of complementary and alternative medicine. It is important to adopt a holistic and pluralist approach in the programme and to include complementary and alternative medicine in the actions of the programme.*

Amendment by Antonio De Blasio

Amendment 18

Recital 27

(27) It is necessary to increase EU investment in health and health-related projects. In this regard, Member States **should be** encouraged to identify health improvements as a priority in their national programmes. Better awareness about the possibilities of EU funding for health is needed. Exchange of experience between the Member States on funding health through the Structural Funds should be encouraged.

(27) It is necessary to increase EU investment in health and health-related projects. In this regard, Member States **are** encouraged to identify health improvements as a priority in their national programmes. Better awareness about the possibilities of EU funding for health is needed. Exchange of experience between the Member States on funding health through the Structural Funds should be encouraged.

*Justification*

*Since all Community contributions are based on co-financing, Member States are responsible for co-financing the promotion of health .*

Amendment by Iles Braghetto

Amendment 19

Recital 33

(33) It is appropriate to develop cooperation with relevant international organisations such as the United Nations and its specialised agencies, in particular the WHO, as well as with the Council of Europe and the Organisation for Economic Cooperation and Development, with a view to implementing the Programme through

(33) It is appropriate to develop cooperation with relevant international organisations such as the United Nations and its specialised agencies, in particular the WHO **in clearly defined areas**, as well as with the Council of Europe and the Organisation for Economic Cooperation and Development, with a view to implementing the Programme

maximising the effectiveness and efficiency of actions relating to health at Community and international level, taking into account the particular capacities and roles of the different organisations.

through maximising the effectiveness and efficiency of actions relating to health at Community and international level, taking into account the particular capacities and roles of the different organisations.

Or. it

*Justification*

*Cooperation with the WHO is already under way in many areas. It would be useful to indicate in which areas more cooperation is sought and what financial mechanisms and human resources are required in order to make such cooperation even more effective and ensure that they are keeping with the programme's objectives.*

Amendment by Antonio De Blasio

Amendment 20

Article 2, paragraph 2, indent 2

- to promote health,

- to promote health ***in all policies which would help to bridge health inequalities,***

Or. en

*Justification*

*To promote "Health in all policies" is one of the key multi-sectoral strategies of the European Communities which tries to successfully integrate health issues in all Community policies and health activities .*

Amendment by Antonio De Blasio

Amendment 21

Article 2, paragraph 2, indent 3

- ***to generate and disseminate health information and knowledge.***

***deleted***

Or. en

*Justification*

*The second objective: to promote health does include the sharing of information and*

knowledge moreover Article 5 does explain to a great length how information and knowledge can be shared.

Amendment by Christofer Fjellner

Amendment 22

Article 2, paragraph 2, indent 3

- to generate and disseminate health information and knowledge.

- to generate and disseminate health information and knowledge, **including increasing transparency between health care systems in different countries.**

Or. en

*Justification*

*The programme should strengthen the capacity to provide citizens with information on health matters, broadening the scope of knowledge and choice.*

Amendment by Antonio De Blasio

Amendment 23

Article 4, paragraph 4

4. Financial contributions by the Community may also be given in the form of a lump sum and flat-rate financing where this is suited to the nature of the actions concerned. For such financial contributions, the percentage limits stipulated in paragraphs 1 and 3 shall not apply, although co-financing is still required.

4. Financial contributions by the Community may also be given in the form of a lump sum and flat-rate financing where this is suited to the nature of the actions concerned. **However, before these actions receive financial contributions, the European Parliament shall be informed about their nature.** For such financial contributions, the percentage limits stipulated in paragraphs 1 and 3 shall not apply, although co-financing is still required.

Or. en

*Justification*

*The European Parliament has the right to be informed.*

Amendment by Antonio De Blasio

Amendment 24

Article 4, paragraph 4a (new)

***4a. All financial contributions given by the Community must be subject to the principles of transparency and equal treatment. They shall therefore be published on the homepage of the Commission, with special attention being given to the exceptional utility of the action and the duration of the contribution.***

Or. en

*Justification*

*Financial transparency and equal treatment are key principles of the distribution of Community funds.*

Amendment by Antonio De Blasio

Amendment 25

Article 5, paragraph 1

1. The financial allocation of the Programme may also cover expenses pertaining to preparatory, monitoring, control, audit and evaluation activities, required directly for the management of the Programme and the realisation of its objectives, in particular studies, meetings, information and publication actions, expenses linked to informatic networks focusing on information exchange, as well as all other technical and administrative assistance expense that the Commission may have recourse to for the management of the Programme.

1. ***Up to 10% of*** the financial allocation of the Programme may also cover expenses pertaining to preparatory, monitoring, control, audit and evaluation activities, required directly for the management of the Programme and the realisation of its objectives, in particular studies, meetings, information and publication actions, expenses linked to informatic networks focusing on information exchange, as well as all other technical and administrative assistance expense that the Commission may have recourse to for the management of the Programme.

Or. en

*Justification*

*Usually the cost of administrative and technical assistance of a successful programme can reach the 10%.*



Amendment by Antonio De Blasio

Amendment 26

Article 7, paragraph 3, point (a)

(a) **pursue** the comparability of data and information, and the compatibility and interoperability of the systems and networks for exchange of data and information on health; and

(a) **ensure** the comparability of data and information, and the compatibility and interoperability of the systems and networks for exchange of data and information on health; and

Or. en

*Justification*

*The only way to efficiently use the data and information coming from the Member States if they are all based on same measuring process.*

Amendment by Iles Braghetto

Amendment 27

Annex, point 2.1.2

2.1.2. Support initiatives to identify the causes of, address and reduce health inequalities within and between Member States, including those related to gender differences, in order to contribute to prosperity and cohesion; promote investment in health in cooperation with other Community policies and funds; improve solidarity between national health systems by supporting cooperation on issues of cross-border care.

2.1.2. Support initiatives to identify the causes of, address and reduce health inequalities within and between Member States, including those related to gender differences, in order to contribute to prosperity and cohesion; promote investment in health in cooperation with other Community policies and funds; improve solidarity between national health systems by supporting cooperation on issues of cross-border care **and the definition, recognition and promotion of alternative therapies that are already widely used, such as thermal spa-based treatments.**

Or. it

*Justification*

*In connection with patient mobility, there is also major cross-border demand for alternative medical care. Thermal spa-based treatments, which are a long-standing tradition in many Member States, in which they have a major socio-economic impact, should therefore be*

*defined at European level in order to protect patients making use of such treatments.*

Amendment by Christofer Fjellner

Amendment 28  
Annex, point 2.1.2 a (new)

***2.1.2.a. Recognise that patients have rights also as healthcare consumers.***

Or. en

*Justification*

*Patients in the EU today are healthier and better informed than ever. Health care has changed and become more professional, embracing a broader spectrum of players. Patients now need not only protection but also the ability to make use of medical advances and differentiations in the health sector, which should be reflected in the legislation, particularly in terms of information and the right to freedom of choice in the health care.*

Amendment by Iles Braghetto

Amendment 29  
Annex, point 2.2.1.

2.2.1. Address health determinants to promote and improve physical and mental health, creating supportive environments for healthy lifestyles and preventing disease; take action on key factors such as nutrition and physical activity and sexual health, and on addiction-related determinants such as tobacco, alcohol and drugs, focusing on key settings such as education and the workplace, and across the life cycle.

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Or. it

*Justification*

*Living conditions and life styles create conditions that are harmful to health and are the*

*cause of growing health inequalities between social groups in different Member States and in each individual Member State.*

Amendment by Caroline Lucas and Hiltrud Breyer

Amendment 30  
Annex, point 2.2.1.

2.2.1 Address health determinants to promote and improve physical and mental health, creating supportive environments for healthy lifestyles and preventing disease; take action on key factors such as nutrition and physical activity and sexual health, and on addiction-related determinants such as tobacco, alcohol **and** drugs, focusing on key settings such as education and the workplace, and across the life cycle.

2.2.1 Address health determinants to promote and improve physical and mental health, creating supportive environments for healthy lifestyles and preventing disease; take action on key factors such as nutrition and physical activity and sexual health, and on addiction-related determinants such as tobacco, alcohol, **medical prescription drugs and illegal** drugs, focusing on key settings such as education and the workplace, and across the life cycle.

Or. en

*Justification*

*Amendment 87 from first reading.*

*Clarification to ensure that the actions to address health determinants include action against addiction to medical drugs, which is an important health determinant.*

Amendment by Georgs Andrejevs

Amendment 31  
Annex, point 2.2.2., subparagraph 1 a (new)

***Accordingly, the Commission will submit, during the course of this Framework Programme, proposals for Council Recommendations on the prevention, diagnosis and control of major diseases.***

Or. en

*Justification*

*Reinstating amendment 105 of 1<sup>st</sup> reading. The transferring of best practice across Europe for*

*major diseases will undoubtedly add value to national health strategies. EU actions are also justified in terms of efficiency as well as addressing inequalities between Member States by reducing inconsistency in national policies. The diseases have already, to varying degrees, attracted EU attention but incoherently it follows that Europe should contribute now to prevention, diagnosis and control in these areas. Europe's major diseases include cardiovascular diseases, cancer, diabetes and mental illness.*

Amendment by Christofer Fjellner

Amendment 32  
Annex, point 3.1.1.

3.1.1. Exchange knowledge and best practice on health issues within the scope of the Programme.

3.1.1. Exchange knowledge and best practice on health issues within the scope of the Programme, ***including information about healthcare providers and services abroad as well as rules regarding the reimbursement of healthcare costs.***

Or. en

*Justification*

*The programme should strengthen the capacity to provide citizens with information on health matters, broadening the scope of knowledge and choice.*

Amendment by John Bowis

Amendment 33  
Annex, point 3.2.1.

3.2.1. Develop further a sustainable health monitoring system with mechanisms for collection of data and information, with appropriate indicators; ***collect*** data on health status and policies; ***develop***, with the Community Statistical Programme, ***the statistical element of this system.***

3.2.1. Develop further a sustainable health monitoring system with mechanisms for collection of data and information, with appropriate indicators; ***establish a European-wide register for major diseases; collection of*** data on health status and policies; ***the statistical element of this system will be developed together*** with the Community Statistical Programme.

Or. en

*Justification*

*In line with the 1st Reading decision to refer only to specific disease in recitals.*

Amendment by Georgs Andrejevs

Amendment 34  
Annex, point 3.2.1.

3.2.1. Develop further a sustainable health monitoring system with mechanisms for collection of data and information, with appropriate indicators; collect data on health status and policies; develop, with the Community Statistical Programme, the statistical element of this system.

3.2.1. Develop further 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 registries for major diseases (e.g. cardiovascular diseases and cancer), and development of methodologies and database maintenance***; develop, with the Community Statistical Programme, the statistical element of this system.

Or. en

*Justification*

*Reinstating amendment 126 of first reading.*

Amendment by Christofer Fjellner

Amendment 35  
Annex, point 3.2.2.

3.2.2 Develop mechanisms for analysis and dissemination, including Community health reports, the Health portal and conferences; provide information to citizens, stakeholders and policy makers, develop consultation mechanisms and participatory processes; regular report on Health Status in the European Union based on all data and indicators and including a qualitative and quantitative analysis.

3.2.2 Develop mechanisms for analysis and dissemination, including Community health reports, the Health portal and conferences; provide information to citizens, stakeholders and policy makers, develop consultation mechanisms and participatory processes; regular report on Health Status in the European Union based on all data and indicators and including a qualitative and quantitative analysis ***and, primarily, measure outcomes and not the resources available to the health service, such as the***

*number of hospital days and beds.*

Or. sv

*Justification*

*In terms of hard cash, Estonia is a country which spends much less on health care than England, for example. If resources are measured, Estonia is lagging behind. If, however, if the chances of survival of women with breast cancer are measured, Estonia performs better than Belgium, for example. MRSA infections are also much rarer than in England and Ireland. In order for healthcare information to be relevant to those using it, it must be outcome and not input which is measured.*