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

**2011/0339(COD)**

23.4.2012

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**DRAFT REPORT**

on the proposal for a regulation of the European Parliament and of the Council establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020 (COM(2011)0709 – C7-0399/2011 – 2011/0339(COD))

Committee on the Environment, Public Health and Food Safety

Rapporteur: Françoise Grossetête

### ***Symbols for procedures***

- \* Consultation procedure
- \*\*\* Consent procedure
- \*\*\*I Ordinary legislative procedure (first reading)
- \*\*\*II Ordinary legislative procedure (second reading)
- \*\*\*III Ordinary legislative procedure (third reading)

(The type of procedure depends on the legal basis proposed by the draft act.)

### ***Amendments to a draft act***

In amendments by Parliament, amendments to draft acts are highlighted in ***bold italics***. Highlighting in *normal italics* is an indication for the relevant departments showing parts of the draft act which may require correction when the final text is prepared – for instance, obvious errors or omissions in a language version. Suggested corrections of this kind are subject to the agreement of the departments concerned.

The heading for any amendment to an existing act that the draft act seeks to amend includes a third line identifying the existing act and a fourth line identifying the provision in that act that Parliament wishes to amend. Passages in an existing act that Parliament wishes to amend, but that the draft act has left unchanged, are highlighted in **bold**. Any deletions that Parliament wishes to make in such passages are indicated thus: [...].

## CONTENTS

	<b>Page</b>
DRAFT EUROPEAN PARLIAMENT LEGISLATIVE RESOLUTION .....	4
EXPLANATORY STATEMENT.....	21

## DRAFT EUROPEAN PARLIAMENT LEGISLATIVE RESOLUTION

**on the proposal for a regulation of the European Parliament and of the Council establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020 (COM(2011)0709 – C7-0399/2011 – 2011/0339(COD))**

**(Ordinary legislative procedure: first reading)**

The European Parliament,

- having regard to the Commission proposal to Parliament and the Council (COM(2011)0709),
  - having regard to Article 294(2) and Article 168(5) of the Treaty on the Functioning of the European Union, pursuant to which the Commission submitted the proposal to Parliament (C7-0399/2011),
  - having regard to Article 294(3) of the Treaty on the Functioning of the European Union,
  - having regard to the opinion of the European Economic and Social Committee of 23 February 2012<sup>1</sup>,
  - having regard to the opinion of the Committee of the Regions of (...)<sup>2</sup>,
  - having regard to Rule 55 of its Rules of Procedure,
  - having regard to the report of the Committee on the Environment, Public Health and Food Safety and the opinions of the Committee on Budgets and the Committee on Industry, Research and Energy (A7-0000/2012),
1. Adopts its position at first reading hereinafter set out;
  2. Stresses that the amounts of funding referred to in this legislative procedure may have to be adapted to suit the financial envelope of the Health for Growth Programme in the ongoing negotiations on the multi-annual financial framework;
  3. Calls on the Commission to refer the matter to Parliament again if it intends to amend its proposal substantially or replace it with another text;
  4. Instructs its President to forward its position to the Council, the Commission and the national parliaments.

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<sup>1</sup> Not yet published in the Official Journal.

<sup>2</sup> Idem

## Amendment 1

### Proposal for a regulation Title

*Text proposed by the Commission*

REGULATION OF THE EUROPEAN  
PARLIAMENT AND OF THE COUNCIL  
on

establishing a Health *for* Growth  
Programme, the third multi-annual  
programme of EU action in the field of  
health for the period 2014-2020

*Amendment*

REGULATION OF THE EUROPEAN  
PARLIAMENT AND OF THE COUNCIL  
on

establishing a Health *and* Growth  
Programme, the third multi-annual  
programme of EU action in the field of  
health for the period 2014-2020

*(This amendment applies throughout the  
text. Adopting it will necessitate  
corresponding changes throughout.)*

Or. fr

### *Justification*

*Healthcare cannot be seen simply as a spur to growth. The title 'Health **for** Growth' should therefore be amended to separate these two concepts. 'Health **and** Growth' would be a better fit.*

## Amendment 2

### Proposal for a regulation Recital 2

*Text proposed by the Commission*

(2) Continued effort is required in order to meet the requirements set out in Article 168 of the Treaty. Promoting good health at EU level is an integral part of the 'Europe 2020: A European Strategy for smart, sustainable and inclusive growth'. Keeping people healthy and active for longer will have positive overall health effects, and a positive impact on productivity and competitiveness, while reducing pressures on national budgets.

*Amendment*

(2) Continued effort is required in order to meet the requirements set out in Article 168 of the Treaty. Promoting good health at EU level is an integral part of the 'Europe 2020: A European Strategy for smart, sustainable and inclusive growth'. Keeping people healthy and active for longer will have positive overall health effects, and a positive impact on productivity and competitiveness, while reducing pressures on national budgets.

**Innovation** in health **helps** take up the challenge of sustainability in the sector in the context of demographic change, and action to reduce inequalities in health is important to achieve ‘inclusive growth’. It is appropriate in this context to establish a ‘Health for Growth’ Programme, the third programme of EU action on health (2014-2020) (hereinafter referred to as ‘the Programme’).

**Support for and recognition of innovation** in health **help** take up the challenge of sustainability in the sector in the context of demographic change, and action to reduce inequalities in health is important to achieve ‘inclusive growth’. It is appropriate in this context to establish a ‘Health for Growth’ Programme, the third programme of EU action on health (2014-2020) (hereinafter referred to as ‘the Programme’).

Or. fr

*Justification*

*The appropriate measures must be taken to encourage innovation.*

**Amendment 3**

**Proposal for a regulation**

**Recital 7**

*Text proposed by the Commission*

(7) Innovation in health in terms of products and services, and the organisation and provision of care, has the potential to enhance the quality of care to patients and respond to unmet needs, while also improving the cost-efficiency and sustainability of care. Therefore, the Programme should facilitate the uptake of innovation in healthcare.

*Amendment*

(7) Innovation in health in terms of products and services, and the organisation and provision of care, has the potential to enhance the quality of care to patients and respond to unmet needs, while also improving the cost-efficiency and sustainability of care. Therefore, the Programme should facilitate the uptake of innovation in healthcare **and promote the introduction of an industrial policy supporting the healthcare sector in the EU.**

Or. fr

*Justification*

*The European Union should introduce, in partnership with all relevant stakeholders, a genuine industrial policy to support research and development in the healthcare sector.*

## Amendment 4

### Proposal for a regulation

#### Recital 10

*Text proposed by the Commission*

(10) In the context of an ageing society, well-directed investments to promote health and prevent diseases can increase the number of ‘healthy life years’ and thus enable the elderly to continue working as they grow older. Chronic diseases are responsible for over 80% of premature mortality in the EU. By identifying, disseminating and promoting the up-take of validated best practices for cost-effective prevention measures focused on the key risk factors, namely smoking, abuse of alcohol **and** obesity, **as well as on HIV/AIDS**, the Programme will contribute to *prevent* diseases and promote good health, also bearing in mind underlying factors of a social and environmental nature.

*Amendment*

(10) In the context of an ageing society, well-directed investments to promote health and prevent diseases can increase the number of ‘healthy life years’ and thus enable the elderly to continue working as they grow older. Chronic diseases are responsible for over 80% of premature mortality in the EU. By identifying, disseminating and promoting the up-take of validated best practices for cost-effective prevention measures focused on the key risk factors, namely smoking, abuse of alcohol, **a sedentary lifestyle, an unhealthy diet and** obesity, the Programme will contribute to *preventing* diseases, **particularly those causing deterioration or loss of physical or cognitive function**, and promote good health, also bearing in mind underlying factors of a social and environmental nature.

Or. fr

*Justification*

*All the above risk factors should be taken into account so as to provide suitably effective protection against chronic diseases.*

## Amendment 5

### Proposal for a regulation

#### Recital 23

*Text proposed by the Commission*

(23) The Programme should be implemented in full respect of the principle of transparency **and with a reasonable balance between its different objectives**.

*Amendment*

(23) The Programme should be implemented in full respect of the principle of transparency. **Budgetary resources should be shared out between objectives**

Appropriate actions covered by the programme's specific objectives and with a clear EU added value should be selected and funded by the Programme. The annual work programmes should set out, in particular, the essential selection criteria applicable to the potential beneficiaries, in accordance with the Financial Regulation, in order to ensure they have the financial and operational capacity to undertake activities financed under the Programme, and, where appropriate, the evidence required to demonstrate their independence.

***in a manner proportionate to their probable advantages for EU citizens' health. There should not, therefore, be a set order of priority for objectives.***

Appropriate actions covered by the programme's specific objectives and with a clear EU added value should be selected and funded by the Programme. The annual work programmes should set out, in particular, the essential selection criteria applicable to the potential beneficiaries, in accordance with the Financial Regulation, in order to ensure they have the financial and operational capacity to undertake activities financed under the Programme, and, where appropriate, the evidence required to demonstrate their independence.

Or. fr

#### *Justification*

*Ranking objectives by granting each of them a pre-defined financial envelope could limit the scope of certain projects.*

### **Amendment 6**

#### **Proposal for a regulation**

##### **Article 2**

#### *Text proposed by the Commission*

The general objectives of the Health for Growth Programme shall be to work with the Member States to encourage innovation in healthcare and increase the sustainability of health systems, to improve the health of the EU citizens and protect them from cross-border health threats.

#### *Amendment*

The general objectives of the Health for Growth Programme shall be to work with the Member States to encourage innovation in healthcare and increase the sustainability of health systems, ***to address the health-related, social and economic challenges posed by population aging and the increase in chronic illnesses***, to improve the health of the EU citizens and protect them from cross-border health threats.

Or. fr

### *Justification*

*Demographic change gives rise to a certain number of issues and challenges, both for the economy and society at large.*

#### **Amendment 7**

##### **Proposal for a regulation**

##### **Article 3 – point 1 – paragraph 2**

###### *Text proposed by the Commission*

This objective will be measured in particular through the ***increase of number of Member States using the developed tools and mechanisms and pieces of advice.***

###### *Amendment*

This objective will be measured in particular through the ***results obtained by Member States' health systems.***

Or. fr

### *Justification*

*The programme's objectives must be measured using the relevant indicators, such as average life expectancy in the various Member States.*

#### **Amendment 8**

##### **Proposal for a regulation**

##### **Article 3 – point 3 – subparagraph 1**

###### *Text proposed by the Commission*

3) To identify, disseminate and promote the up-take of validated best practices for cost-effective prevention measure by addressing the key risk factors, namely smoking, abuse of alcohol and obesity, ***as well as HIV/AIDS***, with a focus on the cross border dimension, in order to prevent diseases and promote good health.

###### *Amendment*

3) To identify, disseminate and promote the up-take of validated best practices for cost-effective prevention measure by addressing the key risk factors, namely smoking, abuse of alcohol, ***an unhealthy diet, a sedentary lifestyle*** and obesity, with a focus on the cross border dimension, in order to prevent diseases and promote good health.

Or. fr

*Justification*

*All the above risk factors should be taken into account so as to provide suitably effective protection against chronic diseases.*

**Amendment 9**

**Proposal for a regulation**

**Article 3 – point 3 – paragraph 2**

*Text proposed by the Commission*

This objective will be measured in particular through the increase of number of Member States involved in promoting good health and preventing diseases, **using the validated best practices.**

*Amendment*

This objective will be measured in particular through the increase **in the** number of **legislative measures and actions taken by** Member States involved in promoting good health and preventing **chronic** diseases.

Or. fr

*Justification*

*The programme's objectives must be measured using the relevant in the various Member States.*

**Amendment 10**

**Proposal for a regulation**

**Article 4**

*Text proposed by the Commission*

The objectives referred to in Article 3 shall be achieved through the actions listed **below** and according to the priorities set out in the work programme referred to in Article 11 of this Regulation.

**1) Contributing to innovative and sustainable health systems:**

**1.1. Develop EU cooperation on Health Technology Assessment in the context of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare;**

*Amendment*

The objectives referred to in Article 3 shall be achieved through the actions listed **in Annex I** and according to the priorities set out in the work programme referred to in Article 11 of this Regulation.

***1.2. Promote the uptake of health innovation and e-Health by increasing the interoperability of e-Health applications;***

***1.3. Support the sustainability of EU health workforce by promoting effective forecasting and planning and efficient recruitment and retention strategies;***

***1.4. Provide expertise to assist Member States undertaking health systems reforms;***

***1.5 Support to the European Innovation Partnership on Active and Healthy Ageing, a pilot project under Europe 2020 flagship initiative Innovation Union;***

***1.6 Actions required by or contributing to the objectives of EU legislation in the fields of medical devices as well as e-Health and Health Technology Assessment provisions in legislation on cross border healthcare;***

***1.7 Foster a health knowledge system, including Scientific Committees, to contribute to evidence-based decision making.***

***2) Increasing access to better and safer healthcare for citizens:***

***2.1. Set up accreditation and support European Reference Networks;***

***2.2. Support action on rare diseases including creation of European Reference Networks (in accordance with 2.1), information and registries based on the common criteria for accreditation;***

***2.3. Strengthen collaboration on patient safety and quality of healthcare, by increasing the availability of information to patients, exchange of best practices and development of guidelines; support action on chronic diseases care and research including development of European guidelines;***

***2.4. Develop guidelines to improve the prudent use of antimicrobials in human***

*medicine and reduce the practices that increase antimicrobial resistance;*

*2.5. Actions required by or contributing to the objectives of EU legislation in the fields of tissues and cells, blood, organs, patients' rights in cross-border healthcare and medicinal products;*

*2.6. Foster a health knowledge system to contribute to evidence-based decision making.*

*3) Promoting good health and preventing diseases:*

*3.1 Exchange best practices on key health issues such as smoking prevention, abuse of alcohol and obesity;*

*3.2. Supporting the prevention of chronic diseases including cancer, by sharing knowledge and best practice and developing joint activities;*

*3.3. Actions required by or contributing to the objectives of EU legislation in the fields of tobacco products and advertisement;*

*3.4. Foster a health knowledge system, to contribute to evidence-based decision making.*

*4) Protecting citizens from cross border health threats:*

*4.1. Strengthen preparedness and response for serious cross border health threats;*

*4.2. Improve risk assessment capacity by providing additional capacities for scientific expertise and map existing assessments;*

*4.3. Support capacity building against health threats in Member States by inter alia developing preparedness and response planning and coordination, common approaches to vaccination, developing guidelines and mechanisms for joint procurement of medical countermeasures;*

**4.4. Actions required by or contributing to the objectives of EU legislation in the fields of communicable diseases and other health threats;**

**4.5. Foster a health knowledge system to contribute to evidence-based decision making.**

***A more detailed description of the content those actions may have is included in Annex I.*** An indicative list of the relevant legislation is provided in Annex II to this Regulation.

An indicative list of the relevant legislation is provided in Annex II to this Regulation.

Or. fr

#### *Justification*

*There is no point reproducing in Article 4 the eligible actions which are listed in greater detail in Annex 1.*

### **Amendment 11**

#### **Proposal for a regulation**

#### **Article 7 – paragraph 2 – point b**

##### *Text proposed by the Commission*

b) actions having a clear EU added value co-financed by other public or private bodies, as referred to in article 8 (1), including international organisations active in the area of health and for the latter, where appropriate without previous call for proposal, duly justified in the annual work programmes;

##### *Amendment*

b) actions having a clear EU added value co-financed by other public or private bodies, as referred to in article 8 (1), including international organisations active in the area of health and for the latter, where appropriate without previous call for proposal, duly justified in the annual work programmes, ***in accordance with the EU financial regulations and its implementing rules;***

Or. fr

## Amendment 12

### Proposal for a regulation

#### Article 11 – paragraph 1 – point g

*Text proposed by the Commission*

g) the actions co-financed by international organisations active in the area of health without previous call for proposal duly justified.

*Amendment*

g) the actions co-financed by international organisations active in the area of health without previous call for proposal duly justified, ***in accordance with the EU financial regulations and its implementing rules.***

Or. fr

## Amendment 13

### Proposal for a regulation

#### Annex I – paragraph 1 – point 1.3

*Text proposed by the Commission*

1.3. Health workforce: develop effective health workforce forecasting and planning in terms of numbers, scope of practice and skills, monitor mobility (within the Union) and migration of health professionals, establish efficient recruitment and retention strategies and capacity development.

*Amendment*

1.3. Health workforce: develop effective health workforce forecasting and planning in terms of numbers, scope of practice and ***the extent to which training matches the requisite*** skills, monitor mobility (within the Union) and migration of health professionals, establish efficient recruitment and retention strategies and capacity development, ***taking due account of issues of dependency and population aging and conducting periodic assessments of these new requirements.***

Or. fr

#### *Justification*

*Particular attention should be paid to the training of healthcare workers in devising an effective strategy to strive for excellence and to meet the different needs of professionals in the EU.*

## Amendment 14

### Proposal for a regulation

#### Annex I – paragraph 1 – point 1.4

##### *Text proposed by the Commission*

1.4. Decision making on health systems reforms: set up a mechanism for pooling expertise at Union level, to provide sound and evidence-based advice on effective and efficient investment in public health and health systems. Facilitate the uptake of the results streaming from research projects supported under the 7th Framework Programme and the in the longer term the activities which will be undertaken in the forthcoming research and innovation programme 2014-2020 (Horizon 2020).

##### *Amendment*

1.4. Decision making on health systems reforms: set up a mechanism for pooling expertise at Union level, to provide sound and evidence-based advice on effective and efficient investment in public health and health systems, ***whilst fostering the competitiveness of stakeholders***. Facilitate the uptake of the results streaming from research projects supported under the 7th Framework Programme and the in the longer term the activities which will be undertaken in the forthcoming research and innovation programme 2014-2020 (Horizon 2020).

Or. fr

##### *Justification*

*Reforms to healthcare systems must be carried out with a medium- and long-term vision of social and economic stakeholders.*

## Amendment 15

### Proposal for a regulation

#### Annex I – paragraph 1 – point 1.5

##### *Text proposed by the Commission*

1.5. Support for the European Innovation Partnership on Active and Healthy Ageing in its three themes: innovation in awareness, prevention and early diagnosis; innovation in cure and care and innovation for active ageing and independent living.

##### *Amendment*

1.5. Support for the European Innovation Partnership on Active and Healthy Ageing in its three themes: innovation in awareness, prevention and early diagnosis; innovation in cure and care, ***particularly concerning the treatment of neurodegenerative diseases***, and innovation for active ageing and independent living.

*Justification*

*The partnership must also promote, as a matter of urgency, innovative solutions in the treatment of neurodegenerative diseases, and in care for patents suffering from them.*

**Amendment 16****Proposal for a regulation****Annex I – paragraph 2 – point 2.4***Text proposed by the Commission*

2.4. Safety: improve the prudent use of antimicrobial agents in medicinal products and reduce the practices that increase antimicrobial resistance; reduce the burden of resistant infections and healthcare-associated infections and secure the availability of effective antimicrobials.

*Amendment*

2.4. Safety: improve the prudent use of antimicrobial agents in medicinal products and reduce the practices that increase antimicrobial resistance, ***particularly in hospitals***; reduce the burden of resistant infections and healthcare-associated infections and secure the availability of effective antimicrobials, ***particularly by closely scrutinising the dosages in which they are administered, the length of treatment and their use in combination with other medicines.***

*Justification*

*Closer attention should be paid to hospitals, where the spread of infections could be avoided by taking targeted health measures. This would have the threefold effect of limiting the prevalence of infections, the consumption of antibiotics and resistance to them.*

**Amendment 17****Proposal for a regulation****Annex I – paragraph 2 – point 2.6***Text proposed by the Commission*

2.6. Fostering a health knowledge system to contribute to evidence-based decision making including collecting and analysing

*Amendment*

2.6 Fostering a health knowledge system to contribute to evidence-based decision making including collecting and analysing

health data and wide- dissemination of the results of the Programme.

health data and wide dissemination of the results of the Programme, ***and supporting efforts to periodically update this data and make it more easily comparable from Member State to Member State.***

Or. fr

*Justification*

*The lack of data that can be compared among the Member States is a major stumbling block to socially and economically effective and viable healthcare policies.*

**Amendment 18**

**Proposal for a regulation**

**Annex I – paragraph 2 – point 2.6 a (new)**

*Text proposed by the Commission*

*Amendment*

***2.6a. Supporting the development of a European industrial policy fostering the competitiveness of the healthcare sector, with a view to improving innovation and giving patients better access to safer and more effective medicines.***

Or. fr

*Justification*

*The European Union should introduce, in partnership with all relevant stakeholders, a genuine industrial policy to support research and development in the healthcare sector.*

**Amendment 19**

**Proposal for a regulation**

**Annex I – paragraph 3 – point 3.1**

*Text proposed by the Commission*

*Amendment*

3.1. Cost-effective promotion and prevention measures: this will include actions towards the setting up of pan-European networks and partnerships

3.1. Cost-effective promotion and prevention measures: this will include actions towards the setting up of pan-European networks and partnerships

engaging wide range of actors in communication and awareness raising actions on key health issues such as smoking prevention, abuse of alcohol, **addressing** obesity with a focus on the cross-border dimension and on Member States with no or little action on these issues.

engaging *a* wide range of actors in communication and awareness raising actions on key health issues such as smoking prevention, abuse of alcohol, ***unhealthy eating and a sedentary lifestyle, as part of effects to address*** obesity with a focus on the cross-border dimension and on Member States with no or little action on these issues.

Or. fr

#### *Justification*

*All the above risk factors should be taken into account so as to provide suitably effective protection against chronic diseases.*

### **Amendment 20**

#### **Proposal for a regulation**

#### **Annex I – paragraph 3 – point 3.2**

##### *Text proposed by the Commission*

3.2. Chronic diseases: support European cooperation and networking on preventing and improving the response to chronic diseases including cancer, by sharing knowledge, good practice and developing joint activities on prevention. **Cancer:** ***follow-up*** work already undertaken; set up a European **cancer** information system with comparable data; support **cancer** screening, including voluntary accreditation mechanisms; support the development of European guidelines for prevention where major inequalities exist.

##### *Amendment*

3.2. Chronic diseases: support European cooperation and networking on preventing and improving the response to chronic diseases including cancer, by sharing knowledge, good practice and developing joint activities on prevention. ***Follow-up*** work already undertaken; set up a European ***chronic disease*** information system with comparable data; support ***chronic disease*** screening, including voluntary accreditation mechanisms; support the development of European guidelines for prevention where major inequalities exist.

Or. fr

#### *Justification*

*EU cooperation measures should be taken to prevent all chronic diseases, not just cancer.*

## Amendment 21

### Proposal for a regulation Annex I – paragraph 3 – point 3.4

*Text proposed by the Commission*

3.4 Fostering a health knowledge system to contribute to evidence-based decision making including collecting and analysing health data and wide- dissemination of the results of the Programme.

*Amendment*

3.4. Fostering a health knowledge system to contribute to evidence-based decision making including collecting and analysing health data and wide dissemination of the results of the Programme, **and support efforts to periodically update this data and make it more easily comparable from Member State to Member State.**

Or. fr

*Justification*

*The lack of data that can be compared among the Member States is a major stumbling block to socially and economically effective and viable healthcare policies.*

## Amendment 22

### Proposal for a regulation Annex I – paragraph 4 – point 4.3

*Text proposed by the Commission*

4.3. Support capacity building against health threats in Member States: develop preparedness and response planning, public health response coordination, common approaches on vaccination; develop guidelines on protective measures in an emergency situation, guidelines on information and guides to good practice; set up a new mechanism for joint procurement of medical countermeasures; develop common communication strategies.

*Amendment*

4.3. Support capacity building against health threats in Member States: develop preparedness and response planning, public health response coordination, common approaches on vaccination, **including the introduction of optimal vaccination cover to effectively combat the resurgence in infectious diseases**; develop guidelines on protective measures in an emergency situation, guidelines on information and guides to good practice; set up a new mechanism for joint procurement of medical countermeasures; develop common communication strategies.

Or. fr

*Justification*

*The EU should be more proactive in implementing its Europe-wide vaccination strategies by ensuring optimal vaccination cover.*

## EXPLANATORY STATEMENT

The Health for Growth Programme has been allocated an overall financial envelope of EUR 446 million over the 2014-2020 period, i.e. over EUR 60 million per year. The programme's scope will be essentially limited to areas in which EU action can bring genuine added value in the healthcare sector. It is fully aligned with the Europe 2020 strategy and aims to foster innovation in healthcare, ensure more viable healthcare systems and improve the well-being of EU citizens.

The funding provided for the programme supplements a number of healthcare promotion measures financed from the structural funds and the Framework Programme for Research and Innovation for 2014-2020. The programme's budget for this period has been increased by 5.7% in relation to the current period (2007-2013).

This funding is potentially available to national authorities, public and private bodies, international organisations and NGOs, who may apply for co-funding for initiatives. Both the programme's modus operandi and procedures for granting such funding must be as straightforward as possible to allow the Member States and healthcare professionals to put it to the best use.

Moreover, healthcare cannot be seen simply as a spur to growth; and the title of the Health for Growth Programme could give rise to confusion. It needs to be stressed that the intention is to show, in this time of economic crisis in Europe, that healthcare more than just synonymous with deficits. The pressures on public finances have made it necessary to reform healthcare systems in order to keep costs under control, while fostering innovation and maximising profitability. Such reforms are essential for healthcare systems to meet rising demand for treatment brought on by population ageing and to continue to provide high-quality treatment for future generations. The title 'Health and Growth' would be a more appropriate one for the programme, so as to avoid any confusion.

The healthcare sector is much more than a way of making progress in the treatment of patients; it must also be a vector for growth, a source of jobs in this time of crisis and a cornerstone of the European economy. In an era characterised by the decline of manufacturing, the healthcare industry is a rare example of a cutting-edge sector that is chiefly based in Europe from the research to distribution stage. It should thus be recognised as a high-technology industry. It should be noted for instance that it takes as many different technologies to produce an anti-cancer drug as to manufacture an Airbus. Progressing from the discovery of an active ingredient all the way to the industrial manufacture of a drug is a challenge in terms of both engineering and technology. Winning the battle of innovation entails greater efforts and resources and cooperation between public and private stakeholders and between researchers in different disciplines.

The programme therefore aims, by more effectively prioritising objectives, to avoid overlaps in its spheres of work and to put its financial resources – which are now scarcer than they were – to better use. It is indispensable that we avoid presenting a catalogue of measures, because that would mean dividing up the available funding. The programme does not aim to

draw up an exhaustive list of illnesses to combat; what we must do is better concentrate our efforts on a shortlist of priority targets.

Budgetary resources should not be shared out between the four objectives of the programme (fostering innovation, improving healthcare quality, improving protection against disease and protecting the public from cross-border health threats) according to a set method. Ranking objectives by granting each of them a pre-defined financial envelope could limit the scope of certain projects.

Moreover, the sums of funding referred to in this legislative procedure may have to be adapted to suit the financial envelope of the Health for Growth Programme in negotiations on the multi-annual financial framework.

The programme's various objectives should be assessed in the light of results obtained from the relevant performance indicators concerning the Member States' healthcare systems (cost as a percentage of GDP, average life expectancy, number of healthy life years, etc.).

The objective of disease prevention necessitates better identification of risk factors so as to draw up more effective strategies. Due account must be paid of the principal risk factors – including poor diet and a sedentary lifestyle – so as to provide a suitably effective level of protection against chronic illnesses. For example, the fact that large numbers of children are overweight or obese undoubtedly means that they run a greater risk of contracting heart disease later in life.

Without targeting any specific illness, greater attention should still be paid to the effects of population ageing. The increase in life expectancy entails an extremely significant rise in the proportion of elderly people, which is forecast to reach 40% by 2030.

This process gives rise to a certain number of issues and challenges, both for the economy and society at large. By keeping citizens healthy for as long as possible, and thereby enabling them to remain physically and socially active, we can maximise their contribution to our productivity and competitiveness.

Improve the health of Europe's elderly will both shield them from suffering brought on by ageing and lighten the load on society in terms of welfare and medical expenditure.

The programme should thus focus to a greater extent on neurodegenerative diseases such as Alzheimer's and other forms of dementia. These are chronic diseases with specific characteristics: they chiefly afflict the elderly and make the patient completely dependent on others and in need of constant assistance. These diseases afflict a great many people (over 7 million people in Europe suffer from a form of dementia), which has serious consequences for healthcare, the economy and society as a whole.

The programme must thus do more to address population ageing and diseases related to old age. This is a cross-cutting issue concurrently affecting objectives No 1 (contributing to innovative and sustainable health systems), No 2 (increasing access to better and safer healthcare for EU citizens) and No 3 (preventing disease and promoting good health).

Efforts must also be made to pre-empt the effects of population ageing, with a view to ensuring that the necessary resources for providing training and life-long learning for workers in this sector are available. The EU must necessarily foster the creation of new jobs either to address new societal challenges such as home support or within structures to help dependent people, whether elderly or not, and must conduct periodical assessments to adapt such structures to the real needs of patients and their carers.

The fourth and final objective of the programme is to protect the public from cross-border health threats; vaccination is a particularly effective way of addressing serious dangers to health.

While vaccination has led to considerable advances in the state of the European public's health, this progress risks being undone by several threats: the high degree of population mobility, the fact that certain groups of people have not yet been vaccinated owing either to insufficient access to healthcare or to an increasing unwillingness to undergo vaccination. Today, the EU must address recent, sustained resurgences in measles, as well as a rise in the number of cases of tuberculosis.

The EU should be more proactive in implementing its Europe-wide vaccination strategies by ensuring optimal vaccination cover. We will succeed in reducing the number of victims caused by these diseases by continued collaboration and innovation, joint planning efforts and by implementing effective prevention measures.