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***II
RECOMMENDATION FOR SECOND READING

on the 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)
(16369/2/2006 – C6-0100/2007 – 2005/0042A(COD))

Committee on the Environment, Public Health and Food Safety

Rapporteur: Antonios Trakatellis

PR_COD_2am

Symbols for procedures

*	Consultation procedure *majority of the votes cast*
**I	Cooperation procedure (first reading) *majority of the votes cast*
**II	Cooperation procedure (second reading) *majority of the votes cast, to approve the common position* *majority of Parliament's component Members, to reject or amend the common position*
***	Assent procedure *majority of Parliament's component Members except in cases covered by Articles 105, 107, 161 and 300 of the EC Treaty and Article 7 of the EU Treaty*
***I	Codecision procedure (first reading) *majority of the votes cast*
***II	Codecision procedure (second reading) *majority of the votes cast, to approve the common position* *majority of Parliament's component Members, to reject or amend the common position*
***III	Codecision procedure (third reading) *majority of the votes cast, to approve the joint text*

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

Amendments to a legislative text

In amendments by Parliament, amended text is highlighted in ***bold italics***. Highlighting in *normal italics* is an indication for the relevant departments showing parts of the legislative text for which a correction is proposed, to assist preparation of the final text (for instance, obvious errors or omissions in a given language version). These suggested corrections are subject to the agreement of the departments concerned.

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DRAFT EUROPEAN PARLIAMENT LEGISLATIVE RESOLUTION

on the 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)
(16369/2/2006 – C6-0100/2007 – 2005/0042A(COD))

(Codecision procedure: second reading)

The European Parliament,

– having regard to the Council common position (16369/2/2006 – C6-0100/2007),

– having regard to its position at first reading[1] on the Commission proposal to Parliament and the Council (COM(2005)0115)[2],

– having regard to the amended Commission proposal (COM(2006)0234)[3],

– having regard to Article 251(2) of the EC Treaty,

– having regard to Rule 62 of its Rules of Procedure,

– having regard to the recommendation for second reading of the Committee on the Environment, Public Health and Food Safety (A6-0184/2007),

1. Approves the common position as amended;

2. Instructs its President to forward its position to the Council and Commission.

Council common position	Amendments by Parliament
Amendment 1 Recital 7	
(7) Eight leading causes of mortality and morbidity from NCDs in the WHO European Region are cardiovascular diseases, neuropsychiatric disorders, cancer, digestive diseases, respiratory diseases, sense organ disorders, musculoskeletal diseases and diabetes mellitus.	(7) Eight leading causes of mortality and morbidity from NCDs in the WHO European Region are cardiovascular diseases, neuropsychiatric disorders, cancer, digestive diseases, respiratory diseases, sense organ disorders, musculoskeletal diseases and diabetes mellitus. ***Accordingly, the Commission should submit, during the course of this Framework Programme, proposals for Council Recommendations***

[1] OJ C 291 E, 30.11.2006, p. 372..
[2] Not yet published in OJ.
[3] Not yet published in OJ.

on the prevention, diagnosis and control of major diseases.

Justification

Reinstating amendment 105 of 1st reading (new place). 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 2
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 interests.***

Justification

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

Amendment 3
Recital 18

(18) Best practice is important because health promotion and prevention should be	(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.	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.***

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 4
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 5
Recital 25

(25) This Decision establishes, for the entire duration of the programme, a financial envelope which constitutes the prime reference within the meaning of point 37 of the Interinstitutional Agreement of 17 May 2006 between the European	(25) This Decision establishes, for the entire duration of the programme, a financial envelope which constitutes the prime reference within the meaning of point 37 of the Interinstitutional Agreement of 17 May 2006 between the European

Parliament, the Council and the Commission on budgetary discipline and sound financial management, for the budgetary authority during the annual budgetary procedure.	Parliament, the Council and the Commission on budgetary discipline and sound financial management, for the budgetary authority during the annual budgetary procedure. ***The budgetary authority and the Commission, when it draws up the preliminary draft budget, undertake not to depart by more than 5 % from that amount for the entire duration of the programme unless new, objective, long-term circumstances arise for which explicit and precise reasons are given, with account being taken of the results obtained from implementing the programme, in particular on the basis of assessments. Any increase resulting from such variation should remain within the existing ceiling for the heading concerned.***

Justification

Due to the reduced budget, it is necessary to explore and utilise all possibilities provided by IIA to make available more resources for the programme in the annual budgetary procedure.

Amendment 6
Recital 25 a (new)

	(25a) The budgetary authority could decide to modify the annual programming foreseen by the Commission, which is purely indicative, and increase the commitment and payment appropriations over the first two or three years of the period, possibly with a monitoring clause, in accordance with the provisions of the Interinstitutional Agreement (IIA).

Justification

Due to the reduced budget, it is necessary to explore and utilise all possibilities provided by IIA to make available more resources for the programme in the annual budgetary procedure

Amendment 7
Recital 25 b (new)

	(25b) Point 27 of the IIA provides that the Flexibility Instrument with an annual ceiling of EUR 200 million (current prices) is intended to allow the financing, for a given financial year and up to the amount indicated, of clearly identified expenditure which could not be financed within the limits of the ceilings available for one or more other headings.

Justification

Due to the reduced budget allocated to the programme, all possibilities provided by IIA should be explored.

Amendment 8
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 9
Article 2, paragraph 2, indent 2

- to promote health,	- to promote ***policies which lead to a healthier way of life and help bridge*** health ***inequalities***,

Justification

This amendment reinstates the original Commission proposal and incorporates an element at amendment 50 of first reading.

Amendment 10
Article 3, paragraph 1

1. The financial envelope for the implementation of the Programme for the period specified in Article 1 is hereby set at ***EUR 365 600 000***.	1. The financial envelope for the implementation of the Programme for the period specified in Article 1 is hereby set at ***EUR 402 160 000***.

Justification

The proposed 10% increase is to slightly rectify the drastic cut of the budget. In first reading, Parliament proposed a budget of € 1 500 million. Following the example of LIFE+, where Parliament also adopted an increase to the budget in second reading, the necessary funds should be made available by deploying the margin of Heading 3b.

Amendment 11
Article 3, paragraph 2

2. Annual appropriations shall be authorised by the budgetary authority within the limits of the financial framework.	2. Annual appropriations shall be authorised by the budgetary authority within the limits of the financial framework ***and in accordance with the legislative flexibility afforded under Point 37 of the IIA, the Flexibility Instrument provided for under Point 27 of the IIA and the mid-term review provided for in Declaration No 3 of the IIA***.

Justification

Due to the asymmetry in the allocation of Community funding to the Health Programme and the other multi-annual programmes, the funding to the Health Programme should be increased in accordance with the legislative flexibility, the flexibility instrument and the mid-term review of the Financial Framework.

Amendment 12
Article 4, paragraph 3

3. Financial contributions by the Community may, where appropriate given the nature of the objective to be achieved, include joint financing by the Community and one or more Member States or by the	3. Financial contributions by the Community may, where appropriate given the nature of the objective to be achieved, include joint financing by the Community and one or more Member States or by the

Community and the competent authorities of other participating countries. In this case, the Community contribution shall not exceed 50%, except in cases of exceptional utility, where the Community contribution shall not exceed 70%. These Community contributions may be awarded to a public body or a non-profit-making body designated through a transparent procedure by the Member State or the competent authority concerned and agreed by the Commission.	Community and the competent authorities of other participating countries. In this case, the Community contribution shall not exceed 50%, except in cases of exceptional utility, where the Community contribution shall not exceed 70%. These Community contributions may be awarded to a public body or a non-profit-making body designated through a transparent procedure by the Member State or the competent authority concerned and agreed by the Commission. ***These Community contributions should be granted on the basis of the criteria for patients' and consumers' organisations adopted by the European Medicines Agency.***

Justification

Reinstating amendment 54 of first reading.

Amendment 13
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 patient mobility***.

Justification

The Annex should contain an explicit reference to patient mobility. Reinstates partly amendment 114 of first reading.

Amendment 14
Annex, point 2.1.2 a (new)

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

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 15
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.

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 16
Annex, Point 2.2.3.

2.2.3. ***Support action on*** the health effects of wider environmental and socio-economic determinants.	2.2.3. ***Address*** the health effects of wider environmental ***determinants***, ***in particular indoor air quality and exposure to toxic chemicals,*** and socio-economic determinants.

Justification

The wording on the environment and health should be stronger along the line of amendment 93 of first reading.

Amendment 17
Annex, Point 3.1.1a. (new)

	3.1.1a. Establish a Community system for cooperation between centres of reference to enhance the application of best practice within Member States.

Justification

Even if the objective on health system has been taken out, support for the cooperation between the existing centres of reference should be incorporated in the Annex. This amendment reinstates the original Commission proposal and elements from amendment 116 of first reading.

Amendment 18
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 registers on major diseases, such as cancer, and at the very least, on cervical cancer, breast cancer and colorectal cancer, based on the data collected when implementing the Council recommendation on cancer screening; develop methodologies and database maintenance; the statistical element of this system will be developed together with the Community Statistical Programme.***

Justification

Reinstating amendment 126 of first reading in a modified form.

EXPLANATORY STATEMENT

Background

In spring 2005, the Commission presented a proposal for a joint Health and Consumer Protection programme for 2007-2013, arguing that combining two fairly small programmes into one big programme would bring about synergies both in terms of administration and policy-making. The programme should also have adequate resources, € 1 203 million, to implement measures in the fields of public health and consumer policy.

The European Parliament did not support the idea of a joint programme for two completely separate policy areas but decided to split it into two parts, the health programme and the consumer protection programme. The budget was split respecting the traditional breakdown between the two areas. When Parliament adopted the programmes in first reading, it maintained the original budget for the Consumer Protection Programme and considerably increased the budget for the Health Programme (from € 969 million to €1 500 million). This was to give a clear message to the Council and the Commission of Parliament's priorities.

The budgets of the new multi-annual programmes in all policy areas were part of the negotiations on the new Financial Framework for 2007-2013. Member States' compromise in December 2005 left the funding of a number of policy areas much below the level that the Commission had originally proposed. The European Parliament was partly able to correct the situation in the negotiations with the Council in spring 2006, but the consequences of the deal were worse for some policy areas than others.

One of the policy areas to suffer most was public health, and the Health Programme became the biggest victim. The budget originally proposed by the Commission of €969 million, increased by Parliament to €1 500 million, shrank to just €365.6 million. Consequently, the Commission had to streamline the programme when it presented its revised proposal after Parliament's first reading and the deal on the Financial Framework.

Your rapporteur, with the support of the shadow rapporteurs, explored all possibilities to rectify the situation. All the attempts rebounded from the Council, even if the Finnish Presidency did show some goodwill when negotiating with Parliament. The Council reached a political agreement on the Health Programme 2007-2013 in the end of November 2006, adopting largely the text of the Commission's revised proposal, including the budget.

Issues for second reading

Your rapporteur acknowledges that the margin for manouvre as regards the budget is limited. He points out, however, that the Financial Framework does offer some flexibility in terms of the margins of each heading as well as the annual budgetary procedure. Given the importance of the Health Programme, the existing opportunities should be actively explored and utilised.

It is also necessary to revisit the text itself. It is clear that in the new circumstances, with a reduced budget, it is no longer sensible to adopt an extremely detailed list of actions for the

programme. But it is still necessary to correct a few issues that Parliament considered important in first reading. One of them concerns the aim of the programme. In first reading, Parliament considered very important that the programme explicitly addresses health inequalities. Consequently, this should be mentioned in the aim and objectives of the programme. It also called for criteria for NGOs eligible for direct funding from the programme, more precise wording for actions on environment and health, a Community system for cooperation between centres of reference and the establishment of a Europe-wide register on those cancers which are covered by the Council recommendation on cancer screening. Your rapporteur has incorporated corresponding amendments in his draft recommendation. Given the wide consensus in Parliament on these modifications, the Council should show flexibility if it wants to avoid conciliation.

PROCEDURE

Title	Community action programme in the field of health (2007-2013)
References	16369/2/2006 - C6-0100/2007 - 2005/0042A(COD)
Date of Parliament's first reading – P number	16.3.2006 T6-0093/2006
Commission proposal	COM(2005)0115 - C6-0097/2005
Amended Commission proposal	COM(2006)0234
Date receipt of common position announced in plenary	29.3.2007
Committee responsible Date announced in plenary	ENVI 29.3.2007
Rapporteur(s) Date appointed	Antonios Trakatellis 24.5.2005
Discussed in committee	11.4.2007
Date adopted	8.5.2007
Result of final vote	+: 42 –: 0 0: 1
Members present for the final vote	Adamos Adamou, Georgs Andrejevs, Margrete Auken, Irena Belohorská, Johannes Blokland, John Bowis, Frieda Brepoels, Martin Callanan, Dorette Corbey, Chris Davies, Avril Doyle, Mojca Drčar Murko, Jill Evans, Satu Hassi, Gyula Hegyi, Jens Holm, Marie Anne Isler Béguin, Dan Jørgensen, Christa Klaß, Urszula Krupa, Marie-Noëlle Lienemann, Peter Liese, Linda McAvan, Alexandru-Ioan Morţun, Roberto Musacchio, Riitta Myller, Péter Olajos, Miroslav Ouzký, Daciana Octavia Sârbu, Karin Scheele, Carl Schlyter, Horst Schnellhardt, Kathy Sinnott, Antonios Trakatellis, Thomas Ulmer, Anja Weisgerber, Åsa Westlund, Anders Wijkman, Glenis Willmott
Substitute(s) present for the final vote	Christofer Fjellner, Adam Gierek, Alojz Peterle, Andres Tarand