

EUROPEAN PARLIAMENT

2004



2009

Session document

A6-0350/2008

16.9.2008

REPORT

on ‘Together for Health: A Strategic Approach for the EU 2008-2013’
(2008/2115(INI))

Committee on the Environment, Public Health and Food Safety

Rapporteur: Alojz Peterle

CONTENTS

| | Page |
|---|-------------|
| MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION..... | 3 |
| EXPLANATORY STATEMENT | 12 |
| OPINION OF THE COMMITTEE ON EMPLOYMENT AND SOCIAL AFFAIRS | 14 |
| OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND GENDER EQUALITY | 19 |
| RESULT OF FINAL VOTE IN COMMITTEE..... | 23 |

MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

**on the White Paper entitled ‘Together for Health: A Strategic Approach for the EU 2008-2013’
(2008/2115(INI))**

The European Parliament,

- having regard to Article 152 and Articles 163 to 173 of the EC Treaty,
- having regard to the Commission White Paper entitled ‘Together for Health: A Strategic Approach for the EU 2008-2013’ (COM(2007)0630),
- having regard to the Council Conclusions on the White Paper entitled ‘Together for Health: A Strategic Approach for the EU 2008-2013’,
- having regard to the opinion of the Committee of the Regions on the White Paper entitled ‘Together for Health: A Strategic Approach for the EU 2008-2013’,
- having regard to Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-2013)¹,
- having regard to the Council Conclusions on common values and principles in European Union health systems²,
- having regard to Council Decision 2004/513/EC of 2 June 2004 concerning the conclusion of the World Health Organisation (WHO) Framework Convention on Tobacco Control³,
- having regard to the Council Conclusions on women’s health⁴,
- having regard to the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013),
- having regard to the White Paper on ‘A Strategy for Europe on Nutrition, Overweight and Obesity related health issues’ (COM(2007)0279),
- having regard to its resolution of 6 July 2006 on protecting European healthcare workers from blood-borne infections due to needlestick injuries⁵,
- having regard to the WHO guidelines in the framework strategy on ‘Health for All in the 21st Century’,
- having regard to its resolution of 22 April 2008 on organ donation and transplantation:

¹ OJ L 301, 20.11.2007, p. 3.

² OJ C 146, 22.6.2006, p. 1.

³ OJ L 213, 15.6.2004, p. 8.

⁴ OJ C 146, 22.6.2006, p. 4.

⁵ OC C 303E, 13.12.2006, p. 754.

Policy actions at EU level¹,

- having regard to its resolution of 10 April 2008 on combating cancer in the enlarged European Union²,
- having regard to its resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work³,
- having regard to its resolution of 12 July 2007 on action to tackle cardiovascular disease⁴,
- having regard to its resolution of 6 September 2006 on improving the mental health of the population - towards a strategy on mental health for the European Union⁵,
- having regard to its resolution of 23 February 2005 on the European Environment and Health Action Plan 2004-2010⁶,
- having regard to its declaration of 27 April 2006 on diabetes⁷,
- having regard to Rule 45 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 Employment and Social Affairs and the Committee on Women's Rights and Gender Equality (A6-0350/2008),

- A. whereas health is one of the most precious things, whereas our goal is health for all and whereas we must guarantee a high level of health,
- B. whereas the Article 21 of the Charter of Fundamental Rights of the European Union⁸ states that any discrimination inter alia on grounds of sex, race, colour, ethnic or social origin shall be prohibited and Article 35 states that everyone has the right of access to preventive health care and the right to medical treatment and that a high level of human health protection shall be ensured,
- C. whereas the positive effect of developments in health is that more and more people are living longer,
- D. whereas increasing rates of cancer, diabetes, cardiovascular disease, rheumatic diseases, mental illness, overweight and obesity problems, along with malnutrition and inadequate nutrition, and HIV/AIDS, the poor quality of the environment and the re-emergence of certain diseases associated with growing social inequalities, as well as new challenges are

¹ Texts Adopted, P6_TA (2008)0130.

² Texts Adopted, P6_TA (2008)0121.

³ Texts Adopted, P6_TA (2008)0009.

⁴ OJ C 175E, 10.7.2008, p. 561.

⁵ OJ C 305E, 14.12.2006, p. 148.

⁶ OJ C 304 E, 1.12.2005, p. 264.

⁷ OJ C 296 E, 6.12.2006, p. 273.

⁸ OJ C 364, 18.12.2000, p. 1.

increasingly threatening health in the EU and beyond, thus increasing the need for prevention and formal and informal health and care provision as well as rehabilitation after sickness,

- E. having regard to possible new threats to health with cross-border dimensions, such as pandemics, new communicable disease patterns, tropical diseases and biological terrorism, and to the consequences of climate change and globalisation, particularly as regards water, food, increased poverty and migration, as well as existing threats such as environmental pollution, which are becoming more serious,
- F. whereas supportive health care systems are an essential element of the European Social Model and social and health services of general interest perform a general interest task, thus making a major contribution to social justice and social cohesion,
- G. whereas population ageing is changing disease patterns thus increasing the need for formal and informal health and care provision and putting pressure on the sustainability of health systems, and whereas therefore special attention needs to be devoted to support for research and innovation by both the public and the private sector, and whereas strong policies are called for in support of the first stages of life, particularly in some Member States,
- H. whereas there are wide disparities in health care between and within Member States,
- I. whereas citizens increasingly expect common and effective action on health,
- J. whereas at the same time the competences of Member States in the field of health and their freedom to decide what kind of health services they consider appropriate to provide must be respected, in strict compliance with the principle of subsidiarity, including respect for the different management systems and for the specific approaches chosen by the Member States in integrating public and private provision of health care services,
- K. whereas in the event of concerns based on ethical grounds, it remains within the competence of the Member States to determine whether or not a certain service constitutes a health service,
- L. whereas there are areas where Member States cannot act alone effectively and whereas the EU is committed to a common health policy with which it can provide added value (e.g. exchange of information and good practice),
- M. whereas investment in health is essential for human development and has an indirect impact on the various sectors of the economy,
- N. whereas opportunities for disease prevention remain unexploited,
- O. whereas antibiotics are becoming increasingly useless as antibiotic resistance rises, whereas resistance levels vary across the EU, resulting from different attitudes to the use and control of antibiotics (3 to 4 times greater consumption of antibiotics in some Member States than in other Member States), whereas antibiotic resistance is a European problem as frequent movements including tourism take place increasing the risk of spreading the

resistant bacteria, and inappropriate use of antibiotics should therefore be monitored and prudent use of antibiotics encouraged, whereas the European Centre for Disease Prevention and Control (ECDC) serves as the appropriate agency to coordinate these activities,

- P. whereas 40% of health spending is linked to unhealthy lifestyles (arising for instance from consumption of alcohol, tobacco, inactivity and poor diet),
 - Q. whereas effective protection of health and safety at work can prevent industrial accidents, inhibit the emergence of occupational diseases and reduce the number of people permanently disabled for work-related reasons,
 - R. whereas malnutrition, which affects a significant number of EU citizens, including an estimated 40% of patients in hospitals and between 40% and 80% of older people in care homes, costs European health care systems similar amounts to obesity and overweight,
 - S. whereas health is not only influenced by alcohol, tobacco, inactivity, diet and similar external factors, and therefore more attention should be devoted to the psychosomatic dimension of many diseases and to the deeper causes of the growing number of people affected by depression and other mental disorders,
 - T. whereas Member States should further promote assistance to people affected by a chronic disease and/or by a disability so as to allow them to be integrated into society to the fullest extent possible,
 - U. whereas, in many Member States, the increasing demand for health care services is creating an urgent need to take active steps to recruit and retain health care professionals and to provide services to support relatives and friends who provide unpaid care for dependants,
 - V. whereas more attention should be paid in the EU's health strategy to long-term care using new technologies, the care of persons suffering from chronic diseases and the provision of home-based health care for the elderly and for people with physical or mental disabilities and services for those who care for them and whereas, in this context, synergies between health services and social services should be sought,
1. Welcomes the above-mentioned Commission White Paper on a Community health strategy for the period 2008-2013 and supports the values, principles, strategic goals and specific actions set out therein;
 2. Believes that, given the existence of new threats to health, there is a need to address health as a key political issue in the Lisbon Strategy, which includes the need to provide citizens with access to decent health care of the highest quality available to ensure a healthy and competitive workforce;
 3. Deplores the fact that the White Paper does not set specific quantifiable and measurable objectives whose attainment could produce tangible results, and recommends that such objectives be adopted;

4. Stresses that health care needs the support of effective policies in all areas and at all levels in the Member States and the EU ('Health in All Policies') and at a global level;
5. Stresses the fundamental importance of recognising the right of men and women to have a greater say on matters concerning their health and its care and the right of children to unconditional protection of their health, on the basis of the general principles of universality, equality and solidarity;
6. Notes that, according to the WHO, chronic diseases and particularly strokes and heart disease are steadily overtaking infectious diseases;
7. Recommends, as part of efforts to prevent disease, the widespread adoption of the practice of performing health impact assessments, as the impact on human health of the decisions of decision-making bodies at various levels including local and regional authorities and national parliaments is measurable;
8. Stresses that action plans should address, in particular, the causes of certain diseases and the need to reduce and prevent epidemics and pandemics; points out that problems also exist which are linked to gender, such as prostate cancer in the case of men and cervical cancer in the case of women and that specific policies should be developed on these;
9. Recommends that the mandate of the ECDC be extended to non-communicable diseases;
10. Proposes that the Commission set as a priority goal a reduction in avoidable health inequalities and inequities between and within Member States, as well as between different social groups and sections of the population, including men and those with mental health problems; moreover, calls on the Member States to fully enforce such Community legislation as the Transparency Directive (89/105/EEC);
11. Stresses that actions aimed at reducing inequities in health should include targeted promotion, public education and prevention programmes;
12. Believes that disease prevention efforts and vaccination campaigns, where effective products exist, should be stepped up significantly; therefore urges the Commission to draw up an ambitious plan for preventive actions for the entire 5-year period; agrees that spending on health, particularly on prevention and early diagnosis of diseases, is not only a cost but also an investment that could be evaluated in terms of Healthy Life Years (HLYs) as a Lisbon Structural Indicator;
13. Underlines the fact that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;
14. Stresses that access to reliable, independent and comparable information about healthy behaviours, diseases and treatment options is a prerequisite for an effective disease prevention strategy;
15. Stresses that the desire to prevent diseases must not lead to a climate in society that would prevent children with a chronic disease or a disability from being born; asks the Commission to promote concrete assistance to parents of children with a chronic disease

and/or a disability;

16. Stresses furthermore that, in order to promote investment in health, it is vital to measure the effectiveness of investments to date and to publish the findings;
17. Stresses the importance of carrying out well-organised, comprehensive and effective screening programmes to facilitate the early detection and immediate treatment of disease, thereby reducing the associated mortality and morbidity;
18. Believes that the rights of citizens to have access to health care and their responsibility for their own health should be fundamental in the context of an EU which imposes high health and food safety standards throughout people's lifetimes and calls for further investment in research on health literacy in order to identify the most appropriate strategies to address this issue across different groups of the population; encourages all sectors of society to lead healthy lifestyles;
19. Stresses that the concept of 'healthy lifestyle' (i.e. a healthy diet, the absence of drug abuse and sufficient physical activity) needs to be complemented by a psychosocial dimension (i.e. a balanced approach to work and family life); argues that a healthy lifestyle includes good mental and physical health and that these are also important factors in maintaining a competitive economy;
20. Expects the Commission to pay particular attention to the question of the sustainability of health systems and, in that context, also to the role and responsibility of the pharmaceutical industry;
21. Welcomes the Commission's intention to define fundamental health values and establish a system of health indicators (at national and sub-national level) and to promote health literacy programmes and programmes to prevent health problems;
22. Stresses that the prohibition on making the human body and its parts as such a source of financial gain, as mentioned in Article 3 of the EU Charter of Fundamental Rights, should be considered a guiding principle in the area of health, especially in the field of cell, tissue and organ donation and transplantation;
23. Welcomes the Commission's intention, in the spirit of 'health for all', to promote health and disease prevention among all age groups; stresses the need to highlight key health-related issues, such as nutrition, obesity, malnutrition, physical activity, consumption of alcohol, drugs and tobacco and environmental risks, including air pollution, both at the workplace and at home, and in compliance with the principle of equality between men and women, providing support for healthy ageing and reducing the burden of chronic illnesses;
24. Urges the Commission to take a more holistic approach to nutrition and make malnutrition, alongside obesity, a key priority in the field of health, incorporating it wherever possible into EU-funded research, education and health promotion initiatives and EU-level partnerships;
25. Calls on the Commission and the Member States, in the framework of the EU's health strategy, to work towards the development of guidelines for a common definition of

disability, which may include people with chronic illnesses or cancer and, in the meantime, for Member States that have not yet done so, to act as quickly as possible to include such people within their national definitions of disability;

26. Furthermore, requests that priority be given to ensuring that persons with disabilities are given equal access to health care and that funding is granted to reflect this focus;
27. Demands effective measures to combat antibiotic resistance including measures to make antibiotics prescription only, guidelines to decrease the prescription of antibiotics to limit it to cases in which the use of an antibiotic is indeed necessary, efforts to improve marker tests in order to encourage a more cautious use of antibiotics, and, where appropriate, hygiene codes; calls for special attention to be paid to the methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria; points out that the ECDC should monitor and evaluate the application of the guidelines and codes;
28. Draws the attention of the Commission and Member States to the need to support research and promote the prevention, early diagnosis and suitable treatment of chronic diseases in order to ensure sufferers' welfare and quality of life;
29. Acknowledges the vital role of carers in health and health care provision and therefore requests that attention be given to policies which support carers and protect their health alongside the health of those who they care for;
30. Notes that in order to facilitate the mobility of health care professionals and ensure patient safety throughout the EU, the sharing of information between Member States and between their respective regulatory bodies for health care professionals is essential;
31. In the framework of the EU's health strategy, calls for more effective exchanges of best practices within the EU in all areas of health-care provision, in particular in relation to screening programmes and the diagnosis and treatment of serious illnesses such as cancer;
32. Believes that the EU should take further steps to protect health care workers from accidents and injury in the workplace where there is scientific or medical evidence of need;
33. Considers that poor application of Community environmental legislation also has an adverse impact on the state of health of European citizens;
34. Stresses that, in certain situations, European citizens face health problems such as air pollution which represent a considerable threat to health, affecting the proper development of children and reducing life expectancy in the EU¹;
35. Believes that action to promote healthy lifestyles in families, schools, hospitals, care homes, workplaces and places of leisure is essential to successful disease prevention : and good mental health; recognises that the family is of vital importance in establishing a 'healthy lifestyle' model which is often replicated in later life;
36. Draws the attention of the Commission and the Member States to Article 3 of the UN

¹ Report, 'Europe's environment: 4th assessment, summary – European Environment Agency (10 October 2007).

Convention on the Rights of the Child, which calls for legislative bodies to treat the interests of children as a primary consideration, one way being to make the necessary provision for maternity and parental leave, for health protection and access to health services during maternity, taking into account in particular the effect that parents' presence and affection, as well as breastfeeding, have on an infant's mental and physical development;

37. Stresses the need to improve health care and information for pregnant and breastfeeding women concerning the risks associated with alcohol, drug and tobacco consumption during pregnancy and breastfeeding;
38. Stresses the need to increase public awareness of reproductive and sexual health in order to prevent unwanted pregnancies and the spread of sexually transmitted diseases and reduce the social and health problems caused by infertility;
39. Supports action on specific types of disease and believes that, in order to be more effective, suitable working methods and organisation need to be found to improve interinstitutional cooperation;
40. Calls on the Commission and Member States to consider the contribution which integrated social and health policies (socially relevant health service provision) could make to a modern approach to the promotion and protection of health, particularly for the most vulnerable sections of the population such as young children and those who are not self-sufficient;
41. Believes that the EU should increasingly focus its research programme efforts on important but often neglected patient groups, such as those with mental health problems and men;
42. Invites the Commission and the Member States further to explore, in the framework of the strategy, the synergies between scientific and technological research, particularly as regards new kinds of research in medical areas that are currently underfunded, on the one hand, and the development of new medical sectors and therapies on the other, in order to make it possible for everyone to have access to these therapies as they can have a very positive impact on the health status of EU citizens and in terms of increasing the efficiency of the system;
43. Welcomes the approach proposed by the Commission with a view to combating effectively the counterfeiting of medicines and encourages the Commission to promote the drafting of an international convention on this subject or the appending of an additional protocol to the UN Convention against Transnational Organised Crime (Palermo Convention);
44. Calls on the Commission and the Member States to establish centres of excellence for each important disease group, which should serve as a point of reference, information and guidance for patients and their families, doctors, health care workers, industry and others;
45. Points out that regional and local health authorities in many Member States are often responsible for the planning, management, operation and development of the health sector

and often also bear the financial responsibility for the sector, have a thorough knowledge and understanding of the health sector and are essential partners in the formulation and implementation of health policy;

46. Calls on the Commission and Member States to consider the recognised positive impact of thermal cures on the convalescence and on preserving people's health;
47. Calls on the Commission to support the development of e-health, new health care technologies and user-driven innovation in medical devices;
48. Welcomes the Commission's proposal to set up an EU-level structured cooperation mechanism and to establish closer cooperation with stakeholders, with the participation of civil society; stresses the need to include employers' and employees' organisations in partnership;
49. Calls on Member States, along with regional and local authorities, to use the cooperation mechanism to improve the exchange of best practice; calls on the Commission to be proactive in producing guidelines and recommendations based on such good practice;
50. Agrees that actions under the Strategy must be supported by existing financial instruments until the end of the current Financial Framework (2007-2013), without additional budgetary consequences;
51. Calls upon the Commission to recommend to Member States, when they formulate national health strategies, to include priorities to be pursued in other projects not confined to the field of public health;
52. Instructs its President to forward this resolution to the Council and the Commission and to the Governments and Parliaments of the Member States.

EXPLANATORY STATEMENT

At the end of 2007 the Commission adopted an EU health strategy entitled ‘Together for Health: A Strategic Approach for the EU 2008-2013’, which is based on a commitment by the Member States and the Community to respect the common values and principles of health policy, to provide the conditions for citizens to exercise rights and responsibilities with regard to their own health throughout their lives and to be actively involved in the processes of decision-making and adapting healthcare to patients’ needs, to reduce inequities in health between individual social groups, Member States and regions, to view investments in health as a condition for economic development and to consistently include health in policy at all levels.

Health is one of the most important values in people’s lives. Worrying health trends, particularly increasing rates of cancer, cardiovascular disease, diabetes and obesity, despite advances in treatment, mean that this value is increasingly under threat.

Furthermore, population ageing, climate change and globalisation are bringing new challenges. There is talk of potential pandemics and biological terrorism. The WHO is predicting a cancer epidemic in the coming years. Meanwhile, demand for mobility of patients and health professionals is increasing.

Health systems and their financing are coming under increasing pressure. In recent years the cost of medicines has been rising faster than overall health costs, giving rise to public concern about equality of healthcare and the sustainability of health systems. A number of Member States are attempting to reform their health systems.

Major inequities in health exist between and within EU Member States. As far as cancer is concerned, differences in survival rates between the new and old Member States are such that we can talk about an ‘iron curtain in health’. According to Eurostat, despite an overall ageing of the population, life expectancy at birth varies between EU countries by nine years for women and by 13 years for men, and infant mortality rates vary sixfold. In this area the EU needs to strengthen action to reduce inequities, in particular through good practice exchange in various areas and targeted promotion and public education for better healthcare.

Health was already mentioned in the Treaty establishing a Coal and Steel Community, and has been given increasing importance with each successive treaty. Although under Article 152 of the Amsterdam Treaty health falls within the competence of the Member States, using the Community and intergovernmental method the EU strives to achieve an effective policy in those areas where the Member States cannot act effectively alone. Complying with the subsidiarity principle should be one of the starting points for working together, not an excuse not to take joint action.

It is clear that the health sector needs a long-term strategic and comprehensive approach, which will require all the main actors in the Member States and at EU level to work in cooperation. If we want to improve cooperation we need to determine which forms of interinstitutional cooperation can enhance the effectiveness of our joint efforts.

A key strategic breakthrough is needed in the area of disease prevention. Although the importance of preventing disease has been highlighted for many years, it still attracts only 3%

of health budgets. At the same time we know that with a prevention policy we could achieve much better results, as 40% of diseases are linked to unhealthy lifestyles and a third of cancers are preventable.

The Lisbon Strategy makes clear that health is a highly important economic factor. Money invested in healthcare should be seen not solely as a cost, but also as an essential part of the investment in the quality of human capital.

Health must therefore be regarded as one of the key social and political issues on which the future of the EU depends. If we wish to improve the general level of health we will need to implement as soon as possible a coherent, cross-sectoral health policy which is coordinated between the various levels ('Health in all policies'). This means that health policy will need to be present in the reformed common agricultural policy (with the emphasis on the production of healthy food), environmental protection policy, industrial policy, transport policy, development policy, research and technological innovation, education, sport and social welfare.

It must be the goal of such a policy to achieve health for all with the possibility for citizens to choose the path to better health.

In that context the Commission White Paper and the Council Conclusions of December 2007 offer a basis for more joint actions to achieve the effective development of health policy. We need to define the fundamental health values, a system of EU health indicators and ways to reduce inequities in health; develop a programme of analytical studies of health status, investment in health and economic growth and development; adopt measures to promote health at all ages; establish measures relating to tobacco, nutrition, alcohol, mental health and other factors affecting health; strengthen mechanisms for monitoring and responding to health threats; support innovations in health systems and propose mechanisms for implementing structured cooperation between EU institutions.

26.6.2008

OPINION OF THE COMMITTEE ON EMPLOYMENT AND SOCIAL AFFAIRS

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

Together for Health: A Strategic Approach for the EU 2008–2013
(2007/2115(INI))

Draftsman: Milan Cabrnoch

SUGGESTIONS

The Committee on Employment and Social Affairs calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- A. whereas supportive health care systems are an essential element of the European Social Model and social and health services in the general interest perform a general interest task, thus making a major contribution to social justice and social cohesion,
- B. whereas access to health care is a fundamental right laid down in Article 35 of the Charter of Fundamental Rights of the European Union and providing equal access for all to high-quality health care is a core task of the Member States' public authorities,
- C. whereas the Member States are responsible for the organisation of health care, in accordance with the principle of subsidiarity and pursuant to Article 152(5) of the EC Treaty,
- D. whereas all Union citizens are entitled to receive health care,
- E. whereas good health and a high level of health protection have a positive effect on safeguarding employment and on citizens' welfare and contribute to greater productivity and competitiveness at national and EU level,
- F. whereas the health-care sector is of strategic importance in national economies, given the large number of people currently employed in that sector and its potential to create an abundance of jobs, thus increasing the growth potential of national economies,

- G. whereas health care should be adapted to the changing needs and features of the EU population and should be based on the principles of prevention, health protection and good health promotion – both physical and mental – and on the fostering of healthy lifestyles from an early age,
- H. whereas effective protection of health and safety at work can prevent industrial accidents, inhibit the emergence of occupational diseases and reduce the number of people permanently disabled for work-related reasons,
- I. whereas more attention should be paid in the EU's health strategy to long-term care using new technologies, the care of persons suffering from chronic diseases and the provision of home-based health care for the elderly and for people with physical or mental disabilities and services for those who care for them and whereas, in this context, synergies between health services and social services should be sought,
- J. whereas carers are an indispensable but largely unrecognised part of our health care systems and society,
- K. whereas the EU's health strategy and cross-border cooperation among Member States and between Member States and the Commission in the health care sector in political, administrative, medical, educational, technical and scientific spheres must not result in solidarity systems and the public service task in the field of health care being undermined financially or organisationally,
- L. whereas, in many Member States, the increasing demand for health-care services is creating an urgent need to take active steps to recruit and retain health-care professionals and to provide services to support relatives and friends who provide unpaid care for dependants,
1. Agrees with the Commission in that the EU can provide added value in a series of cross-border aspects including the mobility of health-care professionals, cooperation between public and private bodies and the free movement of goods, services and patients;
 2. Notes, however, that in order to facilitate the mobility of health-care professionals and ensure patient safety throughout the European Union, the sharing of information between Member States and between their respective regulatory bodies for health-care professionals is essential;
 3. Is convinced that patients must be empowered and that, in this context, information strategies should be set up in order adequately to inform patients of their rights and obligations, including their right of free movement for the purpose of receiving health-care, which is subject to the standards of such care being guaranteed throughout the EU and consistency with the national health care systems, thus allowing them increasingly to become active subjects rather than mere objects of health care and fostering the personal maturity that will enable population groups to start to be able to provide their own responses to certain health needs, and to assume active responsibility for them;
 4. Calls on the Commission not to overlook the role that carers play in society and invites the Commission to take adequate measures to ensure that carers are included in the future

formulation of policy;

5. Notes that, in order to support carers in future policy initiatives, up-to-date data and statistics on carers should be compiled by the Commission;
6. Calls on the Commission and the Member States, in the framework of the EU's health care strategy, to work towards the development of guidelines for a common definition of disability, which may include people with chronic illnesses or cancer and, in the meantime, for Member States that have not yet done so, to act as quickly as possible to include such people within their national definitions of disability;
7. Is of the opinion that the training of health-care professionals should be adapted to the dynamics of health care and that this involves promoting lifelong learning among health-care professionals so that they benefit to the full from developments in the information and communications technology sector as well as from new medical, scientific and technological developments, and also involves developing stable training structures to provide such lifelong learning, with the possibility of recognition throughout Europe; furthermore, attaches particular importance to initiatives by institutions and universities that have run substantial training courses characterised by contributions from a range of experts aimed at developing a method of integrating health measures, particularly with regard to long-term health needs; points out, further, that work and health protection and working conditions in the health care sector must be improved;
8. Calls on the Member States to guarantee patients access to lifesaving drugs, even if they are expensive, in order to guarantee the universal right to health;
9. Invites the Member States, in the framework of the EU's health care strategy, to provide a system of health and social services available to health-care professionals and informal carers, as support for them will lead to the provision of a higher quality of care;
10. Believes that the European Union should take further steps to protect health-care workers from accidents and injury in the workplace where there is scientific or medical evidence of need; welcomes the Commission's intention to put forward by the end of 2008 a proposal for a directive, amending Directive 2000/54/EC on biological agents at work in order to ensure that people working in the health-care sector are protected from infection as a result of needle-stick or other medical sharps injury;
11. Calls on the Commission and the Member States, in the framework of the strategy, to do more to reduce the significant threat faced by health-care workers and patients posed by hospital-acquired infections such as MRSA, by improving the sharing of best practices, for example by the implementation of effective screening programmes and by the mandatory isolation of infected patients and health-care workers;
12. In the framework of the strategy, calls for more effective exchanges of best practices within the European Union in all areas of health-care provision, in particular in relation to screening programmes and the diagnosis and treatment of serious illnesses such as cancer, and also for the consideration of best practices where Member States have successfully integrated health and social care services, so that other Member States can learn from them;

13. Invites the Commission and the Member States further to explore, in the framework of the strategy, the synergies between scientific and technological research, particularly as regards new kinds of research in medical areas that are currently underfunded, on the one hand, and the development of new medical sectors and therapies on the other, in order to make it possible for everyone to have access to these therapies as they can have a very positive impact on the health status of Union citizens and in terms of increasing the efficiency of the system;
14. Stresses that any Community action in the field of health must adhere to the principle of solidarity which governs the national health systems, thereby ensuring that patients are treated equally; considers that access to care must be guaranteed through effective reimbursement that hinges around a pooling of risks.

RESULT OF FINAL VOTE IN COMMITTEE

| | |
|---|--|
| Date adopted | 25.6.2008 |
| Result of final vote | +: 35 -: 4 0: 3 |
| Members present for the final vote | Jan Andersson, Edit Bauer, Iles Braghetto, Philip Bushill-Matthews, Alejandro Cercas, Derek Roland Clark, Luigi Cocilovo, Jean Louis Cottigny, Jan Cremers, Proinsias De Rossa, Richard Falbr, Carlo Fatuzzo, Ilda Figueiredo, Roger Helmer, Karin Jöns, Ona Juknevičienė, Jean Lambert, Raymond Langendries, Bernard Lehideux, Elizabeth Lynne, Thomas Mann, Maria Matsouka, Elisabeth Morin, Juan Andrés Naranjo Escobar, Csaba Óry, Marie Panayotopoulos-Cassiotou, Pier Antonio Panzeri, Elisabeth Schroedter, José Albino Silva Peneda, Jean Spautz, Gabriele Stauner, Ewa Tomaszewska, Gabriele Zimmer |
| Substitute(s) present for the final vote | Jean Marie Beaupuy, Petru Filip, Donata Gottardi, Marian Harkin, Rumiana Jeleva, Sepp Kusstatscher, Roberto Musacchio, Csaba Sógor, Patrizia Toia, Glenis Willmott |

17.7.2008

OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND GENDER EQUALITY

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

on 'Together for Health: A Strategic Approach for the EU 2008-2013'
(2008/2115(INI))

Draftswoman: Siiri Oviir

SUGGESTIONS

The Committee on Women's Rights and Gender Equality calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- A. whereas the Charter of Fundamental Rights of the European Union¹ states that any discrimination on grounds of sex, race, colour, ethnic or social origin shall be prohibited (Article 21) and that everyone has the right of access to preventive health care and the right to medical treatment and that a high level of human health protection shall be ensured (Article 35),
1. Stresses the fundamental importance of recognising the right of men and women to have a greater say on matters concerning their health and its care and the right of children to unconditional protection of their health, on the basis of the general principles of universality, equality and solidarity;
 2. Welcomes the Commission's White Paper 'Together for Health: A Strategic Approach for the EU 2008-2013 (COM(2007)0630) but regrets the lack of analysis and gender mainstreaming in its proposal in regard to principles, measures and objectives; calls on the Commission clearly to gender-mainstream every area in its future strategy;
 3. Stresses the need to integrate public health issues into all EU policy areas, including the use of impact assessment and evaluation tools, enhancing the profile, understanding and effective tackling of health issues at Community level through the adoption of a long-term approach, and to strengthen gender mainstreaming in public health policies;

¹ OJ C 364, 18.12.2000, p. 1.

4. Criticises the Commission for not taking gender mainstreaming adequately into account in its White Paper;
5. Points out that gender mainstreaming helps to identify and to clarify the differences between women and men and boys and girls, and demonstrates how these differences affect health status and access to, and interaction with, the health care system;
6. Points out that patients' gender is the crucial factor in how doctors/health care personnel understand symptoms, make diagnoses and provide treatment – even when women's and men's symptoms are exactly the same and no biomedical facts justify any discrepancy;
7. Calls on the Commission, proceeding from WHO recommendations, to present a report on the state of women's and children's health so as to enable measures and analyses to be brought to bear on the accessibility and possible costs of services and their impact on different social groups in different regions, taking account of demographic changes and environmental factors;
8. Is convinced that good health for the active population, the elderly and children requires women and men to have knowledge about health and to acquire basic skills in health protection through lifelong learning;
9. Calls for a more prominent role to be given to the question of solidarity, which implies support for those women and men and girls and boys who suffer from a poor health condition or a handicap; calls on the Commission to propose further action on this in its health strategy;
10. Underlines the fact that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;
11. Stresses the need to raise awareness about the environmental factors which influence women's and men's and, girls' and boys' health, such as air pollution, dangerous chemicals and toxic pesticides; calls on the Commission and the Member States to take environmental factors better into account in their health and overall policy strategies so as to ensure a high level of health protection;
12. Draws the attention of the Commission and the Member States to Article 3 of the UN Convention on the Rights of the Child, which calls for legislative bodies to treat the interests of children as a primary consideration, one way being to make the necessary provision for maternity and parental leave, for health protection and access to health services during maternity, taking into account in particular the effect that parents' presence and affection and breastfeeding have on an infant's mental and physical development;
13. Recalls that considerably more women than men work in the health care sector in absolute numbers but that women are strongly underrepresented on decision-making bodies; stresses that this fact must also be highlighted and analysed from a gender perspective in the forthcoming strategy;
14. Deplores the fact that young girls and women are subjected to increasingly effective and

targeted advertising for alcohol, *inter alia*;

15. Stresses the need to increase public awareness of reproductive and sexual health in order to prevent unwanted pregnancies and the spread of sexually transmitted diseases and reduce the social and health problems caused by infertility;
16. Underlines the fact that there are vulnerable groups, such as pregnant and nursing women, children and adolescent girls, whose health is specifically at risk from hazardous environmental factors; calls on the Commission and the Member States to ensure a high level of protection of these vulnerable groups in their health and overall policy strategies;
17. Stresses the need to improve health care and information for pregnant and breastfeeding women concerning the risks associated with alcohol, drug and tobacco consumption during pregnancy and breastfeeding.
18. Deplores the fact that risks associated with the health behaviour of pregnant women (high rates of induced and repeated abortions, smoking during pregnancy), mothers' levels of education, and infant mortality after the 28th day remain closely linked, that teenage pregnancies and deliveries continue to pose a greater risk to newborns' health, and that medical conditions among newborns have become more frequent;
19. Is of the opinion that gender-sensitive preventive measures, which take account of documented scientific data and local and age disparities and promote health and treatment, and the use of information and communications technologies (ICT), access to services and the safety and health of workers help to lower the incidence of more serious diseases and mortality rates among women and improve their quality of life in the EU.

RESULT OF FINAL VOTE IN COMMITTEE

| | |
|---|--|
| Date adopted | 16.7.2008 |
| Result of final vote | +: 18 -: 0 0: 14 |
| Members present for the final vote | Edit Bauer, Emine Bozkurt, Hiltrud Breyer, Edite Estrela, Věra Flasarová, Lissy Gröner, Esther Herranz García, Livia Járóka, Rodi Kratsa-Tsagaropoulou, Urszula Krupa, Roselyne Lefrançois, Astrid Lulling, Siiri Oviir, Marie Panayotopoulos-Cassiotou, Zita Pleštinská, Anni Podimata, Karin Resetarits, Eva-Britt Svensson, Anne Van Lancker, Corien Wortmann-Kool, Anna Záborská |
| Substitute(s) present for the final vote | Gabriela Crețu, Lena Ek, Iratxe García Pérez, Lidia Joanna Geringer de Oedenberg, Anna Hedh, Christa Kläß, Marusya Ivanova Lyubcheva, Maria Petre, Zuzana Roithová, Heide Rühle |
| Substitute(s) under Rule 178(2) present for the final vote | Manolis Mavrommatis |

RESULT OF FINAL VOTE IN COMMITTEE

| | |
|---|---|
| Date adopted | 9.9.2008 |
| Result of final vote | +: 53 -: 0 0: 2 |
| Members present for the final vote | Adamos Adamou, Georgs Andrejevs, Liam Aylward, Pilar Ayuso, Johannes Blokland, John Bowis, Frieda Brepoels, Martin Callanan, Dorette Corbey, Chris Davies, Avril Doyle, Mojca Drčar Murko, Anne Ferreira, Karl-Heinz Florenz, Elisabetta Gardini, Matthias Groote, Françoise Grossetête, Satu Hassi, Gyula Hegyi, Jens Holm, Marie Anne Isler Béguin, Caroline Jackson, Christa Kläß, Eija-Riitta Korhola, Holger Krahmer, Urszula Krupa, Aldis Kušķis, Marie-Noëlle Lienemann, Linda McAvan, Roberto Musacchio, Riitta Myller, Péter Olajos, Miroslav Ouzký, Vladko Todorov Panayotov, Vittorio Prodi, Frédérique Ries, Dagmar Roth-Behrendt, Guido Sacconi, Amalia Sartori, Carl Schlyter, Richard Seeber, María Sornosa Martínez, Evangelia Tzampazi, Thomas Ulmer, Anja Weisgerber, Glenis Willmott |
| Substitute(s) present for the final vote | Giovanni Berlinguer, Iles Braghetto, Bairbre de Brún, Duarte Freitas, Genowefa Grabowska, Jutta Haug, Alojz Peterle, Donato Tommaso Veraldi |
| Substitute(s) under Rule 178(2) present for the final vote | Armando França |