




# Procedure file

Basic information	
COD - Ordinary legislative procedure (ex-codecision procedure) Decision	1995/0238(COD) Procedure completed
Public health: Community action programme 1997-2001 on health monitoring Amended by <a href="#">2000/0192(COD)</a>	
Subject 4.20 Public health	

Key players			
European Parliament	Former committee responsible		
	<b>ENVI</b> Environment, Public Health and Consumer Protection	PPE <a href="#">POGGIOLINI Danilo</a>	21/11/1995
	<b>ENVI</b> Environment, Public Health and Consumer Protection	PPE <a href="#">POGGIOLINI Danilo</a>	21/11/1995
	Former committee for opinion		
	<b>BUDG</b> Budgets	PSE <a href="#">GHILARDOTTI Fiorella</a>	31/10/1995
	Council of the European Union	Council configuration	Meeting
	Health	<a href="#">2013</a>	05/06/1997
	<a href="#">Competitiveness (Internal Market, Industry, Research and Space)</a>	<a href="#">1970</a>	26/11/1996
	<a href="#">Transport, Telecommunications and Energy</a>	<a href="#">1937</a>	18/06/1996
	Health	<a href="#">1924</a>	14/05/1996
	Health	<a href="#">1890</a>	30/11/1995

Key events			
16/10/1995	Legislative proposal published	COM(1995)0449	Summary
23/10/1995	Committee referral announced in Parliament, 1st reading		
30/11/1995	Debate in Council	<a href="#">1890</a>	
20/03/1996	Vote in committee, 1st reading		Summary
20/03/1996	Committee report tabled for plenary, 1st reading	<a href="#">A4-0092/1996</a>	
16/04/1996	Debate in Parliament		Summary

17/04/1996	Decision by Parliament, 1st reading	T4-0172/1996	Summary
15/05/1996	Modified legislative proposal published	COM(1996)0222	Summary
18/06/1996	Council position published	<a href="#">07404/2/1996</a>	Summary
04/07/1996	Committee referral announced in Parliament, 2nd reading		
25/09/1996	Vote in committee, 2nd reading		Summary
25/09/1996	Committee recommendation tabled for plenary, 2nd reading	<a href="#">A4-0285/1996</a>	
22/10/1996	Debate in Parliament		Summary
23/10/1996	Decision by Parliament, 2nd reading	T4-0520/1996	Summary
26/11/1996	Parliament's amendments rejected by Council		
16/04/1997	Formal meeting of Conciliation Committee		Summary
16/04/1997	Final decision by Conciliation Committee		
14/05/1997	Joint text approved by Conciliation Committee co-chairs	<a href="#">3612/1997</a>	
29/05/1997	Report tabled for plenary, 3rd reading	<a href="#">A4-0202/1997</a>	
05/06/1997	Decision by Council, 3rd reading		
09/06/1997	Debate in Parliament		Summary
10/06/1997	Decision by Parliament, 3rd reading	T4-0281/1997	Summary
30/06/1997	Final act signed		
30/06/1997	End of procedure in Parliament		
22/07/1997	Final act published in Official Journal		

### Technical information

Procedure reference	1995/0238(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Decision
	Amended by <a href="#">2000/0192(COD)</a>
Legal basis	EC before Amsterdam E 129
Stage reached in procedure	Procedure completed
Committee dossier	CODE/4/08490

### Documentation gateway

Legislative proposal	<a href="#">COM(1995)0449</a> <a href="#">OJ C 338 16.12.1995, p. 0004</a>	16/10/1995	EC	Summary
Committee of the Regions: opinion	<a href="#">CDR0025/1996</a>	17/01/1996	CofR	Summary

	<a href="#">OJ C 129 02.05.1996, p. 0050</a>			
Committee report tabled for plenary, 1st reading/single reading	<a href="#">A4-0092/1996</a> <a href="#">OJ C 141 13.05.1996, p. 0005</a>	20/03/1996	EP	
Economic and Social Committee: opinion, report	<a href="#">CES0407/1996</a> <a href="#">OJ C 174 17.06.1996, p. 0003</a>	27/03/1996	ESC	Summary
Text adopted by Parliament, 1st reading/single reading	T4-0172/1996 <a href="#">OJ C 141 13.05.1996, p. 0086-0094</a>	17/04/1996	EP	Summary
Modified legislative proposal	COM(1996)0222 <a href="#">OJ C 214 24.07.1996, p. 0006</a>	15/05/1996	EC	Summary
Commission communication on Council's position	SEC(1996)1110	14/06/1996	EC	Summary
Council position	<a href="#">07404/2/1996</a> <a href="#">OJ C 220 29.07.1996, p. 0036</a>	18/06/1996	CSL	Summary
Committee recommendation tabled for plenary, 2nd reading	<a href="#">A4-0285/1996</a> <a href="#">OJ C 347 18.11.1996, p. 0006</a>	25/09/1996	EP	
Text adopted by Parliament, 2nd reading	T4-0520/1996 <a href="#">OJ C 347 18.11.1996, p. 0051-0073</a>	23/10/1996	EP	Summary
Commission opinion on Parliament's position at 2nd reading	COM(1996)0581	11/11/1996	EC	Summary
Joint text approved by Conciliation Committee co-chairs	<a href="#">3612/1997</a>	14/05/1997	CSL/EP	
Report tabled for plenary by Parliament delegation to Conciliation Committee, 3rd reading	<a href="#">A4-0202/1997</a> <a href="#">OJ C 200 30.06.1997, p. 0004</a>	29/05/1997	EP	
Text adopted by Parliament, 3rd reading	T4-0281/1997 <a href="#">OJ C 200 30.06.1997, p. 0017-0026</a>	10/06/1997	EP	Summary
Follow-up document	<a href="#">COM(2002)0547</a>	21/10/2002	EC	Summary

#### Additional information

European Commission

[EUR-Lex](#)

#### Final act

[Decision 1997/1400](#)  
[OJ L 193 22.07.1997, p. 0001](#) Summary

## Public health: Community action programme 1997-2001 on health monitoring

1) OBJECTIVE To establish statistical tools relating to disease prevention and health protection so as to facilitate the planning, monitoring and assessment of Community programmes and activities. 2) CONTENTS 1. Particularly since the entry into force of the Treaty on European Union, the Community has been called upon to play an increasingly important role in the field of public health. 2. For its contribution to have maximum effect in terms of quality, the Community must have at its disposal quantitative measurement criteria and a system for assessing the development of health and health determinants and the impact on health of policies, programmes and measures implemented at both national and Community level. 3. The health monitoring system envisaged should be based on indicators already available at European level (WHO, OECD, etc.) and avoid duplication of work. 4. Annex A shows the different domains selected by the Commission for which indicators should be established. 5. Community indicators would be of two types: \* core indicators essential for the purposes of Community measures in the field of public health; \* background indicators relating to other Community policies indirectly linked with public health. These indicators will have to be assessed and updated constantly in order to ensure that they meet the current needs of the Community and Member States. 6. A precise methodology needs to be followed to ensure that the data from the Member States are comparable, i.e. the same definitions and a similar quality level must be used. There are three possible solutions: \* creation of data dictionaries to establish equivalence between data defined in

different ways; \* conversion of national data to Community network definitions according to a common set of rules; \* harmonisation of the definition and methods of collecting national health data. 7. Data needed for the core indicators should be collected on a regular basis (in most cases annually) and processed and transmitted rapidly in order to ensure availability of the most recent data possible. 8. The Community health monitoring system should take the form of a network of distributed databases. Apart from its technical advantages (flexible, less costly compared with traditional collection methods, no duplication, minimal administrative structure, compatibility in terms of multilingualism), this solution makes it possible to work as close as possible to information sources. This network could be based on the infrastructure currently being developed under the IDA programme. 9. For maximum usefulness, the information collected will have to be the subject of a variety of regular and coordinated analysis operations. 10. The Commission believes that the development of a Community health monitoring system covering three strands of action (the establishing of Community health indicators, the development of a Community-wide network for data collection and dissemination, and the creation of adequate analysis capacity) should be initiated by means of a five-year Community action programme. 11. The programme will be assessed in two reports, including a mid-term report. Source : European Commission - Info92 - 02/96?

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## Public health: Community action programme 1997-2001 on health monitoring

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The Committee of the Regions considered that this programme would be the launching point for a more intensive Community action in respect of public health and could also help introduce minimum health standards in all Member States. The CoR agreed with the political objectives outlined in the report, but pointed out that it was important to allow regions, large cities etc. to use the documents available, though broken down to a level that suited administrations of a smaller scale than the Member States. As far as the assessment of the programme was concerned, the CoR asked to be consulted or included in an assessment group and stressed that cooperation should not be based solely at Member State level but should also incorporate representatives of local and regional authorities, who had to be kept informed and included in the work at an early stage. The term 'subsidiarity' had to be applied in the widest sense of the word, that is to say ensuring that local and regional authorities were delegated their respective tasks in the area of public health. The CoR noted with satisfaction that the Commission recognized the need to ensure protection for the individual and for personal integrity, stressing that this was an important constituent of the programme. It took the view that the system being proposed should be allowed to develop gradually, while at the same time retaining a certain coherence that would enable it to assess the changes on a long-term basis. The debate on harmonisation could therefore be kept within limits. The CoR approved the publication of an annual report, though also wished to point out that good examples of this were also to be found in different local, regional and national reports, and that the latter could serve as an inspiration for the annual reports presented by the Commission. With regard to the comments concerning the proposal, the CoR stressed that cooperation should not only be based on the Member States but should also include representatives of local and regional authorities. It thought that the budget allocation of ECU 13.8 million could well prove to be inadequate, given the level of cooperation that was needed with other agencies, local and regional authorities, etc.

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## Public health: Community action programme 1997-2001 on health monitoring

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The draft report by Mr Danilo POGGIOLINI (EPP, I) on a Commission proposal for a European Parliament and Council Decision adopting a programme of Community action on health monitoring in the context of the framework for action in the field of public health was adopted. Also known as the "Health Indicators Programme", this is the fourth programme submitted by the Commission as a follow-up to its Communication of 24 November 1993 (COM (93) 559), which laid down a framework for Community public health measures in accordance with Article 129 of the Treaty on European Union. The health indicators programme seeks to develop a high-quality health monitoring system which will help to shape and assess the health policies of the Community and the Member States. The lack of uniform health data makes a coherent approach to health policy impossible in the Member States and at Community level. In his explanatory statement, Mr Poggiolini, who is a doctor by profession, said the aim of the health monitoring system was to provide decision-makers with the information they needed to analyse as effectively as possible the current health situation and likely trends so that they could make choices decisive for the future of health systems and for the health protection of European citizens. He had damning words for the Commission proposal: "While the communication [accompanying the proposal] sets out clearly and precisely the objectives, principles, methods and structure of the Community health monitoring system, the proposal for a decision itself is no more than a pale substitute, vague in its structure, hesitant in its approach and linguistically unclear". In particular, Mr Poggiolini condemned the proposed budget of ECU 13.8 million as "genuinely inadequate". Taking a sideswipe at the Community's subsidies for tobacco production, "when every one knows that smoking is bad for health", he persuaded the committee to adopt an amendment to the Commission proposal upping the figure to ECU 20 million. The committee threw out an amendment from Parliament's Committee on Budgets which would have rejected the Commission proposal outright on financial grounds. In another amendment to the Commission proposal, the committee, taking its cue from the European Drugs Observatory, called for feasibility studies to be carried out on the setting up of a permanent European Health Observatory to monitor and evaluate health data and indicators in the Community. It also stressed that Community support was needed for the establishment or improvement of databases in the Member States. Another amendment called for the development of cooperation with the competent international organizations, including the World Health Organization and the OECD, health professionals and governmental or non-governmental organizations in the area covered by the programme. Definitions of such terms as "hospital bed" should be harmonized as should methods of collecting national health data. The committee adopted a number of amendments tabled by Parliament's Committee on Social Affairs and Employment. One of these called for importance to be attached to cooperation in the field of occupational health and safety. Another called on the Commission to submit to Parliament reports evaluating the results of Community health programmes. To complement the programme, the committee thought that health care authorities and providers in all Member States should, in consultation with the health profession, set measurable time-based targets for health improvement appropriate to their national conditions. Such targets would focus the effort, enhance the cost-effectiveness and facilitate the assessment of the Union's health policies. Summing up its goals in another amendment, the committee decided: "It is only from knowledge of the facts of public health in Europe, obtained by setting up a Community health monitoring system, that it will be possible to monitor public health trends and define public health priorities and objectives." ?

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## Public health: Community action programme 1997-2001 on health monitoring

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The ESC endorses the aims and principles of the Commission's proposal. The development and implementation of new indicators is possibly the most important result of the programme and, therefore, the ESC feels that the programme should place even more emphasis on this

development stage. In particular, the ESC would like to emphasize the Commission's cooperation with the WHO (World Health Organization), OECD (Organization for Economic Cooperation and Development) and EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) as well as cooperation with other European agencies, such as the European Environment Agency. Comparable data is needed from other countries, as well as from EU Member States. The Committee considers it very important that the expertise available in Member States and in Community committees handling health and safety statistics should be utilized in the preparatory work on the selection of "domains" and "headings" for indicators. In particular, the ESC stresses the importance of consulting the Advisory Committee on Safety, Hygiene and Health Protection at Work. The ESC emphasizes that the rules on data protection with regard to individuals must be properly observed both when establishing the indicators and collecting data. The preferred trend would be for data sharing to be developed using electronic data networks but other methods should be used as well. Use should also be made of other corresponding projects. Finally, the ESC draws attention to the size of the appropriation for the programme. The appropriation for the collection and dissemination of data is too small considering the importance of the matter for the health policies of Member States and the European Union. In view of the fundamental importance of the programme, more funds should be provided.?

## Public health: Community action programme 1997-2001 on health monitoring

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The rapporteur, Mr Poggiolini (EPP, I), said that while the Community action programme on health monitoring could appear somewhat technical, it was nonetheless of paramount importance for promoting health awareness, for assessing the current situation and probable developments in the health sector and for taking stock of the health systems in place throughout the Community. Better information on health indicators and the introduction of harmonised definitions and data acquisition procedures would be beneficial for establishing a European Health Observatory, which, according to the rapporteur, would constitute a more appropriate allocation than that being proposed. Even so, Mr Poggiolini pointed out, the monitoring system in question would not lead to the harmonisation of Europe's health systems, as this would not be permitted under the terms of Article 129 of the Maastricht Treaty; what should in fact be standardised, he added, was the scientific language on which the monitoring system was to be based. Commissioner Flynn thought that this proposal aimed to introduce a very high level of health protection monitoring. The Commissioner pointed out that he would accept 28 of the 47 amendments tabled. Of the amendments that the Commission was not prepared to take over, he mentioned those relating to databases, as in his opinion these ran contrary to the principle of subsidiarity; he also rejected a number of other amendments for legal reasons, or because they were incompatible with other health programmes, or again in order to avoid repetition, ambiguity or restrictions. Furthermore, as regards the budget allocation, he expressed the hope that this might be increased during the course of the conciliation procedure.

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In adopting the report by Mr Danilo POGGIOLINI (PPE, I), Parliament approved the proposal for a decision with the following amendments: - in order to complement this programme, healthcare authorities and providers should set measurable, time-based targets for health improvement, - the total budgetary appropriation should be ECU 20 m instead of ECU 13.8 m; - the Commission should be assisted by an advisory committee whose meetings would in principle be public (publication of its agendas and minutes); - in the course of implementing this programme, cooperation should be developed with health professionals and NGOs active in the field; - in the course of implementing this programme, reports should be submitted on the results of the Community health programmes, and the results of the implementation of the programme should be sent to all the EC institutions and Member States; - in the Annex to the programme, emphasis should be put on better monitoring and control of Community public health and on the cooperation of Member States in this area, - it proposed a non-exhaustive list of health indicators which might be established under a future Community health monitoring system. This list contained inter alia indicators relating to health status, life-style and health habits, living and working conditions, health protection, demographic and social factors, etc.; - the collection of data should be made comparable by the harmonization of definitions and methods of collecting national health data, and this comparability should be guaranteed by the Member States. Moreover, financial support should be granted to the Member States in connection with the establishment or improvement of their health data collection systems; - it also called for the carrying out of feasibility studies on setting up a European Health Observatory responsible for monitoring health data and indicators in the Community area, and for the development of a Community network for transferring and sharing health data; - finally, it called for the drafting of reports on health status and health systems in the Union and their cost-effectiveness and the dissemination of these reports to the Member States, the NGOs, health professionals and the general public. ?

## Public health: Community action programme 1997-2001 on health monitoring

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In its amended proposal, the Commission incorporated, in full or in part, 28 of the 44 amendments adopted by the European Parliament at first reading, namely those seeking to: - clarify or broaden certain recitals: . existing health monitoring capabilities to be enhanced so as to monitor trends in public health and determine priorities in this field; . a health monitoring system to be established to provide material for regular reports on health status in the Community and analyses of health trends; . cooperation in the field of occupational health to be increased with the aim of drawing up a table of occupational diseases and accidents and improving the comparability of data; - the actions covered by the programme to be broadened, in particular by including a feasibility study of a health observatory and by listing in a second Annex fields in which health indicators may be established. The Commission also accepted Parliament's amendments concerning the advisory committee and maintaining consistency in the actions proposed by the Commission (without the Member States). However, the Commission did not accept the amendments concerning: - the appropriation for the action programme (ECU 20 million rather than 13.8 million); - stepping up cooperation with NGOs in this field; - holding meetings of the committee in public; - Member States' setting up objectives for improving public health in compliance with a timetable; - financial support for the establishment or improvement of national systems for collecting health data and a guarantee that the data supplied by Member States are comparable; - requirement that evaluation reports be drafted and the results of EC health programmes submitted to the European Parliament. ?

## Public health: Community action programme 1997-2001 on health monitoring

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In its opinion on the Council's common position, the Commission pointed out that it was unable to agree with the Council's text for the following reasons: - budgetary allocation (ECU 13 million instead of ECU 13.8 million proposed by the Commission): the Commission felt that its proposal was within the ceilings provided for in the budget and was relatively modest given the scope of the programme; - comitology: under the procedure recommended by the Council (joint committee), the committee would proceed as a regulatory committee on nine matters and as an advisory committee in all other cases; the Commission felt that this approach was overly bureaucratic and cumbersome and preferred a solely advisory committee; - assessment: the Commission regretted that the assessment of the programme would be used as a basis for recommending whether or not the programme should continue (thereby contradicting the Commission's right of initiative), - comparability of data: the Commission regretted that the term "gradually harmonized data" had been deleted in favour of "comparable" data. It also recalled that numerous amendments by the European Parliament had been rejected by the Council.?

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In its common position, the Council made a series of changes to the text of the Commission proposal, while adhering to the same general approach (particularly as regards the substance of the programme as shown in Annex I to the decision). The main changes concerned: -the financial framework: slightly less than proposed by the Commission (ECU 13 m rather than 13.8 m), -comitology: a joint committee, proceeding as a regulatory committee when taking important decisions and as an advisory committee in other cases (including when deciding details of coordination), -data protection: the arrangements must comply with existing provisions on data protection, -the objective of the programme: the programme must have the aim of assessing health status, trends and determinants in the Community, facilitating the planning and monitoring of Community measures and providing Member States with health information such as to enable comparisons to be carried out, -consistency and complementarity with other Community measures, -international cooperation (particularly with international health organizations), -monitoring and evaluation of the programme with a view to its possible continuation, -systematic collection of data to make health data comparable (extension and improvement of the formulation in the Commission proposal). As regards the fate of the EP's amendments, the Council accepted the essential points of the amendments adopted by the EP at first reading and incorporated in the amended proposal. However, it did not accept the amendments concerning: .cooperation between the fields of health and occupational health and safety, .setting-up of a permanent monitoring body (particularly in the form of a European health observatory), .measures to prevent duplication of effort in the forwarding of data, .excessively strict measures regarding the confidentiality and security of data. It did however incorporate Parliament's amendments concerning the critical analysis of health indicators and budgetary provisions, which had not been accepted by the Commission.?

## Public health: Community action programme 1997-2001 on health monitoring

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The position taken by the Council on the European Union action programme in the field of health monitoring was rejected in no uncertain terms at second reading by the Committee on the Environment. The Council was severely criticized by the rapporteur, Mr Danilo POGGIOLINI (PPE, I), who accused the Member States of demonstrating "worrying shortsightedness". Mr POGGIOLINI therefore retabled various amendments to the common position, which were unanimously adopted. One sought to re-establish the budgetary allocation of ECU 20 million, rather than the 13 million quoted in the common position. Others concerned the duration of the monitoring system, the scientific definitions on which it is based and the creation of a European Health Observatory.?

## Public health: Community action programme 1997-2001 on health monitoring

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The rapporteur, Mr Poggiolini (EPP, I), was not satisfied with the common position presented by the Council, which had only taken over in full 2 of the 44 amendments tabled by Parliament at first reading; one of his criticisms was aimed at the extreme frugality being shown by the Council when it came to the financial allocation. However, he did express support for the need: to harmonise on a step by step basis the methods used for gathering national health data; to extend the funding for the five-year programme from ECU 13 million to ECU 20 million; to establish a European Health Observatory for analysing health data and operating costs in each country; and, finally, to lend a consultative role to the committee charged with assisting the Commission in this work. Commissioner Flynn said that he could accept most of the amendments tabled, or to be precise 10 out of the 19 tabled. As regards the amendment on the budget, Mr Flynn declared that he agreed in principle with increasing the allocation, but also referred to the very limited room for manoeuvre when it came to budget line 3; according to the Commissioner, it would therefore be left to the conciliation procedure to resolve this matter.

## Public health: Community action programme 1997-2001 on health monitoring

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In adopting the report by Mr Danilo POGGIOLINI (PPE, It), the European Parliament approved, with various amendments, the common position with a view to the adoption of a programme of Community action on health monitoring. One of the amendments sought to reinstate the budget of ECU 20 m, rather than the ECU 13 m provided for by the common position. Other amendments concerned: -the monitoring system and the scientific definitions on which it was based; -stepping up cooperation with international organizations, particularly the WHO and OECD, appropriate NGOs and health workers; -submission by the Commission of an interim report by 30/06/1999 and a final report by 30/06/2002; -granting of financial aid to the Member States to set up or improve a health data gathering system (databases); -carrying out of feasibility studies for the setting-up of a European Health Observatory which would be responsible for monitoring and analysing health data and indicators within the Community; -setting up an advisory committee to assist the Commission. ?

## Public health: Community action programme 1997-2001 on health monitoring

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In its opinion amending the proposal following the second reading by the European Parliament, the Commission announced that it was able to incorporate, in full or in part, 11 of the 19 amendments approved by Parliament. These amendments relate to: - cooperation with third

countries and the competent international organizations; - studies on the creation of a European Health Observatory; - a system of Community monitoring of telematics type networks; - support for the dissemination of reports and information for Member States and international organizations; - comitology (advisory committee rather than a joint committee). It also insisted that the programme should result in the implementation of a gradually harmonized (rather than merely "comparable") system of data collection. However, the Commission did not incorporate amendments seeking to increase the budgetary allocation to ECU 20 million and preferred to stand by its initial proposal of ECU 13.8 million. It also deleted the paragraph on the assessment of the programme as a basis for subsequent proposals in this field.?

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The conciliation committee, jointly chaired by Mrs Nicole FONTAINE (first vice-president of Parliament) and Mrs Els BORST-EILERS (Netherlands Minister of Public Health), met on 16 April in Brussels and agreed on a common draft on the programme concerning health monitoring (rapporteur: Mr Danilo POGGIOLINI, EPP, I). This Community programme will provide health data and indicators permitting a comparison of national indicators, for example on life expectancy, lifestyles and health habits, car accidents, hospital infrastructure. It will be implemented in close cooperation with Eurostat and will have a life of five years. The improvements which Parliament has managed to secure concern: health indicators (a system of comparable indicators is to be instituted), participation by NGOs, support for Member States for measures linked to health indicators and encouragement for setting up a permanent mechanism for monitoring and evaluating health indicators. As well as collecting data and statistics, analyses of health systems could also be carried out. Parliament has obtained an increase in funding of ECU 800 000 (giving a total of ECU 13.8 million). Furthermore, Mr Padraig FLYNN of the Commission has promised 'to give due attention to the development of statistics in the field of health monitoring with a view to enhancing the present programme'. Parliament's delegation took note of this declaration and has undertaken to support this action during the budgetary procedure. Mrs FONTAINE said that 'in an area such as health, which is a matter of great concern to citizens, we have managed to achieve a positive result despite the current budgetary constraints'. ?

## Public health: Community action programme 1997-2001 on health monitoring

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While regretting that the Council had not fully taken over Parliament's proposal to create a health observatory, the rapporteur acknowledged that the idea of its creation had been accepted in the form of a feasibility study on a permanent 'monitoring' structure. The Council had accepted the term 'monitoring' instead of 'observatory' because this formula did not seem to involve new financial constraints. As regards the programme's funding (over a five-year period: 1998-2002), the difference of opinion between Parliament and Council was significant: the former advocated ECU 20 million, the latter ECU 13 million. The Council ultimately did not want to exceed ECU 13.8 million which corresponded to the Commission's proposal. The Parliament delegation had agreed to this after noting the Commission's commitment to introduce actions in the health sector, in the next statistical programme for 1998-2002, in order to strengthen the current programme. Parliament had in turn said that it was prepared to support this approach during the budgetary procedure. Commissioner Fischler confirmed that the Commission could achieve the objectives set out in this programme. It would also ensure that health statistics would be extended in the next statistical programme.

## Public health: Community action programme 1997-2001 on health monitoring

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The European Parliament approved the joint text and the draft declaration drawn up by the conciliation committee.?

## Public health: Community action programme 1997-2001 on health monitoring

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**OBJECTIVE** : introduction of a five-year Community action programme (1 January 1997 to 31 December 2001) which seeks to contribute to the establishment of a Community health monitoring system. **COMMUNITY MEASURE** : European Parliament and Council Decision 1400/97/EC adopting a Community action programme for health monitoring in the area of public health. **CONTENT** : The programme is adopted for the period 1 January 1997 to 31 December 2001 and its objective is to contribute towards the establishment of a monitoring system which will make it possible : - to measure health status, trends and determinants throughout the Community, - to facilitate the planning, monitoring and evaluation of programmes and Community measures, - to provide Member States with appropriate information on health which will enable comparisons to be made and support to be given to national health policies. These objectives are to be met through the eligible measures described in the annex and by encouraging cooperation between the Member States, if necessary by supporting their actions, promoting the coordination of their policies and strengthening cooperation with third countries and competent international organisations. -Eligible actions : three types of action are to be developed: 1) the establishment of Community health indicators: . the identification and critical examination of health data and indicators at European and Member State level, using databases which have been validated by them, . the identification of Community health indicators which are designed to provide Member States with common measures by which comparisons can be made (a non-exhaustive list of the fields in which health indicators could be established is proposed in the annex to the decision. This list includes indicators relating to health status, life-style and health habits, living and working conditions, health protection, demographic and social factors, etc.), . development and support of the systematic collection of health data and a guarantee that data supplied are comparable (data dictionaries and development of conversion methods), .collection of comparable data for the preparation of surveys which are needed for drawing up Community policies, .promotion of cooperation with competent international organisations in the area of Community health indicators, .support for the feasibility of compiling standardised statistics on health resources with a view to their integration in the future health monitoring system, . support for the feasibility study currently under way on the setting up of a permanent structure which will be responsible for monitoring health data and indicators in the Community area; 2) development of a Community network for sharing health data which will primarily employ telematics-based data exchange and a Community-wide database system; 3) analyses and reports: .to promote and support the establishment of an analysis capacity while reinforcing existing capacity and evaluating new capacity, .support for analysing the impact of Community programmes in the field of public health, .support for the preparation and dissemination of reports and analyses on health trends and determinants. -Budget : ECU 13.8 million for the 5 years of the programme. -Implementation: the European Commission implements this programme in close collaboration with the Member States and organisations in the public health sector. It is assisted by a committee which

operates according to the joint committee procedure (that is to say, it acts as a management committee when taking major decisions and as an advisory committee when dealing with other matters). -Coherence and complementarity: coherence and complementarity are actively pursued along with other Community initiatives affecting this sector (particularly in the area of telematics-based data exchange, research programmes, etc.). -International cooperation: cooperation with third countries and competent international organisations in the field of public health is encouraged (WHO, OECD, ILO). The programme is also open to all associated countries of central and eastern Europe, as well as to Cyprus and Malta. -Monitoring and evaluation : the Commission is to ensure that the measures taken are evaluated, taking into account the balance sheets drawn up by the Member States. It is to submit an interim report to the European Parliament and the Council (containing information on the measures receiving financial support) before 30 June 2000. A final report will also be submitted by 30 June 2003 at the latest. On the basis of these various evaluations, the Commission will, if necessary, present proposals for the furtherance of this programme. -Declarations : in annex to the decision, the Commission makes a declaration stating that during the implementation of the next Community statistics programme (1998-2002), the Commission is to pay special attention to the development of statistics in the field of health monitoring. For its part, Parliament undertakes to support this action during the budgetary procedure. ENTRY INTO FORCE: 30/06/1997. ?

## Public health: Community action programme 1997-2001 on health monitoring

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Following the adoption of the programme of Community action on health monitoring by the European Parliament and the Council, the Commission presents an interim report concerning the implementation period 1997 to 1999. Projects were accepted in 1998 and 1999, most of them having a duration of 2 years. The external evaluation report was received only in November 2001, on the basis of which this report is drawn up. Due to the extension of the programme, the final evaluation will not be submitted before June 2004. In this report the Commission highlights the degree of consistency and complementarity reached between the present programme and other relevant Community policies, programmes and initiatives. To recall, Decision 1400/97/EC, based on the former Article 129 of the Treaty (currently Article 152 of the Treaty) covers a wide range of general and specific objectives. The general aim of the programme is the contribution towards the establishment of a Community health monitoring system. The general aim is specified in a number of objectives and activities in three pillars: establishment of Community health indicators; development of a Community-wide network for sharing health data and analysis and reporting. The report states that the programme is consistent with other Community initiatives, e.g. the framework programme for statistical information, projects in the field of telematic interchange of information between administrations (IDA) and the other public health programmes that have a component of health monitoring. The synergy with the framework programme for research, technological development and demonstration has to be improved. The external evaluation states that the objectives as described in the Decision 1400/97/EC are already covered to the level of 60% by the actions supported so far through the Programme. 15 of 19 projects supported during the reference period cover different aspects involved in establishing Community health indicators. The opinion of Member States was taken into account in the Programme Committee. Annual work plans and a list of the annually selected projects were transmitted to the European Parliament. Monitoring of the specific actions has been performed by the Commission Services. Some adjustments have been carried out during the implementation period to ensure the effectiveness of the programme. A discussion is needed about the definition, features and limits of a Community-wide health monitoring system.?