



Procedure file

Basic information	
INI - Own-initiative procedure	2004/2189(INI)
Procedure completed	
Modernising social protection and developing good quality healthcare	
Subject 4.10.10 Social protection, social security 4.20.06 Health services, medical institutions	

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	EMPL Employment and Social Affairs		10/11/2004
		PPE-DE CABRNOCH Milan	
	Committee for opinion	Rapporteur for opinion	Appointed
	ENVI Environment, Public Health and Food Safety		20/09/2004
		PPE-DE ULMER Thomas	

Key events			
20/04/2004	Non-legislative basic document published	COM(2004)0304	Summary
18/11/2004	Committee referral announced in Parliament		
31/03/2005	Vote in committee		Summary
06/04/2005	Committee report tabled for plenary	A6-0085/2005	
27/04/2005	Debate in Parliament		
28/04/2005	Results of vote in Parliament		
28/04/2005	Decision by Parliament	T6-0152/2005	Summary
28/04/2005	End of procedure in Parliament		

Technical information	
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Documentation gateway					
Non-legislative basic document		COM(2004)0304	20/04/2004	EC	Summary
Economic and Social Committee: opinion, report		CES1447/2004 OJ C 120 20.05.2005, p. 0135-0141	28/10/2004	ESC	
Committee report tabled for plenary, single reading		A6-0085/2005	06/04/2005	EP	
Text adopted by Parliament, single reading		T6-0152/2005 OJ C 045 23.02.2006, p. 0017-0134 E	28/04/2005	EP	Summary
Commission response to text adopted in plenary		SP(2005)2124	19/05/2005	EC	
Commission response to text adopted in plenary		SP(2005)2323	22/07/2005	EC	

Modernising social protection and developing good quality healthcare

PURPOSE : to modernise social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the "open method of coordination".

CONTENT : the aim of this Communication is to define a common framework to support Member States in the reform and development of health care and long-term care, borne by the social protection system, using the "open method of coordination". The Resolution adopted by the European Parliament on 11 March calls for greater cooperation on health and long-term care and calls on the Commission to present relevant proposals in the spring of 2004, allowing the Council to apply the "open method of coordination" in this field and to adopt common objectives.

This Communication is thus a complement to the one concerning the proposals of the "High-level process of reflection on patient mobility and healthcare developments in the European Union" (INI/2004/2189). These two Communications, adopted together by the Commission, thus present an overall strategy for developing a shared vision for the European health care and social protection systems.

This Communication proposes common objectives for the development and modernisation of health care provision and funding, which would allow Member States to define their own national strategy and benefit from the experiences and good practices of the other Member States.

While responsibility for healthcare rests with Member States, there are a number of common challenges, such as the ageing society, increased needs and demands from citizens and rapid technological change. The Commission's proposals are aimed at individuals. They include efforts to promote practical co-operation on the access to healthcare in another Member State. They should also empower patients by giving them better information on how to obtain treatment across borders and by making the most of technology to improve the quality, availability and effectiveness of care. They also benefit the healthcare profession, by proposing the development of centres of excellence, and mapping out how to harness new technologies. Finally the Commission addresses co-operation at government level, by proposing a framework for Member States relating to reform and modernisation of healthcare, long-term care and social protection.

The social protection systems need to be reformed in an integrated and coordinated way to meet these challenges. The Commission Communication Strengthening the social dimension of the Lisbon strategy: Streamlining open coordination in the field of social protection showed that health and elderly care is one of the areas where coordination in the field of social protection should be streamlined. This streamlining will contribute to strengthening the political messages in favour of the modernization of these systems and to ensuring that they are in line with the other coordination processes under the "Lisbon Strategy". The results will be:

- Greater consistency with existing social protection processes (pension reform, social inclusion), with which many areas of common interest exist. As part of the streamlining of these processes, one important task will be to identify issues which could constitute general objectives for all the branches of social protection, such as issues relating to gender, the role of health care in active ageing or the role of social protection systems in employment promotion measures.
- Closer coordination with other political processes, including the European Employment Strategy, in particular with regard to the challenges of the ageing workforce in these sectors, and the broad economic policy guidelines. As a result of the streamlining, issues of health and long-term care should be better reflected in the Lisbon Strategy, in line with their importance to citizens. As provided for in the Spring Report 2004, the Commission will be examining, by 2005, the arrangements for incorporating public health in the Lisbon Strategy, and its contribution to growth and sustainable development.
- In this context, the "open method of coordination" will be a flexible tool, respecting the diversity of the national situations and competences and therefore particularly well adapted to the specific features of health care systems in all the branches of social protection.

Pursuant to this Communication, it would be desirable to come to an agreement on the joint objectives in 2004. Member States, including the new ones, should present 'preliminary reports' covering the challenges facing their systems at national level, current reforms and medium-term policy objectives by the next Spring Summit in March 2005. These reports would include statistical data and, where relevant, quantified objectives. At this preliminary stage, they would be concise.

They would then be analysed by the Commission, so that the views and contributions of the Member States can be taken into account when

the joint objectives of the streamlined social security process are established. This streamlining will lead in 2006 to an initial series of "development and reform strategies" in health care and long-term care for the period 2006-2009. With regard to the indicators, the Commission proposes starting work in 2004 to identify possible indicators for these objectives. The interim reports due in the spring of 2005 will contribute by submitting national data, facilitating the drawing up of an initial comparison table of the different national situations and the assessment of

progress compared to the stated objectives. This work will have to be based on activities undertaken over several years in the context of the action programme on health monitoring, then the action programme on health, to create a prototype for a future Community health monitoring system. It will also be based on Eurostat's health statistics work. Cooperation with international organisations, such as the OECD and the WHO, will also be necessary.

Modernising social protection and developing good quality healthcare

The committee adopted the own-initiative report drawn up by Milan CABRNOCH (EPP-ED, CZ) in response to the Commission paper on modernising social protection and developing good quality healthcare using the 'open method of coordination'. Starting from the premise that the right to health is a basic social right and that public health is one of society's values and maintaining it is one of society's most important tasks, MEPs endorsed the three main objectives proposed as the basis for the open method of coordination: universal access independent of income or wealth, high-quality care and long-term financial sustainability. They stressed that, under the open method of coordination, the "absolute sovereignty" of national (and where appropriate, regional) governments in the field of health care must be fully respected.

The report pointed out that health is affected by many factors, including genetic predisposition, lifestyle and social situation. It added that preventive care was the most effective and efficient form of health care and contributed to the long-term financial sustainability of care systems. Prevention should therefore be given a "perceptibly higher" priority in the actual use of services, including regular preventive medical examinations.

The committee stressed that the main role in any system of health care and long-term care must be played by the individual as a beneficiary of services and a "care consumer" and that he or she must therefore have access to maximum information. It also said that the ageing of the population was a challenge, and that the healthcare of the "frail elderly" was an appropriate area for research at the European level. Nevertheless, the ageing of the population should also be taken as an opportunity for people with long and valuable experience to be involved more closely in society and enterprises as part of active ageing.

The report raised a number of other points, such as the importance of health care, long-term care and social care in national economies owing to the large number of jobs involved, the need to recruit and retain health care workers and make these professions more attractive and the need to deal with the health requirements of the poorest members of society. It also voiced concern at the substantial differences between the old and the new Member States in terms of the health status of their population and access to health care and long-term care. Lastly, it called on the Commission to submit a new report on the health situation of women in the EU.

Modernising social protection and developing good quality healthcare

The European Parliament adopted a resolution based on the own-initiative report drafted by Milan CABRNOCH (EPP-ED, CZ) on social protection and good quality healthcare. (Please see the summary of 31/03/2005.) Parliament emphasised that each individual must have the right to a free choice of healthcare and long-term care without restriction anywhere in the EU. It called on the Member States and the Commission to ensure the approximation of data gathering and an improvement of the data situation as well as to enable citizens and service providers to access information on the healthcare and health policy of other Member States through the EU health portal which is currently under construction.

Parliament urged Member States to consider active steps to deal with the health needs of the poorest members of society and their access to health care. It pointed out that universal coverage must be based on solidarity and provide a safety net against poverty and social exclusion, benefiting in particular those on low incomes and those whose state of health requires intensive, long or expensive care, including palliative and end-of-life care.

Parliament regretted that the Commission (see COM/2004/0304) views the modernisation of social protection with regard to health care essentially in terms of the requirements of the Stability Pact. The Commission makes no reference in its text to the trends in spending on the various sectors of health care (treatment, hospital care etc.) or to the impact of prevention in the individual Member States.

Parliament remarked that the "big killers" (e.g. cancer diseases, cardiovascular diseases) and the "big cripples" (e.g. musculo-skeletal disorders and other work-related chronic diseases, health problems resulting from unhealthy diets, drug abuse, environmental degradation and reduced physical activity) could be considerably reduced by general intersectoral policies and individual preventive policies and improved measures to address those factors in people's working and living environment which cause disease. It stressed the importance of developing occupational health care with a view to the prevention and early detection of diseases and health problems.