

Procedure file

Basic information		
INI - Own-initiative procedure	2008/2115(INI)	Procedure completed
Together for health: a strategic approach for the EU 2008-2013		
Subject		
4.10.10 Social protection, social security		
4.15.15 Health and safety at work, occupational medicine		
4.20 Public health		
4.20.05 Health legislation and policy		
4.20.06 Health services, medical institutions		

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	ENVI Environment, Public Health and Food Safety		05/03/2008
		PPE-DE PETERLE Alojz	
	Committee for opinion	Rapporteur for opinion	Appointed
	DEVE Development	The committee decided not to give an opinion.	
	EMPL Employment and Social Affairs		22/01/2008
	PPE-DE CABRNOCH Milan		
	ITRE Industry, Research and Energy	The committee decided not to give an opinion.	
	FEMM Women's Rights and Gender Equality		02/06/2008
		ALDE OVIIR Siiri	
Council of the European Union	Council configuration	Meeting	Date
	Competitiveness (Internal Market, Industry, Research and Space)	2891	25/09/2008
	Employment, Social Policy, Health and Consumer Affairs	2876	09/06/2008
European Commission	Commission DG	Commissioner	
	Health and Food Safety	VASSILIOU Androulla	

Key events			
23/10/2007	Non-legislative basic document published	COM(2007)0630	Summary
22/05/2008	Committee referral announced in Parliament		
09/06/2008	Resolution/conclusions adopted by Council		
09/09/2008	Vote in committee		Summary

16/09/2008	Committee report tabled for plenary	A6-0350/2008	
25/09/2008	Resolution/conclusions adopted by Council		
09/10/2008	Results of vote in Parliament		
09/10/2008	Debate in Parliament		
09/10/2008	Decision by Parliament	T6-0477/2008	Summary
09/10/2008	End of procedure in Parliament		

Technical information

Procedure reference	2008/2115(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Strategic initiative
Legal basis	Rules of Procedure EP 54
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/6/55835

Documentation gateway

Non-legislative basic document		COM(2007)0630	23/10/2007	EC	Summary
Document attached to the procedure		SEC(2007)1374	23/10/2007	EC	
Document attached to the procedure		SEC(2007)1375	23/10/2007	EC	
Document attached to the procedure		SEC(2007)1376	23/10/2007	EC	
Committee draft report		PE405.984	06/05/2008	EP	
Amendments tabled in committee		PE407.893	17/06/2008	EP	
Committee opinion	EMPL	PE404.784	26/06/2008	EP	
Committee opinion	FEMM	PE407.727	17/07/2008	EP	
Committee report tabled for plenary, single reading		A6-0350/2008	16/09/2008	EP	
Text adopted by Parliament, single reading		T6-0477/2008	09/10/2008	EP	Summary
Commission response to text adopted in plenary		SP(2008)6975	30/01/2009	EC	

Together for health: a strategic approach for the EU 2008-2013

PURPOSE: to present a White Paper setting out an EU Health Strategy from 2008-2013.

BACKGROUND: the EU's important role in health policy has been reaffirmed in the Reform Treaty which was agreed by EU Heads of State and Government in Lisbon on 19 October 2007 and which proposes to reinforce the political importance of health. A new overall aim on supporting citizens' wellbeing is expected, as well as an encouragement of cooperation amongst Member States on health and health services. The European Union is facing new challenges. Its population is ageing fast and its recent enlargements widened the health gaps between Member States. Migration, the mobility of health professionals and patients, the risks posed by pandemics and bioterrorism all represent additional challenges. So do globalisation and climate change. The time has come for the EU to develop a strong and comprehensive strategy on Health. The new strategy will help enable Member States to meet a wide range of common challenges based on shared principles and values.

CONTENT: tackling these challenges and responding to these calls requires a long-term approach. This White Paper aims to set out a

comprehensive and coherent framework - a first EU Health Strategy - to give direction to Community activities in health. It provides for concrete new actions aiming, among other things, to strengthen European defences against health threats, to increase prevention and early diagnosis of cancer and to equip citizens with the tools they need to make informed decisions about their health. It proposes four core principles underpinning three strategic objectives as a focus of attention for the coming years. The Strategy also sets out implementation mechanisms for cooperation between partners, reinforcing Health in All Policies, and increasing visibility and understanding about health at Community level. This White Paper sets out a Strategy until 2013, when a review will take place to support the definition of further actions towards the objectives.

Principles: the White Paper sets out a number of cross-cutting principles such as solidarity, citizen participation in policy-making and the need to reduce inequities in health, to promote investment in health, to mainstream health in all policies, and to strengthen the EU's voice in Global Health. To live up to its principles and achieve its objectives, the Strategy sets out a framework under which actions can be taken. The White Paper foresees concrete priority actions for the next two years.

Objectives: in short, the Health Strategy aims to:

1) Foster Good Health in an Ageing Europe by promoting good health throughout the lifespan: population ageing, resulting from low birth rates and increasing longevity, is now well established. By 2050 the number of people in the EU aged 65+ will grow by 70%. The 80+ age group will grow by 170%. Actions required to support this objective include: i) measures to promote the health of older people and the workforce and actions on children's and young people's health (Commission); ii) development and delivery of actions on tobacco, nutrition, alcohol, mental health and other broader environmental and socioeconomic factors affecting health (Commission, Member States); iii) new Guidelines on Cancer screening and a Communication on European Action in the Field of Rare Diseases (Commission); Follow up of the Communication on organ donation and transplantation (Commission).

2) Protect Citizens from Health Threats including communicable diseases, bioterrorism, and patient safety: Community-level work includes scientific risk assessment, preparedness and response to epidemics and bioterrorism, strategies to tackle risks from specific diseases and conditions, action on accidents and injuries, improving workers' safety, and actions on food safety and consumer protection. The Commission will continue this work, but will also focus on challenges that have not yet been fully addressed. Actions required to support this objective include: i) strengthen mechanisms for surveillance and response to health threats, including review of the remit of the European Centre for Disease prevention and Control (Commission); ii) health aspects on adaptation to climate change (Commission).

3) Support Dynamic Health Systems and New Technologies: EU Health systems are under mounting pressure to respond the challenges of population ageing, citizens' rising expectations, migration, and mobility of patients and health professionals. New technologies have the potential to revolutionise healthcare and health systems. E-health, genomics and biotechnologies can improve prevention of illness, delivery of treatment, and support a shift from hospital care to prevention and primary care. E-Health can help to provide better citizen-centred care as well as lowering costs and supporting interoperability across national boundaries, facilitating patient mobility and safety. To boost investment in health systems, health has been integrated into instruments aimed at enhancing EU growth, employment and innovation including the Lisbon strategy, the 7th Framework Programme for Research including the Joint Technology Initiative on Innovative Medicines, the Competitiveness and Innovation Programme and Regional Policy. However, further action is needed, e.g. in relation to the capacities of regions, which are key actors in delivering healthcare. Actions required are as follows: i) Community framework for safe, high quality and efficient health services (Commission) Support Member States and Regions in managing innovation in health systems (Commission); ii) support implementation and interoperability of e-health solutions in health systems (Commission).

The actions in this Strategy will be supported by existing financial instruments until the end of the current financial framework (2013), without additional budgetary consequences. The annual work plans of the newly adopted Second Programme of Community Action in the Field of Health will be a key instrument to support the Strategy's objectives. It should be noted that this programme replaces the current Public Health Programme (2003-2008), and has three broad aims: improving citizens' health security, promoting health for prosperity and solidarity, and generating and disseminating health knowledge.

Lastly, to implement the Strategy in close co-operation with the Member States and other key players, the White Paper foresees the creation of a structured co-operation mechanism. It will identify priorities, define indicators, facilitate the exchange of good practice, produce guidelines and recommendations and measure progress.

Together for health: a strategic approach for the EU 2008-2013

The Committee on the Environment, Public Health and Food Safety adopted the own initiative report by Alojz PETERLE (EPP-ED, SI) in response to the Commission's White Paper entitled "Together for Health: A Strategic Approach for the EU 2008-2013".

MEPs welcome the Commission's White Paper and support the values, principles, strategic goals and specific actions set out therein. Nevertheless, they deplore 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.

Prevention: according to the WHO, chronic diseases and particularly strokes and heart disease are steadily overtaking infectious diseases. Against this background, MEPs recommend 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. The report stresses that action plans should address, in particular, the causes of certain diseases and the need to reduce and prevent epidemics and pandemics. MEPs believe that disease prevention efforts and vaccination campaigns, where effective products exist, should be stepped up significantly. The Commission is therefore urged to draw up an ambitious plan for preventive actions for the entire 5-year period. MEPs stress 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.

Reduce inequalities: MEPs propose 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. They stress that actions aimed at reducing inequities in health should include targeted promotion, public education and prevention programmes. The Commission and the Member States are called upon 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. MEPs expect 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.

Transparency and reliable information: MEPs stress that access to reliable, independent and comparable information about healthy behaviours, diseases and treatment options is a prerequisite for an effective disease prevention strategy. They stress 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.

Improved research on health: the report 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. The Commission and the Member States are invited to explore further, 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 under-funded.

Healthy living: MEPs stress 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). They stress the need to highlight key health-related issues, such as nutrition, obesity, malnutrition, physical activity, consumption of alcohol, drugs and tobacco and environmental risks. In this context, the Commission is urged 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. They believe 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. MEPs recognise that the family is of vital importance in establishing a 'healthy lifestyle' model which is often replicated in later life.

Antibiotics: the report 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. MEPs call for special attention to be paid to the methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria.

Combating counterfeited medicines: MEPs welcome 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.

Improved cooperation: MEPs welcome the Commission's proposal to set up an EU-level structured cooperation mechanism and to establish closer cooperation with stakeholders. They call on the Member States, along with regional and local authorities, to use the cooperation mechanism to improve the exchange of best practice. They agree 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.

Human body: MEPs stress that the prohibition on making the human body and its parts as such a source of financial gain (as mentioned in 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.

Other targeted measures: MEPs call 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); to strengthen measures ensuring that persons with disabilities are given equal access to health care; to provide 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; 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; 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; to protect health care workers from accidents and injury in the workplace?

Role and impact of the ECDC: lastly, MEPs recommend that the mandate of the European Centre for Disease Prevention and Control (ECDC) be extended to non-communicable diseases.

Together for health: a strategic approach for the EU 2008-2013

The European Parliament adopted by 554 votes to 23 with 21 abstentions a resolution in response to the Commission's White Paper entitled 'Together for Health: A Strategic Approach for the EU 2008-2013'.

The own-initiative report had been tabled for consideration in plenary by Alojz PETERLE (EPP-ED, SI) on behalf of the Committee on the Environment, Public Health and Food Safety.

Parliament recalls that health is one of the most precious things and its goal is to guarantee a high level of health for all. It also recalls the increasing rates of cancer, diabetes, cardiovascular disease, rheumatic diseases, mental illness, overweight and obesity problems, along with malnutrition and inadequate nutrition, HIV/AIDS, the poor quality of the environment and the re-emergence of certain diseases associated with growing social inequalities. MEPs recall the new threats to health with cross-border dimensions and call for more prevention to avoid the upsurge of certain illnesses.

Parliament welcomes the Commission White Paper and supports the values, principles, strategic goals and specific actions set out therein. However, MEPs deplore the fact that the White Paper does not set specific quantifiable and measurable objectives whose attainment could produce tangible results to improve the level of health in the Union. Calls on the Commission to review existing work in the field of health to determine which work streams are delivering value for the Community and Member States. As part of this work, Parliament calls on the Commission to determine which working methods and practices add value to the work of Member States in the field of health and which should be better coordinated.

Prevention: according to the WHO, chronic diseases and particularly strokes and heart disease are steadily overtaking infectious diseases. Parliament recommends the widespread adoption of the practice of performing health impact assessments. The report stresses that action plans should address, in particular, the causes of certain diseases and the need to reduce and prevent epidemics and pandemics. Parliament believes that disease prevention efforts and vaccination campaigns, where effective products exist, should be stepped up significantly. The Commission is therefore urged to draw up an ambitious plan for preventive actions for the entire 5-year period.

Reduce inequalities: Parliament 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. It stresses that actions aimed at reducing inequities in health should include targeted promotion, public education and prevention programmes. The Commission and the Member States are called upon to consider the contribution which integrated social and health policies could make to a modern approach to the promotion and protection of health and they are asked to pay attention to the role and responsibility of the pharmaceutical industry.

Transparency and reliable information: Parliament 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. It 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.

Protection of health care workers: Parliament 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. The Commission is urged to include substances toxic for reproduction in its forthcoming proposal for amendment of Directive 2004/37/EC. Parliament endorses the action called for in its resolution of 15 January 2008 (see [INI/2007/2146](#)) and urges the Commission to respect Parliament's opinion and take the measures called for and come forward with the necessary initiatives which should include:

- Setting targets for the reduction of occupational illnesses;
- A proposal for a directive on musculoskeletal disorders;
- A proposal for a revision of Directive 2004/37/EC;
- Measures to address the growing problem of third party violence;

Parliament regrets that, despite its repeated and specific requests, the Commission has yet to propose amending Directive 2000/54/EC on the protection of workers from risks related to exposure to biological agents at work with a view to addressing the serious risks to health care workers arising from working with needles and medical sharps. Parliament calls on the Commission to expedite the completion of the impact assessment in this field and calls for an appropriate amendment to be adopted well before the end of the current parliamentary term in line with its resolution of 6 July 2006 ([INI/2006/2015](#)).

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