


Procedure file

Basic information	
COD - Ordinary legislative procedure (ex-codecision procedure) Decision	Procedure completed
Public health: action plan to combat cancer 1996-2000	
Amended by 2000/0192(COD)	
Subject 4.20.01 Medicine, diseases	

Key players			
European Parliament	Former committee responsible		
	ENVI Environment, Public Health and Consumer Protection		27/07/1994
	PPE	VALVERDE LÓPEZ José	
Council of the European Union	Council configuration	Meeting	Date
	Health	1890	30/11/1995
	Competitiveness (Internal Market, Industry, Research and Space)	1886	23/11/1995
	Health	1845	02/06/1995
	Health	1823	22/12/1994
	Health	1762	02/06/1994

Key events			
29/03/1994	Legislative proposal published	COM(1994)0083	Summary
06/05/1994	Committee referral announced in Parliament, 1st reading		
02/06/1994	Debate in Council	1762	
22/12/1994	Debate in Council	1823	
24/01/1995	Vote in committee, 1st reading		Summary
24/01/1995	Committee report tabled for plenary, 1st reading	A4-0008/1995	
16/02/1995	Debate in Parliament		
01/03/1995	Decision by Parliament, 1st reading	T4-0077/1995	Summary
21/04/1995	Modified legislative proposal published	COM(1995)0131	Summary
02/06/1995	Council position published	06934/1/1995	Summary

14/07/1995	Committee referral announced in Parliament, 2nd reading		
28/09/1995	Vote in committee, 2nd reading		Summary
28/09/1995	Committee recommendation tabled for plenary, 2nd reading	A4-0226/1995	
24/10/1995	Debate in Parliament		Summary
25/10/1995	Decision by Parliament, 2nd reading	T4-0499/1995	Summary
23/11/1995	Parliament's amendments rejected by Council		Summary
30/11/1995	Debate in Council	1890	Summary
19/12/1995	Formal meeting of Conciliation Committee		
30/01/1996	Joint text approved by Conciliation Committee co-chairs	3618/1995	
31/01/1996	Final decision by Conciliation Committee		Summary
09/02/1996	Report tabled for plenary, 3rd reading	A4-0029/1996	
14/02/1996	Debate in Parliament		Summary
15/02/1996	Decision by Parliament, 3rd reading	T4-0056/1996	Summary
16/02/1996	Decision by Council, 3rd reading		
29/03/1996	Final act signed		
29/03/1996	End of procedure in Parliament		
16/04/1996	Final act published in Official Journal		

Technical information

Procedure reference	1994/0105(COD)
Procedure type	COD - Ordinary legislative procedure (ex-codecision procedure)
Procedure subtype	Legislation
Legislative instrument	Decision
	Amended by 2000/0192(COD)
Legal basis	EC before Amsterdam E 129; Rules of Procedure EP 163
Stage reached in procedure	Procedure completed
Committee dossier	CODE/4/07314

Documentation gateway

Legislative proposal		COM(1994)0083 OJ C 139 21.05.1994, p. 0012	29/03/1994	EC	Summary
Economic and Social Committee: opinion, report		CES0998/1994 OJ C 393 31.12.1994, p. 0008	14/09/1994	ESC	Summary
Committee of the Regions: opinion		CDR0183/1994 OJ C 210 14.08.1995, p. 0055	28/09/1994	CofR	Summary

Committee report tabled for plenary, 1st reading/single reading	A4-0008/1995 OJ C 056 06.03.1995, p. 0003	24/01/1995	EP	
Text adopted by Parliament, 1st reading/single reading	T4-0077/1995 OJ C 068 20.03.1995, p. 0015-0017	01/03/1995	EP	Summary
Modified legislative proposal	COM(1995)0131 OJ C 143 09.06.1995, p. 0016	21/04/1995	EC	Summary
Council position	06934/1/1995 OJ C 216 21.08.1995, p. 0001	02/06/1995	CSL	Summary
Commission communication on Council's position	SEC(1995)1190	10/07/1995	EC	Summary
Committee recommendation tabled for plenary, 2nd reading	A4-0226/1995 OJ C 287 30.10.1995, p. 0005	28/09/1995	EP	
Text adopted by Parliament, 2nd reading	T4-0499/1995 OJ C 308 20.11.1995, p. 0022-0037	25/10/1995	EP	Summary
Commission opinion on Parliament's position at 2nd reading	COM(1995)0634	29/11/1995	EC	Summary
Joint text approved by Conciliation Committee co-chairs	3618/1995	30/01/1996	CSL/EP	
Report tabled for plenary by Parliament delegation to Conciliation Committee, 3rd reading	A4-0029/1996 OJ C 065 04.03.1996, p. 0058	09/02/1996	EP	
Text adopted by Parliament, 3rd reading	T4-0056/1996 OJ C 065 04.03.1996, p. 0139-0150	15/02/1996	EP	Summary
Follow-up document	COM(1999)0408	08/09/1999	EC	
Follow-up document	COM(1999)0463	14/10/1999	EC	

Additional information

European Commission

[EUR-Lex](#)

Final act

[Decision 1996/646](#)
[OJ L 095 16.04.1996, p. 0009](#) Summary

Public health: action plan to combat cancer 1996-2000

1) OBJECTIVE To develop knowledge about the causes of cancer and possible means of preventing it. 2) CONTENTS 1. The Community action plan against cancer is adopted for the period of 1 January 1995 to 31 December 1999. 2. The plan contains 20 measures, covering the essential fields of data collection, public information, education, cancer training for health-care workers, early detection and systematic screening, studies and measures relating to the quality of care, and research. 3. The plan also aims to ensure complementarity with other Community initiatives, including those relating to consumer protection and the protection of workers at work. 4. It is designed to ensure wider dissemination of knowledge of the causes of cancer and of its prevention, and to help Member States fully achieve their objectives in the fight against cancer. 5. The Commission will ensure that there is consistency and complementarity between the Community actions to be implemented under this action plan and under other relevant Community programmes and initiatives, including the biomedical and health research programme under the Community's framework programme for research. 6. An advisory committee consisting of representatives of each Member State will assist the Commission in implementing the action plan. 7. Cooperation with non-member countries and with international organisations competent in the field of public health will be encouraged in the course of implementing the action plan. The EFTA countries and the countries of central and eastern Europe may be associated with the activities described in the Annex under the conditions set out in the agreements concluded with the Community. 8. The Commission will publish an annual report on the progress of the action plan and on potential Community financing in the various fields of action. Source : European Commission - Info92 - 02/96?

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The Committee on the Environment adopted the report by Mr Valverde LOPEZ on the third action plan (1995-1999) to combat cancer as part of the Community public health programme. The report mainly makes a number of serious improvements to action to combat cancer, including most importantly: - the fact that the main objective of the plan has been redefined as the introduction of a cooperation network between the Commission and the national anti-cancer committees in order to improve coherence between Community action and action in the Member States and to act as a real catalyst for action in the Member States in this area. A new annex along these lines has been added on consultation, participation and coordination mechanisms for the plan, with the Commission to be assisted by a group of experts to advise it on the scientific and technical aspects of the fight against cancer; - the priorities of the plan should be public information and health education (especially for children through a specific schools programme aimed at changing eating habits), primary prevention (e.g. greater familiarity with the European code against cancer), secondary prevention (early diagnosis) and improved dissemination of the results of research. The European Parliament also called for a ban on all types of direct or indirect advertising of tobacco products (and, more importantly, for Directive 89/622 on the labelling of tobacco products to be revised in order to increase the proportion of packaging devoted to health messages to 25%). Finally, amendments were made to the programme's financial statement (indicative programming).?

Public health: action plan to combat cancer 1996-2000

The European Parliament approved this proposal for a decision adopting the third action plan to combat cancer in the Community (1995-1999), subject to the following amendments: - the main objective of this plan is to set up a cooperation network between the Commission and national anti-cancer committees, so that the Commission can act as a catalyst for action taken at in the Member States. Parliament added a new annex along the same lines ("consultation and coordination mechanisms") defining the role and composition of these national committees; - public information is one of the main priorities of the plan (especially through the mass media), as are primary prevention (e.g. adopting healthier eating habits which do not encourage cancers to develop) and secondary prevention (early diagnosis), the dissemination of research results in this field (especially in biomedicine), prevention in schools and prevention against certain harmful environmental effects (over-exposure to the sun); - Parliament stressed the need for efficient action to combat smoking, which causes most cancers, by launching a pilot action in which political leaders, social groups etc. undertake not to smoke in public and a specific action in the European Parliament to ban smoking inside Parliament buildings (in Strasbourg, Brussels and Luxembourg) except in specially-designated areas. Parliament also reiterated its call for a ban on all types of direct or indirect advertising of tobacco products.?

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In its amended proposal, the Commission took over 26 of the 36 amendments tabled by the European Parliament at first reading. The main amendments aimed to redefine more clearly the programme's priorities and to increase actions relating to prevention: - the Commission should work in close cooperation with the Member States and national coordination committees together with the organisations active in the prevention of cancer with a view to implementing five main areas of action: . development and strengthening of a European network of cancer registers and support for epidemiological studies focused on prevention, . public information and health education, . training of health workers in cancer prevention, . early detection and systematic screening, . exchanges of experience on diagnosis and treatments; - in the actions listed in the annex, the Commission highlighted the specific nature of the groups targeted by the actions: epidemiological studies relating to specific population groups, information for target groups (teachers, cancer specialists, pharmacists, journalists, etc.), health education actions aimed at town planners, environmental specialists, architects and radiologists, and improvement in the actions designed to underline the importance of a healthy diet. Particular attention was paid to actions concerning the early detection of cancer (particularly in the field of research); - the Commission should make all efforts to simplify the programme's administrative procedures and to improve transparency. ?

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In its common position, the Council made various amendments to the general presentation of this proposal and introduced more specific amendments concerning, in particular: - the establishment of the programme: the general objective of this programme was clarified. It aimed specifically to contribute towards ensuring a high level of health protection and comprised actions aimed at preventing premature deaths due to cancer, reducing mortality due to cancer, promoting the quality of life by improving the general health situation, and promoting the general well-being of the population, particularly by minimising the economic and social consequences of cancer. The actions to be implemented came under the following headings: . data collection and research, . information and health education, . early detection and screening, . training and quality control and guarantees. The Council added further amendments to the sections in the annex and indicated the specific objective for each one. Notably, it grouped together certain actions in the field of research in particular, which no longer came under a separate section. Similarly, certain actions were withdrawn, especially those concerning health education for children and target groups which received less consideration as well as certain actions relating to tobacco and alcohol. With regard to early detection, the Council did away with support for

improving early detection and systematic screening techniques as well as the main treatments. Finally, in respect of training, the Council did away with the common classification of complications resulting from cancer treatments and, in respect of information, it withdrew an action targeted at the media. - implementation: the Council stipulated that the programme would be implemented from 1 January 1996 to 31 December 2000. It defined more clearly the respective roles and contributions of the various actors participating in the implementation of the programme (particularly the Member States); - comitology: it provided for more active participation of the Member States in certain important decisions concerning the programme by establishing a mixed procedure: a management committee procedure for the important decisions and an advisory committee for other decisions (in accordance with the interinstitutional "modus vivendi"); - the programme's budget: the Council set out the scope of the financial support for the programme. The total allocations set aside for the programme amounted to ECU 59 million (instead of the ECU 64 million proposed by the Commission); - consistency and complementarity: the Council clearly highlighted the importance of ensuring that there was complementarity between this programme and relevant research actions (biomedical and health programme) and programmes introducing an integrated information network; - with regard to monitoring and evaluation, the Council provided for fewer regular reports than had been proposed by the Commission or the EP but did not do away with the interim and final reports to be submitted to these institutions. ?

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In its communication outlining its opinion on the Council's common position concerning this proposal, the Commission stated that it could not support the Council text adopted on 2 June 1995. It had three reservations with regard to the Council's text: - the first related to comitology: the Council introduced a "mixed" procedure for the implementation of the programme. The Commission felt that a straightforward advisory committee would be more appropriate and could eventually take over the seven areas of activity that in the Council's view came under "management"; - the second involved the programme's budget: the Council provided for a total of ECU 59 million over five years whilst the Commission had proposed a financial framework of ECU 64 million; - the last amendment related to the annexes: the Council did not incorporate in its common position certain EP amendments that were included in the Commission's amended proposal. In particular, these included the amendments on excessive alcohol consumption, target groups for health education, the principles and protocols relating to care, tailored treatment and best medical practices, and quality control for diagnoses. The Commission pointed out that it had included a declaration in the Council's minutes stating that it did not support the text of the common position. ?

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The Committee has adopted the draft recommendation for a second reading of Mr. Jose Luis VALVERDE LOPEZ (Sp.,EPP) on the 1995-1999 action plan to combat cancer in the framework of public health. All 19 amendments, tabled by the rapporteur, were carried. The most important amendments aim to: - re-establish the financial provisions, from 59 mecu (common position) to 64 mecu proposed by the Commission: - give more consistency and precision to the action programme in the field of the fight against tobacco, cooperation between organisations, public or private, which are involved in the fight against cancer; - undertake preventative action aimed at young people.

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The rapporteur pointed out that Amendment No 11 sought to re-establish the budget initially set at ECU 64 million, reduced by the Council paradoxically at the same time as it agreed to fund tobacco growing with annual funds corresponding to the 5-year budget for the "Europe against cancer" programme. Commissioner Flynn agreed with the criticism concerning the reduction in the budget and stated that the Commission could take over 11 of the 19 amendments: Amendments Nos 2, 3, 4, 5, 6, 8, 10, 11, 12, 18 and 19. The other 8 amendments were rejected for various reasons: for example, Amendments Nos 13 and 14 were not taken over because they set out the typical tasks of the management committee, as envisaged by the Council in its common position; Amendment No 15 provided for consultation of Parliament beyond that envisaged by the "modus vivendi" with the Council; similarly, Amendments Nos 16 and 17 had already been rejected by the Council after Parliament's first reading, due to the method and the content of the political action, which was not suitable for the programme in question.

Public health: action plan to combat cancer 1996-2000

In adopting the recommendation for second reading by Mr Jos? Luis VALVERDE LOPEZ (PPE, E) on the action plan to combat cancer, the European Parliament felt that the Council's common position was too restrictive and proposed amending the proposal once again. Of the 19 amendments adopted, the most important aimed to: - re-establish the financial framework of ECU 64 million (as proposed by the Commission) rather than the ECU 59 million accepted by the Council; - restore the main objective of the programme which, as far as the EP was concerned, was to establish a cooperation network between the Commission and the national committees so that Community action could act as a catalyst for action in the Member States (the European Parliament also restored the programme's structure of five sections); - ensure greater coherence and clarification for the action plans combating tobacco, supporting cooperation between the public and private organisations combating cancer and giving greater consideration to the fact that elements such as the environment or poor dietary habits could increase the risk of developing cancer; - do away with the overly intergovernmental aspects of the programme (particularly as regards the implementation of the programme by the Member States) and ensure fair participation of the organisations working actively to prevent cancer and recognised experts in this sector (particularly within the programme's committee); - adopt preventive measures targeted at young people and children; - publicise the actions undertaken (the EP asked, in particular, that it be regularly informed of the actions carried out). ?

Public health: action plan to combat cancer 1996-2000

The Council noted that it was unable to accept all the amendments approved by Parliament concerning the proposals for decisions adopting

three action plans or programmes of action in the health field (combating cancer; health promotion, information, education and training; prevention of AIDS and certain other communicable diseases). It therefore decided to convene the Conciliation Committee on this matter in accordance with Article 189b of the Treaty.

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In its opinion following on from the European Parliament's opinion at second reading, the Commission amended the Council's common position by taking over the amendments aimed at: - setting the programme's budget at ECU 64 million (as opposed to the ECU 59 million proposed by the Council); - removing the examples of possible measures included in the body of the text where the annex clearly explains the impact of these measures; - as regards the implementation of the programme, establishing a cooperation network between the Commission, the national coordination committees and the institutions working to prevent cancer to ensure that Community action acted as a catalyst for action in the Member States (the Commission also restored the programme's structure of five sections); - guaranteeing both the implementation of the programme by the Member States where necessary at national level and greater consistency and complementarity between the programme and other purely Community actions; - as regards the measures themselves, supporting the measures combating tobacco and giving greater consideration to the fact that elements such as the environment (measures targeted at specific groups) and poor dietary habits may increase the risk of developing cancer. Similarly, the Commission maintained its basic reservation concerning the problem of comitology and did not take over certain amendments adopted by the EP, including, in particular, those relating to the adoption of preventative measures aimed at young people and children and the plan to publicise the actions undertaken (in particular, regular information for the EP). ?

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The Council took stock of progress, in the context of the codecision procedure with Parliament, on the proposals for decisions on the adoption of action plans or programmes of action in the fields of: - combating cancer; - health promotion, information, education and training; - the prevention of Aids and certain other communicable diseases. Specifically, the Council was briefed on the informal talks that had taken place between Parliament, the Council and the Commission with a view to the meeting of the Conciliation Committee on the matter scheduled for 19 December 1995. It will be recalled that the Council adopted its common positions on the proposals in question at its meeting on 2 June 1995. In the meantime, Parliament approved a number of amendments at second reading at the end of October. Some of those amendments concern the financial package for the programmes (for the ?cancer? plan, Parliament is proposing ECU 64 million instead of the ECU 59 million envisaged in the Council?s common position; for the ?health promotion? programme, Parliament is proposing ECU 35 million instead of ECU 30 million). Other Parliament amendments relate to the specifics of the programmes and to a number of general basic provisions.

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The rapporteur welcomed the outcome of the interinstitutional talks. As far as the action plan on cancer was concerned, of the 19 amendments tabled by Parliament a total of 58 had been accepted as they were, while nine were the subject of a satisfactory compromise and two were covered by the *modus vivendi* on comitology. As regards the content, Mr VALVERDE LOPEZ supported those actions that were aimed at organising public information campaigns and promoting research in the field of dietary health, and also welcomed the commitment shown towards programmes designed to investigate the problem of tobacco addiction among young people. Commissioner Flynn stated that in implementing these programmes the Commission would do everything in its power to encourage cooperation between Member States.

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The European Parliament approved the joint text. ?

Public health: action plan to combat cancer 1996-2000

OBJECTIVE: adoption of a Community action programme to combat cancer in the Community - COMMUNITY MEASURE: European Parliament and Council decision 646/96/EC adopting an action plan to combat cancer within the framework for action in the field of public health (1996-2000). - SUBSTANCE: . Duration and objectives: the action plan is established for a period of 5 years (1 January 1996 - 31 December 2000) and aims to contribute to providing a high level of health protection. It includes measures intended to: - prevent premature deaths from cancer, - reduce mortality and morbidity due to cancer, - improve the quality of life by improving people's general state of health, - promote general well-being, particularly by reducing the social and economic effects of cancer. . International cooperation: the programme is open for cooperation with the associated countries in Eastern Europe, Cyprus and Malta. In its implementation cooperation with the WHO, the International Agency for Research on Cancer and the NGOs active in this field is encouraged. . Coherence and complementarity: it is to be implemented in coherence and cooperation with other relevant Community measures and programmes (the research programme in the field of biomedicine and health and the programmes establishing an integrated information network). . Budget: it is provided with a budget of ECU 64 million for the period in question. . Implementation: the Commission is responsible for implementing the plan in close cooperation with the Member States. It is assisted in its task by a committee whose role is a mixed one depending on the area in question (advisory and

management). . Monitoring and assessment: the Commission will assess the measures carried out. It will submit to the EP, the Council, the ESC and the Committee of the Regions a mid-term and a final evaluation report on the programme. . Measures to be implemented: measures which can be funded under the action plan are listed in an annex: - action A: data gathering and research: exchanges of information and experience in the collection of data relating to cancer records (prevalence, survival rates, etc.), epidemiological studies on carcinogenic agents, including environmental factors, working conditions and prevention methods (including studies on the role of food), establishing priorities for cancer research, particularly in the framework of Community research programmes and the transfer of results; . action B: health information and education: organization of an annual 'Europe against cancer' week, dissemination of cancer prevention messages (European code against cancer), extending the network of pilot preventive information schemes, information and awareness-raising campaigns targeting specific groups (public places, the workplace), Europe-wide anti-smoking campaigns (including combating passive smoking, creation of networks of the 'no-smoking towns', 'no-smoking hospitals' type, etc.), dissemination of better practices on giving up smoking, implementation of health education programmes, particularly for specific groups (town planners, radiologists, etc.) and establishment of networks of initiatives aimed at promoting health education (promotion of a healthy lifestyle and balanced diet, combating smoking, combating excessive exposure to UV rays), establishment of programmes for teachers, dissemination of teaching materials aimed at prevention, studies on young people's perception of cancer); - action C: early detection and screening: establishment of Community networks for mass screening for breast and cervical cancer, dissemination of a common cancer terminology and classification, feasibility studies for early detection of other cancers (ovarian, prostate, skin, colon, mouth); - action D: training and quality control: continued implementation of the 1989 Commission recommendation on training of cancer professionals, support for mobility of health professionals (particularly those engaged in training) with a view to improving knowledge of cancer, exchanges of experience and conferences on good practice in combating cancer, preparation of educational material designed to improve the knowledge of staff involved with cancer, promotion of initiatives and studies aimed at improving knowledge of methods of checking the quality of early cancer detection mechanisms, support for quality control programmes (checks on radiotherapy equipment and staff training). ENTRY INTO FORCE: 20.03.1996. ?