

**Committee of the Regions****NAT-V-018****95th plenary session,  
3-4 May 2012**

**OPINION  
of the  
Committee of the Regions  
on  
HEALTH FOR GROWTH: THE THIRD MULTI-ANNUAL  
PROGRAMME OF EU ACTION FOR THE PERIOD 2014-2020**

**THE COMMITTEE OF THE REGIONS**

- is concerned that the title chosen for the programme, *Health for Growth*, reduces health to a question of economic utility without focusing on people first and foremost;
- welcomes the general objectives of the programme;
- questions whether the allocated amount of EUR 446 million for the period 2014-2020 will be enough despite the increase in comparison to the preceding programmes. It regrets that the Commission was not able to agree on a much higher allocation, given the economic benefits of avoiding sickness-related costs and absences from work;
- approves of the provision according to which grants will only be released when there is clearly established added value for the EU; points out that this innovative added value should serve patients, and not just commercial ends with a view to cutting healthcare costs;
- takes the view that the cofinancing of measures should be regulated along the lines of the Structural Funds, so as to allow appropriate support for structurally weak regions;
- expects that regional and local authorities and NGOs also be included in the preparation, implementation, assessment and analysis of the programme, and of individual projects and studies.

Rapporteur

Mr Tilman Tögel (DE/PSE), Member of the Saxony-Anhalt Landtag

Reference document

Health for Growth, the third multi-annual programme of EU action in the field of health for the period  
2014-2020  
COM(2011) 709 final

1. The Committee of the Regions supports efforts and initiatives to ensure that people in Europe have access to public healthcare that reflects the latest insights of medical science. This should be the objective of all healthcare policy makers and stakeholders at European, state, regional and local level;
2. The Committee of the Regions emphasises that a sustainable healthcare policy must take into account health-promotion and disease-prevention factors, such as socio-economic conditions, lifestyle, culture, education, environmental factors and social circumstances. Linked up innovations are needed in all socially relevant fields in order to identify risk factors and mitigate their negative effects at as early a stage as possible;
3. The Committee of the Regions sees a risk that the thrust of the programme puts too much emphasis on reducing inequities in healthcare to unequal access to certain forms of treatment. Doing so could overshadow efforts to tackle the social divisions that underlie these inequalities;
4. The programme makes reference to a concept of growth in its title without ever defining it. So long as there is no reflection on what this concept actually means, making it the goal of the programme is problematic. Even if promotion of communication structures between the most diverse health sector stakeholders is the priority of the programme, people and their health must be at the forefront. Whilst it is certainly important to stress the link between economic growth and investment in the health sector, the great lengths to which the proposal goes in doing this risks reducing health investment to an economic concern and, as such, implies a lack of ambition and confidence in advocating the promotion of physical and mental wellbeing at EU level;
5. Here the Committee of the Regions reiterates its concern that government fiscal consolidation comes mostly at the expense of public sector investment, and thus also affects the quality and stability of healthcare systems. In the view of the Committee of the Regions, guaranteeing healthcare services is a priority. It proceeds on the assumption that synergies like those achieved through public-private partnerships can also be achieved in this programme, so that the healthcare system can cope with future challenges;

## **I. POLICY RECOMMENDATIONS**

### **THE COMMITTEE OF THE REGIONS**

#### *Preliminary remarks*

6. acknowledges and supports the European Commission's efforts to keep health programmes going in line with the strategic objectives of the Europe 2020 agenda and its current programme of EU action, *Health for Growth*. The focus on innovative and sustainable healthcare systems, better deployment of resources, health-promotion measures, sickness

prevention and cross-border networks to prevent and tackle health threats is particularly welcome;

7. is concerned that the title chosen for the programme, *Health for Growth*, reduces health to a question of economic utility without focusing on people first and foremost. In doing so, it fails to do justice to the objectives stated in Article 4, such as "increasing access to better and safer healthcare for citizens" (paragraph 2), or "protecting citizens from cross-border health threats" (paragraph 4);
8. invites the Commission to consider that the title chosen for the programme may seem discriminatory to sick and disabled people, as it suggests that only healthy people can contribute to economic growth and are therefore economically desirable. It fails to account for the fact that these people can also take part in working life on an equal footing and make a valuable economic contribution, provided they receive the necessary support;
9. observes that it is hard to see any crossover in terms of content or objectives between the programme and the WHO's *Health 21 – Health for all in the 21st Century* strategy. The WHO points to the pressing need to reduce inequality of social and economic opportunity in order to improve the health of the entire population as one objective of a health strategy. It also calls for measures for those most in need or burdened by ill-health to be combined, bottlenecks in care provision to be eliminated, and social and health inequities to be tackled (Point II of the World Health Declaration, Health21, of the 51st WHO Assembly). These aspects are missing from the programme, which gives one-sided emphasis to opportunities for economic development. The CoR expects the Commission to work closely with the WHO Regional Committee on drawing up the future health strategy for Europe, "Health 2020";

#### *Chapter I: General Provisions*

10. welcomes the fact that the proposed programme is meant as a continuation of the second programme of EU action that runs until 2013, and the first programme of EU action (2003-2007);
11. criticises, however, the lack of assessment of these programmes and notes that the "summary of the ex-post evaluation of the Public Health Programme for 2003-2007 and the mid-term evaluation of the Health Programme for 2008-2013" provided for in point 6.5.3 of the Financial Statement will not be enough to evaluate the recommendations of the Court of Auditors and the implementation of those recommendations in this programme;
12. welcomes the general objectives of the programme outlined in Article 2:
  - cooperation between Member States to create an effective system of exchange of healthcare sector innovations,

- strengthening the viability of healthcare systems within the Member States in the face of demographic and funding pressures, and
  - enhancing protection against cross-border health threats
  - and thereby continually improving the health of citizens;
13. notes with concern the lack of much-needed involvement of regional and local authorities who, as a rule, are responsible for ensuring the prerequisites for good health, guaranteeing adequate healthcare and organising healthcare services, and the lack of preliminary consultation with stakeholders;
14. therefore expects that regional and local authorities and NGOs also be included in the preparation, implementation, assessment and analysis of the programme, and of individual projects and studies;
15. notes with concern that the draft regulation introduces new concepts and instruments, the content and scope of which are not fully apparent. Thus, it is not sufficiently clear which of the "common tools and mechanisms at EU level to address shortages of [human] resources and to facilitate up-take of innovation in healthcare" referred to in the first objective should be developed. New instruments must not lead to duplicate structures or an additional administrative or cost burden;

*Chapter II: Objectives and measures to be implemented*

16. supports the intention of the programme to encourage up-take by political decision-makers and healthcare professionals of innovative and high-quality products and services resulting from tools, mechanisms and guidelines developed in the healthcare sector. This should achieve long-term savings and therefore boost the efficiency and viability of healthcare systems. It recommends consideration in the medium term of an incentive system that will support these effects;
17. welcomes the objective of increasing access to medical expertise and information for specific conditions beyond national borders, and of developing shared solutions and guidelines to improve healthcare quality and patient safety. Healthcare policy stakeholders and decision-makers and healthcare sector professionals should be encouraged to use the expertise gathered through the European Reference Networks and to implement the agreed guidelines. In addition, exchange programmes should be considered for various categories of healthcare professional, such as doctors, nurses, auxiliary nurses and public health experts;
18. therefore approves of the call to promote cooperation on the Health Technology Assessment (HTA) and to determine the potential of e-Health, and requires the intended cooperation on electronic patient registries to respect the standards and requirements of data security, doctor-patient confidentiality and patient autonomy;

19. considers the focus on identifying, disseminating and promoting up-take of proven measures and projects aimed at improving health and preventing diseases caused by, for example, smoking, bad diet, lack of exercise, alcohol abuse and unprotected sex, to be the right approach. In addition, it expects increasing resistance to antibiotics and the link to the use of antibiotics in livestock farming, especially factory farming, and the need to prevent disease through vaccination to also be addressed. Health inequalities, mental health, social determinants of health and well-being, an aspect currently ignored, should also be addressed in the programme, including the link to the ongoing financial and economic crisis;
20. supports the eligible measures outlined in Article 4(1), particularly those aimed at boosting cooperation on the Health Technology Assessment (HTA) and enhancing the interoperability of e-Health applications in order to strengthen patients' rights;
21. calls for Health Impact Assessments to be carried out as a complement to cooperation on the Health Technology Assessment, particularly with regard to current or new strategies, plans and programmes within and beyond the health sector;
22. invites the Commission to consider whether self-help groups could be integrated alongside stakeholders, patient organisations and Member States in efforts to develop coordinated EU-level measures aimed at creating opportunities for cross-border healthcare;
23. welcomes the programme's significant support for "provision of knowledge" and notes that, alongside this, a key objective should be to impart sound methods to decision-makers and institutions responsible for preparing decisions with a view to developing targeted national and regional-level solutions that can be implemented within the country-specific structures and systems that have grown up over time;
24. welcomes the focus on measures to counter the shortage of health and care professionals, and assumes that measures to support the sustainability of the health and care workforce will not be cancelled out by attempts to attract labour from other Member States;
25. points out in this connection that the education of health professionals must in future be based on the requirements of the 21st century, as noted in the Lancet report on *Health professionals for a new century: transforming education to strengthen health systems in an interdependent world*; also calls for dialogue on the new direction for the education of health professionals to continue in the competent EU bodies;
26. welcomes all the measures adopted in Article 4(2) and (3) to increase citizens' access to better and safer healthcare and improve sickness prevention, and, in addition to the creation of reference networks and/or centres, in particular for study and research, diagnosis and treatment in the area of low prevalence and incidence diseases in Europe, transfer of know-how and a system of health knowledge, expects guidelines to be developed on the prudent use

of antibiotics as well as concomitant measures to generally promote prudent use of medication among the population, especially over-the-counter medication;

27. acknowledges the objective of protecting citizens from cross-border health threats by developing common approaches to strengthening preparedness and coordination in health crisis situations, on the understanding that the development of these approaches must respect national and regional competences and that mechanisms for cross-border cooperation must be established in line with these competences;
28. in this context, stresses its view that regionally and locally distributed responsibility for protecting health and managing major disasters in the Member States necessitates participation by these levels in the preparation, implementation, assessment and analysis of such measures;
29. also highlights the importance of corporate health promotion. Member States should therefore make health promotion in the world of business and work an integral element of their health policy;

*Chapter III: Financial requirements*

*Chapter IV: Implementation*

30. questions whether the allocated amount of EUR 446 million for the period 2014-2020 will be enough, despite the increase in comparison to the preceding programmes. It regrets that the Commission was not able to agree on a much higher allocation, given the economic benefits of avoiding sickness-related costs and absences from work;
31. expects the funds, which are in fact inadequate, to be distributed in a transparent and balanced manner, and that the Committee be involved at an early stage in the formulation of distribution criteria, as well as in the annual work programme referred to in Article 11(1);
32. calls for a clear limit to be placed on the share of the total budget that goes towards public service contracts, and insists that Member States, regions and other interested parties be given access to the results of public service contracts;
33. welcomes the opening up of the programme to third countries, because cross-border healthcare, reducing skills shortages and management of major disasters are issues that particularly require thinking without frontiers;
34. notes the linking up and use of the positive effects and opportunities offered by the European grouping of territorial cooperation (EGTC), especially in border regions of the Member States;

35. approves of the provision stated in Article 7(2), according to which grants will only be released when there is clearly established added value for the EU; points out that this innovative added value should serve patients, and not just commercial ends with a view to cutting healthcare costs;
36. regrets, however, that only the remarks in point 6.5.2 of the financial statement provide the framework for such added value, providing for the European-level coordination, governance and financial support needed to achieve the programme's objectives. However, they are already enough to justify European – i.e. supranational – action in accordance with the subsidiarity principle based on Article 168;
37. notes that the aspects of added value for the EU described under point 6.5.2 of the financial statement – "actions that could lead to a system for benchmarking; improving economies of scale by avoiding waste due to duplication and optimising use of financial resources" – need a verifiable basis in order to establish this added value;
38. takes the view that the cofinancing of measures provided for in Article 7(3) should be regulated along the lines of the Structural Funds, so as to allow appropriate support for structurally weak regions;
39. welcomes the planned simplification of application and administration procedures, and points out that the administrative burden currently imposed by the programme (2007-2013) has led to its low uptake.

## II. AMENDMENTS

### Amendment 1

#### Recital 14

| <i>Text proposed by the Commission</i>  | <i>CoR amendment</i>   |
|---|--|
| (14) The Programme should focus mainly on cooperation with national health competent authorities and provide incentives for wide participation of all Member States. In particular, participation of Members States with Gross National Income (GNI) lower than 90% of the Union average should be actively encouraged. | (14) The Programme should focus mainly on cooperation with <del>national</del> health competent authorities <u>in the Member States</u> and provide incentives for wide participation of all <u>competent authorities in the Member States</u> . In particular, participation of Member States <u>and regions</u> with <del>Gross National Income (GNI)</del> <u>gross domestic product (GDP)</u> lower than 90% of the Union average should be actively encouraged. |



**Reason**

In the Member States, responsibility for provision of healthcare often lies at regional or local level. It does not seem appropriate to focus solely on the Cohesion beneficiary states. The programme should be aimed at structurally weak regions; this special regard to structurally weak regions is addressed in more detail in the amendment to Article 7(3).

**Amendment 2**

Recital 16

| <i>Text proposed by the Commission</i>   | <i>CoR amendment</i>   |
|--|--|
| (16) The programme should promote synergies while avoiding duplication with related Union programmes and actions. Appropriate use should be made of other Union funds and programmes, in particular the current and future Union framework programmes for research and innovation and their outcomes, the Structural Funds, the Programme for social change and innovation, the European Solidarity Fund, the European strategy for health at work, the Competitiveness and Innovation Programme, the Framework Programme for Environment and Climate action (LIFE), the programme of Union action in the field of consumer policy (2014-2020), the Justice programme (2014-2020), the Ambient Assisted Living Joint Programme, (the Education Europe Programme) and the Union Statistical Programme within their respective activities. | (16) The programme should promote synergies while avoiding duplication with related Union programmes and actions. Appropriate use should be made of other Union funds, <u>instruments</u> and programmes, in particular the current and future Union framework programmes for research and innovation and their outcomes, the Structural Funds <u>and the European grouping of territorial cooperation (EGTC)</u> , the Programme for social change and innovation, the European Solidarity Fund, the European strategy for health at work, the Competitiveness and Innovation Programme, the Framework Programme for Environment and Climate action (LIFE), the programme of Union action in the field of consumer policy (2014-2020), the Justice programme (2014-2020), the Ambient Assisted Living Joint Programme, (the Education Europe Programme) and the Union Statistical Programme within their respective activities. |

**Reason**

See point 34 of the Opinion.

**Amendment 3**

Title

| <i>Text proposed by the Commission</i> | <i>CoR amendment</i>   |
|--|--|
| Health for Growth                      | <del>Health for Growth</del> <u>Better Health for Sustainable Growth</u> |

**Amendment 4**  
Article 7(3)(c)

| <i>Text proposed by the Commission</i>  | <i>CoR amendment</i>  |
|---|---|
| 60 % of eligible costs for actions referred to in point (a) of paragraph 2 except for Member States whose gross national income per inhabitant is less than 90 % of the Union average, which shall benefit from a financial contribution up to a maximum of 80 % of eligible costs. In cases of exceptional utility, the financial contribution for actions referred to in point (a) of paragraph 2 may be up to a maximum of 80% of eligible costs for competent authorities of all Member States or third countries participating in the Programme. | 60 % of eligible costs for actions referred to in point (a) of paragraph 2 except for Member States <u>and regions</u> whose <del>gross national income</del> <u>gross domestic product (GDP)</u> per inhabitant is less than 90 % of the Union average, which shall benefit from a financial contribution up to a maximum of 80 % of eligible costs. In cases of exceptional utility, the financial contribution for actions referred to in point (a) of paragraph 2 may be up to a maximum of 80% of eligible costs for competent authorities of all Member States or third countries participating in the Programme. |

Brussels, 4 May 2012.

The President  
of the Committee of the Regions

Mercedes Bresso

The Secretary-General  
of the Committee of the Regions

Gerhard Stahl

### III. PROCEDURE

|   |   |
|---|---|
| <b>Title</b>  | Health for Growth, the third multi-annual programme of EU action in the field of health for the period 2014-2020  |
| <b>Reference(s)</b>                                       | COM(2011) 709 final   |
| <b>Legal basis</b>  | Article 307(1) TFEU   |
| <b>Procedural basis</b>                                   | Mandatory referral  |
| <b>Date of Council referral/Date of Commission letter</b> | European Commission proposal: 9 November 2011<br>Letter from the European Parliament: 5 January 2012  |
| <b>Date of Bureau/President's decision</b>                | 14 February 2012  |
| <b>Commission responsible</b>                             | Commission for Natural Resources (NAT)  |
| <b>Rapporteur</b>   | Tilman Tögel (DE/PES) Member of the Saxony-Anhalt Landtag   |
| <b>Analysis</b>   | 13 February 2012  |
| <b>Discussed in commission</b>                            | 26 March 2012   |
| <b>Date adopted by commission</b>                         | 26 March 2012   |
| <b>Result of the vote in commission</b>                   | Majority  |
| <b>Date adopted in plenary</b>                            | 4 May 2012  |
| <b>Previous Committee opinion(s)</b>                      | <p>Own-initiative opinion on <i>The role of local and regional authorities in the implementation of the health strategy 2008-2013</i> (CdR 260/2010 final)</p> <p>Opinion on the <i>White Paper – Together for Health, a strategic approach for the EU 2008-2013</i> – COM(2007) 630 final (CdR 24/2008 final)</p> <p>Opinion on <i>Cross-border healthcare</i> – COM(2008) 414 final (CdR 348/2008 final)</p> <p>Opinion on the <i>Pharmaceutical package</i> – COM(2008) 662 final, COM(2008) 663 final, COM(2008) 664 final, COM(2008) 665 final, COM(2008) 666 final, COM(2008) 668 final (CdR 137/2009 final)</p> <p>Opinion on <i>A strategy for Europe on nutrition, overweight and obesity related health issues</i> – COM(2007) 279 final (CdR 312/2007 final)</p> |