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DRAFT REPORT

on the Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions on Modernising 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"
(COM(2004)0304 - 2004/2189(INI))

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on the Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions on Modernising 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"
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The European Parliament,

- having regard to the Commission Communication (COM(2004)0304),
 - having regard to its resolution of 16 February 2000 on the communication from the Commission on a concerted strategy for modernising social protection¹,
 - having regard to the meetings of the European Council of 20-21 March 2003 in Brussels and the preceding conclusions of the European Council meetings in Lisbon, Göteborg and Barcelona on health care and long-term care,
 - having regard to the Commission Communication on ‘Strengthening the social dimension of the Lisbon strategy: streamlining open coordination in the field of social protection’ (COM(2003)0261),
 - having regard to its resolution of 11 March 2004 on the proposal for a joint report on 'Health care and care for the elderly: Supporting national strategies for ensuring a high level of social protection'²,
 - having regard to Rules 112(2) and 45 of its Rules of Procedure,
 - having regard to the report of the Committee on Employment and Social Affairs and the opinion of the Committee on the Environment, Public Health and Food Safety (A6-0000/2005),
- A. whereas the right to health is a basic civic right,
- B. whereas health is a value inherent to each individual and is one of the basic prerequisites enabling him or her to function in society, and whereas public health is one of society's values and maintaining it is one of society's basic tasks,
- C. whereas health is affected by many factors including genetic predisposition, lifestyle and social situation, and whereas health care contributes only to a limited extent (the figure of 20% is often mentioned) to an individual's overall state of health,
- D. whereas confidence that health care will be available if it is needed is essential to the successful functioning of an individual in society, whether he or she is a student, an entrepreneur, an employee or a pensioner,

¹ OJ C 339, 29.11.2000, p. 154.

² OJ C 102 E, 28.4.2004, p. 862.

- E. whereas the free movement of persons (including workers) is one of the EU's basic principles and is also at the same time essential to the further development of the individual Member States and of the Union as a whole, and whereas the individual Member States' welfare systems must provide for the free movement of persons and must not under any circumstances circumscribe it in such a way that people's confidence in the availability and the quality of health care is restricted or jeopardised as a result of their movement between Member States,
 - F. whereas health systems in the Member States are founded on the principles of equality and solidarity, which dictate that high-quality health care and long-term care should be available to all in accordance with their needs and irrespective of their age or means,
 - G. whereas the Member States' health systems are confronted with the challenges posed by new investigative and therapeutic technologies, an ageing population and the general public's increasing expectations,
 - H. whereas new diagnostic and therapeutic technologies not only jeopardise the financial stability of health systems, they also - and in particular - introduce fresh options and inject new hope into mankind's constant fight against disease and old age,
 - I. whereas prevention is the most effective and most efficient form of health care and whereas affordable high-quality preventive care leads to an increase in average lifespan, to a reduction in the frequency of illness and to lower expenditure on health care, and helps to ensure that health-care financing is sustainable on a long-term basis,
 - J. whereas the focal point of everything relating to health is the individual - the patient; he or she is provided with health care and pays for it either directly or in the form of insurance or taxes; ordinary people have the utmost interest in the availability and quality of care, and must therefore be kept fully informed and have full rights as regards decision-making in respect of health-care consumption,
 - K. whereas the quality of health care is affected in particular by the educational level of health workers, by the availability of high-quality investigative and therapeutic technologies, by the level of organisation of health services and by the quality of communication and information-sharing between health-care providers and patients,
 - L. whereas the European programme of Community action in the field of public health (2003-2008) provides an integrated approach to health policies and health care, based inter alia on health promotion and primary prevention, on obviating sources of danger to health, on the inclusion of a high level of health protection in the definition and implementation of all sectoral policies and on tackling social inequalities as a source of health problems,
 - M. whereas health - like economics - is a very important field of science and research; it constitutes an extremely large area for scientific development and research and at the same time for the practical everyday application of the results of research and scientific investigation; as a sector of the economy, health creates large numbers of jobs and a great deal of economic value,
1. Welcomes the fact that the Commission is supporting national (and, where appropriate, regional) governments in the development and reform of health-care systems, whilst fully

respecting the absolute sovereignty of national (and, where appropriate, regional) governments in the field of health-care organisation;

2. Supports the provision of affordable health care and the establishment of high-quality, financially sustainable health-care systems, which reflect the health care and long-term care priorities common to all Member States, and calls upon the Member States to make those priorities explicit;
3. Agrees that at present the main challenges are the ageing population, the new preventive, investigative and therapeutic options and people's increasing expectations, together with an increasingly mobile Community population and the growth in immigration from other countries;
4. Emphasises the importance of prevention and of caring for one's own health as the most effective courses of action in the fight against disease, and calls upon the Member States' governments to include the promotion of health, of a healthy life style, of healthy living conditions and of a healthy diet amongst their priorities, together with preventive measures including regular preventive medical examinations and vaccination in accordance with scientific knowledge;
5. Remarks that the 'big killers' (e.g. cancer diseases, cardiovascular diseases) and the 'big cripplers' (e.g. musculo-skeletal disorders and other work-related chronic diseases, health problems resulting from e.g. unhealthy diets, drug abuse, environmental degradation and reduced physical activity) could be considerably reduced by general intersectoral preventive policies and improved health and safety at work;
6. Emphasises the fact that the main role in any system of health care and long-term care must be played by the individual as a care consumer; his or her rights are paramount and first and foremost amongst them is the right to comprehensive information concerning his or her own health, concerning health care and long-term care options and concerning the level of quality at which care is offered on the market by individual providers; each individual must have the right to a free choice of health care and long-term care without restriction anywhere in the Community;
7. Welcomes the emphasis which the Commission places on improving communication and cooperation between individual health care and long-term care providers in prevention, diagnosis and treatment; the doctor responsible for dispensing primary care and freely chosen by the patient plays a key role in such communication and cooperation; the sharing of existing information leads to higher quality in the care provided, a reduction in the risk that patients will be harmed and greater effectiveness in the use of manpower and resources;
8. Is concerned about the substantial differences existing between the old Member States and most of the new Member States in terms of the health status of their population and access, quality, and resources deployed, in the field of health care and long-term care; calls on the Commission and the old Member States to support the new Member States in their efforts to improve health care and long-term care with the aid of the health action programme and other appropriate instruments;
9. Stresses the importance of health care as a significant sector of national economies, which

employs a large number of people and which - together with long-term and social care - has the potential to create an abundance of jobs;

10. Calls on Member States' governments to adopt effective measures to improve the situation of individuals in their consumption of health care and long-term care, to support improved availability of information for the general public and to enhance the conditions under which individuals can take decisions freely regarding the consumption of health care and long-term care; responsible decision-making by ordinary people in respect of their own health is conditional upon the availability of information on healthy lifestyles and preventive, diagnostic and therapeutic options, and access to such information must not be restricted, especially not for the purpose of saving public resources;
11. Calls on Member States' governments to provide practical support for the sharing of information and the use of electronic communications technologies in health care and long-term care; calls on the Commission and the Member States' governments to provide greater and more systematic support for the development of so-called electronic health care;
12. Calls on Member States' governments to bring the systems for educating and training health workers closer into line and both to coordinate to a greater extent and to bring closer into line the requirements relating to the equipping of health-care facilities and the use of new investigative and therapeutic technologies, and thus to promote comparable health-care quality in all Member States;
13. Urges the Member States' to present national preliminary reports in time for the 2005 Spring European Council;
14. Calls for the Commission to submit proposals by the end of 2005 presenting policy orientations, common objectives, working methods and a detailed timetable;
15. Calls on the Commission and the Council to inform the European Parliament of their proposals;
16. Instructs its President to forward this resolution to the Council, the Commission, the Social Protection Committee and the Parliaments of the Member States.