



COMMISSION OF THE EUROPEAN COMMUNITIES

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OPINION OF THE COMMISSION

pursuant to Article 189 b (2) (d) of the EC Treaty,
on the European Parliament's amendment
to the Council's common position regarding the

proposal for a
EUROPEAN PARLIAMENT AND COUNCIL DECISION

adopting a programme of Community action 1999-2003 on pollution-related diseases in the
context of the framework for action in the field of public health

AMENDING THE PROPOSAL OF THE COMMISSION

pursuant to Article 189 a (2) of the EC Treaty

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The entry into force of the Treaty of the European Union conferred upon the Community particular competence with regard to public health. In order to attain the objectives set out in Articles 3 (o) and 129 of the Treaty establishing the European Community, the Commission, in its Communication COM (93)559 final on a framework for action in the field of public health, laid down pollution-related diseases as a priority area for Community action.

The initial proposal for a European Parliament and Council decision adopting a programme of Community action on pollution-related diseases was adopted by the Commission on 4 June 1997¹, with the aim of improving information on and prevention of diseases linked to environmental pollution, and increasing the level of knowledge and understanding about perception, assessment and management of risks related to them. In addition, the Commission proposed to support activities aimed at preventing and reducing respiratory diseases and allergies. These diseases have significantly increased throughout the Community, representing a growing socio-economic burden. They can be prevented by means of improving the public's knowledge of the factors that play a role in them or by adapting the affected individual's lifestyle.

The rationale of the proposed action programme on pollution-related diseases is to complement Community environmental policy targeted at the reduction of pollutants at source, and efforts to limit their concentrations in the various environmental settings or people's exposure to such concentrations. It might not always be technically or economically feasible to reduce emissions or limit exposure, and public health action is targeted at adverse health effects linked to such conditions. The prevention of pollution-related diseases draws upon knowledge of relationships between pollutants and diseases. The proposed programme would therefore also review relevant information gained from Community research projects.

The programme aims to bring about a Community-wide understanding of key issues concerning pollution-related diseases and their prevention, and intends to increase cooperation so as to avoid unnecessary duplication and speed up the adoption of the best solutions to problems common to Member States.

¹ OJ N° C214 16;6.97, p. 7-10

The **Economic and Social Committee**² and the **Committee of the Regions**³ delivered favourable opinions on this initial Commission proposal.

In the light of the **European Parliament's** opinion adopted on 11 March 1998⁴, an amended proposal for a decision was submitted by the Commission in accordance with Article 189a (2) of the Treaty⁵. The text incorporated amendments that clarified and broadened the actions covered by the programme.

The **Council**, acting by qualified majority, adopted a common position on 30 April 1998 with a view to adopting a programme of Community action on pollution-related diseases⁶. While the Commission accepted the common position, a Commission reserve was entered in the minutes of the Council meeting of 30 April 1998, reflecting the following concerns:

Article 1 and Annex (Duration and scope of the programme): The common position of the Council has limited the proposed programme to three years of action (1999-2001) and to work of a developmental nature only. The focus on training initiatives, information campaigns and assistance to self-help groups which the Commission proposed to direct towards the prevention of respiratory diseases and allergies had been removed. The Commission considers it important to start without delay Community action on the prevention of these diseases for which, policies, measures and best practice already exist. It is for this reason that the Commission suggested that this programme constitutes the first set of actions in this field.

Article 6 (1) (International cooperation): In the Commission's view the reference to Article 228 of the EC Treaty is not appropriate since this Article is used only in relation to the conclusion of international agreements and not for technical cooperation within the context of an agreed programme.

Article 7 (2) (Monitoring and evaluation): It is not feasible to present an evaluation report in the third year of action, which would on the basis of the common position of the Council, be the last year of operation. Most actions, if they are to have an effect, take more than a year to implement; a proper evaluation can therefore be conducted only well after the end of the programme.

On the 8 October 1998, the **European Parliament** adopted 14 amendments to the Council common position.

² Opinion delivered on 29 October 1997, OJ N° C 19 21.1.98, p6-8

³ Opinion delivered on 20 November 1997, OJ N° C 64 27.2.98, p91-95

⁴ OJ N° C 104 6.4.98, p 136

⁵ OJ N° C 156 21.5.98, p 21

⁶ (doc. C4-0340/98-97/0153 (COD))

The opinion of the Commission on each of these 14 amendments is presented in Annex 1.

The Commission points out that in accordance with article 189b(3) of the Treaty if, within three months of receiving the Parliament amendments, the Council, acting by a qualified majority, approves all of the amendments, it shall amend its common position accordingly and adopt the act in question; however, the Council shall act unanimously on the amendments on which the Commission has delivered a negative opinion. If the Council does not approve the act in question, the President of the Council, in agreement with the president of the European Parliament, shall forthwith convene a meeting of the Conciliation Committee.

Annex 1

ACCEPTED AMENDMENTS

Amendment 1

This amendment mentions changes in objectives on the basis of evaluation during the course of the programme. This addition does not change the substance of the existing text, and is complementary to the idea of an on-going evaluation of activity.

Amendment 15

This amendment would introduce promotion of knowledge of behaviour and lifestyles to reduce health risks. This addition does not go beyond what is already envisaged, and does not create new obligations

REJECTED AMENDMENTS

Amendment 2: not adopted

Amendment 3

This amendment would delete the recital referring to "light comitology". It would be inappropriate to delete this reference, which explains and justifies the comitology arrangements for the programme.

Amendment 4: not adopted

Amendment 5

This amendment would change the focus of the programme away from development of policy to *inter alia* an information programme, would widen its objective to cover many other areas, and would weaken its impact greatly; given the limited duration of the programme and its very modest resources.

Amendment 6

This amendment imposes a requirement on the Commission to take necessary measures to ensure consistency and complementarity with other Community programmes and notify these after six months. This amendment is unworkable, as it would be virtually impossible to identify all the other policy areas concerned, and equally impossible to "take necessary measures" and to notify them six months afterwards. The Commission has a general obligation to ensure complementarity and coherency, and such an amendment is in fact redundant.

Amendment 7

This amendment increases the budget to 7 MECU from 3.9 MECU. This amendment must be rejected as it implies that the duration would be longer than planned.

Amendment 8

This amendment would require an evaluation report at the end of the programme, rather than in its third year. This amendment implies that the programme might last over the 3-year period planned and must therefore be rejected.

Amendment 9

This amendment would require the Commission, on the basis of the evaluation report, to submit proposals for specific measures to be taken. This amendment imposes obligations on the Commission, which may prove unjustified (i.e. "shall submit"); it also imposes obligations going beyond the life span of the programme itself and could prejudice future strategies or initiatives in the public health domain.

Amendment 10

This amendment introduces the element of "informing the public" on the matters covered in the programme. This amendment (as in amendment 5) would move the focus of the programme away from policy development towards public information and should be rejected for the same reasons.

Amendment 11

This amendment would introduce the idea of a contribution to the realization of Community-wide epidemiological studies. The nature, duration, financial resources and scope of the programme are not such as to allow the support of meaningful large-scale epidemiological studies.

Amendment 12

This amendment shortens the title of an annex heading. The suggested revised title would not correctly reflect the contents of the annex itself, and would omit the element of the effectiveness of preventive actions.

Amendment 13

The suggested revised text would omit the element of the effectiveness of preventive actions. There is no obvious reason why this element of the programme should be deleted.

Amendment 14

This amendment would introduce a new action dealing with public information. For the same reasons as Amendment 5, this has to be rejected as it would move the focus of the programme away from policy development to the field of public information. This would dilute the programme in an unacceptable way, given its limited resources and duration.

Amendment 16

This amendment introduces elements of public information, education and training initiatives into the Annex of actions to be supported. For the same reasons as Amendments 5 and 14, this amendment would unduly extend the scope of the programme activities in a way which could not be justified either by its short duration or the limited resources available, which would consequently become very difficult to distribute between such varying objectives.

Annex I

Council Common Position	Commission's amended proposal
<p>THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,</p> <p>Having regard to the Treaty establishing the European Community, and in particular Article 129 thereof,</p> <p>Having regard to the proposal from the Commission ⁽¹⁾,</p> <p>Having regard to the Opinion of the Economic and Social Committee ⁽²⁾,</p> <p>Having regard to the Opinion of the Committee of the Regions ⁽³⁾,</p> <p>Acting in accordance with the procedure referred to in Article 189b of the Treaty</p>	
<p>1. Whereas pollution-related diseases are growing in importance throughout the Community and raising public concern;</p>	
<p>2. Whereas, in accordance with Article 3(o) of the Treaty, Community activities shall include a contribution to the attainment of a high level of health protection;</p>	
<p>3. Whereas Article 129 of the Treaty expressly provides for Community competence in this field, insofar as the Community contributes to it by encouraging cooperation between the Member States and, if necessary, lending support to their action; promoting coordination of their policies and programmes, and fostering cooperation with third countries and the competent international organisations in the sphere of public health; whereas Community action should be directed towards the prevention of diseases, and the promotion of health education and information;</p>	

⁽¹⁾ OJ C 214, 16.7.1997, p. 7.

⁽²⁾ OJ C 19, 21.1.1998, p. 6.

⁽³⁾ OJ C 64, 27.2.1998, p.91

<p>4. Whereas, by helping to improve knowledge and understanding of pollution-related diseases, their association with pollutants and their prevention and to attain a wider dissemination of information about these matters, by ensuring improved comparability of information on these subjects and by developing actions complementary to existing Community programmes and actions, while avoiding unnecessary duplication, the programme will contribute to the achievement of the Community objectives set out by Article 129 of the Treaty;</p>	
<p>5. Whereas Article 130(r) of the Treaty states that Community policy on the environment shall contribute to protecting human health;</p>	
<p>6. Whereas the prevention of pollution-related diseases has to include not only measures aimed at the sources and concentrations of pollutants and on limiting exposure, but also public health actions directed at the public to enable individuals to reduce exposure and mitigate adverse effects on health and whereas data on health effects and on exposure should be collected in parallel with data on concentrations of air pollutants;</p>	
<p>7. Whereas in their Resolution of 11 November 1991 on health and the environment⁽⁴⁾ the Council and the Ministers for Health, meeting within the Council, invited the Commission, in close cooperation with the competent authorities of the Member States, to take stock of the knowledge and experience available in the Member States, the Community and international organizations regarding the relationship between health and the environment;</p>	
<p>8. Whereas pollution-related diseases have been identified as a priority area for Community action in the Commission's communication of 24 November 1993 on the framework for action in the field of public health;</p>	

⁽⁴⁾ OJ C 304, 23.11.1991, p. 6.

<p>9. Whereas in its Resolution of 16 January 1996 on the Medium-Term Social Action Programme 1995-1997⁽⁵⁾ the Parliament asked the Commission to present, under the proper procedures, the action programme on pollution-related diseases provided for in the abovementioned Commission communication;</p>	
<p>10. Whereas, in accordance with the principle of subsidiarity, action on matters which do not fall within the exclusive competence of the Community, such as action on pollution-related diseases, should be undertaken by the Community only if and insofar as, by reason of its scale or effects, it may be better achieved at Community level;</p>	
<p>11. Whereas the proposed measures in the programme will yield Community-added value by bringing together activities already undertaken in relative isolation at national level and by complementing one another with significant results for the Community as a whole, by contributing to the strengthening of solidarity and cohesion in the Community and by leading, where the need is recognized, to the establishment of best practice norms and standards;</p>	
<p>12. Whereas cooperation with international organizations competent in the sphere of public health and with third countries should be fostered;</p>	
<p>13. Whereas a "modus vivendi"⁽⁶⁾ between the European Parliament, the Council and the Commission concerning the implementing measures for acts adopted in accordance with the procedure laid down in Article 189b of the Treaty was reached on 20 December 1994;</p>	

(5) OJ C 32, 5. 2.1996, p. 24.

(6) OJ C 102, 4.4.1996, p. 1.

(7) OJ C 102, 4.4.1996, p. 4.

<p>14. Whereas this decision lays down for the entire duration of this programme, a financial framework constituting the principal point of reference, within the meaning of point 1 of the Declaration by the European Parliament, the Council and the Commission of 6 March 1995 ⁽⁷⁾, for the budgetary authority during the annual budgetary procedure;</p>	
<p>15. Whereas, in order to increase the value and impact of the programme, there should be monitoring and continuous evaluation of the actions undertaken with particular regard to their effectiveness and the achievement of the objectives set;</p>	<p>Whereas, in order to increase the value and impact of the programme, there should be monitoring and continuous evaluation of the actions undertaken with particular regard to their effectiveness and the achievement of the objectives set <u>and, with a view where appropriate, to making the necessary adjustments;</u></p>
<p>16. Whereas this programme should last three years in order to help to develop policies and strategies in this field and to take into account any developments that may take place in the general context of the Community framework for action in the field of public health;</p>	
<p>17. Whereas it is appropriate to provide for light comitology arrangements for this programme which are appropriate to its limited duration and developmental nature,</p>	
<p>HAVE DECIDED AS FOLLOWS</p>	
<p><u>Article 1</u> Duration and general objective of the programme</p>	

⁽⁷⁾ OJ C 102, 4.4.1996, p. 4.

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<p>1. A programme of Community action against diseases which are caused, provoked or aggravated by environmental pollution, hereinafter referred to as "this programme", is hereby adopted for the period from 1 January 1999 to 31 December 2001 in the context of the framework for action in the field of public health.</p>	
<p>2. The aim of this programme is to help to develop policies and strategies, in the field of health and the environment, focusing on the prevention of pollution-related diseases, by:</p>	
<p>(a) improving information on pollution-related diseases; and</p>	
<p>(b) improving understanding about the perception, assessment and management of these diseases and the effectiveness of preventive actions.</p>	

<p>3. The actions to be implemented under this programme and their specific objectives are set out in the Annex.</p>	
<p>Article 2</p> <p>Implementation</p>	
<p>1. The Commission shall ensure implementation, in close cooperation with the Member States, of the actions set out in the Annex, in accordance with Article 5.</p>	
<p>2. The Commission shall cooperate with institutions and organisations active in the field of pollution-related diseases.</p>	
<p>Article 3</p> <p>Consistency and complementarity</p>	
<p>The Commission shall ensure that there is consistency and complementarity between the actions to be implemented under this programme and those implemented under other relevant Community programmes and actions, in particular the programme of Community action on health monitoring within the framework for action in the field of public health (1997 to 2001) adopted by Decision No 1400/97/EC of the European Parliament and of the Council⁽⁸⁾ and actions in the environmental and research fields.</p>	
<p>Article 4</p> <p>Budget</p>	

⁽⁸⁾ OJ L 193, 22.7.1997, p. 1.

<p>1. The financial framework for the implementation of this programme for the period referred to in Article 1 is hereby set at ECU 3.9 million.</p>	
<p>2. The annual appropriations shall be authorized by the budget authority within the limits of the financial perspective.</p>	
<p>Article 5</p> <p>Committee</p> <p>1. The Commission shall be assisted by a committee of an advisory nature, composed of the representatives of the Member States and chaired by the representative of the Commission.</p>	
<p>2. The representative of the Commission shall submit to the Committee a draft of the measures to be taken concerning, in particular:</p>	
<p>(a) the work programme; (b) the criteria, and procedures for selecting and financing projects under this programme; (c) the procedure for monitoring and continuous evaluation as referred to in Article 7.</p>	
<p>The Committee shall deliver its opinion on the draft, within a time limit which the chairperson may lay down according to the urgency of the matter, if necessary by taking a vote.</p>	
<p>The opinion shall be recorded in the minutes; in addition, each Member State shall have the right to ask to have its position recorded in the minutes.</p>	
<p>The Commission shall take the utmost account of the opinion delivered by the Committee. It shall inform the Committee on the manner in which its opinion has been taken into account.</p>	

<p>3. The representative of the Commission shall keep the Committee regularly informed about the Commission proposals or Community initiatives and the implementation of programmes in other policy areas which are relevant to the achievement of the objectives of this programme.</p>	
<p>Article 6 International cooperation</p>	
<p>1. Subject to Article 228 of the Treaty, in the course of implementing this programme, cooperation with third countries and with international organizations competent in the sphere of public health shall be encouraged and implemented as regards the actions covered by this programme in accordance with the procedure laid down in Article 5.</p>	
<p>2. This programme shall be open to participation by the associated countries of Central Europe (CEC), in accordance with the conditions laid down in the Association Agreements or Additional Protocols relating thereto concerning participation in Community programmes. This programme shall be open to participation by Cyprus and Malta on the basis of additional appropriations in accordance with the same rules as those applied to the countries of the European Free Trade Association (EFTA), in accordance with procedures to be agreed with those two countries.</p>	
<p>Article 7 Monitoring and evaluation</p>	

<p>1. In the implementation of this Decision, the Commission shall take the necessary measures to ensure the monitoring and continuous evaluation of the programme, taking account of the general and specific objectives referred to in Article 1 and in the Annex.</p> <p>2. In the third year of operation of this programme, the Commission shall present to the European Parliament and to the Council an evaluation report. This report shall also be submitted to the Economic and Social Committee and the Committee of the Regions.</p>	
<p>3. The Commission shall incorporate into this report information on Community financing in the various fields of action and on complementarity with the other actions referred to in Article 3, as well as the results of the evaluation referred to in paragraph 1 of this Article. The report should also address developments within the framework for Community action in the field of public health, with regard to the field of action covered by this programme.</p>	
<p>Done at Brussels,</p> <p>For the European Parliament For the Council The President For the Council</p>	<p>The President</p>
<p>ANNEX SPECIFIC OBJECTIVES AND ACTIONS</p>	
<p>I. ACTIONS TO IMPROVE INFORMATION ON POLLUTION-RELATED DISEASES</p>	
<p>Objective: to contribute towards a better understanding of the role of pollutants in the causation and aggravation of diseases in the Community</p>	
<p>1. Establishing priorities for the identification of those diseases in which specific pollutants are thought to play a role, inter alia by comparing the prevalence and/or incidence of such diseases with their relationship to data on environmental factors in the different parts of the Community.</p>	

ANNEX

2. Examining the data quality in the field of epidemiology for these diseases and identifying where data are lacking.	
3. Reviewing data currently available on the toxicology of pollutants involved in these diseases and identifying gaps in knowledge which it would be important to address, taking into account long-term effects and possible synergies between pollutants.	
<p style="text-align: center;">II. ACTIONS TO IMPROVE UNDERSTANDING ABOUT THE PERCEPTION, ASSESSMENT AND MANAGEMENT OF THESE DISEASES AND THE EFFECTIVENESS OF PREVENTIVE ACTIONS</p>	
<p>Objective: to increase the level of knowledge and understanding about the perception, assessment and management of pollution-related health risks and the effectiveness of preventive actions</p>	
1. Contributing to improve the comparability of data used in preventive actions against pollution-related diseases, by the support of exchanges of information.	
2. Promoting actions and exchanges of information on the methods of increasing the level of knowledge of the general public and opinion-formers about pollution-related risks to health, their assessment and management; promoting work on the public perceptions of pollution-related risks to health throughout the Community and of the impact of the various different policies on pollution and health.	<p>Promoting actions and exchanges of information on the methods of increasing the level of knowledge of the general public and opinion-formers about pollution-related risks to health, their assessment and management; promoting work on the public perceptions of pollution-related risks to health throughout the Community and of the impact on pollution and health of the various policies; <u>promoting knowledge of behaviour patterns, ways of life and eating habits that could reduce the health risks caused by various types of pollution.</u></p>

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