



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 15.04.1998
COM(1998) 229 final

97/0132 (COD)

AMENDED PROPOSAL
for a European Parliament and Council Decision
adopting a programme of Community action from 1999 to 2003
on injury prevention in the framework for action
in the field of public health

(presented by the Commission pursuant to Article 189 a (2)
of the EC-Treaty)

Explanatory memorandum :

In its communication¹ on the framework for Community action in the field of public health, the Commission described the principles and strategy to be pursued in undertaking Community activities with a view to achieving the health protection objectives set out in Articles 3(o) and 129 of the Treaty establishing the European Community. The Community's role is defined therein as underpinning the efforts of the Member States in the public health field, assisting in the formulation and implementation of objectives and strategies, and contributing to the provision of a high level of health protection across the Community, setting as a target the best results already obtained in a given area anywhere in the Community.

In accordance with Article 129, the Commission is putting forward proposals for adoption by the European Parliament and the Council for supporting action contributing to the provision of a high level of health protection. The above-mentioned Commission communication sets out criteria with a view to determining the priority fields for Community action programmes. By reference to these criteria, injury prevention has been pinpointed as one of the priority fields. The present Commission proposal is based on Article 129; advance notice of it was given in the Commission's annual programme of work. It accords with the principle of shared responsibility between the Community and the Member States, and seeks to promote public health by contributing to measures seeking to reduce the scale of the injury problem.

The Commission adopted its decision and forwarded the proposal for a decision to the European Parliament and the Council on 14 May 1997².

- The Economic and Social Committee adopted its opinion on 30 October 1997³, welcoming the action programme and the approach proposed by the Commission in its communication and its proposal for a decision. The Committee recommended that sufficient financial resources be allocated up to 2003, having regard to the programme's excellent value for money. It called for the various socio-economic partners and interest groups to be involved in the implementation of the programme, and underlined the need for consistency and complementarity with other Community programmes and action, more especially:
 - extension and improvement of the old "Ehlass" system;
 - the need for linkage between the programme and Directive 92/59/EC on general product safety;
 - the question of home accidents, this being one of the fields within which health indicators are to be established pursuant to European Parliament and Council Decision 1400/97/EC adopting a Community action programme on health monitoring within the framework for action in the field of public health.

¹ COM(93) 559, 24.11.1993

² OJ C 202, 2.7.1997

³ OJ C 19, 21.1.1998

The Committee of the Regions adopted its opinion on 18 September 1997⁴, endorsing the Commission's proposal and stressing the importance of involving the inter-sectoral group of experts and of cooperating with local and regional authorities. It recommended a number of measures concerning the maximum level of alcohol in the blood, designer drugs and road accidents in association with drug-taking. In its reply to the Committee's opinion, the Commission pointed out that all these recommendations were already covered by ongoing measures. The Committee also stressed the need for an independent secretariat ("health observatory"). The Commission will not be following up this recommendation because of the danger of duplication of effort with work in progress at the WHO, the OECD and within the Commission itself under the Community action programme on health monitoring.

The European Parliament adopted its opinion at first reading on 11 March 1998, setting out 28 amendments to the Commission's proposal. These amendments seek to add further detail to, and extend the scope of, the proposal for a decision, with special reference to:

- self-inflicted injuries other than attempted suicides;
- intentional injuries resulting from violence to children and women and in sporting contexts (e.g. hooliganism) and their impact on public health;
- development of two Community systems for collecting information on injuries within a broader definition of what is meant by an injury. Work undertaken under the old Ehlass system will have to be incorporated into the Commission proposal and improved, making use of modern information technologies.

The Commission has accepted 23 of the amendments, either in whole (12) or in part (11). Because of this acceptance, it is necessary to submit an amended proposal, with the necessary changes being made to the Commission's proposal in terms of the recitals, the articles and the annex. The recent report on the operation of, and data collected by, the old Ehlass system over the period 1986-97, as presented to the "consumer" Council on 3 November 1997, showed how useful the system was and highlighted the scale of the problem of unintentional injuries and their socio-economic impact. The Member States took a positive view of the old system and wanted to see it continued and, if possible, improved. The merits of the Commission's amended proposal lie in the fact that:

- it brings in, through this programme, all the tools and measures needed to strengthen, extend to a broader concept of injury (i.e. intentional and unintentional injury, suicide and self-inflicted injury), use and exploit data from the previous system, more especially by using the existing data processing architecture of the EUPHIN network (European Union Public Health Information Network) developed as part of common-interest projects under the computerised interchange of data between administrations (IDA)⁵

⁴ OJ C 379, 15.12.1997

⁵ OJ C 54, 21.2.1998, p. 3

- it provides input for health indicators in fields relating to home and leisure accidents, mental health and product safety, as provided for in the Community action programme on health monitoring⁶;
- it presents, having regard to the scale of the problem of intentional and unintentional injuries and their socio-economic impact in the European Union⁷, an exceptionally favourable cost-benefit ratio thanks to the collection and rapid exploitation of information on injuries, selection of the best ways of preventing such injuries at Community level, and epidemiological follow-up to such injuries.

The Commission's opinion on each of the amendments adopted by the European Parliament is set out in the Annex.

⁶ OJ L 193, 22.7.1997; Decision No 1400/97/EC, 30.6.1997

⁷ 83 000 deaths a year due to home and leisure accidents; 43 000 deaths per year by suicide; 700 000 attempted suicides; ECU 7.7 billion per year in terms of hospital expenditure and ECU 23 billion relating to the overall cost of unintentional injuries alone.

ANNEX

Amendment No 1 Commission opinion: accepted in part

Experience acquired under the old EHLASS system will be taken into account and used to strengthen the Community added value of the Commission's proposal.

Amendment No 2 Commission opinion: accepted

The report on the old EHLASS system provided an estimated overall cost figure for home and leisure accidents which confirms this socio-economic impact.

Amendment No 3 Commission opinion: accepted

Bearing in mind the estimated total cost of home and leisure accidents set out in the above-mentioned report, even a minimal reduction in accidents will have a favourable cost-benefit impact.

Amendment No 4 Commission opinion: accepted

This amendment defines the new concept of injury and the target group (with the inclusion of "women").

Amendment No 5 Commission opinion: accepted in part

The collection and rapid exploitation of data will greatly enhance the programme's Community added value. The amended proposal will propose a different form of words to the old EHLASS system.

Amendment No 6 Commission opinion: accepted

This amendment adds a reference to collection systems and data protection.

Amendment No 7 Commission opinion: accepted

This amendment highlights the consistency and complementarity of Community action.

Amendment No 8 Commission opinion: accepted

The Commission can accept the idea of the definition of injury in its proposal being extended to intentional injury, and specifying particular target groups. The amendment is in line with WHO resolutions.

Amendment No 9 Commission opinion: accepted

Sporting activity forms part of the concept of unintentional injury as mentioned in the Commission's original proposal. The Commission can go along with the idea of the definition being extended to unintentional injury.

Amendment No 10 Commission opinion: refused

The Commission cannot accept this recital as it explains the reasons for each Community measure, and is too general.

Amendment No 11 Commission opinion: accepted

This amendment highlights the consistency and complementarity of Community action.

Amendment No 12 Commission opinion: accepted in part

This amendment highlights the consistency and complementarity of Community action, but needs to be reworded.

Amendment No 13 Commission opinion: accepted in part

This amendment highlights the consistency and complementarity of Community action, but needs to be reworded and contain a reference to "common-interest projects" under the IDA programme

Amendment No 14 Commission opinion: refused

The Commission cannot enter into any such commitment, as this has to be left to the Commission's discretion during the life of the programme.

Amendment No 15: Commission opinion: accepted in part

This amendment needs rewording.

Amendment No 16 Commission opinion: accepted

This amendment redefines and clarifies the new concept of injuries and related action and systems, and makes clear reference to the epidemiological monitoring of injuries, as mentioned in the explanatory memorandum accompanying the Commission's original proposal.

Amendment No 17 Commission opinion: accepted in part

The Commission has to reword this amendment, which would include accidents arising from natural disasters. These are clearly excluded from the Commission's original proposal (footnote 45) and are covered by Community action in the field of civil protection.

Amendment No 18 Commission opinion: accepted in part

The Commission has to reword the text in terms of point (b) "information on injuries resulting from suicide and on self-inflicted injury" and with regard to the old EHLASS system.

Amendment No 19 Commission opinion: accepted

The ECU 14 million are the sum of the ECU 6.5 million proposed by the European Parliament's Budgetary Control Committee and the ECU 7.5 million from the transfer of

the old EHLASS system from consumer policy to the programme. The total amount accords with the financial perspectives.

Amendment No 20 Commission opinion: refused

The Commission cannot accept this amendment because of the need for consistency with other Parliament and Council decisions on public health action programmes.

Amendment No 21 Commission opinion: refused.

The Commission's original proposal is in line with the decision on committee procedures.

Amendment No 22 Commission opinion: accepted

The rewording of the annex is in line with the amendments accepted by the Commission.

Amendment No 23 Commission opinion: accepted in part

The Commission has to reword the title of the chapter to read "suicide or self-inflicted injury".

Amendment No 24 Commission opinion: accepted

Amendment No 25 Commission opinion: accepted in part

This amendment underlines what action has to be taken in the wake of the amendments proposed by Parliament and accepted by the Commission; nonetheless, the wording concerning EHLASS needs to be changed.

Amendment No 26 Commission opinion: accepted in part

The phrase "in conjunction with EHLASS" does not need to be mentioned as EHLASS is, as a system, an integral part of the programme.

The idea of "notification to enforcement authorities" is covered by the rapid alert system for products under Directive 92/59/EC concerning general product safety.

Amendment No 27 Commission opinion: refused

The substance of this amendment is outside the scope of Article 129.

Amendment No 28 Commission opinion: accepted in part

The great majority of this amendment can be accepted; only the part "for example.... older people" is outside the scope of the measure.

AMENDED PROPOSAL

**for a European Parliament and Council Decision
adopting a programme of Community action from 1999 to 2003
on injury prevention in the framework for action
in the field of public health
in accordance with Article 189a(2) of the EC Treaty**

| ORIGINAL PROPOSAL OJ No C 202 of 02.07.1997 | AMENDED PROPOSAL |
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| Having regard to the proposal from the Commission, Having regard to the opinion of the Economic and Social Committee, Having regard to the opinion of the Committee of the Regions, Acting in accordance with the procedure referred to in Article 189b of the Treaty. | Having regard to the proposal from the Commission ¹ , Having regard to the opinion of the Economic and Social Committee ² , Having regard to the opinion of the Committee of the Regions ³ , Acting in accordance with the procedure referred to in Article 189b of the Treaty. ⁴ |
| 1. Whereas injuries should be considered as one of the major health scourges referred to in Article 129 throughout the European Community and a cause of substantial public concern; | |
| 2. Whereas, in accordance with Article 3(o) of the Treaty, Community action shall include a contribution to the attainment of a high level of health protection; | |
| 3. Whereas Article 129 expressly provides for Community competence in this field, by encouraging cooperation between the Member States and, if necessary, lending support to their action by promoting coordination of their policies and programmes, and by fostering cooperation with third countries and international organisations competent in the field of public health; whereas Community action should be directed towards the prevention of diseases, and the promotion of health education and information; | |

¹ COM(97) 178 final OJ No C 202 of 02.07.1997

² OJ No C 19 of 21.01.1998

³ OJ No C 379 of 15.12.1997

⁴ Opinion of the European Parliament of 11 March 1998

OJ No C

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| <p>4. Whereas the Resolution of the Council and the Ministers of Health meeting within the Council on 27 May 1993 on future action in the field of public health¹ affirmed the need for Community action aiming at adding life to years and years to life and selection of areas for such action with regard to their amenability to preventive action;</p> | <p>4. Whereas the Resolution of the Council and the Ministers of Health meeting within the Council on 27 May 1993 on future action in the field of public health⁵, affirmed the need for Community action aiming at adding life to years and years to life and selection of areas for such action with regard to their amenability to preventive action;</p> |
| <p>5. Whereas the European Parliament, in its Resolution on public health policy after Maastricht of 19 November 1993² called on the Commission to develop and implement activities in the field of accident prevention;</p> | <p>5. Whereas the European Parliament, in its Resolution on public health policy after Maastricht of 19 November 1993⁶ called on the Commission to develop and implement activities in the field of accident prevention;</p> |
| <p>6. Whereas the Commission, in its Communication of 24 November 1993 on the Framework for Action in the Field of Public Health³, identified intentional and unintentional injuries and accidents as a priority area for action in the public health field;</p> | <p>6. Whereas the Commission, in its Communication of 24 November 1993 on the Framework for Action in the Field of Public Health⁷, identified intentional and unintentional injuries and accidents as a priority area for action in the public health field: <u>whereas the Commission in its Communication⁷ of 28 January 1998 establishing a general framework for Community activities in favour of consumers identified home and leisure accidents as a priority area for action;</u></p> |

¹ OJ No C 174 of 25.06.1993, p.1

² OJ No C 329 of 06.12.1993, p.375

³ COM(93)559 final of 24.11.1993

⁵ OJ No C 174 of 25.6.1993

⁶ OJ No C 329 of 6.12.1993

⁷COM(93)559 final of 24.11.1993 and COM(97)684 final of 28.01.1998

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| <p>7. Whereas the European Parliament and the Council, in their Decision No 3092/94/EC⁴, introduced a Community system of information on home and leisure accidents with which this Decision should be closely coordinated;</p> | <p>7. Whereas the European Parliament and the Council, in their Decision No 3092/94/EC⁸, introduced a Community system of information on home and leisure accidents <u>which was discontinued at the end of 1997</u>; whereas the <u>Council of 3 November 1997 gave a favourable assessment of the system and wished it to be continued, with improvements, where necessary</u>; whereas <u>this Decision must accordingly strengthen, improve and extend the old system</u>; whereas the <u>objective of the collection of data and the methodology used for the new system must be to produce Community statistics</u>.</p> |
| | <p>7a. (new). <u>Whereas the large number of injuries caused each year in Europe represents a major loss of human potential with huge economic and social repercussions both at national and Community level</u>;</p> |
| | <p>7b. (new). <u>Whereas prevention and the consequent reduction of injuries should be a priority in the context of Community action in the field of public health, particularly in view of the great economic and social benefit to be derived from this programme, the cost-benefit ratio of which is also exceptionally favourable</u>;</p> |
| <p>8. Whereas, in accordance with the principle of subsidiarity and the principle of proportionality established in Article 3b of the Treaty, action must be undertaken by the Community only if and in so far as, by reason of its scale or effects, it may be better achieved at Community level; whereas the present programme will yield a 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 recognised, to the establishment of best practice norms and standards.</p> | |

⁴ OJ No L331 of 21.12.1994, p.1

⁸ OJ No L331 of 21.12.1994, p.1

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| | <p><u>8a (new). Whereas measures to reduce injury should include measures to prevent and reduce injuries particularly to children, young adults, women and older people, whether caused intentionally or unintentionally, or through suicide or self-infliction;</u></p> |
| | <p><u>8b (new). Whereas it is essential for the implementation of the programme that there is a Community information collection system based, both for intentional and unintentional injuries, on strengthening, improving and extending the old Community system of information on home and leisure accidents (EHLASS) and, for suicides and/or self-inflicted injuries, on the setting up and development of an information collection system founded on the experience gained from the operation of Community networks;</u></p> |
| | <p><u>8c. (new). Whereas the operation and development of information collection systems and networks for injury prevention does not affect compliance with data protection legislation, including mechanisms to ensure confidentiality and security in accordance with the Directive⁹ adopted on 24 October 1995 by the European Parliament and the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data;</u></p> |
| | <p><u>8d. (new). Whereas it is of paramount importance for the study of injuries and for determining Community health indicators relating to domestic activities, recreation and mental health, as referred to in European Parliament and Council Decision 1400/97/EC¹⁰ of 30 June 1997 adopting a programme of Community action on health monitoring within the framework for action in the field of public health (1997-2001), that information is collected and exchanged on the basis of comparable and consistent data on intentional and unintentional injuries, suicides or self-inflicted injury;</u></p> |

⁹ Directive 95/46/EC of 24.10.1995, OJ No L 281 of 23.11.1995, p.31

¹⁰ OJ No L 193 of 22.07.1997, p.1

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| | <u>8e. (new). Whereas the groups most susceptible to injury resulting from violence are children and women;</u> |
| | <u>8f. (new). Whereas violence in sporting contexts causes a great many injuries;</u> |
| 9. Whereas cooperation with the international organisations competent in the field of public health and with third countries should be fostered; | |
| 10. Whereas, by providing support for acquiring better knowledge and understanding of, and wider dissemination of information about, injury prevention, ensuring improved comparability of information in this field 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 in Article 129; | |
| | <u>10a. (new). Whereas implementation of Community measures to prevent and reduce injuries should take account of related research carried out under the Community research and technological development framework programme and, in particular, the information technology programme in the field of public health concerning the dissemination of information and methods of training;</u> |
| | <u>10b. (new). Whereas Community action on injury prevention should take into account in general the applications of telematics in the health sector;</u> |
| | <u>10c. (new). Whereas implementation of measures to prevent injuries should be closely coordinated with measures under the Community framework programme on statistical¹¹ information and projects of common interest under the programme for the computerised interchange of data between administrations (IDA);</u> |

¹¹ OJ No C54/3 of 21.02.1998

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| | <p><u>10d. (new). Whereas Council Regulation No 322/97 which establishes the framework for the production of Community statistics and the responsibility of national and Community authorities for the production of Community statistics, describes methods for the collection and production of Community statistics; whereas statistics on the causes of death, including home and leisure accidents, suicides and statistics on industrial accidents and road accidents are included in the framework programme from 1998 to 2002 concerning Community statistics;</u></p> |
| | <p><u>10e. (new). Whereas the collection of information and the implementation of measures to prevent intentional injuries should be closely coordinated with measures taken under the DAPHNE¹² initiative to combat violence against children, young people and women;</u></p> |
| <p>11. Whereas, in order to increase the value and impact of the programme, a continuous assessment of the actions undertaken should be carried out, with particular regard to their effectiveness and the achievement of the objectives set, with a view, where appropriate, to making the necessary adjustments;</p> | |
| | <p><u>11a. (new). Whereas agreement on a <i>modus vivendi</i> 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;</u></p> |
| <p>12. Whereas this Decision lays down a financial framework constituting the principal point of reference, within the meaning of point 1 of the Declaration of the European Parliament, the Council and Commission of 6 March 1995⁵, for the budgetary authority during the annual budgetary procedure;</p> | <p>12. Whereas this Decision lays down a financial framework constituting the principal point of reference, within the meaning of point 1 of the Declaration of the European Parliament, the Council and Commission of 6 March 1995¹³, for the budgetary authority during the annual budgetary procedure;</p> |
| <p>13. Whereas the Community's financial perspective is valid up until 1999 and will have to be revised for the period beyond that date;</p> | |

⁵ OJ No C 102 of 4.4.1996, p. 4

¹² OJ No C 136 of 01.05.1997

¹³ OJ No C 102 of 4.4.1996, p. 4

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| 14. Whereas this programme should be of five-year duration in order to allow sufficient time for actions to be implemented to achieve the objectives set; | |
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| ORIGINAL PROPOSAL OJ No C 202 of 02.07.1997 | AMENDED PROPOSAL |
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| <p style="text-align: center;"><i>Article 1</i></p> <p style="text-align: center;">Establishment of the programme</p> <p>1. A programme of Community action on injury prevention, hereinafter referred to as "this programme", is hereby adopted for the period 1 January 1999 to 31 December 2003 in the context of the framework for action in the field of public health.</p> | <p style="text-align: center;"><i>Article 1</i></p> |
| <p>2. The aim of this programme is to contribute to public health activities which seek to reduce the incidence of injury, by promoting the more effective dissemination and application of prevention techniques whose worth is widely accepted by experts, and by helping to strengthen public health bodies' general capacity to mount effective injury prevention activities.</p> | <p>2. The aim of the programme is to contribute to public health activities which seek to reduce the incidence of injury, <u>particularly to children, young adults, women and older people, caused intentionally or unintentionally, or through suicide or self-infliction, by promoting:</u></p> <p>a) <u>the epidemiological monitoring of injuries;</u></p> <p>b) <u>the development, strengthening, improvement and extension of systems and networks for collecting and exchanging information on injury prevention;</u></p> <p>c) the more effective dissemination and application of prevention techniques whose worth is widely accepted by experts;</p> <p>d) <u>the strengthening of the public health bodies responsible for mounting effective injury prevention activities.</u></p> |

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| <p>3. The actions to be implemented under this programme and their specific objectives are set out in the Annex.</p> | <p>3. For the purposes of this Decision:</p> <p><u>"injury" means intentional or unintentional injury, suicide and/or self-inflicted injury, excluding injury resulting from industrial and road accidents and injury resulting from natural disasters falling within the scope of civil protection;</u></p> <p><u>"epidemiological monitoring": means the continuous and systematic collection, analysis, interpretation and dissemination of medical data, including epidemiological studies concerning the categories of injury and, in particular, their incidence and geographical distribution and the analysis of the risk factors with a view to taking appropriate measures to prevent and reduce them.</u></p> <p>4. The actions to be implemented under this programme and their specific objectives are set out in Annexes I and II.</p> |
| <p style="text-align: center;">Article 2</p> <p style="text-align: center;">Implementation</p> <p>1. The Commission shall ensure implementation, in close cooperation with the Member States, of the actions set out in the Annex.</p> | <p style="text-align: center;">Article 2</p> <p style="text-align: center;">Implementation</p> <p>1. <u>The Commission shall ensure implementation, in close cooperation with the Member States, of the actions set out in Annex I.</u></p> |
| | <p>2. <u>In particular, the Commission, in close cooperation with the Member States, shall be responsible for:</u></p> <p>a) <u>the development and operation of a Community information system on intentional and unintentional injuries based on the strengthening, improvement and extension of the old Community information system on home and leisure accidents, for which Member States will collect and transmit information and will be responsible for the reliability of such information;</u></p> <p>b) <u>the development and operation of a Community information collection system on suicides and injuries resulting from self-inflicted injury;</u></p> <p>c) <u>the cohesion and administration of the two above-mentioned systems of information as defined in Annex II.</u></p> |

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| <p>2. The Commission shall cooperate with institutions and organisations active in the field of injury prevention.</p> | <p><u>3. The Commission shall cooperate with institutions and organisations active in the field of injury prevention.</u></p> |
| <p style="text-align: center;">Article 3</p> <p style="text-align: center;">Budget</p> <p>1. The financial framework for the implementation of the programme for the year 1999 shall be ECU 1.3 million, in keeping with current financial perspectives. The financial framework for the final four years of the programme (2000-2003) shall be determined in detail after the establishment of the future financial perspectives.</p> <p>2 The annual appropriations shall be established by the Budgetary Authority in accordance with the current financial perspectives.</p> | <p style="text-align: center;">Article 3</p> <p style="text-align: center;">Budget</p> <p><u>1. The total appropriation for the implementation of the Programme for the period 1999-2003 is estimated at ECU 14 million. This total breaks down into appropriations to be authorised in adopting the budget for 1999 and those to be covered by the future financial perspectives.</u></p> |
| <p style="text-align: center;">Article 4</p> <p style="text-align: center;">Consistency and complementarity</p> <p>The Commission shall ensure that there is consistency and complementarity between the Community actions to be implemented under this programme and those implemented under other relevant Community programmes and actions.</p> | |
| <p style="text-align: center;">Article 5</p> <p style="text-align: center;">Committee</p> <p>1. The Commission shall be assisted by an advisory committee, hereinafter referred to as "the Committee", consisting of representatives of the Member States and chaired by the Commission representative.</p> <p>The representative of the Commission shall submit to the Committee a draft of the measures to be taken. 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> | |

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| <p>2. The Committee shall be consulted in particular on:</p> <p>a) the criteria and procedures for selecting and financing projects under this programme;</p> <p>b) the evaluation procedure.</p> | |
| <p>3. The Commission's representative shall keep the Committee regularly informed about: 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 style="text-align: center;">Article 6</p> <p style="text-align: center;">International cooperation</p> <p>1. In the course of implementing this programme, cooperation with third countries and with international organisations competent in the field of public health shall be fostered.</p> <p>2. This programme shall be open to participation by the associated countries of Central and Eastern Europe, in accordance with the conditions laid down in the Association Agreements or Additional Protocols related 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 belonging to the European Free Trade Association (EFTA), in accordance with procedures to be agreed with those countries.</p> | |

| <u>Article 7</u> | <u>Article 7</u> |
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| <p style="text-align: center;">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 style="text-align: center;">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 <u>annexes I and II</u>.</p> |
| <p>2. During the third year of this programme, the Commission shall present an evaluation report to the European Parliament and to the Council.</p> <p>3. The Commission shall submit to the European Parliament and the Council a final report on completion of this programme.</p> <p>4. The Commission shall incorporate into these two reports information on Community financing in the various fields of action and on complementarity with the other actions referred to in Article 4, as well as the results of the evaluations. It shall also send them to the Economic and Social Committee and the Committee of the Regions.</p> | |

| <u>ANNEX</u> | <u>ANNEX I</u> |
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| <p align="center"><u>SPECIFIC OBJECTIVES AND ACTIONS</u></p> <p>I. ACCIDENTS TO CHILDREN, YOUNG ADULTS AND ELDERLY PEOPLE¹</p> <p>Objective: to contribute to public health activities which aim at reducing the incidence of injury from home, leisure and school accidents, by promoting the more effective dissemination and application of prevention techniques whose worth is widely accepted by experts</p> | <p align="center"><u>SPECIFIC OBJECTIVES AND ACTIONS</u></p> <p>I. INTENTIONAL OR UNINTENTIONAL INJURIES, PARTICULARLY TO CHILDREN, YOUNG ADULTS, WOMEN AND ELDERLY PEOPLE¹</p> <p>Objective: to contribute to public health activities which aim at reducing the incidence of <u>intentional or unintentional injuries, particularly to children, young adults, women and elderly people</u>, by promoting the more effective dissemination and application of prevention techniques whose worth is widely accepted by experts</p> <p>Actions to be undertaken in support of <u>Objective I</u></p> <p>(Projects may relate to more than one action: for example a project on safety in sport might affect children, young adults and older people.)</p> |
| | <p>I. <u>Networks:</u></p> <ul style="list-style-type: none"> - encouraging, <u>strengthening</u> and assisting the creation of networks <u>for the prevention of injuries under Objective I</u>, dedicated in particular to: - <u>the collection, processing and dissemination of information;</u> - <u>the provision and transmission of comparable and consistent data to the Community information system which shall be based on extending and improving EHLASS;</u> - <u>the development of new approaches or innovative methods of tackling common problems;</u> - <u>exchanges of materials, guidelines and handbooks;</u> - <u>the organization of training activities</u> |

¹ The Community action in the field of civil protection is excluded from this programme (cf. in particular the proposal for a Council Decision establishing a Community action programme in the field of civil protection COM(95) 155 final)

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| | <p>2. <u>Campaigns</u>: supporting the dissemination of information about campaigns, including the development of a data bank on the campaigns that have been carried out, with, if possible assessments of their value, effects and transferability, and organisation of competitions to identify the best injury prevention campaigns; promoting where appropriate the organisation of parallel campaigns in a number of Member States; assisting the development of basic materials and publicity</p> |
| | <p>3. <u>Data about injuries</u>:</p> <ul style="list-style-type: none"> - <u>collection of data and information on injuries caused by badly designed products and data and information to improve passive prevention and safety by improving the design of products responsible for injuries</u>; - promoting agreed approaches to coding, data definitions, better recording of place of occurrence, as well as of behavioural aspects and chain of events, more precision in cause of death certification, the grading of the severity of the injury and the establishment of a minimum set of data; - the use of relevant results of the International Collaborative Effort on Injury Statistics; - examination of the coverage of existing data collection systems and where necessary development of measures to improve such coverage; - inclusion of additional questions or modules in existing Community-wide surveys; - assistance in identifying the need for surveys; - promoting the creation of a database of known surveys; - <u>facilitating the identification of hazardous products</u> |
| | <p>4. <u>Technical investigations of injury risk factors</u>: promoting collaboration between institutions with specialized knowledge and facilities able to undertake such activities; supporting the development of an inventory of institutions and their projects, and evaluations of prevention projects and campaigns.</p> <p>5. <u>Consultation and cooperation</u>: support for formal and informal meetings at different levels of government, for conferences and seminars, and for working groups and advisory groups.</p> |

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| <p>II. SUICIDE</p> <p>Objective: to contribute to public health activities which aim at reducing the incidence of injury from deliberate self-harm, by promoting the more effective dissemination and application of prevention techniques whose worth is widely accepted by experts</p> | <p><u>II. SUICIDES AND SELF-INFLICTED INJURIES</u></p> <p>Objective: to contribute to public health activities which aim at reducing the incidence of injury from deliberate self-harm <u>and of suicides</u>, by promoting the more effective dissemination and application of prevention techniques whose worth is widely accepted by experts</p> |
| | <p>(new)</p> <p><u>Actions to be undertaken in support of Objective II</u> <u>(Projects may relate to more than one action)</u></p> <p>6. <u>Support, encouragement and provision of assistance to set up networks for the prevention of injuries under Objective II, dedicated in particular to:</u></p> <ul style="list-style-type: none"> - <u>the collection, processing and dissemination of information and experience, prevention measures, use of assessment methods and determination of the effectiveness of preventive measures and information activities;</u> - <u>the provision and transmission of comparable and consistent data to the Community information system, and research into means of improving the quality, compatibility and availability of data;</u> - <u>the exchange of information concerning the effectiveness of messages and campaigns aimed at the public at large and at target groups;</u> |
| | <ul style="list-style-type: none"> - <u>training, through the exchange of information and expert reports, of health sector personnel and all those whose work brings them into constant contact with individuals and groups of people who have attempted to commit suicide;</u> |
| | <p>7. <u>Exchange of experience, information, appraisal of access to information services concerning the problems and situations of people, particularly young people, exhibiting suicidal behaviour, and studies of methods for supporting young people who have attempted to commit suicide.</u></p> <p>8. <u>Development and exchange of experience to identify individuals who are under mental stress (pain, depression, anxiety), including the use of psychological help networks.</u></p> |
| | <p>9. <u>Exchange of materials and educational methods through support for pilot schemes, principally for groups of young people with special needs.</u></p> |

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| <p>III. INJURY PREVENTION CAPACITY</p> <p>Objective: to contribute to the strengthening of public health bodies' capacity to mount effective injury prevention activities</p> | <p>III. INJURY PREVENTION CAPACITY</p> <p>Objective: to contribute to the strengthening of public health bodies' capacity to mount effective injury prevention activities</p> <p><u>The following action will support objective III:</u></p> <p>10. Activities to increase the use which public health bodies can make of other Community policies for injury prevention: raising awareness of Community programmes and the conditions for participation in them, helping to set up consortia across national boundaries and helping groups with a particular interest to discover the most useful interlocutors in Community institutions</p> |
| <p>Actions to be undertaken in support of these Objectives</p> <p>(Actions may relate to more than one Objective: for example a project on safety in sport might affect children, young adults and older people.)</p> <p>1. <u>Networks</u>: encouraging and assisting the creation of networks, dedicated in particular to: development of new approaches or innovative methods of tackling common problems, exchanges of materials, guidelines and handbooks, organisation of training activities.</p> | <p>Amended and moved to point I</p> <p>Amended and moved to point I</p> |

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| <p>2. <u>Campaigns</u>: supporting the dissemination of information about campaigns, including the development of a data bank on the campaigns that have been carried out, with, if possible assessments of their value, effects and transferability, and organisation of competitions to identify the best injury prevention campaigns; promoting where appropriate the organisation of parallel campaigns in a number of Member States; assisting the development of basic materials and publicity.</p> | <p>Moved to point I</p> |
| <p>3. <u>Data about injuries</u>: in conjunction with EHLASS promoting agreed approaches to coding, data definitions, better recording of place of occurrence, as well as of behavioural aspects and chain of events, more precision in cause of death certification, the use of relevant severity scales and minimum data sets; supporting the application of relevant results of the International Collaborative Effort on Injury Statistics; examination of the coverage of existing data collection system and where necessary development of measures to improve such coverage inclusion of additional questions or modules in existing Community-wide surveys; assistance in identifying the need for surveys; promoting the creation of a database of known surveys.</p> | <p>Amended and moved to point I</p> |
| <p>4. <u>Technical investigations of injury risk factors</u>: promoting collaboration between institutions with specialized knowledge and facilities able to undertake such activities; supporting the development of an inventory of institutions and their projects, and evaluations of prevention projects and campaigns..</p> | <p>Moved to point I</p> |
| <p>5. <u>Consultation and cooperation</u>: support for formal and informal meetings at different levels of government, for conferences and seminars, and for working groups and advisory groups.</p> | <p>Moved to point I</p> |
| <p>in addition, the following actions will support objective III:</p> | <p>Amended and moved to point III</p> |
| <p>6. <u>Activities to increase the use which public health bodies can make of other Community policies for injury prevention</u>: raising awareness of Community programmes and the conditions for participation in them, helping to set up consortia across national boundaries and helping groups with a particular interest to discover the most useful interlocutors in Community institutions.</p> | |

ANNEX II

(New)

A- CHARACTERISTICS OF THE INFORMATION COLLECTION SYSTEMS REFERRED TO IN ARTICLE 2(2) OF THE DECISION

1. INTENTIONAL OR UNINTENTIONAL INJURIES

1-1 The objective of the Community information system on intentional and unintentional injuries, hereinafter referred to as "the system", shall be to collect information on unintentional injuries, particularly those resulting from home and leisure accidents, and intentional injuries, with a view to:

- promoting the prevention of such injuries,
- promoting improvements in the safety of consumer products and informing and educating consumers so as to ensure safer use of products, both at national and Community level,
- helping to establish health indicators, as mentioned in the programme of Community action on health monitoring within the framework for action in the field of public health,
- promoting exchanges of experience and expertise on intentional injuries resulting from violence to children, adolescents and women.

1-2 The system shall not apply to industrial accidents and occupational diseases, nor to road, rail, sea or air traffic accidents, nor to injuries resulting from natural disasters covered by activities in the field of civil protection.

1-3 The telematic network EUPHIN (European Union Public Health Information Network), developed under the projects of common interest within the programme for the interchange of data between administrations (IDA) will provide the technological support for the system.

1-4 The data shall be collected in particular from hospitals.

1-5 Particular attention will be paid to the following criteria: representativeness of hospitals, any surveys that may have been carried out, and size of samples.

The data must contain at least the following information:

- the place where the injury occurred,
- the date of the injury,
- the place of treatment,
- the activity of the victim at the time of the injury,
- the type of injury,
- the type of product involved in the accident,
- the age of the victim,
- the sex of the victim,
- the type of lesion,
- the parts of the body injured,
- the duration and type of treatment,
- a brief description of the occurrence of the injury and its causes.

In addition, the other variables recorded during special examinations in relation to unintentional and intentional injuries will be examined.

The information must be codified, using an approach based on the common criteria of the coding manual of the earlier Community system of information on home and leisure accidents (EHLASS);

1-6 The distribution of hospitals among the Member States shall be as follows:

| <i>Member States</i> | <i>Number of hospitals</i> |
|----------------------|----------------------------|
| Belgium | 4 |
| Denmark | 5 |
| Greece | 4 |
| France | 8 |
| Ireland | 2 |
| Italy | 7 |
| Netherlands | 7 |
| Austria | 4 |
| Portugal | 6 |
| Finland | 3 |
| Sweden | 4 |
| United Kingdom | 11 |
| Germany | 12 |
| Spain | 7 |
| Luxembourg | 2 |
| TOTAL | 86 |

As far as possible, the hospitals selected must be representative in terms of geographical and demographic distribution and of urban and rural areas.

1-7 A survey shall be carried out in the third year of the programme to make the data more representative in the Member States.

1-8 In the course of collecting and forwarding information, all details which would enable the identity of the victim to be deduced must be removed so that the identity of the victim remains confidential. This does not preclude the existence of means for identifying certain types of injuries in order to seek additional information from the victims, on condition that they have voluntarily given their agreement through their hospital or doctor.

1-9 The arrangements for access to the system by the various European organisations and associations shall be examined.

2- SELF-INFLICTED INJURIES AND SUICIDES

2-1 The objective of the Community system for the collection of information on self-inflicted injuries and suicides, hereinafter referred to as "the system", shall be to collect information on such injuries, with a view to:

- promoting their prevention.

- helping to establish health indicators relating to mental health, as mentioned in the programme of Community action on health monitoring within the framework for action in the field of public health.

- promoting exchanges of experience and expertise on suicides, suicidal behaviour and self-inflicted injuries, particularly among young persons and the elderly.

2-2 The system's technology shall be based on the telematic architecture of the telematic network EUPHIN developed under the projects of common interest within the programme for the interchange of data between administrations (IDA).

2-3 The collection and forwarding of information and the arrangements for access to the system will be examined taking into account the results of activities carried out in this field in other national and Community programmes and actions.

2-4 In the course of collecting and forwarding information, all details which would enable the identity of the victim to be deduced must be removed so that the identity of the victim remains confidential. This does not preclude the existence of means for identifying injuries in order to seek additional information from the victims, on condition that they have voluntarily given their agreement through their hospital or doctor.

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| | <p><u>2-5</u> The arrangements for access to the system by the various European organisations and associations shall be examined.</p> |
| | <p><u>B - FINANCIAL SUPPORT</u></p> <p><u>1 - UNINTENTIONAL AND INTENTIONAL INJURIES</u></p> <p><u>1.1</u> Community financial support for the hospitals participating in the collection of data will be allocated at a standard rate representing 50% of the actual costs, up to a ceiling of ECU 14 000 per hospital.</p> <p><u>2 - SELF-INFLICTED INJURIES AND SUICIDES</u></p> <p><u>2-1</u> Community financial support shall be fixed at a maximum amount of ECU 500 000 per year.</p> |

| <i>FINANCIAL STATEMENT</i> | <i>FINANCIAL STATEMENT</i> |
|---|---|
| <p style="text-align: center;">FINANCIAL STATEMENT</p> <p>1 TITLE OF OPERATION</p> <p>Proposal for a European Parliament and Council Decision adopting a programme of Community action on injury prevention in the context of the framework for action in the field of public health</p> <p>2 BUDGET HEADING INVOLVED</p> <p>B3-.....</p> <p>3 LEGAL BASIS</p> <p>Article 3(o) and Article 129 of the Treaty establishing the European Community.</p> | <p style="text-align: center;">FINANCIAL STATEMENT</p> <p style="text-align: center;"><u>B3-4304</u></p> |
| <p>4 DESCRIPTION OF OPERATION</p> <p>4.1 General objective</p> <p>To contribute to achieving the objectives laid down by the Treaty:</p> <ul style="list-style-type: none"> - under Article 3 (o), the Community is required to make a contribution to the attainment of a high level of health protection: - Article 129 requires the Community to contribute towards ensuring a high-level of human health protection, in particular 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. Community action is directed towards the prevention of diseases, in particular major health scourges, by promoting research into their causes and their transmission, as well as health information and education. | |

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| <p>The general objective of the action programme is to contribute to public health activities which aim at reducing the incidence of injury from home, leisure and school accidents and from deliberate self-harm, by promoting the more effective dissemination and application of prevention techniques whose worth is widely accepted by experts, and by contributing to the strengthening of public health bodies' general capacity to mount effective injury prevention activities.</p> | <p>The general objective of the action programme is</p> <ul style="list-style-type: none"> - <u>to ensure the collection of data on occurrences of intentional and unintentional injuries, suicides and self-inflicted injuries using two established Community networks for the collection of information on, firstly, the <i>acquis communautaire</i> under the previous Community system for monitoring injuries from home and leisure accidents and, secondly, on the use of information-highway technology</u> - <u>to contribute to public health activities which aim to reduce the incidence of intentional and unintentional injuries, self-inflicted injuries and suicides by promoting</u> <ul style="list-style-type: none"> a) <u>the development, consolidation, improvement and extension of networks and systems for the collection and exchange of information on injury prevention</u> b) <u>more effective dissemination and application of prevention techniques whose worth is widely accepted by experts</u> c) <u>by contributing to the strengthening of public health bodies' general capacity to mount effective injury prevention activities</u> |
| <p>The method for achieving this objective consists of undertaking actions which:</p> <ul style="list-style-type: none"> - encourage and assist the creation of networks of those active in injury prevention; - disseminate information about injury prevention campaigns; - improve the available data about accidents by means of surveys and otherwise; - promote better technical investigations of injury risk factors through greater collaboration between expert centres; - foster consultation and cooperation where appropriate between Member States, and | <p>The method for achieving this objective consists of undertaking actions which:</p> <ul style="list-style-type: none"> - <u>strengthen and develop two Community systems for the collection of information on intentional and unintentional injuries, suicides and self-inflicted injuries using modern information technology;</u> - encourage and assist the creation of networks of those active in injury prevention; - disseminate information about injury prevention campaigns; - improve the available data about accidents by means of surveys and otherwise; - promote better technical investigations of injury risk factors through greater collaboration between expert centres; - foster consultation and cooperation where appropriate between Member States, and |

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| <p>- help public health bodies to make better use of other Community policies to assist with injury prevention.</p> | <p>- help public health bodies to make better use of other Community policies to assist with injury prevention.</p> |
| <p>4.2 Period covered and arrangements for renewal or extension</p> <ul style="list-style-type: none"> - 5 years: 01.01.1999 to 31.12.2003 - Report on implementation to be transmitted to the Council and European Parliament during the third year of the programme - Report to the Council and European Parliament after completion of the programme together with the results of evaluations. <p>5 CLASSIFICATION OF EXPENDITURE OR REVENUE</p> <ul style="list-style-type: none"> - Non-compulsory expenditure - Differentiated appropriations <p>6 TYPE OF EXPENDITURE OR REVENUE</p> <p>Subsidy for joint financing with other sources in the public and/or private sector (not exceeding a certain percentage of the total cost of the proposed projects).</p> <p>The level of funding granted depends on the scope of the measure to be financed and on the extent to which the action programme is reflected in the various activities planned. Such funding will not exceed 70% of the total budget earmarked for the proposed projects except in the case of networks and work ordered and of direct use to the Commission, where the subsidy may amount to 100%.</p> | |

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| <p>7 FINANCIAL IMPACT</p> <p>7.1 Method of calculating the total cost of operation (definition of unit costs)</p> <p>The method of calculation is the result of experience acquired in previous activities related to public health activities. This encompasses the various types of Community action listed in Table 4 of Commission Communication (93) 559 final of 24 November 1994, and represents 10 years of know-how in financing cooperative efforts with the Member States and NGO's of collection, analysis and dissemination of information, setting up of networks, survey of the quality of campaigns such as European weeks, establishment of mechanisms and procedures of consultation and cooperation for setting common objectives and for policy coordination and for the formulation and development of strategies at the Community level. The specific cost estimates are based on the assumption that half of the activities to be undertaken under this programme will require 100 percent funding while the other half will require 50 percent funding and that the activities to be undertaken will involve most or all of the Member States. An amount of ECU 1.3 million is deemed necessary for the implementation of these activities for the year 1999. The new budget framework for the final four years will be established in the year 2000 taking into account the future Community's financial perspectives. The annual allocations will be decided in accordance with the normal budgetary procedures.</p> | <p>7 FINANCIAL IMPACT</p> <p>7.1 Method of calculating the total cost of operation (definition of unit costs)</p> <p>The method of calculation is the result of experience acquired in previous activities related to public health activities. This encompasses the various types of Community action listed in Table 4 of Commission Communication (93) 559 final of 24 November 1994, and represents 10 years of know-how in financing cooperative efforts with the Member States and NGO's of collection, analysis and dissemination of information, setting up of networks, survey of the quality of campaigns such as European weeks, establishment of mechanisms and procedures of consultation and cooperation for setting common objectives and for policy coordination and for the formulation and development of strategies at the Community level. The specific cost estimates are based on the assumption that half of the activities to be undertaken under this programme will require 100 percent funding while the other half will require 50 percent funding and that the activities to be undertaken will involve most or all of the Member States. <u>An amount of ECU 14 million is deemed necessary for the implementation of these activities on the basis of five-yearly funding of ECU 6.5 million for injury prevention and ECU 7.5 million for data collection. This latter amount comes from the transfer of funding allocated to the EHLASS within the general framework for Community activities in favour of consumers (COM(97) 684 final of 28.01.98).</u></p> |
| <p>7.1.1 Reduction in accidents</p> <p>- Networks</p> <p>In 1999 the running of three networks per year has been scheduled at an average cost of ECU 200 000 per year.</p> <p>- Dissemination of information</p> <p>Being a new action estimated cost has been calculated from the experience of other already existing programmes in public health (cancer, Aids and communicable diseases, drugs, health promotion) and its cost (ECU 100 000 per year).</p> | <p>7.1.1 Community data collection systems as referred to in Annex II</p> <p>■ <u>intentional and unintentional injuries</u></p> <p>- <u>Funding allocated to Member States for the collection, processing and use of data, with a ceiling of ECU 14 000 per hospital. The cost is based on a uniform rate for the 86 hospitals accounting for 50% of actual costs,</u></p> <p><u>i.e. an estimated annual cost of ECU 1 200 000 for the years n to n+4.</u></p> <p>- <u>The survey of the representativeness of data provided for in the third year of the programme (year n+2) will require estimated total funding of not more than ECU 500 000 and will be the subject of a call for tenders.</u></p> |

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| | <p>■ <u>suicide and self-inflicted injuries</u></p> <p>- <u>Being a new action, the annual cost of this Community data collection system has been estimated on the basis of experience gained in other Community programmes. Cost: ECU 500 000 per year for the years n to n+4.</u></p> |
| <p>7.1.2. Suicide</p> <p>- Networks</p> <p>In 1999, the running of one network per year has been scheduled at an average cost of ECU 200 000 per year.</p> <p>- Dissemination of network</p> <p>Being a new action estimated cost has been calculated from the experience of other already existing programmes in public health (cancer, Aids and communicable diseases, drugs, health promotion) and its cost (100 000 per year).</p> <p>- Improving data about suicide</p> <p>Being a new action, the estimated cost of ECU 200 000 has been calculated from the experiences of EUROSTAT and, the EHLASS system on home and leisure accidents.</p> | <p>(new)</p> <p><u>7.1.2 Specific operations as referred to in Annex I</u></p> <p><u>Total cost for this Chapter 7.1.2: ECU 1 050 000 per year for the years n, n+1, n+3 and n+4, and ECU 550 000 for the year n+2.</u></p> <p><u>7.1.2.1 Intentional and unintentional injuries</u></p> <p><u>Total cost of ECU 600 000 per year for the years n, n+1, n+3 and n+4, and ECU 300 000 for the year n+2.</u></p> <p><u>a) Unintentional injuries: (networks, dissemination of information and data methodology): ECU 400 000 per year for the years n, n+1, n+3 and n+4</u></p> <p><u>Estimated cost based on experience of other programmes in the field of public health, and the experience of Eurostat, particularly as regards Community networks (ECU 80 000 to 200 000 per year) and dissemination of information (ECU 40 000 to 100 000 per year)</u></p> <p><u>b) Intentional injuries (networks and dissemination of information): ECU 200 000 per year for the years n, n+1, n+3 and n+4</u></p> |

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| | <p><u>Being a new action, estimated cost has been calculated on the basis of that of unintentional injuries</u></p> <p><u>c) Community funding for the survey of representativeness of data for the year n+2 indicates that the sum allocated under point 7.1.2.1 for the year n+2 will be ECU 300 000, to be shared out as actions develop.</u></p> <p><u>7.1.2.2. Suicide and self-inflicted injuries</u></p> <p><u>Maximum costs of ECU 450 000 per year for the years n, n+1, n+3 et n+4 and ECU 250 000 for the year n+2.</u></p> <p><u>a) (networks and dissemination of information): this estimated cost is based on experience gained from various public-health programmes, and on the number of Member States involved (ECU 80 to 200 000 per year per network).</u></p> <p><u>b) Community funding for the survey of representativeness of data for the year n+2 indicates that the sum allocated under point 7.1.2.2 for the year n+2 will be ECU 250 000, to be shared out as actions develop.</u></p> |
| <p>7.1.3. Prevention capacity</p> <p>Support to at least two country events per year at ECU 50 000 (with special relevance in 1999) when launching the programme.</p> | <p><u>7.1.2.3 Prevention capacity</u></p> <p><u>(ECU 50 000 per year) funding for at least one national event per year for the years n to n+4</u></p> |

ORIGINAL PROPOSAL

OJ C 202 of 02.07.1997

7.2 Itemised breakdown of cost (in ECU million)

| OBJECTIVE | ACTION AREA | YEAR | | | | | |
|---|---|------------------------|------|------|------|------|-------|
| | | 1999 | 2000 | 2001 | 2002 | 2003 | Total |
| Contribute to reduction in accidents to children, young adults and elderly people | encouraging and assisting the creation of networks; disseminating information about campaigns; improving data about accidents; technical investigations of injury risk factors; consultation and cooperation; | Indicative programming | | | | | |
| | | 0.7 | - | - | - | - | 0.7 |
| Contribute to reduction in the incidence of suicide | encouraging and assisting the creation of networks; disseminating information about campaigns; improving data about accidents; technical investigations of injury risk factors; consultation and cooperation; | 0.4 | - | - | - | - | 0.4 |
| Contribute to strengthening injury prevention capacity | encouraging and assisting the creation of networks; disseminating information about campaigns; improving data about accidents; technical investigations of injury risk factors; consultation and cooperation; | 0.1 | - | - | - | - | 0.1 |
| | activities to increase the use which public health bodies make of other Community policies to assist with injury prevention | 0.1 | - | - | - | - | 0.1 |
| | Total | 1.3 | pm | pm | pm | pm | 1.3 |

AMENDED PROPOSAL

7.2 Itemised breakdown of cost (in ECU million)

| OBJECTIVE | YEAR | | | | | Total |
|--|-------------------------------|-------------|-------------|-------------|-------------|-----------|
| | n 1999 | n+1 2000 | n+2 2001 | n+3 2002 | n+4 2003 | |
| <u>A) Annex I</u> | Indicative programming | | | | | |
| Reducing the incidence of ■ intentional and unintentional injuries actions 1 to 5 | 0.6 | 0.6 | 0.3 | 0.6 | 0.6 | 2.7 |
| Reducing the incidence of ■ suicides and self-inflicted injuries actions 6 to 9 ■ strengthening injury prevention capacity action 10 | 0.45 | 0.45 | 0.25 | 0.45 | 0.45 | 2.05 |
| | 0.05 | 0.05 | 0.05 | 0.05 | 0.05 | 0.25 |
| <u>B) Annex II</u> | | | | | | |
| ■ Community system for the collection of data on intentional and unintentional injuries | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 6.0 |
| ■ survey of representativeness of data | - | - | 0.5 | - | - | 0.5 |
| ■ Community system for the collection of data on suicides and self-inflicted injuries | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 2.5 |
| Total | 2.8 | 2.8 | 2.8 | 2.8 | 2.8 | 14 |

ORIGINAL PROPOSAL
OJ C 202 of 02.07.1997

7.3 Indicative schedule of appropriations (in ECU million)

| | 1999 | 2000 | 2001 | 2002 | 2003 | TOTAL |
|---------------------------|------------|-----------|-----------|-----------|-----------|------------|
| Commitment appropriations | 1.3 | - | - | - | - | 1.3 |
| Payment appropriations | - | - | - | - | - | - |
| 1999 | 0.78 | - | - | - | - | 0.78 |
| 2000 | 0.52 | - | - | - | - | 0.52 |
| 2001 | - | - | - | - | - | - |
| 2002 | - | - | - | - | - | - |
| 2003 | - | - | - | - | - | - |
| Subsequent years | - | - | - | - | - | - |
| TOTAL | 1.3 | pm | pm | pm | pm | 1.3 |

AMENDED PROPOSAL

7.3 Indicative schedule of appropriations (in ECU million)

| | <u>1999</u> | <u>2000</u> | <u>2001</u> | <u>2002</u> | <u>2003</u> | <u>TOTAL</u> |
|----------------------------------|-------------|--------------|--------------|-------------|--------------|--------------|
| <u>Commitment appropriations</u> | <u>2.8</u> | <u>2.8-</u> | <u>2.8-</u> | <u>2.8-</u> | <u>2.8</u> | <u>14</u> |
| <u>Payment appropriations</u> | = | = | = | = | = | = |
| <u>1999</u> | <u>1.96</u> | = | = | = | = | <u>1.96</u> |
| <u>2000</u> | <u>0.84</u> | <u>1.96</u> | = | = | = | <u>2.8</u> |
| <u>2001</u> | = | <u>0.84-</u> | <u>1.96-</u> | = | = | <u>2.8</u> |
| <u>2002</u> | = | = | <u>0.84-</u> | <u>1.6-</u> | = | <u>2.8-</u> |
| <u>2003</u> | = | = | = | <u>0.4-</u> | <u>1.96-</u> | <u>2.8-</u> |
| <u>Subsequent years</u> | = | = | = | = | <u>0.84-</u> | <u>0.84-</u> |
| <u>TOTAL</u> | <u>2.8</u> | <u>2.8</u> | <u>2.8</u> | <u>2.8</u> | <u>2.8</u> | <u>14</u> |

**8 FRAUD PREVENTION MEASURES:
RESULTS OF MEASURES TAKEN**

The grant application forms will require information on the identity and nature of potential beneficiaries so that their reliability can be assessed in advance. Fraud prevention measures (checks, intermediate reports, final report) are included in the agreements or contracts between the Commission and beneficiaries. The Commission will check reports and ensure that work has been properly carried out before intermediate and final payments are made. In addition, spot checks are carried out by the Commission to verify how funds have been used. Checks have already been carried out in other public health budget lines in relation to the financial years 1991 to 1995 and have shown their effectiveness.

**9 ELEMENTS OF COST-EFFECTIVENESS
ANALYSIS**

9.1 Specific and quantifiable objectives

The general objective of the action programme is to contribute towards ensuring a high level of health protection against injury by promoting the more effective dissemination and application of prevention techniques whose worth is widely accepted by experts, and by helping to strengthen public health bodies' general capacity to mount effective injury prevention activities.

9.1 Specific and quantifiable objectives

The general objective of the action programme is to:

- collect information on the incidence and occurrence of intentional and unintentional injuries, suicides and self-inflicted injuries through two Community information collection systems based on (i) Community-level data collected under the old Community system of information on home and leisure accidents and (ii) use of information superhighway technologies;
- contribute to public health activities aimed at reducing the frequency of intentional and unintentional injuries, self-inflicted injuries and suicides, by promoting:
 - a) the development, strengthening, improvement and extension of the networks and systems for collecting and exchanging information on injury prevention;
 - b) more effective dissemination and application of prevention techniques whose worth is widely accepted by experts.
 - c) by helping to strengthen public health bodies' general capacity to mount effective injury prevention activities.

The indicators showing whether or not targets are achieved in this field will include measures of the following kinds. These will be refined further in collaboration with the new programme on health monitoring, whose tasks include the development of indicators for Community public health policies. The method for achieving this objective consists of undertaking actions which:

- encourage and assist the creation of networks of those active in injury prevention;
- measure how active the networks are (membership, production of e.g. information bulletins, conferences, WWW discussion groups...);
- disseminate information about injury prevention campaigns (e.g. surveys of number and quality of publications assisted by the programme);
- improve the available data about accidents by means of surveys and otherwise (e.g. what new measures are brought into use and in what countries);
- promote better technical investigations of injury risk factors through greater collaboration between expert centres (number and quality of such reports assisted by the programme);
- foster consultation and cooperation where appropriate between Member States, (description of cases of such consultation etc.) and
- help public health bodies to make better use of other Community policies to assist with injury prevention (numbers and description).

The indicators showing whether or not targets are achieved in this field will include measures of the following kinds. These will be refined further in collaboration with the new programme on health monitoring, whose tasks include the development of health indicators particularly for mental health, home accidents, leisure and product safety in order to evaluate national and Community policies. The Community system for collecting information including home and leisure accidents shall serve as a key indicator for consumer protection policy covering products and services. The method for achieving this objective consists of undertaking actions which:

- encourage and assist the creation of networks of those active in injury prevention;
- measure how active the networks are (membership, production of e.g. information bulletins, conferences, WWW discussion groups, etc.);
- disseminate information about injury prevention campaigns (e.g. surveys of number and quality of publications assisted by the programme);
- improve the available data about intentional and unintentional injuries, suicide and self-inflicted injuries, by means of surveys and otherwise (e.g. what new measures are brought into use and in what countries);
- promote better technical investigations of injury risk factors through greater collaboration between expert centres (number and quality of such reports assisted by the programme);
- foster consultation and cooperation where appropriate between Member States (description of cases of such consultation etc.) and
- help public health bodies to make better use of other Community policies to assist with injury prevention (numbers and description).

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| <p>Target Population</p> <ol style="list-style-type: none"> 1. Competent public authorities of the Member States, at national, regional and local level and competent international organisations in the spheres of public health and injury prevention; 2. Health professionals, health epidemiological services, health and medical associations, specialists in the prevention of different kinds of injury, academic institutions etc.; 3. NGO's and other bodies interested in health matters and injury prevention, and the public in general. <p>9.2. Grounds for the operation</p> <p>In initiating action under Article 129, the Community has to address itself to preventing diseases and protecting health. The Commission's communication on the framework for action in the field of public health (COM(93) 559 final of 23.11.93) sets out criteria on which to determine priority areas for Community programmes. In accordance with these criteria, the 1993 "framework" Communication evaluated the different options for addressing diseases, in particular major scourges and their underlying causes, by various types of community actions and retained on the basis of criteria listed in that communication, eight priority areas of which accident prevention was one.</p> | <p><u>(new)</u></p> <p><u>The estimate of the socio-economic cost of home and leisure accidents in the evaluation report of the previous EHLASS system for '86-'97 shall serve as a reference in quantifying the impact of the Community action programme.</u></p> <p><u>Target Population</u></p> <ol style="list-style-type: none"> 1. Competent public authorities of the Member States, at national, regional and local level and competent international organisations in the spheres of public health, injury prevention and <u>consumer policy.</u> 2. Health professionals, health epidemiological services, health and medical associations, specialists in the prevention of different kinds of injury, academic institutions, <u>European associations for consumer protection.</u> etc.; 3. NGO's and other bodies interested in health matters and injury prevention, and the public in general. <p>9.2. Grounds for the operation</p> <p>In initiating action under Article 129, the Community has to address itself to preventing diseases and protecting health. The Commission's communication on the framework for action in the field of public health (COM(93) 559 final of 24.11.93) sets out criteria on which to determine priority areas for Community programmes. In accordance with these criteria, the 1993 "framework" Communication evaluated the different options for addressing diseases, in particular major scourges and their underlying causes, by various types of community actions and retained on the basis of criteria listed in that communication, eight priority areas of which <u>injury</u> prevention was one.</p> |
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| | <p><u>(new)</u></p> <p><u>In its Communication COM(97) 684 final of 28 January 1998 establishing a general framework for Community activities in favour of consumers from 1999 to 2003, the Commission identified in particular consumer safety and health as an area for undertaking Community actions aimed at achieving the objectives of Article 129a of the Treaty establishing the European Community. In this context, measures in respect of consumer products entailing risks for consumers constitute a basic activity requiring prolongation of the "EHLASS" system in the coming years, taking into account the assessment of its operation.</u></p> |
| | <p><u>Decision No 3092/94/EC of the European Parliament and of the Council introduced the Community system of information on home and leisure accidents for '94-'97. The recent report evaluating the operation of and data collected by the EHLASS system from 1986 to 1997 presented to the "consumers" Council of 3 November 1997 showed the system's usefulness but also its weak points. The Member States evaluated the system positively and wished to see it continued, with improvements where appropriate. The merit of the Commission's proposal is that by means of this programme it merges all the tools and actions necessary for strengthening, extending, utilising and harnessing the data from the previous system, in particular by using the telematic network technology provided for under the IDA programme, and that it also furnishes the elements necessary to establish health indicators for home accidents, leisure, mental health and product safety as provided for in Decision N° 1400/97 of the European Parliament and of the Council of 30 June 1997 adopting a programme of Community action on health monitoring within the framework for action in the field of public health.</u></p> |

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| | <p><u>This proposal supports, brings together and complements the existing national measures, mainly by ensuring that data will be collected in all Member States. The systems also involve coordination of activities and ensure that the results are in the same format, so that one Member State's results can be used by other Community members and by the Community itself. Collection of data, especially from the casualty departments of selected hospitals in Member States, should provide direct information on the main intentional and unintentional injuries, on the basis of the methods approved in Member States. What is more, such data will be collected on an on-going basis.</u></p> <p><u>It is crucial to have good knowledge of data on such injuries so as to formulate prevention actions and policies. In addition, the aim of this measure relating to the Community information collection system ties in with Directive 92/59/EEC on general product safety, for which such collection of data should provide valuable indicators on product safety problems.</u></p> |
| <p>The present proposal targets a small number of key areas within this broad field, selected on the basis of ex ante evaluation that they are an important cause of avoidable injury and death, are not already addressed by action at Community level, present opportunities for cost-effective intervention, and would deliver Community added value by bringing together and complementing work done at national and sub-national level. This would be substantially more effective than leaving such questions to inter-governmental cooperation without a Community contribution: in this field the input envisaged for the Community and the Commission by Article 129 provides a clear common framework of rules, avoiding open-ended and time-consuming negotiation, allowing more rapid progress on a firmer footing.</p> | |

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| <p>The target areas selected are home and leisure accidents to children, young adults and elderly people, and accidents to children while at school, and also the topic of suicide and lesser forms of deliberate self-harm (sometimes called parasuicide). This selection of fields has been amply justified by ex ante evaluation using the criteria just mentioned and tackles all the classes of injury which are the most substantial sources of death, disability and ill-health, apart from occupational injury and road traffic accidents, which are already addressed by other Community activities.</p> | <p>The target areas selected are home and leisure accidents to children, young adults and elderly people, and accidents to children while at school, intentional injuries, suicide and <u>self-inflicted injuries</u>. This selection of fields has been amply justified by ex ante evaluation using the criteria just mentioned and tackles all the classes of injury which are the most substantial sources of death, disability and ill-health, apart from occupational injury and road traffic accidents, which are already addressed by other Community activities.</p> |
| <p>As regards the intervention methods and the allocation of funds, the following will apply:</p> <ul style="list-style-type: none"> - specific application of the principle of subsidiarity when identifying measures to be undertaken and co-financed; - identification and selection of projects for co-financing in the fields of injury prevention; - the concept of added Community value, which will continue to be realised in particular through the coordination of national measures, the dissemination of information and experiences, the establishment of priorities, the development of networking as appropriate, selection of European projects and the motivation and mobilisation of all involved. | <p>As regards the intervention methods and the allocation of funds, the following will apply:</p> <ul style="list-style-type: none"> - specific application of the principle of subsidiarity when identifying measures to be undertaken and co-financed; - identification and selection of projects for co-financing in the fields of injury prevention; - the concept of added Community value which will be realised in particular <u>through the collection of information on intentional and unintentional injuries, suicides and self-inflicted injuries by means of two Community systems for collecting information using the information superhighway technology</u>, the coordination of national measures, the dissemination of information and experiences, the establishment of priorities, the development of networking as appropriate, selection of European projects and the motivation and mobilisation of all involved.. |

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| <p>Two methods will be employed to implement the programme. One is to support projects carried out in Member States and at the Community level. The selection of priority projects is based largely on general and intermediate objectives, and implementation of the measures themselves depends on the quality and effectiveness of projects submitted to the competent department during the course of the year. The other is to undertake specific activities necessary to achieve the objectives of the programme, which will be fully financed by the programme..</p> | <p>Three methods will be employed to implement the programme.</p> <p><u>The first is to collect data in particular (i) from the casualty departments of selected hospitals in Member States, making sure that the hospitals are representative in terms of geographical distribution and taking account of urban and rural areas, and (ii) from a survey so as to fine-tune the representative nature of the data.</u> The second is to support projects carried out in Member States and at the Community level. The selection of priority projects is based largely on general and intermediate objectives, and implementation of the measures themselves depends on the quality and effectiveness of projects submitted to the competent department during the course of the year. <u>The third</u> is to undertake specific activities necessary to achieve the objectives of the programme, which will be fully financed by the programme.</p> |
| <p>The selection criteria for projects are as follows:</p> <ul style="list-style-type: none"> - Compatibility with the objectives and conformity with at least one of the established objectives; - Examination of the "added Community value" of the projects (transnational participation, development of a model applicable in other Member States, information usable in other Member States, etc.); - Presumed effectiveness and value; - Clarity and justification of requirements; - Relevance of selected methodology; - Organizational competence and experience; - Suitability of budget for objectives; - Support for projects from national partners; - Objective assessment; - Opinion of the advisory committee involved. | |

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| <p>The budget proposed of 1.3 mecu for the first year of this programme, matches that proposed at the same time for the programmes on rare diseases and on pollution-related diseases. This reflects the equal priority attached to each field in the Commission's 1993 Communication, an evaluation which remains valid today. The amount proposed represents the bare minimum required to start the programme.</p> | <p><u>The budget proposed of ECU 14 million for the five years corresponds to the absolute minimum required to run the Community information collection systems referred to in Annex II and the specific actions mentioned in Annex I.</u></p> |
| <p>9.3 Monitoring and evaluation of the operation</p> <p>9.3.1 Monitoring of the operation</p> <p>Monitoring at the Community level is to be carried out by the Commission, which will submit a report half-way through the implementation of the programme, and a final report after its completion to the Council, the European Parliament, the Economic and Social Committee, and the Committee of the Regions, drawing from national reports as well as evaluations of the actions under the programme and of individuals projects.</p> <p>9.3.2 Evaluation</p> <p>Evaluation will be by means of:</p> <ul style="list-style-type: none"> - An evaluation of the main measures and of subsidised projects involving, where necessary, the participation of independent experts; - An evaluation report during the third year; - An overall report on the quality and effectiveness of projects implemented under the action plan, to be submitted by the Commission to the other Community institutions after completion of the programme. <p>Performance indicators selected for this evaluation:</p> <ul style="list-style-type: none"> - Evaluation of projects by Commission officials and/or those cooperating with them | |

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| <ul style="list-style-type: none"> - Analysis of intermediate reports on measures scheduled and financed, allowing a shifting of emphasis where possible; - Impact studies by external bodies; - Relevance of the methodology used by organizers; - Suitability of the budget for the objectives; - Skills and experience of bodies; - Dissemination of results. <p>Evaluation procedures and intervals:</p> <ul style="list-style-type: none"> - Drawing up of intermediate and final reports on the various measures undertaken in the field; - Development of a "standard" evaluation form for the measure, to be forwarded by the beneficiaries with their final reports, and checking of these documents by officials either at the Commission or in the field. | |
| <p>10 ADMINISTRATIVE EXPENDITURE (PART A OF THE BUDGET)</p> <p>Actual mobilisation of the necessary administrative resources will be conditioned by the Commission's annual decision on the allocation of resources, having regard in particular to additional staff and funds provided by the budgetary authority.</p> | |

ORIGINAL PROPOSAL
OJ C202 of 02.07.1997

10.1 Impact on the number of employees

| Types of employees | | Staff carrying out action | | Source of employee | | Duration |
|-------------------------------|---|---------------------------|---------------------|---------------------------|---------------------|----------|
| | | Permanent employees | Temporary employees | from within DG or service | Supplementary staff | |
| Officials or temporary agents | A | 1 | 0 | 1 | 0 | |
| | B | 1 | 0 | 1 | 0 | |
| | C | 1 | 0 | 1 | 0 | |
| Other resources | | | | | | |
| Total | | 3 | 0 | 3 | 0 | |

AMENDED PROPOSAL

10.1 Impact on the number of employees

| Types of employees | | Staff carrying out action | | Source of employee | | Duration |
|-------------------------------|---|---------------------------|---------------------|---------------------------|---------------------|----------|
| | | Permanent employees | Temporary employees | from within DG or service | Supplementary staff | |
| Officials or temporary agents | A | <u>1.0</u> | 0 | 1 | 0 | |
| | B | <u>2.0</u> | 0 | <u>2</u> | 0 | |
| | C | 1 | 0 | 1 | 0 | |
| Other resources | | | | | | |
| Total | | <u>4</u> | 0 | <u>4</u> | 0 | |

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| <p>10.2 <u>Financial impact of supplementary staff</u></p> <p>No supplementary staff are envisaged.</p> | <p>10.2 <u>Financial impact of supplementary staff</u></p> <p><u>Calculation of costs for staff</u></p> <p><u>4 x ECU 108 000 = ECU 432 000</u></p> <p><u>Through using the existing resources earmarked for managing the action (calculation based on Titles A1, A2, A4, A5 and A7).</u></p> |
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| <p>ORIGINAL PROPOSAL OJ C202 of 02.07.1997</p> <p>10.3 <u>Increase in other running costs arising from the action</u></p> | | |
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| Budget line | Amounts | Method of calculation |
| Meetings A2510 | ECU 104 250 | <p>2 meetings of advisory committee/year,</p> <p>1 representative per Member State =</p> <p>2 meetings/year x 15 reps. x ECU 695/rep. x 5 years = ECU 104 250</p> |

The resources necessary to cover the expenditure below for the 5-year period will be obtained by redeployment of existing financial resources and the use of supplementary resources will not be required.

- a) Personnel expenses (Title A1, A2 and A5)
 $3 \times 100\,000 \text{ ecus} \times 5 \text{ years} = 1\,500\,000 \text{ ecus}$
- b) Operational expenses

Expenses for meetings (A-250)

$2 \text{ meetings/year} \times 15 \text{ experts} \times 825 \text{ ecus/expert} \times 5 \text{ years} = 123\,750 \text{ ecus}$

Expenses for travel (A-130)

$24 \text{ missions/year Brussels-Luxembourg} \times 200 \text{ ecus/mission} \times 5 \text{ years} = 24\,000 \text{ ecus}$
 $60 \text{ missions/year to Member States} \times 1\,000 \text{ ecus/mission} \times 5 \text{ years} = 300\,000 \text{ ecus}$

c) Total: 1 947 750 ecus

The resources necessary to cover the expenditure below for the 5-year period will be obtained by redeployment of existing financial resources and the use of supplementary resources will not be required.

A-7031 ECU 146 250
Obligatory committee meetings 3 meetings x 15 Member State representatives x ECU 650 x 5 years = ECU 146 250

A-7030

Expenses for meetings ECU 169 425
3 meetings x 15 experts x ECU 753 x 5 years

A-701

Expenses for travel ECU 436 000
36 missions/year Brussels-Luxembourg x ECU 200/mission x 5 years = ECU 36 000
80 missions/year to Member States x ECU 1 000/mission x 5 years = ECU 400 000

Total of item 10.3 = ECU 751 657.

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