



Malta-EU Steering & Action Committee

EMPLOYMENT, SOCIAL POLICY & HEALTH



23.02.2009

WORKING-TIME DIRECTIVE

[COM \(2009\) 57](#) - Proposal for a Directive of the European Parliament and of the Council amending Directive 2003/88/EC concerning certain aspects of the organisation of working time.

(Original document - [COM \(2004\) 607](#) (Last version of Commission opinion – 4.2.2009)

PURPOSE OF THE PROPOSAL : “The Commission's proposal seeks to amend the Working Time Directive by achieving a balanced package of changes which responds to four main criteria: ***On-call time, Reconciliation of work and family life, Calculation of limits to weekly working time (48hrs max.), Timing of rest periods.***

There have been divergent opinions between the Council and the Parliament's second reading, particularly as regards to on-call time, the non-participation ('opt-out') clause and compensatory rest.

The Commission has transmitted its opinion to the proposed amendments in the document on the 9th February of this year.

EUROPEAN ECONOMIC RECOVERY PLAN

[COM \(2009\) 34](#) - COMPANION DOCUMENT - Implementation of the Lisbon Strategy Structural Reforms in the context of the European Economic Recovery Plan – a more detailed overview of progress across the EU in the specific macro- and micro-economic as well as the employment areas.

(Transmitted to Council & EP 30.01.2009)

“The EU economy is facing the biggest global economic downturn since the Second World War. This will invariably have significant impacts on households, people in (self-) employment, businesses and public finances throughout the Union. The next years will be difficult indeed.



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However, there are several strengths on which the EU can draw in facing up to this slowdown. The Commission states that it should be a priority of the EU Member States to modernise their labour markets by vigorously implementing the EU Common Principles of Flexicurity.

The euro has been acting as a strong stabilising factor in the current crisis and the decline in oil and other commodity prices and the resulting decline in inflation will by itself be supportive going forward. Moreover, progress with the consolidation of public finances implies that the starting positions are better now than they have been in a decade.

Building on these successes, there clearly is a need to press on with structural reforms and the strengthening of fiscal frameworks and rules. The difficult economic circumstances imply that there is a need for an accelerated implementation of the Lisbon structural reforms. There is no room for complacency. The analysis in this document shows that there is ample scope for improvement and that progress varies significantly across the Member States.

The opinion of the Commission is that if the ERRP is fully implemented, it will help the EU economy to return to a growth path rapidly. "By endorsing the European Economic Recovery Plan (ERRP) proposed by the Commission, Heads of States and Government have equipped the Union with a strong tool to cushion the blow to growth and jobs in the next years." (p.21)

EUROPEAN FOOD AID

COM (2009) 46 - Proposal for a Council Decision establishing the position to be adopted on behalf of the Community within the Food Aid Committee as regards the extension of the Food Aid Convention, 1999.

The Food Aid Convention of 1999 (FAC) was concluded by the Community by Council Decision 2000/421/EC. That Convention remains in force until 30 June 2009. In the interest of both the Community and the Member States, some essential changes to the current FAC are required. There is a general agreement that these changes should be discussed amongst the other FAC members, a process which has started informally in November 2008 within the FAC framework. The Council Decision on this proposal will extend the FAC by a year, during which the necessary changes to the original regulation [COM \(2008\) 563](#), will be discussed.

SOCIAL PROTECTION & SOCIAL INCLUSION



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COM (2009) 58 - Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions - Proposal for the Joint Report on Social Protection and Social Inclusion 2009.

(Transmitted to Council & EP 13.02.2009)

This communication states that the latest data show that 16% of Europeans are still living at risk of poverty. While there is no better safeguard for avoiding poverty than a quality job, in-work poverty at 8% illustrates that not all jobs provide this assurance. At the same time, data shows that in several Member States high growth improved the absolute living standards of the poor while their relative situation improved or remained the same.

The economic outlook has changed fundamentally. While the labour market has shown resilience in most Member States, unemployment has risen substantially in some of them, and forecasts point to further job losses ahead.

Against this backdrop the contribution of social policy is crucial. Well-functioning systems in a framework of continued sustainability-reinforcing reforms can help stabilise aggregate demand, underpin consumer confidence and contribute to job creation. The most badly hit victims of the crisis will be those households where breadwinners are at a disadvantage in the labour market and in society. Hence the need for social safety nets which are tight enough to prevent people from falling through and effective enough to launch them back into active social and labour market participation. These are some of the measures pointed out by the Commission: **flexicurity** measures, **active inclusion** measures and **closer monitoring of social impacts**.

ASBESTOS

COM (2009) 71 - Amended proposal for a Directive of the European Parliament and of the Council on the protection of workers from the risks related to exposure to asbestos at work. (Codified version¹)

This Directive has as its aim the protection of workers against risks to their health, including the prevention of such risks, arising or likely to arise from exposure to asbestos at work.

PERSONS WITH DISABILITIES

¹ All legislative acts are to be merged into a single legislation after no more than 10 amendments.



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[COM \(2008\) 510](#) – Communication from the Commission Communication on the scope of the liability of air carriers and airports in the event of destroyed, damaged or lost mobility equipment of passengers with reduced mobility when travelling by air.

On 5 July 2006, the Council and the European Parliament adopted the Regulation 1107/2006 concerning the rights of disabled persons and persons with reduced mobility when travelling by air. Subsequently, a study - "Study on the compensation thresholds for damaged or lost equipment and devices belonging to air passengers with reduced mobility"- was undertaken. The purpose of this Communication is to report on the outcome of the study and the possibility to enhance existing rights.



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WORK-LIFE BALANCE

COM (2008) 635 - Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions a better work-life balance: stronger support for reconciling professional, private and family life.

(Transmitted to Council & EP 3.10.2008)

The way in which individuals balance the demands of professional, private and family aspects of their lives (which are primarily personal), has consequences for public policy. As an example, the Communication mentions the policies influencing labour-market participation and fertility rates. At the same time, public policy in turn influences these choices, for instance by establishing legal rights to family-related leave, public provision of care for children and other dependants or by affecting other factors, such as the opening hours of shops and the length of the school day. Childcare facilities, leave entitlement and flexible working time arrangements are core components of the policy mix, while the powers are spread between European, national and local levels and between social partners at European, national and sectoral levels.

This Communication therefore reviews the current situation and sets out the steps being taken to develop the legislative framework, including the proposals which accompany this Communication.”

{See also COM (2008)637 on maternity leave and COM (2004)607- working time directive}

MATERNITY LEAVE

COM (2008) 637 - Proposal for a Directive of the European Parliament and of the Council amending Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding.

State of Play:

Proposal by the Commission to amend Directive 92/85/EEC on pregnant workers and workers who have recently given birth or are breastfeeding and in particular Articles 8 (Maternity Leave), 10 (Prohibition of dismissal) and 11 (Employment rights).



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Currently, the Proposal is being examined by 3 committees of the European Parliament:

1. Women's Rights and Gender Equality (responsible, associated committees)
2. Employment and Social Affairs (opinion, associated committees)
3. Industry, Research and Energy (opinion)

On the 22nd January 2009, the Committee on Women's Rights and Gender Equality issued a working document endorsing the Commission's proposals though stating also that the text falls short what would be desirable.

On the 23rd January 2009, the Committee on Employment and Social Affairs issued a Draft Opinion for the Committee on Women's Rights and Gender Equality. The Committee called on the Committee on Women's Rights and Gender Equality to incorporate amendments to its report.

It is expected that the Report be discussed at the EP Plenary Session in May 2009, the last plenary session before the EP elections in June.

EMPLOYMENT IN EUROPE REPORT

COM (2008) 758 – Communication from the Commission: Key messages from the Employment in Europe 2008 Report.

(Transmitted to Council & EP 18.11.2008)

Looking at the phenomena of increasing uncertainty and rapidly changing conditions in the EU labour environment, the Commission notes that these are shaping economic and social conditions in the EU. This report aims at highlighting these trends and identifies a number of important policy challenges resulting from this new situation.

Flexicurity has been an important recent EU policy response to the vanishing old certainties in European labour markets. By revisiting the issue of job quality, this report puts flexicurity into a broader context and finds not only complementarities between these two concepts, but also important synergies between job quality and overall economic and employment performance.

Improved matching and smoother transitions in the labour market are among the key aims of the flexicurity approach.

This report stresses the importance of grasping the links between education and occupations. It highlights the role of public bodies in identifying current and future job opportunities and related skill requirements and the need for further investing in the development of the skills of both young people and adults.



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The “Employment in Europe 2008” report is published on the following website:

<http://ec.europa.eu/social/main.jsp?catId=119&langId=en>

CROSS-BORDER HEALTHCARE

COM (2008) 414 - Proposal for a Directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare.

(Discussed at Council – 16.12.2008)

PURPOSE: The overall aim of this proposal is to ensure that there is a clear framework for cross-border healthcare within the EU. This requires action to address barriers to the provision of cross-border healthcare which present risks for a high level of health protection.

BACKGROUND: uncertainty regarding the general application of the right to reimbursement for healthcare services provided in another EU Member States has created obstacles to the free movement of both patients and health care services. This is best illustrated by the high number of patients who should have been entitled to reimbursement for cross-borders healthcare but who did not claim it.

In June 2006, the Council adopted conclusions on common values and principles in the EU's Health Systems. These conclusions confirmed the need to clarify patients' rights and entitlements in cases where they received health care in a country other than the one in which they reside. The Council's conclusions also confirmed the need to enshrine these principles into a dedicated legal framework.

Similarly, the European Parliament has contributed extensively to discussions on cross-border healthcare. To realise the stated objectives, three main themes are being proposed:

- 1. A specific legal framework regarding reimbursement of cross-border healthcare;**
- 2. Guaranteeing quality and safety for cross-border healthcare;**
- 3. Future practical European cooperation on healthcare.**



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The proposed Directive also sets out provision for enhanced European cooperation given the scale of cross-border health care provision. It makes provision for developing future practical cooperation at European level by establishing European reference networks; assessing innovative health technology; and promoting e-Health.



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TELEMEDICINE

[COM \(2008\) 689](#) - Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on telemedicine for the benefit of patients, healthcare systems and society.

(Transmitted to Council & EP 05.11.2008)

European citizens are getting older and are increasingly living with chronic diseases. Their health condition often requires enhanced medical attention. Medical support may not be available in remote areas and for certain specialities as easily or as frequently as their health condition would require. Telemedicine (the provision of healthcare services at a distance), can help improve the lives of European citizens, both patients and health professionals, while tackling the challenges to healthcare systems.

Telemedicine can improve access to specialised care in areas suffering from a shortage of expertise, or in areas where access to healthcare is difficult. Telemonitoring can improve the quality of life of chronically ill patients and reduce hospital stays. Services such as teleradiology and teleconsultation can help to shorten waiting lists, optimise the use of resources and enable productivity gains.

WORKFORCE FOR HEALTH

[COM \(2008\) 725](#) - Green Paper on the European Workforce for Health.

(Transmitted to Council & EP 15.12.2008)

Healthcare constitutes one of the most significant sectors of the EU economy, providing employment for one in ten of the EU workforce, and approximately 70% of the healthcare budgets are allocated to salaries and other charges related directly to employment of the health workforce.

This Green Paper highlights a number of challenges facing health systems in Europe:

- Between 2008 and 2060 the population of the EU-27 aged 65 and over is projected to increase by 66.9 million and the "very old" (80+) will be the fastest growing segment of the population. Policy makers and health



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authorities have to face the challenge of adapting their healthcare systems to an ageing population.

- The introduction of new technology is making it possible to increase the range and quality of healthcare in terms of diagnosis, prevention and treatment – but this has to be paid for and staff need to be trained to use it.
- There are new and re-emerging threats to health, for example from communicable diseases.
- All of this is leading to continually increasing spending on health and indeed is posing major longer-term issues for the sustainability of health systems in some countries.

The Paper proposes possible areas of action to tackle the above scenario.

CONSULTATION

The European Commission calls on all interested organisations to submit responses to the issues raised in this Green paper, no later than 31 March 2009, preferably to the following e-mail box SANCO-health-workforce@ec.europa.eu

RARE DISEASES

COM (2008) 726 - Proposal for a Council Recommendation on a European action in the field of rare diseases.

(Discussed at Council – 16.12.2008)

“It is estimated that between 5,000 and 8,000 distinct rare diseases exist today, affecting between 6% and 8% of the population in the course of their lives; in other words, between 27 and 36 million people in the European Union. Most of them suffer from less frequently-occurring diseases affecting one in 100,000 people or less.

Because of their low prevalence and their specificity, rare diseases call for a global approach based on special and combined efforts to prevent significant morbidity or avoidable premature mortality, and to improve quality of life and socio-economic potential of affected persons.

Rare diseases continue to be a priority for action in the new Seventh Framework Programme for research, technological development and demonstration activities (2007-2013) <http://eur->



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lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2006:412:0001:0041:EN:PDF as developing new diagnostics and treatments for rare disorders, as well as performing epidemiological research on those disorders, requires multi-country approaches to increase the number of patients for each study.

The Commission, in its White Paper "Together for Health: A Strategic Approach for the EU 2008-2013" http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm, of 23 October 2007 developing the EU Health Strategy, identified rare diseases as a priority for action."

ORGAN TRANSPLANTS

COM (2008) 818 - Proposal for a Directive of the European Parliament and of the Council on standards of quality and safety of human organs intended for transplantation.

(Transmitted to Council & EP 08.12.2008)

"PURPOSE: to ensure that human organs used for transplantation in the EU comply with the same quality and safety requirements and to facilitate their exchange between Member States.

BACKGROUND: over the past 50 years, organ transplantation has become an established worldwide practice, bringing immense benefits to hundreds of thousands of patients. Organ transplantation is now the most cost-effective treatment for end-stage renal failure, while for end-stage failure of organs such as the liver, lung and heart it is the only available treatment. The shortage of organs is a major factor affecting transplantation programmes. Nearly 56, 000 patients are now on waiting lists in the EU. Mortality rates while waiting for a heart, liver or lung transplant usually range from 15 to 30%. Donation rates and availability of organs varies considerably across Europe with achievable good practice delivering far greater benefits in some Member States than in others.

CONTENT: this proposal for a Directive covers human organs that are used for transplantation, during all the phases of the process – donation, procurement, testing, preservation, transport and use – and aims to ensure their quality and safety and hence a high level of health protection. Organs that are transplanted into the human body in clinical trials should comply with the quality and safety standards laid down in this Directive.



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The added value of the Directive:

- **Ensuring quality and safety for patients at EU level;**
- **Ensuring the protection of donors;**
- **Facilitating cooperation between Member States and cross-border exchanges.**

(SEE FOLLOWING COMMUNICATION [COM \(2008\) 819](#) - Communication from the Commission Action plan on Organ Donation and Transplantation (2009-2015): Strengthened Cooperation between Member States.) (Adopted 8.12.2008)



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HEALTHCARE-ASSOCIATED INFECTIONS

COM (2008) 836 - Communication from the Commission to the European Parliament and the Council on patient safety, including the prevention and control of healthcare-associated infections.

(Transmitted to Council & EP 16.12.2008)

“One of the actions set out in the second programme of the Community action in the field of health (2008-2013) with the objective of improving citizens' health security, is to promote measures to improve patient safety through high quality and safe healthcare, including in relation to antibiotic resistance and nosocomial infections (a disease or infection that originates or occurs in a hospital).”

The Commission is putting forward this communication and a proposal for a Council Recommendation on patient safety, including the prevention and control of healthcare associated infections.

COM (2008) 837 - Proposal for a Council Recommendation on patient safety, including the prevention and control of healthcare associated infections

(Revised 20.01.2009)

The White Paper "Together for Health: A Strategic Approach for the EU 2008-2013" of 23rd October, 2007 http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm identifies patient safety as an area for action.

This initiative intends to create a framework to stimulate policy development and future action in and between Member States to address the key patient safety issues confronting the EU.

Patients should be informed and empowered by involving them in the patient safety process; they should be informed of levels of safety and on how they can find accessible and comprehensible information on complaints and redress systems.”

The prevention and control of healthcare associated infections should be a long-term strategic priority for healthcare institutions. All hierarchical levels and functions should cooperate to achieve result-oriented behaviour and organisational change by defining responsibilities at all levels, organising support facilities and local technical resources and setting up evaluation procedures.



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CANCER SCREENING

COM (2008) 882 - Report from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions - Implementation of the Council Recommendation of 2 December 2003 on cancer screening (2003/878/ec)

(Adopted 22.12.2008)

“Cancer continues to represent one of the greatest burdens of ill-health within the European Union. The Recommendation on cancer screening represents a shared EU-wide commitment to taking practical steps to minimise that burden in practice, to the benefit of individual citizens and their families as well as to society as a whole. As this Report shows, putting in place these screening measures is a challenging task and more work is needed to fully implement the Recommendation.

This effort only addresses one aspect of action against cancer. Actions to better monitor and prevent cancer at Community and Member States' level can help to reduce the number of cases arising at all; application of best-practice treatment can help to ensure better outcomes for people with cancer, as can European cooperation on cancer research for the future. The Commission will also consider whether and what further support can be provided to Member States to address other specific issues related to cancer challenges for the future.

In 2009 the Commission intends to launch a partnership for action against cancer.

This partnership intends to put in place EU-wide commitments on concrete action to prevent and control cancer and thus contribute to reducing inequalities in tackling cancer. It will aim to support the Member States by providing a framework for identifying and sharing information, capacity and expertise in cancer prevention and control, and by engaging relevant stakeholders across the European Union in a collective effort to reduce the burden of ill health that cancer represents.”