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## **OUTCOME OF PROCEEDINGS**

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from:	General Secretariat of the Council
to:	Delegations
Subject	Working Party on Public Health at Senior Level on 14 February 2013

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## **INTRODUCTION**

The 10th meeting of the Working Party on Public Health at Senior Level (WPPHSL) held since the adoption of the Council Conclusions on the Implementation of the EU Health Strategy<sup>1</sup> was chaired by Ms Bairbre Nic Aongusa, Assistant Secretary, Department of Health, Ireland.

The provisional agenda for the meeting<sup>2</sup> was adopted. There were five items on the agenda:

1. Reflection processes: Update on current activities and further planning
2. Regulation (EU) No 1025/2012 of the European Parliament and of the Council on European standardisation
3. The impact of the economic crisis on the health systems of EU Member States
4. The EU Health Strategy: Update on activities and developments related to the EU Health Strategy
5. The role of the EU in international health flora

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<sup>1</sup> Doc. 16139/08

<sup>2</sup> Doc. 1310/13

## 1. REFLECTION PROCESS: UPDATE ON CURRENT ACTIVITIES AND FURTHER PLANNING

The Chair provided an oral update on two ongoing reflection processes.

### 1.1. Reflection process on modern, responsive and sustainable health systems

The activities of five sub-groups addressing the reflection process since the last WPPHSL meeting on 28 September 2012 were briefly presented.

#### *Sub-group 1 - Adequate representation of health in the Europe 2020 Strategy and the European Semester*

No meeting had taken place since September 2012. An important step underlying the importance of adequate up-take of 'health' in the European Semester was the inclusion of the thematic summary "health and health systems"<sup>3</sup> among the main policy themes relevant to the Europe 2020 Strategy. The "health" theme was now also linked up to the employment and social inclusion part of the Commission's "Guidance on the content and format of the National Reform Programmes". The next meeting for the sub-group was scheduled for June 2013.

#### *Sub-group 2 - Success factors for the use of structural funds for health investments*

The last meeting had taken place on 28 November 2012. The sub-group had continued work on the next deliverable - a toolbox on the effective use of structural funds. The toolbox would complement the policy messages report developed in 2012. Both would be part of the final report by the sub-group, planned for August 2013.

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<sup>3</sup> Thematic summaries have been developed to facilitate a comparison between Member States and to put the economic challenges they face into a broader context.  
For reference: [http://ec.europa.eu/europe2020/making-it-happen/key-areas/index\\_en.htm](http://ec.europa.eu/europe2020/making-it-happen/key-areas/index_en.htm)

### Sub-group 3 – Cost-effective use of medicines

The last meeting had taken place on 25 January 2013. At that meeting the Commission had stressed that the subgroup should not work on deliverables 1 and 2 ("time-to-market" and a review of regulatory systems for pricing of pharmaceuticals") as these were subject to legislative proposals. However, the sub-group had decided that it would note these two issues in its final report for future reference and consideration by WPPHSL.

Work would continue on European reference price systems (deliverable 3) and reimbursement systems in the Member States (deliverable 4 ), where the sub-group would discuss the results of two studies funded by the Executive Agency for Health and Consumers. The sub-group had decided to examine best practices in MS, in particular as regards the involvement of third parties in improving the use of pharmaceuticals, including their cost-effective use. MS wishing to share such experiences were invited to do so.

### Sub-group 4 - Integrated care models and better hospital management

The last meeting had taken place on 7 February 2013 and had included three presentations - the Commission had presented integrated care initiatives and projects identified by the EIPAHA<sup>4</sup> Integrated Care Action Group, Belgium had shared its approach to the organisation of care for chronic patients in Belgium, and the European Observatory on Health Systems and Policies (EU-OHSP) had presented its reports on the cost effectiveness of integrated care models and on payment mechanisms for integrated care, prepared for the Commission. An analysis of this information would be part of the sub-group's final report.

### Sub-group 5 - Measuring and monitoring the effectiveness of health investments

The last meeting had taken place in October 2012. The sub-group was in the process of drafting recommendations for Member States and the EU on how to improve the policy usefulness of comparisons on a country level (in line with deliverables as presented to the WPPHSL in September 2012). Feedback on the work of the sub-group would be solicited from the OECD, the WHO EURO and the EU-OHSP.

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<sup>4</sup> European Innovation Partnership on Active and Healthy Ageing.

## 1.2. Reflection process on Chronic Diseases

The Commission launched a Joint Action (JA) on chronic diseases which would start its work towards the end of 2013 or the beginning of 2014. Spain had designated Instituto de Salud Carlos III in Madrid as coordinator for the JA. The coordinator and volunteering MS were currently drafting the proposal for the JA content along with the following work-packages:

- Good practices to address chronic conditions, led by Latvia, Spain and Germany;
- A case study on diabetes, led by Italy and Slovenia;
- Common guidelines and methodologies for care pathways for multimorbid patients, led by Italy and Lithuania.

The Commission had also launched a study on empowering patients with chronic diseases (the call for tender was in the pipeline).

The Commission had underlined that the final report to the EPSCO Council, to be prepared in collaboration with the Presidency-in-office, should conclude this reflection process.

The Commission had also drawn attention to the "Social Investment Package", which contained a specific paper on "Investing in Health"<sup>5</sup>, that could be considered as extending the Health Strategy by reinforcing its key objectives and establishing the role of health as part of Europe 2020 (in line with the 2013 Annual Growth Survey).

The Chair had drawn the following conclusions:

The WPPHSL would return in detail to the reflection process on modern, responsive and sustainable health systems at its next meeting in October 2013 under the Lithuanian Presidency and would discuss the final reports by the five sub-groups. Sub-groups would be invited submit their reports in advance of that meeting. This request with the deadline would be sent to sub-group coordinators by the Council Secretariat.

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<sup>5</sup> The Commission adopted its Communication "Towards Social Investment for Growth and Cohesion - including implementing the European Social Fund 2014 - 2020" on 20 February 2013 (6380/13).  
"Investing in Health" is the Commission's Staff Working Document, which can be found in 6380/13 ADD 7.

## **2. REGULATION (EU) NO 1025/2012 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL ON EUROPEAN STANDARDISATION**

The purpose of this item was to clarify the functioning of standardisation work in the EU, especially with respect to standardisation of services.

The Commission (DG ENTR) presented the above regulation applicable from January 2013, which sets basic rules for co-operation between standardisation organisations, the EC and the Member States. It provides the legal basis for the establishment of European standards for products and for services in support of Union legislation and policies. The Commission can issue a mandate to European standardisation organisations to develop standards after consulting the relevant sectoral committee or sectoral experts and after having the mandate approved by the committee (examination procedure).

Currently 95 % of standardisation work is initiated at the request of industry, whereas the initiatives triggered by the Commission amount to 5 %.

Ms Cinzia, representing the European Committee for Standardisation (CEN - Comité Européen de Normalisation), informed the working party about the CEN's process for developing standards. The members of the CEN (i.e. national standardisation bodies) are obliged to apply the standards adopted by the CEN, and revoke conflicting (national) standards. The European Commission can issue requests ('mandates') to the European Standards Organisations (CEN, CENELEC and ETSI) for the development of standards in relation to services, while fully respecting the distribution of powers between the Union and the Member States. While the standardisation of products is a well-known and traditional activity (there are thousands of product standards), the standardisation of services is a rather new field (only around 30 standards for services exist).

A number of delegations took the floor, asking for clarification on standardisation with respect to healthcare services and the possible conflict of such standardisation with Article 168 TFEU. Concern was also voiced with respect to a potential overlap with professional training and standards. The extension from product-standards to service-standards was also questioned, as this might impact health systems.

The Chair drew the following conclusions:

The subject of standardisation is of interest to WPPHSL as some MS are cautious regarding the extension of standardisation to activities in the field of public health or in clinical practices. The development of any standards should be carried out under a transparent process. The MS would like to closely monitor such standardisation, as it borders on the national powers resulting from Article 168 of the TFEU.

### **3. THE IMPACT OF THE ECONOMIC CRISIS ON THE HEALTH SYSTEMS OF EU MEMBER STATES**

The Presidency introduced this item, highlighting that it was a topic of particular interest to Ireland and to other MS and noting that the discussion at the WPPHSL was intended as a prelude to a planned discussion to be held at the informal meeting of Health Ministers in Dublin on 4-5 March.

Ms Zsuzsanna Jakab, Regional Director of the WHO, presented the main lines of the WHO's analysis of the impact of the financial and economic crisis on health systems in the European region. There was strong evidence of the effects on health of the financial and economic crisis. Health spending had been decreased in some countries, but not in all. The main policy message from the WHO was the need to improve the efficiency of health systems regardless of whether health budgets were growing, declining or remained constant. Policy measures to absorb budget cuts could include the elimination of ineffective services, the rational use of medicines, a shift from hospital to out-patient care and investments in efficient infrastructure ("invest to save"). Health technology assessment played an important role as it allowed for the identification of ineffective services.

The impact of the economic crises on countries in the WHO European region would be discussed at the high-level meeting on 17-18 April 2013 in Oslo, Norway. The recommendations would be tabled at the 63rd WHO EURO regional committee meeting in September 2013.

The delegates exchanged views on policy measures taken to deal with the financial and economic crisis. While some MS had experienced budget cuts, others kept their health budgets stable and a few even increased them. However, there was recognition that efficiency gains were always possible and that health systems should be as efficient as possible without impacting on the quality of health services. The use of e-health solutions, better use of human resources, effective use of medicines and more focus on prevention were cited as examples of efficiency measures. The crisis could also serve as a catalyst for change and bring innovation into the health sector. Given the nature of the health sector, long-term solutions are preferred ahead of short-term fixes, which focus primarily on budget cuts. The Commission referred to the Annual Growth Survey and the fact that health was now better reflected in the European Semester process.

The health related work of the Social Protection Committee (SPC) was raised again. While some delegations thought that the SPC should not be involved in healthcare, others were of the view that the SPC should continue its work and that greater coordination between health and social affairs ministries needed to be ensured at national level.

In summing up the discussion on the impact of the crisis on health systems, the Chair concluded that the term "crisis" might not accurately describe the experience in all Member States, but it was clear that budgetary challenges would feature for all for some time to come. There was a need for greater focus on efficiency and outcomes. Economic difficulties can serve as an opportunity for reform and innovation that can contain costs in the long term. Member States should give careful consideration to the impact of budget containment measures on vulnerable groups and develop more evidence-based policies to enable better dialogue with Finance Ministries. In conclusion, the Chair expressed the hope that the discussion would be the beginning of a fruitful exchange, to be continued in Dublin in March.

On the health related work of the SPC, the Chair noted that the issue had been discussed on a number of occasions in the WPPHSL and that the central problem appears to be a lack of consensus on the issue among MS. The Chair proposed that colleagues ensure greater coordination in capitals between the areas of health and social affairs, so that duplication of work is avoided and the work of the Reflection Processes is allowed to continue. The Chair also noted the suggestion that the Commission produces a steering note to facilitate discussion and resolution on the issue. The Commission said it would consider this suggestion.

#### **4. THE EU HEALTH STRATEGY: UPDATE ON ACTIVITIES AND DEVELOPMENTS RELATED TO THE EU HEALTH STRATEGY**

The Commission reported on recent developments related to the EU health strategy, namely the new proposal for the revision of the tobacco products directive, the submission of the Report on the implementation of the Council Recommendation on Smoke-free Environments (6806/13), the state of play in cooperation on joint procurement of pandemic vaccines, the situation regarding the European Innovation Partnership on Active and Healthy Ageing (261 commitments in six action groups) and the Member States' replies to the Commission's questionnaire on European Community Health Indicators (ECHI). 18 MS and Croatia had sent replies and the long-term way forward on this subject could be discussed at the next WPPHSL meeting.

The Commission also informed the working party about the joint actions (JA) in the field of health for the years 2008-12. There were 25 JAs funded between 2008 and 2012, with a total budget of EUR 80.4 million, of which the EC contribution was EUR 41.1 millions. Nine JAs would be finished by 2014, including the Partnership for Action Against Cancer, and five new ones would start: the impact of maritime transport on health threats, HIV and co-infections prevention strategies, mental health, organ donation and forecasting health workforce needs. Slovenia and Belgium provided an update on the implementation of joint actions on the **European Partnership for Action Against Cancer** (<http://www.epaac.eu/>) and on the **European Health Workforce** (<http://www.euhwforce.eu/>) respectively.

#### **5. THE ROLE OF THE EU IN INTERNATIONAL HEALTH FORA**

The Presidency debriefed on the 132nd session of the WHO Executive Board (EB) and outlined preparations for the WHA meeting in May 2013. Some MS stressed the fact that the system of EU statements should be rationalised as the current system was not satisfactory. EU statements should be more strategic, shorter and should focus on the main points of the WHA or EB agendas ("quality is more important than quantity"; the NCD Action Plan was mentioned as an example). Some MS considered it was not appropriate to confirm political positions so far in advance of the WHA meeting in May 2013.



Cyprus proposed that the EU ask for the inclusion of the item "Equal access to high quality resuscitation for all" on the agenda of the 134th session of the WHO EB in January 2014, to discuss possible WHO action to improve awareness and survival rates in case of cardiac arrest. The proposal was not supported by the working party as it was considered too specific and it was not seen as a main priority for the EU. It was agreed that the EU should define better what its priorities were before making any such proposals in the future.

## **6. OTHER BUSINESS**

### Polio Endgame Strategy

Germany drew the attention to the WHO work on "Polio-Endgame-Strategy by 2018" to be adopted at the World Health Assembly in May 2013. The finances needed for implementing this strategy for years 2013-18 is estimated at USD 5,5 billions. Germany called on the Commission and the MS to consider the support the strategy at the "Vaccines summit" organized on 24-25 April 2013 in Abu Dhabi.

## **7. NEXT MEETING**

The next meeting would be held in October 2013 under the Lithuanian Presidency.

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