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THE EUROPEAN UNION**

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### **OUTCOME OF PROCEEDINGS**

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from: General Secretariat of the Council

to: Delegations

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Subject Working Party on Public Health at Senior Level on 28 September 2012

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### **INTRODUCTION**

The 9th 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 Dr. Olga Kalakouta, Chief Health Officer, Ministry of Health, Cyprus.

The provisional agenda for the meeting<sup>2</sup> was adopted with the addition of a presentation by the IE delegation on the planning of the Irish Presidency in the area of public health.

There were four items on the agenda:

1. Reflection process: Towards modern, responsive and sustainable health systems;
2. The role of the EU in international health fora;
3. Reflection process: Innovative approaches for chronic diseases in public health and healthcare systems;
4. The EU Health Strategy: Update on activities and developments related to the EU Health Strategy.

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

<sup>2</sup> doc. 4122/2/12

## 1. REFLECTION PROCESS: TOWARDS MODERN, RESPONSIVE AND SUSTAINABLE HEALTH SYSTEMS

The Chair introduced the paper <sup>3</sup> on the reflection process containing reports by the sub-group coordinators. Each coordinator then in turn briefly presented the sub-groups' progress report indicating a timeline and expected deliverables.

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

The European Commission, represented by the SANCO Director General Ms Paola Testori, presented the main expected deliverables of the sub-group and invited the WPPHSL to react to the proposal of the sub-group that the Health Ministers should get involved in the European Semester process.

Many delegations took the floor on the question of the involvement of the Health Ministers in the European Semester process through the submission of an opinion from the WPPHSL to the EPSCO Council and then to the European Council on the role of health in the annual growth survey and country specific recommendations.

They stressed the importance of adequate up-take of 'health' in the European Semester as it was the issue of strategic importance. However, some of them were reluctant to the idea of the WPPHSL conveying a formal opinion to the EPSCO and the European Council, considering that this coordination should be done at national level. A number of delegations also stressed the importance of clarifying the mandate of the Social Protection Committee (SPC) and the mandate of the WPPHSL, as there seems to be some overlap.

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<sup>3</sup> doc. 13051/12 SAN 182 + ADD1

The Social and Protection Committee (SPC) vice-chair suggested a more regular exchange with WPPHSL, referred to the June 2000 Council (EPSCO) Decision as the basis for the SPC's work, reminded its role along the EMCO, EFC and EPC in the European Semester (opinions and reports) as confirmed by Council conclusions (EPSCO – June 2011<sup>4</sup>), presented the thematic review on health systems and long-term care (19 September 2012) and recalled that articles 121 (economic policy coordination) and 148 (employment policy coordination) of TFEU are the legal bases for country-specific recommendation as part of the European Semester process.

The Chair:

- (a) concluded that the Member States (MS) could continue the discussion on this issue,
- (b) noted the need to clarify the respective mandates of the SPC and the WPPHSL, and
- (c) reminded that the sub-group will continue its work on the expected deliverables.

*Sub-group 2 - Success factors for the use of Structural Funds for health investments*

The sub-group coordinator (Hungary) presented the work done so far, announced that work is expected to be concluded in the second half of 2013 and encouraged Member States to join the work of the sub-group.

No delegation took the floor and the Chair concluded that the group would carry forward the work and invited the Member States who wish to join the sub-group and share their experiences with the use of Structural Funds to do so.

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

The sub-group coordinator (Netherlands) presented the work achieved so far and encouraged Member States to join the work of the sub-group. The Commission stressed that the sub-group should not address issues that are subject to legislative proposals (e.g. work on time-to-market and a review of other regulatory systems), but supported the additional work on the

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<sup>4</sup> 3099th Council Meeting, EPSCO, Luxembourg, 17 June 2011  
[http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lssa/122881.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lssa/122881.pdf)

European Reference Price Systems and Reimbursement systems in Member States. The Chair invited the sub-group to ensure complementarity and not to overlap with ongoing or incoming legislative proposals of the Commission. She invited additional Member States to participate in the work, if they so wish.

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

The sub-group coordinator (Poland) presented the work achieved so far and encouraged Member States to join the work of the sub-group. The sub-group would concentrate on issues on which results are possible in a relatively short time ("*low hanging and ripe fruits*"), in particular patient empowerment, information exchange and clinical pathways. The Chair concluded that in order to prevent overlaps and enhance synergies, the coordinators of the different sub-groups should be in contact.

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

The sub-group coordinator (Sweden) presented the work achieved so far and announced that it should be concluded in the second half of 2013. The sub-group decided to divide the work into two pillars, one on increasing the validity, visibility and transparency of comparisons, and the second one on prioritising areas for comparison and assessment. The sub-group coordinator stressed that more active involvement on pillar one from more MS would be very welcome.

After the presentations some delegations intervened, stressing the need for narrowing down the scope of the work of the different subgroups, and the need to involve experts. The Commission indicated that it is launching a call for independent experts that will work as a scientific and technical group upon request.

The Chair drew the following conclusions:

- delegations welcomed the reports by sub-groups;
- the sub-groups plan to conclude their work soon, within the given timelines and a final report to be presented by next year, so that some outcomes may be submitted to the EPSCO Council of December 2013;

- the ambition for the work of the sub-groups needs to be focussed;
- the Member States are encouraged to join the work of the existing sub-groups, and to inform the Council Secretariat and the coordinators of such intentions;
- the coordinators of the different sub-groups should be in contact in order to prevent overlaps and enhance synergies.

### 3. THE ROLE OF THE EU IN INTERNATIONAL HEALTH FORA

The Presidency opened the discussion with a debriefing on the 62nd WHO/EU Regional meeting in Malta on 10-13 September 2012. Then, the Chair presented the Presidency's note on the role of the EU in international health fora <sup>5</sup>. The Presidency's objective was to have a discussion on this topic and discuss on how the EU can be adequately represented. Most delegations (20) intervened on this point, including the Commission.

There was a general consensus that:

- the influence of the EU in international meetings needs to be strengthened;
- there is a need for on the spot coordination during those meeting(s), but also a need for coordination in advance;
- that there is no intention to move the coordination to Brussels, but that the work in Brussels should rather support the overall coordination by providing political orientation for international meetings and the main issues WHO deals with; this could be done both in the WPPH SL and the Working Party on Public Health, depending on the WHO calendar and the urgency of the matter;
- more – and early - exchange of information was required on potential EU candidates for election to WHO governing bodies; some delegations indicated that the focus should be on high quality candidates that could generate influence rather than on the number of candidates.

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<sup>5</sup> doc. 13382/12

- considerable progress had been made in recent years at WHO meetings in presenting a united EU; most delegations agreed that the colleagues in Geneva did a good job in coordinating the EU statements.

The Commission welcomed the consensus that the EU should have a stronger role in the WHO and stressed that it did not want to change existing practices, but would welcome **an institutional link to the Council**, which is the body to determine the EU positions in the international fora.

The Commission also briefly provided information on the cooperation between the Commission and the WHO EURO Office recalling the 2010 Declaration of Commissioner Dalli and WHO Regional Director Zsuzsanna Jakab.

The Chair concluded that:

- the objective of the WPPHSL is not to transfer coordination from Geneva to Brussels, but to ensure that political orientations are agreed in Brussels as a guide for the concrete negotiations of EU positions and statements to be done in Geneva;
- the WPPHSL agrees to work towards increasing EU influence at WHO and to coordinate not just during but also in advance of meetings;
- as indicated by the WPPHSL there is a need for coordination and exchange of information on potential EU candidates for election to WHO governing bodies between MS as well as for promoting EU-sponsored Resolutions either to the Regional Committee Meeting or the WHA through the appropriate Executive Board.

The Chair stated that the Presidency would include the WHO Executive Board on the agenda of the Public Health WP in December. The IE delegation indicated that it would do the same during the Irish Presidency.

#### 4. REFLECTION PROCESS; INNOVATIVE APPROACHES FOR CHRONIC DISEASES IN PUBLIC HEALTH AND HEALTHCARE SYSTEMS

The Commission introduced the interim report<sup>6</sup> on the reflection process on chronic diseases, focussing on prevention, promotion and disease management. The Commission further announced that a Joint Action (JA) on chronic diseases will be discussed on 5 November, and that this JA is scheduled to be approved by the Programme Committee next year. Many delegations (17) took the floor to welcome the report and to confirm their interest in taking part in the JA. They also expressed their readiness for exchange of good practices and gave concrete suggestions on areas to be covered by the work on chronic diseases (e.g. alcohol strategy, innovative aspects of prevention, tobacco). There was a broad support for developing a mechanism to validate good practice and building expertise from experiences addressing risk factors. Regarding patient empowerment, almost all Member States that took the floor confirmed their interest in working on patient empowerment in chronic diseases management and agreed to launching the mapping exercise proposed in the paper.

The Commission confirmed that horizontal issues could also be included in the JA. It also called upon MSs to participate in the meeting of 5 November, as the content of the JA needed to be further defined by participant MSs. The JA is not meant to replace existing work on Cancer, Nutrition and Physical Activity, Ageing, Alcohol etc., but to bring together common elements of this different policy strands. The document of the proposal for the JA will be finalised by the drafting group in the coming weeks.

The Chair concluded that the drafting group will finalise the reflection paper before the end of 2012, and invited Member States to join the first meeting on the development of the Joint Action on chronic diseases to be held on 5 November 2012 in Luxembourg.

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<sup>6</sup> doc. 13503/12

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

The Commission reported on the EU health policy, addressing the proposal on clinical trials and medical devices. The Commission further confirmed that the proposal on the revision of Tobacco Directive was still foreseen for December 2012. It announced the adoption of the Action Plan on Health Workforce and the preparation of a report on Patient Safety foreseen for November. It further confirmed that there would be no new health strategy to replace the existing EU Health Strategy (2008-2013), but that it would like to further reflect on the principles and objectives with Member States in the future. Finally, the Commission presented the work on European Community Health Indicators and asked the MSs to provide feedback by the end of November to a questionnaire that will be circulated by the Commission.

## **6. OTHER BUSINESS**

### 7.1. - Presentation of the health activities of the Cyprus Presidency

The Presidency informed on the main events planned until the end of their semester.

### 7.2. - Information by the representative of the European Union Health Policy Forum

Ms. Monika Kosinska, Secretary General of the European Public Health Alliance, informed the Working Party about the latest work of the EU Health Policy Forum.

### 7.3. - Presentation of the health activities of the future Irish Presidency

The IE delegation indicated the priorities foreseen during their semester; continuing the work on serious cross-border threats to health, advancing the planned proposal on Tobacco legislation, and for pharmaceuticals to further work on the proposals on clinical trials and medical devices. The Informal Health Council is scheduled in Dublin for 4-5 March 2013. It further announced the date of the next WPPHSL.



## 7. NEXT MEETING

The next meeting will be held on 14 February 2013 under the Irish Presidency.

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