



**COUNCIL OF
THE EUROPEAN UNION**

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NOTE

From: General Secretariat of the Council
To: Permanent Representatives Committee/Council

Subject: **Employment, Social Policy, Health and Consumer Affairs** Council meeting
on 19 and 20 June 2014
Draft Council conclusions on the economic crisis and healthcare
- Adoption
(Public debate in accordance with Article 8(2) of the Council's Rules of
Procedure [proposed by the Presidency])

1. The Working Party on Public Health discussed the draft Council conclusions in the meetings of 8, 15 and 28 May 2014 and agreed the text as set out in the Annex.

NL introduced a general scrutiny reservation on the text.

2. The Coreper is invited to confirm the Working Party's agreement and submit the draft conclusions for adoption by the Council (EPSCO) at its meeting on 20 June 2014.

3. The Council is invited to adopt the draft conclusions and forward them for publication in the Official Journal of the European Union.

**Draft Council conclusions
on the economic crisis and healthcare**

THE COUNCIL OF THE EUROPEAN UNION

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities, and Union action which is to complement national policies shall be directed towards improving public health, and also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;
2. RECALLS the Council conclusions on common values and principles in EU Health Systems, adopted on 2 June 2006¹, and particularly the overarching values of universality, access to good quality care, equity and solidarity;
3. RECALLS the objectives agreed within the framework of the Open Method of Coordination for social protection and social inclusion at the European Council of March 2006 to ensure accessible, high-quality and sustainable health care and long-term care²;
4. RECALLS the Tallinn charter on health system for health and wealth, signed on 27 June 2008 under the auspicious of the world Health Organisation³;
5. RECALLS the Council Conclusions on Equity and Health in All Policies: Solidarity in Health, of 8 June 2010⁴;

¹ OJ C 146, 22.06.2006, p.1.

² Joint Social Protection Committee / Economic Policy Committee Opinion on the Commission Communication "Working together, working better: proposals for a new framework for the open co-ordination of social protection and inclusion" endorsed by EPSCO on 10 March 2006.

³ http://www.euro.who.int/data/assets/pdf_file/0008/88613/E91438.pdf

⁴ doc. 9663/10.

6. RECALLS the Directive 2011/24 of 9 March 2011 on the application of patients' rights in cross-border healthcare⁵, including chapter IV relating to co-operation in healthcare;
7. RECALLS the Council conclusions on modern, responsive and sustainable health systems, adopted on 6 June 2011⁶;
8. RECALLS the Council conclusions on the "Reflection process on modern, responsive and sustainable health systems", adopted on 10 December 2013⁷;
9. TAKES NOTE of the Commission communication "Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020", and in particular its accompanying staff working document 'Investing in health', adopted on 20 February 2013, which stresses the different ways in which investment in health can help address present and future challenges faced by the health systems and in the social field in general⁸;
10. TAKES NOTE that The Annual Growth Survey 2014⁹ underlines the need to strengthen the efficiency and financial sustainability of healthcare systems, while enhancing their effectiveness and adequacy in meeting social needs and ensuring essential social safety nets. The AGS 2014 also highlights that active inclusion strategies should be developed, including broad access to affordable and high-quality health services;
11. ACKNOWLEDGES that health is a value in itself and a prerequisite to economic growth; and that investing in health contributes to better health, economic prosperity and social cohesion;
12. CONSIDERS that health systems are a central part of Europe's high levels of social protection and make a major contribution to social cohesion, social justice and economic growth;

⁵ Directive 2011/24/EU, OJ L 88, 04.04.2011

⁶ OJ C 202, 8.7.2011, p. 10

⁷ OJ C 376, 21.12.2013, p. 3

⁸ COM(2013) 83 final

⁹ COM(2013) 800

13. RECOGNISES that the challenges for the health systems such as population ageing associated with the rise of chronic diseases and multi-morbidity, rapid technology diffusion, shortages and uneven distribution of health professionals, increasing citizens' expectations and increasing cost of healthcare in the context of budgetary constraints due in particular to the economic crisis require the implementation of policies and measures aiming at increasing cost-effectiveness and improving cost-containment while ensuring sustainability of the healthcare systems, safety of patients and equitable access to high quality healthcare;
14. TAKES NOTE that the ageing population, increasing use of care, and rising costs in the context of budgetary constraints have an impact on the demand and supply of the health workforce, and thus effective health workforce planning is an important element of a sustainable health system.
15. ACKNOWLEDGES that universal access to healthcare is of paramount importance in addressing health inequalities;
16. CONSIDERS that health promotion and disease prevention are key factors for better health and RECOGNISES the importance of investing in health promotion and disease prevention in improving the health of the population;
17. RECOGNISES that integrated models of care between primary, secondary and hospital care and among health and social care, along with the implementation of ICT innovations and eHealth solutions can improve resilience of health systems, while taking into account patient safety and high quality of healthcare;
18. NOTES WITH CONCERN that the financial crisis and budgetary constraints have major impact on principal economic indicators such as income and unemployment, which are social determinants of health; and that extensive cuts in the supply of healthcare can affect access to care and may have long-term health and economic consequences, particularly for the most vulnerable groups in the society;

19. NOTES WITH CONCERN that social spending has decreased in some Member States, and the number of people at risk of poverty and people living in households without income or with low income has increased which contributes to the rise of health inequalities and jeopardizes social cohesion;
20. NOTES WITH CONCERN that public health expenditures have been reduced in many Member States since 2009, and RECALLS that investments in health promotion and disease prevention, with a particular focus on disadvantaged groups, should be preserved, especially in times of economic crisis, since they have a short and long-term positive contribution to improving the health of the population and reducing health inequalities;
21. NOTES WITH CONCERN that the prices of many new innovative medicines are very high in relation to the public health expenditure capacities of most Member States, and that this pricing situation could destabilize health systems in Member States already weakened by the financial crisis.
22. NOTES WITH CONCERN that although most Member States have universal coverage, in practice many people have problems in accessing healthcare services when they need them¹⁰ and that the proportion of people reporting unmet health needs due to cost, distance to healthcare or waiting lists has increased in several Member States during the economic crisis¹¹.
23. RECOGNISES that economic crises have an impact on the health status of the population particularly as regards mental health and
24. NOTES that the full scale of effects on health of the economic crisis and the reduction in public health expenditures may only become apparent in the following years;
25. WELCOMES the communication from the Commission, adopted on 4 April 2014, on effective, accessible and resilient health systems¹²;

¹⁰ Eurofound (2013) Impacts of the crisis on access to healthcare services in the EU, Dublin.

¹¹ http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_03&lang=en

¹² COM(2014) 215

26. RECALLS the discussions at the Informal Meeting of Ministers of Health held in Athens on 28-29 April 2014 on the “Economic crisis and healthcare” which highlighted the importance of health reforms to overcome the crisis and exchanging best practices and sharing of information between Member States in areas of common interest including the cost of healthcare, the basket of healthcare services, pharmaceuticals, health systems performance assessment and investing in prevention towards ensuring resilience of health systems; there was broad consensus to improve further access to healthcare particularly for the most vulnerable populations, while the issue of involvement of the Ministers of Health into the European Semester process was also raised;

INVITES THE MEMBER STATES TO:

27. Continue improving further access for all to high quality healthcare services paying particular attention to the most vulnerable groups;
28. Strengthen further health promotion and disease prevention policies and strategies aiming at improving people’s health thereby reducing the need for curative care;
29. Consider innovative ways of integration between primary and hospital care, and between health and social care;
30. Promote-the implementation of ICT innovations and eHealth solutions to ensure quality of care and Health literacy, and improve efficiency and effectiveness of health systems and control of expenditures;
31. Better use the Health Systems Performance Assessment (HSPA) for policy-making, and improving transparency and accountability at national level;
32. Cooperate further on sharing information on strategies to effectively manage pharmaceutical and medical devices expenditure, while ensuring equitable access to effective medicines within sustainable national healthcare systems and, using existing groups where relevant, continue discussions on issues related to affordable pricing, use of generic medicines, orphan medicines, medical devices and small markets.

33. Draw lessons from the crisis and promote universal access to high quality healthcare while taking into account its different components, so that necessary health reforms can be accomplished without compromising the functioning of health systems as part of social safety net;
34. Exchange information on the healthcare services covered by the Member States' healthcare systems, inter alia within the context of the Working Party on Public Health at Senior Level;

INVITES THE MEMBER STATES AND THE COMMISSION TO:

35. Support effective implementation of the EU objective to ensure a high level of human health protection in the definition and implementation of all Union activities and policies;
36. Continue the dialogue aimed at improving the effective use of European Structural and Investment Funds (ESIF) for health investments in eligible regions of Member States; and make further efforts to promote the use of the Union's Financial Instruments including the ESIF for investing in health in order to attain in particular the objectives of these conclusions.
37. Evaluate existing information to assess the role that healthcare benefits play in reducing health inequalities and the risk of the population falling into poverty;
38. Aim at reaching a common understanding on the most effective resilience factors, including those proposed by the Commission in its recent communication on effective, accessible and resilient health systems, and request the Working Party on Public Health at Senior Level to illustrate best practices on how to implement them in different health systems;
39. Strengthen cooperation in the following fields agreed in the Directive on the application of patients' rights in cross-border healthcare: cross-border cooperation at regional level, European reference networks, eHealth, and Health Technology Assessment (HTA);
40. Building on the outcomes of the Action Plan for the EU health workforce and with particular attention to the recommendations from the Joint Action on health workforce planning and forecasting, to further cooperate on ways to strengthen health workforce policies in the Member States to help them ensure sustainable health workforce with the necessary skills to guarantee accessibility, safety and quality of care;

41. Continue to strengthen the effectiveness of health systems through identifying tools and methodologies for Health Systems Performance Assessment (HSPA), the exchange of best practice and better use of existing data such as Eurostat and OECD statistics;
42. Reinforce cooperation and better coordination between the Social Protection Committee (SPC) and the Working Party on Public Health at Senior Level (WPPHSL) so that Ministries of Health can actively contribute within the framework of the European Semester;

INVITES THE COMMISSION TO:

43. Promote the exchange of information and best practice in the field of accessibility taking into account its different components and support projects to promote and develop periodic collection of information and to produce scientific evidence on equitable access to care with a view to addressing the problems in achieving universal and equitable access;
44. Support, as appropriate, exchange of information between Member States on policies related to pharmaceutical products and medical devices, with particular attention being paid to small markets;
45. Encourage cooperation to improve the complementarity of health services for those living close to Member States' borders who may need to access healthcare across borders;
46. Provide information on the healthcare services covered by the Member States' healthcare systems, using the information provided by the National Contact Points established in accordance with the Directive on the application of patients' rights in cross-border healthcare.