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From: General Secretariat of the Council

To: Delegations

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Subject: Three-year work programme of the Working Party on Public Health at Senior Level

Delegations will find attached the three-year work programme of the Working Party on Public Health at Senior Level (July 2014 - June 2017) as endorsed by the Working party at its meeting on 15 July 2014.

Three-year work programme of the Working Party on Public Health at Senior Level

(July 2014 - June 2017)

Objectives of the programme

The Working Party on Public Health at Senior Level (WPPHSL) agreed at its meeting on 9 December 2008 that a multi-annual work-programme should be drafted by the current and the upcoming Trio Presidencies in cooperation with the Commission and the General Secretariat of the Council. The first such program drawn-up jointly by FR-CZ-SE and ES-BE-HU was then endorsed on 29 May 2009¹ covering the period until June 2011.

Based on the experiences gained as well as a discussion during the BE Presidency on 13 October 2010², the second work program was endorsed by the WPPHSL at its meeting on 10 October 2011 based on the proposal from PL-DK-CY and IE-LT-EL.³

In the light of above the next work program will be adopted for the period July 2014 until June 2017 covering the terms in office of the next two Trio Presidencies (i.e. IT-LV-LU and NL-SK-MT).

The present work programme identifies the long term priorities and working methods to fulfil the WP mandate as outlined below. Based on the experience of the past three years, and in particular the WPPHSL's engagement in the 'EU Reflection process towards modern, responsive and sustainable health systems', it aims at reinforcing the strategic and longer term nature of the discussions on EU health policy at the meetings of the WPPHSL.

¹ 9462/09 and 10067/09 (point 2)

² 13428/10 and 17922/10 (point 2)

³ 14112/11 and 16270/11 (point 2)

1. Mandate of the Working Party on Public Health at Senior Level

The Council endorsed the mandate of the WPPHSL on 10 June 2008⁴. According to this mandate, *“the Working Party should offer Member States and the Council a forum for greater involvement and ownership in shaping and implementing EU health actions. It should bring more focus, coherence, direction and prioritization to the EU health policy and thus enable it to be more efficient and effective”*.

The meetings of the Working Party can thus bridge possible gaps between Presidencies by ensuring increased continuity.

Among other tasks, the Working Party

- is a forum for discussing major common strategic issues in health;
- identifies priorities, objectives and actions for EU health action and how to implement them;
and
- assesses the integration of health concerns in different policies.

The Council recognized that better involvement on the part of Member States and the Council in health policy formulation at EU level is important for defining key issues and actions that would have a real added value for Member States, ensuring overall coherence and implementing the "health in all policies" approach.

The Council also considered that the Council and the Member States should closely collaborate with the Commission in order to achieve a strategic approach and to move the EU health agenda forward.

⁴ 16139/08 (Council conclusions on the implementation of the EU Health Strategy)

2. Working Methods

The WPPHSL is a preparatory body of the Council, thus the Council's rules of the procedure apply to its proceedings. The following working methods have already been agreed:

- The WPPHSL meets once during each Presidency, preferably at the beginning of the Presidency. Other meetings can be convened when it is deemed necessary (e.g. via teleconferences or in connection with the informal ministers meetings).
- The Member State holding the Presidency of the Council is responsible for the WPPHSL meetings and their agenda. This Member State can consult and cooperate, as necessary, with the other Member States that have recently held the Presidency or will hold it in the near future, in particular with the Trio partners.
- The Member States shall ensure the participation at senior level from the capitals.
- *Agenda items:*
 - o For the biannual meetings the WPPHSL will continue to have an agenda with a standing list of items. Each item can be discussed to the extent that it is deemed necessary at the discretion of the Presidency, without prejudice for other MS to propose items to be added to the agenda.
 - o The Presidency can put other items on the agenda, thereby giving the Member States an opportunity to suggest emerging issues that warrant a more detailed discussion.
 - o A standing list of items on the agenda will ensure continuity and coherence of the Working Party's meetings and will include items from the three “Pillars” that are described in subsequent paragraphs.

- *Interaction and discussion:*
 - o The Presidency will ensure the highest possible level of discussion and interaction by using various methods, inter alia:
 - setting down smaller subgroups of 5-6 Member States to prepare a more in depth discussion on the various pressing issues in between the WPPHSL meetings;
 - sending out presentations and questions prior to the meetings allowing for better preparation in the Member States before the meetings;
 - organizing group discussions/workshops during the meetings on different subjects, allowing for a more free and open debate among interested Member States;
 - other methods deemed necessary by the Presidency.

The incoming two Trio Presidencies believe that there is no need to substantially change existing agreed working methods as outlined above.

The WPPHSL could also consider more innovative working methods, with the following objectives (in full respect of the competencies of the EU Member States according to art. 168 of the Treaty):

- serve as a forum for preparation and/or follow-up to the discussions at the informal meetings of Ministers for health;
- give more continuity to the group activities between the two formal annual meetings; this may imply ensuring a more stable and organised co-operation suitable also for “day to day activities”;
- offer the opportunity for a stronger “health in all policies” approach and for a better involvement of health issues in broader strategic EU level policy development;
- increase cooperation and coordination with other established formations and procedures within the Council structure or otherwise at EU level, i.a. in the framework of the European semester;

- enable discussion on policy developments impacting health where the sharing of expertise and experiences can benefit Member States.

3. Pillars of the Work Programme

Based on the experience between 2011-2014, the work programme for the coming two Trio Presidencies will continue to have three main pillars:

- (I) Cooperation on Health Systems;
- (II) The EU Health Strategy;
- (III) The EU and international health fora.

Pillar I. Cooperation on Health Systems

The WPPHSL aims to steering cooperation at different levels:

a. Cooperation among Member States

Though the Reflection process on health systems as such has come to a conclusion, the Council has called the Commission and the Member States to continue the work in number of areas as outlined in points (a) to (i) of the part IV of the Council conclusions on the "Reflection process on modern, responsive and sustainable health systems"⁵ and requested the WPPHSL to steer activities on the follow-up to this reflection process⁶.

⁵ Brussels, 10 December 2013, OJ C 376, 21.12.2013, p. 3

⁶ Notably on: the adequate representation of health in the framework of the Europe 2020 Strategy; the monitoring exercise for the uptake of the health theme in the European Semester process; the reflection, on a voluntary basis, on aspects that may have an impact on availability, accessibility, prices, costs, patient safety and innovation of pharmaceuticals and medical devices; integrated care programmes, structures and policies; effectiveness of integrated care interventions and solutions at the healthcare setting level and evaluation of their transferability; improve the coordination on Health systems performance assessment at EU level; assess, as appropriate, the possible impacts of health system reforms as presented in National Reform Programmes; ensure appropriate coordination between the relevant Council formations dealing with the different aspects of health in the framework of the Europe 2020 Strategy and European Semester; continue the dialogue aimed at improving the effective use of European Structural and Investment Funds (ESIF) for health investments.

At its recent meetings⁷ the WPPHSL decided that further work should be done in particular on two topics:

“*Cost effective use of medicines*” – follow up of activities of previous Reflection process Sub-group 3;

“*Health system performance assessment*” – follow up of activities of previous Reflection process Sub-group 5.

Furthermore, the June 2014 Council Conclusions on “*Economic crisis and healthcare*”⁸ have 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.

Council Conclusions, in particular, mandate the WPPHSL to act on some specific subjects:

- exchange information on the healthcare services covered by the Member States’ healthcare systems;
- reach 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”⁹; more specifically, the Working Party on Public Health at Senior Level is requested “*to illustrate best practices on how to implement them in different health systems*”.

The WPPHSL will decide on the prioritization of the work and activities, also considering the potential new ways of cooperation discussed in previous paragraph.

b. Cooperation with the Social Protection Committee under the European semester process

Concerning the adequate representation of health in the 'Europe 2020' Strategy and in the European Semester, the Cooperation with Social Protection committee (SPC) under the European semester process has been improved.

⁷ 16661/13 and 6576/14 (Reports of the WPPHSL under LT and EL Presidencies)

⁸ Luxembourg, June 20, 2014 (OJ C 217, 10.7.2014, p.2)

⁹ 8997/14 [COM(2014) 215 final]

The Chair of SPC has regularly attended the last WPPHSL meetings, while the SPC has invited WPPHSL members to join and cooperate in some important SPC activities, in particular the peer-review evaluation of Country reports about Country Specific Recommendations (CSRs) related to the fields of Healthcare and Long-Term care (one of the actions foreseen within the European Semester procedures). This cooperation has been unanimously appreciated and cooperation with the SPC in the framework of the European Semester should be further extended. In fact, the growing number of Member States to which the Commission has addressed CSRs in relation to health and long-term care – within the discussions on fiscal consolidation and financial sustainability of the Member States' systems - makes it important to grant an even stronger cooperation between the WPPHSL and SPC.

It became evident that inter sectorial (at national and at EU level) cooperation is a necessity. The December 2013 Council Conclusions indeed requested the Commission and the Member States to *“ensure the necessary co-ordination at national and EU level in order to adequately represent the health sector in the process of the European Semester, and to streamline the on-going healthcare assessments at EU level, in particular through strengthened coordination and cooperation with the Social Protection Committee and the Economic Policy Committee, and by examining and establishing a working relationship between the Working Party on Public Health at Senior Level and the Social Protection Committee”*.

The June 2014 Council Conclusions on “Economic crisis and healthcare” also called on the Commission and the Member States to *“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”*.

Taking this into account, , there are two main issues to be highlighted with respect to the future activities in the framework of Strategy 2020:

- (1) the mid-term review of the 2020 Strategy;
- (2) continued coordination and co-operation with the Social Protection Committee in the framework of European semester, thus strengthening further regular working relationship between the Working Party on Public Health at Senior Level and the Social Protection Committee.

Pillar II – The future of EU Health Strategy

As recalled by Council Conclusions of 10 December 2013, “*the challenges, objectives and principles identified in the EU Health Strategy(...) remain valid and contribute to the achievement of Europe 2020 targets*”.

The health challenges identified by the EU Health Strategy continue to be high on the agenda of most or all Member States: ageing, growing demand for healthcare, burden of chronic diseases and issues related with the sustainability of health systems, improvement of health information data and systems patient and professionals mobility, cross-border health threats, inequalities among and within Member States.

This regular agenda item will therefore continue to provide forum for exchange of information on EU health policy. These discussions should enable a better involvement of the Member States and the Council in health policy formulation at EU level as well as their closer cooperation with the Commission in order to achieve a strategic approach and to move the EU health agenda forward. They should focus on issues with the greatest EU added value and where sharing of knowledge and good practice as well as mutual learning is most beneficial to Member States.

The Presidency and the Commission should identify specific topics on which a strategic discussion is necessary, and would Member States wish so, the WPPHSL could elaborate common approaches and/or shared objectives in a given area.

As part of this process, the WPPHSL could contribute to monitor the progress on some of the mechanisms established under the Third Health Programme that provide for the cooperation between Member States in the form of Joint actions, while avoiding overlapping with other Groups involved in implementation and allocation of resources of the EU Health Programme itself.

Pillar III. The EU and International Health Fora

The Working Party on Public Health at Senior Level will continue:

- (i) be informed on the EU positions in relation to existing and future work of WHO and other international organizations and cooperate with relevant institutions on substantive matters remaining in the field of its interest;
- (ii) offer a forum to facilitate the exchange of information on national strategic priorities at an early stage with the objective of exploring the potential for broad support among Member States for upcoming 'national' draft resolutions.

The WPPHSL should aim to prevent a duplication of efforts in regard to health initiatives in the EU and in other international health organizations and should strive to create increased clarity on the division of operational competences among international health organizations.

The Commission and Member States should take WHO initiatives into account in planning future EU action in related areas and promote synergies and added value also in order to secure the best overall negotiation outcome for the EU.

The Working Party meetings will not discuss the EU positions and statements on individual agenda items for specific WHO meetings as these are coordinated in Geneva.
