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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 15 July 2014

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## INTRODUCTION

The 13th 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 was chaired by Mr Giuseppe Ruocco, Director-General for Prevention, Ministry of Health, Italy.

## ADOPTION OF THE AGENDA

The provisional agenda for the meeting<sup>1</sup> was adopted. There were six items on the agenda:

1. Three-year work programme of the Working Party on Public Health at Senior Level
2. Reflection process on modern, responsive and sustainable health systems: follow-up
  - 2.1 Cooperation with the Social Protection Committee in the framework of the European Semester
  - 2.2 Health systems performance assessment (HSPA)
  - 2.3 Cost-effective use of medicines
3. Patient Safety: Second Report from the Commission to the Council on the implementation of Council Recommendation 2009/C 151/01

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<sup>1</sup> CM 3353/1/ 14 REV 1

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 fora
6. Other business: High price of medicines against hepatitis C

## **1. THREE-YEAR WORK PROGRAMME OF THE WORKING PARTY ON PUBLIC HEALTH AT SENIOR LEVEL**

The Chair presented the three-year work programme for the period July 2014-June 2017 drafted jointly by the two incoming trio Presidencies<sup>2</sup>.

The delegations welcomed the document, suggesting two additions, namely that it be specified that the WPPHSL may serve as a forum for preparation for and/or follow-up to discussions at the informal meetings of Ministers for Health, and that it be clarified that the WPPHSL offers a forum for exploring at an early stage the potential for broad support of draft resolutions that the Member States would like to propose at international health fora. With these additions, the WPPHSL endorsed the three-year work programme, and its final text is set out in 12168/14.

## **2. REFLECTION PROCESS ON MODERN, RESPONSIVE AND SUSTAINABLE HEALTH SYSTEMS: FOLLOW-UP**

### **2.1 COOPERATION WITH THE SOCIAL PROTECTION COMMITTEE IN THE FRAMEWORK OF THE EUROPEAN SEMESTER**

The Chair welcomed Ms Muriel Rabau, Vice-Chair of the Social Protection Committee (SPC), and thanked her for the SPC's cooperation. Ms Rabau presented a short, positive assessment of the cooperation between the SPC and WPPHSL. She welcomed the work done on the Health Systems Performance Assessment (HSPA) and the setting-up of an HSPA expert group. In this respect, she pointed out that the SPC was ready to exchange information on its work on the Strategy 2020 Joint Assessment Framework, which was developed jointly by the SPC, EMCO and the Commission as an analytical tool to assess Member States' performance and progress under the Europe 2020 Employment Guidelines.

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<sup>2</sup> 11262/14

Ms Christina Papanikolaou, the WPPHSL Chair during the Hellenic Presidency, shared the positive assessment of the cooperation between the two structures during the first half of 2014. She highlighted the 'joint review' of the implementation of the health-related parts of the 2013 country-specific recommendations (CSRs) that took place on 10 April 2014, the 'peer review' of the Belgian Health Systems Performance Assessment initiative conducted on 19-20 May 2014 as part of the European Commission's 'Peer Review in Social Protection and Social Inclusion' programme, the discussion by Ministers of Health at an informal meeting in Athens on 28-29 April 2014 on the economic crisis and health, and the involvement of WPPHSL members in the adoption of the SPC's position on the 2014 CSRs.

Delegations supported the WPPHSL's continued involvement in the 'second phase' of the European semester in 2015, i.e. the 'joint WPPHSL-SPC review' of the implementation of the health-related parts of country-specific recommendations (CSRs) and the involvement of WPPHSL members in the adoption of the SPC's opinion on health-related CSRs.

Concerning the involvement of health ministers and/or the WPPHSL in the 'first phase' of the European Semester, there was no opposition in principle, but any possible discussion on the Annual Growth Survey (AGS to be submitted by the Commission in November 2014) and possible formulation of messages for the EPSCO Council conclusions on the AGS to be adopted in March 2015 would depend on when the AGS was submitted and would be subject to decision by the Presidency-in-office.

The Chair concluded that the Italian Presidency would in any case organise a debate by health ministers at the EPSCO Council on 1 December 2014 in the framework of the mid-term review of the Europe 2020 Strategy on the question of how investment in sustainable health systems can contribute to the objective of the Europe 2020 Strategy. The possible debate on the AGS by the EPSCO Council was subject to the AGS being available before 1 December 2014. The proposal by Luxembourg that "the WPPHSL's views could feed into the Annual Growth Survey (AGS) via the SPC autumn report on recent structural reforms, in particular as regards healthcare systems reforms" would be looked at, subject to the SPC calendar for preparation of its annual report.

## 2.2 HEALTH SYSTEMS PERFORMANCE ASSESSMENT (HSPA)

The item was introduced by Sweden and the Commission, co-authors of the draft Terms of Reference for the HSPA Expert Group (which have been submitted to Member States for comments before the meeting). The expert group would be co-chaired by DG SANCO and Sweden, with DG SANCO providing the secretariat to the group. It was stressed that participation would be on a voluntary basis.

Many Member States could agree to the proposed terms of reference on condition that participation would be voluntary and the purpose would not be to establish the 'ranking' of Member States based on their health system performance. Cooperation should be aimed at giving a tool to Member States to assess the performance of their health systems at national level and to improve the understanding of the reasons of varying performance.

The Commission confirmed that:

- MS participation in the expert group meetings would be voluntary, but all MS would receive the documentation for meetings;
- the expert group would set up its work programme;
- there would not be any additional data collection for the purposes of the expert group. It would draw on existing data collected by Eurostat and/or the Commission. The WHO and OECD would be involved in the expert group as well;
- the work of the HSPA expert group would be aimed at offering a tool to MS to assess the performance of their health systems at national level without any 'ranking' at EU level;
- the first meeting of the expert group was planned for September 2014 and information would be provided at the next WPPHSL meeting.

Some delegations made drafting suggestions.

The Chair concluded that comments by delegations would be taken into account and the text would be confirmed after the meeting via the silent procedure. The first expert group meeting was due to take place in September 2014.

The draft terms of reference were endorsed subsequently via the silent procedure and are set out in document 12945/14.

### **2.3 COST-EFFECTIVE USE OF MEDICINES**

In the follow-up to the meeting of the Working Party on Public Health at Senior Level on 18 February 2014, the Dutch delegation, the co-coordinator of the former sub-group 3 on Cost-Effective Use of Medicines, presented a note on an implementation agenda for the cost-effective use of medicines<sup>3</sup>.

The note contained a proposal on how, and by what existing committee, to take forward policy recommendations made by the sub-group 3 at the last WPPHSL meeting on 18 February 2014<sup>4</sup>.

The WPPHSL took note of the document.

The Chair concluded that the issue would be further discussed during the informal meeting of Ministers for Health on 22-23 September 2014. Any further work would be defined based on the outcome of that discussion.

## **3. PATIENT SAFETY - SECOND REPORT FROM THE COMMISSION TO THE COUNCIL ON THE IMPLEMENTATION OF COUNCIL RECOMMENDATION 2009/C 151/01**

The Commission presented its second report on the implementation of Council Recommendation 2009/C 151/01. The report was based on Member States' replies to a standardised questionnaire, public consultations and a Eurobarometer survey on patient safety and quality of care carried out in 28 Member States.

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<sup>3</sup> 11265/14

<sup>4</sup> 5736/14, p.15-18 and 6576/14, p.3

The Commission stated that this was the last report on the implementation of the Council recommendation and that the joint action on patient safety would be terminated at the beginning of 2015. In view of this, a decision would have to be taken on what to do next in the field of patient safety.

The WPPHSL took note of this information from the Commission, stressing the importance of doing further work in this important area.

The Italian Presidency would include this issue on the agenda of the informal meeting of Ministers for Health on 22-23 September 2014, following which it would submit draft Council Conclusions on safety in healthcare and care-related infections for approval by the EPSCO Council on 1 December 2014.

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

The Commission reported on recent and forthcoming developments related to:

- the legislative files (Tobacco Products Directive, Clinical Trials, EMA fees for the conduct of pharmacovigilance activities, Medical Devices);
- cooperation on health determinants, cancer, major and chronic diseases, rare diseases, health threats (joint procurement agreement, HIV/AIDS, seasonal influenza), action plan on organ donation and transplantation, health systems, e-Health and EIP on active and healthy ageing;
- financing (Health Programme 2014-2020, Health and Structural and Investment Funds (ESIF) 2014-2020, Joint Actions in the third EU Health Programme).

The WPPHSL took note of the information provided by the Commission.

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

The Presidency gave a debriefing on the 67th World Health Assembly that had taken place in Geneva between 19 and 24 May 2014, the 135th session of the WHO Executive Board (EB) and the representation of the EU Member States in WHO governing bodies both at global and regional level.

Attention was paid to two major global processes on health during 2014: examination of the progress achieved at global level on non-communicable diseases (NCDs) at the United Nations General Assembly (UNGA) and the place of health in the context of the post-2015 Development Agenda. After the expiration of the Millennium Development Goals (MDGs) in 2015, the Sustainable Development Goals (SDGs) should be agreed and approved by the UNGA.

The WPPHSL took note of the information<sup>5</sup> provided by the Presidency.

## **7. OTHER BUSINESS: HIGH PRICE OF MEDICINES AGAINST HEPATITIS C**

The French delegation reiterated its position already presented during the EPSCO Council on 20 June 2014 regarding the high price of medicines against hepatitis C<sup>6</sup>, which called for better cooperation and the exchange of more information between Member States concerning the pricing of medicines against hepatitis C and its impact on MS health systems. The French delegation suggested organising two dedicated meetings at expert level in mid-September and October 2014.

The large majority of delegations expressed their support for the French initiative, while stressing that existing fora, such as the network of competent authorities for reimbursement and pricing, should be used for further discussion. Some delegations indicated that the problem was broader and discussions should focus on the pricing of innovative medicines in general.

The Chair concluded that at this juncture the follow-up would be ensured bilaterally by France inviting EU Member States to the expert meeting in September 2014.

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<sup>5</sup> 11267/14

<sup>6</sup> 10854/14