



**COUNCIL OF  
THE EUROPEAN UNION**

**Brussels, 4 December 2013**

**16661/13**

**SAN 471  
SOC 972**

## **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 8 October 2013

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## **INTRODUCTION**

The 11th 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 Mr Audrius Ščeponavičius, Director, Public Health Department, Ministry of Health, Lithuania.

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

1. a) Reflection processes on modern, responsive and sustainable health systems  
b) Reflection process on innovative approaches for chronic diseases in public health and healthcare systems
2. EU health information system
3. The EU Health Strategy: Update
4. The role of the EU in international health fora: WHO related matters
5. Informal meetings of EU Ministers of Health

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<sup>1</sup> 16139/08

<sup>2</sup> 3977/2/13 REV 2

## 1. REFLECTION PROCESS

### 1.a) Reflection process on modern, responsive and sustainable health systems

Following the discussion on 28 September 2012 on progress reports submitted by 5 sub-groups, the sub-groups submitted their final reports as outlined in document 12981/13<sup>3</sup>. The reports were structured into five parts to give information about main findings, deliverables, conclusions and recommendations formulated by subgroups.

The Chair introduced the item, emphasising the operational conclusions and recommendations formulated by sub-groups in their final reports (part III for sub-groups 3 and 4 and part IV for sub-groups 1, 2 and 5) and invited the WPPHSL to:

- take note of the final reports and deliverables produced by the subgroups;
- agree that the subgroups should continue the work on the outstanding deliverables by the end of 2013 and present conclusions to the next meeting of the Senior Level group under Greek Presidency; and
- discuss the future of the "Reflection Process" and appropriate working mechanisms.

The Chair also indicated the Presidency's intention to submit draft Council Conclusions based on the findings and recommendations of the five reports to be discussed by the Public Health Working Party and adopted by the Council (EPSCO) on 10 December 2013.

The co-coordinators of **five subgroups**<sup>4</sup> shortly presented respective reports, in particular the main achievements and deliverables as well as outstanding issues and questions to be addressed by the WPPHSL.

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<sup>3</sup> More detailed information and analysis that the subgroups brought to the attention of the WPPHSL are in addenda 1 to 4 to document 12981/13.

<sup>4</sup> SG1: Health in Europe 2020 and in the European Semester (European Commission)  
SG2: Success factors for Structural Funds for Health investments (Hungary)  
SG3: Cost-effective use of Medicines (Netherlands)  
SG4: Integrated care models and better hospital management (Poland)  
SG5: Measuring and monitoring the effectiveness of health investments (Sweden)

The Chair of the **Social Protection Committee (SPC) intervened**, pointed out to the growing importance of health in the European Semester and recalled the SPC involvement in the European Semester and in preparation of country specific recommendations (CSRs) in the form of proposed amendments to CSRs submitted to EPSCO/ECOFIN.

He noted that a scoreboard has been proposed in the recent Communication on the Social Dimension of the EMU<sup>5</sup> which features 5 overarching indicators<sup>6</sup> and the fact that many Member States asked for an indicator on health to be included in the above mentioned Communication and thus, invited the SLWP to propose an indicator on health before the end of 2013.

He invited the incoming Presidency to take part in the examination of 2014 CSRs in the SPC on behalf of the SLWP and stressed that SPC alternate members are nominated by health ministries and as such health ministries are involved in SPC work.

The Commission welcomed the conclusions and recommendations of the subgroups and suggested that the reflection continues in a more focussed and operational manner.

All Member States appreciated the work accomplished by the subgroups, thanked all who contributed to their work, in particular the co-ordinators, and agreed to allow them to work on outstanding deliverables by the end of 2013. Some specific comments have been made:

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

There was no consensus on the need for continuation of subgroup 1. While there was a recognition of the fact that the health Ministers should strengthen their strategic input in the European Semester process, the views differed on how to achieve that. Some MS argued that the WPPHSL should play stronger role (e.g. by making the European Semester a permanent

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<sup>5</sup> [http://europa.eu/rapid/press-release\\_IP-13-893\\_en.htm](http://europa.eu/rapid/press-release_IP-13-893_en.htm)

<sup>6</sup> the unemployment level and the way it evolves; NEET rate (young people Not in Education, Employment or Training) and youth unemployment rate; the real gross disposable income of households; the at-risk-of-poverty rate of the working age population; and inequalities (the S80/S20 ratio).

agenda item for the Senior Level group) and separate discussion of health ministers on country specific recommendations may be needed. Other MS considered the existing process appropriate and stressed the need for more coordination at national level and to avoid creating new structures. The process is complicated enough given the multiplicity of fora and assessments methods involved.

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

General support for the subgroup's recommendations, further exchange of good practices on the use of structural funds and the use of "toolbox" by the Member States.

Sub-group 3 – Cost-effective use of medicines

The deliverables on the external reference pricing of medicinal products and the policy mix for the reimbursement of medicinal products in the Member States to be finalised and submitted to the WPPHSL under the Greek Presidency. A number of Member States agreed that these two topics would require more political level discussion. More could be done to exchange experiences on HTA , use of generics and stimulating rational use of medicinal products.

The Commission stressed that it will reflect on what is the most suitable way of continuing discussion on the impact of pharmaceutical market access regulation on prices and cost-effectiveness of medicines.

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

Some Member States stressed the importance of pursuing work at an operational level on integrated care using social care and innovative technologies – notably eHealth and linking it to the Joint Action on Chronic Diseases.

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

The health systems performance assessment is a useful tool to measure effectiveness of health systems. It has been noted that the tools and methodologies for HSPA should exist. The Member States in general supported to continue reflection at an operational level on the criteria to select priority areas for HSPA.

The Chair concluded as follows:

- the WPPHSL took note of the final reports by the subgroups and thanked the coordinators and participating Member States for their contribution to the reflection process;
- the WPPHSL agreed that sub-groups continue their work on outstanding deliverables and report to the WPPHSL under the Greek Presidency;
- the cooperation with the Social Protection Committee should increase to seek better visibility for health and the Member States should ensure the better coherence of its activities with the of WPPHSL;
- the work on integrated care models, use of structural funds and health technology performance assessment (HTPA) shall become more operational;
- further EU level dialogue on European Structural and Investment Funds (ESIF) and exchange of best practice on their use would be useful; the "Toolbox" developed by sub-group 2 will be widely disseminated and used by the Member States;
- the political level discussion on medicinal pricing was desirable;
- the Presidency will prepare the draft Council conclusions so that further work is defined at political level and that clear guidance is given on the future work;

### **1.b) Reflection process on chronic diseases**

The Commission presented the final report on chronic diseases<sup>7</sup>, outlining the major areas of cooperation on chronic diseases at EU level : addressing key risk factors, Joint Action on Chronic Diseases, continued cooperation on Cancer and health information, patient empowerment (notably through a dedicated expert group), the European Innovation Partnership for Active and healthy ageing, encouraging the balancing of prevention and care budgets, support through existing EU programmes and organising a Summit on Chronic Diseases in 2014. Some of the suggestions for topics covered include: chronic disease management, patient empowerment, health literacy, health determinants, equity and universal access.

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<sup>7</sup> 12983/13

The Member States supported the approach by the Commission. The EU summit on chronic diseases, involving MS and stakeholder organisations, was considered a good way to further consider an EU action on chronic diseases. In their interventions, Member States stressed the necessity to continue work on prevention and common risk factors, while adopting a HIAP approach at EU level.

They stressed the need to avoid duplications between EU work and global activities in line with the WHO NCD work as well as an EU added value for any future activities. They also supported further work through the Joint Actions.

The Commission confirmed the two main strands of the planned summit – 1) prevention and health promotion and 2) disease management.

The Chair concluded that both, chronic disease prevention and management should be at the centre of attention in EU health policy.

## 2. EU HEALTH INFORMATION

The Commission (DG ENTR) presented the discussion paper<sup>8</sup>, suggesting a European Research Infrastructure Consortium (ERIC) based on the Council regulation (EC) No 723/2009<sup>9</sup> on health information as a viable, sustainable and comprehensive option for the future health information and monitoring system at EU level.

A number of delegations took the floor to stress the importance of continuing the work on European Core Health Indicators (ECHI), a need for comparative health data and a need for a common European system for health information. However, the MS were not convinced about the approach proposed by the Commission and whether this was the best solution.

Questioned raised:

- (a) the relations between EC (DG SANCO, DG RTD), the EUROSTAT and the ERIC;
- (b) the relations and cooperation with international organisations, such as OECD and WHO;

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<sup>8</sup> 12985/13

<sup>9</sup> OJ L 206, 8.8.2009

- (c) lack of clarity about the funding of proposed structure;
- (d) the importance of the participation by all Member States;
- (e) the need for an overall vision and political steering and monitoring.

The Commission clarified its objective in proposing an ERIC. It explained that ERIC would not be run by DG RTD, but by Member States. The intention is not to change data collection as it exists now in ESTAT, but ESTAT does not cover all 82 ECHI indicators. The discussion will continue in the Ad hoc Core working group and in the Expert Group on Health Information.

The Chair stressed on the importance of finding a sustainable mechanism for health information at EU level. The Commission should take into account MS comments and explore with the MS the feasibility of the proposed approach further.

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

The Commission reported on recent developments, namely on: the new the proposal for a Regulation on fees payable to the European Medicines Agency for the conduct of pharmacovigilance activities, the report on the Paediatric Regulation, the report on health inequalities in the European Union, European Reference Networks, the European Innovation Partnership on Active and Healthy Ageing and the review of the Data Protection legislation. The WPPHSL took note of this oral information from the Commission

### **4. THE ROLE OF THE EU IN INTERNATIONAL HEALTH FOR A: WHO RELATED MATTERS**

The Presidency debriefed on the 133rd session of the WHO Executive Board (EB), the 66<sup>th</sup> World Health Assembly as well as the Representation of EU Member States in WHO Governing bodies both at global and regional level.

## 5. INFORMAL MEETING OF EU MINISTERS OF HEALTH

Denmark presented a summary of replies by 19 Member States on a questionnaire on improving informal meetings of Health Ministers. It has been recognised that the organisation of the informal meetings of ministers, including the programme and choice of topics, is fully the prerogative of the Presidency.

It has been stressed that informal ministerial meetings mean a substantial investment by the Presidency-in-office, that should warrant ministerial level participation. Some ideas mentioned:

- informal ministerial meetings of health ministers should preferably not be held in July;
- limit the number of discussion topics and leave more flexibility for informal debates among ministers;
- possible better coherence and continuity of topics could be achieved for example through an coordinated approach within the Trio Presidency.

The Chair concluded that an informal background paper might be prepared in co-operation with the Greek Presidency for possible discussion at the next meeting in February 2014.

## 6. NEXT MEETING

The next meeting would be held in February 2014 under the Greek Presidency.