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From:	General Secretariat of the Council
To:	Delegations
Subject:	Working Party on Public Health at Senior Level on 17 November 2017

INTRODUCTION

The 19th meeting of the Working Party on Public Health at Senior Level ("WPPHSL") was chaired by Ms Maris Jesse, Deputy Secretary General on Health of the Ministry of Social Affairs of the Republic of Estonia.

1. ADOPTION OF THE AGENDA

The provisional agenda¹ was adopted with the addition of one information item under item 6 "Any other business":

- "White Paper on the Future of Europe": presentation by the Netherlands delegation.

¹ CM 4700/17.

2. TRIO WORK PROGRAMME FOR THE WPPHSL

The Presidency presented the programme set out in the Annex to doc. 13638/17. The previous work programmes² all covered three years, but in response to delegations that considered such period too long for a WPPHSL work programme to remain relevant, the EE-BG-AT Trio Presidency had chosen to propose a work program covering only the period until the end of 2018.

The Trio Presidency partners, BG and AT, underlined that while covering relevant topics, the programme also offers flexibility to adapt to any developments in the field of health that may occur in 2017 or 2018.

The WPPHSL took note of the Trio work programme.

3. PHARMACEUTICAL POLICY IN THE EU – CURRENT STATE AND FUTURE PERSPECTIVES

The Presidency presented to the WPPHSL the *Outcomes of the High Level Pharmaceutical Policy Meeting ("HLPPM")*³ organised by the Presidency and held in Tallinn on 4 and 5 September 2017 (see Annex to doc. 13664/17).

The HLPPM concentrated on two main themes: the *Long-Term Agenda for EU and Member States driven voluntary cooperation on pharmaceutical policy 2017-2020 ("the Long-Term Agenda")* and *Voluntary joint procurements and Member States collaboration*.

² Documents 9462/09, 14112/11 and 11262/14.

³ Following the adoption of the Council conclusions on *strengthening the balance in the pharmaceutical systems in the European Union and its Member States* on 17 June 2016 (OJ C 269, 23.7.2016, p. 31), high level representatives from the Member States responsible for pharmaceutical policy have met once during each Presidency.

On this occasion, the *Long-Term Agenda* was revised and the next steps needed to implement it were discussed. The *Long-Term Agenda* is intended to be a "living" document with flexibility enough to adapt to the evolving reality in the pharmaceutical sector. The coordination and monitoring of the implementation of that document is carried out through regular HLPPMs. Consecutive HLPPMs identified the following priorities for action: improving coordination of and cooperation on pharmaceutical policy at EU level; promoting voluntary cooperation between EU Member States; strengthening the EU regulatory framework in the field of pharmaceuticals; ensuring accessibility, availability and affordability of medicinal products for human use; improving research, monitoring, information exchange and evaluation; improving international cooperation in the field of pharmaceutical affairs.

In the context of the discussions on *Voluntary joint procurements and Member States collaboration*, the HLPPM had identified challenges and next steps towards enhanced collaboration between the Member States.

The Commission thoroughly presented initiatives already taken at EU level, with a special focus on strengthening cooperation on health technology assessment, the need to optimise existing regulatory mechanisms and the need for more synergy between different pharmaceutical policy aspects at EU and Member States' level. The Commission referred to the ongoing evaluations and studies to assess the economic and legal aspects related to incentives under relevant legislation, in particular the Regulations on Paediatric Medicines, Orphan Medicines and Advanced Therapy Medicinal Products, and the discussions at the expert group on Safe and Timely Access to Medicines for Patients ("STAMP") on improved implementation of EU pharmaceutical legislation and more effective use of existing regulatory tools. The Commission also supports the exchange of best practices among Member States on the implementation of the obligation to ensure a continuous supply of medicines and rules to prevent shortages due to parallel trade.

Most delegations welcomed the Presidency note on the work of the HLPPM and the extensive presentation by the Commission.

In response to the Presidency questions in document 13664/17 regarding the interaction between WPPHSL and the HLPPM and regarding new developments since the adoption of the 2016 Council conclusions:

- Most delegations welcomed the Long Term Agenda as a living document providing a framework for the Member States' driven cooperation. Most delegations considered that the WPPHSL, in its capacity to give guidance on EU health policy, should have an overview of the work of the HLPPM, in particular to provide input on the Long-Term Agenda and to the identification of the priorities for action from a broader health policy perspective.
- Some delegations considered that the HLPPM could be an adequate framework for coordinating and benefiting from the on-going work involving all stakeholders (policy-makers, competent authorities, industry, patients) and from the outcomes of different initiatives of voluntary cooperation amongst regional groups of Member States (Valletta, Visegrad, BeNeLuxA).
- Many delegations pointed to the importance of striking a balance between the need to support real innovation to meet unmet needs of patients – through financial incentives and relevant legislation – and to guarantee a sustained access to costly innovative medicines, while reducing inequalities within and among the Member States and not putting the sustainability of the health systems at risk. While delegations see an added value in different initiatives of voluntary cooperation amongst regional groups of Member States (Valletta, Visegrad, BeNeLuxA) in this regard, some delegations noted that the Commission also has an important role, especially in relation to ensuring that the EU legislative framework supports these goals.

The Presidency concluded that there was a clear signal from the delegations in favour of keeping pharmaceutical policy as an item on the agenda of the WPPHSL, allowing to update on the work of the HLPPM, thus providing the WPPHSL with an opportunity to give an input with regard to the Long-Term Agenda for cooperation on pharmaceutical policy and further collaboration among the Member States.

The Presidency reminded delegations that an exchange of views on pharmaceutical policy would take place at the Council (EPSCO) on 7 and 8 December 2017, on the basis of a background note from the Presidency.

4. HEALTH PRIORITIES AT EU AND INTERNATIONAL LEVEL (WHO AND OECD) – CURRENT STATE AND FUTURE PRIORITIES

The Presidency introduced the item on the basis of a Presidency note on this subject (see Annex to doc. 13666/17), mapping the topics discussed by EU Health ministers during the last years and the topics taken as priorities by the World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD).

Most delegations taking the floor agreed on three points: health priorities at EU level and international level (WHO, OECD) are in general well aligned; the EU should take a stronger, better-defined role at international level; and that duplication should be avoided when establishing EU positions in international organisations.

Further, some delegations pointed out that better intra-EU coordination would help to achieve a strengthening of the EU role at international level. Other delegations stressed the EU responsibility for global health policy and global cooperation as well as the need to provide more visibility for the EU role in this context.

As far as EU positions in international organisations are concerned, most delegations agreed that overlapping coordination of positions is not desirable, a clear distribution of tasks has to be agreed and coordination should follow Member States' needs. In this regard, some delegations saw the role of the WPPHSL in discussing trends and developments in health policy, while taking into account policy developments in other connected areas. Delegations also emphasised that the WPPHSL should be better informed of discussions in the WHO and OECD.

Many delegations listed topics which they would see as EU priorities at the international level. The topics most frequently mentioned were: antimicrobial resistance (AMR), access to medicines, cross-border health threats and preparedness, health determinants (nutrition, tobacco and alcohol use).

The Commission stressed that it agreed with the need to strengthen the EU role in setting the international health agenda and expressed its commitment to support Member States efforts in this regard. The Commission is participating in multilateral cooperation at the international level in particular in the following areas: International Health Regulations and preparedness for cross-border health threats, AMR, the Framework Convention for Tobacco Control, Pharmaceuticals and Medical Devices.

The Presidency observed that there is room for improvement in defining EU policy priorities at the international level and that the WPPHSL could continue these discussions at the forthcoming meetings. Better alignment of positions at international and EU level could benefit also by improved internal coordination in the Member States.

5. EU FUNDING IN THE FIELD OF HEALTH – FUTURE PRIORITIES

The Presidency briefly introduced this item referring to the background paper for discussion (see Annex to doc 13668/17).

Currently, the EU supports investments in the health sector through the European Structural and Investment Funds ("ESIF"), the European Fund for Strategic Investments ("EFSI"), the Structural Reform Support Programme ("SRSP"), Horizon 2020 – the EU Framework Programme for Research and Innovation ("H2020") and the Third Health Programme (2014-2020).

The Commission presented lessons learned from the current EU funding and outlined possible directions for the period post-2020, for example directing funding to achieving SDG goals, addressing health inequalities, supporting capacity building, health system reforms, deployment of new cost-effective technologies and new skills.

Delegations considered the discussion on future funding to be relevant and timely, stressing the importance of EU funds in supporting implementation of national strategies and the need for synergies between different programmes with a health dimension. Delegations further recognised that the Third Health Programme has given a valued support and the budget to be allocated to this specific programme could be increased.

Given the diversity of EU funding sources, some delegations considered it difficult to have the overview of available funding opportunities and possibilities of combining funds. Delegations stressed that the information should be more easily available and that common implementation rules and tools across different funding instruments (e.g. common participants' portal) could facilitate the process. In this context, it was also suggested that the Commission could consider creating a single "information hub" to obtain more adequate support on possible funding sources and on how to combine different funds in a complementary way.

With regard to the Third Health Programme, delegations commended the support to projects aimed in particular at preventing risk factors as well as projects in specific fields (mental health, oral health, etc.). They also observed that tackling inequalities in the field of health is a dimension that should be better integrated in the programme.

Concerning the priority areas for future investments, many delegations made reference to the need to focus on preventive measures, which prove to be less expensive than "reactive" treatments and to also support a strengthened workforce and enhance its capacities. Several Delegations considered that the WPPHSL is the adequate forum to discuss health priorities in the future funding programmes.

The Commission agreed with the need to keep this point in the agenda of the WPPHSL and expressed willingness to provide more information on this subject.

The Presidency concluded that Member States should make sure that health is represented in the best way in their internal national coordination on the preparation of the next multi-annual financial framework and that this item should be on the agenda of the following WPPHSL meetings to enable the Member States to exchange views and follow the different steps of establishing funding programmes with a bearing on health.

6. ANY OTHER BUSINESS

White Paper on the Future of Europe

The Netherlands delegation asked for a discussion at the next WPPHSL on the White Paper of the Future of Europe to prepare the contributions to the on-going general debate on the way forward with regard to EU health policy.

The Presidency agreed that the proposal from the Netherlands should be duly considered.

a) Health Systems Performance Assessment (HSPA)

Mr Daniel Reynders, Co-Chair of the HSPA Expert group presented briefly the activities carried-out and planned by the group. The group has worked on the primary healthcare report, which could be presented at the next meeting of the WPPHSL. For the years 2018-2019 work has been planned on efficiency and resilience of the health systems.

b) ERIC on Health Information and ERANET on Health System Research

The Commission provided updated information on the work carried-out and on the collaboration with the WHO and the OECD, especially in order to avoid increased data-gathering burden for Member States. Specifically, it informed that:

- a new Joint Action on Health Information will start at the beginning of 2018 and brings together 26 EU Member States and 4 EFTA countries. It is planned that work under this new Joint Action will help advance the ERIC on Health Information.
- in addition, the "TO-REACH" Coordination and Support Action is funded from H2020 to prepare a possible ERANET on Health System Research. TO-REACH will prepare a Strategic Research Agenda which is expected to be finalised by June 2018.

c) Steering Group on Health Promotion, Disease Prevention and Management of NCDs

The Commission provided an overview on the responsibilities of the newly established Steering group, which has the aim to help the Member States to fulfil the Sustainable Development Goals, by identifying Member States' public health needs and priorities and focusing on the implementation of best practices in those areas.

The Presidency recalled that this information will be provided to the Council (EPSCO) on 8 December under the AOB items.

d) Estonian Presidency events

The Presidency announced the future events which will be organised in the field of Health before the end of the year:

- AMR: One Health Action Plan and evidence-based policy-making on 23 November (Brussels);
 - Senior Level Policy Dialogue „Addressing HIV and TB Challenges: from Donor Support to Sustainable Health Systems“ 12-13 December (Tallinn).
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