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**NOTE**

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from :	Presidency
to :	Working Party on Public Health at Senior Level
Subject :	<b>The Council Working Party on Public Health at Senior Level: Multi-Annual Work Programme</b>

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At its meeting on 9 December 2008, the Working Party on Public Health at Senior Level agreed that a multi-annual work programme of the Working Party should be drafted by the current and upcoming Trio Presidencies (FR, CZ, SE, ES, BE and HU).

Following that agreement, delegations will find herewith the mentioned Work Programme as prepared by two Trio Presidencies in cooperation with the Commission and the General Secretariat of the Council. Those representatives also met to discuss this issue in March in Prague.

The Presidency submits the document, which would serve as a guidance for the future work of the Working Party, for endorsement by the Working Party at its meeting on 29 May 2009.

## General Overview

In **December 2007**, the Council adopted conclusions<sup>1</sup> welcoming the Commission's White Paper "**Together for Health - A Strategic Approach for the EU, 2008-2013**"<sup>2</sup> (hereinafter "EU Health Strategy"), and its approach based on shared values and principles as endorsed by the Council<sup>3</sup>, the relevance of health for the wider economy and social cohesion, the need to integrate health concerns into all policies and the EU's role in promoting global health.

The Council called upon the Member States and the Commission to work together towards the implementation of the EU Health Strategy, by jointly considering the principles and objectives outlined therein, with a view to determining priorities and developing actions that achieve European added value.

In the EU Health Strategy, the Commission foresaw setting up of a **new EU-level structured cooperation mechanism to advise the Commission and to promote coordination between the Member States**. This mechanism was to assist the Commission in identifying priorities, defining indicators, producing guidelines and recommendations, fostering exchange of good practice, and measuring progress.

After discussion on the shape of this mechanism and its working methods, the Council adopted in **June 2008 conclusions**<sup>4</sup> setting up a co-operation mechanism between the Council and the Commission for the implementation of the EU Health Strategy and mandating the '**Working Party on Public Health at Senior Level**' (hereinafter "Working Party") to be the main forum for discussion on strategic health issues, to identify priorities and objectives for EU health action, ways to implement them, and to assess the integration of health concerns in other policies.

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 prioritisation to the EU health policy and thus enable it to be more efficient and effective.

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<sup>1</sup> Doc. 16137/07

<sup>2</sup> COM(2007) 630 final, adopted on 23 October 2007

<sup>3</sup> Council Conclusions on common values and principles in European Union Health Systems (OJ C 146 of 22.06.2006, p.1).

<sup>4</sup> Doc. 16139/08

It is important that the Working Party identifies those health and health-related areas where cooperation at Community level can bring support and clear added value to the endeavours of the Member States to implement their own policies and strategic actions. It should analyse situations where Community policies and actions at Community level have the potential to significantly affect health determinants.

The Working party offers the possibility of working more effectively with and through existing procedures and structures, including those established by the Commission, whilst fully respecting the existing division of competences between the Commission, the Council and the Member States and in full compliance with the subsidiarity principle as regards the organisation of health systems.

The Council has invited the Member States to have **high level participation from capitals in the meetings of the Working Party**. Adequate representation will secure exercise of the strategic role of the Working Party in addressing, defining and oversight of EU health-related issues as well as ability to make political commitments and fulfil them at the national level.

## The Work Programme

### Background

The Working Party on Public Health at Senior Level under the revised mandate first met under the French Presidency on **December 9, 2008**. At this meeting its responsibilities and organisational aspects, as described above, were recalled and it was agreed that a **multi-annual work programme** of the Working Party should be drafted by the ongoing and upcoming Trio Presidencies (FR, CZ, SE, ES, BE, and HU).<sup>5</sup>

This Work Programme, as prepared by the current and upcoming Trio Presidencies in cooperation with the Commission and General Secretariat of the Council and submitted to the Working Party for endorsement, further elaborates on the working methods of the Working Party described in its mandate and outlines the agenda which should be followed at meetings.

**After 2011, the upcoming two Trio Presidencies are invited to assess the effectiveness of the working methods in place for the implementation of health strategies and policies and the "health in all policies" approach as defined herein** (and as also provided for in the mandate of the Working Party).

In **the Annex** the current and upcoming Presidencies in cooperation with the Commission have identified several areas from the EU Health Strategy, including suggested actions, which have not been implemented yet and where a more in-depth review could facilitate and steer their actual implementation.

This list takes into account the EU Health Strategy, the Commission's suggestions for areas to be explored in the future<sup>6</sup>, Resolution of the European Parliament of 9 October 2008 on the EU Health Strategy<sup>7</sup> and the Commission's Legislative and Work Programme 2009<sup>8</sup> as well as work being carried out within the framework of the Open Method of Co-ordination on Social Protection.

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<sup>5</sup> See outcome of proceedings in doc. 17565/08.

<sup>6</sup> Doc. 16144/08

<sup>7</sup> Doc. P6\_TA-PROV(2008)0477

<sup>8</sup> COM(2008) 712 final, adopted on November 5 2008

## Working Methods

According to its mandate, the Working Party reports to the Committee of Permanent Representatives (Coreper) in accordance with the Council's Rules of Procedure. At the same time, it will not be a parallel negotiating forum for specific proposals under discussion elsewhere in the Council.

Thus, besides providing regular information to the Council through outcomes of proceedings, it is possible for the Presidency to decide to submit to the Council, via Coreper, Working Party contributions to the Council's strategic debates and decisions.

The Working Party will meet at least once per Presidency, the number of meetings per one Presidency being subject to decision of the Presidency-in-office. However, contacts between individual meetings are encouraged to ensure continuity in communication and exchange of information, e.g. through a mailing list of the representatives.

The Working Party will ensure appropriate follow-up of its discussions and continuity between its meetings e.g. by briefly reviewing progress made (usually on the basis of notes prepared by the Commission).

As given in the mandate of the Working Party, experts from other EU institutions and international organisations may be invited to attend discussions on specific items. Therefore, the Chairman of the Social Protection Committee, EU agencies (ECDC, EMEA, EFSA, EMCDDA, Eurostat, etc.) as well as international organisations could be invited, on an *ad hoc* basis, to contribute. This would secure a horizontal nature of the discussion as well as shedding more light on issues that are not directly health-related.

The members of the Working Party will receive for its meetings discussion and/or information documents prepared by the Commission and/or the General Secretariat of the Council upon request of the Presidency-in-office;<sup>9</sup> it should be done at least three weeks ahead of the meeting. Additional documents could also come from the Presidency or other Member States.

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<sup>9</sup> In its Conclusions, the Council invites the Commission to provide technical input such as impact assessments, reports on the work of existing structures in the field of health, or methods and processes for strengthening intersectoral work for health, whereas the Council Secretariat is invited to prepare regular updates of the horizontal overview of relevant activities in different Council bodies as well as information about relevant outputs of other EU institutions, in particular the European Parliament and European Court of Justice.

Moreover, to help work to be taken forward on key strategic issues or future initiatives in more depth, the existing streamlined network of the Commission's bodies or the regular Public Health Working Party could conduct preparatory work for such discussions.

In addition to the EU Health Strategy, the activities of the Working Party should have a clear link to the Second Programme of Community Action in the Field of Health 2008-2013 so that activities, projects and programmes discussed and suggested by the Working Party could be implemented and financed by the Community under this Programme. In this respect, the Commission should point out possible synergies.

## AGENDA

Pursuant to the Council Conclusions, the discussion of the Working Party should be based on the following pillars:

- I. **general follow-up to the EU Health Strategy**: monitoring of the existing actions defined in the EU Health Strategy including horizontal scanning of ongoing health-related activities across all sectors of Community policies (based on the information from the Commission and the Council Secretariat). This session should also include review or follow-up to the Working Party's discussions as regards progress made between the meetings.
- II. **steering discussion on health or health-related issues in Europe with the aim to identify needs and gaps within the EU health policy**: this would include more in-depth review of selected topics related to the EU Health Strategy as well as discussion on issues of strategic importance which may not be necessarily based on the EU Health Strategy (based on information prepared by the Presidency-in-office and/or Commission, and, where appropriate, with contributions from Member States).

### *PILLAR I: GENERAL FOLLOW-UP TO THE EU HEALTH STRATEGY*

The Working Party will receive **information on the actual implementation of the EU Health Strategy, i.e. actions already undertaken by the Council as well as the ongoing work within the Commission's expert groups and committees.**

Within the regular Public Health Working Party, for instance, some work has already been started on several actions defined under four principles and three objectives of EU Health Strategy, e.g., under Objective 1, action in the field of rare diseases and organ donation and transplantations, or, under Objective 3, framework for safe, high quality and efficient health services.

Several actions have also been worked on by the Commission in its different expert groups or committees, e.g. action on cancer screening, actions on children's and young people's health, actions on tobacco, nutrition, alcohol and other (Objective 1), support for implementation and interoperability of e-health solutions in health systems (Objective 3), or health inequalities (Principle 1).

This information provided to the Working Party by the Commission could also include identification of possible problems or inconsistencies in these actions for further structured discussion or consultation (under Pillar II).

The monitoring of the Commission's activities should go hand in hand with information on the process of streamlining and rationalising of the Commission's existing health policy committees as envisaged by the Commission by 2010<sup>10</sup>.

In the context of the above, the Working Party will be also presented **information on contemporary health-related activities across all sectors of Community policies** (Principle 3 of the EU Health Strategy – Health in All Policies) as well as on **activities of the European Parliament and rulings of the European Court of Justice** relating to healthcare, and, possibly, also relevant infringement procedures. It will provide opportunity for exchange of views and ideas on the current developments and may include discussion on how to better implement the "health in all policies" approach.

This will be done on the basis of regular overviews prepared by the Commission and the Council Secretariat<sup>11</sup> and, where appropriate, of inputs from Member States.

#### ***PILLAR II: STEERING DISCUSSION ON HEALTH OR HEALTH-RELATED ISSUES IN EUROPE***

The Working Party will also be a **forum for free and open discussions on common strategic health and health-related issues**. It will reflect the need to exchange practices and ideas in a forward-looking manner and thus contribute to a strategic vision for health across Europe as such. It will include policy as well as horizontal issues, which have the top priority in the Member States. It will also include contributions to preparations for the Council's strategic debates and decisions.

The Working Party will thus launch a steering high-level discussion on the European health situation and cross-cutting issues: it will identify needs, gaps and issues which would benefit from stronger cooperation.

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<sup>10</sup> Doc. 16140/08

<sup>11</sup> An example of such an overview is doc. 16141/08 prepared by the General Secretariat of the Council.



The Working Party may discuss **problems or inconsistencies as regards already existing actions**, which have been identified by the Commission under Pillar I, and elaborate further on what **support and added value they bring to the Member States for their own policies and strategic actions**. If necessary, the Working Party could also discuss timing for implementation of these actions.

The Working Party may also **select specific priorities or issues contained in the EU Health Strategy for a more in-depth discussion on where (and/or if) strengthened cooperation is needed or where operational activities with a clear European added-value could follow**. This should offer the opportunity for Member States to discuss and share experience in a specific field as well as information on relevant national strategies on health.

These discussions will be clearly focused so that the Member States may actively contribute. They will aim at reaching a general consensus on specific measures which should be taken, reflecting the diversity of opinions of the Member States, their national strategies, possible actions to be taken by the Commission, resolutions of the European Parliament, and also, if relevant, rulings of the European Court of Justice. They should also receive a subsequent follow-up at the following meeting(s) of the Working Party in order to achieve operational results.<sup>12</sup>

The discussion may be followed or replaced by a discussion on **health-related issues in other Community policies**, i.e. those aspects that are not directly health-related but which have a significant impact on health and should be discussed at the Community level (such as environment, internal market, consumer protection, social affairs, budget, development, research). Thus the integration of health concerns into all Community policies, Member State and regional levels will be further strengthened.

The discussion could also be based on **unexpected health issues of great concern**, which will have arisen by individual meetings of the Working Party and where it would be necessary to discuss whether or how the EU would benefit from a joint approach (such as health-related impacts of an economic crisis, low production of radionuclides), without necessarily achieving operational results.

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<sup>12</sup> For more complex topics, it is also possible to select a joint topic within a Trio Presidency and discuss it in several subsequent meetings of the Working Party.

The Working Party will not be a parallel negotiating forum for specific proposals under discussion elsewhere in the Council. Also, as the issues under discussion should be of a long-term character, the priorities of the Presidency-in-office should not necessarily influence the agenda.

The Member States as well as the Commission are invited to take the Working Party's discussions into account while preparing actions on both the Community and national level. Once the objectives and priorities are fixed, the Working Party should identify ways to take them forward, while fully respecting national prerogatives.

**RECOMMENDATIONS BY THE TWO TRIO PRES AND THE COMMISSION ON SPECIFIC PRIORITIES AND ACTIONS FOR DISCUSSION**

<b>Priority area</b>	<b>Description</b>	<b>Actions to be discussed</b>
<b>Health is wealth</b>	According to Principle 2 of the EU Health Strategy, health is the greatest wealth. Healthy population is a prerequisite for economic productivity and prosperity - there is a clear linkage between health and economy related issues (such as work and employment, internal market, competition).	developing a programme of analytical studies of the economic relationships between health status, health investment and economic growth and development; providing input to revision of the Lisbon agenda (Lisbon Strategy for Growth and Jobs)
<b>Quality of healthcare and patients' safety</b>	To promote safe, high-quality and efficient healthcare is paramount for public health policies. Cooperation between Member States can bring significant added value.	sharing and dissemination of information about the provision and quality of healthcare, development of risk management in hospitals, reporting adverse events, respect of patient rights and patient centeredness, education, training and certification of health professionals, best practice and approaches to accreditation and certification of healthcare facilities and centres of reference, chronic disease management  discussions on the mandate for the Commission's Working Group on Patient Safety and Quality of Care

<b>Sustainability of health systems</b>	Health systems are under growing pressure to adapt to the needs of the ageing population and provide high-quality health services while ensuring their sustainability.	identifying common challenges and possible solutions at the EU level
<b>Inequalities in health</b>	Under Principle 1 (A Strategy Based on shared health values), the EU Health Strategy calls for an action to bridge the growing inequalities in health between and within Member States. Discussion on how to address them is needed. Action in this area would also require integration efforts e.g. within social, employment, regional, and gender equality.	identifying actions to tackle inequalities in health and help improve existing mechanisms for their monitoring.  discussing efficacy of existing actions plans, identifying best practices
<b>Health security</b>	Under Objective 2 of the EU Health Strategy (Protecting citizens from health threats), the EU should work towards strengthening mechanisms for surveillance and response to health threats. This should include discussions on the long-term solution for the Community framework for health security, taking into account the close relation of health security to other Community policies (such as civil protection, environment, transport, terrorism).	adapting the status of the Health Security Committee to the health challenges of the future, taking account of the mandate of the ECDC (as envisaged by the Council Conclusions of December 2008)
<b>Information on health at EU level</b>	For proper implementation of Principle 1 of the EU Health Strategy, a strong evidence-based policy is needed. Information should be comparable, addressing information gaps and matching policy needs.	developing a system of the Community health indicators with common mechanisms for collection of comparable health data at all levels

<p><b>Global health</b></p>	<p>As Principle 4 of the EU Health Strategy states, the Community can contribute to global health by sharing its values, experience and expertise, as well as by taking concrete steps to improve health.</p> <p>Better global health will help improve growth and prosperity in developing countries and better global health governance to address problems created by international movement of people, goods and services.</p> <p>This requires interaction of policy areas such as health, development cooperation, external action. Also coherence is needed to meet obligations under international law as well as strengthened coordination with international organisations.</p>	<p>enhancing the Community's status in international organisations (such as the WHO and other relevant UN agencies, OECD, Council of Europe) and strengthening cooperation on health with strategic partners and countries</p> <p>discussing adequate inclusion of health in the EU's external assistance and promoting implementation of international health agreements could be valuable contributions to Commission's activities in this field</p>
<p><b>Climate Change</b></p>	<p>As mentioned under Objective 2 of the EU Health Strategy, emerging health threats linked to the climate change should be discussed to address their potential impact on public health and healthcare systems.</p>	<p>discussing health aspects on adaptation to climate change</p>

<p><b>Information and communication technologies</b></p>	<p>According to Objective 3 of the EU Health Strategy (Supporting dynamic health systems and new technologies), new technologies have the potential to revolutionise healthcare and health systems and to contribute to their future sustainability.</p> <p>The use of innovation and technology for health purposes can save lives, improve the effectiveness of health system and support patients in chronic disease managing.</p>	<p>implementing e-health solutions in health systems, managing innovation in health systems, discussing the future of HTA in the context of international collaboration</p> <p>defining the direction in which the Community activities in this field should aim</p>
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