



EUROPEAN COMMISSION

HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

Document: Minutes of the fourth meeting of the High Level Group on 4 November 2004	
Date: 4/5/2005	Reference: HLG/2005/2
To: Members	From: Secretariat
Action: For information.	



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HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

Brussels, 4 April 2005
HLG/2005/2

**FOURTH MEETING OF THE HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL
CARE
4 NOVEMBER 2004, BRUSSELS**

Subject: Minutes of the meeting

1. WELCOME AND INTRODUCTION

Participants were welcomed to the fourth meeting of the High Level Group by the chairman, Mr Madelin. A list of participants is attached. The draft agenda (HLG/2004/20) was adopted as proposed.

2. MINUTES OF THE PREVIOUS MEETING

The draft minutes were adopted, including an amendment from the Netherlands (circulated as HLG/2004/19 REV1).

3. EXCHANGE OF VIEWS WITH MR MEADOWS, DIRECTOR-GENERAL OF THE REGIONAL POLICY DIRECTORATE-GENERAL

Mr Meadows outlined the extent to which health issues could be supported through the existing arrangements for the structural funds, and how this might be adapted in the future. The key point was that of course these funds needed to be focused on economic growth and development, and therefore projects investing in health had to be making a contribution on those terms, which was not always easy to demonstrate. However, there was scope to finance investment in health under the current funds, as the perhaps surprisingly wide range of existing health-related projects demonstrated. Moreover, this had the potential to expand with the revised arrangements under the new financial perspectives from 2007 onwards. However, in any event, it was essential for the countries and the regions concerned to themselves identify investment in health as being a priority.

In discussion, the following points were made:

- existing examples of health-related projects within Member States could provide a valuable source of ideas on which other Member States and the Commission could draw. It was agreed that it would be useful to share concrete examples with a view to sharing possible ideas in the future;

- several members highlighted links of particular areas of investment to overall economic growth and development, such as e-health and reducing inequalities in health. On poverty and health, Mr Meadows drew attention to the existing Urban Community Initiative, which the Commission intended to mainstream from 2007 onwards;
- the specific topic of health impact assessment of projects would be potentially useful to consider in more detail, perhaps drawing on the work being taken forward by the High Level Group and the High Level Committee on Health.

In conclusion, Mr Madelin thanked Mr Meadows for his presentation, which should be the start of a longer discussion on these issues in order to increase the potential for a Community contribution to health from these resources.

4. REVIEW OF PROGRESS IN WORKING GROUPS

Cross-border healthcare purchasing and provision

This working group had thoroughly reviewed and revised their contribution to the draft report of the High Level Group. Some aspects had been removed; although there might be utility in addressing concepts such as ‘undue delay’ at some stage, it was decided that it was premature to do so in this document. Several members emphasised the importance of addressing quality issues as part of cross-border healthcare purchasing and provisions, and how to address issues related to different standards in different countries. One suggestion was also to take into account the recent ISO standard on health systems and quality.

Health professionals

This working group did not meet, as the contribution for the draft report had already been prepared.

Centres of reference

This working group had somewhat revised both the summary for the report to the Council and their main documents, in order to keep options more open at this stage as to what approach to take for any European system of centres of reference. Quality issues had been included as part of these discussions.

Health technology assessment

This working group considered its work was complete with the finalisation of its contribution to the draft report, which could hopefully now be taken forward with support from the public health programme, and did not meet. However, it was emphasised that even with a European network in this area, it would remain up to the Member States to decide how any outputs on health technology assessment should be implemented in their system, and this should be clear in the text of the report.

Information and e-health

This working group had substantially reviewed the text of their contribution to the draft report to the Council. This set out a wide range of activities; it was suggested that in 2005 the working group should focus on a small number of priority topics.

Health impact assessment and health systems

The working group had condensed their longer document, but this longer document was nevertheless still useful and could be made available through the website. It was important to recognise the work already underway by international organisations such as the WHO and the OECD, for which the contribution from Hungary had been very useful. It would be useful to extend the network of health impact assessment contracts for the future, and to develop an instrument for health systems impact assessment which could be applied in practice. The Commission underlined the importance of this work to overall development of policy related to health and health systems, and offered to coordinate names for a network on these issues.

5. OUTLINE REPORT TO COUNCIL AND NEXT STEPS

The Commission had circulated a revised version of the report to the Council (HLG/2004/21). It was agreed that the secretariat would circulate an updated and shorter version reflecting changes discussed during this meeting, for rapid comments by delegations, and would consult with chairs of working groups if necessary to resolve any major outstanding issues. The final text would then be transmitted to the Council for discussion as an ‘other business’ item. Regarding the proposals for activities within the draft report, Mr Madelin clarified that the report was intended to reflect the views of the High Level Group, not of the Commission. Although the secretariat would have drawn attention to any elements which were deeply inadvisable or impractical, this report was nevertheless on behalf of the High Level Group and did not commit the Commission.

On future meetings, it was agreed that once the broad work-programme set out in the draft report was in place, the frequency of meetings of the High Level Group could be reduced to quarterly meetings (for which the secretariat would suggest dates). However, working groups should feel free to meet on different dates or more often, if appropriate for their work.

6. OTHER BUSINESS

Combating HIV/AIDS within the EU and its neighbourhood

The Commission (Ms Kokki) presented a paper on efforts to combat HIV/AIDS within the European Union and its neighbourhood (HLG/2004/22), and invited the High Level Group to consider whether and how it could contribute to this work on issues within its mandate related to health services and medical care. It was agreed that the High Level Group would consider these issues and would return to discuss the matter at its next meeting.

**Guidance note on health and long-term care policy statements for 2005
circulated to the Social Protection Committee**

This guidance note on health and long-term care policy statements for 2005 was discussed. The High Level Group agreed that they should be kept informed of relevant discussions on topics such as this in order to avoid overlaps. On this specific point, the High Level Group could return to consider progress on the open method of coordination on healthcare and long-term care in 2005 once the initial returns from Member States were available.

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HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

**Subject: Participants in the fourth meeting of the High Level Group, 4
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