EUROPEAN COMMISSION
HEALTH & CONSUMER PROTECTION
DIRECTORATE-GENERAL

Directorate G - Public Health

WORLD HEALTH ORGANIZATION
OFFICE AT THE EUROPEAN UNION

ORGANISATION MONDIALE DE LA SANTE
BUREAU AUPRES DE L'UNION EUROPEENNE

First Meeting of Senior Officials in the framework of the Exchange of Letters between the European Commission and WHO

Brussels, 24 October 2001

Minutes

1. OPENING OF THE MEETING AND ADOPTION OF THE AGENDA

F. Sauer opened the meeting and welcomed the participants.[1] W. Kreisel also welcomed the participants and informed them that a satisfactory solution to the legal problems with regard to contracts between the Commission and WHO had been found. They both underlined the importance of this first technical meeting between the two institutions as foreseen in the Exchange of Letters, designed to review subjects of importance to both the Commission and WHO.

The draft Agenda was adopted.

R. Coleman, Director General, DG Health and Consumer Protection, gave a short address during the meeting.

2. WORKSHOP ON COMMUNICABLE DISEASES

The following topics had been identified in order to structure discussions on this item of the agenda: Global and national surveillance, Alert and response networks, Antimicrobial resistance, International Health Regulations, and Bio-terrorism.

Presentations were given by D. Heymann (WHO), R. Haigh and A. Vanvossel (EC).

2.1. WHO Communicable diseases programmes-Collaboration with the EU (D. Heymann)

In his presentation, D. Heymann gave an overview of the global situation on communicable diseases, stressing that infectious and perinatal diseases are the leading

[1] Annex I: List of participants

causes of mortality. Six infectious diseases currently cause 90% of infectious disease mortality: acute respiratory infections, HIV/AIDS, diarrhoeal diseases, tuberculosis, malaria, and measles. Where vaccines are available for these diseases, extending their use is a major objective. The current priorities of WHO's Communicable Diseases Cluster are:

- to reduce the negative impact of malaria and tuberculosis through global partnership,
- to strengthen global and national surveillance and response to infectious diseases and antimicrobial resistance,
- to reduce the impact of other communicable diseases through intensified and routine prevention and control, and
- to continue research and development of new and improved technologies.

With regard to actions undertaken by WHO, he singled out the WHO Network of Networks (Global Outbreak Alert and response Network) which links formal and informal Networks. The EC is a founding partner of the Network. The Network is designed to respond to both emerging and re-emerging disease outbreaks as well as outbreaks or events caused by the deliberate use of Nuclear, Biological or Chemical agents (NBC, point 2.3).

He also referred to the WHO centre in Lyon, dedicated to improving training and laboratory infrastructure and epidemiological capacity in developing countries.

In relation to the revision of the International Health Regulations, he pointed out that their main objective remains to obtain maximum security against the international spread of infectious diseases with minimal interruption of travel and trade. It is the only international public health legislation applicable in 191 countries.

The challenges in the revision of the IHR are:

- to ensure reporting of public health risks that are of urgent international importance with recommendation of appropriate public health measures,
- to avoid stigmatisation and the negative impact connected to invalid reporting and
- to ensure that a pre-determined list of infectious diseases does not preclude reporting of new or re-emerging public health risks.

With regard to the existing co-operation and to potential areas of future co-operation with the EU, he mentioned common projects on high- mortality diseases, emerging and re-emerging diseases, as well as the revision of the IHR, and in particular the need to strengthen national surveillance systems and capacities to respond to outbreaks or unusual events.

2.2. European Network for surveillance and control of communicable diseases (R. Haigh)

R. Haigh gave a presentation on the development of the Network for the epidemiological surveillance and control of communicable diseases in the Community. He pointed out

that the Network has two key components which together form a comprehensive information and response system:

- the early warning and response system for the prevention and control of communicable diseases between designated authorities of the Member States and the Commission and
- the epidemiological surveillance of communicable diseases between designated national surveillance structures.

He also mentioned other tools developed by the Community in the communicable diseases area, including the Health Surveillance System for Communicable Diseases (HSSCD) within the European Public Health Information Network (EUPHIN) and the European Programme for Intervention Epidemiology Training (EPIET.

With regard to co-operation with WHO, he pointed out that the EC participates actively in WHO initiatives, including the Global Outbreak Alert and Response Network and the informal CCEE-Baltics communicable diseases network. At the same time WHO participates in the meetings of the EU Network. He stressed that the Community is ready to explore further areas of co-operation with WHO. This could cover areas such as training, surveillance, research and information.

2.3. A new Research Framework Programme designed to help realise the European Research Area (A. Vanvossel)

A. Vanvossel presented the new approach of the Community's forthcoming 6th Framework Programme for Research which aims to strengthen the European Research Area. The main principles underlying the new programme will be:

- greater concentration on a limited number of priorities having a strategic importance to the EU, focusing in particular on areas where EU action can add greatest value,
- more effective instruments to help structure and integrate European research, and
- simplified implementation, including larger long-term projects with more flexibility and autonomy for contractors.

He pointed out that it is envisaged that 60% of the total budget (17.5 billion Euro) will go to seven priority thematic areas of research. From a health point of view, the priorities on 'Genomics and biotechnology for health' and 'food and health' are of particular importance. Moreover, there will be funds for research in support of policy development. In these areas, the Commission's policy Directorates General will have a major role in deciding on priorities.

Within the 'Genomics and Biotechnology for Health' priority, actions envisaged will focus on two major areas;

- developing advanced genomics and fostering their applications in the biotechnology industry for health,
- combating the major diseases in Europe and developing countries.

In relation to communicable diseases, one area will include Poverty-Related Diseases, and will focus on building capabilities in HIV, Malaria and Tuberculosis research. In this context, a new Unit on AIDS and poverty-related diseases has been created in DG Research.

The adoption of the Framework Programme is expected for summer 2002.

Discussion

In the ensuing discussion S. Tyson (EC) informed the meeting about activities on poverty -related diseases in the context of the Community's development policy, emphasising in particular effective interventions, for instance access to essential drugs.

C. Morel (WHO) pointed out that genomics and biotechnology for health is an important area where both organisations could explore possibilities for engaging in collaborative work. He referred to the existing collaboration between WHO and the Commission's DG Research, including the networks to sequence the genome of five parasitic pathogens responsible for a major burden on health from tropical diseases and the global network to sequence the A.Gambiae genome. He proposed several areas for future collaboration on genomics and health:

- the ethical, legal and social aspects of genomics and biotechnology,
- sharing knowledge, expertise, and infrastructure of respective networks to foster development of new tools for disease control,
- fostering collaboration between the public and private sectors in genomics,
- research capacity building in HIV/AIDS, TB and malaria as well as for neglected diseases such as trypanosomiasis and leishmaniasis.

M. Pletschette (EC) stressed the importance of co-ordination of projects such as vaccine trials for Malaria, HIV/Aids or TB. In Africa this was achieved by assigning one single body to select possible vaccine candidates.

With regard to the IHR, D. Heymann raised the question of the EC's participation in the discussions and how this is linked to the participation of Member States. In response, R. Haigh said that depending on the timetable of the revision process the EC would seek a mandate from the Council to represent EU in areas of Community competence. D. Heymann pointed out that after the endorsement by the Executive Board in January 2002 a draft revised text would be ready by the end of 2002. By the end of 2003 it will be sent to WHO members for submission to the World Health Assembly in May 2004.

F. Sauer noted that the Commission intends to be fully involved in the revision process. The Commission therefore requires a clear indication of the timing of the process and of the next steps.

Bioterrorism

P. Vankerckhoven (EC) informed participants on developments in the civil protection area, in particular with regard to bio-terrorism:

- A Council Decision establishing a Community Mechanism to facilitate reinforced co-operation in Civil Protection assistance intervention has been adopted on 23rd of October 2001.
- At their extraordinary meeting on 20 September, the Ministers of Justice, Home Affairs and Civil Protection requested the Directors General of civil protection authorities to make preparations in case of major terrorist attacks inside or outside the European Union.
- At a meeting on 11-12 October, the Directors General adopted an action plan with a view to substantially reinforcing Community co-operation. The first actions, to be achieved before the end of October, include:
  - To set up a group of experts on nuclear, biological and chemical matters which would be operational around the clock.
  - To reinforce the Civil Protection network to so that it was able to react to any request. Whenever possible, national and Community structures will be interconnected by dedicated telephone lines.
  - To enhance inter-departmental co-operation at national and Community level, in order to pool information on stocks and production capacity of serums, vaccines, antibiotics and availability of hospitals, and to exchange information on early warning systems set up in the Member States.
  - To establish a systematic exchange of information on accidents.
  - To set up a Task Force of national experts which will reinforce the EC's Civil Protection Unit, in order to create the monitoring and information centre foreseen.

Community services are working together to ensure that all the knowledge and expertise available in public health networks can be put at the disposal of the Civil Protection authorities, when needed

Moreover, the Community arrangements for the early exchange of information in the event of a radiological emergency are in place and operational on a 24h basis.

In addition, the European Council at Ghent on 19 October asked the Commission to *"prepare a programme to improve co-operation between the Member States on the evaluation of risks, alerts and intervention, the storage of such means as well as covering the detection and identification of infectious and toxic agents plus the prevention and treatment of chemical and biological attacks"*.

M. Pletschette explained that the Commission had set up a working group together with the Russian Federation to accompany the process of converting existing capacities for producing nuclear energy and identify training needs. Further co-operation with the Russian Federation, including Early Warning Systems, is envisaged.

G. Rodier (WHO) mentioned that many WHO Member States, especially the developing countries, are asking for information on how to deal with bio-terrorism issues. He summarized the current status of the Global Outbreak Alert and Response Network (GOARN) which would meet with over 100 network members in Geneva (29-30 November). Clear rules have now been agreed to improve co-ordination and co-operation

on both response and alert mechanisms. Further strengthening of national capacities is needed to improve national preparedness and surveillance.

M. Danzon added that during the last meeting of the Chief Medical Officers of EU Member States, WHO had been asked for a contribution in this area.

Summary and Conclusions

The moderator, F. Sauer, summarised the discussion as follows.

1. Global and national surveillance. In a number of fields, effective co-operation already exists. This could be further developed in various areas: tuberculosis, malaria, AIDS/HIV, epidemic response, influenza, emerging and re-emerging diseases, antimicrobial resistance, imported and re-imported viral diseases, national capacity building concerning epidemiological surveillance and research.

2. Research. Co-operation under the proposed 6th EU Framework Programme for Research could include the following:
   - genomics and biotechnology for health
   - food safety and health aspects
   - sustainable development and global change
   - policy-orientated research

3. Alert and response network.
   Informal co-operation already exists for early warning and surveillance systems:
   - The EU is involved in the WHO global alert and response system, and WHO in the EU Network for surveillance and control of communicable diseases
   - This co-operation should be strengthened by continuing to participate in meetings of WHO and EU.

4. Antimicrobial resistance.
   Collaboration exists in relation to the European anti-microbial surveillance scheme (EARSS). Developing research projects under theme 1 of the proposed 6th EU Framework Programme for Research would also be useful.

5. International Health Regulations.
   The Commission will take part in negotiations on the revision of the IHR on behalf of the EU in areas of Community competence.

6. Bio-terrorism.
   The following areas of co-operation were suggested:
- to reinforce existing capacities to defeat health threats resulting from terrorist attacks
- to undertake close co-operation in training in the European region, linked to EPIET training courses
   - to strengthen co-operation on early warning and surveillance with the Russian Federation and Commonwealth of Independent States

F. Sauer suggested that on the basis of the inventory prepared by the EC and WHO on existing co-operation in the area of communicable diseases, a more detailed version should be prepared as soon as possible, including co-operation at global and regional levels.

HEALTH INFORMATION

The following topics were addressed under this agenda item: Review of concepts, activities and projects in the field of health information, future programmes and work, perspectives for co-operation.

Presentations were given by T. Piha (EC), M. de Smedt (Eurostat), A. Dumitrescu and S. Chatterji (WHO).

3.1. The health information system for the future EU action programme on public health (T. Piha)

T. Piha outlined plans for the health information strand. The information activities will consist of three pillars: data collection, information exchange mechanisms, and analysis and reporting. Actions will be based on experience of past activities, particularly under the Health Monitoring Programme. In addition, all strands of the public health programme will use the European Union Public Health Information Network (EUPHIN). This is a telematic network that supports current Community health information activities. It currently consists of systems on communicable diseases and for health monitoring.

The Commission services are studying approaches to further development. These include:

- defining clear and attainable aims for the different elements of the information system;
- turning the early warning system on communicable diseases into an integrated system for the management of public health threats;
- forming a one-stop portal to information for public health policy analysis and planning, and exploring options to provide health information to health professionals and the public; and
- strengthening co-operation with Community agencies; and international partners, particularly WHO and the Organisation for Economic Co-operation and Development (OECD), to improve data availability and comparability.

3.2. Activities of EUROSTAT on health and safety (M. De Smedt)

M. de Smedt outlined the activities of EUROSTAT on health and safety. EUROSTAT, as part of its remit to provide EC statistics, collects data on health and its determinants in the EU.

EUROSTAT's work on public health statistics currently concentrates on causes of death, health and health-related survey data, and links with disability and morbidity statistics and health care data. EUROSTAT disseminates information through its reference database New Cronos and publications. EUROSTAT works with Member States and international organisations. Its international partners include a WHO collaborating centre (INSERM) and OECD, as well as WHO.

In her view co-operation between international organisations in this area was best done by dividing the tasks between them in light of the best expertise. Data collection could be a joint exercise; analysis could also be a co-operative task, perhaps covered by specific agreements. In light of this EUROSTAT is already discussing with the WHO Regional Office for Europe how to obtain data from the candidate countries for accession to the EU.

3.3. WHO Regional Office for Europe: reorganisation of information activities and proposal for co-operation (A. Dumitrescu)

A. Dumitrescu mentioned that in response to changes in the information environment and the demands of its 51 Member States the Regional Office has developed a new strategy for its information activities, with two pillars:

- improving the relevance and quality of the information products that it uses and produces; and
- building a network to create and provide health evidence useful in policy-making.

Action on the first pillar includes establishing an internal policy and strategy for improvement, a body to make policy and decide on implementation, remodelling the Regional Office Website to increase user-friendliness, and action to integrate the different collections of statistical data. Products will be made more relevant by avoiding duplication and sharing work with other information producers in the European Region. Actions to ensure that the Regional Office uses the best scientific evidence includes reviving a committee to advise on health research and the appointment of a Regional Adviser for Evidence on Health Needs and Interventions.

The second pillar will comprise work to create a network to locate, interlink, process, and disseminate health information. This would require a co-ordinated effort from WHO Member States and national and international agencies (e.g. WHO Offices and Collaborating Centres, the World Bank, OECD) and must build on existing cross-border initiatives and effective partnerships. The network could: provide a knowledge management service for policy-makers in Member States; produce health information and evidence in selected areas; and offer technical support with health information and management systems in countries. The network would be demand-driven and adapt to changes in demands.

A. Dumitrescu also mentioned that the secretariat of the European Observatory on Health Care Systems would move from Copenhagen to Brussels in 2002.

3.3. WHO: increasing comparability to serve policy-makers (S. Chatterji)

S. Chatterji emphasised that problems with the comparability of data must be solved if useful information is to be supplied to policy-makers. Health information systems collect data on mortality and morbidity and on topics such as the use of, and expenditure on health care services. But inequalities in health, which was a critical issue, was seldom covered. In addition, the restricted coverage of such systems and their lack of a uniform framework for data collection limit their usefulness.

The need for comparable information lay behind the WHO health surveys programme. Its aim was to devise an instrument that examines mortality and ill health in a comparable way. Several modules have been developed – on health status, risk factors, the responsiveness, coverage and use of health care systems, access to services and expenditure on health care – and this work will be expanded to include the private and the public sector. The instrument will supplement existing systems in order to provide information useful for policy making. The challenge was to integrate it within existing systems and ultimately to create a global network.

Summary and Conclusions

M. Danzon, the moderator, summarised the discussions as follows.

1. Structural changes in the Commission and WHO open opportunities for greater co-operation on health information:
   - the Regional Office's proposal of a Health Evidence Network (HEN) to locate, reshape and provide relevant health information for decision-makers ;
   - the relocation of the secretariat of the European Observatory to Brussels in 2002; and
   - the steps the Community is taking to implement the new public health programme.
2. Several issues, related for example to client groups and their needs and satisfaction with services, require further exploration. Experts in measuring such aspects could be involved in this task. Nevertheless, the primary client group is policy-makers, rather than the general public.
3. As to services for the public, the question is the level of detail these should have. WHO's services to the public are indirect. The general public is not among the main audiences for the work of the Regional Office: these are policy-makers, informed people in the health and policy sectors (including NGOs and consumer groups) and journalists. An issue related to services for the public is the quality and reliability of Web-based health information.
4. An inventory of existing EC/WHO co-operation should be made and areas for further co-operation could be explored at a technical meeting, which the Regional Office is ready to host in the near future. This could cover issues such as: skills and capacity building at the European level, creating and using software, co-ordinating data

requests and channelling responses from countries, jointly developing indicators and classifications, and extending the current technical co-operation.

4. EXCHANGE OF VIEWS

4.1 Tobacco issues

4.1.1 EU Tobacco Control activities (W. Kamphausen)

W. Kamphausen explained that the Commission had obtained a mandate from the Council to negotiate the WHO Framework Convention on Tobacco Control (FCTC), on behalf of the Community. This covers all matters of Community competence, i.e. agriculture, smuggling, and taxation. With regard to the third round of negotiations, the Commission and the Council are preparing a Community position. The Commission agrees that the participation of developing countries should be supported, and that their capacity to implement the provisions of the Convention should be strengthened. With regard to tobacco legislation, he said that the Tobacco Product Directive (20011/37/EC) had been adopted by EP and Council on 5 June 2001 and will be effective from 30 September 2002. It recasts three previous Directives and foresees:

- modifications of the size and content of health warnings
- limitations of the tar, nicotine and carbon monoxide yields
- the prohibition of misleading descriptors ("mild", "light" etc.), as well as .
- follow-up measures, inter alia. a full-scale Directive on tobacco ingredients, by 2004;
    - four Commission Decisions/Regulations (on colour photographs, measurement methods, health warnings, marking/tracing) by 2003), and.
    - extensive monitoring and reporting.

The Commission adopted a new proposal for a Directive on tobacco advertising and sponsorship on 30 May 2001 to replace certain provisions of Directive 98/43/EC, which had been annulled by the ECJ. It is currently under discussion in the Council and in the EP.

A Commission Proposal for a Council Recommendation will include several elements concerning smoking prevention and initiatives to improve tobacco control, such as reducing the availability of tobacco products to children and adolescents, reducing certain types of indirect advertising, monitoring the promotional activities of industry, and improving the protection from the effects of passive smoking.

4.1.1 Tobacco Control in WHO and EU relations (V. Costa e Silva and H. Nikogosian)

V. Costa e Silva described collaboration between the EU and WHO on tobacco control, which has been steadily growing, and is of great value in relation to the FCTC. WHO attach considerable importance not only to the adoption of the Convention, but also to the development of national capacities for its implementation. She mentioned that WHO would welcome it if the Commission could provide support for a future session of the International Negotiating Body (INB). She further pointed out that a report on the influence of the tobacco industry on governments and the legislative process would be forthcoming, as requested by the World Health Assembly. This might be of interest to the Commission as well.

H. Nikogosian referred to two important events which will take place during 2002-2003:

- the WHO European Ministerial Conference for a Tobacco-free Europe to be held in Warsaw (18-19 February 2002), and
- the development, adoption and implementation of the 4th Action Plan for a Tobacco free Europe 2002-2006

With regard to the Ministerial Conference he expressed the hope that the Commission would nominate a high-level key-note speaker and be closely involved in the development of the Declaration. He pointed out that WHO would greatly welcome the co-operation of the Commission in the development of the 4th Action Plan. Moreover, he thought that both organisations could collaborate on the development of a European data base and surveillance system for tobacco control.

In the brief discussion F. Sauer pointed out that there was little chance that the Commission would fund a session of the INB since there was no legal basis to do so under the public health programmes. W. Kreisel welcomed in particular the positive stance of the Commission with regard to the possibilities for facilitating the participation of developing countries in the INB and the implementation of the FCTC later on.

4.2. Health and Environment

4.2.1. A Community Environment and Health Strategy (H. Martin)

H. Martin explained that, in line with the provisions of the Sixth Environment Action Programme (Article 6), the Commission is preparing a Community environment and health strategy to be presented in a Communication by the end of 2002. He set out the elements of the proposed strategy, stressing that its principal objectives are:

- to investigate the links between environment and human health, including the identification and assessment of sources, risks and cause-effect relationships.
- to develop a policy (with an integrated approach) which addresses these risks, including vulnerable groups, particularly children.

4.2.2 Environment and health activities (M. Seguinot)

M. Seguinot said that over the past three years, a Community action programme on pollution related diseases had been implemented. This aimed at the prevention of the most prevalent environmental diseases by providing information on environmental

diseases, knowledge and understanding of the health risks and management of the health risk of polluting substances. Additionally, a Council Recommendation limiting the exposure of the general public to electromagnetic fields had been adopted in 1999.

Furthermore, within the health determinant strand of the new public health programme environment and health is identified as a priority area of action. In this context environmental health determinants will be addressed though:

- the development of guidelines by Ministerial Conferences and the control of efficacy of national strategies and measures
- the control and identification of environment-related health risks, including implementation of prevention, information and management risk programmes
- the development of Community public health policies for the environment

He stressed that collaboration with WHO could be reinforced by using existing structures such as the European Environment and Health Committee and the WHO European Centre for Environment and Health (ECEH).

4.2.3. Collaboration between the EC and the WHO on environment and health matters (R. Bertollini; M. Younes)

R. Bertollini considered that co-operation between the EC and the WHO could be strengthened and extended.

In the past, WHO guidelines, e.g. on air quality, water quality, noise, chemicals, and radiation, had provided important input into the development of EU legislation. Interaction and synergy were also possible with regard to health impact assessment of major policies in other sectors, such as transport, which was an area of considerable importance also for the accession countries. Furthermore, WHO wished to involve the Commission more fully in the preparation and follow-up of the next Ministerial Conference on Environment and Health to be held in Budapest in 2004. The existing partnership in the preparatory process and the implementation phase following the Ministerial Conferences, e.g. in the framework of the EEHC, should be continued and strengthened to maximise the policy impact of the process

M. Younes set out a number of areas of work being carried out, including the production of environmental guidelines and standard setting, and the use of health impact assessment. He also mentioned the study of the environmental burden of disease as another field of possible common interest; it will be addressed by WHO amongst other areas in the next World Health Report which will focus more generally on health risks. There is ongoing work between the two institutions on risk assessment, e.g. in the area of radiation protection. WHO is very interested in extending the co-operation concerning the methodology of risk assessment and the application of the precautionary principle; risk management should determine the type and extent of risk assessment work

Referring to last year's successful joint seminar on environment and health, W. Kreisel, suggested that another similar meeting should take place once the new Community strategy on environment and health was sufficiently advanced.

4.3. Pharmaceuticals

4.3.1. G10 Medicines – High Level Group on Innovation and Provision of Medicines (F. Sauer)

F Sauer described the role of the G10 group, a high level group jointly chaired by Commissioners Liikanen and Byrne. In the context of the reform of the Community's pharmaceuticals policy, its remit is to develop proposals to improve the competitiveness of the European pharmaceutical industry, while ensuring a high level of health protection. The objective of the Group is therefore to review the extent to which current pharmaceutical, health and enterprise policies can achieve the twin goals of both encouraging innovation and competitiveness and ensuring satisfactory delivery of public health and social imperatives. The Group will report to back to President Prodi with concrete proposals by April 2002.

4.3.2. Reform of the EU Pharmaceutical Legislation (P. Brunet)

P. Brunet pointed out that in order to remove obstacles to the internal market in pharmaceuticals while ensuring a high level of public health protection, the Community has, since 1965, gradually developed a harmonised legislative framework for medical products. With a view to improve the authorisation procedures a new system had been established in 1995 based on two separate procedures for granting of marketing authorisation for a medical product: centralised and mutual recognition.

The Commission is now reviewing the existing system to optimise, simplify and rationalise the current regulatory processes. The reform is based on the need to continue to ensure a high level of public health protection for European citizens. It is also based on the requirement to complete the internal market for pharmaceutical products in a context that favours the competitiveness of the European pharmaceutical industry and meets the challenges of globalisation and the future enlargement of the EU. He stressed that the main aims of this reform are to find a better balance between the two regulatory procedures and to reinforce the scientific profile of the EMEA.

4.3.3 Pharmaceuticals – access to essential drugs (J. Quick)

J. Quick said that between 1977 and 1997, the number of people estimated to have regular access to medicines had increased from 2 to 4 billion. However, it is estimated that one third of the world population lacks regular access to essential drugs.
The WHO essential drugs and medicines strategy focuses on the following areas: national drug policies, access, quality and safety and rational use.
Sustainable improvements in access to essential drugs, especially for the poorest populations, depends on joint public and private action to achieve sensible drug selection and use, best prices, adequate financing and secure supply systems.

With regard to priorities for co-operation, he identified the following areas of work:

- At the global policy and technical guidance level: exchanging information on drug regulatory matters, indicators for country progress, implementing differential pricing, monitoring the impact of WTO policies and the TRIPS agreement, and the quality, efficacy and safety of traditional (herbal) medicines.
- At country support level: developing regional and country medicines networks; effective drug regulation - quality, safety, availability; drug financing- public financing, drug benefits; drug management capacity - procurement and distribution.

4.3.4. National policies on medicines in Europe (K. de Joncheere)

K. de Joncheere said that the challenges for pharmaceutical policies in Europe are to provide equitable access for patients to effective, safe and good quality medicines, enhancing appropriate use of medicines for better health outcomes and ensuring value for money, while balancing these objectives with industrial policy goals. Whereas collaboration had developed in the context of the Community's core areas of legislative responsibility (which includes the EMEA and covers now also the EU accession countries), cooperation in related areas, such as rational drug use, provision, pricing and reimbursement, had so far been limited.

WHO/EURO has started developing a network on the exchange of information and experiences on pharmaceutical policies on pricing, reimbursement and rational drug use strategies with the health authorities of countries in the WHO European Region (Pricing, Reimbursement and Information on Medicines in Europe Network, PRIME). This is in line with a recommendation put forward at the Conference on Medicinal Products and Public Health (Lisbon, 11-12 April 2000) and with the health information agenda. The network will concentrate on effective strategies for the rational use of medicines, reimbursement and pricing policies, economic evaluations of medicines, and a clearinghouse function.

5. PREPARATION OF THE NEXT HIGH LEVEL MEETING

The next High Level Meeting between WHO and the Commission in the framework of the Exchange of Letters will be held in Brussels on 24 April 2002.
The following topics of discussion have been proposed:

- communicable diseases, tobacco, health information, nutrition and food safety;
- In addition, possible further topics would be bio-terrorism, trade and health (pharmaceuticals, health services), ethics in health (e.g. research trials, biotechnology, vaccines, human genome), poverty and health, environment and health, and sustainable development.

The agenda for this meeting will be finalised at the next co-ordination meeting which will take place on 25 January 2002.

6. CONCLUDING REMARKS

F. Sauer, closing the meeting, thanked all participants for their contributions to this very successful meeting, it had demonstrated that the structures of co-operation created by the exchange of letters provide a sound basis for further improving the links between both organisations.

Enclosures

List of participants
List of meeting documents

ANNEX I

LIST OF PARTICIPANTS

1. WHO

WHO Headquarters

Dr D. Heymann	Executive Director, Communicable Diseases
Dr X. Leus	Director, Division of Cooperation and Communication
Dr C. Morel	Director, Communicable Diseases - Special Programme for Research and Training in Tropical Diseases
Dr G. Rodier	Director, Communicable Diseases - Surveillance and Response
Dr J. Quick	Director, Health Technology and Pharmaceuticals - Essential Drugs and Medicines Policy
Dr M.E. Luiza Da Costa e Silva	Project Coordinator, Tobacco Free Initiative
Dr S. Chatterji	Evidence and Information for Policy
Dr M. Grzemska	Stop TB Initiative
Mrs S. Block Tyrrell	Communicable Diseases, External Relations
Mr J. Schouten	Evidence and Information for Policy, External Relations
Dr M. Younes	Protection of the Human Environment

WHO/EURO

Dr M. Danzon	Regional Director
Dr R. Bertollini	Director, Division of Technical Support
Dr A. Dumitrescu	Director, Division of Information, Evidence and Communication
Dr K. De Joncheere	Regional Adviser, Health System Technology, Drugs and Quality
Dr B. Ganter	Head of Unit, Communicable Diseases
Dr Y. Charpak	Adviser to the Regional Director
Dr H. Nikogosian	Regional Adviser, Tobacco-free Europe
Mrs M. Stewart Burgher	Division of Information, Evidence and Communication
Dr Ph. Duprat	HEN - Advisor to the Regional Director

WHO Project Office, Lyon

Dr D. Buriot	Director

WHO Office at the European Union

Dr W. Kreisel	Executive Director
Dr A. Pinteaux	External Relations

Mr Ph. Stroot	External Relations and Media
Dr S. Zobrist	External Relations

2. EUROPEAN COMMISSION

Robert COLEMAN	Director General DG SANCO
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Bernard MERKEL	Head of unit SANCO/G1
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Ronald HAIGH	Head of unit SANCO/G4
Hervé MARTIN	Head of unit ENV C02
Philippe BRUNET	Head of unit ENTR F/02
Mikael SKALIOTIS	Head of unit ESTAT E/03
Stewart TYSON	DEV B/3
Patrick VANKERCKHOVEN	ENV B/04
Michael HÜBEL	SANCO G1
Tapani PIHA	SANCO/G3
Marc SEGUINOT	SANCO/G2
Harmut BUCHOW	SANCO/G4
Helmut WALERIUS	SANCO/G4
Marianne LAURIDSEN	SANCO A
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Jorge SAVIO	ENV C02
Alain VAN VOSSEL	Head of Unit RTD F/02
Michel PLETSCHETTE	RTD F/02
Fergal DONNELLY	RTD F/04
Mary FITZERALD	RTD F/02
Lena SUNDSTROM	TRADE F/04
Antonis LANARAS	SANCO/G1
Germain THINUS	SANCO/G1
Nadège LEPROVOST	SANCO/G1

ANNEX II

LIST OF MEETING DOCUMENTS

1. Fiches on communicable diseases: anti-microbial resistance, influenza, tuberculosis, reinforcement of networks, revision of International Health Regulations (SANCO G4)
2. Decision 2119/98/EC setting up a network for the epidemiological surveillance and control of communicable diseases in the Community
3. Decision 2000/57/EC on the early warning and response system for the prevention and control of communicable diseases
4. Decision 2000/96/EC on the communicable disease to be progressively covered by the community network
5. Communication from the Commission on a Community Strategy against Antimicrobial Resistance
6. Proposal for a Council Recommendation on the prudent use of antimicrobial agents in human medicine
7. A Community Strategy against Antimicrobial Resistance
8. DG RTD – Research activities related to communicable diseases
9. Defending Global Health Security: The role of systems for surveillance and response (WHO)
10. WHO Global Strategy for containment of antimicrobial resistance
11. Explanatory document on future EU public health information system
12. EUPHIN Newsletter
13. Statistics on health and Safety (EUROSTAT)
14. Health information used and provided by the WHO Regional Office for Europe: Strategic move for the future
15. Health Information Concept Paper (WHO/HQ)
16. Background note on tobacco SANCO G2
17. Briefing tobacco SANCO G2
18. Directive 2000/37/EC
19. Proposal for a tobacco advertising Directive
20. Joint document WHO/DG ENV
21. Background note on Environment and Health (SANCO G2)
22. G10 consultation paper
23. G10 Medicines SANCO G1
24. Comprehensive reform pharmaceutical legislation press release
25. Report experience granting marketing authorisations
26. Reform of EU pharmaceutical legislation
27. Pharmaceutical-access to essential medicines (WHO/HQ)
28. National Policies on Medicines in Europe (WHO/EURO)
29. Background note on co-operation between the EC and WHO
30. Inventory of collaboration (partially updated 11/10/2001)
31. Minutes of the 5 co-ordination meetings
32. Exchange of Letters between the European Commission and WHO
33. Common position of the new programme for Public Health