NOTE
from: Permanent Representatives Committee

to: Council

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Subject: EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS
EU COUNCIL MEETING ON 5 AND 6 DECEMBER 2007

EU Health Strategy
- Policy debate / Adoption of Council Conclusions
  [Public debate, pursuant to Article 8(3) CRP (proposed by the Presidency)]

1. At its meeting on 28 November 2007, the Permanent Representatives Committee examined the above-mentioned text proposed by the Presidency and agreed to transmit the draft conclusions as set out in the Annex to the Council.

2. The Council is invited to adopt the proposed draft conclusions.
Draft Council Conclusions on the Commission White Paper
"Together for Health: A Strategic Approach for the EU, 2008-2013"

THE COUNCIL OF THE EUROPEAN UNION

1. RECALLS that Article 152 of the Treaty establishing the European Communities states that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and initiatives, that the Community shall encourage cooperation between Member States, in the areas referred to in this Article, and that Member States shall, in liaison with the Commission, coordinate among themselves their policies and programmes, aimed at improving public health.

2. WELCOMES the agreement by Heads of State or of Government at the Lisbon Summit of 18 and 19 October reinforcing Treaty provisions on Member States’ health policy co-ordination, allowing for initiatives aimed at establishing guidelines, indicators, exchange of best practice and monitoring and evaluation of progress.¹

3. REFERS to the Ottawa Charter on Health Promotion², which advocated building healthy public policies and tackling health problems at their roots, i.e. via health determinants.

4. RECOGNISES that the EU is facing major health challenges, the most important of them being health gaps between and within Member States, changing health patterns with increasing levels of chronic and non-communicable diseases, ageing population, the mobility of health professionals and patients, patient safety, emerging public health threats, globalisation of health, rapid technological change and sustainability of health systems.

¹ Doc. CIG 1/1/07 REV 1.
² Ottawa Charter for Health Promotion, 1986.
5. UNDERLINES that the EU needs a Health Strategy, which respects common values and principles\(^3\), to help address these challenges. EMPHASISES that the Council envisages a comprehensive EU Health Strategy to address health promotion, disease prevention, health protection including health security as well as challenges to health system such as cross-border health care and patient safety. STRESSES that a Health Strategy needs to support the broader agenda of social cohesion, economic productivity and societal welfare.

6. WELCOMES, the Commission White Paper "Together for Health - A Strategic Approach for the EU, 2008-2013"\(^4\), and its approach based on shared values such as universality, solidarity and equity, building on the agreed common values and principles of health systems, the relevance given to 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. RECOGNISES that the White Paper reflects the results of wide public consultations, since 2004, which have supported its development.

7. RECALLS the contribution from previous Presidencies in fostering debate in Informal Meetings of health ministers, Presidency initiatives leading to Council Conclusions and information on themes and issues of critical relevance for the development of a EU Health Strategy (e.g. ageing and sustainability of health systems, inequities in health, gender, health threats, prevention, innovation and new technologies)\(^5\). WELCOMES the Portuguese Presidency Roundtable on Health Strategies as an important contribution towards shaping the White Paper and developing an EU Health Strategy.

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\(^3\) Council Conclusions on common values and principles in European Health Systems (OJ C 146 of 22.06.2006, p.1).


\(^5\) Docs 15163/04, 15087/05, 9658/06, 5862/07 and 14167/07.
8. EMPHASISES the importance of a Health in All Policies approach as stated in the Council Conclusions on Health in All Policies⁶. ACKNOWLEDGES, for this purpose, the potential of the European Commission’s Integrated Impact Assessment⁷ process and WELCOMES the Meeting on Health and Health Systems Impact Assessment, organised by the Portuguese Presidency, with the support of the Commission.

9. STRESSES the need to address inequities as an underlying theme.

10. NOTES that global migration and the resulting increasingly cultural diverse societies, present new challenges to public health and health care policies.

11. EMPHASISES the need to promote health and prevent disease in all age groups.
    HIGHLIGHTS the need to address key health determinants such as, nutrition, physical activity, alcohol, drugs, tobacco consumption and environmental risks, and take into account the role of gender, to help people age in good health and reduce the burden of chronic disease.
    STRESSES the need to promote health within the settings of everyday life, i.e. family, schools, workplace, and leisure places.

12. RECOGNISES the existence of new health threats and environmental risks, such as pandemics and climate change, and the need to strengthen EU work to address them. Nevertheless, EMPHASISES the need for the Strategy to tackle major communicable diseases (e.g. Tuberculosis, HIV/AIDS) and prevent non-communicable ones (e.g. cardiovascular, cancer and diabetes).

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⁶ Doc. 15487/06 (Presse 330)
13. RECOGNISES that health systems are under pressure to cope with the challenges they face. NOTES that new technologies can help increase their efficiency and effectiveness and secure their sustainability. STRESSES the need for assessing and promoting the appropriate use of technology for health purposes, and for reconciling innovation with public health needs, as well as the need for cost-effectiveness analysis and cost containment as regards health technologies.

14. EMPHASISES the need for investing in health and for recognising the role of health in achieving the objectives of the Lisbon Strategy. NOTES that population health contributes to competitiveness and prosperity, hence the importance of reviewing the evidence on health as a “productive” rather than a “spending” sector. Further NOTES that Healthy Life Years (HLY) is a structural indicator of the Lisbon Strategy, and that current projections show that increasing HLY can significantly contribute towards reducing healthcare costs and improving active working life, critical in an ageing Europe.

15. RECOGNISES important progress in global health issues through the EU's involvement in international agreements such as the Framework Convention on Tobacco Control and International Health Regulations. STRESSES the need to strengthen the health perspectives in EU external policies, including global health and for tackling issues related to the migration of health professionals, development aid in the field of health, trade in health products, and sharing EU health values with other countries.

16. UNDERLINES the need for effective implementation of the Strategy, based on close and structured dialogue with the Member States and civil society as well as on regular monitoring of the progress achieved.
17. RECOGNISES that the Second Programme for Community Action in the Field of Health for 2008-2013 will be a key financial instrument for the implementation of the Strategy. EMPHASISES the need for the Seventh Framework Programme for Research, alongside other relevant EU funding mechanisms (Regional Policy funding, the Safety and Health at Work Strategy 2007-2012, the European Action Plan for Ageing Well in the Information Society), to contribute to the implementation of the Strategy.

18. CALLS UPON THE MEMBER STATES AND THE COMMISSION TO

- Work together towards the implementation of the Strategy, by jointly considering the themes and principles outlined in the White Paper, with a view to determining priorities and developing actions that achieve European added value;

- Fully exploit existing funding mechanisms, referred above, for health related policies and programmes;

- Build upon existing work on health indicators and select and measure the relevant ones for monitoring and evaluation of the Health Strategy;

- Further develop and implement operational tools for Health Impact Assessment (HIA) and for Health Systems Impact Assessment (HSIA), carry forward practical exercises on HIA and on HSIA to foster cross-sectoral cooperation in policy-making and evaluation, and ensure follow-up of its implementation;

- Use the Strategy as a driver for encouraging and promoting national capacity building, in key areas for the implementation of the strategy (e.g. care for the ageing, health threats preparedness);

- Cooperate towards reducing the global deficit of health professionals, and its consequences on the sustainability of health systems.
19. CALLS UPON THE COMMISSION TO

- Ensure coherence between the implementation of actions under the Strategy and the procedures and financial mechanisms foreseen in the Second Programme for Community Action in the Field of Health and the other relevant EU funding mechanisms, referred to in paragraph 17;

- In the respect for the principles of subsidiarity and proportionality, and in close collaboration with Member States, develop and present to the Council, for discussion, options for a comprehensive and efficient implementation mechanism, rationalising and streamlining existing structures with the view of producing concrete added value for the Member States;

- Review and update as appropriate this Strategy and report to the Council on its implementation.

20. INVITES MEMBER STATES TO

- Take the EU Health Strategy's priority principles and themes into account when developing and implementing national health policy objectives;

- Work closely with the Commission to elaborate the necessary actions to implement the EU Health Strategy;

- Cooperate effectively, among Member States and with the Commission, in further discussing and implementing the Strategy, using existing-mechanisms, for an interim period, until a new implementation mechanism has been discussed and agreed upon.