1. At its meeting on 16 May 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.
THE COUNCIL OF THE EUROPEAN UNION

1. REAFFIRMS its endorsement of the "Statement on Common Values and Principles" in health care as expressed in the Council conclusions of 2 June 2006;

2. WELCOMES the Commission’s ongoing work on a Community framework for health services;

3. WELCOMES the numerous responses to the "Consultation regarding Community action on health services" and the summary report of the responses, as well as the broad approach for EU health policies as expressed by the notes of the consecutive EU Council Presidencies of Germany, Portugal and Slovenia set out in the Annex, as a good basis for further work;

4. INVITES the European Commission to ensure that these texts, along with the particular responses of the Member States, are taken into account when drafting specific proposals concerning health services and INVITES the Commission to come forward with specific proposals as soon as possible.

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1 10173/06.
Health care across Europe: Striving for added value

The purpose of these Notes is to provide some elements for debate with a view to shaping a wider vision on how health and health care policies should be taken forward at the EU level, building on the messages contained in last year’s statement by all the EU Health Ministers on Common Values and Principles.

Health promotion, prevention and research could all be part of this vision, which should set out other practical areas where there is real added value for further cooperation at the EU level. Patient mobility could be an initial practical example of how the ideas presented in the statement on Common Values and Principles could be applied in practice.

But in the long run, the aim should be to establish a real health policy for the EU based on such common principles and ensuring better health for our citizens through all policies.

1. Common Values and Principles

In June 2006 the EU Ministers for Health adopted Common Values and Principles that underpin all EU health care systems. The four overarching values are universality, access to high quality care, equity, and solidarity. At a more practical level, the six operative principles include quality, safety, care that is based on evidence and ethics, patient involvement, redress, and privacy and confidentiality. These Values and Principles guide our policy decisions, in taking the responsibility for our health care systems both within Member States and in the framework of their interactions across Europe. Though they are not easy to implement, these values should guide and are the basis for our socially-orientated health care policies and shape and reinforce the European Social Model. This paper is aimed at linking these Common Values and Principles with health policy priorities regarding health across Europe, for instance, in dealing with issues of cross-border health care.
2. National and European responsibility - unity in diversity

Health systems are a central part of Europe’s high levels of social protection and make a major contribution to social cohesion and social justice. In our capacity as Ministers of Health we are responsible for ensuring a high level of health care and access to health services, while guaranteeing the sustainability of our national health systems. Our responsibility is comprehensive - encompassing objective and evidence-based policies, involving objective transparent decisions on programming and planning of health care and delivery of health services as services of general interest.

Building infrastructure and human capital is a long-term endeavour requiring strategic planning. Specific attention should be paid to the responsibility for long-term and strategic planning of capacities and human resources, distribution and use of high-end medical equipment and policy decisions on access to new medical treatments, including pharmaceuticals.

Strategic planning should also consider the ongoing restructuring of health systems, translated into movements from in-patient to out-patient care and into innovation and technological changes result in evolving concepts of in-patient and out-patient care, with growing expansion of the latter. In this context the criteria for both, hospital and non-hospital care, as evolved by the European Court of Justice should be re-examined. Therefore the new framework should respect the basic features of health systems that use a referral process to provide access to specialized care.

Health policy is both a cross-sector and a cross-border responsibility, and therefore a joint commitment for all Member States. We continuously strive for community-wide convergence in standards of living. In terms of health care this means that we aim to enhance the standards of care we provide to our citizens with the goal of attaining the best possible level.
3. Common challenges

Member States are confronted with the need for sustainable growth and competitiveness in a context of globalisation and ageing population, innovation and knowledge management, well-informed and demanding citizens, competition and choice, while facing new challenges related to cross border care. Moreover, they face these challenges in a framework of diverse health resources in terms of capital and human resources. At the same time, the financial and material capacities and also the productivity of the systems differ considerably. What are the adequate incentives to ensure access, quality, universality and equity, without giving up our national sovereignty in managing our health care systems and their financing? Furthermore health care systems need protection against undesirable consequences of health tourism and excessive health care utilisation.

4. Politics first

We are determined to maintain the national competence for health care organisation. However, our common health care challenges call for a joint effort to identify viable political solutions.

In this regard, we should debate:
- What is the most appropriate level, what are the most appropriate tools to deal with adequate health across Europe and with cross-border issues of provision of health care?
- Which issues are best dealt with: (i) in a regulatory framework, (ii) on a bilateral or multilateral basis between Member States, (iii) and at an operational level?
- How and where can the Commission create clarity and legal certainty where it is deemed necessary?
- How can the Community add value while fully respecting the principle of subsidiarity?

5. Linking Values and policies

A patient-oriented health policy for Europe is a cross-sectoral challenge. Therefore we need political leadership with a clear vision that strikes a balance between individual and collective rights and respects the overarching value of equity and a strategy that generates prompt and visible benefits for our citizens.
In line with the value of access to good-quality care and the principle of patient safety, we can improve health care quality standards across the different health systems in the EU through the following:

- evidence-based medicine, health technology assessments, cost-benefit-analyses;
- ensuring that the public is clear about the entitlements deriving from Regulation (EEC) 1408/71 (e.g. European Health Insurance Card);
- epidemiological surveillance and control in cooperation with EU neighbouring states and international organisations; and
- securing access to life-saving drugs (e.g. for people living with HIV/AIDS).

In line with our values of equity, universality and solidarity, we aim to improve access to high-quality and specialized care for all citizens. This can be achieved through

- knowledge transfer and knowledge management;
- promoting European reference networks, particularly for rare diseases and
- looking for ways the Structural Funds can support improved health and health care.

6. Towards a value-added EU health policy agenda

Added value in health care can be realized through:

- monitoring patient mobility starting out from the assumption that health monitoring and data exchange are not ends in themselves, but prerequisites for evidence-based, objective health policy and high-quality of care;
- pursuing high quality standards across Europe; and
- funding of health research.
7. **Generating visible advantages for our citizens**

Prompt and visible advantages for our citizens can be generated through:

- promotion of networking aiming at cost-benefit-assessments of health care services;
- clarification of cost reimbursement for cross-border health care;
- more information for patients;
- health as a component of European cohesion policy - we suggest investigating opportunities to reinforce the use of resources provided by structural funds to improve health infrastructure; and
- promotion of cross-border co-operation in the health care sector (Euregio).

8. **Where support from the Commission is needed**

On the basis of our Common Values and Principles and a patient-orientated vision, we need to prioritize key policy issues of health care provision in Europe. While patient mobility constitutes one aspect of cross-border health care, it is closely related to a multitude of other issues (e.g. health infrastructure, human resources, quality). Recognizing the diversity of health systems, we deem it necessary to carry out a comparative analysis of the situation and the impact of these processes on some typical examples of national health systems, which operate in objectively different circumstances.

We need clear provision for cost reimbursement of cross-border health care. The case-law of the Court of Justice of the European Communities and the principles and conditions applicable to the reimbursement of health care abroad need to be codified and clarified in some respects. This should be performed in a way that ensures the coherence between different legal instruments.

In this regard we strongly suggest that the Commission present a broad framework on all of the above-mentioned issues, not just on patient mobility - with due acknowledgement of the Member States’ autonomy and sovereignty in determining the organisational and financial aspects of health care delivery, as well as the principle of subsidiarity.
9. **The way forward – making health care across the European Union an added value for European citizens**

Cross-border health care is not an end in itself. But we will make the best use of the opportunities of cross-border health services: to improve the health care for our citizens, to strengthen solidarity in the European Community, and to enable patients to benefit from the advantages of a joint Europe.

As mentioned above, we need a vision, which should set out areas where there is real added value from further cooperation at EU level, so that European citizens can gain in terms of increased mobility without questioning the sustainability of their own health systems. And we need to produce a clear roadmap to address all aspects of cross-border care. This should be done working jointly with key stakeholders as other European Commissioners, the European Parliament, NGOs, the private sector, etc.

Finally, we have focused in this Note on health care policy and cross-border-related issues, leaving, just for the near future, the debate on broader health issues, namely the proposed elements of a future health strategy in standby. These should, however, be kept in mind, as they must be closely interlinked.

We consider this a continuous process, aiming at a true health policy for the EU, to be clearly advanced during the period of our Presidencies.

Aachen, 20 April 2007