



NOTE OF THE MEETING

STEERING GROUP ON HEALTH PROMOTION, DISEASE PREVENTION AND MANAGEMENT OF NON-COMMUNICABLE DISEASES 7 JUNE 2019, BRUSSELS

Welcome and Introduction

The Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) held its third formal meeting on June.

The Deputy Director-General of DG Health and Food Safety (DG SANTE) chaired the meeting, which was attended by the representatives of 25 Member States and Norway.¹ The Chair welcomed the participants to the meeting.

Finland asked to have an information point under the Any Other Business to provide a resume of the Finnish presidency priorities. The SGPP adopted the agenda with this addition.

The SGPP adopted the draft rules of procedure, with remarks made by Germany and Belgium. The Chair suggested the SGPP would review the rules in one year's time as to check their relevance for the operational functioning of the group.

SGPP's role in the next Multiannual Financial Framework

The Chair reminded that the negotiations on the European Social Fund + in the Council and Parliament are ongoing. Consequently, in this phase the SGPP can only discuss and reflect on its potential role in the next Multiannual Financial Framework, but not decide on it. Building on the experience gained so far with the process of agreeing specific health priorities, selecting best practices, and implementing those practices Member States consider most useful, and supported via established EU level data and information processes, the SGPP could identify common challenges and themes for interested countries. This would enable the SGPP to work effectively on the strategic orientations,

¹ A number of Commission services including the Secretariat General and Directorates-General such as Agriculture and Rural Development; Communications Networks, Content and Technology; Economic and Financial Affairs; Employment, Social Affairs and Inclusion; Research and Innovation; the Structural Reform Support Service also attended the meeting. The European Investment Bank, the Joint Research Centre, the Consumers, Health, Agriculture and Food Executive Agency, the European Centre for Disease Prevention and Control, and the European Monitoring Centre for Drugs and Drug Addiction attended as well.

and develop an overview of national priorities so the most suitable financial instruments can be identified to support those priorities.

The Chair also mentioned that the Romanian Presidency prepared a background note on “Facilitating investments to transform and improve health systems” for the upcoming EPSCO Council on 14 June.

He concluded by stating priority setting is the first step in the preparation for strategic planning for health in different EU work programmes and funds (such as Horizon Europe, ESF+). The SGPP has a role to play in the 2021-2027 budget period.

Director for Public Health, Country Knowledge and Crisis Management presented the key elements for the planned framework. He stressed that the overall aim would be to ensure Member States have an overview of relevant health investment in the next MFF and available funding at EU level.

He underlined there are a number of sources of data and knowledge on health challenges including the outputs from the State of Health-cycle, the European Semester, and monitoring of internationally set targets for non-communicable diseases and the sustainable development goals. These information elements can be analysed and clustered around themes/countries with similar challenges. Member States facing similar challenges could then decide to work together to find suitable solutions. Evidently, not all countries have similar issues to address, and therefore a flexible and voluntary approach would be suitable.

He stressed this approach can be fine-tuned and changed, as it is not a legal proposal, but rather a suggested way forward to improve coordination between policies and funding. It is important for the next MFF that the SGPP will have an active role in identifying priorities so that the Commission can mobilize support for health investment across EU programmes.

Latvia asked to elaborate on the need to improve coordination between policies and funding. The Netherlands supported the idea of the strategic agenda in the future and highlighted the need for coordination between programmes and policies. It is also useful to cluster issues but there are also major cross-border challenges where all Member States could act jointly, such as such the AMR or dementia. Finally, he wondered if the methodology on marketplace and implementation was the right one, and questioned their benefit for his country.

Finland welcomed and supported the approach, mentioning that it is useful to have health as part of the ESF + as it can create links with social inclusion and employment/ skills. Finland also asked whether it would be beneficial to have a broader view at policies and actions to promote health across sectors instead of looking only at health services in the European Semester. In addition, Finland expressed willingness to engage in the preparations for the future in this context.

Germany stressed the need to address cross-border issues in the SGPP. He stated that there are some options to create groups of Member States in certain issues but there are pre-conditions for it. He reminded of their cautious position on the negotiations.

Malta said that the marketplaces had been beneficial for them, and it was a great opportunity to learn on the best practices before deciding which ones to implement at the national level.

The Chairman stressed that DG SANTE would like to get more clarity on the way forward for the SGPP by identifying of national and EU priorities. It is also important to have a broader view on to what extent we could have an ambitious agenda for the future MFF, and a strategic orientation for a systematic approach rather than trying to achieve a very far-reaching objective.

On the cross border solutions, he highlighted the importance of identifying national priorities and clustering, as they will also help us to address the issue of inequalities. AMR and dementia are important problems but clustering specific themes/topics will help us to fight also common challenge. Concerning the market place process, he suggested that countries, which do not necessarily need marketplaces every time, could help countries, which are trying to develop an intervention.

A representative of the Joint Research Centre reminded that the evaluation of the marketplace is a process of continuous improvement. He also gave the example of their last marketplace in mental health, which had received very positive feedback.

The Chairman then noted the need to take into account cross-border issues in the priority setting of the SGPP.

European Semester

The Chairman introduced the next agenda point by saying that DG SANTE would like to discuss with the SGPP how it can use the outputs from processes such as the European Semester better. He stressed that the SGPP's role is not to become engaged in the Semester process, but to focus on the outputs of the process.

A representative from the Secretariat General presented then the state of play on the European Semester. He spoke about the challenges for 2019, including the renewed link of the European Semester with EU funds in the forthcoming new Multiannual Financial Framework (MFF). He mentioned that this year the European Semester has an additional focus on investment needs (private and public) in the individual Member States. The idea is to guide programming and investment decisions including EU funds, for instance cohesion policy funds.

The Structural Reform Support Programme supports implementation of reforms including those mentioned in Country Specific Recommendations (CSRs). There is also a need to ensure a renewed focus on long-term growth and to shift priorities to reforms, which are forward-looking and to focus on sustainable and inclusive long-term growth.

He underlined the need to increase national ownership, beyond the usual expert circles. There are already some recent improvements such as greater opportunities for dialogue with national stakeholders. Nevertheless, the European Semester could be further improved to enhance the positive impact, and there is a need to consider a multiannual approach on CSRs.

A representative of DG SANTE also explained that the European Semester from the health policy perspective. Health policy plays a role because it is after pensions the biggest part of public expenditure (up to 15% of total public expenditure).

The health sector is also a key economic sector contributing to R&D and innovation, trade jobs and growth, and healthcare and public health are part of social protection and an investment in human capital and productivity. He said that low health status and access to healthcare are determinants of inequality, poverty and social exclusion. The conceptual framework for the analysis of health systems in the European Semester is the 2014 Commission Communication on effective, accessible and resilient health systems.

The speaker then referred to the new investment focus of the European Semester: the 2019 country reports identifying investment needs. A dedicated annex to each country report (known as Annex D) identifies the Commission's priorities for cohesion policy funds.

He confirmed that for a number of Member States, priorities for investment in health have been identified in these annexes. The Annexes D represents the Commissions' positions for the forthcoming negotiations between the Member States and the Commission on the priorities for future Cohesion Policy Funding. If and in how far health will be represented in the final outcome of the negotiations, will depend also on the respective Member State's own priorities and the overall negotiation process. If Ministries of Health have an interest in cohesion policy funding for the next MFF, they should liaise inside their government with the relevant services that lead the negotiations with the Commission.

The speaker also enumerated the 16 Member States with CSRs on health and health investment in 2019 (BG, CZ, IE, EL, CY, LV, LT, HU, MT, AT, PL, PT, RO, SI, SK, FI) and presented the main health issues in the CSRs.

Finland asked for a greater role of prevention issues in the European Semester.

Hungary asked about the relationship of Annex D and CSRs. DG SANTE replied that CSRs refer to general private and public investment needs including, as applicable, also the health sector.

The Chairman emphasized the possibility of an exchange of views, and to identify common challenges for a number of the Member States in their CSRs. This exchange could lead to identifying good practices in health reforms and spur mutual learning.

Country specific recommendations of fiscal sustainability of health systems

A representative from DG ECFIN set out how the Commission assesses fiscal sustainability of health systems in the European Semester and what is the role of Ministries of Health in implementing the CSRs. The Treaties and the Stability and Growth Pact fiscal rules set the requirements for the fiscal sustainability assessment in the EU. In the Semester 2019, there are 16 CSRs on healthcare: eight in fiscal sustainability grounds, seven on social protection (access) or investment.

The "Ageing Report", produced jointly by the European Commission and the EU Member States through the Ageing Working Group of the EPC projects the future public

expenditure on health care and long term care increase up to 2070 due to the expected ageing of the population and non-demographic factors such as technological progress.

These expenditure projections are then combined in the “Fiscal Sustainability analysis of the Commission” with income (economic growth) projections and public debt projections in order to assess the fiscal risk. Countries where health expenditure contributes significantly to the countries’ difficulty to reduce to their debt or to set their debt on an ever-expanding trajectory are candidates to receive a CSR on the fiscal sustainability of their health systems.

When a health system is assessed to be fiscally unsustainable and CSR is issued, the CSR and the underlying analysis (CSR recitals and, most importantly, the Country Report published by the Commission) set out possible structural reform options to make the health system more efficient, improving its fiscal sustainability while maintaining or improving quality of care. These types of reforms include core Ministry of Health policies such as integrating care, promoting primary care and prevention, ensuring pharmaceuticals are procured and used in the most efficient way etc.

The Chair concluded this agenda point and said that the SGPP will be informed also in the future on the Semester outcomes.

Annual work plan for 2020 under the health programme

The Chair recalled the joint meeting on 15 February with RTD’s Horizon 2020 Committee in Health configuration where the outline of the annual work plan for 2020 of the health programme was discussed.

A representative of Unit – Health programme and chronic diseases from DG SANTE presented thereafter the “Non-paper on potential priorities for the annual work programme for 2020” that was sent to the members of the Health Programme Committee and to the SGPP prior to the meeting. He informed that comments would be taken into account in the preparation of the Financing Decision.

The Member States welcomed the timely manner of process and consulting the SGPP at this stage. A number of countries made also suggestion for topics to be included in the strategic planning.

Update: health in the next Multiannual Financial Framework

- Planning for the next MFF

Representatives of DG SANTE presented the ‘ESI funds for health’ project, which had been financed under the Health Programme.² The project mapped over 7,000 health related projects in all Member States, by country and by six themes: (i) access to healthcare, (ii) reform of the health system, (iii) e-health, (iv) research and innovation,

² The project classified over 7000 health related projects in all Member State thematically and by country. It also assessed a range of 60 exemplary projects, which were presented during a series of workshops to exchange, learn and build networks.

(v) ageing and health promotion and (vi) health workforce. The ‘ESI funds for health’ project also assessed a range of 60 exemplary projects, which were presented during a series of workshops to exchange, learn and build networks. It also provided a final report with a set of findings and recommendations.

The ESI funds provide opportunities to pilot, scale up, support cross-country and cross-sectorial collaboration, and complement national funds. Involvement of network of relevant stakeholders in the project planning is a key success factor of many ESI funded projects. Better results are achieved if Member States ensure a coordinated and coherent approach to investment and not only a project-by-project approach.

The Cohesion Policy funds in 2021-2027 will support health systems and public health policies. The health authorities need to ensure that projects are part of a broader investment strategy and link to reform agenda. The strategy needs to address together human capital, services and infrastructure needs towards new curative and preventive care models.

DG SANTE explained the link between the Semester analysis and annex D prioritisation of investments potentially eligible for EU Cohesion policy funds. Participants were encouraged to reflect how the funds could match needs in the area of health and to use existing opportunities in the ongoing/future negotiations on the funds in the most efficient way.

DG SANTE also presented the health market study, which was carried out by the European Investment Advisory Hub. The study explored the landscape of health investments across Member States, identified investment needs and gaps, and provided a number of recommendations. The presentation showed what the study identified in terms of investment priorities and the actual health investments made in EU Member States. There is a limited connection between these two due to a lack of binding decisions, lags between the time at which investment priorities are declared and the period of actual implementation of projects, and the fact that priorities are not weighed by the capital intensity of investments. Recommendation from the study were presented regarding financing, strategic planning, technical assistance and health priorities for investment.

The representative of the European Investment Bank thanked the Member States for their contribution to the study and reminded that technical assistance could be structured on different directions, such as project technical assistance or financing assistance. Both will be for a specific project or programme, not for a country.

DG ECFIN added from their position that the European Investment Advisory Hub could help on projects also at a country level. In general, all levels of assistance are normally free of charge for public institutions.

Investment Plan for Europe and Support under the Next MFF/Invest EU – DG ECFIN and DG SANTE

Representatives of DG ECFIN and DG SANTE presented the three Pillars of the Investment Plan for Europe (Juncker-Plan) which include:

1. Mobilise finance for investments via the EFSI (European Fund for Strategic Investments)

2. Make finance reach the real economy (European Investment Project Portal, European Investment Advisory Hub)
3. Improve investment environment

Almost €400 billion have been mobilised so far of the €500 billion targeted, financing 47 projects in social infrastructure, including 15 in healthcare; in addition 20 Pharma/life science infrastructure projects. The Advisory Hub provides technical advice to investment projects seeking financing, and the Investment Project Portal is an accessible database bringing together projects and investors.

With regard to the Invest EU programme under next MFF (2021 – 2027) the aim is to mobilise public and private investments of up to €650 billion using guarantees from the EU budget. The speakers highlighted the opportunities within Invest EU for health investment including RDI in new effective healthcare products, health and long-term infrastructure, innovative health solutions and in relation to digitalisation, connectivity infrastructure and development of digital technologies and services.

- Structural Reform Support Service (SRSS)

A representative of the Structural Reform Support Service presented the next topic related to the planning for the next MFF, the Reform Support Programme.

SRSS is a Commission service with a mandate to:

- Support Member States with the preparation, design and implementation of growth-enhancing reforms.
- Provide tailor-made support on the ground
- Steer and coordinate technical support provided by the Commission

The main features of technical support provided by the SRSS/SRSP to Member States include that the requests require only a low administrative burden, the support is tailor-made and need-based, there is no need for co-financing and all reform stages are covered.

In relation to the main areas of SRSS healthcare projects, he highlighted the following;

- Health sector reform
- E-health
- Primary health care
- Public procurement in the health sector
- Health system performance assessment
- Public procurement in the health sector

He then moved on to the proposal for a new programme after 2020 – Reform Support Programme – which will have a bigger budget of €25 billion, which comprises the reform delivery tool, €22 billion; the technical support instrument, just under €1 billion and; the convergence facility, just over €2 billion.

The Chair thanked him and stressed that the SRSS will continue to be a key player also in the work of the SGPP.

- European Social Fund +-Health Strand

Director for Public Health informed the SGPP members on the state of play of the ESF+.

The Council has received favourably Article 29 of the Commission proposal. This Article introduces the role of the SGPP as a governance structure for the Health strand in the ESF+ and also, as a privileged channel for the health policy perspectives of other policies and support mechanisms in view of increasing the overall coordination and added value of the health related EU funds. However, the SGPP cannot replace the governance mechanisms of these EU Programmes.

For the Health strand in the ESF+, the Council has introduced a comitology procedure for the adoption of work Programmes. The Commission has notified its disagreement with this amendment. The trilogues for the negotiations on the ESF+ will start with the new Parliament.

Currently, DG SANTE is working on the strategic planning of the Health strand and identifying ways to create links with other Programmes. The intention is to present the draft strategic programming document to the SGPP for comments.

A dedicated space in the Health Policy Platform for targeted consultations with health stakeholders has been set up.

The Health Programme Conference planned for 30 September 2019 will also offer also the possibility to publicise the possibilities for mobilising and engaging different health stakeholders and civil society groups and citizens in the consultation process.

- Horizon Europe

The Chairman invited colleagues from DG SANTE and DG RTD to present the state of play related to Horizon Europe and in particular, the planning for the cancer mission and health partnerships. The SGPP members welcomed the wider scope and the new approach to partnerships, and stressed that it is important that Member States can actively participate in these initiatives. The role of the SGPP was also raised, and the Commission confirmed that it intends to use the SGPP as the main mechanism consulting health ministries on the wide range of initiatives and topics under the Horizon Europe.

Best practices and implementable research results

- Update on the best practice work

The Chair informed participants about the best practice marketplace on mental health that took place on 14-15 May 2019 at the JRC in Ispra. A video prepared from the marketplace was played.

Head of the health determinants and international health unit in DG SANTE informed on planned joint action on nutrition. This joint action will focus on adapting, replicating and implementing evaluated effective health interventions and best practices in the areas of food reformulation monitoring, public procurement of healthy food in public settings and framing of aggressive (online) marketing of foods high in fat, sugar and salt.

The financial support to the Joint Action provided by the Commission is 6 million EUR. After the adoption of the 2019 Work Programme of the Health Programme, DG SANTE organised a preparatory meeting for the Joint Action, which aimed to inform Member States about the supported areas, objectives and expected outcomes of the planned Joint Action.

On 18 June in Brussels, DG SANTE will organise another preparatory meeting for Member States' representatives and competent authorities to discuss the content of the respective WPs, future steps and any other issue related to the Joint Action. The CHAFEA Information Day will follow this for the nominated competent authorities on 24 June in Luxembourg.

The Chair then reminded the SGPP that the next marketplace takes place on 20 June 2019 in Brussels showing best practices collected from two open calls: one on healthy and sustainable food systems and the other one on actions conducive to reaching the SDG target 3.4.

- Outlook to potential future topics for best practice selection and implementation

The Chairman informed that DG SANTE would like to consult the SGPP on possible new topics for best practices. A colleague from the Crisis management and preparedness in health Unit, DG SANTE, presented a first potential topic related to best practices in view of how Member States incite parents to make their children have the second dose of the measles vaccine.

She reminded that the coverage rate required for herd immunity for the measles vaccine is 95 %. The measles vaccine is contained in the MMR (Measles, Mumps & Rubella) vaccine, which is normally included in childhood vaccination programmes in EU/EEA countries. An individual needs to receive two doses of the measles vaccine to be fully protected against measles. There is evidence that more countries achieve the target of 95 % coverage for the first dose than for the second dose of the measles vaccine. However, good/best practices exist in terms of incentive practices for the uptake of childhood vaccines, including the measles vaccine.

The SGPP agreed to explore best practices in the area of measles vaccination. The Chairman asked DG SANTE to liaise with the European Centre for Disease Prevention and Control in this matter as well.

Germany and Spain proposed patient safety as another topic to be taken up by the SGPP. The SGPP agreed that this could be a potential topic. The next step could be a webinar after the summer to discuss further details. This should include a discussion on possibly linking the patient safety work on antimicrobial resistance.

The Chair stressed that future work on patient safety should focus on practical work e.g. identifying most relevant best practices from the large amount of good practices identified by the previous joint action on patient safety. Finally, he invited SGPP members to inform the secretariat on the priority areas for patient safety to be addressed in the SGPP.

Updates on agreed policy action

1. Sustainability of Orphanet: next steps

Following up on agreed action at the SGPP meeting in February, the French SGPP member shared a document describing details of potential Member State contributions – either financially or in kind- to Orphanet's regular activities. She clarified the format of this draft – as an amendment to the already existing Network Agreement- was chosen for pragmatic reasons.

Head of Unit on the Health Programme and Chronic Diseases in DG SANTE presented the process so far and the planned next steps. In line with his proposal, the SGPP agreed the shared document would serve as a starting point for more in-depth exchanges between individual Member States and INSERM, and that analysis and fine-tuning should take place outside the SGPP, via a dedicated focus group to be chaired by France. Interested Member States would each nominate a representative to participate in the focus group that will aim to present a final draft document to the Steering Group no later than spring 2020. Following SGPP approval, the document would serve as a framework for 5-year bilateral agreements between INSERM and Member States' health ministries.

The Chair concluded by inviting interested Member States to put forward focus group nominations to the SGPP secretariat.

2. CHRODIS PLUS: up-date on planned structured dialogue

The Chair informed that following the presentation in the February SGPP meeting, the Italian Ministry of Health will report on the proceedings of the agreed SGPP cooperation with the CHRODIS PLUS Joint Action to draft “a consensus paper“ about European and multi-country collaboration on control of non-communicable diseases.

Italy invited the SGPP to comment on a draft survey by 21 June 2019. It focuses on policy issues as well as possible solutions, mainly based on the actions of CHRODIS PLUS. The survey will be launched for the SGPP members and the replies will support the drafting of the consensus statement that is one deliverable of the CHRODIS PLUS joint action. SGPP members are also invited to join Italy in the drafting phase.

Any other business

Nothing flagged; Finland had to leave before this agenda point.

Conclusions and next steps

The Chair thanked for the interesting discussions and remind on the Tartu Call for healthy lifestyles seminar with the three responsible Commissioners, namely Commissioner Navracsics, Commissioner Hogan and Commissioner Andriukaitis on 19 June. He reminded Member States to register for the marketplace on best practices conducive to reaching the Sustainable Development Goal 3, which will take place on 20 June. He concluded the meeting by reminding that the next meeting of the SGPP will be in November