



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management

## **Note of the meeting**

### **Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases**

**Tuesday 6 November 2018**

#### **Welcome and introduction by the chair**

The Chair welcomed the newly nominated members and observers of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) to the first formal meeting of the group. The Chair informed that as the SGPP is now a Commission expert group it has a more formal standing in its advisory role to the Commission.

He stressed that the Commission aims for the SGPP to function as a central hub on issues related to public health at the EU level as explained in its mandate, and to liaise all key Commission services relevant to health with this group for these matters. The Commission seeks to consult the SGPP on priorities and strategic objectives and implementation, and on the health policy perspective of other policies and support mechanisms.

He closed his introductory remarks by stressing that the SGPP is designed for decision-making and for each agenda point, the SGPP would be asked to either have an exchange of views or express an opinion. This way the SGPP can provide meaningful consultation on health policy against commonly agreed objectives. Following his introduction the SGPP adopted the draft agenda as proposed.

#### **Current and future EU presidencies' actions linked to the SGPP**

The Chair informed that the Austrian member of the SGPP had been excused, but a PowerPoint presentation on the Austrian presidency's activities related to health<sup>1</sup> was tabled at the meeting.

The Romanian SGPP member informed about the planning for the Romanian EU presidency in the first half of 2019. Romania would like to address anti-microbial resistance, vaccination, access to innovative drugs, cancer (including prevention and screening and perspectives from lower income countries), health registries, as well as e-health and digital health. Romania will also continue work on the health technology assessment proposal as necessary.

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<sup>1</sup> All presentations made at this meeting are available at the SANTE website: [https://ec.europa.eu/health/non\\_communicable\\_diseases/events/ev\\_201801106\\_en](https://ec.europa.eu/health/non_communicable_diseases/events/ev_201801106_en)

Then, the Finnish member of the SGPP informed on the planning of the Finnish Presidency of the EU, which will take place in the second half of 2019. She stressed that the final details of the programme of the Presidency will be decided following the outcome of the national elections in 2019. The 'economy of wellbeing' has been agreed as overall theme across the health and social sectors, working towards Council Conclusions in October 2018. This theme aims to connect wellbeing, health policy and economic perspectives, also linking with the SDG's. Examples of possible focus areas mentioned were: silver economy (a high level forum on this topic is foreseen), working life (also including a mental health perspective), and equity.

Following questions on whether social and health policies will be addressed under one common theme or be kept separate, the Finnish SGPP member clarified the intention is to adopt a horizontal approach. Finally, the Croatian member of the SGPP provided an outline of the Croatian presidency, which is planned for the first half of 2020. Priorities are still being discussed, but possible areas of interest include patient safety, transplantation and donation of tissues, cells and organs (on which theme Croatia is considering to organise a conference), and health care over the life course.

### **Cooperation with the Expert group on health information: SGPP exchange of views**

The Chairman pointed to the need of the SGPP for suitable indicators on SDG and WHO target implementation for each member state to facilitate priority setting. In this context, the Expert group on health information will provide advice on these indicators in a digestible format for future meetings. The group would also advise on how to monitor take up and impact of best practices and interventions which had been prioritised by the SGPP.

Various Member State representatives acknowledged the important work of the Expert group on health information and welcomed plans to improve the collaboration with the SGPP. The need to improve networking also at the national level was highlighted, and it was suggested that the SGPP secretariat would share the contact details of the expert group on health information members with the SGPP members.

The SGPP discussed what kind of information can be provided, how the data would be used and in particular, and what tools the Expert group on health information would have at its disposal for monitoring the implementation and scaling up of best practices, which is a key area of action for the SGPP.

Following this exchange of views, the Chairman concluded the SGPP will review and discuss proposals for taking this activity forward at a forthcoming meeting.

### **Rules of procedure of the SGPP**

Every Commission expert group is required to adopt a set of rules of procedure on its overall operation of the group. The draft rules were prepared based on a standard template provided by the Secretariat General of the Commission.

The draft rules of procedure were presented. This was followed by several clarifying questions and specific requests for modifications in relation to timing of documents to be sent out.

As one of the objectives of the SGPP is to facilitate collaboration between the Member States, it was stressed there should be enough time for national level consultation and coordination, and therefore the meeting documents should be provided to the SGPP members as soon as possible. Sometimes, however, there are constraints to keeping strict timetable and therefore the rules should be realistic.

The Chairman concluded by thanking everyone and noted that whilst the rules will need to follow the Commission wide model for such expert groups, the SGPP may review the rules in a year and then adapt them according to the experience gained. The SGPP secretariat will review and modify the rules of procedures based on the suggestions made by the SGPP members and circulate the revised set of rules of procedure through a written procedure for comments and agreement.

### **Proton therapy subgroup**

The Chair introduced the new Steering Group Subgroup on Proton Therapy Centres, reminding the SGPP that it had agreed the subgroup's establishment at its meeting in April this year. The mandate of the subgroup forms the basis for the objectives and planned outputs.

The Subgroup met for the first time on 22 October. DG SANTE and the European Investment Bank (EIB) jointly chaired the meeting. Representatives of 12 Member States, Norway and Iceland participated in the discussions, as did DG ENER and the Joint Research Centre.

Following these introductory remarks, the Head of the Life Sciences Division at the European Investment Bank (EIB) elaborated on the relevance of the subgroup's work and how it may support the Bank to ensure its lending strategy is based on the best available evidence. Against a backdrop of advancing technology but also limited evidence, the EIB is faced with increased demand for investment in these highly specialised and expensive facilities. The first subgroup meeting has now launched a fact-finding exercise on the current state of play of availability and use of proton therapy centres across the EU. Following its mandate, the subgroup will collect existing evidence to understand the current landscape.

In response to the contribution from the EIB, the Head of Unit Radiation Protection and Nuclear Safety, DG Energy, informed the SGPP that DG ENER is very pleased to be able to participate in this subgroup. Its work is relevant to DG ENER's objective to ensure a high level of health protection (from radiation) for workers and patients.

The Chair expressed his appreciation to the subgroup for its work. It is a concrete way to strengthen cooperation with the European Investment Bank, to explore how the SGPP can help guide EIB investment for health, and encourage alignment of investment with national health policy priorities.

A number of issues related to the role of doctors, national health technology assessment bodies, and reimbursement of costs were raised. The Chairman emphasised that the subgroup's mission is to gather expertise and support evidence-based decision-making. Organisation and financing of health care –as regards reimbursement of costs- are a matter for Member States.

## **Orphanet – proposal**

The Chairman introduced this item by highlighting the benefit of European collaboration in the area of rare diseases. As a result, the European Commission has supported many initiatives over the past years. The time has now come to reflect on a sustainable future for these initiatives, in particular for Orphanet -the European portal for rare diseases and orphan drugs. To help a first discussion, SGPP members have received a draft concept paper and a set of questions on Orphanet's future.

The French SGPP delegate and a representative from Inserm (the French National Institute of Health and Medical Research that jointly funds Orphanet's infrastructure and coordination activities, together with the French Directorate General for Health and the European Commission) then presented how Orphanet has developed over the past twenty years. Orphanet's activities can be structured in modular way, distinguishing core functions from national ones. All funding is currently project based. Information was shared on what these costs entail and four scenarios for future funding were presented, each with varying degrees of involvement and contributions from the European Commission, EU Member States and the French government.

The Chair then explained today's session is only meant to provide a first indication of Member States' interest in providing a realistic and sustainable contribution to the functions of Orphanet. Referring to the short questionnaire that had been sent out, he invited SGPP members for a brief tour de table.

Many SGPP members took the floor to express appreciation of Orphanet's work and the benefit of European efforts in the area of rare diseases. Several also expressed an interest in contributing to a more sustainable future for Orphanet, either through expertise in kind and/or a financial contribution. Various Member State representatives expressed a wish to have more opportunity for internal reflection before providing detailed answers.

The Chair closed the discussion by suggesting the SGPP secretariat will prepare an eSurvey based on the questions presented today and send it out to SGPP members. He encouraged all to ensure ample space for explaining answers as this will help both Orphanet and the Commission to develop a clear picture of both bottlenecks and opportunities. The results will be discussed at the next SGPP meeting.

## **FP7 / Horizon 2020 implementable research results**

Head of Unit E4 from DG RTD provided an update related to screening of implementable research results. She reminded that following the decision by the SGPP in April, DG RTD and DG SANTE have looked at a set of completed projects from the Horizon 2020 programme. The key aim is to identify research results, which have a potential to be implemented in the interested Member States with a high likelihood of having a positive impact on health.

As a next step DG RTD and DG SANTE could review the research results in the next priority area decided by the SGPP and provide relevant research results for the SGPP for the selection among the Member States (similarly to the process on best practices).

The Chair concluded this agenda point by agreeing that the next step should be in making the search strategy and use of relevant criteria operational by focusing on the next priority area of

the SGPP. This way there would be synergies between the best transfer of best practice and implementation of relevant research results.

### **Rare diseases registry platform and the role of Member States in its operations**

Head of Unit F1 from the Joint Research Centre and the Head of the team working on the Rare Disease Platform presented the new European Platform on Rare Diseases Registration. Following the presentation, the SGPP agreed that a revised set of questions would be sent to the Member States to rationalise and coordinate their involvement in the platform. This topic will be addressed at the next meeting of the SGPP when the platform will also be officially launched.

### **Update on the selection of best practices for annual work plan for 2019:**

Head of Unit C1, DG SANTE presented work carried out in 2018 regarding the selection of best practices in the field on nutrition and physical activity. The marketplace workshop on suggested best practices had taken place in March and after that the Member States had expressed their priorities among the best practices presented.

DG SANTE will make a proposal in the annual work plan 2019 implementing the 3rd Health Programme as to how the highest-ranking practices could be implemented in the interested Member States. DG SANTE clarified that also countries, which did not prioritize one of the now highest-ranking practices, could still express interest to join a possible action in 2019.

### **A proposal for the next priority areas**

As regards the next round of best practices, Member States had ranked mental health as the second priority among several suggested health topics (after nutrition and physical activity). As nutrition and physical had been the focus for selecting best practices for potential further implementation at national and regional levels in 2018, DG SANTE therefore suggested mental health as the next priority topic.

As none of the SGPP members objected this proposal, the SGPP decided that mental health would be the priority area for best practice selection in 2019. Existing practices collected under past projects and joint actions will form the basis of the first set of best practices to the SGPP at a future marketplace meeting. The Chair also reminded that mental health would then be also the topic for the screening of implementable research results.

A representative of unit B1 from DG SANTE made a presentation on the marketplace for best practices in 'digitally-enabled, integrated, person-centred care ', which is scheduled for 12-13 December and will be organised jointly with the JRC in Ispra, Italy.

The marketplace is related to the priorities in the Commission's Communication on "enabling the digital transformation of health and care in the Digital Single Market". An overview of the characteristics of the selected practices was given, in particular, on the aspects of care integration, the target groups and services, and the digital solutions applied. The SGPP members were reminded of the registration deadline for this marketplace event and the need to identify which best practices they would like to meet.

Following this presentation there were a number of questions related to the marketplace event. The Chair concluded by asking DG SANTE to inform the SGPP on the outcome of the marketplace.

## **Investing in health and the next multiannual financial framework**

### **1. Considering a strategic approach for future investments in health**

The Director for Health systems, medical products and innovation, DG SANTE, made a presentation about a 'Strategic approach for future investments in health'. The presentation emphasised the “essential pre-conditions” for the successful transformation of health systems at full scale: firstly, to help health stakeholders build the necessary knowledge and capacity to implement the reforms; and secondly, the need to mobilise investments to cover the set-up costs as well as costs during the transitional phase of reforms.

A number of financing instruments in the current Multi-annual Financial Framework (MFF) can support investments in health at various levels: R&D, pilots and implementation on the ground. The same is envisaged for the next MFF. Some of these programmes in the next MFF provide more than financing: they can also offer technical support for implementation, or advice for accessing and structuring the finance required for the actual implementation (e.g. the InvestEU and the Reform Support Programmes).

Nevertheless, having a range of financial instruments is not sufficient on its own. Health authorities need to prepare long-term investment strategies that aim at meeting all needs of their health reforms. These strategies should entail an integrated approach to investments and consider how to cover the needs for infrastructure, technologies and services together.

As there is no single financing programme that covers all these needs, health authorities have to combine various financial instruments and blend financing from various sources in order to meet their investment needs

This means that health authorities need to look beyond their national budgets and EU grants and (a) develop partnerships with new stakeholders and investors, such as National Promotional Banks, Economic Development Agencies and Social Impact Investors; and (b) learn to manage new financing instruments, such as social impact bonds.

Finally, the health stakeholders need to consider the contracting and payments models between health service providers and health service payers. Without these, or due to inappropriate contracting and payments models, the delivery of reformed health services may fail and the investments may be wasted.

### **2. European Social Fund +**

The Deputy Director-General from DG EMPL, A. Sukova, presented the Commission proposal for the European Social Fund Plus (ESF+).

She explained the overall proposal, and in particular, the health strand in the ESF+. The ESF, Youth Employment Initiative and the Fund for European Aid to the Most Deprived would be placed under shared management, the Employment and Social Innovation programme and the

Health programme would be under direct and indirect management. In this proposal, 413 million Euros would be reserved for the Health strand under the responsibility of DG SANTE, and this money would be ring-fenced.

Following her presentation, the SGPP members raised a number of questions related to the governance of the future ESF+ and the proposed role of the SGPP in that context. Article 29 of the ESF+ proposal was referred to in this aspect. There were also comments on the need to improve synergies between different programmes related to health and the SGPP was a welcome platform in this regard.

DG EMPL and DG SANTE stressed that the Commission does not propose a specific programme committee for the health strand, but, as stated in the ESF+ proposal, the aim is to improve the preparation of annual work plan by having the Member States involved earlier in the preparation through the SGPP and other relevant expert groups and committees. However, DG EMPL stressed that, as the ESF+ proposal is currently in the inter-institutional negotiations the discussion on this topic should take place in the relevant Council working parties and not in the SGPP.

In relation to the question regarding the link between the European Semester recommendations and health investment, DG EMPL replied that the next country reports are being prepared. It seems natural that the reports would provide indications as to where the investment gaps could be.

The Chair concluded the discussion by stressing that the SGPP will be kept informed on the planning for the ESF+ also in future meetings.

### **3. Horizon Europe – programme**

Head of Unit E4 from DG RTD updated the SGPP on the inter-institutional negotiations of Horizon Europe. The SGPP had discussed the proposal for the future programme at the extraordinary meeting of the SGPP on 28 September and therefore this agenda point was only for information.

### **4. Financing digital health**

Deputy Director- General from DG CNECT spoke about the digital transformation of health and care and what benefits it can have for the society as a whole and to the economies in particular.

The Commission will support Europe to transform its health and care systems and develop its role as a pioneer in the field of digital health using a range of EU financing instruments. Connecting Europe Facility 2 (CEF 2) will support the underlying infrastructure expansion and improvements. Investments in health and care systems will be possible in each of the Digital Europe Programme's five pillars (supercomputers, artificial intelligence, cybersecurity, advanced digital skills, and deployment in areas of public interest and interoperability). CEF investments in infrastructure directed towards health care-focused SMEs will also aim to make their innovative services available to more citizens across the EU.

The Commission has proposed a new programme, the Digital Europe Programme (DEP), to support digital transformation across public and private sectors in the EU, including the health and care sectors, in order to underpin the creation of Digital Single Market<sup>2</sup>. The DEP will support innovators, SMEs and providers, research and patient organisations and bring together the supply and demand side.

Each of the DEP's five pillars has a health and care dimension:

- (1) In the field of supercomputing, the aim is to support the development of the supercomputing facilities to analyse the vast data sets that can bring about research breakthroughs for example on personalised medicine. Investments can support modelling and analytics to improve patient care, predict disease onset and progression, and exploit big health data for improvements in treatment.
- (2) The DEP could finance support for the creation of common data spaces on which to apply artificial intelligence technologies such as machine learning, robotics and big data analytics for health and care purposes. The objective would be to create European health data sets that are trustworthy, safe and secure by, for example, linking national datasets. Such large data sets would allow the development and testing of state-of-the-art technologies to create new research findings for innovative treatments, or improve disease prevention techniques.
- (3) As regards the support investments in cybersecurity, this also has important relevance to the health sector given that it will be vital that health data sharing structures, and facilities such as hospitals where this electronic health records are stored, are secure and trustable.
- (4) For the digital transformation of health and care, it will be essential that the health care workforce are prepared to employ digital solutions so investments will need to be made in retraining and the application of digital skills.
- (5) The programme will also co-fund a number of initiatives that ensure interoperability, and digital health system architecture. It will support the development of the eHealth Digital Service Infrastructure and activities to improve the interoperability of health care data systems such as those for Electronic Health Records. The Commission will shortly come forward with a Recommendation to establish a format for European Electronic Health Record Exchange to elaborate the next steps in this area.

Finally, the DEP could also support networks of Digital Innovation Hubs that will facilitate the deployment of successful technologies in all regions of the EU.

## **5. The InvestEU Programme**

The Head of Unit DDG2.03 from DG ECFIN presented the InvestEU Programme. The Commission has proposed in the framework of the MFF package (2021-2027), a new fund to mobilise private and public investment up to EUR 650 billion through an EU budget

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<sup>2</sup> The Commission's agenda in this area is set out in the Communication on Digital Transformation of Health and care, which has the objectives to (i) improve citizens' access their health data, (ii) better health data available for research on topics such as personalised medicine and (iii) more citizen empowerment through scaling up of digital solutions for integrated care.

guarantee of EUR 38 billion. This new fund will build on the success of the Juncker Plan and the European Fund for Strategic Investments (EFSI) and against the background of large investment gaps in key areas of the future.

This InvestEU Fund will combine several centrally managed financial instruments and the EFSI into a single instrument covering several policy areas. It will also include a development support component on the development of investment projects in the EU.

The InvestEU Fund is not only a market-based and demand-driven but also a policy-driven instrument. Investments are managed and implemented on: sustainable infrastructure, research, innovation and digitisation (RTD), Small and medium enterprise promotion, and social investment and skills. The latter – in addition to RTD - will be of particular interest for the health sector, aiming at directing EUR 50 billion of investments into the entire social area. Already under the current EFSI, which is implemented by the European Investment Bank, important investments in the field of health have been supported via financial instruments, including loans and equity for hospitals, pharmaceutical research as well as for companies active in the social and health sector.

## **6. Health investments by the European Investment Bank**

Deputy Director-General of the European Investment Bank (EIB) presented the current health investments by the Bank as well as outlined the planning for the next MFF. He emphasised that the EIB's activities aim to translate EU policies into lending policies and to identify tailor-made solutions for Member States' investments. The EIB offers technical assistance and support work during the implementation of the projects.

## **7. Maximising synergies between EU funding programmes and policies**

In his intervention, Director for Public health, country knowledge and crisis management, from DG SANTE emphasised the need to break down silos between services and that the SGPP will focus on results and impact. He reminded that the SGPP was set up to support countries in reaching international health targets and, to advise the Commission on priorities in health promotion and non-communicable disease prevention. The SGPP has already shown its usefulness in providing additional political validation and prioritisation of the health areas that should be supported by EU instruments and in ensuring that effective interventions are widely used for the benefit of the citizens.

## **Conclusions and next steps**

The Chair said that the meeting had aimed at providing an overall picture of the toolbox, i.a. the funding instruments, which are available today and in the future. In future meetings the SGPP will zoom into particular subjects.

He reminded that the SGPP decided to prioritise mental health for the next round of best practices and for the screening of implementable research results. He stressed that the draft rules of procedure will be amended by the SGPP secretariat and will be sent together with the revised set of questions related to the Orphanet and Rare Disease Registries Platform in due time.

The Chair thanked the SGPP members, other Commission services, and the European Investment Bank for attending the meeting and for making the first formal meeting of the Steering Group on Promotion and Prevention a success.

He concluded by informing the SGPP that the next meeting will be a joint meeting with the Horizon2020 programme committee and the Steering Group on 13 February 2019 in Brussels. The agenda will be based on common areas of interest for the health ministries and research/science ministries. On 14 February, the following day, is the regular meeting of the Steering Group.