



**COUNCIL OF  
THE EUROPEAN UNION**



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## **PRESS RELEASE**

3095th Council meeting

### **Employment, Social Policy, Health and Consumer Affairs - Health issues**

Luxembourg, 6 June 2011

President

**Miklós RÉTHELYI**  
Minister for national resources

**Miklós SZÓCSKA**  
Minister of State for health

of Hungary

# **P R E S S**

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## **Main results of the Council**

*Ministers exchanged views on **childhood immunisation** and on **modern, responsive and sustainable health systems**, and adopted conclusions on the two items.*

*In addition, the Council adopted two further conclusions on:*

- the European pact for mental health and well-being and
- innovation in the medical device sector.

*Under any other business ministers took stock of the recent situation concerning the **E-coli disease outbreak**.*

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<sup>1</sup> Where declarations, conclusions or resolutions have been formally adopted by the Council, this is indicated in the heading for the item concerned and the text is placed between quotation marks. Documents for which references are given in the text are available on the Council's Internet site (<http://www.consilium.europa.eu>). Acts adopted with statements for the Council minutes which may be released to the public are indicated by an asterisk; these statements are available on the Council's Internet site or may be obtained from the Press Office.

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<b><u>Austria:</u></b> Mr Harald GÜNTHER	Deputy Permanent Representative
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**Slovakia:**

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Mr Jan Roland OLSSON

Deputy Permanent Representative

**United Kingdom:**

Mr Andy LEBRECHT

Deputy Permanent Representative

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**Commission:**

Mr John DALLI

Member

**ITEMS DEBATED****THE EUROPEAN PACT FOR MENTAL HEALTH AND WELL-BEING**

The Council adopted conclusions entitled "The European Pact for Mental Health and Well-being: results and future action"([10384/11](#)).

The conclusions are set to acknowledge the work that has been done under the European pact for mental health and well-being since June 2008<sup>1</sup> and invite member states and the Commission to continue their engagement in the treatment and prevention in the area of mental health and well-being. More specifically, the conclusions invite the member states and the Commission to set up a "joint action" on mental health and well-being under the EU public health programme 2008-2013 providing a platform for exchange of views, cooperation and coordination between member states. The Commission is called upon to submit a report on the outcomes of the joint action and consider which future policy actions could be taken as a follow-up to the European pact for mental health and well-being. The member states are urged to make mental health and well-being a priority of their health policies and to develop strategies and/or action plans on mental health.

The conclusions summarize the outcome of five thematic conferences on different aspects of mental health organised under the European pact for mental health and well-being in different European capitals from 2009 to 2011<sup>2</sup>.

According to estimations of the World Health Organisation (WHO) mental disorders affect every fourth citizen at least once during their life and can be found in more than 10% of the EU population during any given year. A Eurobarometer survey of October 2010 revealed that 15% of Europeans (i.e. one in seven) had sought professional help the year before because of psychological problems. According to Eurostat, suicide remains a significant cause of premature death in Europe, with over 50000 deaths a year in the EU.

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<sup>1</sup> The European pact for mental health and well-being was established at the conference "Together for Mental Health and Well-Being" held in Brussels on 13 June 2008.

<sup>2</sup> "Promotion of Mental Health and Well-being of Children and Young People – Making it Happen", Stockholm, 29-30 September 2009; "Prevention of Depression and Suicide – Making it Happen", Budapest, 10-11 December 2009; „Mental Health and Well-Being in Older People – Making it Happen", Madrid, 28-29 June 2010; "Promoting Social Inclusion and Combating Stigma for Better Mental Health and Well-being", Lisbon, 8-9 November 2010; "Promoting Mental Health and Well-being at Workplaces", Berlin, 3-4 March 2011.

## **INNOVATION IN THE MEDICAL DEVICE SECTOR**

The Council adopted conclusions on innovation in the medical device sector ([10391/11](#)).

The conclusions call upon member states and the Commission to take initiatives to promote innovative and user-friendly medical devices that focus on improving the health of patients and the well being of themselves and their relatives. The Council has also discussed the forthcoming review of the legislative framework for medical devices and has prepared a list of considerations that the Commission is invited to bear in mind when reviewing the three directives on medical devices.<sup>1</sup> The medical device sector in Europe comprises around 18000 small and medium-sized enterprises.

The Council conclusions were prepared as a follow-up to the high level health conference on innovation in medical technology held in Brussels on 22 March 2011.

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<sup>1</sup> These are directive 90/385 on the approximation of the member states' laws on active implantable medical devices, directive 93/42 on medical devices and directive 98/79 on *in vitro* diagnostic medical devices.

## **CHILDHOOD IMMUNISATION**

Ministers adopted conclusions on childhood immunisation ([10390/11](#)) and exchanged views on the re-emergence of measles in Europe.

Ministers expressed concern about the continuing outbreaks of measles in the EU and agreed that vaccination was the best and most effective means of combating this and other infectious diseases. Some of them also stressed the need to organise catch-up vaccination programmes for young adults and adolescents who have not been vaccinated during their childhood. Ministers considered that information campaigns could contribute to strengthening public confidence in vaccination and improving the measles vaccination coverage. This measure could be supplemented at EU level by an exchange of experience and of good practice.

Ministers highlighted the fact that the under-vaccinated persons are often found among anthroposophical communities, marginalised people and Roma, and that it was particularly difficult to convince such people of the vaccines' benefits.

Prior to the exchange of views Marc Sprenger, Director of the European Centre for Disease Prevention and Control (ECDC), gave a short presentation on measles and vaccination. According to Mr Sprenger the vaccines were victims of their own success; at a time when, thanks to vaccination, some important infectious diseases such as smallpox had been eradicated in the EU, some European citizens were more aware of the vaccines' side effects than of the diseases themselves. Due to a smaller than necessary vaccination coverage the target to eradicate measles and rubella by 2010 had been missed and postponed to 2015. Mr Sprenger stressed that measles was far from harmless, with around 20% of the infected people needing hospital care and some facing long-term disabilities or even death. He expressed the view that additional efforts were needed to meet this target.

In the conclusions ministers recalled that vaccination is the most effective and economical way of preventing infectious diseases and that vaccines have led to the control, lower incidence and even elimination of diseases in Europe that in the past resulted in death or disability for millions of people. The global eradication of smallpox and the elimination of poliomyelitis from most countries were cited as examples of successful vaccination programmes.

The conclusions invite member states and the Commission, among others, to take steps to strengthen member states' vaccination programmes, exchange information, increase vaccination coverage and promote children's vaccination programmes, and to establish, with support from the ECDC and the European Medicines Agency, a non-exhaustive list of elements suggested for inclusion in national, sub-national immunisation cards or health booklets.

The conclusions are based on the outcomes of the expert conference "For a Healthy Future of Our Children - Childhood Immunisation", held in Budapest on 3-4 March 2011. Childhood immunisation is one of the priorities of the Hungarian presidency.

On 16 September 2010 the WHO adopted a resolution on renewed commitment to the elimination of measles and rubella and prevention of congenital rubella syndrome by 2015 and sustained support for polio-free status in the WHO European region.

## **TOWARDS MODERN, RESPONSIVE AND SUSTAINABLE HEALTH SYSTEMS**

Ministers exchanged their views on the sustainability of health systems and adopted conclusions entitled "Towards modern, responsive and sustainable health systems" ([10392/11](#)).

Ministers considered that health constitutes an important precondition for a prosperous economy and should therefore be considered as an investment rather than solely as an expenditure item. They also expressed the view that despite the tightening resources equitable access to high quality health services should be maintained. Measures which have been taken or are currently considered in the member states in order to reach this target include, inter alia, the regulation of the pharmaceuticals sector, incentives for buying generic medicines, e-health-prescriptions and prevention. Ministers concurred that the EU wide reflection process initiated by the conclusions could assist member states to meet the challenges of the health systems by providing a basis for the exchange of information and best practices. Several ministers considered that the working party on public health at senior level was the right forum for this exchange.

In their conclusions ministers invited the member states and the Commission to initiate a reflection process under the auspices of the working party on public health at senior level to identify effective ways of investing in health, so as to pursue modern, sustainable and effective health systems. The Commission was urged to support the reflection process, to stress the major economic role of the health sector, aiming to shift health from being regarded as just an expenditure item to being acknowledged as a contributor to economic growth. The Commission should also provide effective tools and methodologies to member states for assessing the performance of health systems. Furthermore, ministers called upon the Commission to present regular reports to the Council to contribute to the reflection process; the first report should be submitted by the end of 2012.

The conclusions take into account, inter alia, the discussion at the informal meeting of ministers of health in Gödöllő on 4-5 April 2011 on "Patient and Professional Pathways in Europe- Investing in the health systems of the future". The theme of "modern, responsive and sustainable health systems" has been the priority theme for the Hungarian presidency in the field of public health.

## **ANY OTHER BUSINESS**

### **Conferences**

Hungary informed the Council about the following conferences organised during its presidency ([10869/11](#)):

- For a Healthy Future of Our Children – Childhood immunisation Conference (3-4 March 2011, Budapest)
- Ministerial eHealth Conference 2011 (10-12 May 2011, Budapest)
- Action for Prevention Conference (30-31 May 2011, Budapest)
- Injury prevention Conference (16-17 June 2011, Budapest)

### **Working party on public health at senior level**

The Hungarian presidency informed ministers about the outcome of the meeting of the working party on public health on senior level held on 18 March 2011 ([10768/11](#)).

### **Information on medicinal products**

The Commission briefed ministers on its revised proposals on the provision of information to patients on medicines subject to prescription ([10783/11 REV 1](#)).

### **Active and healthy ageing partnership**

The Commission informed ministers about the active and healthy ageing partnership ([10911/11](#)).

### **Mid-term evaluation of the EU health programme and the EU health strategy**

The Commission informed the Council on the mid-term evaluation of the EU health programme and the EU health strategy ([10769/11](#)).

**E-coli disease**

The Commission informed ministers about the latest but rapidly evolving situation concerning the E-coli disease outbreak and described the measures which it had taken so far (exchange of information in real time through the activation of the relevant network, scientific support from the European Centre for Disease Prevention and Control (ECDC) and the European Food Safety Agency (EFSA), and the provision of daily updates via internet). It also stressed the importance of rapidly identifying the source of the contamination. Several ministers took the floor and expressed their sympathy with the victims of the disease. Some of them also asked for strengthening of the coordination at European level in order to be better prepared for this kind of crisis in the future.

**Presentation of the work programme of the incoming presidency**

As the incoming presidency, the Polish delegation informed the ministers about its work programme.

**OTHER ITEMS APPROVED****SOCIAL POLICY****Coordination of social security systems - EU/European Economic Area**

The Council adopted a decision on the position to be taken by the European Union within the European Economic Area (EEA) joint committee concerning an amendment to annex VI (social security) and protocol 37 to the EEA agreement ([8900/11](#)). The decision is aimed at incorporating and extending relevant EU legislation on the coordination of social security systems in the EEA agreement.

**ECONOMIC AND FINANCIAL AFFAIRS****Access to data for scientific purposes**

The Council decided not to oppose the adoption by the Commission of a decision updating the list of bodies laid down in decision 2004/452/EC whose researchers could access confidential data for scientific purposes ([8890/11](#)).

The draft decision is subject to the regulatory procedure with scrutiny. This means that now the Council has given its consent, the Commission may adopt the decision, unless the European Parliament objects.

## **INTERNAL MARKET**

### **Textiles - Polypropylene/polyamide bicomponent**

The Council decided not to oppose the adoption by the Commission, for the purposes of adaptation to technical progress, of draft directives:

- adding the fibre polypropylene/polyamide bicomponent to the list of fibres set out in directive 2008/121/EC, which lays down rules governing the labelling or marking of products as regards their textile fibre content, in order to ensure that consumer interests are thereby protected ([8885/11](#)); and
- defining uniform test methods for polypropylene/polyamide bicomponent ([8888/11](#)).

The draft directives are subject to the regulatory procedure with scrutiny. This means that now that the Council has given its consent, the Commission may adopt them, unless the European Parliament objects.

## **CUSTOMS UNION**

### **Suspension of duties for certain types of monitors**

The Council adopted a regulation extending, for a period of six months, the suspension on duties for certain types of monitors that expired on 31 December 2010 ([10339/11](#)).

Council regulation 179/2009 suspended totally, for a period of two years, the autonomous common customs tariff duties for certain black and white or other monochrome monitors, and certain colour monitors using liquid crystal display technology. On economic and industrial policy grounds, it is in the interest of the Union to prolong the autonomous duty suspension retroactively as from 1 January 2011.