

Health priorities of the Polish presidency and the previous presidencies of the European Union – comparative analysis

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ABSTRACT

The presidency of the Council of the European Union is a period in which a member state presides over the meetings of the Council of the European Union. While holding the presidency, the state sets its priorities for activities in many areas, such as the social life of EU citizens and the functioning of the EU. Among these activities, there are health priorities that specify in detail the most important problems and goals connected with healthcare systems, the health status and health problems of EU citizens.

The aim of this article was to briefly present the health priorities of particular presidencies of the Council of the EU in the past few years and to present the goals of the Polish presidency in matters concerning healthcare and methods developed to reach these goals. The final part of the article discusses the similarities and differences between health priorities of the presidencies held before the Polish presidency.

Key words: health priorities, Polish presidency, European Union

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INTRODUCTION

The presidency of the Council of the European Union refers to a time period in which a particular member state chairs the meetings of the Council of the European Union. The given state also represents the Council in the international arena. This system was introduced in the time of the European Economic Community, and continued to be applied after the European Union was established in 1993 to this day.

The presidency is held by every member state of the European Union for a term of six months and rotates between the states in a previously established order (Table 1). In the past, a representative of the country currently holding the presidency was automatically the president of the European Council, and represented the Council on the international stage (Table 2). By virtue of the Treaty of Lisbon agreed upon in 2009, the presidency evolved into a mainly honorary institution. On January 1st 2010, the post of the president of the European Council (often referred to as the president of the EU) was introduced. Since then, the president has been chosen by representatives of all member states for a term of two and a half years.

The Treaty of Lisbon introduced changes and now the presidency has a group character, which means that it is held successively by three member states, the so-called presidency trio. Poland forms the presidency trio together with Denmark and Cyprus, and it held the presidency as the first country in the trio. The presidency is held by a particular country of the trio for six months. These countries are jointly responsible for the preparation of the programme for the Council and then mutual support in its realization. The main duties for the time of the presidency are the preparation, coordination and realization of activities conducted by the Council, its committees and working groups, as well as preparation of activities and cooperation with EU institutions within the framework of legislative procedures.

While holding the presidency of the Council of the EU, each country sets priorities for activities conducted in areas concerning the social life of EU residents and the functioning of the EU. Among these priorities there are health priorities which specify in detail the most important problems and goals connected with the functioning of healthcare systems as well as with the health status and health problems of EU residents.

The aim of this article was to briefly present the health priorities of particular presidencies of the Council of the EU in the past few years and to present the goals of the Polish presidency in matters concerning healthcare and methods developed to reach these goals.

Table 1. The EU presidency trios in 2010-2020

Trio 1	Spain Belgium Hungary	Jan 2010 – Jun 2011
Trio 2	Poland Denmark Cyprus	Jul 2011 – Dec 2012
Trio 3	Ireland Lithuania Greece	Jan 2013 – Jun 2014
Trio 4	Italy Latvia Luxembourg	Jul 2014 – Dec 2015
Trio 5	Netherlands Slovakia Malta	Jan 2016 – Jun 2017
Trio 6	United Kingdom Estonia Bulgaria	Jul 2017 – Dec 2018
Trio 7	Austria Romania Finland	Jan 2019 – Jun 2020

Source: own work based on <http://www.mg.gov.pl/prezydencja/trio+Prezydencji>, 12.07.20112.

In the final part of the article, similarities and differences between health priorities of the presidencies held before the Polish presidency are presented.

1. Health priorities of selected Presidencies of the Council of the European Union

1.1. Austria and Finland

Austria and Finland held the presidency of the Council of the EU in 2006. The main activities conducted by these countries, within the framework of health priorities, revolved around work on the regulation on medications used in paediatrics. The countries focused also on the review of the law concerning medical equipment and advanced therapies.

An important issue was the HIV/AIDS problem both in the EU and beyond its borders, as well as the analysis of this problem with regard to drug abuse. Communications on nutrition activity, physical activity and alcohol use strategies were prepared and published.

Attention was also drawn to the problems of mental health, diabetes among adults and women's health. The issues concerning health and safety at work were also raised [1].

Table 2. Countries holding the presidency in EEC/EU in 1958-2020

State holding the presidency of the Council 1958-1989			State holding the presidency of the Council 1990-2020		
Year	1 Jan – 30 Jun	1 Jul – 31 Dec	Year	1 Jan – 30 Jun	1 Jul – 31 Dec
1958	Belgium	Germany	1990	Ireland	Italy
1959	France	Italy	1991	Luxembourg	Netherlands
1960	Luxembourg	Netherlands	1992	Portugal	United Kingdom
1961	Belgium	Germany	1993	Denmark	Belgium
1962	France	Italy	1994	Greece	Germany
1963	Luxembourg	Netherlands	1995	France	Spain
1964	Belgium	Germany	1996	Italy	Ireland
1965	France	Italy	1997	Netherlands	Luxembourg
1966	Luxembourg	Netherlands	1998	United Kingdom	Austria
1967	Belgium	Germany	1999	Germany	Finland
1968	France	Italy	2000	Portugal	France
1969	Luxembourg	Netherlands	2001	Sweden	Belgium
1970	Belgium	Germany	2002	Spain	Denmark
1971	France	Italy	2003	Greece	Italy
1972	Luxembourg	Netherlands	2004	Ireland	Netherlands
1973	Belgium	Denmark	2005	Luxembourg	United Kingdom
1974	Germany	France	2006	Austria	Finland
1975	Ireland	Italy	2007	Germany	Portugal
1976	Luxembourg	Netherlands	2008	Slovenia	France
1977	United Kingdom	Belgium	2009	Czech Republic	Sweden
1978	Denmark	Germany	2010	Spain	Belgium
1979	France	Ireland	2011	Hungary	Poland
1980	Italy	Luxembourg	2012	Denmark	Cyprus
1981	Netherlands	United Kingdom	2013	Ireland	Lithuania
1982	Belgium	Denmark	2014	Greece	Italy
1983	Germany	Greece	2015	Latvia	Luxembourg
1984	France	Ireland	2016	Netherlands	Slovakia
1985	Italy	Luxembourg	2017	Malta	United Kingdom
1986	Netherlands	United Kingdom	2018	Estonia	Bulgaria
1987	Belgium	Denmark	2019	Austria	Romania
1988	Germany	Greece	2020	Finland	Germany
1989	Spain	France			

Source: own work based on <http://www.mg.gov.pl/prezydencja/trio+Prezydencji>, 12.07.20112.

1.2. Germany

The German presidency started in January 2007. One of Germany's health priorities was the changing demographic structure in the EU countries and the consequences thereof. One of the presidency's conclusions was that healthy lifestyle promotion is the key to improvement in EU residents' health and to a reduction in healthcare costs.

Additionally, due to the increase in the number of new HIV infections, preventive measures were focused on. Discussions were led to find methods to increase society's awareness of HIV/AIDS problems, control and prevention.

In the time of the German presidency, high standards of healthcare were set and it was decided that they would play a key role in the development of healthcare in Europe in the subsequent years. The main health priority of the presidency was the

standardization of legal regulations concerning healthcare in particular member states [2].

1.3. Slovenia

In the first half of 2008, Slovenia led the presidency of the Council of the EU. The most important issues for this presidency, as far as healthcare was concerned, were active health promotion, disease prevention and improvement in access to medical services in all member states. These problems were confronted in the face of problems such as an ageing society and differences in the health status of the EU citizens.

Additionally, because cancer became the main challenge for the European healthcare systems, the Slovenian presidency put a strong emphasis on the multilevel integration of activities conducted by individual countries to combat cancer in the European Union [3].

1.4. The Czech Republic

The Czech presidency in 2009 had much more developed health priorities than the previous presidencies. The following goals and scopes for action were listed:

- quality and safety of organ donation and transplantation,
- patient safety and the control of hospital-acquired infections, with special regard to antimicrobial resistance,
- financial balance of healthcare systems,
- e-health and telemedicine.

During the presidency, activities concerning the problem of the availability and safety of organs for donation and transplantation were undertaken. Some rules which guarantee a comprehensive framework for quality and safety with regard to the use of human organs in medicine were formulated to set common standards of quality and safety for organ transport and storage and for the notification of severe, undesirable occurrences.

The aim of the Czech presidency was to improve the situation of patients suffering from diseases and to improve their chances for receiving the appropriate healthcare and information.

The main purpose of the initiative concerning patient safety and the quality of healthcare was to provide support for member states to meet the standards of quality and safety in the EU healthcare systems, i.e. increase healthcare quality and patient safety continuously within the framework of country and regional systems.

Additional activities regarding the control of infections and the establishment of appropriate standards and preventive measures were conducted. In this respect, the control of antimicrobial resistance and infections acquired in the course of treatment was given priority. It was planned to set

recommendations concerning specific activities connected with antibiotics programmes in European hospitals and to establish proper support and funding models for these programmes to be operated by country governments and the payers of healthcare premiums.

It was established that the key factors which influence the expenses on healthcare were an ageing society, development and innovations in medicine and patients' growing expectations and demands. Therefore, the focus was shifted towards the establishment of financial stability and the analysis of the resources available for financing healthcare. It was noticed that within the scope of financing long-term care, it would be necessary to focus on the pressure resulting from the growing increase in the need for this type of care due to the negative demographic trends and the lack of entities providing such care.

Another goal set for the time of the presidency was to analyze the issue of improving the cooperation between the EU member states by improving the quality of healthcare with the help of telemedicine and strengthening the interoperability of the information systems in the healthcare sector. In February 2009, the topic of e-health was discussed at the ministerial conference organized in cooperation with the European Commission [4].

1.5. Sweden

In the second half of 2009, Sweden held the presidency of the Council of the EU. The key activity for this presidency, within the scope of health priorities, was the declaration of the importance of health and preventive measures in the life of every European.

Work on the directive on cross-border healthcare was initiated. The possibilities of searching for and acquiring healthcare became greater. An important issue was also reimbursement in the case of the use of medical services in a foreign European country. The development of e-health and telemedicine, as a continuation of the previous presidency, also constituted a significant concern.

It was noticed that Europe had to be ready to face health challenges of that time, in particular the more and more common bacterial resistance to antibiotics. This was an important issue because without the access to effective methods of treatment with antibiotics many diseases cannot be cured. Therefore, one of the goals of the presidency was to look for new methods of research on innovative antibiotics.

Another extremely important issue was the problem of counterfeit medications. More detailed regulations for medication packaging and proper package labelling were set to diminish the risk of obtaining counterfeit medications by a patient.

Alcohol abuse and strategies aimed at decreasing alcohol consumption and addiction prevention were also included in the programme.

As a continuation of the activities and goals set by the Czech presidency, the problem of the ageing of European society was addressed.

The ideas concerning how to secure a decent life for elderly people in the EU were discussed. The best solutions were sought for and an agreement between the member states was reached in the matter of providing dignified and healthy ageing for elderly people in the EU [5].

1.6. Spain

The year 2010 started with the Spanish presidency of the Council of the EU and with work on the directive on organ donation and transplantation. Special attention was drawn to the necessity of development of advanced treatment.

With regard to innovation in public health, the emphasis was put on the development of e-health, whose aim was to increase safety and effectiveness of treatment.

The necessity to strengthen the safety and quality of medications and to improve the monitoring systems of adverse reactions was also stressed. Another goal was to improve the safety system of pharmacotherapy. Various activities concerning rational use of antibiotics were conducted and initiatives aimed at combating trade of counterfeit medications were carried out.

Additional emphasis was placed on regulations referring to food safety and complete, reliable information on food packages. This problem was approached with regard to obesity and proper nutrition as a factor leading to obesity.

Special attention was drawn to the necessity of facilitating access to sport facilities and the promotion of physical activity in society as an important aspect of public health [6].

1.7. Belgium

The presidency in the second half of 2010 was held by Belgium. Health priorities included simultaneous management of threats to public health in all member states, especially in the face of a high incidence of different types of influenza, which was observable at that time. The focus was given mainly to the assessment of the incidence of avian influenza.

Moreover, work on the directive on cross-border healthcare in the European Union was continued.

Particular attention was devoted to questions posed by professionals from the healthcare sector concerning the identification of social factors of health, in order to combat cancer and chronic diseases more effectively.

Work on the following issues was continued: monitoring systems for adverse drug reactions, improvement of drug packages to provide the best information about drug dosage and other matters connected with the use of a given medication.

Additionally, a wide range of international conferences were held and their topics covered problems and challenges in the European health sector and ways of solving these problems. One of the conferences was the Conference on the Framework Convention on Tobacco Control [7].

1.8. Hungary

The Polish presidency of the Council of the European Union in 2011 was preceded by the Hungarian presidency.

Within the scope of healthcare, the main goal of the presidency was work on the so-called sustainable healthcare systems in the EU. The idea behind these systems is that all member states face the same challenges, although at different levels. These challenges are the economic crisis, an ageing society, shortage in health professionals, etc. Therefore, the Hungarian presidency was focused on:

- investment in healthcare systems through the support of new solutions which increase healthcare effectiveness and develop systems based on the idea of e-health,
- work on the pharmaceutical package – in this respect the presidency's goal was to reach a political agreement on the project, whose aim was to provide patients with information on prescription-only-medicines,
- safety measures for the event of the pandemic of avian influenza and cross-border childhood immunization;
- evaluation of the Public Healthcare Programme and the support of the initiatives of the EU and member states concerning mental health.

Additionally, a debate on demographic tendencies was organized and the introduction of the European Family Year was suggested. The initiatives connected with the ageing of society were supported, and the European Pact for Gender Equality was renewed [8].

2. Health priorities of the Polish Presidency of the Council of the European Union

At the press conference organized on May 11th 2011, the Polish health minister, Ewa Kopacz, presented the health priorities of the Polish presidency of the Council of the European Union. These priorities were divided into two main groups:

- reduction of the differences in health status between European countries,
- prevention of brain and neurodegenerative diseases, including Alzheimer's disease.

2.1. Reduction of the differences in health status between European countries

With regard to the first group of priorities Poland focused on three issues:

- a) reduction of the differences in health status of the EU countries through activities based on health determinants, especially proper nutrition and physical activity;
- b) prevention and control of respiratory diseases among children;
- c) prevention and treatment of communication disorders among children with the help of e-health and innovative solutions.

The aim of this priority was to draw attention of the EU member states to the persistent differences in the health status of the EU countries and the necessity to reduce these differences [9]. It was established that the Polish presidency would focus on the influence of good health and proper human development in early childhood on future human development and the social, and thus economic, situation.

Comprehensive activities in the area of promotion, prevention and education are indispensable for the reduction of differences in health status, as they are instruments which enable healthy behaviour from the early stages of human development. Particular focus was given to the necessity of the development of instruments and screening research as well as the creation of a net of institutions responsible for monitoring health occurrences. This should lead to the prevention and proper treatment of diseases, creation of better conditions for further life stages and facilitation of integration in social and economic life of patients suffering from the abovementioned diseases.

With regard to long-term diseases, the presidency paid attention to the prevention and control of respiratory diseases among children. It aimed at approaching the issue of better detection and treatment of communication diseases among children with the help of e-health, innovative approaches to treatment and strengthened cooperation between countries in this respect. The process of building a healthy European society requires the development of instruments which enable the reduction of and fight against these diseases through the implementation of screening programmes, creation of a net of institutions responsible for monitoring health phenomena and better use of e-health and innovative solutions [10]. Three expert conferences, one ministerial conference and the adoption of appropriate

conclusions by the Council of the European Union supported the realization of this priority.

2.2. Prevention of brain and neurodegenerative diseases, including Alzheimer's disease

Within the second group of priorities devoted to the prevention of brain and neurodegenerative diseases, particularly among elderly people, the Polish presidency stressed the necessity of permanent interest in the issues connected with the ageing of European society, giving greater importance to prevention and control of diseases typical of people of advanced age and also providing financial stability to healthcare systems.

Prioritization of research on brain diseases emphasized the importance of this problem in Poland and all of Europe to the significance of the problem of brain diseases. This should lead to increased public understanding and awareness of brain diseases, and thus reduce the stigma, marginalization and social exclusion of patients.

From the global perspective, the realization of this priority constitutes support for the EU in reaching the goals of health and social policies and should lead to the achievement of the goals presented in *Europe 2020* strategy, e.g. through activities aiming at diminishing the inequalities in health status. When choosing the main issues, the Polish presidency tried to choose the ones that would draw the attention of the EU member states to the necessity of conducting activities aimed at simultaneous improvement and protection of health among both children and elderly people.

Prioritizing children's health is the foundation for the reduction of health, social and economic differences present in the later period of human development. Healthy childhood is the first step to healthy and active ageing. The Polish presidency raised issues concerning the place of public health in health policies of the member states. The presidency also took into account other problems important from the perspective of member states and current initiatives of the European Commission, including, but not limited to: partnership for innovation in healthy and active ageing and e-health.

Depending on the necessity and the attitude of member states, the presidency planned the following issues to be dealt with: partnership for innovation in healthy and active ageing, resistance to antibiotics and providing patients with reliable information on prescription-only medicinal products.

In addition, the draft of the regulation of the European Parliament and the Council of the EU on providing consumers with information on food was prepared. This draft should provide

consumers with important and reliable information in order to enable making the right choices [11]. Efforts to reach understanding in work on the draft of the regulations on food for special nutritional purposes were also made.

CONCLUSIONS

The presidencies of the Council of the European Union before 2010 were much different than the current ones, both in respect of the influence on the functioning of the European Union and the organizational system of presidencies, which now have to be correlated with the plans of the countries forming the presidency trio. As the first country holding the presidency in the second presidency trio, Poland had the task to implement the jointly set goals, which seemed to be the most difficult role.

Although the presidency's influence on the future of the European Union has been diminished, the priorities chosen by Poland, in particular the health priorities, were not generalized or underestimated. The Polish presidency focused on very detailed aims which responded to the most important health problems and it was characterised by a reliable attitude towards the institution of the presidency of the Council of the European Union.

Conflicts of interest

The authors have declared no conflicts of interest.

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