



**COUNCIL OF
THE EUROPEAN UNION**

Brussels, 17 November 2011

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NOTE

from: General Secretariat of the Council
to: Permanent Representatives Committee (Part 1)/Council
Subject: EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS
COUNCIL MEETING ON 1 AND 2 DECEMBER 2011

Draft Council conclusions on "Early detection and treatment of communication disorders in children, including the use of e-Health tools and innovative solutions"
- *Adoption of Council conclusions*
(Public debate in accordance with Article 8(2) of the Council's Rules of Procedure [proposed by the Presidency])

1. The Working Party on Public Health discussed and agreed on the draft Council conclusions as set out in the Annex.
2. COREPER is invited to confirm the Working Party's agreement and submit the draft conclusions for adoption by the Council (EPSCO) at its meeting on 2 December 2011.
3. The Council is invited to adopt the draft conclusions and forward them for publication in the Official Journal of the European Union.

**Draft Council conclusions on
Early detection and treatment of communication disorders in children, including the use of
e-Health tools and innovative solutions**

THE COUNCIL OF THE EUROPEAN UNION,

1. RECALLS that under Article 168 of the Treaty on the functioning of the European Union, a high level of the human health protection shall be ensured in the definition and implementation of all Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. The Union and Member States shall foster cooperation with third countries and the competent international organisations in the sphere of public health;
2. RECALLS that each EU citizen, and children in particular, should have equal opportunities to develop. This should be done by making accessible the appropriate tools and procedures to prevent, detect, treat and to monitor health problems;
3. RECALLS that one of the strategic objectives of the EU Health Strategy 2008-2013¹ is to support dynamic health systems and new technologies, recognising that new technologies can improve disease prevention, diagnosis and treatment, facilitate patient safety and improve health systems' coordination, use of resources and sustainability;
4. RECALLS the Council conclusions on equity and health in all policies: Solidarity in health of 8 June 2010² and the Council conclusions on a safe and efficient healthcare through eHealth of 1 December 2009³;

¹ 14689/07 [COM(2007) 630 final].

² 9947/10.

³ OJ C 302, 12.12.2009, p. 12.

5. WELCOMES the conclusions of the 10th Congress of the European Federation of Audiology Societies (EFAS)⁴ held on 22 - 25 June 2011 in Warsaw (Poland) highlighting the problem of communication disorders in children and the role of early detection and intervention as well as those of the E-Health Ministerial Conference held on 10 - 12 May 2011 in Budapest (Hungary) dedicated to better and wider use of e-Health and telemedicine;
6. NOTES that there are differences in health within and between EU Member States which are related to various factors, among them differences in education, socio-economic situation, living and working conditions, health-related behaviour and health care;
7. NOTES that prevention, early detection, monitoring and active surveillance play a significant role in warding off the development of diseases and disorders. This is particularly crucial for children whose good health is fundamental for their proper development and influences their quality of life and social and economical situation in the future;
8. NOTES that communication is a complex human skill, combining physical and mental elements. A communication disorder can be described as an impairment in hearing, vision and speech which influences the ability to receive, comprehend, produce and express verbal, non-verbal and graphic information;
9. UNDERLINES that communication disorders represent an important cause of long-term disabilities with a great impact in childhood. Hearing, vision and language impairments may affect one in every five children in the European Union and may start in the earliest stages of life and exert an unfavourable influence on the proper development of the persons affected. Therefore, cognitive delays and disorders that go undiagnosed and untreated put children unnecessarily at risk of poor educational, social and economic progress during their life;

⁴ “The European Consensus Statement on Hearing, Vision and Speech Screening in Pre-school and School-age Children”.

10. NOTES that communication disorders in children should be identified by screening as early as possible. School entry is the last moment to detect the problem in order to avoid or to reduce its negative impact on language and the cognitive development of children. This is endorsed by the fact that hearing, vision and speech disorders are significant reasons for the delay in learning and for difficulties in the acquisition of language skills, which are crucial for children if they are to communicate effectively;
11. RECALLS that there is broad evidence that prevention, early detection, follow-up and appropriate intervention to deal with communication disorders could be very effective in avoiding or minimizing the consequences of such problems. According to the WHO, half of all cases of deafness and hearing impairment are avoidable through prevention, early diagnoses and management. Awareness of the problem, integrated and coordinated multidisciplinary approaches, which must be accompanied by active parental involvement during the whole process of child development and across healthcare and educational settings, are of significant importance;
12. NOTES that exposure to excessive noise leads to an increased prevalence of hearing loss in children. This includes the incorrect usage of audio-visual equipment, as confirmed by the EU Scientific Committee on Emerging and Newly Identified Health Risks⁵;
13. STRESSES that the current actions to prevent, detect, diagnose, treat and monitor communication disorders in children should be continuously adapted to methods that would lead to higher cost-effectiveness;
14. CONSIDERS that universal hearing, vision and speech screening with evidence-based methods should be included as early as appropriate in the national and/or regional and/or local health programmes and actions in order to contribute to create equal educational, social and economic opportunities for children;

⁵ EU SCENIHR: Potential health risks of exposure to noise from personal music players and mobile phones including a music playing function. 26th plenary on 23 September 2008.

15. CONSIDERS that e-Health is an important tool for improving the quality of healthcare. E-Health may increase the effectiveness and accessibility of screening, diagnosis and treatment in the field of communication disorders. Innovative diagnostic solutions and data management systems can be used at all stages of detection and monitoring of communication disorders. Introduction of e-Health services can facilitate the analysis and exchange of data for scientific, epidemiological and organisational purposes between Member States. Telemedicine can be an effective tool used for prevention, education and training;
16. CONSIDERS that integrated and coordinated actions can help the Member States to close the gap in the field of communication disorders in children;
17. INVITES Member States to:
- continue to give priority to early detection by screening and follow-up for hearing, vision and speech disorders in children in their national and/or regional and/or local health policies and programmes, by considering multidisciplinary approach,
 - consider promoting the prevention of noise - induced hearing loss in children,
 - strengthen their efforts in raising public awareness of communication disorders in children,
 - strengthen their cooperation in the field of communication disorders through the exchange of information, knowledge, experiences and best practices, including the use of e-Health tools and innovative technologies, in order to achieve the most cost-effective solutions, to ensure equal opportunities for children and to meet the individual needs of patients;

18. INVITES Member States and the Commission to:

- consider including conditions requiring a particular concentration of expertise or resources in the field of communication disorders in children in the process of work to be carried out on European reference networks (ERN), in accordance with the provisions of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare⁶,
- promote cooperation and the sharing of research findings, knowledge and evidence in relation to communication disorders and give appropriate consideration to this topic in the context of the European Union's current e-Health initiatives including the e-Health network as provided for in article 14 of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare;

19. INVITES the Commission to:

- highlight the importance of communication disorders as a factor impairing the development of human beings and give appropriate attention to this issue in its future action,
- adopt the criteria and conditions for European reference networks by the end of 2013 in accordance with the provisions of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, taking into account, inter alia, the experience of cooperation among specialized centres for treatment of communication disorders.

⁶ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patient's rights in cross-border healthcare (OJ L 88, 4.4.2011, p. 45).