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## I

(Resolutions, recommendations and opinions)

## OPINIONS

## EUROPEAN CENTRAL BANK

## OPINION OF THE GOVERNING COUNCIL OF THE EUROPEAN CENTRAL BANK

of 3 March 2011

on a Council recommendation on the appointment of a member of the Executive Board of the European Central Bank

(CON/2011/16)

(2011/C 74/01)

**Introduction and legal basis**

On 18 February 2011 the European Central Bank (ECB) received a request from the President of the European Council for an opinion on Council Recommendation of 15 February 2011 <sup>(1)</sup> on the appointment of a member of the Executive Board of the European Central Bank.

The competence of the ECB's Governing Council to deliver an opinion is based on Article 283(2) of the Treaty on the Functioning of the European Union.

**General observations**

1. The Council's Recommendation, which was submitted to the European Council, and on which the European Parliament and the ECB's Governing Council are being consulted, recommends appointing Peter Praet as a member of the ECB's Executive Board for a term of office of eight years with effect from 1 June 2011.
2. The ECB's Governing Council is of the opinion that the proposed candidate is a person of recognised standing and professional experience in monetary or banking matters as required by Article 283(2) of the Treaty.
3. The ECB's Governing Council has no objection to the Council's Recommendation to appoint Peter Praet as a member of the ECB's Executive Board.

Done at Frankfurt am Main, 3 March 2011.

*The President of the ECB*

Jean-Claude TRICHET

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<sup>(1)</sup> OJ C 56, 22.2.2011, p. 1.

## IV

(Notices)

## NOTICES FROM EUROPEAN UNION INSTITUTIONS, BODIES, OFFICES AND AGENCIES

## COUNCIL

**Council conclusions on investing in Europe's health workforce of tomorrow — Scope for innovation and collaboration**

(2011/C 74/02)

THE COUNCIL OF THE EUROPEAN UNION,

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, Union action is to complement national policies and be directed towards improving public health; it is also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;
2. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, the Member States are to, in liaison with the Commission, coordinate among themselves their policies and programmes;
3. RECALLS the Council conclusions of 2 June 2006 on common values and principles in European Union Health Systems, which notably point to the need to ensure the accessibility and delivery of high-quality, safe and evidence-based care;
4. RECALLS the Commission's Green Paper on 'the European workforce for health' of 10 December 2008 and the Report on the open consultation on the Green paper on the European workforce for health of 15 December 2009, which identified the pressing issue of the current and future shortage of health workers, in particular specialist doctors and nurses;
5. RECALLS the Commission Communication 'Europe 2020, a strategy for smart, sustainable and inclusive growth' of 3 March 2010, wherein seven flagship initiatives are put forward, including 'An agenda for new skills and jobs', aiming to create conditions for modernising labour markets with a view to raising employment levels and ensuring the sustainability of our social models, and 'Youth on the move';
6. RECALLS the WHO Global Code of Practice adopted at the World Health Assembly of 21 May 2010, which serves as an ethical framework to guide Member States in the recruitment of health workers;
7. WELCOMES the Ministerial Conference 'investing in Europe's health workforce of tomorrow: scope for innovation and collaboration', held in La Hulpe on 9-10 September 2010, which underlined the need to develop appropriate initiatives to invest in sufficient, motivated and well-skilled health professionals in order to protect the viability and accessibility of the health systems;
8. UNDERLINES that the growing number of major and chronic diseases, the ageing of the population and of the health workforce, the changing needs of patients and of the health systems, the increasing mobility of patients and health care professionals, scientific progress and the emergence of new technologies pose key challenges for all Member States, and require innovative approaches for the health workforce of the future;
9. RECOGNISES the interdependency between Member States in the field of human resource policies of the health care sector, especially as regards the mobility of health care professionals;

## 10. INVITES Member States to:

- strengthen collaboration and exchange of good practice, including on the collection of high-quality and comparable data, to better support the development of Member States' health workforce policies for the future, contributing to equal access to care for all, with particular attention to forecasting future health workforce needs and effective health workforce planning throughout the European Union,
- raise awareness of the importance of attractive working environments, working conditions and professional development opportunities in motivating the health workforce and guaranteeing the quality and safety of the care provided,
- stimulate training and education of the health workforce with the aim of further promoting the quality and safety of care and consider how to make best use of EU tools for financing this, without prejudice to the future Financial framework,
- adhere to the WHO Global Code of Practice on international recruitment;

## 11. INVITES Member States and the Commission to:

- develop an action plan providing options to support the development of Member States' health workforce policies, recognising the competencies of Member States, in particular in the areas of the assessment of competence profiles, the improvement of planning methodologies taking into account identified health

needs, continuous professional development and recruitment and retention strategies, and to tackle the key challenges for the health workforce throughout the EU in the medium and long-term perspectives,

- involve in the development of this action plan patients' representatives and health professionals, as well as other relevant stakeholders from the health sector,
- take into account in the development of this action plan the potential contribution of other policy areas, in particular education, labour, social affairs and the internal market;

## 12. INVITES the Commission to:

- encourage cooperation between Member States and lend support to the development of the action plan by 2012,
- include training and education of the health workforce as a priority area and consider how to make the best use of EU tools for financing this, without prejudice to the future Financial framework, in line with the flagship initiatives 'An agenda for new skills and jobs' and 'Youth on the move' of the Europe 2020 strategy,
- ensure that the 2011 workplan of the Health Programme can include a joint action providing a platform for cooperation between Member States on forecasting health workforce needs and health workforce planning in close cooperation with Eurostat, OECD and WHO.

## Council conclusions 'Innovative approaches for chronic diseases in public health and healthcare systems'

(2011/C 74/03)

THE COUNCIL OF THE EUROPEAN UNION,

1. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, Union action is to complement national policies and be directed towards improving public health; it is also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;
2. RECALLS that under Article 168 of the Treaty on the Functioning of the European Union, the Member States, in liaison with the Commission, are to coordinate among themselves their policies and programmes;
3. UNDERLINES that the principles and overarching values of universality, access to good quality care, equity and solidarity, as endorsed in the Council conclusions on common values and principles in EU health systems of 2 July 2006, are of paramount importance for patients with chronic diseases;
4. RECALLS that, according to the World Health Organization (WHO), chronic diseases are diseases of long duration and generally slow progression. Chronic diseases are by far the leading cause of mortality in the world, representing 60 % of all deaths worldwide and impose an enormous burden on the daily lives of patients and their relatives and on society as a whole. There will be in the next decade an increase of chronic diseases including due to the ageing of the European population;
5. RECALLS that the Commission, in its White Paper: Together for Health: A Strategic Approach for the EU 2008-2013 of 23 October 2007<sup>(1)</sup>, which develops the EU Health Strategy, pointed out that fostering good health in an ageing Europe and supporting dynamic health systems and new technologies are key objectives for the coming years;
6. RECALLS the Communication from the Commission: 'Europe 2020 — A strategy for smart, sustainable and inclusive growth' of 3 March 2010<sup>(2)</sup>, especially the flagship initiative 'European Platform against Poverty' and the Communication from the Commission: 'Europe 2020 Flagship Initiative—Innovation Union' of 6 October 2010<sup>(3)</sup>, providing for a pilot European innovation partnership in the field of active and healthy ageing;
7. WELCOMES the Ministerial conference: Innovative Approaches for Chronic Illnesses in Public Health and Healthcare Systems, held in Brussels on 20 October 2010, which underlined the need to find innovative ways for cost-effective prevention of common risk factors, in order to create an environment that makes healthy choices easier for citizens, to take into account socio-economic inequalities in both health promotion and health care, to facilitate better coordination throughout the healthcare systems in order to ensure integrated patient-centred care and to stimulate integrated research into health promotion, primary prevention, secondary prevention (including early diagnosis), treatment and care of chronic diseases;
8. INVITES Member States to:
  - further develop patient-centred policies for health promotion, primary prevention and secondary prevention, treatment and care of chronic diseases, in cooperation with the relevant stakeholders, especially patients' organisations,
  - ensure that these policies contribute to the reduction in health inequalities, taking into account a 'Health in all Policies' approach,
  - identify and exchange good practices with regard to these policies and to existing comparable data on the incidence and prevalence of, and the clinical and social outcomes for, chronic disease;
9. INVITES Member States and the Commission to:
  - initiate a reflection process aiming to identify options to optimise the response to the challenges of chronic diseases, the cooperation between Member States and summarise its outcomes in a reflection paper by 2012,

<sup>(1)</sup> 14689/07.

<sup>(2)</sup> 7110/10.

<sup>(3)</sup> 14035/10.

- lead this reflexion process in close dialogue with relevant stakeholders, including patients, professionals, healthcare payers and providers, and take into account e-health and the potential contribution of other relevant policy areas, in particular employment, disability, education and housing,
  - include in this reflexion process inter alia scope for action in the following areas,
    - health promotion and prevention of chronic diseases: to facilitate healthy choices in life for all citizens, to establish health promotion communication messages and interventions for all chronic diseases, to integrate health into education programmes; to further develop quantitative analysis of the cost effectiveness and health gains of health promotion and prevention; to explore, based on scientific evidence, the scope for early detection of relevant risk factors for chronic diseases; to strengthen prevention by applying the principles of health in all policies;
    - healthcare: to identify and share good practices regarding ways to enable patients with chronic diseases to maximise their autonomy and quality of life; on effective, proactive early interventions; on the secondary prevention; on the affordability and access of care for chronic diseases; on the implementation of innovative chronic care models, especially in primary and community health care, and on ways to reduce health inequalities in this field,
  - research into chronic diseases: into how to base practical implementation of prevention, early interventions and care on existing scientific knowledge of chronic diseases, with the aim of improving strategies, technologies and support to allow active and healthy ageing,
  - comparable information at European level on the incidence, the prevalence, the risk factors and the outcomes concerning chronic diseases, take account of different existing mechanisms such as the EHES, the development of morbidity statistics under ESTAT, existing registries and other sources, to enable benchmarking and evidence-based policy;
10. INVITES the Commission to:
- support Member States and stakeholders in the reflection process and summarise its outcomes in a reflection paper by 2012,
  - integrate, where possible, chronic diseases as a priority in current and future European research and action programmes and take into account the outcome of the reflection process into the implementation of the EU 2020 initiative,
  - further strengthen cooperation with the WHO and OECD on chronic diseases.
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# EUROPEAN COMMISSION

## Euro exchange rates <sup>(1)</sup>

7 March 2011

(2011/C 74/04)

**1 euro =**

Currency		Exchange rate	Currency		Exchange rate
USD	US dollar	1,4028	AUD	Australian dollar	1,3803
JPY	Japanese yen	115,15	CAD	Canadian dollar	1,3616
DKK	Danish krone	7,4572	HKD	Hong Kong dollar	10,9242
GBP	Pound sterling	0,86100	NZD	New Zealand dollar	1,8985
SEK	Swedish krona	8,8755	SGD	Singapore dollar	1,7733
CHF	Swiss franc	1,2960	KRW	South Korean won	1 565,87
ISK	Iceland króna		ZAR	South African rand	9,6253
NOK	Norwegian krone	7,7600	CNY	Chinese yuan renminbi	9,1975
BGN	Bulgarian lev	1,9558	HRK	Croatian kuna	7,4072
CZK	Czech koruna	24,226	IDR	Indonesian rupiah	12 321,23
HUF	Hungarian forint	271,66	MYR	Malaysian ringgit	4,2470
LTL	Lithuanian litas	3,4528	PHP	Philippine peso	60,659
LVL	Latvian lats	0,7061	RUB	Russian rouble	39,4734
PLN	Polish zloty	3,9732	THB	Thai baht	42,673
RON	Romanian leu	4,2005	BRL	Brazilian real	2,3211
TRY	Turkish lira	2,2473	MXN	Mexican peso	16,8308
			INR	Indian rupee	63,2000

<sup>(1)</sup> Source: reference exchange rate published by the ECB.



## V

(Announcements)

PROCEDURES RELATING TO THE IMPLEMENTATION OF COMPETITION  
POLICY

EUROPEAN COMMISSION

**Communication from the Minister for Economic Affairs, Agriculture and Innovation of the Kingdom of the Netherlands pursuant to Article 3(2) of Directive 94/22/EC of the European Parliament and of the Council on the conditions for granting and using authorisations for the prospection, exploration and production of hydrocarbons**

(2011/C 74/05)

The Minister for Economic Affairs, Agriculture and Innovation hereby gives notice that an application has been received for authorisation to prospect for hydrocarbons in block E5 as indicated on the map appended as Annex 3 to the Mining Regulation (Mijnbouwregeling) (Government Gazette (Staatscourant) 2002, No 245).

With reference to the Directive mentioned in the introduction and Article 15 of the Mining Act (Mijnbouwwet) (Bulletin of Acts and Decrees (Staatsblad) 2002, No 542), the Minister for Economic Affairs, Agriculture and Innovation hereby invites interested parties to submit a competing application for authorisation to prospect for hydrocarbons in block E5 of the Dutch continental shelf.

The Minister for Economic Affairs, Agriculture and Innovation is the competent authority for the granting of authorisations. The criteria, conditions and requirements referred to in Articles 5(1), 5(2) and 6(2) of the above-mentioned Directive are set out in the Mining Act (Bulletin of Acts and Decrees 2002, No 542).

Applications may be submitted during the 13 weeks following the publication of this notice in the *Official Journal of the European Union* and should be sent to:

De minister van Economische Zaken, Landbouw en Innovatie  
ter attentie van dhr. P. Jongerius, directie Energiemarkt  
ALP/562  
Bezuidenhoutseweg 30  
Postbus 20101  
2500 EC Den Haag  
NEDERLAND

Applications received after the expiry of this period will not be considered.

A decision on the applications will be taken not later than 12 months after this period has expired.

Further information can be obtained by calling Mr E. J. Hoppel on the following telephone number: +31 703797088.

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