



**COUNCIL OF  
THE EUROPEAN UNION**

**Brussels, 29 November 2012**

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**SAN 290**

**NOTE**

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from: Permanent Representatives Committee (Part I)  
to: Council  
Subject: **Employment, Social Policy, Health** and Consumer Affairs  
on 6 and 7 December 2012

**Draft Council conclusions on "Healthy Ageing across the Lifecycle"**  
*- Adoption of Council conclusions*  
(Public debate in accordance with Article 8(2) CRP [proposed by the Presidency])

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1. At its meeting on 28 November 2012 the Committee of Permanent Representatives examined the above-mentioned text as agreed by the Working Party on Public Health and agreed to transmit the draft Council conclusions as set out in the Annex to the Council for adoption.
2. The Council is invited to adopt the proposed draft conclusions, which will then be published in the Official Journal of the European Union.

**Draft Council conclusions**  
**Healthy Ageing across the Lifecycle**

The Council of the European Union,

**RECALLS**

1. article 168 of the Treaty on the Functioning of the European Union, which states that a high level of 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 illness and disease, 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. the Council Conclusions on Health in all Policies (HiAP) (30 November and 1 December 2006)<sup>1</sup>; Healthy and Dignified Ageing (30 November 2009); Equity and health in all policies: Solidarity in Health (8 June 2010); Innovative approaches for chronic diseases in public health and healthcare systems (7 December 2010); Preparatory work for the pilot European Innovation Partnership “Active and Healthy Ageing” (9 March 2011); Closing health gaps within the EU through concerted actions to promote healthy lifestyle behaviors (1 and 2 December 2011)<sup>2</sup>;

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<sup>1</sup> [http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lsa/126524.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/126524.pdf)  
<sup>2</sup> OJ 2011/C 359/05 Council conclusions on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours.

3. the Resolution of the WHO Regional Committee for Europe<sup>3</sup>: Strategy and action plan on healthy ageing in Europe, 2012-2020;
4. the Commission Communication dealing with the impact of an ageing population in the EU (2009 ageing report); Europe 2020: A strategy for smart, sustainable and inclusive growth (5 March 2010); Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing (29 February 2012);
5. the objectives of EU2020 Strategy for sustainable, smart and inclusive growth;
6. the report from the European Cooperation Project Healthy Ageing: Healthy Ageing – A challenge for Europe (2007);
7. the Commission White Paper Together for health: a strategic approach for the EU2008-2013, stressing the need to promote good health throughout a person’s lifecycle in an ageing Europe;
8. the opinion of the European Economic and Social Committee on The impact of population ageing on health and welfare systems (15 July 2010); of the Committee of the Regions on Active Ageing: Innovation-Smart Health-Better life (27 July 2012);
9. the Council declaration of the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward.

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<sup>3</sup> EUR/RC62/R6

## **ACKNOWLEDGES**

10. that healthy ageing is a continuous process across the lifecycle. It is essential to support citizens in this approach through multidisciplinary action in health promotion, disease prevention and in health and social care. This includes work across society and policy areas, involving public authorities and according to MS priorities, stakeholders at all levels, including health professionals and patients, social partners and civil society, the media and economic actors;
11. that innovative approaches in health promotion and disease prevention could help elderly people to remain independent longer and improve their quality of life.

## **UNDERLINES**

12. good health among working age people contributes to higher productivity and other benefits for citizens and society to meet the goals of EU2020 Strategy for Smart, Sustainable and Inclusive growth;
13. the need, with the current economic crisis and the demographic changes, to rethink the structure of services for a more efficient and sustainable healthcare sector fostering a more age-friendly society.

## WELCOMES

14. the outcomes of the High Level Conference on Healthy Ageing across the Lifecycle organized by the Cyprus Presidency on 5-6 September 2012, which showcased work in the area of healthy ageing providing evidence that healthy ageing is closely related to the implementation of effective health promotion and disease prevention programmes, starting from the early years of life and continuing throughout the lifecycle;
15. the promotion of health-enhancing physical activity within the framework of the European Union Work Plan for Sport for 2011-2014<sup>4</sup> and the principles on the contribution of physical activity to active ageing developed in this context;
16. the initiative of the European Commission for the launching and implementing the European Innovation Partnership (EIP) on Active and Healthy Ageing and expects the evaluation of this pilot initiative in 2013;
17. the EU strategies on health determinants and common risk factors including a new EU strategy to support Member States to reduce alcohol related harm;
18. the Council declaration of the European Year for Active Ageing and Solidarity between Generations (2012): The Way Forward as a booster for future years' action;
19. the work towards optimizing the response to the challenges of chronic diseases, building upon the Reflection process launched by the Member States and the Commission<sup>5</sup>.

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<sup>4</sup> OJ C 162, 1.6.2011

<sup>5</sup> [http://www.consilium.europa.eu/uedocs/cms\\_Data/docs/pressdata/en/lisa/118282.pdf](http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lisa/118282.pdf)

## RECOGNISES

20. the importance of health promotion, disease prevention and early diagnosis programmes from the early stages of life and throughout the lifecycle;
21. the far-reaching burden of morbidity and disabilities caused by chronic diseases such as, cancer, respiratory diseases, cardiovascular and neurovascular diseases, diabetes and mental illnesses, musculoskeletal disorders and problems related to hearing and visual impairment in the population;
22. that better management of long term health conditions can help people stay active and independent in older age;
23. that, the public administrations and if appropriate, with the participation of civil society have a crucial role in improving the conditions in relation to healthy ageing;
24. that economic, social and environmental conditions as well as lifestyles are amongst the determinants of health and addressing them through inter-sectoral action remains one of the important challenges for achieving active and healthy ageing for all.

## **INVITES THE MEMBER STATES**

25. to make the issue of healthy ageing across the lifecycle, one of their priorities for the coming years, with a social and equity approach;
26. to adopt an approach that shifts the focus towards health promotion, disease prevention early diagnosis and better condition management from the early years of life and throughout the lifecycle, as a strategy to improve quality of life and reduce the burden of chronic diseases, frailty and disability, through:
  - a. the fostering of the implementation of health promotion and disease prevention programmes for the development of a healthy lifestyle in childhood and adolescence and throughout life;
  - b. the promotion of early detection/ disease diagnosis through evidence based, cost effective, affordable, equitable and easily accessible programmes and tools, including screening where appropriate;
  - c. the better management of long term health conditions in the community, so that people can stay active and independent for as long as possible;
  - d. the promotion of policies and actions that sustain the health of working age people, leading to a healthy workforce, as a prerequisite for productivity and growth;
  - e. the promotion of age friendly and healthy environments that encourage and support active engagement of elderly people;
  - f. the development of personalized assistance to dependent elderly people;

27. to enhance and strengthen coordination and collaboration between all relevant stakeholders and among Member States, promoting intersectoral action, including the civil society, taking into account the health in all policies principle;
28. to make use of innovative approaches in health promotion and disease prevention, that promote the active involvement of individuals, families and community;
29. to support the European Innovation Partnership (EIP) on Active and Healthy Ageing by an adhoc involvement of Member States in the implementation of the Partnership's specific actions and in the delivery of robust outcomes, and in advocating and communicating the added value of the Partnership to their regional and local authorities considering the results of the evaluation planned for 2013;
30. to make effective use of the EU funding, (e.g. structural funds/ CSF 2014-2020, FP7/Horizon 2020, CIP) to support priorities on Active and Healthy Ageing;
31. to support cities and municipalities in their initiative to promote age friendly and healthy environments and to develop networks to implement common guidelines;
32. to improve communication in health promotion, disease prevention early diagnosis and better condition management through innovative approaches to awareness-raising activities (e.g. responsible use of social media).



## INVITES THE COMMISSION

33. to support future actions and initiatives addressing health determinants and risk factors, as well as promoting healthy ageing throughout the lifecycle, at EU, Regional, National and Local level, while respecting the competences of the Member States;
34. to contribute to the development of policies towards health promoting activities for making healthy choices and living healthy lives;
35. to support better use by the Member States of the EU Physical Activity Guidelines, welcomed in the Presidency conclusions of the EU Sport Ministers meeting informally in November 2008<sup>6</sup>;
36. to support Member States voluntary cooperation in view of further developing both general preventive measures as well as selective preventive measures for target group specific needs;
37. to assist Member States, and specifically regions in more effective use of structural funds and other EU funding instruments for priorities related to healthy ageing.
38. to properly evaluate the EIP pilot on Active and Healthy Ageing, to allow the participation of interested Member States in the governance of the EIP and to inform Member States of the way the Commission takes into account recommendations of the EIP when implementing EU programmes.

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<sup>6</sup> [http://ec.europa.eu/sport/library/documents/c1/eu-physical-activity-guidelines-2008\\_en.pdf](http://ec.europa.eu/sport/library/documents/c1/eu-physical-activity-guidelines-2008_en.pdf)

## INVITES THE MEMBER STATES AND THE COMMISSION

39. to promote strategies for combating risk factors, such as tobacco use, alcohol related harm, illicit drugs, unhealthy diet and lack of physical activity as well as environmental factors, leading to increased incidence of non-communicable chronic diseases, such as cancer, respiratory diseases, cardiovascular and neurovascular diseases, diabetes, mental illnesses and musculoskeletal disorders;
40. to support the identification and dissemination of good practice approaches to address chronic diseases and their risk factors, including patient empowerment;
41. to consider how to strengthen cooperation and improve good practice sharing at European level for promoting healthy ageing lifecycle approach, using innovative tools;
42. to continue the implementation of the Health Strategy<sup>7</sup> and its objective of the fostering of good health in an ageing Europe while applying a cross-sectoral approach, involving the social and health sectors, with the support of the Working Party on Public Health at Senior Level and in cooperation with the Social Protection Committee;
43. to continue and strengthen work aimed at better understanding the links between early life events and healthy ageing using inter alia longitudinal studies;

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<sup>7</sup> [http://ec.europa.eu/health/strategy/policy/index\\_en.htm](http://ec.europa.eu/health/strategy/policy/index_en.htm)

44. to support, as appropriate, within the framework of the European Health Information System data collection and sharing of data and information on chronic disease incidence, prevalence, risk factors and outcomes, such as healthy life years (HLY) as well as on health promotion policies and actions including information systems within the EU countries, taking into account existing mechanisms and work on-going within the European Statistical System and other relevant stakeholders (such as WHO, WHO Euro and OECD);
  45. to promote the EIP on Active and Healthy Ageing as a relevant multistakeholder collaborative platform built upon consensus and agreement of stakeholders - from public and private sector, NGOs and academia, at EU, national, regional and local levels – committed to delivering on their agreed objectives and goals, according to the results of the evaluation for 2013;
  46. to cooperate with the World Health Organisation (WHO) and in particular with its Regional Office, in order to achieve complementarity in healthy ageing activities.
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