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**NOTE**

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From: General Secretariat of the Council  
To: Council

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Subject: **Employment, Social Policy, Health and Consumer Affairs Council**  
meeting on 8 December 2017  
Steering Group on Health Promotion, Disease Prevention and  
Management of Non-Communicable Diseases  
– *Information from the Commission*  
(Any Other Business item)

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Delegations will find in Annex an information note from the Commission on the above-mentioned subject to be raised under "Any Other Business" at the session of the Council (EPSCO) on 8 December 2017.

## **Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases**

Each year in the EU, around 550,000 persons of working-age die prematurely from non-communicable diseases, including heart attacks, strokes, diabetes and cancer. These diseases cause preventable illness and suffering, premature death, and costs to the economy estimated at EUR 115 billion or 0.8% of GDP annually<sup>1</sup>. In addition, EU countries spend more money on ill-health related social benefits – on average 1.7% of GDP on disability and sick leave every year - than on unemployment benefits.

### *New approach to support Member States in reaching the Sustainable Development Goals*

To face the common challenges that non-communicable diseases pose, EU Member States have committed to reaching the nine voluntary targets<sup>2</sup> of the World Health Organisation by 2025 and meeting the Sustainable Development targets, in particular to reduce premature mortality from non-communicable diseases by one third by 2030.

The Commission has set up a *Steering Group on Health Promotion, Disease Prevention and Management of Non Communicable Diseases*<sup>3</sup> to support Member States' efforts to reach these internationally agreed targets, taking into account that, by investing more in public health, people's health can be improved and healthcare costs can be contained.

The aim of this group is to help prioritise and increase the impact of actions supported by the EU to improve population health, and, by extension, the sustainability of health systems.<sup>4</sup>

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<sup>1</sup> Health at a Glance Europe 2016

<sup>2</sup> The WHO targets a 25% relative reduction in the overall mortality from non-communicable diseases, as well as targets on health determinants (alcohol, nutrition and physical activity, tobacco, blood pressure) and on accessibility of care.

<sup>3</sup> The Steering Group gathering all EU Member States and EEA countries is currently an informal group which should be formalised in spring 2018.

<sup>4</sup> The Mid-term evaluation of the 3rd Health Programme 2014-2020 highlighted the Programme's achievements in generating, using, exchanging best practices and recommended better defining Member States needs to integrate best practices into national policies to increase its impact.

### ***Member States at the centre of deciding on priorities and selecting interventions***

The Steering Group will facilitate greater prioritisation of policies by the Member States. Rather than focusing on one disease or health determinant, the group will help to overcome the silo mentality between diseases and create a more effective and efficient system of priority setting in health.

Through the Steering Group, EU Member States will have greater opportunity to select policy interventions that match their national priorities and policies, and which could attract EU support to facilitate implementation. The monitoring of the implementation of such practices will be carried out in close collaboration with the OECD, which will be asked to identify suitable indicators for assessing outcomes. The Commission is also building a Resource Centre to share knowledge and best practices.<sup>5</sup>

Such increased focus on implementation requires a new way of working.

Besides using the EU Health Programme to fund the implementation of best practices through dedicated projects or as part of existing Joint Actions such as the Joint Action on chronic diseases (CHRODIS PLUS), the Commission is also identifying additional EU instruments which could be used, such as the Structural Reform Support Programme.

The Steering Group has already selected a first set of policy interventions which are being taken forward. For example, the "European Cancer Code" will become part of the new Joint Action on Cancer. The "European guidelines for quality assurance in colorectal cancer screening" will be implemented in interested Member States with the assistance of the Structural Reform Support Service. Four additional best practices selected for implementation could be funded by the Health Programme in 2018 and 2019. The Steering Group is currently in the process of selecting the next priority areas for the dissemination of best practices.

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<sup>5</sup> The launch of the EU resource centre on best practices is anticipated in spring 2018.

Such work will be based on clearly set priorities and guided by an impact-driven approach. This will require simplifying and streamlining the current structure of specific expert groups working in isolation without jeopardising high-quality sectorial work. For instance, in the field of rare diseases, the activities of the European Reference Networks will continue to be supported, and the Joint Research Centre will continue to develop health information on both cancer and rare diseases. The Commission' structures to co-ordinate Member States' co-operation on nutrition and alcohol will continue their work.

This new working method will also maintain high-quality and interactive communication channels with stakeholders and international organisations. The Health Policy Platform will further involve stakeholders concerned by specific issues to develop common positions. The activities of the Steering Group will also link to the ongoing work of the World Health Organization and the OECD – for instance on the economics of health promotion.

Finally, the "State of Health in the EU" cycle will provide data and information to identify health challenges to be tackled. In 2016 the "Health at a Glance: Europe" provided the baseline scenario for this work, and in 2017 the full set of Member States' health profiles will deepen the knowledge on national health situation thus supporting the identification of priorities for intervention.

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