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From:	General Secretariat of the Council
To:	Delegations
Subject:	Working Party on Public Health at Senior Level on 13 September 2019

The agenda of the 22nd meeting of the Working Party on Public Health at Senior Level (WPPHSL) was agreed as set out in CM 3673/19.

The UK delegation did not attend the meeting.

ECONOMY OF WELLBEING – A NEW HOLISTIC APPROACH FOR THE EU[1]

The Chair briefly presented the Economy of Wellbeing as a new horizontal approach to political decision-making and governance which the EU and its Member States could consider when analysing and defining their priorities.

The Economy of Wellbeing:

- puts **people** and their wellbeing **at the centre of policy and decision-making;**
- sees people's wellbeing and sustainable economic growth as **mutually reinforcing factors** instead of contradictory goals;
- presupposes a **cross-cutting collaboration** between different policy areas such as health, social protection, employment, gender equality, competitiveness, environment and education.

1 See 11346/19.

Health is an essential determinant of wellbeing. The positive impact of an improved health status on other aspects contributing to human wellbeing – such as educational attainment and labour market participation – and on potential savings for society goes well beyond its effects on Gross Domestic Product growth. Conversely, ill-health imposes a significant burden on society and public finances, in addition to its human toll.

In the view of the Presidency, the Economy of Wellbeing does not require new competences or new structures for EU-level actions, but could, for example, benefit from the improvement of certain organisational aspects of the coordination between the different policy fields and authorities involved. Within this context, the Presidency had invited the delegations to reflect on the main challenges in organising the **coordination between the Social Protection Committee (SPC)**[2] **and the WPPHSL** in order to secure the appropriate involvement of health expertise in the assessment of health-related topics[3], in particular within the context of the European Semester process[4].

The Chair then invited Professor David McDaid[5] to present his views on why *investing in wellbeing is an economic imperative*. According to Professor McDaid, the Economy of Wellbeing:

– is a logical step following the implementation of the Health in All Policies principle;

– is an integrated part of economic prosperity, while encompassing core **European values** such as solidarity, a clean environment, gender equality (more women in the workplace), education, healthier nutrition, social protection, good working conditions, and sustainable mobility;

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2 The Council of the European Union advisory committee on social protection policies.

3 See point c) of Article 2(2) of Council Decision (EU) 2015/773 establishing the Social Protection Committee (OJ L 121, 14.5.2015, p. 16).

4 As part of the Europe 2020 Strategy, the EU set up an annual cycle of economic policy coordination called the European Semester: each year, the Commission analyses EU Member States' plans for budgetary, macroeconomic and structural reforms and provides them with country-specific recommendations (CSRs) for the next 12-18 months. The number of CSRs involving social, employment, education and equality policies, health and long-term care, pensions, poverty and social exclusion has risen gradually over the years and today these account for almost half of the recommendations.

5 Associate Professor, Care Policy & Evaluation Centre, Department of Health Policy, London School of Economics and Political Science, UK. See presentation in WK 10115/2019.

– is a policy approach by which expenditure on actions in multiple sectors – health, education, environment, social protection, working conditions, social mobility and equality – should be seen as a long-term **investment rather than a cost;**

– is a policy approach that takes into account that economic growth brings **benefits for the individual that go beyond their monetary value**.

Professor McDaid also referred to concrete elements that can potentially contribute to, and benefit from, people's wellbeing:

– Health means wealth: **Health is an essential component of wellbeing**. A better health status in the first 1 000 days of life has lasting effects on young people's whole lives. It is proven that healthy students get better results in their exams and will become adults with better chances in life and better resilience leading to a longer life. On the other hand, social isolation, loneliness, smoking, harmful use of alcohol, less chances for a family life, and low employability lead to poor life expectancy[6].

– Investment in **education** – schools, universities – and in better wellbeing for students but also for teachers is highly profitable. Teachers should be trained to detect mental health problems in their young students and to prevent bullying practices as early as possible. In return, everyone benefits from a more harmonious school environment which is more conducive to academic success.

– It is proved that companies which invest in innovative **working conditions** – flexible ways of working, a better environment, relaxed ways of dressing – have better economic results[7].

– Providing a good **social safety net** by protecting senior workers from losing their jobs, supporting preparations for the end of working life and the transition to retirement contributes to preserving the quality of life of the elderly.

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6 The quality of life has an impact on health and life expectancy: it could add four to ten years of good-quality life expectancy.

7 Large companies are more likely to implement such measures as they can afford the expenses incurred. Attention should be paid to SMEs for whom it is more difficult to attain such objectives; the agriculture and fisheries sectors are particularly vulnerable.

In the follow-up discussions, the delegations were invited to address the following issues:

1) How could the Economy of Wellbeing approach enable the **health community** to **better communicate and cooperate with other relevant policy fields**?

Delegations broadly welcomed the presentation of a new comprehensive political approach which – building on the principles of the European Pillar of Social Rights, Health in All Policies and the One Health approach – puts **people** (the citizens) **at the centre of policy-making decisions** and works on the assumption that **economic performance and** the **promotion of people's wellbeing** are not contradictory but, instead, **mutually reinforcing**.

Delegations recognised that decisions in non-health policy sectors also have an impact on citizens' health; conversely, health promotion and protection have an impact on other sectors[8]. For instance:

– the application of the precautionary principle to different types of products (food, toys, cosmetics, etc.) or the adoption of nutrition information schemes (easier to read) has had an impact on industrial activity by encouraging the production of safer products or the reformulation of food; in turn, safer or healthier products contribute to citizens' health in a sustainable way;

– mental health care throughout life will improve people's quality of life in all age groups, including at old age, and reduce the burden on social security systems;

– a healthier population leads to the increased availability of a healthy workforce, including a higher presence of women in the labour market, thus contributing to the reduction of social or gender inequalities;

– to enable the health sector to take full advantage of new technologies (eHealth, AI), health professionals and patients should be adequately trained; therefore, education and lifelong learning programmes may have to include courses on information technology and health literacy;

[8] Such correlation can also be found, at a global level, in the way that achievement of the Sustainable Development Goals depends on the health of the population, and conversely contributes to improving people's health.

– long-term care requires health professionals to be trained in topics from other sectors such as social support, education, modalities of return to the labour market, etc;

– the rising demand for healthcare will create new job opportunities.

Delegations also agreed that this paradigm shift requires a **cross-cutting approach** that encourages cross-sectoral cooperation and building of bridges between sectors.

Delegations were furthermore of the opinion that **health is a predominant aspect of wellbeing and a precondition for growth**, and thus welcomed the visibility given to the contribution of health to achieving wellbeing and economic growth goals. In this context, the delegations considered that health should be seen as a priority in all policy areas and should not be diluted when policy priorities are set.

Several delegations recalled that this **key role of health should be recognised by the other sectors**. In particular, when national authorities evaluate the need for new resources, they should bear in mind the long-term benefits of the expenses incurred in promoting and protecting peoples' health. Those expenses should be seen as an investment rather than as a cost[9]. This paradigm shift is particularly relevant in a context where demographic changes increase the demand for healthcare services. Many delegations also agreed that the Commission should adopt the same perspective when monitoring Member States' fiscal policies. Nevertheless, some delegations underscored that other societal priorities – for example defence – are also relevant in the perspective of a consolidated and well-balanced budget approach.

Delegations also acknowledged that **solutions to health problems** – for instance, tackling non-communicable diseases (mental health, diabetes, cancer) or addressing challenges arising from new demographic trends (an ageing population) – do not depend only on healthcare measures but **also require interventions in other sectors** (for example avoiding pollution, promoting human-oriented urban design, improving working conditions, supporting return to the labour market after a long absence for illness, etc.)[10]. This wide variety of health determinants should be taken into account when national and EU authorities define their health strategies.

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9 Particularly relevant when demographic changes increase the demand for healthcare services.

10 In this context, one delegation pointed out that it is more efficient to promote the adoption of health protective measures in other sectors through incentives than by imposing penalties.

2) What practical measures should be taken to strengthen the link between economic and health policies within current **EU structures** in the interest of more balanced policies and decision-making? What mechanisms would be needed to foster this cross-sectoral dialogue at **national level**?

Delegations agreed with the Presidency that the new approach to an Economy of Wellbeing does not require the creation of new structures at national or EU level but that **coordination between existing structures should be used to its full potentia**l.

With regard to the **Commission's activities**, some delegations acknowledged the cross-sector coordinating role already played by the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases. Moreover, delegations recalled that, since joint actions are planned over several years, they provide a framework for ensuring the sustainability of projects and funding. As a suggestion for the future, some delegations stressed that the Commission should always consider the impact on health of new legislative proposals as part of their impact assessments.

Many delegations highlighted that inter-sectoral coordination should also take place at **national level** and called for the development of cross-sectoral partnerships between different ministries[11], in particular between those responsible for the social and health sectors, where appropriate with support from the EU. Some delegations also recalled that evaluations aiming at comparing the progress of national initiatives and identifying any shortcomings should be based on common indicators.

[11] The French delegation referred to the initiative launched in France, known as the 'Comité interministériel pour la Santé', which involves representatives from different sectors in health-related decisions.

3) What are the main challenges in the current **cooperation between the WPPHSL and the Social Protection Committee (SPC)**[12] and what practical solutions could improve the dialogue between the two bodies when discussing health-related topics?

Delegations recognised that in the context of the European Semester process, an increasing number country-specific recommendations (CSRs) relate to Health. Thus, most delegations stressed that health experts from all Member-States – even those which are not directly impacted by the CSRs – should be involved in the decision-making procedures, while not overburdening the European Semester process.

In this context, delegations noted that the SPC (and its sub-groups, in particular the one on indicators) and the WPPHSL could cooperate more efficiently, and that this would avoid a duplication of work between the structures working within the Open Method of Coordination. Delegations considered that the WPPHSL could be more active and that coordination with the SPC could be improved in spite of their different mandates, structures and working methods[13].

Several delegations suggested that the SPC could consult health representatives on a more permanent basis on any health-related issues and not only within the context of the European Semester process. In addition, delegations invited the SPC to communicate in advance the kind of contributions it expects from the representatives of the health sector, thus allowing them to be better prepared for the discussions.

Delegations shared some practical suggestions:

– Member States could designate a health representative as one of their permanent members of the SPC;

– the two groups could establish open communication channels, facilitating a more systematic exchange of information on specific health related issues (e.g. indicators on health matters) between the meetings of the WPPHSL;

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12 The SPC advises the EPSCO Council within the European Semester process.

13 The WPPHSL meets only twice a year, while the SPC meets at least once a month. The SPC has permanent members and a permanent Chair, while participants at each WPPHSL meeting are designated according to the topics on the agenda. The agenda of the WPPHSL is the prerogative of the rotating Presidency.

– the agendas of the WPPHSL should always include topics related to the European Semester goals; in addition, the agendas of the two groups should include topics related to the Economy of Wellbeing approach;

– the WPPHSL could systematically invite the Chair of the SPC to its meetings and vice versa, the Chair of the WPPHSL could be invited to provide systematic feedback to the SPC of the outcome of the discussions at the WPPHSL;

– the Chair of the SPC could be invited to participate also in the Health part of the (EPSCO) Council;

– the WPPHSL could meet more frequently;

– the Presidencies could consider organising meetings with representatives from both the SPC and the WPPHSL for the discussion of subjects of common interest.

In a final remark, the Commission representative noted the paradigm shift in the perception of health – from the absence of diseases to a state of physical, mental and social well-being, in line with the World Health Organization's definition, – and of related expenses – from the financial impact of the treatment of diseases on the budget to a source of long-term improvement of economies.

The Commission representative also pointed out that 'Economy' is the right word for the Economy of Wellbeing concept, as the costs are there, but the issue is how to opt for more efficient expenses. Member States should define their priorities with that objective in mind. The Commission representative was very much in favour of health ministry representatives taking a stronger role in health-related decisions within the context of the European Semester process, and recognised the role the WPPHSL could play as a forum for reflection. The Commission representative also highlighted the potential of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases to facilitate the practical implementation of the Economy of Wellbeing approach.

The Chair of the SPC concluded from the discussions that the two groups are interested in improving collaboration – including with the sub-groups – as far as compatible with the different ways of working, while recalling that efficient collaboration also depend on good coordination at national level. The Chair of the SPC also indicated that, given the possible areas of interaction, health representatives should be called upon to participate whenever possible in the meetings of the SPC. Finally, he renewed the invitation to the Chair of the WPPHSL to present the mandate and working methods of the working party to the SPC.

As a conclusion of the debate, the Chair was pleased to note the common understanding on the relevance of the new political approach. By taking into account the mutually reinforcing effects of actions in different policy areas, the **Economy of Wellbeing would provide societies with a new approach to setting priorities and assessing their economic and financial impact**. Such assessment should not exclusively aim at attaining a budgetary balance. Instead, it should take into account the long-term sustainability impact and the potential reciprocal reinforcement of the benefits of the political options.

The Chair acknowledged that a number of good examples had been presented by delegations on how to better use existing structures and mechanisms to develop cross-sectoral collaboration and took note, in particular, of the suggestions for closer cooperation between the SPC and the WPPHSL. The Chair also noted the Presidency's aim to continue discussions on the Economy of Wellbeing at the EPSCO Council (Health) on 9 December 2019.

STRENGTHENING THE ROLE OF THE EU IN GLOBAL HEALTH COOPERATION[14]

The Chair briefly introduced the topic for discussion by recalling that the financial and political significance of the EU and its Member States is not always adequately reflected in international settings addressing global health issues[15]. EU's shared values, including respect for human rights, the European social model and support for multilateralism, could be more effectively reflected in decisions taken at global level.

In the opinion of the Presidency, there are in particular three issues that deserve consideration:

– global health issues are not placed very prominently on the political agenda in Brussels;

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14 See 11412/19.

15 The Member States and the EU institutions jointly constitute the major financial contributor to actions related to global health.

– the mechanisms for the coordination of a common position of the EU and its Member States leave room for improvement.

– the changes in global health landscape over the last decade require the EU to re-examine its position and its role in global health cooperation.

Thus, Finland's Presidency, in cooperation with its partners in the current three-presidency team, Romania and Croatia, and the succeeding German, Portuguese, Slovenian and French Presidencies, is launching a long-term reflection on how the EU and its Member States could achieve better results in global health cooperation. This joint initiative will explore:

– what role the EU and its Member States could play in the changing global health context given their strong financial and political commitments;

– how to better identify possible strategies and further improve working methods for the EU and its Member States to address health challenges which may arise;

– how to strengthen the contribution of the EU and its Member States to the discussions on health issues in international fora.

The Chair then invited the delegations to address the following issues:

– their perception of the EU and its Member States as a political power in the health arena at global level;

– whether the EU and its Member States are using their full potential for coordinated and timely actions; and

– identifying the current main strengths and weaknesses of the preparation by the EU and its Member States for international negotiations.

Delegations agreed with the analysis of the Presidency that, in spite of the improvements already achieved[16], sometimes **the political and financial weight of the EU and its Member States is not fully reflected in their capacity to influence decisions taken at global level**. The EU and its Member States are already seen as a strong player in international negotiations, including on health-related matters[17], but they still have the potential to take a more proactive and leading role in international fora. With this objective, several delegations argued that there should be a common understanding on the aspects that can be improved.

There was consensus among the delegations about the fact that certain **health threats with a cross-border dimension –** such as the spread of infections due to antimicrobial resistance, epidemics of incurable infectious diseases (Ebola) or vaccination hesitancy – cannot be tackled by individual Member States on their own but require international cooperation.

As regards issues which need to be addressed, some delegations pointed to:

– the **time** needed to reach agreement between Member States, which can make it difficult to establish a common position early enough for building coalitions and making a meaningful impact on the negotiations with international partners;

– the need to find methods to facilitate **cross-sectoral coordination** when the negotiations involve topics from **different policy areas**;

– the need to find a **common denominator** between – sometimes extremely different – positions of the Member States, which risks weakening the common position;

– the risk of a **duplication of efforts** by repeating the same discussions in different places, with the risk of divergent outcomes.

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16 As example of positive results from successful coordination, delegations recalled that candidates from EU Member States were elected to international management boards when they received the support from all the other Member States.
Delegations also mentioned the improvements in the coordination of positions established in preparation of the World Health Assembly, that could serve as an example for the preparation of work in other international fora with increasing activity in the field of health, such as the United Nations.

17 For instance within the context of the Framework Convention on Tobacco Control.

Delegations suggested some ways for improving the working methods:

a) **Negotiating mandates**:

- the Council could approve a **common strategy on global health**, enshrining the essential values and objectives shared by the Member States, such as the protection of human rights, solidarity, and multilateralism; this strategy would provide the broad lines to be respected when the EU and its Member States establish concrete negotiation positions for individual meetings in international fora (long-term goal);

- the positions/mandates for international negotiations should be **flexible** enough to adapt to the progress during the negotiations; they could, for instance, provide possible alternative options and strategies or clearly identify red lines;

b) **Communication channels**:

- a mechanism should be created to keep the Member States and the EU institutions **regularly informed about the agendas of international organisations** (e.g. WHO) on time for them to be able to influence those agendas;

- **cross-sectoral communication** at national and EU level to facilitate cross-cutting coordination[18];

c) **Diplomatic approach**

- there is room to better explore the potential of **alliances with third countries** (e.g. Africa, neighbouring countries), in order to strengthen common positions in international organisations[19]; if the EU and its Member States are seen as a strong international actor, other countries sharing the same interests will be more likely to support their positions.

- the EU and its Member States could also benefit from the **support from NGOs** with which they maintain good relations;

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18 One delegation mentioned as a national example the creation of an inter-sectoral group, including representatives of policy areas as diverse as foreign affairs, health, human and animal health security, environment, education (medical literacy), equality (on the access to treatments) or research, to establish a national agenda for global health.

19 This year, for the first time, at the WHA, the EU and the African Union spoke with one voice on access to medicines.

– **health experts** could be specifically trained to improve their **diplomatic skills**.

Taking into account that global health is a broad issue which requires lengthy reflection, delegations welcomed the proposal for a **long-term project** to be conducted by successive Presidencies with the support of all the other Member States. Delegations also agreed that such a project could aim to the development of broad recommendations on possible improvements in working methods[20], complying with the EU Treaties and the Council's Rules of Procedure, while respecting national competences[21] in this field.

The representatives of the European External Affairs Services (EEAS) welcomed this initiative and shared its aim to reinforce the influence of the EU and its Member States on global health decisions. They also referred to positive experiences in the preparation of coordinated positions of the EU and its Member States. In their view, in spite of significant progress in recent years, there is still room to improve the way coordinated positions of the EU and its Member States are prepared.

In response to some comments from the delegations, the EEAS representatives clarified that, in their opinion:

– the topics that require more time for the EU and its Member States to agree on a negotiation position are, normally, also those that are more difficult to negotiate at international level; there is no real imbalance between the efforts and time spent on an agreement between the Member States and the negotiations with international partners;

– even if seeking an agreement between very divergent interests, often in a very short time, could lead to a weak position, it is always worthwhile to spend all possible efforts to try to reach a common position.

The Commission representative also shared the view that coordination to establish negotiating positions has positively evolved, and this has helped to reinforce the influence of the EU and its Member States in global settings, but that there is still room for improvement. Given the increasing number of issues with global relevance[22], the Commission representative underlined the valuable

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20 One delegation suggested that a possible recommendation could be that all Member States should have a health representative in their permanent missions to relevant international organisations.

21 One delegation recalled that there are areas in which the EU can speak on behalf of all the Member States, and other areas of national competence on which each Member State speaks on its own behalf in order to better defend its specific national interests.

22 See notably the health-related aspects of the United Nations Sustainable Development Goals.

contribution that strategic discussions could make to the achievement of the EU and its Member States' common goals in international settings.

In her closing remarks, the Chair concluded that in spite of the progress attained in the preparation of common positions during recent years, there is still room for improving the practicalities of the coordination procedures. The Chair noted, in particular, that the WPPHSL could play a relevant role as a forum for discussion of the broad lines of an EU strategy for global health.

AOB ITEMS

a) Update on current activities at EU level in the health area

The Commission representative provided some details on:

- the State of Health Cycle: the Member States could ask for voluntary dialogue in this context.
- the European Semester process: the autumn package will be delivered soon; a considerable number of CSRs were related to health; this year, the European Semester process and the CSRs were explicitly linked to investment issues.
- the Expert Panel on effective ways of investing in health: new members had recently been designated for the term 2019-22.
- health system cooperation:
  - the next working priorities for the Expert Group on Health Systems Performance Assessment will be: access to treatments (2020), preventive care (2021) and value-based-care (2022);
  - the Health Workforce Planning and Forecasting Expert Network will focus on support for the training of health professionals in new technologies.
- Pharmaceuticals:
  - access to medicines: difficulties can be expected in relation to expensive innovative medicines for unmet needs but also in relation to cheap medicines which are no longer economically interesting;

  - the report on orphan and paediatric medicines – medicines for which it is difficult to organise clinical trials and that require special business models – is expected by the end of 2019;

  - pharmaceuticals in the environment: protecting the environment is a strong objective of the new Commission.

- the Horizon Europe Research and Innovation Programme, which will finance research on health.

- the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases: will meet in January 2020 with the topic 'research' on the agenda and will possibly have a role in the context of the Action Plan on cancer (prevention)[23].

- Health security: the EU is developing (a) an action on Ebola, (b) preparedness for biological and chemical threats and (c) measures to tackle antimicrobial resistance.

- Vaccination:

  - the Global Vaccination Summit concluded that it is important to speak with one voice in tackling vaccine hesitancy;

  - A Coalition for vaccination will be convened for the exchange of best practices between health care professionals[24].

[23] More details can be found in the mission letter addressed to the candidate designated to hold the health portfolio from the elected President of the Commission.
Some delegations called on the Presidency to invite the Commission to present the Action Plan on cancer at a forthcoming meeting of the Working Party on Public Health.

[24] Which, in the view of the Commission, are at the best place to transmit information as they are close to the population.

b) Finland's Presidency – events in the area of health

The Chair briefly mentioned relevant initiatives organised by the Presidency, such as:

– the High-Level Forum on the Silver Economy (9-10 July 2019);

– the High-level conference on the Economy of Wellbeing (18 September 2019);

– the Joint Meeting of Chief Medical, Dental and Nursing Officers and Directors of Pharmaceutical Policy (26-27 September 2019).