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OUTCOME OF PROCEEDINGS

From: General Secretariat of the Council
To: Delegations

Subject: Working Party on Public Health at Senior Level on 11 February 2020

1. The agenda of the 23rd meeting of the Working Party on Public Health at Senior Level (WPPHSL) was agreed as set out in CM 1067/1/20 REV 1.

CHALLENGES OF POPULATION AGEING

2. The Chair opened the meeting by making the following remarks:
 - The ‘Life-course approach’ to healthy ageing is one of the Croatian Presidency’s priorities. The Presidency intends to pursue the work carried out under Finland’s Presidency on population ageing.
 - Most countries in the world are experiencing an increase in life expectancy. Over the next three decades, the global number of people aged 65 and over is expected to more than double. This means that by 2050, the percentage of people aged 65 and over will have risen to almost 30 % of the EU’s population.
 - There is a need to address the challenges of achieving healthy ageing in the EU, in particular in the context of the World Health Organization’s Decade of Healthy Ageing.

3. The Chair then invited Dr Josep Figueras Marimont, Director of the **European Observatory on Health Systems and Policies**, to give a presentation entitled "*The Economics of Healthy Ageing: Evidence and Policy Options*". According to Dr Figueras Marimont:

- Population ageing is often perceived negatively in economic terms. In his view, standard approaches to measure the costs and benefits to society of older people are flawed.
- Living longer does not necessarily mean higher healthcare costs. Keeping older people healthy and active can be done cost-effectively.
- New ways to measure ageing and its effects on the economy can be useful to shift the prevailing narrative.
- In all EEA countries, life expectancy increased between 2007 and 2016. But not all countries saw increases in healthy life years.
- Policies to support healthy and active ageing are essential, notably health prevention throughout the life course.
- Many policy interventions related to healthy ageing lie outside the field of healthcare, notably work-related policies (e.g. workplace health promotion, age-friendly job opportunities and settings, flexible rules surrounding pensions and retirement, supporting unpaid carers), policies to support politically acceptable, equitable and effective financing and to foster the Silver Economy¹.
- Healthy ageing can have a positive impact on the societal economy.

4. Dr Manfred Huber, Coordinator, Healthy Ageing, Disability and Long-term Care, **WHO Regional Office for Europe**, then gave a presentation on *Challenges of population ageing – a life course approach*:

- There is a strong increase in life expectancy in the EU, while significant differences remain between Member States. The challenge is how people can live longer, in good health and remain active.

¹ According to one definition, the silver economy is "the system of production, distribution and consumption of goods and services aimed at using the purchasing potential of older and ageing people and satisfying their consumption, living and health needs".

- The WHO strategy and action plan on healthy ageing for Europe 2012-2020 covers health over the life course, age-friendly environments, health and long-term care systems.
- The WHO Decade of Healthy Ageing 2020-2030 will be launched in October 2020. Its main action areas will relate to age-friendly environments, person-centred integrated care, community-based social care and support. There will be an implementation plan for Europe. Referring to age-friendly environments, Dr Huber outlined areas for local action to support healthy ageing and looked at the specific example of mobility.

Examples of national initiatives

5. The German delegation presented the German Prevention Act, i.e. the Act to Strengthen Health Promotion and Preventive Healthcare:

- The Prevention Act has been in force since 25 July 2015. The Federal government made use of its power to legislate on social insurance. Wider competences for health promotion and disease prevention lie with the 16 Länder governments.
- The Prevention Act has made a decisive contribution to boosting health promotion in specific settings (e.g. day-care centres, schools, firms, nursing homes and neighbourhoods). The health insurance funds were given an explicit mandate to provide services in these settings. A key objective is to reduce health inequities related to social determinants.
- The National Prevention Strategy consists of the cross-agency Federal Framework Recommendations and the Prevention Report that the National Prevention Conference submit to the Federal Ministry of Health. The National Prevention Conference is composed of the relevant stakeholders and is advised by a prevention forum. The cross-agency Federal Framework Recommendations reflect a shared understanding of what needs to be done in the fields of health promotion, disease prevention, safety and social participation.
- Under the umbrella of the ‘statutory health insurance alliance for health’ and with support from the Federal Centre for Health Education, the health insurance funds also assist the communities by running a nationwide support programme "the Local Support Programme" (funding of EUR 90 million per year). Its aim is to strengthen social situation-based health-promotion and disease-prevention schemes within the communities.

6. The Irish delegation then presented Sláintecare and the National Positive Ageing Strategy:
- Sláintecare is a 10-year reform plan for the Irish healthcare system intended to deliver improved health and wellbeing. The Sláintecare strategy details a plan for improving the quality of and access to healthcare services. One of its leading principles is that needs should steer access to healthcare. One of the elements to take into account when developing Sláintecare is demographic changes.
 - Several achievements in terms of governance, reforms, programmes, funding and networks have already been made to date.
 - As part of the establishment of Sláintecare, Ireland has been divided into six Regional Health Areas. The priorities for 2020 are to develop those Areas to enable integrated, patient-centred services and build extra capacity in the health and social care system to reduce waiting times.
 - One of the objectives of the Sláintecare Integration Fund is to scale up and share examples of best practice and processes for chronic disease management and care of older people.
 - The National Positive Ageing Strategy published in 2013 provides a framework for cooperation to address age-related policy and service delivery across government and society in the years ahead.
 - In order to monitor changes in older people's health and wellbeing linked to the Goals of the Positive Ageing Strategy, a separate initiative, the Healthy & Positive Ageing Initiative (HaPAI) has been established.
 - On 16 December 2019, Ireland became the first country in the world to become fully affiliated with the WHO's Global Network of Age-friendly Cities and Communities. Each of the 31 local government-led programmes have an Age-friendly strategy and are committed to ensuring that they are more inclusive and supportive of older people.

7. **In the follow-up discussions**, based on the Presidency text set out in document 5092/20, many delegations outlined their national strategies and action plans (e.g. programmes on ageing with dignity, fighting loneliness). The following general points were made:

- Delegations concurred that healthy ageing policies should be based on a holistic, cross-sectoral and multi-disciplinary approach involving all stakeholders. The increase in life expectancy will lead to more cases of chronic diseases and will increase pressure on health systems. Important policy goals are to increase the number of healthy life years and to decrease inequities between and within Member States, while safeguarding the sustainability of health systems.
- Several delegations stressed that population ageing should be seen as an opportunity rather than a problem, pleading for a positive and evidence-based approach.
- Some delegations pointed to ageing being a fact, but healthy ageing necessitating political action.
- Most delegations welcomed the forthcoming Commission Green Paper on Ageing² and expressed support for initiatives by WHO³, notably in the context of the Decade of Healthy Ageing (2020-2030).
- Many Delegations underlined that Health in All Policies is a particularly meaningful approach when developing healthy ageing policies. Such policies must also include notably the social, education, environment, transport and infrastructure sectors.
- Some delegations pointed to the difficulty of recruiting and retaining health workers with the right skills.
- Many delegations held that healthy ageing is a continuous process that depends on events and decisions throughout the life course. They insisted on the need to further develop prevention policies during the life course, such as screening programmes and initiatives with the aim of promoting healthy lifestyles (in particular tobacco control, reduction of alcohol consumption, nutrition, physical activity) to prevent non-communicable diseases.

² To be adopted by the Commission during the fourth quarter of 2020, see Commission Work Programme 2020, COM(2020) 37 final

³ <https://www.who.int/ageing/healthy-ageing/en/>

- Some delegations pointed to the autonomy of the elderly being a key goal.
- Some delegations took the view that tackling dementia was key, with one delegation considering that the Commission should have chosen it as a policy priority.
- Mental health was considered to be another important issue to be addressed.
- One delegation felt that it was essential to develop a healthy life years' indicator.
- Several delegations also mentioned that technological innovations/eHealth could play a crucial role in maintaining the independence and quality of life of the elderly population.

8. In interventions directly related to the **questions** set out in the Presidency text⁴, the following replies were given :

Question 1. *What instruments in place at EU and national level would you highlight as most helpful for working towards decreasing the gap/differences between Member States in healthy life years and inequities between and in Member States? Do you see potential for ESI Funds for the years 2021-2027 to support these actions?*

Delegations agreed that equality in healthy ageing is a priority. They highlighted the need to monitor the health of the population and to reach the most vulnerable communities. They raised the positive impact of prevention policies. Many said that EU funds are playing a key role in supporting national policies. They are essential for research and prevention actions, monitoring and spreading good practices. It should be made possible to use ESI funds to support inter-sectoral cooperation. Joint actions are particularly valuable. One delegation particularly referred to the outcome of the joint action on frailty⁵ which involved 22 Member States and showed that frailty is preventable through a cost-effective approach.

⁴ cf. document 5092/20

⁵ https://webgate.ec.europa.eu/chafea_pdb/health/projects/724099/summary

Question 2. *Could you identify and share good practices using available instruments addressing the challenge caused by the ageing of the EU population? Would you find a regular exchange of practices in place in Member States useful for addressing the challenges of an ageing population?*

Delegations supported cooperation and exchange of experiences in this area. European cooperation is needed to complement national and multilateral actions. Some considered that cooperation should be increased and that there should be more exchange on successful innovations.

Question 3. *Taking into consideration existing instruments in place, what is the right platform to discuss the best use of instruments that would make it possible to alleviate pressure on our health systems in this context? Should such discussions take place mainly between the relevant authorities or should they include a wider range of stakeholders (for instance in initiatives such as the EIP on AHA⁶)?*

Delegations said that the WPPHSL was a relevant forum and that other fora should also be involved. Many delegations stressed the need to step up cooperation with all stakeholders. They raised the relevance of the work carried out by the Commission Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases⁷. This group could be used to identify selected models funded by joint actions e.g. on frailty. Some also supported closer cooperation with the Social Protection Committee⁸ and social actors to discuss e.g. issues of dignified ageing and equality. It was mentioned that the SPC had initiated interesting work on the quality of long-term care for all.

⁶ https://ec.europa.eu/eip/ageing/home_en

⁷ https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en

⁸ <https://ec.europa.eu/social/main.jsp?catId=758>

9. The Commission representative agreed that a holistic cross-sectoral policy will be most effective. He said that the Commissioner's mission letter refers to population ageing. Commission initiatives will focus on cancer, but will also address other issues. In the context of the next MFF, the objectives are to enhance support to equal access to healthcare, accessibility, effectiveness and resilience, and access to long-term care services. There could also be investment in healthy ageing and prevention. The approach of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases is to build projects that link different EU funding sources to reach the project objective.

STRENGTHENING THE ROLE OF THE EU IN GLOBAL HEALTH COOPERATION

10. The Chair recalled the joint initiative launched by seven Presidencies on this subject and the note prepared by the Presidency as the basis for the exchange of views⁹.

Progress made during Finland's Presidency

11. The Finnish delegation reaffirmed that the joint Presidency initiative was formally launched at the meeting of the WPPHSL on 13 September 2019. In that meeting, delegations welcomed the project and gave preliminary ideas for improving current working methods in the preparation of and during meetings in international fora¹⁰.
12. The discussions on this initiative were continued at political level in the margins of the 9 December 2019 meeting of the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO)¹¹. On that occasion, delegations concurred on the need to develop a new long-term strategic and proactive approach concerning the EU's role in global health, with a view to making the EU a stronger and more influential international actor in the field of health, not only in WHO but also in other multilateral fora. Several priority topics for EU leadership in global health were mentioned: the fight against antimicrobial resistance, access to affordable quality medicines and vaccines, health security and pandemic preparedness, tobacco control, tackling alcohol and drug consumption, and addressing non-communicable diseases, including mental ill health and cancer.
13. Additionally, during Finland's Presidency, an informal expert group on global health was set up by the Presidencies to support the work within the initiative. Finland's Presidency also commissioned a working paper from the Geneva Graduate Institute of International and Development Studies to guide and inform the further work within the project.

⁹ 5093/20

¹⁰ 12823/19

¹¹ 14554/19

Addressing current challenges in coordination mechanisms and practices

14. The Commission representative presented an example of a successful coordination practice, which was established between Member States in the WHO with a view to preparing their common approach in the area of vaccination. She referred to vaccination as one of the most powerful and cost-effective public health measures. In the internal EU context, this is outlined in the Commission Communication of 26 April 2018¹², and is the rationale behind the Council Recommendation of 7 December 2018¹³ on strengthened cooperation against vaccine-preventable diseases. The Recommendation also aims to strengthen existing EU partnerships and collaboration with international actors and initiatives, which presupposes EU coordination in international fora. In this case, there was coordination between EU Member States from the beginning. One of the follow-ups was the Global Vaccination Summit that was co-hosted by the Commission and WHO on 12 September 2019. The coordination continued during the preparations for the 146th WHO Executive Board meeting. As part of the preparation for this meeting, EU Member States shared available information via a joint mapping exercise. Its purpose was to support EU Member States in preparing their common approach. The goal of the cooperation between EU and other actors is to have a resolution on strengthening vaccination activities adopted at the World Health Assembly in May 2020.
15. In the **follow-up discussion**, delegations were invited to address the following questions:

Question 1. *How can the coordination practice established during preparation of the common approach of the EU Member States on vaccination best be used in the future? What can be learnt from coordination on this subject for future preparation of positions on other subjects?*

Delegations stressed that progress has been made to adopt more common approaches of EU Member States in WHO and that the coordination in Geneva is working well.

¹² COM(2018) 245/2

¹³ Council Recommendation of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases, OJ C 466, 28.12.2018, page 1

Several delegations underlined the usefulness of the mapping exercise tool and stressed the need to preserve its flexibility. Some suggested that it be further developed by also addressing issues such as improved burden-sharing between EU Member States as well as by adding a chronology of positions and by anticipating common approaches.

Some delegations supported the idea of a common strategy, including guidance to prepare EU positions or common approaches of EU Member States, in compliance with the EU Treaties and while respecting national competences in this field.

Some suggested introducing procedures to improve cooperation at EU level, *e.g.* in a code of conduct, not necessarily in a formal instrument, drawing on the experience of EU coordination on tobacco control policy. The need to agree on more operational mandates was also underlined.

Delegations emphasised that Member States have similar positions on vaccination, while they have more divergent views on other issues such as tobacco and alcohol. Some felt the need to also focus on more controversial issues. In case a discussion on alcohol consumption is planned in the WHO Executive Board, there should be a prior discussion on the issue. A common strategy could help in this regard.

Several delegations deemed it important to anticipate the priority areas where the EU and its Member States could have a proactive role. Priority issues for further work were mentioned, namely global health security, pandemic preparedness, non-communicable diseases, antimicrobial resistance, tobacco, alcohol and pharmaceutical policy.

Many delegations referred to the upcoming extraordinary meeting of the Council (EPSCO) on 13 February 2020 on COVID-19 as an illustration of the importance of EU cooperation in the global health area.

Question 2. *Do you see the establishment of joint key messages as a useful tool for strengthening the EU voice in international fora? What could be priority topics to be addressed by possible joint key messages? How, where and in which setting should they be coordinated?*

Joint key messages were seen as useful tools to strengthen positions. Some delegations said that key messages are necessary but that there is a need to first agree on the strategic issues for the coming years and to have a good understanding of the issues at stake, e.g. in the WPPHSL.

Some delegations also felt that it would be useful to include elements of existing Council conclusions more frequently when defining EU positions.

16. The Commission representative said that vaccination was an example of a topic where it was relatively easy to find a consensual approach, while other topics are more difficult. She said that while the coordination/mapping exercise takes place in Geneva, the political input and guidance could come from Brussels. She added that some progress has been made on burden-sharing.

AOB ITEMS

a) **Coronavirus (COVID-19)**

17. The Chair informed delegations about the latest developments, in particular about the Informal High-Level Videoconference of 7 February and about the upcoming Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) of 13 February and the Presidency's intention to prepare Council Conclusions on COVID-19 for adoption on that occasion.
18. The Commission representative informed delegations about the EU's coordinated responses to address the outbreak. Replying to a delegation, he said that assistance for non-EU countries is based on an analysis together with WHO aimed at mitigating high risks and performed through the use of instruments and resources of development and neighbourhood policies.

b) **Update on the current activities at EU level in the Health area**

19. The Commission representative provided an update on current activities, in particular on Europe's Beating Cancer Plan and on the Commission Communication on a Pharmaceutical Strategy for Europe, both to be adopted during the fourth quarter of 2020. He also outlined work related to the Initiative 'State of Health in the EU', to Health in the 2020 European Semester, to Health Systems Cooperation (HSPA), to co-operation with the SPC on access to healthcare, to the EU Health Policy Platform, to the EU Health Award, to Horizon Europe for Research and Innovation to the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases, to Health Security and to vaccination.
20. Replying to a delegation, the Commission representative indicated that the Commission would consult Member States on the cancer plan and that the interlinking between the EU plan and national plans was particularly important.

c) European Semester¹⁴: consultation on the draft Council conclusions on the Annual Sustainable Growth Strategy

21. The Chair brought the attention of delegations to the written consultation of the WPPHSL on the forthcoming Council conclusions on the Annual Sustainable Growth Strategy, to be adopted by the Council (EPSCO) on 19 March 2020 as part of the European Semester Process. One delegation made a comment on the health-related paragraph of the draft conclusions, which was supported by some other delegations. The Chair indicated that the Presidency would take it into consideration.

d) Meeting between the WPPHSL Chair and the Social Protection Committee held on 26 November 2019

22. The Finnish delegation reaffirmed that, at the WPPHSL of 13 September 2019, delegations had made some suggestions for closer cooperation¹⁵ between the WPPHSL and the SPC. On 26 November 2019, Finland's Presidency was invited to the SPC to present those suggestions as well as the mandate, composition, working methods and deliverables of the WPPHSL. In the SPC, there was broad support for strengthening the cooperation between the two groups and agreement that inter-sectoral coordination at national level is of key importance. The differences in the two groups' mandates and working methods were recognised as a practical limitation which needs to be taken into account. The Commission representative expressed support for improving the cooperation between the two groups, but reminded everyone of the importance of respecting the structure and legal role of the bodies supporting the Council.

¹⁴ <https://www.consilium.europa.eu/en/policies/european-semester/>

¹⁵ 12823/19

e) **Croatian Presidency events in the area of Health**

23. The Chair briefly mentioned relevant events organised by the Presidency:

- the Joint Meeting of Chief Medical, Dental and Nursing Officers, Zagreb, 3-4 March 2020
 - the High-Level Conference on Transplantation and Organ Donation, Zagreb, 16-17 March 2020
 - the eHealth week, Rovinj, 15-17 April 2020
 - the Informal ministerial meeting *inter alia* on lifelong healthcare with a focus on oncology, Zagreb, 29-30 April 2020
 - the meeting of the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO), Luxembourg, 12 June 2020
-