

DELIVERABLE D2.4
Policy analysis and recommendations to ensure equal participation and autonomy of older people

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1. Description of the deliverable

This deliverable summarises AGE's policy papers and positions issued to ensure equal participation and autonomy of older people. While other deliverables look at equality and intersectionality, this one is more concerned with socio-economic policies, such as pensions, long-term care, social inclusion, employment, life-long learning housing or health. Regarding employment, this deliverable only describes our positions, inputs and actions taken on top of our flagship report, the AGE Barometer on sustainable working lives (see D.2.6). All our advocacy and policy work is based on the valuable input of our Task Forces, therefore this deliverable also reports on the outcomes of some of the discussions and work mentioned in D2.5. This deliverable also covers the reporting of Task T2.5.

The main processes that we fed into during the period covered by the WP are:

- European Pillar of Social Rights, notably through our participation in Social Platform and the European Anti-Poverty Network
- The EU Care Strategy by raising awareness for the Strategy and participating in mutual learning exercises
- The European Semester, on which we developed a position with country-by-country analyses for the first time since 2019
- Various files debated in the European Parliament (Victim's Rights Directive, EU Driving licence directive)

- The EU Recommendation on adequate minimum income for social inclusion
- The Commission's Communication on a Comprehensive approach to Mental Health

2. Key outcomes

a) European Semester / Economic governance

As 2024 likely will see the return from the General Escape Clause in the European Economic and Fiscal Framework, we decided to invest again more time and resources into the European Semester in 2023. The previous years had seen a decline of engagement of AGE members, as the European Semester focussed on implementing the Recovery and Resilience Funds and did not lead to recommendations on social protection since 2020. AGE encouraged members to get in touch with their competent ministries, define their own priorities for national reforms and to take part in consultation exercises of the Commission and Member States. We also wrote opinion pieces on the European Semester from the point of view of the Secretariat. In particular, we looked at recommendations relative to the cost-of-living crisis and the implementation of the EU Care Strategy. We reached a position covering 12 Member States and submitted it to policymakers ahead of the 2024 Annual Growth Survey.
Annex: Position on the European Semester 2023: 'A timid restart'

Our work on the European Semester was framed by the final report of the High-Level Expert group on the Future of Social Protection and the Welfare State, which included an important call for social investment, notably in light of demographic change, and a fiscal framework that allow for this social investment to happen. We reported on the outcomes of the HLG's proceedings and took an active part in its final conference. Furthermore, we supported EAPN and Social Platform in the campaign 'Fiscal matters' to influence the discussion on the review of the Fiscal Framework in this sense.

Th European Parliament adopted a motion for a roadmap towards social Europe, two years after Porto. Given the importance of the European Pillar of Social Rights on the realisation of the rights of older persons, in the areas of equality, labour market, education, pensions, inclusion, health, essential services and long-term care (to name some important principels), we proposed amendments to the rapporteurs.
Annex: Proposals for amendments on the report 'Roadmap on a Social Europe: two years after Porto'

b) COVID-19 and lessons learned

Given the profound impact of COVID-19 on older persons and in particular in the context of long-term care, AGE called, together with EPSU and EDF, for a European investigation on the protection of persons in need of long-term care, persons with disabilities and care workers in May 2020 – very early in the pandemic. The call was supported by 88 MEPs, representing a large part of the political spectrum of the European Parliament. Following this call, the European Parliament established a 'Special Committee on COVID-19: lessons learned', mandated to deliver a single report. This first mandate of the Special Committee was dedicated to hearing issues directly related to EU competence and industrial policy: development and production of vaccines, the digital COVID certificate, temporary impediments to the right to free movement etc. However, it became clear that the victims of COVID-19 would not be heard if the mandate was not extended. With EDF and EPSU, we called again on the President of the European Parliament and the Chairs of the Special Committee to prolong the mandate in 2022. The mandate was thus prolonged and hearings were held on fundamental rights and on vulnerable groups.
We were invited to testify to the Special Committee in January 2023. Following the debates, we also developed and submitted proposals for amendments to the final report of the Special Committee.
The final resolution adopted highlights the impact of COVID-19 on many affected groups, including older persons. It calls for better tackling non-communicable diseases and promote active and healthy ageing in line with the WHO Decade on healthy ageing. It also stresses the issue of the digital divide affecting – among others – many older persons, calling for health and care to be always accessible face-to-face.

Annex: Proposals for amendments to final report of COVID-19 Special Committee

c) Employment and Participation

In the field of employment of older workers our main achievement is the 2023 AGE Barometer, which was released in November, and our Annual Conference which was part of the same process, and already highlighted ways to foster sustainable working lives. See Deliverables D2.3 and D2.6.
The first results of the AGE Barometer were also shared at the Congress of the French-speaking network of age-friendly cities.

Besides the Barometer, we also engaged in a number of activities linked to employment of older workers, the promotion of life-long learning and training and participation.

We participated at the high-level conference on active and autonomous ageing, organised by the Swedish Presidency, with our President Ebbe Johansen. At the high-level conference, we stressed the importance of intergenerational exchanges and adequate working conditions to improve employment of older persons. The following day, our President and the Vice-President Christina Rogestam addressed the Swedish Parliament at a conference on age discrimination and ageism.
On the same topic we joined experts in two workshops to discuss the empowerment of people in vulnerable situation on the labour market. The first workshop was organised by the European Trade Union Institute (ETUI0, Open Society Foundations (OSF) and SOLIDAR on "Empowering vulnerable groups in the green economy" where we highlighted the current and future challenges faced by the older workforce and the need to invest in older workers. The second workshop was organised by Eurofound and gathered many experts to discuss the existing policies and practices aiming to retain older workers in the labour market. During this fruitful workshop, we presented the best practices identifies by AGE members in the Barometer, which also was used as reference for the Eurofound report on the topic, published in February 2024.

We addressed the need for more inclusion in digital in the launch event of All digital weeks, in April. During our intervention, we reminded the need to invest in digital literacy for older people to guarantee their autonomy and independence but also ensure their active inclusion and civic participation. We recalled for the need to adopt a life-course approach that allow lifelong learning, including in older age. Digital competences must be updated at all ages and regularly as new technologies grow fast and concerns all society.

Finally, we have been kindly invited to be part of the 3rd edition of the "Headway - A new roadmap in Mental Health" Forum, which took place on October 25th, 2023 at the European Parliament in Brussels and hosted by MEP Maria Walsh. For this event, we intervene in the roundtable "Pathways to lifelong mental well-being", where we addressed the specific situation of older people and the impact of age discrimination on their mental health and we recalled the specific situation of older carers. Our recommendations were to address the gap between in the needs in mental health and the availability of services and support and to integrate the mental well-being into overall thinking and policy making on ageing.

We also proposed amendments to an EP mission report on supporting and adapting vocational training as a tool for the success of workers and a fundamental element of the EU economy in the new Industry 4.0, mentioning the important role that VET plays also for older workers.

Annex: Proposals for amendments on supporting and adapting vocational training as a tool for the success of workers and a fundamental element of the EU economy in the new Industry 4.0

d) Pensions and adequate income

2023 marked the adoption of the **Council recommendation on adequate minimum incomes for active inclusion**, a milestone in AGE's long-standing campaign towards a European framework directive on adequate minimum incomes, which should encompass also minimum pensions. We wrote an article in support of EAPN's and Social Platform's Over the Line campaign, underlining why this is not sufficient to fight old-age poverty and exclusion – despite the important step that it constitutes. A milestone of this campaign is a resolution of the European Parliament calling for a directive on minimum income. We also shared the campaign around 17 October, the International Day for the Eradication of Poverty.

Annex: Article – Council recommendation Minimum income – not enough to fight poverty

Regarding pensions, we stressed at numerous occasions the results of our 2022 members' survey on the cost-of-living crisis and governments' mitigating measures. Especially, we underscored the importance of adequate, automatic and regular adaptation mechanisms for pensions and other social benefits to inflation, such as at a conference of the European Social Insurance Platform or the launch of the report of the High-Level Expert Group on the future of social protection and the welfare state. We provided comments in the same line on the draft outline of the 2024 Pension Adequacy Report, on which we were consulted by DG Employment alongside social partners

Annex: Comments on the draft outline for the 2024 Pension Adequacy Report

In the context of the French pension reform, which triggered lively resistance, demonstrations and debate, we were interviewed by EurActiv for an opinion piece on increasing career lengths. Unfortunately, the position of AGE has become less visible in the final article.

AGE participated as a partner in the **European Retirement Week 2023**, in November. However, as we also had our Council of Administration held back-to-back with the EESC conference on the rights of older persons in Madrid the same week, it was not possible for us to co-organise an event this year. We still submitted a policy recommendation to the joint Press release announcing the Retirement Week.

Annex: Press release of European Retirement Week with policy recommendations

The Task Force on Adequate Income and Social Inclusion also worked on the question of loneliness, dedicating an internal brainstorming on strategies and good practices to prevent loneliness among older persons. We therefore took an active part in the launch by DG Employment and Social Affairs and the Joint Research Centre of their report on loneliness. We were also represented via our Swedish member SPF Seniorerna at the Swedish Presidency conference on fighting loneliness in Stockholm. (cf. continuous reporting in the technical report). The topic also was on the agenda during the launch of EU Mental Health Week, where our member Liz Mesthenenos represented AGE by talking about a concrete practice to fight loneliness.

e) Long-term care

The year 2023 was the first after the adoption of the Council recommendation on Long-Term Care and also marked the first anniversary of the EU Care Strategy. Consequently, AGE's efforts were focussed on making the Council recommendation more known, encourage its implementation and engage with the mutual learning workshops organised by DG Employment and Social Affairs. We were represented in both workshops organised (one on quality in long-term care and integrated care, a second one on social protection in long-term care) – see technical report and continuous reporting. We also took part in various activities and events to promote a rights-based shift in long-term care policies, using the momentum of the implementation of the Recommendation. On the side of civil society, we transformed the CSO coalition on long-term care by animating a Task force on the EU Care Strategy within Social Platform. As part of our engagement with the World Health Organisation, we joined several expert workshops on long-term care, especially taking part in the works of WHO for the European Commission to develop a technical self-assessment tool for long-term care systems (see technical report and continuous reporting).

- We supported the launch of e new EU Pact for Skills Partnership for Long-Term Care
  Annex: Launch of new EU Pact for Skills Partnership for Long-Term Care
- We supported a joint call by 16 NGOs on the first UN Day of Care and Support.
  Annex: Joint Statement on UN Day of Care and Support: 'Building up European care capital'
- We aimed to make the EU Care Strategy in its singularity as a first regional strategy on care more known, such as by explaining its importance in a guest article for the international journal of the American Association of Retired Persons.

Annex: Article for AARP International Journal: Long-term care in Europe: A new start?

We also encouraged members to analyse and define their own priorities for reform in their national long-term care systems and conducted several discussions on this topic with the Task Force on Dignified and Healthy Ageing. This is in view of a consolidated document that can be used by the Commission and Member States' governments to define the implementing measures which they have to present by June 2024 (see D2.5).

One brainstorming exercise conducted with the Task Force over the year gave rise to a summary document on palliative care.

Annex: Report from TF DHA brainstorming on palliative care

The work of the Task Force also fed into the recommendations developed in the framework of research projects, notably InAdvance on palliative care and SHAPES on integrated care (not funded by the CERV programme)

f) Health

A major development in 2023 was the consultation and the release of the Comprehensive approach to Mental Health by the European Commission. Therefore, we worked with our Task Force members in creating and submitting a contribution to the call for evidence.

Annex: Contribution to the call for evidence on mental health

We also furthermore analysed the outcome of the Commission communication in an article on our website.

Annex: Article - A comprehensive approach to mental health: the plan of the European Commission is out

The reflection was completed by a brainstorming exercise by our TF on Dignified and Healthy Ageing on mental health for older persons in December in Warsaw (see D2.5)

Annex: Report from TF DHA brainstorming exercise on mental health

In addition, we participated in the 16th European Public Health conference and reported from this occasion. Our president, Heidrun Mollenkopf, also participated in the WHO Europe Symposium on the Future of Health Systems in a Digital Era.

g) Age-friendly environments and Accessibility

Most of the work caried out in that area has been done in close collaboration with the Task Force on Age-Friendly Environments (TF AFE, see D2.5).

We have contributed to the EU agenda on accessibility notably by taking part in the EU Jury of the Access City Awards (Rodd Bond, Active Retirement Ireland). The launch of the Accessible EU Centre has also be an important piece although most of this work is covered through a different funding line (the Accessible EU Centre being the result of a tender of DG EMPL coordinated by the Fundacion ONCE).
For AGE, the accessibility agenda is also very much linked to the collaboration we have with the World Health Organisation (WHO) through our affiliation to the Global Network of Age-Friendly Cities and Communities: our President reiterated our commitment to this agenda, which is key to advance autonomy and participation of older people, during the International Conference organised in Paris in December 2023. We have also worked in close collaboration with WHO to renew our collaborative plan with them for the period 2024-2026 (this document is not public).

We have been very active on financial and banking services through our participation to the European Retail Payment Board (ERPB) of the European Central Bank (Main representative: Maciej Kucharczyk, Alternate representative: Anne-Sophie Parent from the Older Women's Network – OWN Europe). 2023 has mainly be dedicated to the Digital Euro file, including to highlight the importance of inclusive payment methods. This is why we published in April 2023 a joint factsheet with BEUC (the European Consumer organisation which is available here. We have also decided to join the subgroup of the ERPB dedicated to fraud given the high importance of this topic for older people. That subgroup is coordinated by BEUC but AGE members have helped gathering concrete examples and experiences around the topic. The results are not yet public.
Last but not least, we have also monitored the single currency legislative package which is very much linked to the above mentioned dossier.

For what concerns mobility, we have mainly worked on the review the EU Driving license directive from an ageism perspective; this has been reported in D2.1.

3. Prints of relevant proofs

- **Annex A1:** Position on the European Semester 2023: 'A timid restart'
- **Annex A2:** Proposals for amendments on the report 'Roadmap on a Social Europe: two years after Porto'
- **Annex B:** Proposals for amendments to final report of COVID-19 Special Committee
- **Annex C1:** Proposals for amendments on supporting and adapting vocational training as a tool for the success of workers and a fundamental element of the EU economy in the new Industry 4.0
- **Annex D1:** Article – Council recommendation Minimum income – not enough to fight poverty
- **Annex D2:** Comments on the draft outline for the 2024 Pension Adequacy Report
- **Annex D3:** Press release of European Retirement Week with policy recommendations
- **Annex E1:** Launch of new EU Pact for Skills Partnership for Long-Term Care
- **Annex E2:** Joint Statement on UN Day of Care and Support: 'Building up European care capital'
- **Annex E3:** Article for AARP International Journal: Long-term care in Europe: A new start?
- **Annex E4:** Report from TF DHA brainstorming on palliative care
- **Annex F1:** Contribution to the call for evidence on mental health
- **Annex F2:** Article - A comprehensive approach to mental health: the plan of the European Commission is out
- **Annex F3:** Report from TF DHA brainstorming exercise on mental health

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AGE Position on the European Semester 2023

A timid restart among multiple crises

AGE Platform Europe Policy Statement
November 2023

Assessments of the Country-Specific Recommendations and Country Reports by AGE members for Austria, Belgium, Cyprus, Denmark, France, Germany, Hungary, Ireland, Italy, Malta, the Netherlands, and Poland

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Executive Summary

- The European Semester is the annual process of coordination of fiscal, economic and social policies of the EU. It is charged to implement the fiscal convergence criteria, the post-COVID Recovery and Resilience facility and the European Pillar of Social Rights Action Plan.
- For the first time in three years, the 2023 Semester cycle formulates recommendations to Member States on structural reforms.
- AGE and its members have assessed the 2023 Spring Package regarding how it takes on the ambitions outlined in the recent years regarding the mainstreaming of ageing and various EU policies with relevance to older persons.
- Ageing is seen as a burden throughout the Semester process, mainly weighing on fiscal spending for social protection and reducing labour market supply.
- The Semester only partly harnesses the potential of ageing, by recommending increased training and job creation in the health and long-term care sectors. It does however not see older persons as a labour force resource with skills, experience and potential, nor does it focus on improving health or healthy life years. The low employment rates of older persons in the labour market and their causes are not addressed.
- Despite the EU Care Strategy (2022) and the Council recommendation on Long-Term Care (2023) affirming the role of the Semester in driving the implementation of the Strategy, little attention is paid to health and long-term care policies from a patient-centred perspective.
- The Semester aims to make support during the cost-of living crisis more targeted towards vulnerable groups, which is welcome in principle. However, it is not clear whether the lack of attention to older persons in the cost-of-living crisis observed in 2022 will be addressed.
- Persistently increasing poverty and social exclusion rates of older persons at the EU level remain unaddressed by the Semester.
- Despite a focus on life-long learning and skills, no mention is made of the low participation of older persons in adult education.
- Civil dialogue on the European Semester faces additional barriers since the preceding cycles and these are still not lifted.

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Assessment of the 2023 Semester from a European perspective

The European Semester implements the EU's fiscal and debt objectives and is charged with implementing the European Pillar of Social Rights Action Plan, primarily its flagship objectives of reaching 78% employment rates, reducing poverty and social exclusion by 10 million and increasing participation in education and training to 60% for all adults by 2030. It also has a role in implementing the EU Care Strategy and other policies of the EU such as Re-power EU, the Recovery and Resilience Facility and others.

On top of the formulation of EU policies, the Member States have issued several documents, such as the Council conclusions on Mainstreaming Ageing or the Council conclusions on the human rights of older persons in the age of COVID-19. UNECE Member States also have committed to develop and heighten the priority for comprehensive ageing strategies during the 2022 Ministerial Conference 'MIPAA+20: A sustainable World for All Ages'. **These all point towards the direction of a better coordination and implementation of ageing policies at EU level**, for which AGE suggested the creation of an EU Age Equality Strategy in the past.

The 2021 and 2022 European Semester editions did not issue recommendations to Member States, rather it was used to orient the Recovery and Resilience Plans. **Therefore, the 2023 edition is the first that includes calls for structural reforms**. AGE has asked its member organisations to analyse the Country Reports and proposals for Country-Specific Recommendations, and to check in how far these match the actual needs of older persons and of the European ambitions formulated in the above policy documents.

The major challenge of 2022 was the spike in inflation, driven by energy, food and other essential goods and services. While governments took strong measures to mitigate the impact of this spike, **older persons were not always considered as a target group**: AGE has assessed the impact of the cost-of living crisis and government measures in a separate report last year[1].

The CSRs this year focus, for each Member State, on fiscal policy, implementation of the Recovery and Resilience Programmes, energy policy and 'other policies'. Significant mentions of social policies in the accompanying Communication[2] focus on the importance of developing digital skills and public services to increase competitiveness. To increase fairness, the Commission outlines that social protection systems need to be safeguarded and strengthened. Regarding ageing, there is a mention that this is a 'burden', linked to increased chronic diseases, new health demands and new technologies that require

[1] AGE Platform Europe, Keeping the energy – older persons in the 2022 inflation surge, October 2023.
[2] European Commission, Communication: 2023 European Semester – Spring Package. COM(2023) 600 final, 24/05/2023.

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creating more jobs in health and social care, and improving access to and quality of health and long-term care. In the area of education and training, focus is put on health and long-term care ICT and other sectors related to the green transition. It should be noted that the analysis only concerns 'skills' related to the labour market and not a broader concept of education along the entire lifespan. The Commission calls for increasing labour market participation of underrepresented and vulnerable groups, quoting some (persons with disabilities, people with migrant background, but not quoting older workers.

Some AGE members have tried to establish in contact with national governments regarding the development of National Reform Programmes or discussing on the Country-Specific Recommendations. It should be stressed that participative governance of the European Semester has significantly eroded since the 2010s, when progressively governments and EU institutions made the process more accessible to civil society organisations. **AGE continues to call for publication of Country Reports ahead of the drafting of Country-Specific Recommendations and for a requirement for national governments to consult with national civil society** on National Reform Programmes and RRP implementation during the process.

Reduced inclusion of civil society in the European Semester

As the European Semester was charged with the setting up and implementation of national Recovery and Resilience Programmes from 2020 onwards, without fostering structural reforms, the place for civil society was severely altered. Throughout the 2010s, civil society had increased its space through persistent calls for its inclusion, with national governments sometimes consulting on National Reform Programmes and European Commission representations organising seminars on the Country Reports. The European Commission seems to continue this good practice, but the Country Reports are no longer published ahead of the Country-Specific Recommendations, making it hard for civil society organisations to take a stance in time to provide constructive feedback for the formulation of Recommendations. In turn, interlocutors within national governments changed, as the theme of the Semester shifted towards directing investments in specific sectors. Employment and social affairs ministries, with which a constructive relationship was sometimes achieved by AGE members, were no longer in charge and the reins handed over to finance ministries.

In the two years without Country-Specific Recommendations, civil society found it therefore harder to use the European Semester in the national context and to see its voice called for and included. In 2023, this did not change much: at the EU level, the Country Reports are again published only later together with the already-established draft Country-Specific Recommendations. At the national level, habits of consulting with civil society have been lost or eroded.

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It is urgent that for the next Semester cycle, the European Commission actively encourages Member States to seek dialogue again, asking them to conduct consultation processes on the NRP and to explain these processes in National Reform Programmes. The organisation of national seminars with civil society on the Country Reports, organised by the Commission representations, should continue, and be expanded. Finally, country Reports should be published earlier in the process to allow for positioning and formatting of civil society's input.

Is the EU Care Strategy on the Semester's radar?

The Commission and Member States have raised the priority of long-term care policies by the adoption of the EU Care Strategy in September 2022 and the Council Recommendation on access to affordable quality long-term care in December to respond to the challenges in the sector in terms of lack of options for care, prevalence of a paternalistic/dependency-creating culture in care, lack of social protection and funding, as well as untenable working conditions and reliance on unpaid informal care. These challenges have worsened in the recent crises, starting with COVID-19, but also the energy cost crisis due to the war against Ukraine, which drove up the costs for care.

The Country-Specific documents to underline some of the shortcomings of the health and care sectors in Member States, **mainly in terms of access to care services and shortages in the care workforce.** To a lesser extent, adequacy and access to different forms of care are also addressed. However, this concerns only a limited number of Member States. **Where care policies are identified as an issue, the analysis does not go far enough and stays at a very general level.** AGE has put forward, during the adoption of the EU Care Strategy, the required vision to trigger a rights-based approach in long-term care.

It is evident from AGE members' assessments and from the 2021 Joint Commission-SPC Report on Long-Term Care that **current long-term care systems do not match the ambition of providing adequate, affordable quality care to all persons in need of care and support**, especially not against the background of increasing longevity. The Recovery and Resilience Programmes are expected to invest in improving health and long-term care services, a reason put forward to explain why there are only few recommendations in this domain despite its supposed priority. However, many of **the issues in long-term care are not only linked to a lack of resources and the scarcity of services, but also to the way the sector is organised**: segmentation (e.g. exclusion of dementia patients from palliative care in Poland; need for private funding for home-based services vs. subsidised services in hospitals/care homes), lack of staff, systems that do not sufficiently prevent and fight abuse and neglect, and sometimes choices that disregard the choices that a person in need of care would make. **The principles of the Council recommendation on access to affordable, quality long-**

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term care[3] should be better streamlined and reflected in the Country-Specific Recommendations.

Are labour markets becoming more age inclusive?

The European Pillar of Social Rights Action Plan aims to reach 78% of employment rates by 2030. It is apparent that, given the ageing of the EU's workforce, this is not achievable without significantly improving the employment rates of older persons. Employment rates of older persons (55-64 years) continue to progressively increase in the EU-27, reaching 62.3%[4] in 2022, up about 15 percentage points in a decade. **Employment of older persons still lags behind the overall populations'** (74.6% for 20–64-year-olds) by more than ten percentage points and **the gender gap remains the highest of all age groups** (12.5 percentage points). **Employment rates of older women are particularly low** in Romania, Luxembourg, Greece, Malta, Poland (which has 60 years as a pension age for women), Croatia, Italy, Serbia, Austria (highlighting Member States with employment rates below 50%). **For older persons of all genders,** this concerns Luxembourg, Romania, Croatia, Greece, Malta, Serbia, Italy (employment rates below 55%). **In none of the country-specific documents, actions specifically favouring the employment of older workers are mentioned.**

A significant part of employability is **education and training**, which has its own objectives in the EPSR Action Plan of reaching 60% participation in education and training by all adults every year by 2030. **No new numbers seem to have been published on this since 2016,** when 43.7% of 25–64-year-olds participated in education and training vs. 31.6% for 55-54 year-olds:

AGE Barometer 2023

AGE has assessed good practices to empower older workers in 2022-2023, publishing the **AGE Barometer** on this very topic in Q2 2023.

The Barometer contains examples of interventions by public authorities, employers and others that have an empowering and positive impact on support for older workers, tackling age discrimination in the labour market, and workplaces for all ages. **We can only recommend studying and promoting these practices and recommendations.**



Download Barometer

[3] Council Recommendation of 8 December 2022 on access to affordable high-qualoity long-term carecoun 2022/C/476/01.
[4] Eurostat, Employment and activity by sex and age – annual data, retrieved on 28 August 2023

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an age gap of 12 percentage points.[5] Data for training and education within a four-weeks timespan[6] shows a very slow improvement by two percentage points for the largest population group disaggregated (25-64 years) over the past 7 years. The age gap is apparent here as well, as 19.2% of 25–34-year-olds claim to have participated in training vs. 6.7% of 55–64-year-olds and 6% of 50-74 year-olds. It seems that employers and education systems do not support and promote education and training to older persons. Many EU initiatives, such as the Upskilling Pathways recommendation or the individual learning accounts recommendation take the right approach to changing towards a life-long learning culture, however none of these particularly take into account age as a factor creating exclusion from education and training. The European Semester documents also show no focus on older persons in the (otherwise numerous) recommendations on education and life-long learning.

[5] Eurostat, Participation rate in education and training by age, retrieved on 28 August 2023.
[6] Eurostat, Participation rate in education and training (last 4 weeks)- by sex and age, retrieved on 28 August 2023.

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Are we halting the increase of poverty and social exclusion of older persons?

The European Pillar of Social Rights Action Plan also includes the aim to attain a reduction of the number of persons living at-risk of poverty and social exclusion by 15 million (5 million of which children) by 2030, from the baseline of 2019 (91 million). While children and youth show the highest rates of poverty and social exclusion, **persons between 55 and 64 as well as persons 75+ are the next-most vulnerable groups**.[7] The group of 65-74 years is relatively shielded from poverty and social exclusion compared to other population groups. **Still, about one in five older persons is at risk of poverty and social exclusion**. Over time, one can see an increase in the risk of poverty and social exclusion of older persons of pension age (groups of 64-74 and 75+) since 2015, while working-age poverty and social exclusion declined. Numbers are currently available until 2020 and thus do not include yet the impact of the record-high inflation driven by basic goods and services in 2022.

A gender analysis shows that **women continue to be much more exposed to the risk of poverty and social exclusion**, with gender gaps increasing with age: 3.3pp (55-64), 4.2pp (65-74) and 7pp (75+) versus 1.8 pp for the total population.

Against this background, there has been very little attention to these groups at risk of poverty and exclusion: only some country-specific documents mention issues relating to the adequacy of pension systems, and some only project them into the future. Regarding the group of 55–64-year-old, the issues raised in the chapter on employment policies above apply to them, and even more so to women in this age group: for them, policies to support **adequate and affordable care to relatives are especially important to allow them to participate in the labour market** rather than providing unpaid, informal care.

Poverty and social exclusion by age, 2020

Group	2020 AROPE rate
Total	21.5%
55-64 yrs	21.9%
55-64 women	23.5%
65-74 yrs	18.4%
65-74 women	20.3%
75+ yrs	20.6%
75+ women	23.4%

"About one in five older persons is at risk of poverty and social exclusion."

Find out more

[7] All AROPE figures are from Eurostat, Persons at risk of poverty or social exclusion by age and sex – EU 2020 Strategy, data for 2020, retrieved on 28 August 2023.

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The Council Recommendation on Adequate Minimum Income for Active Inclusion[8] is a key policy to support older persons and prevent poverty and social exclusion, yet Member States can still decide on their own whether they include pensions as a form of minimum income into the scope of the recommendation, and how exactly to define adequacy. It seems necessary to make explicit that minimum pensions should be coherent with the aim of 'ending poverty' (Sustainable Development Goal 1): this means they should be fixed at least at 60% of median incomes. Similarly, the erosion over time of the poverty-preventing effect of pension systems that can be seen for the age group 65-74 compared to people 75+, particularly in the context of high inflation, underpins the need to have automatic, adequate and regular pension indexation rules that keep in track with the increase in living costs and incomes. None of these issues seem to be addressed by the country-specific documents.

In recent years, inequality in terms of the distribution of wealth seems to have increased. The Country Reports do look at inequality measured as the distribution across income quartiles. A similar analysis should be done also based on wealth quartiles and on disaggregation of different sources of income, namely pensions.

In 2024, the next edition of the joint SPC-Commission Pension Adequacy Report will be published. AGE hopes that it will contain an analysis and a call for action against a further deterioration of the poverty risk of older persons.

[8] Council Recommendation of 30 January 2023 on adequate minimum income ensuring active inclusion. 2023/C/41/01.

Assessment of National Country-Specific Recommendations and Country Reports

Austria

Contributor: Pensionistenverband Österreich

- **Ageing is mentioned as a long-term risk**, in particular in the field of long-term care and health systems.
- **Debts related to the response to COVID-19 and the energy crisis** are mentioned as a risk.
- The **burden of tax and social contributions on wages** is mentioned as a burden. Pensioner's associations do not share this assessment, as social contributions are essential to fund social protection systems, and in particular pensions. The reductions on wage costs have already weighed on the funding of social protection, its budget has decreased by 1.7 billion € in 2023. This reduction must be funded through general tax to avoid reductions in services.
- The CSRs call for **more efforts to get people into employment**, which is very important. These should be focussed especially on women, migrants, low-educated workers, and older workers.
- There is a problem with the increase in pension ages, as about half of all women retire from unemployment, rather than retiring from a job. It would be more important to focus on increasing the sustainability of employment through measures for life-long learning, job support, fighting discrimination and supporting work-life balance.

Belgium

Contributor: OKRA (referring partly to Flanders only)

Several issues are not mentioned in the Country Report nor in the Country-Specific Recommendations:

- There is a serious **shortage of nursing staff** in ordinary hospitals, as well as in **global health care** and long-term care. The result is that the patients often do not get the quality care that is required. This applies in particular to care services for older persons. This problem is partly due to the very low remuneration, but also to the lack of interest among young people to work in care for older persons.
- **Discrimination based on age in disability policy**: an old problem that has not yet been tackled and for which Belgium should be reprimanded by Europe. Persons under the

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age of 65 who suffer from a disability receive financial support from the Flemish Agency for Persons with Disabilities. Anyone who becomes disabled after the age of 65 cannot receive this support. This is definitely discrimination based on age.

- Specifically on mental health:
  - A desperate problem are the **very long waiting lists in mental health care** for children and young people. Even in crisis situations, children and young people with mental problems do not receive appropriate help; as a result, they are sometimes placed in psychiatric institutions for adults. This is partly due to the **insufficient investment in child and youth care** and the lack of adequate personnel (for example, in Flanders there are only 300 child psychiatrists available).
  - Residential care centres for older persons have **no experience or expertise to provide the right care for older people with psychiatric problems**.
  - **In prisons** there are inhumane conditions for prisoners with a psychiatric problem. They also often receive no adapted care at all.
  - There is also the problem of the mentality of the population: **people are not inclined and not open to talk about mental problems** with each other (that is completely different in the Netherlands). As a result, people too often continue to walk around alone with their problems and miss adapted support or care.
  - Here too, the **shortage of skilled personnel** and a **lack of investment** is a major problem.

Cyprus

Contributor: PASYDY

- Neither the Country Report nor the Country-Specific Recommendations specifically address older persons
- The main issues are linked to **long-term and palliative care**. Palliative care is not affordable to many persons who need it.
- **Mental health care is insufficient**; beyond a system for children, there is not enough support for prevention and mental health care for adults. Specifically mental health care for persons with dementia should be improved.
- There is a lack of **supported adaptive housing for persons in need for care** or who need to hospitalise.
- A good practice is that many older persons are employed while retrieving their pensions, which can be fully combined.
- Cyprus has a good practice of providing **almost-free training and education** to pensioners.

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- There is a minimum **pension for women** who took time to take care of the family rather than being employed. There is however an issue for women who are employed and reduced their working hours, they also have much lower pensions than men.
- Automatic **pension indexation of pensions has stopped in 2013**. Its reintroduction is currently being discussed, but the reference value for indexation is under discussion.

Denmark

Contributor: DanAge

- Denmark has a **favourable situation** as public debt levels and unemployment are low.
- Still, **inflation had a strong impact**. Generally, the Danish pension system functions well, and public pensions are indexed to wages, which in the long term is better than indexing to prices. With the sharp rise of inflation, however, pensioners (and other recipients of social benefits) are in difficulties because the **increase in pensions is delayed by 2 years.** In 2022, pensions were indexed by 1.2% vs. 8.5% of inflation, and 70% of pensioners did not benefit from other additional measures. Regarding disability pensions, the increase in 2022 was only 0.15 %. In 2023-2024, a collective agreement foresees a wage increase of 10 % to catch up with inflation, however, pensioners will benefit from this increase only one year later.
- The Commission underlines that '**a range of social benefits target older people', however, this targeting has not been very accurate**. Additional measures to support older persons in the energy crisis are special supplements of DKK 2.500 in 2022 and 7.500 in 2023, depending on income and liquid assets of the person. There is a group who have more liquid assets than the maximum, but a low income – they have received no extra help. This group constitutes about 30% of pensioners.
- The Country Report comments on the **high level of rents**, given that for 15.5% of households. Housing costs represent more than 40% of their disposable income. There are generous housing subsidies, reducing the cost of housing from 38% to 16% for the average single pensioner. High levels of rent may be linked to the fact that young people in Denmark tend to desire housing independently from their parents at a younger age than in many other EU member States.

France

Contributors: Union Française des Retraités, Union des Anciens de BP

- All of the issues mentioned in the Country-Specific documents, namely **energy supply, inflation, distribution of competences among policy levels, shortage of skills and workforce are relevant and important. Government initiatives to increase**

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productivity and skills go into the right direction, but there is no focus on older persons.

- Both **inflation and the sourcing of energy are improving,** and energy subsidies will be phased out by the end of the year normally, alleviating the public deficit. Further improvements are possible in the decarbonisation of energy.
- Given France has a relatively low CO2 footprint as much electricity is generated by nuclear power, so there is less pressure to change the energy supply to renewables. This makes more funding available for investing in health, education and other domains.
- **Priorities for investment would be to deal with the dramatic deterioration of the health system, the education system and public order, competitivity and social cohesion.**
- In the field of **palliative care**, it is important to improve the journey of patients through the health and care system as well as to strengthen treatments for alleviating persons at the end of their lives. Patients should receive better information about their rights and care workers should be better trained to accompany patients. There is a need for more interdisciplinary teams for palliative care and to develop palliative care at home. A new plan should be developed in 2024 so that there are no départements left without adapted palliative care services.
- Although shortage of candidates and skills is mentioned, the **country-specific documents do not refer to the employment of older persons as an important source of an experienced workforce.** Reaching the Porto declaration's objective of 78% employment rate will not be possible without employment of older persons, as unemployment is historically low (for France) at 7%. Despite this, employment rates, are 3 percentage points below of what would be needed to balance the pension system. Focus should be put on activating the inactive. The major pension reform, which was finally adopted, is an opportunity to improve policies for older persons' employment.
- In particular, **improving work-life balance for informal carers and improving working conditions** are major areas where improvements can be made, in particular with a view of employment of older persons.
- On top of integrating older workers better into the labour market, **special attention should be given to young people who are NEETs** (not in employment, education or training), in particular for providing skills needed for the green transition. The education system as a whole can be largely improved and needs more dedicated efforts.
- **Life-long learning and training policies are not reaching many older persons** although they could benefit from them. However, **training for persons in employment has significantly improved**.

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- **Digitalisation of private and public service creates barriers to many people,** including older persons. Some do not have the necessary equipment or even the necessary connection facilities, some do not have the know-how to use digitalisation in all circumstances (moreover, digital processes change very quickly) and last but not least digitalisation often reduces human contact.

Germany

Contributor: BAGSO (Federal Organisation of Senior Citizens' Organisations)

- The costs of long-term care that have to be borne by persons in need of care have risen due to the recent inflation. There are some legal measures to limit these private care costs, however these remain limited in scope.
- **Health and care** do not play a role in the country-specific documents for Germany, even though there is a significant labour shortage in this field. The ongoing separation between in-patient and out-patient care sectors continues to be a great issue.
- BAGSO has published policy brief on improving care and support for older persons which is available in English. In particular, there should be a **mandatory municipal responsibility for planning ahead to provide sufficient care and support services.**

Hungary

Contributor: Gerontology Science Coordination Centre, University of Debrecen

- The **Country-Specific Recommendations do not address the issues of health and care** directly. There are references ot access to care for disadvantaged groups such as Roma, but older persons or long-term care are not mentioned. However, the state has reduced its responsibility to provide social care recently. Persons over 65 constitute 20.8% of the population and the need for health and long-term care will increase, so it is essential to increase the state funding and responsibility, capacity and human resources for these sectors.
- The **Country Report describes an adequate analysis of the sector**: funding has decreased in the last years, wages are very low in comparison. Certain social problems such as homelessness are criminalised or presented as being of the individual's fault. Health and social care do not have an own ministerial competence, but are subordinated to the Ministry of the Interior.

Ireland

Contributor: Active Retirement Ireland

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Active Retirement Ireland has conducted an important members' survey (Press release on care | press release on pensions) between February and May 2023, sketching out the important issues to older persons:

- **Three in five respondents (58%) felt that State pension is not enough** to participate in life as much as they would like. 90% of respondents **favoured a state pension** of at least 34% of the average wage (currently 28%, on a falling trend since 2021) in order to better support older persons.
- They also supported the principle of a **'triple lock' on state pensions,** aligning their increase with inflation and wage growth. In particular, **small, ad-hoc amount increases during budget negotiations should stop** and be replaced by a statutory, automatic system.
- **One in five people 65 and more live at risk of poverty and social exclusion**, according to SILC 2022.
- Respondents are **concerned by their financial situations, access to health and care, the need for comprehensive positive ageing frameworks and the independence of the Commissioner for Older People in Ireland.**
- The **national positive ageing strategy of 2013** has not been implemented and will be replaced by a Commission on care. While care is important, other policy areas that are of great importance to positive ageing are left out: **housing, transport, environment, enterprise, infrastructure, communications.**

Italy

Contribution by Associazione Nazionale Anziani e Pensionati Confartigianato and Older Women's Network Europe (Italian member)

In the Country Report and in the specific Recommendations for Italy, the issues of older persons are not adequately addressed or are even ignored. They focus mainly on the macro-economic situation, avoiding heavy public debt burdens and fostering productivity. However, as the increase of public spending is related to ageing, leaving out older persons from the Recommendations is counterproductive.

The main issues on which the EU institutions should focus its attention and give recommendations to Italy are the following.

- Italy is one of the countries in the world with the highest share of older people in relation to the total population, so policies should be adopted to make better use of the active contribution that the older person can give to society and at the same time preserve the their participatory status. However, this does not happen and adequate policies for active aging are not implemented. Nor are training policies

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implemented to be able to better use the knowledge and contributions of the older persons in the final part of working life or after retirement.

- The automatic pension indexation system is not adequate and pensions, especially in the current period of high inflation, are losing purchasing power. The number of pensioners who are below the poverty line and those who are unable to afford daily expenses for services, housing, food and health is increasing.
- In Italy, the public health service is in great difficulty due to public funding which is reduced in relation to GDP, the shortage of medical personnel and nurses, and the long waiting lists to carry out visits or diagnostic services. The alternative is to turn to private facilities, but often the older persons, if they have a low income, have to give up treatment. There is lack of funding and action on preventive health policies.
- The COVID-19 pandemic has exposed the shortcomings of the Italian healthcare system in providing local assistance. It is necessary to invest resources in healthcare facilities and personnel.
- There are also shortcomings in the care of people suffering from degenerative mental illnesses, such as dementia or Alzheimer's.
- Italy has a big problem in long-term care and assistance to non-self-sufficient older people and it is one of the countries in which there is still no specific and organic law on the subject. A reform law was passed in March 2023, but it lacks funding.

Malta

Contributor: National Association of Pensioners

General considerations

- The country documents do not highlight many measures that affect older persons specifically. However, some proposals affect older persons as consumers.
- The Commission pinpoints insufficient targeting of energy subsidies. They should indeed be targeted to the most vulnerable households or companies. They should be degressive and take into account the number of persons in a household or company size.
- The public expenditure linked to pensions is at 7.1 % GDP and expected to remain stable until 2045, and then increase to 10.9% of GDP by 2070, while expenditure for health is expected to increase from 5.4% currently to 8%, and for long-term care from 1% GDP to 3% GDP by 2070 respectively.

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Health, long-term care and age-friendly environments

- The Commission is right to call for more investments that add value, including in the health domain.
- The Commission's call for better reliability of public transport and safe infrastructure to active mobility users is supported by older persons.
- Issues with staff shortages in the health system might be relieved as there is a plan to better integrate foreign health workers and more investment foreseen in the sector.

Employment policies

- The labour markets are not sufficiently inclusive to persons with disabilities and to women between 55 and 64.

Adequate income and poverty

- One in three persons of 65 and over (29.9%; 32.3 % for women 65+, 33.4% for persons with disabilities 65+) is at risk of poverty and social exclusion, an increasing number from the previous years. The earnings gap between the highest and lowest quintile increased from 4.2 to 5, above the EU average.
- The gender gap in pensions is high, at 46% as a consequence of lower labour market participation of women in the past. A comparison based on the pension revenue of women and men relative to the hours worked would be interesting.

Netherlands

Contributor: Older Women's Network Netherlands

- The country-specific documents do not mention informal care, life-long learning, work-life balance and this hinders progress in the Netherlands.
- Pensions: pensioners had no indexation in the past years due to fiscal constraints, therefore pensions have been eroded by some 20%. The now acting government has made big changes in pension funds that were welcomed by the EU Commission; however, the reforms put the interest of current pension premium payers over the ones of current beneficiaries.
- Life-long learning: there is budget for life-long learning, however this is not available for persons over 65. However, many people are still working until 67 and should be able to benefit from public support for life-long learning and training.
- Long-term care: There is a contradictory situation in the Netherlands. At the one hand, there is a call to further develop part-time work to bring more women into the labour market. On the other hand, the Ministry of Health makes a policy that

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increases the burden to informal carers in place of forma care. This will drag more women out of the labour market and into unpaid, informal care.

Poland

Contributor: Alzheimer Poland

- The Country Report **outlines the correct challenges regarding Poland**, but there are no considerations for the health and care sector in the Country-Specific Recommendations. The Country Report underlines increases in public spending on pensions and health.
- The Country Report outlines ageing as a challenge, in particular pointing out the relatively low retirement age of 60 for women and 65 for men, which reduces incentives to work in older age.
- The Country Report also outlines a **challenge of pension adequacy**, with a large proportion of pensioners at risk of poverty and social exclusion. The Recommendations to aim to increase employment in older age and to reform pension systems to prevent old-age poverty and social exclusion seem valid but **should be complemented by recommendations that target sustainable employment** and empowerment of older workers.
- **Health and care however are entirely missing from the recommendations**, despite important issues: **legal barriers** relating to access to long-term care and the need to **improve the geriatric care** system.
    - **Legal barriers**: too often, persons with dementia and persons with intellectual disability are incapacitated by court, preventing them to express their wishes and access adequate care in a context where the family wants them to integrate institutional care. The existing legal instruments in the Polish Civil/Family law need to be revised to implement supported decision and advance directive/living will.
    - **Access to palliative care**, especially hospice services, need to be improved for persons with dementia. Currently, access is based on a list of diseases, this should be replaced by the actual need for palliative care instead.
    - **Labour shortages and geriatric care:** there are currently only 560 geriatricians for almost 10 million people, and 50% are aged 50 or more. There need to be many more geriatricians trained to increase the capacity and prevent erosion of the workforce. In comparison, there are over 15,000 paediatricians for 7.5 million children, and this number is also believed to be too low. Similarly, there is a lack of nurses. **Labour shortages in health and care are not mentioned** by the country-specific documents.

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- **Access to health and care in the regions:** equal access to health and care services needs to be ensured especially in rural areas. While the RRP is including reforms in health care, these should be intensified.
- **Affordability of long-term care** is far from being guaranteed to all those who need care.

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European Parliament
2019-2024

Committee on Employment and Social Affairs

2023/2586(RSP)

15.3.2023

DRAFT MOTION FOR A RESOLUTION

to wind up the debate on the statements by the Council and the Commission

pursuant to Rule 132(2) of the Rules of Procedure

on roadmap on a social Europe: two years after Porto
(2023/2586(RSP))

Dennis Radtke, Agnes Jongerius
on behalf of the Committee on Employment and Social Affairs

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B9-0000/2023

European Parliament resolution on roadmap on a social Europe: two years after Porto (2023/2586(RSP))

The European Parliament,

– having regard to the European Pillar of Social Rights (EPSR), solemnly proclaimed by Parliament, the Council and the Commission on 17 November 2017,

– having regard to the Commission communication of 4 March 2021 entitled 'The European Pillar of Social Rights Action Plan' (COM(2021)0102),

– having regard to the Porto declaration of the European Council of 8 May 2021,

- Having regard to the Commission communication of 7 September 2022 entitled 'European Care Strategy' (COM(2022)440);

- Having regard to the Council recommendation of 8 December on access to affordable high-quality long-term care;

- Having regard to its resolution of

- Having regard to the Council recommendation of 30 January 2023 on adequate minimum income ensuring active inclusion;

- Having regard to its resolution of 15 March 2023 on Adequate minimum income ensuring active inclusion;

– having regard to Rule 132(2) of its Rules of Procedure,

– having regard to the motion for a resolution of the Committee on Employment and Social Affairs,

A. whereas sustainable development is a fundamental objective of the EU; whereas the three pillars of sustainable development are the economic, the social and the environmental; whereas sustainable development is based, among other things, on full employment, social progress and fairness; whereas this is a fundamental objective of the EU, as laid down in Article 3(3) of the Treaty on European Union; whereas the emphasis currently lies on economic and environmental sustainability;

B. whereas the EPSR was proclaimed in 2017 in Goteborg, setting out 20 principles and establishing a social rulebook towards a strong social Europe that is fair, inclusive and full of opportunity in the 21st century; whereas at the Porto Social Summit in May 2021, the Council committed to three headline targets for 2030 on employment, training and poverty; whereas at least 78 % of the population between 20 and 64 years old should be in employment by 2030; whereas at least 60 % of all adults should participate in training every year; whereas the number of people at risk of poverty or social exclusion should be reduced by at least 15 million by 2030; whereas the three headline targets do not cover the full implementation of the EPSR;

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C. whereas the headline targets set out by the Commission have only been implemented by the Member States for a year; whereas the additional crises since the targets were decided have put additional pressure on reaching these targets; whereas five Member States have reached their national targets on employment, and half of the Member States have surpassed the 78 % target on employment, however projections show that not all Member States will reach the employment target by 2030[1];

D. whereas inflation at the EU level has increased the cost of living of median households by around 10 %, the incidence of material and social deprivation by around 2 % and the rate of energy poverty and absolute monetary poverty by around 5 %; whereas in selected Member States and among vulnerable groups, the corresponding welfare effects are expected to be several times higher; whereas this is likely to widen existing gaps in poverty and social exclusion across the EU[2]; whereas old-age poverty and social exclusion has been on the rise since 2015 and particularly poverty and social exclusion - rates of women 75+ surpass the AROPE rate for the total population;

E (new article) Whereas adequate minimum income, including minimum pensions, is a powerful policy to reach SDG1 to end poverty and the EPSR Action Plan priority on poverty reduction; whereas a Council recommendation is not legally binding but can encourage policy changes for more adequacy and inclusiveness of minimum income schemes;

E (new article) Whereas the Commission has presented an EU Care Strategy in September 2022 and the Council adopted a Council recommendation on long-term care in December 2022 to implement principle 18 of the European Pillar of Social Rights; whereas the COVID-19 pandemic has unveiled and accentuated the unsustainable working conditions of professional carers, the high burden of informal carers in the absence of formal care services and the high exposure of persons in need for care to infection, severe disease and fatalities; whereas community-based care and home care have been shown to reduce the exposure of persons in need for care to infections; whereas the SPC in its 2021 Report on Long-Term Care has shown that long-term care needs increases risk of poverty and social exclusion; whereas, in the light of demographic developments, long-term care should be made more affordable, more accessible, ensure independence and quality of care, provide for sustainable working conditions and support informal carers;

E. whereas according to the European working conditions telephone survey carried out by Eurofound, the target of 60 % in training courses (paid for by the employer) was not reached in any Member State in 2021; whereas the data also shows that those most in need of training (younger and older people, those with lower levels of educational attainment and those in low-skilled occupations) benefited the least; whereas the EPSR Action Plan objective of reaching 60% participation in training of 'all adults' implies strengthening education and training policies for all age groups, although the indicator only covers adults until 65 years of age;

Commented [PS1]: Cf. our points raised to the COVI Special Committee in January https://www.age-platform.eu/special-briefing/drawing-lessons-covid-safeguard-democracy-and-fundamental-rights-eu

Commented [PS2]: Participation in training is lowest for the oldest group of employees, which is also the age group most at risk of long-term unemployment if they lose their job

[1] European Commission, 'Commission welcomes Member States' targets for a more social Europe by 2030', 16 June 2022.
[2] Menyhert, B., 'The effect of rising energy and consumer prices on household finances, poverty and social exclusion in the EU', Publications Office of the European Union, Luxembourg, 2022.

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1. Reiterates the importance of the conclusions of the 2021 Porto Social Summit, which underline that we are still living in unprecedented times; notes that COVID-19 and the Russian war of aggression against Ukraine on our doorstep resulted in the cost of living and energy crises, which are hitting the most vulnerable groups in our society the hardest, leading to increasing inequalities; reiterates the importance of the EPSR as a guiding compass to a more social Europe; stresses, however, that the resulting headline targets for 2030 set out by the Commission and endorsed by the Council on employment, skills and poverty are insufficient to ensure its full implementation; stresses that the EPSR is a powerful tool to ensure that the European project can act as a powerful shield protecting the health, safety and living conditions of its people;

2. Calls on the Commission and the Council to take measures to mitigate the impact of the crises on Member State labour markets in order to keep employment rates high; calls therefore on the Commission, the Member States and EU social partners to commit to reaching collective bargaining coverage of at least 80 % by 2030, with a view to improving living and working conditions in the EU, which will contribute to upward social convergence and reduce in-work poverty, social exclusion and wage inequality;

3. Welcomes the above-mentioned conclusions of the 2021 Porto Social Summit; welcomes the adoption of the Directive on adequate minimum wages in the EU[3] and the soon-to-be adopted directive on pay transparency[4], the Council recommendation on access to affordable high-quality long-term care and the Council recommendation on adequate minimum income to enable active inclusion; urges the Council to agree on a general approach concerning the directive for platform work[5] in order to improve worker protection in the platform economy and to create fair competition; welcomes the Commission's commitment to occupational health and safety in the workplace; welcomes the Commission's commitment to follow up with a legislative proposal after the adoption of Parliament's resolution of 2 February 2023[6]; welcomes the launch of a two-stage consultation of EU social partners;

4. Notes that, even with the Support to mitigate Unemployment Risks in an Emergency (SURE) instrument as part of the European unemployment reinsurance scheme, the economic fallout of the COVID-19 crisis has lasted longer than anticipated; highlights, however, that thousands of jobs were saved thanks to this instrument and that the shock to the labour market was less severe than expected; notes, in this regard, that this instrument should remain in use for the duration of the current exceptional situation and continue to be based on loans and quickly activated only in the event of external financial or economic shocks;

5. Calls on the Commission to put forward a legal framework for an effective and enforceable ban on unpaid internships, traineeships and apprenticeships; welcomes the

[3] Directive (EU) 2022/2041 of the European Parliament and of the Council of 19 October 2022 on adequate minimum wages in the European Union, OJ L 275, 25.10.2022, p. 33.
[4] Proposal for a Directive of the European Parliament and of the Council of 4 March 2021 to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms (COM(2021)0093).
[5] Proposal for a Directive of the European Parliament and of the Council of 9 December 2021 on improving working conditions in platform work (COM(2021)0762).
[6] European Parliament resolution of 2 February 2023 with recommendations to the Commission on Revision of European Works Councils Directive, Texts adopted, P9_TA(2023)0028.

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European Year of Skills and highlights the importance of access to training and reskilling for workers in industries and sectors that need to undergo fundamental changes in order to achieve the green and digital transitions, ensuring no one is left behind; ~~calls~~ reiterates its call on the Commission to consider a directive on adequate minimum income in order to ensure ~~the reintegration~~ dignity of life of people absent from, unable to participate in or having already left the labour market and all other people who have no sufficient financial means to live in dignity, while respecting the principle of subsidiarity, the specificities of national social protection systems and the competences of the Member States; welcomes the Commission's commitment to presenting a proposal, by the end of 2023, on the creation of an EU disability card to be recognised in all Member States; welcomes the ongoing negotiations of the social partners on the right to disconnect, with a view to putting forward a legally binding agreement implemented via a directive; calls on the Commission to put forward a legislative proposal for a European social security pass to provide national authorities, such as labour and social security inspectorates, and social partners involved in labour and social security inspections with a real-time instrument to effectively enforce national and EU law;

6. Notes that, although many legislative and non-legislative initiatives have been initiated by the Commission, so far the EU has fallen short on fully implementing the EPSR; stresses the need for further legislative action by the Commission and the Member States to ensure its full implementation, with a specific focus on implementing principles 3 (equal opportunities), 11 (childcare), 12 (social protection), 19 (housing) and 20 (essential services);

7 (new) welcomes the initiatives adopted to implement EPSR principle 1 on education and life-long learning; warns however that most initiatives focus only on skills relevant to the labour market rather than to education and learning as a universal human aspiration; calls for further initiative that strengthen life-long learning and education across the life span;

7 (new) reiterated its call for the adoption of the horizontal non-discrimination directive[7] by the Council, pending since 2008, to fully implement EPSR Principle 1 and the promises of the EU's founding treaties with regard to equal treatment;

7. Recalls that principle 11 on childcare and support to children requires further action; urgently reminds the Commission and the Member States about Parliament's repeated call to urgently allocate more funding to the European Child Guarantee, with a dedicated budget of at least EUR 20 billion;

8. Warns that, for the correct implementation of principle 12, adequate social protection needs to be expanded in order to cover the risks associated with the unequal impact of climate change and environmental degradation on different income groups, as well as the social consequences of the transformation of our societies towards climate

[7] European Parliament legislative resolution of 2 April 2009 on the proposal for a Council directive on implementing the principle of equal treatment between persons irrespective of religion and belief, disability, age or sexual orientation

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neutrality; calls on the Commission and the Member States to build upon the Social Climate Fund and lay the foundations for the development of green social protection schemes at national level with EU support;

9. (new article) calls on all EU member States to implement the Council recommendation on long-term care to realise principle 18 on the right to long-term care to ensure a shift towards rights-based long-term care, which focusses on guaranteeing the independence of persons in need for care, the needs and choices of a person in need for care, develops community-based and homecare services, supports informal carers in their access to social protection, supportive services and training,

9. Highlights that, according to principle 19, access to social housing or housing assistance of good quality should be provided for those in need; urges the Commission to develop an ambitious action plan to achieve accessible and green social housing to meet the housing needs of all EU citizens and to progressively eradicate homelessness by 2030;

10. Expresses its concern about the lack of access to essential services (principle 20), which have come under additional stress; urges the Commission to present a revision of the services of general and economic interest; warns against the shift to exclusively digital service provision in the field of essential services such as banking or payments, booking appointments with health care professionals and participation in society in general;

Commented [PS3]: Rapid digitalisation risks leaving behind the large share of digitally excluded persons

11. Reiterates its call that, in the light of the framework of the Green Deal industrial plan, EU funding, including State aid, should be conditional on public policy objectives, in particular social requirements, in order to offer high-quality jobs, promote collective bargaining, respect EU labour rights and standards and ensure improved working conditions; calls on the Commission and the Member States to enforce the social clause in the existing Directive on public procurement[8] and to revise the directive in order to further strengthen social clauses in public contracts to require economic operators and subcontractors to fully respect the right of workers to collective bargaining, to account for the recently adopted Directive on adequate minimum wages in the EU;

12. Highlights the need to strengthen the social dimension of the European Semester and the implementation of the EPSR, especially in the light of the economic governance review; calls on the Commission to consider presenting an instrument for upward social convergence in order to prevent social convergence risks, detect potential setbacks in the proper implementation of the EPSR and establish social targets; believes that social divergence risks should be included in the country-specific recommendations and taken into account when laying out fiscal adjustment paths;

13. ~~Believes~~ Highlights that, in order to make a fair and social Europe a reality and to ensure the highest levels of social protection in the green and digital transitions, it is necessary to ensure a sustainable, fair and inclusive Europe where social rights are fully protected and safeguarded to at least the same level as economic and environmental standards; welcomes the recommendations of the High-Level Group on the Future of Social Protection and the Welfare State, particularly on the need for social investment and the setting up of a 'Golden Rule on Social Investment'; stresses the need to take

[8] Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC, OJ L 94, 28.3.2014, p. 65.

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steps to reinforce the role of the EPSR to ensure the equal treatment of the economic, environmental and social standards and to ensure that social standards and social rights in Europe are placed at the centre of the EU's forthcoming political practices; notes that, consequently, social investment will be needed for the implementation of the EPSR in upcoming funding initiatives and the revision of the multiannual financial framework;

Commented [PS4]: We fully support this statement

14. Reiterates its call on the Commission to revise the Directive on temporary agency work[9] in order to establish a legal framework to ensure decent working conditions and equal treatment for intra-EU seasonal workers and mobile workers on fixed-term contracts with temporary work agencies or any other type of labour market intermediary, including recruitment agencies, as promised by the Council in the Porto declaration;

15. Calls on the Commission to present a governance framework to anticipate and manage changes related to the green and digital transitions in the world of work, focusing first on the importance of safeguarding jobs, including access to adequate training, and second, on the involvement of social partners in decision-making processes;

16. Reiterates the importance of a well-functioning European Labour Authority (ELA) and calls on the Commission to make use of the opportunity presented by the evaluation due 1 August 2024 to submit a legislative proposal to review the scope of the ELA's founding regulation[10] and realise its full potential, especially concerning the ELA's inquiry powers;

17. Instructs its President to forward this resolution to the Council and the Commission.

[9] Directive 2008/104/EC of the European Parliament and of the Council of 19 November 2008 on temporary agency work, OJ L 327, 5.12.2008, p. 9.
[10] Regulation (EU) 2019/1149 of the European Parliament and of the Council of 20 June 2019 establishing a European Labour Authority, amending Regulations (EC) No 883/2004, (EU) No 492/2011, and (EU) 2016/589 and repealing Decision (EU) 2016/344, OJ L 186, 11.7.2019, p. 21.

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European Parliament
2019-2024

Special Committee on the COVID-19 pandemic: lessons learned and recommendations for the future

2022/2076(INI)

8.2.2023

DRAFT REPORT

on the COVID-19 pandemic: lessons learned and recommendations for the future
(2022/2076(INI))

Special Committee on the COVID-19 pandemic: lessons learned and recommendations for the future

Rapporteur: Dolors Montserrat

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on the COVID-19 pandemic: lessons learned and recommendations for the future (2022/2076(INI))

The European Parliament,

– having regard to Articles 3, 4, 9, 12, 16, 26, 36, 45, 52, 67, 114, 122, 151, 153, 168, 169, 173, 179, 180, 181, 187, 191, 202, 207, 216, 217, 218 and 225 of the Treaty on the Functioning of the European Union (TFEU),

– having regard to the constitution of the World Health Organization (WHO), as last amended by the 51st World Health Assembly,

– having regard to the Charter of Fundamental Rights of the European Union, in particular to Articles 31, 32, and 35 thereof,

– having regard to the Commission communication of 15 June 2021 on drawing the early lessons from the COVID-19 pandemic (COM(2021)0380),

– having regard to the Council conclusions of 23 November 2021 on enhancing preparedness, response capability and resilience to future crises,

– having regard to the Council conclusions of 7 December 2021 on strengthening the European Health Union[1],

– having regard to the Commission Decision of 16 September 2021 establishing the Health Emergency Preparedness and Response Authority[2],

– having regard to Commission communication of 16 September 2021 entitled 'Introducing HERA, the European Health Emergency preparedness and Response Authority, the next step towards completing the European Health Union' (COM(2021)0576),

– having regard to the Commission communication of 17 June 2022 entitled 'Conference on the Future of Europe – Putting Vision into Concrete Action' (COM(2022)0404),

- Having regard to the Commission communication of 7 September 2022 entitled 'European Care Strategy' (COM(2022)440)

- Having regard to the Council recommendation of 8 December 2022 on access to affordable, high-quality long-term care (13948/22);

- Having regard to the Council conclusions of 12 March 2021 on Mainstreaming

[1] OJ C 512 I , 20.12.2021, p. 2.
[2] OJ C 393 I, 29.9.2021 p. 3.

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Ageing in Public Policies[3];

- Having regard to the Council conclusions of 12 October 2020 on Human Rights, Participation and Well-Being of Older Persons in the Era of Digitalisation[4];

– having regard to special report 13/2022 of the European Court of Auditors (ECA) of 13 June 2022 entitled 'Free movement in the EU during the COVID-19 pandemic – Limited scrutiny of internal border controls, and uncoordinated actions by Member State',

– having regard to ECA special report 18/2022 of 1 September 2022 entitled 'EU institutions and COVID-19 – Responded rapidly, challenges still ahead to make the best of the crisis-led innovation and flexibility',

– having regard to ECA special report 19/2022 of 12 September 2022 entitled 'EU COVID-19 vaccine procurement – Sufficient doses secured after initial challenges, but performance of the process not sufficiently assessed',

– having regard to ECA special report 01/2023 of 11 January 2023 entitled 'Tools facilitating travel within the EU during the COVID-19 pandemic',

– having regard to ECA special report 02/2023 of 2 February 2023 entitled 'Adapting cohesion policy rules to respond to COVID-19: Funds used more flexibly, but reflection needed on cohesion policy as a crisis response tool',

– having regard to ECA special report 21/2022 of 8 September 2022 entitled 'The Commission's assessment of national recovery and resilience plans – Overall appropriate but implementation risks remain',

– having regard to the Commission communication of 27 April 2022 entitled 'COVID-19 – Sustaining EU Preparedness and Response: Looking ahead' (COM(2022)0190),

– having regard to the Commission communication of 2 September 2022 entitled 'EU response to COVID-19: preparing for autumn and winter 2023' (COM(2022)0452),

– having regard to the Commission report of 18 November 2022 entitled 'State of Vaccine Confidence in the European Union',

– having regard to Regulation (EU) 2021/953 of the European Parliament and of the Council of 14 June 2021 on a framework for the issuance, verification and acceptance of interoperable COVID-19 vaccination, test and recovery certificates (EU Digital COVID Certificate) to facilitate free movement during the COVID-19 pandemic[5],

– having regard to Regulation (EU) 2021/2282 of the European Parliament and of the Council of 15 December 2021 on health technology assessment and amending Directive

[3] , https://data.consilium.europa.eu/doc/document/ST-6976-2021-INIT/en/pdf
[4] https://data.consilium.europa.eu/doc/document/ST-11717-2020-INIT/en/pdf
[5] OJ L 211, 15.6.2021, p. 1.

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2011/24/EU[6],

– having regard to Regulation (EU) 2022/123 of the European Parliament and of the Council of 25 January 2022 on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices[7],

– having regard to Council Regulation (EU) 2022/2372 of 24 October 2022 on a framework of measures for ensuring the supply of crisis-relevant medical countermeasures in the event of a public health emergency at Union level[8],

– having regard to Regulation (EU) 2022/2371 of the European Parliament and of the Council of 23 November 2022 on serious cross-border threats to health and repealing Decision No 1082/2013/EU[9],

– having regard to the Regulation (EU) 2022 /370 of the European Parliament and of the Council of 23 November 2022 amending Regulation (EC) No 851/2004 establishing a European centre for disease prevention and control[10],

– having regard to Directive (EU) 2022/2557 of the European Parliament and of the Council on the resilience of critical entities and repealing Council Directive 2008/114/EC[11],

– having regard to the Commission proposal for a regulation of the European Parliament and of the Council establishing a Single Market emergency instrument and repealing Council Regulation No (EC) 2679/98 (COM(2022)0459),

– having regard to the Commission proposal for a regulation of the European Parliament and of the Council establishing a common framework for media services in the internal market (European Media Freedom Act) and amending Directive 2010/13/EU (COM(2022)0457),

– having regard to Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee[12],

– having regard to the report of the High-Level Group convened by Commissioner for Economy Paolo Gentiloni on post-COVID economic and social challenges of 1 March 2022 entitled ‘A New Era for Europe – How the European Union Can Make the Most of its Pandemic Recovery, Pursue Sustainable Growth, and Promote Global Stability’,

– having regard to the report of the International Labour Organization (ILO) of 31 October 2022 entitled ‘Monitor on the world of work. Tenth edition – Multiple crises

[6] OJ L 458, 22.12.2021, p. 1.
[7] OJ L 20, 31.1.2022, p. 1.
[8] OJ L 314, 6.12.2022, p. 64.
[9] OJ L 314, 6.12.2022, p. 26.
[10] OJ L 314, 6.12.2022, p. 1
[11] OJ L 333, 27.12.2022, p. 164.
[12] OJ L 223, 22.6.2021, p. 14.

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threaten the global labour market recovery',

– having regard to the ILO report of 11 August 2022entitled 'Global Employment Trends for Youth 2022: Investing in transforming futures for young people',

– having regard to the Commission proposal for a directive of the European Parliament and of the Council on combating violence against women and domestic violence (COM(2022)0105),

– having regard to the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention),

– having regard to the UNICEF report of December 2013 entitled 'Children's Rights in Impact Assessments: A guide for integrating children's rights into impact assessments and taking action for children',

– having regard to the report of the European Expert Network on Economics of Education of 2022 entitled 'Learning deficits due to the COVID-19 analysis – A literature review (2020-2022)',

– having regard to its resolution of 11 November 2021 on an intellectual property action plan to support the EU's recovery and resilience[13],

– having regard to the joint communication from the Commission and the High Representative of the Union for Foreign Affairs and Security Policy of 1 December 2021 on the Global Gateway (JOIN(2021)0030),

– having regard to the communication from the EU to the World Trade Organization (WTO) General Council of 4 June 2021 on urgent trade policy responses to the COVID-19 crisis,

– having regard to the report of the WHO and the European Observatory on Health Systems and Policies of 10 September 2021 entitled 'Drawing light from the pandemic: A new strategy for health and sustainable development – A review of the evidence',

– having regard to the Commission communication of 30 November 2022 entitled 'EU Global Health Strategy – Better Health for All in a Changing World' (COM(2022)0675),

– having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences[14],

– having regard to its resolution of 19 June 2020 on the situation in the Schengen area following the COVID-19 outbreak[15],

– having regard to its resolution of 19 June 2020 on European protection of cross-border

[13] OJ C 205, 20.5.2022, p. 26.
[14] OJ C 316, 6.8.2021, p. 2.
[15] OJ C 362, 8.9.2021, p. 77.

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and seasonal workers in the context of the COVID-19 crisis[16],

– having regard to its resolution of 10 July 2020 on the EU's public health strategy post-COVID-19[17],

– having regard to its resolution of 17 September 2020 entitled 'COVID-19: EU coordination of health assessments and risk classification, and the consequences for Schengen and the single market'[18],

– having regard to its resolution of 13 November 2020 on the impact of COVID-19 measures on democracy, the rule of law and fundamental rights[19],

– having regard to its resolution of 21 October 2021 on EU transparency in the development, purchase and distribution of COVID-19 vaccines[20],

– having regard to its resolution of 13 September 2022 on the impact of COVID-19 closures of educational, cultural, youth and sports activities on children and young people in the EU[21],

– having regard to its resolution of 7 July 2021 on the trade-related aspects and implications of COVID-19[22],

– having regard to the joint declaration of the European Parliament, the Council and the Commission on EU legislative priorities for 2023 and 2024[23],

– having regard to the Commission proposal for a regulation of the European Parliament and of the Council on the European Health Data Space (COM(2022)0197),

– having regard to the conclusions and recommendations of the study prepared for its Panel for the Future of Science and Technology (STOA) in December 2021 entitled 'European pharmaceutical research and development – Could public infrastructure overcome market failures?',

– having regard to the conclusions and recommendations of the study prepared for STOA in October 2022 entitled 'Fostering coherence in EU health research – Strengthening EU research for better health',

– having regard to the study by its Directorate-General for Internal Policies (DG IPOL) of November 2022 entitled 'Impact of COVID-19 measures on democracy and fundamental rights – Best practices and lessons learned in the Member States and third countries',

– having regard to the DG IPOL study of January 2023 entitled 'The effect of

[16] OJ C 362, 8.9.2021, p. 82.
[17] OJ C 371, 15.9.2021, p. 102.
[18] OJ C 385, 22.9.2021, p. 159.
[19] OJ C 415, 13.10.2021, p. 36.
[20] OJ C 184, 5.5.2022, p. 99.
[21] Texts adopted, P9_TA(2022)0314.
[22] OJ C 99, 1.3.2022, p. 10.
[23] OJ C 491, 23.12.2022, p. 1.

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communication and disinformation during the COVID-19 pandemic',

– having regard to the DG IPOL study of February 2023 entitled the 'Social and Economic Consequences of COVID-19',

– having regard to the European Parliament Research Service (EPRS) study of April 2022 entitled 'Future Shocks 2022 – Addressing the risk and building capabilities for Europe in a contested word',

– having regard to the EPRS study of January 2023 entitled 'Parliamentary oversight of governments' response to the COVID-19 pandemic: Literature Review',

– having regard to the study entitled 'European public health response to the COVID-19 pandemic: lessons for future cross-border health threats',

– having regard to its decision of 10 March 2022 on setting up a special committee on COVID 19 pandemic: lessons learned and recommendations for the future, its responsibilities, numerical strength and term of office[24], adopted under Rule 207 of its Rules of Procedure,

– having regard to the extension of the committee's term of office by three months, as announced in plenary on 18 January 2023,

– having regard to Rule 54 of its Rules of Procedure,

– having regard to the report of the Special Committee on COVID-19 pandemic: lessons learned and recommendations for the future (A9-0000/2023),

- Having regard to the United Nations Secretary-General's Policy Brief of 1 May 2022 on the Impact of COVID-19 on older persons[25]

- Having regard to the report of the Independent Expert on the enjoyment of all human rights by older persons to the United Nations General Assembly of 21 July 2020 entitled 'Impact of the coronavirus disease (COVID-19) on the enjoyment of all human rights by older persons[26];

Introduction and overview

1. Acknowledges that the spread of the COVID-19 has cost the lives of and induced medium- and long-term health issues for ~~of~~ millions of people in Europe and the world and has caused irreparable damage, and that the EU, as well as the rest of the world, was not ready to cope with this unprecedented health crisis and its shock waves, which have affected societies and economies worldwide;

2. Considers that, despite shortcomings and gaps in prevention, preparedness, ~~and~~ response and resilience, the EU developed a common response to the pandemic and

Commented [PS1]: The focus on fatalities blinds the long-term effects that certain survivors have to cope with, which are disastrous as well

[24] OJ C 347, 9.9.2022, p. 234–237.
[25] http://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf
[26] https://www.ohchr.org/en/documents/thematic-reports/a75205-impact-coronavirus-disease-covid-19-enjoyment-all-human-rights

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took actions to ensure the swift overcoming of this threat to health by aiming to reduce the vulnerability of populations at risk at the expense of short-term economic gain, the rapid promotion and rolling out of protective behaviours in parallel to the development and fair distribution of vaccines on the European continent and globally;

3. Notes that the COVID-19 pandemic acted as a catalyst to speed up transformations on the path to the digital and green transitions, and to pay deeper attention to health;

4. Highlights that the pandemic exacerbated existing structural issues in the health and care sectors, in particular lack of strategic piles of protective equipment, protocols and training to prepare for public health emergencies, unsustainable working conditions and workforce shortages, segregation and concentration of persons in need for care;

5. Affirms the importance of preparedness and resilience in the face of crises, particularly in terms of healthcare systems and supplies, in increasing strategic autonomy in key areas, such as protective equipment, vaccine production and distribution;

6. Highlights that in 2020, the world was unprepared to cope with the impact of the COVID-19 pandemic and Europe had to face its most challenging socio-economic crisis since the Second World War;

7. Takes into account the impact of the crisis on the economy and underscores the need for a coordinated response to support businesses and self-employed people; stresses the importance of having rapidly adopted support measures such as short-term unemployment schemes and support for the most affected businesses; underlines that informal carers and parents, particularly women, have had a vital role in providing education and care as schools and care services were closed or reduced, often with a significant personal cost in terms of lost income, mental and physical health;

8. Emphasises that the economy supports our welfare state, personal freedom and a good future; calls for the EU to strengthen its social and economic performance in hard times by coupling economic and social measures;

9. Highlights that the pandemic has increased inequalities between countries and within countries, that life expectancy in Europe has dropped for the first time in 50 years while gender inequalities increased, and that the future of the universal coverage and social welfare model has been jeopardised;

10. Observes that the medical emergency affected security and stability conditions and social relationships, changed ways of work and education, impacted various societal groups and increased global inequalities;

11. Emphasises the importance of learning lessons and being better prepared for future crises and stresses that a high level of human health protection must be ensured in the definition and implementation of all Union policies and activities; stresses that we are still learning about the effects of COVID on health and health systems, in particular the impact of so-called long COVID effects and that COVID-19 itself has not yet reached a stable variant, holding still the potential of future variants escaping immunity and increasing severeness, therefore that the pandemic is not over yet;

Commented [PS2]: The paragrah sounds as if vaccines only have helped us to overcome the crisis, while it was a long and collective effort by our entire societies as wel

Commented [PS3]: The unrecognised economic value of informal care should be mentioned here

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12. Stresses that Europe can only pull through future pandemics if the European family stands together in solidarity and responsibility, and fully utilises its capabilities to coordinate better and deliver the needed added-value to EU governments and their citizens;

13. Underlines the importance of science-based decision-making and consistent communication with citizens from all the stakeholders involved, including EU and Member State public institutions, the scientific community, the private sector and civil society organisations;

14. Calls for the EU to continue on the path towards establishing a European Health Union that brings true added-value to the health governance of the Member States and operates in fields that cannot be covered by the Member States alone;

15. Recognises that all the actions taken during the pandemic were meant to safeguard the right to health and life based on the availability of scientific evidence and uncertainties at the point in time when urgent and difficult decisions had to be made, but that some actions nevertheless implied the existence of limitations on other fundamental rights; highlights that, because the crisis was unprecedented, governments had to take swift action with very little preparation and a lack of internal expertise;

16. Notes that the law-making and scrutiny role of national parliaments did initially suffer, including facing the delegation of legislative powers to the executive and the implementation of emergency and fast-track legislative procedures, as governments had to respond quickly under evolving circumstances;

17. Welcomes EU efforts to step up solutions for global access to vaccines and medicines during the pandemic through collaborative initiatives such as the Access to COVID-19 Tools Accelerator and COVAX, but recognises that the EU needs to be much more of a global leader to ensure that it plays a central role in future pandemic preparedness, prevention and response.

1. Health

a) Building the European Union of Health prevention, preparedness and response to cross-border health threats

I) EU PREPAREDNESS AND PREVENTION IN RESPONSE TO CROSS-BORDER HEALTH THREATS

18. Believes that health promotion and disease prevention, preparedness and response to cross-border health threats must constitute the foundations of a future European Health Union with a view to reinforcing the resilience and quality of the healthcare systems in the Member States and tackling health inequalities in the EU, by providing adequate investments in health systems at the national and regional levels;

19. Calls on the Member States to invest more in primary healthcare, making full use of the EU4Health programme, in order to increase capacity and flexibility in healthcare services, so that hospitals will be not overwhelmed during emergencies;

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20. Welcomes the fact that the Commission established scientific advice resources, such as the scientific advice platform for COVID-19, early-on with experts from the Member States, who helped to inform policymaking in a coordinated manner;

II) ROLE OF THE REGULATION ON SERIOUS CROSS-BORDER THREATS TO HEALTH, THE EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL (ECDC), THE EUROPEAN MEDICINES AGENCY (EMA), AND THE EMERGENCY PREPAREDNESS AND RESPONSE AUTHORITY (HERA)

21. Acknowledges the adoption of Regulation (EU) 2022/123 on the EMA's extended mandate, Regulation (EU) 2022/2371 on serious cross-border threats to health, the reinforcement of the ECDC's mandate, and the creation of the Emergency Preparedness and Response Authority HERA as examples of EU instruments that will enable the EU to become more resilient and effective, as we move towards a more sustainable approach to preventing, preparing for and managing pandemics;

22. Urges stock to be taken of the coordination among relevant agencies, and of their beefed-up mandates and calls for the EU to be given an enhanced ability to coordinate these matters;

23. Welcomes the creation of HERA, as a much-needed body to improve the EU's preparedness for health emergencies, to ensure the availability of medical countermeasures and to manage this new reality in preventing, preparing for, detecting, and rapidly responding to health emergencies;

24. Stresses that Parliament should have been involved in the creation of HERA's mandate and that it should have scrutiny powers over and the ability to monitor HERA;

25. Congratulates the Commission on proposing the EU FAB project, a network of 'ever-warm' production capacities for vaccine and medicine manufacturing that can be activated in the event of future crises, as a response to the need for the EU to strengthen its industrial upstream and downstream production activities concerning vaccines and medical equipment;

26. Expresses its hope that the Commission can play a focal role in the cooperation between academia, industry, research institutes and governments, as these partnerships are instrumental in accelerating responses to pandemics, while maintaining a secure capacity;

27. Understands that the unprecedented, urgent demand for medicines and medical countermeasures during the COVID-19 pandemic tested the EMA's resources and necessitated resorting to ad hoc measures;

28. Recognises the pivotal role that the EMA plays in implementing measures to enable flexible regulatory processes, while ensuring the safety and efficacy of the authorised vaccines and therapeutics, notably through the EMA's COVID-19 pandemic task force, its rapid delivery of scientific advice, its rolling review and conditional marketing authorisation;

29. Notes with appreciation that, under the EMA's new mandate, its Emergency Task Force

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took over the activities of its COVID-19 pandemic task force and became a permanent body of the EMA, improving interactions with the Commission, vaccine developers and academics, and coordination with other EU agencies;

30. Observes that the Commission granted conditional market authorisation to vaccines for COVID-19, after receiving the EMA's recommendation and consultation with the EU Member States, under the condition that the benefits of the vaccines far outweighed their potential risks and with mandatory, rigid post-approval safeguards and controls;

31. Takes note that the use of conditional marketing authorisation has contributed to a remarkable reduction in deaths and hospitalisations in the EU, and that this is an appropriate tool to accelerate vaccine authorisation in a public health emergency like the COVID-19 pandemic;

32. Notes that the ECDC did not detect the seriousness of the threat in a timely manner, as a result of a lack of preparedness within the Member States at the beginning of the pandemic; acknowledges that this delayed action was due to the lack of timely data sharing by the Member States, and a lack of adequate funding and resources for monitoring and data surveillance management;

33. (new article) Welcomes the guidance the ECDC established already in the first half of 2020 about the handling of COVID-19 in long-term care facilities, which accounted for the greatest share of infections and fatalities in the early stages of the pandemic, and the continued monitoring of outbreaks in closed settings and regular updating of guidance about prevention in health care settings;

33. Supports the ECDC's extended mandate, which provides for greater resources and additional areas of competence, which will allow it to play a bigger role in improving European preparedness and response;

III) EU VACCINE STRATEGY

34. Reaffirms its belief that the primary goal of vaccination is to avoid serious disease and death, towards which vaccines are effective, as shown by the outcomes of the COVID-19 vaccination process, which saved more than 250 000 lives in the EU;

35. Emphasises that the development and deployment of COVID-19 vaccines constituted a game-changer in the pandemic and underpinned the important role of vaccine research and development; considers that the speed at which researchers developed effective vaccine protection was unprecedented and that the EU demonstrated leadership in the global response to the COVID-19 pandemic;

36. Notes that vaccination strategy, not only for COVID-19, remains a national competence, and calls for a stronger coordination role for the EU to harmonise the timeline, scope and outcomes of vaccines administration in all the Member States; acknowledges that guidance from the EU institutions called for prioritising the persons most vulnerable to serious disease and death in the rolling out of vaccines, rather than the economically most productive;

IV) RESILIENCE, ACCESSIBILITY AND SUSTAINABILITY OF NATIONAL HEALTH SYSTEMS

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(AND IN THE LIGHT OF CURRENT INFLATION, HEALTH MUST REMAIN AN AREA OF INVESTMENT)

37. Notes that, at the beginning of the pandemic, many Member States' health systems were unprepared to cope with the magnitude of such a crisis;

38. Points out that the Member States faced obstacles concerning national coordination, cooperation with experts, research funding, the exchange of data and cooperation and solidarity within Member States; observes that some of the challenges faced by the Member States were a sudden increase in the demand for healthcare services, a lack of ICU (Intensive Care Unit) beds available (that dropped dramatically between 2019 and 2020), shortages of staff, a lack of preparedness plans or a clear governance structure, an insufficient strategic stock of personal protective equipment, insufficient infection prevention and control plans in healthcare settings, inadequate indoor air quality in public buildings and how to effectively communicate with the public;

39 (new article) highlights that during the emergency phases of the pandemic and in some European regions, official and de-facto triage was performed based on ageist and ableist attitudes; underlines reports of emergency help not being provided to persons in residential care facilities; warns that this situation is unacceptable in todays' European Union of developed welfare states;

40 (new article) warns that the deprogramming of 'non-urgent' medical interventions during the pandemic has let to a backlog of unfilled needs for health care and treatment, with a likely longer-lasting, negative impact on patients' health and well-being;

41. (new article) highlights the specific cases of long-term care services, which, had to reduce community-based and home care services, while residential care services often had to undergo very long periods of isolation due to the lack of protective equipment, protocols and staff, but also due to the lack of priority for quality of life and well-being of persons in need for care beyond their biological needs; takes note of the European Care Strategy and the Council recommendation for access to affordable, high-quality long-term care services;

v) EFFECTIVENESS OF GATHERING AND SHARING DATA, DEVELOPING DIGITAL HEALTH AND DIGITALISING HEALTH SYSTEMS (INCLUDING TRANSPARENCY OF CLINICAL DATA), EU HEALTH DATA SPACE

39. Notes that the EU lacked an effective system for data collection and exchange and for epidemiological reporting, which was a key part of addressing the pandemic; observes that surveillance services during the pandemic were not fit for purpose and that dedicated surveillance systems had to be set up for this new pathogen;

40. Believes that the EU needs further regulatory simplification, the coordination and acceleration of clinical trials at EU level and the digitalisation of health systems; underlines the importance of data in medical research and highlights the European Health Data Space as a key initiative in this field;

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41. Supports adapting existing EU regulatory frameworks and soft law and developing and implementing new frameworks in order to allow national healthcare systems and the scientific community to benefit from artificial intelligence (AI) in the fields of clinical practice, biomedical research, public health and health administration, while ensuring the safety and respectful treatment of patients receiving AI-mediated healthcare;

42. Calls on the Member States to introduce measures that enhance the security of digital networks in order to protect health institutions and patients from cyberattacks;

43. Reaffirms the need to improve the security of critical infrastructure, such as power grids and financial systems, as well as measures to increase awareness of cybersecurity risks and to provide training to individuals and organisations on how to protect themselves, as these cyberattacks may also have an impact on patients and hospitals;

VI) BOOSTING THE HEALTH AND CARE WORKFORCE IN THE EU TO BE PREPARED FOR THE NEXT CRISIS (TRAINING, SUFFICIENT NUMBER OF HEALTHCARE WORKERS, IMPROVED WORKING CONDITIONS, UPSKILLING AND RESKILLING)

44. Is concerned that investment in public health and long-term care has not been prioritised in all the Member States, which leads to the overreliance on informal carers and staff shortages in this area and consequently low levels of resilience in health and care systems in the face of new possible emergencies;

45. Calls for investments in health and care personnel to enhance their skills, and support Member States in improving their working conditions, in order to attract the next generation of health and care workers and address the lack of medical professionals and brain drain within the Union;

46. Reiterates that the EU needs to take a stronger role in guiding and orienting the improvement of public health, as all Member States should consider health a strategic asset for investments and not a cost to be minimised; calls in particular for a stronger focus on prevention and health promotion along an approach of 'health in all policies' and inside the UN Decade on Healthy Ageing;

47. Highlights the need to upskill, reskill and out-skill workers for health and care careers in order to be better prepared for potential emergency and crisis situations; calls for due consideration to be given to the further training and retraining of workers involved at all stages of the value chain; highlights in particular that deontology and the prevention of abuse and neglect must be central to the training of all health and care staff;

VII) ROLE OF PRIMARY CARE IN BUILDING RESILIENT HEALTH SYSTEMS

48. Underlines the importance of primary care and 'assistance at proximity' in building resilient health systems that facilitate the continuity of health services during health emergencies and contribute to avoiding hospital congestion and collapse by sustaining the provision of essential local services;

49. Calls for the EU and the Member States to rethink the role of primary care, focusing on its potential to relate to families on a day-to-day basis, to improve prevention in particular in the field of mental health, health promotion and promote a greater

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community capacity to respond to health threats, in close coordination with hospital care;

VIII) EU FINANCING INSTRUMENTS (EU4HEALTH, HORIZON EUROPE, CIVIL PROTECTION MECHANISM, COHESION FUNDS, RECOVERY FUND, ETC.)

50. Highlights the divergences in healthcare systems among Member States and among regions within Member States, in particular remote rural areas, the outermost regions and peripheral islands; calls for the use of cohesion policy to even out these divergences; calls in turn on the Member States to develop national plans to combat the spread of 'medical deserts' and maintain availability of all services from primary to specialist and hospital care in all of the EU's regions;

51. Notes that economic support, the government response and stringency indices differed depending on each Member State's income support, fiscal measures and restriction measures; highlights that different demographics and cultural specificities, such as the large population of older people in Italy and tourism as an active business sector in southern countries, led to different pandemic socio-economic impacts;

Commented [PS4]: While it is important to highlihgte differentiated social and economic impacts of the pandemic on the EU's regions, we would advise not to 'justify' these with 'culture' or 'demographics'. Regarding demographics, each EU member State has parts of its territory with a rapidly ageing population. In terms of 'culture', it should be precisely the aim of public health policies to build trust into evidence-based public health communication and have that communication effective, rather than blaming phenomena such as vaccine scepticism on 'culture'

52. Notes that lessons learned showed a lack of investment at EU and Member State level in comprehensive, integrated surveillance systems and the management of validated, comparable and interoperable data, which led to poor planning and preparedness, although previous investments in research and development (R&D) made it possible for vaccines to be produced;

53. Notes that the EU reacted quickly by easing State aid rules, suspending fiscal rules, introducing the European instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE) and NextGenerationEU and investing in joint vaccine financing; points out that Member States were also able to spend and borrow easily thanks to the actions of the EU monetary and political authorities; recognises that the southern countries in the EU suffered a much larger GDP shock as a result of pandemic lockdowns compared to the EU countries in the north-west and recognises that most southern countries were reliant on tourism as a principle source of economic activity;

IX) PREVENTING SHORTAGES OF CRITICAL MEDICINES AND PROTECTION DEVICES: MONITORING THE MANUFACTURING CAPACITIES OF THE EU HEALTH INDUSTRY

54. Calls for better coordination to enable the timely stockpiling and joint procurement of medical countermeasures in line with the EU's Civil Protection Mechanism and the rescEU stockpile;

X) EU HEALTH STRATEGIC AUTONOMY: STRENGTHENING RESEARCH AND INNOVATION INVESTMENTS THROUGH PUBLIC-PRIVATE PARTNERSHIPS, SUPPORTED BY A GLOBALLY COMPETITIVE, EFFECTIVE AND SUSTAINABLE INTELLECTUAL PROPERTY (IP) RIGHTS PROTECTION AND INCENTIVES SYSTEM

55. Calls for the EU and the Member States to reduce the EU's dependence on third countries and to act decisively to prevent drug shortages, address supply chain vulnerabilities in the European system of sourcing medical products and active pharmaceutical ingredients from outside Europe and ensure better sharing of data from

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the industry, earlier projections on where shortages may occur in the future and greater transparency in the production and distribution chain of medicinal products;

56. Underlines the importance of robust IP protection in offering incentives in medicinal research and development, and in making Europe the leading place for pharmaceutical R&D;

b) Access to medical countermeasures

I) VACCINE PRODUCTION, STORAGE AND DISTRIBUTION, INCLUDING SUPPLY CHAIN RESILIENCE, EU STRATEGIC AUTONOMY AND AVAILABILITY OF CRITICAL PHARMA AND MEDICAL PRODUCTS

57. Stresses that stepping up research on and development of responses to pathogens with epidemic and pandemic potential prior to epidemics and pandemics is crucial; recognises that nothing was known about SARS-CoV-2 and the disease caused by this new virus, including nothing about its genetic sequence (even if the sequence was then shared very soon) or its other characteristics and epidemiological behaviour, such as the methods of infection and transmission and infection, transmission and mutation rates; highlights that, therefore, in the beginning, research was required before a vaccine could be developed and that affected the industry production capacity to develop and deploy vaccines;

58. Notes that high-income countries facilitated the vaccine market at the beginning of the pandemic, hosting most of the large manufacturing facilities, and that major pharmaceutical corporations enhanced the global production and supply of lifesaving medical tools by ownership of IP, technologies and data;

59. Highlights that the Access to COVID-19 Tools Accelerator demonstrated the power of international collaboration, speed, equity, transparency and innovation, because it enabled a rapid response and an unprecedented level of coordination and collaboration among global health agencies to address the pandemic; emphasises, at the same time, the importance of learning lessons from this initiative;

60. Notes that the pandemic put pressure on global supply chains, including the pharmaceutical sector, resulting in disruptions and unpredictability in the supply of vaccines and other countermeasures;

61. Stresses the importance of generic, biosimilar and value added medicines in preventing shortages of medicines, avoiding the consequences of disruptions in pharmaceutical supply chains during emergency situations, consistently increasing equitable access for patients and making healthcare systems sustainable in an EU in which access is still uneven;

62. Calls on the Commission to consider new processes to promote the repurposing of medicinal products to facilitate broader off-label use of medicines, including less expensive medicines, whenever there is strong scientific evidence of efficacy and safety for patients in order to avoid shortages of medical countermeasures and the effects of disruption in pharmaceutical global supply chains; highlights, in addition, the opportunity for a new framework to support the marketing and use of drugs with new

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approved indications;

63. Recalls the critical need for global health and for global supply chains to develop local production and distribution capacities in the EU and in developing countries, notably in terms of pharmaceutical research, development and production and always according to social standards and industry due diligence; calls on the Commission to use the industrial, IP and pharmaceutical strategies to bridge the persistent gap in research and medicine production through product-development partnerships and the creation of open centres for research and production;

64. Understands that the political and economic consequences of the response to the COVID-19 pandemic occurred before health systems were overwhelmed, notably by the collapse of global supply chains;

65. Notes that sustainable vaccine development, production and delivery rely on robust and transparent supply chains; calls on the WTO to take action to ensure the fluidity of supply chains and vaccine deliveries;

66. Highlights that a framework for compulsory licensing is provided for under the existing Agreement on Trade-Related Aspects of Intellectual Property Rights, enabling governments to supply their citizens with generic versions of patented treatments either through domestic production or foreign imports;

67. Acknowledges that the EU is a major exporter of vaccines in the world and that it contributed to the worldwide solidarity efforts with the donation of 500 million doses of vaccines;

II) JOINT PROCUREMENT AGREEMENTS AND ADVANCED PURCHASE AGREEMENTS (NEGOTIATIONS, TRANSPARENCY, LIABILITIES AND ENFORCEMENT)

68. Believes that the EU needed a common approach for vaccine procurement in order to avoid competition among Member States and the undermining of the European project; believes that the exclusivity in the negotiations of vaccines and the early engagement from the Member States were successful points in this process;

69. Takes the view that joint procurement procedures could provide the EU and its Member States with more flexibility according to their needs, whereas negotiations for the advanced purchase agreements were beneficial at a time when the development of vaccines was risky and production lines were prepared without knowing which vaccine would actually succeed or whether the vaccines would actually be approved;

70. Stresses the importance of new joint EU voluntary public-procurement contracts by the Commission and the Member States, especially for, but not limited to, emergency medicines and unmet therapeutic needs, to improve their affordability and access to them at EU level; calls for such practices to be explored in areas such as rare diseases and cancer through clearly outlined milestones, objectives and commitments agreed on by all parties involved; highlights the need to ensure high levels of transparency in these initiatives and to apply lessons learned from the joint procurement of COVID-19 products; stresses that joint procurement must not risk having a negative impact on supply flows by increasing the risk of shortages in the EU;

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71. Welcomes the reference in the pharmaceutical strategy for Europe to the fact that actions in the area of public procurement can foster competition and improve access to medicines; urges the Commission, in the context of Directive 2014/24/EU[27], to swiftly propose guidelines for the Member States, notably on how to best implement the most economically advantageous tender criteria, looking beyond solely the lowest price criteria; emphasises that security of supply is an essential factor and must be used as a qualitative criterion in connection with the awarding of public pharmacy contracts and calls for tendering for the supply of medicines; emphasises the importance of diversified supplies and sustainable procurement practices for pharmaceuticals; proposes that investments in the manufacture of active ingredients and medicinal end products in the EU should also be retained as an essential criterion, as well as the number and location of production sites, the reliability of supply, the reinvestment of profits into R&D and the application of social, environmental, ethical and quality standards;

72. Highlights the lack of transparency in the joint procurement agreements negotiated with companies, which was justified by respect for the right to confidentiality; stresses that transparency in the work of the EU institutions is of the utmost importance, especially under the conditions of the unprecedented pandemic crisis;

c) COVID, communicable and non-communicable diseases (including long COVID)

73. Observes that the causes of long COVID are still scientifically uncertain, as are the specifics of what it includes and its long-term impact; highlights that the EU needs a strategic approach in order to address long COVID, focusing on increasing research, training and primary care awareness;

74. Stresses that the pandemic had consequences for the health of patients with communicable diseases (CDs) and non-communicable diseases (NCDs) linked to temporary disruption of 'non-urgent' medical interventions and further delays and disruptions in diagnostics and treatments, particularly for HIV, hepatitis, cancer and rare diseases, with a massive decrease in screenings for breast and colorectal cancer;

75. Observes that the disruptions in cancer screenings, along with other early detection services, have raised serious concerns about long-term consequences, as postponed diagnoses inevitably result in cancer being diagnosed at a later stage, making treatment more complex and costly, and reducing survival probabilities[28];

76. Takes note that CD and NCD services were disrupted due to cancellations of elective care, the closure of screening programmes, fear among patients of contracting COVID in health care settings, government or public transport lockdowns which hindered access to the health facilities and lack of staff, and notes that rehabilitation was the most commonly disrupted service;

77. Observes that most countries that have included NCD services in national COVID-19 plans have prioritised services for the four major NCDs: cardiovascular disease

[27] Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC (OJ L 94, 28.3.2014, p. 65).
[28] Organisation for Economic Co-operation and Development/EU, 'Health at a Glance: Europe 2022: State of Health in the EU Cycle', OECD Publishing, Paris, 2022.

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services, cancer services, diabetes services and chronic respiratory disease services; highlights that some countries, like Spain, have recognised mental health as an area to prioritise;

78. (new article) highlights that vulnerability to severe disease and death from COVID-19 was correlated with multi-morbidity and in particular with the prevalence of non-communicable diseases such as obesity, chronic respiratory diseases, cardio-vascular diseases; underlines that many non-communicable diseases can be prevented or delayed through health promotion and early detection, as well as through healthy environments conducive to healthy lifestyles; notes the efforts on EU level to intensify strategies to prevent non-communicable diseases, calls for an intensification of these strategies;

Commented [PS5]: Maybe check back with Eurohealthnet about the wording of this paragraph on NCDs

78. Highlights the fact that scientifically recognised, integrative medicine approved by public health authorities can bring benefits to patients in relation to the parallel effects of several diseases, such as cancer or dementia, and their treatment; stresses the importance of developing a holistic, integrative and patient-centric approach and of encouraging, where appropriate, the complementary use of these therapies under the supervision of healthcare professionals;

79 (new article) Highlights in particular the impact of lock-downs, physical isolation measures and the general climate of fear on persons who already suffered from mental health issues or persons suffering from dementia; highlights that these situations were conducive to rapid aggravation of these diseases, while care for them was underprioritised during the pandemic;

79. Recognises that restrictions and lockdowns led to a rise in mental health issues, particularly for youth, older persons, informal carers or parents – particularly women and single parents – persons with disabilities and persons who were already socially isolated; notes that already before the pandemic, there was a lack of priority placed on mental health; underlines, therefore, the importance of introducing such limiting measures as a last resort and accompanied by mitigating measures that can prevent the deterioration of mental health; calls for support for EU governments' actions on mental health with a focus on youth and children, older persons, single parents and informal carers and persons with disabilities, including attention to access to social and cultural participation for all, as this can improve well-being and reduce the risk of mental health issues, while taking into account the limitations of EU competence in this area;

80. Regrets that routine vaccination and preventive health screenings suffered from setbacks; acknowledges the importance of carrying on and improving these activities to avoid outbreaks of other vaccine-preventable diseases and those which can be diagnosed early;

d) One Health

81. Insists that COVID-19 and other recent epidemics and pandemics have made it unmistakably clear that human, animal, plant and environmental health cannot be dealt with separately, but need to be addressed in a 'One Health' approach; highlights that their interdependencies need to be better acknowledged and require intersectional work using a multi-sectoral, transdisciplinary and integrated approach; recalls that 75 % of human infectious diseases are zoonotic and that the threat of increasing antimicrobial

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resistance is one of the leading causes of death worldwide;

82. Underline that mainstreaming One Health means better able to prevent, predict, prepare for, detect and respond to global health threats at both global and EU level; recommends that the One Health approach be designed and implemented through public policies, legislation and research with the engagement of multiple sectors;

e) Conclusions

I) HEALTH SYSTEMS

83. Encourages the EU and Member States to implement the European Health Union package, developing a permanent agenda for health and looking at healthcare as an investment; calls for basic health services to be strengthened, as a way of improving the general state of health of the population;

84. Highlights the need to ensure the performance of epidemiological surveillance at EU level and the availability and interoperability of information systems, new tools and research to strengthen interdisciplinary research and human and social sciences as regards the impact of pandemics and non-pharmaceutical measures;

85. Calls for EU guidance to improved when healthcare services are temporarily stopped, decreased or diverted, identifying priority patients who should continue to be diagnosed and to receive treatment; develop plans on how to reduce the backlog of unfilled needs for treatment after the temporary reduction of health services; calls on Member States to develop national action plans to prevent the spread of 'medical deserts', i.e. areas with an underprovision of primary and specialist medical care;

86 (new article) calls on the Member States to swiftly implement the recommendation through the drafting of national actions that allow for a rights-based shift in long-term care systems, providing choice of the form of care to persons in need of care, appropriate investment and funding for long-term care services that support independence and autonomy, support and social protection for informal carers, standards and indicators for quality and access to long-term care services, improved working conditions for care staff, reduction of care staff shortages, awareness and prevention of abuse and neglect, and in particular the abolition of the use of restraints; calls on the Social Protection Committee to continue its work on indicators for long-term care and on the European Commission to thoroughly monitor the implementation of the European Care Strategy and tor regularly report on progress to the European Parliament;

86. Urges the further digitalisation of administrative services and, wherever appropriate and feasible, the use of online healthcare services; urges at the same time to develop solutions to avoid that the digital gap translates into a health care gap in this context, such as funding and provision of mobile health clinics, services at local level that can assist in gaining digital access to these services, enforcement of legislation on the accessibility of public sector websites to persons with disabilities;

87. Calls for the continuous professional development of healthcare workers and for protective measures for their physical and mental health, as well as vaccinations for

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them, to be ensured;

88. ~~Looks forwards to the inclusion of~~Calls for a European strategy for strengthening mental health including prevention, health promotion, access and affordability of mental health services and general support to services that are conducive to a high level of well being, as part of ~~in~~ the EU Health Union;

89. (new article) calls for an intensified EU Strategy for the prevention of non-communicable diseases, which streamlines an approach of 'health in all policies';

90. (new article) Reminds the commitments of the EU and Member States having ratified the UN Convention on the Rights of Persons with Disabilities, and in particular its obligations on implementing the right to health for persons with disabilities;

89. Calls on the Member States to properly finance their health systems in order to ensure their immediate and long-term resilience, and to invest in critical health infrastructure, tools, structures, processes and laboratory capacity;

II) CONTRACTS AND NEGOTIATIONS

90. Believes, considering that by nature pandemics are very unpredictable and with the benefit of hindsight, that lessons need to be learned on how to be better prepared for negotiations with companies in order to avoid ending up with surplus vaccines and medical countermeasures;

91. Urges the improvement of common and joint procurement procedures in emergency situations and a more coordinated approach, allowing for contracts to be adapted;

III) AVAILABILITY OF MEDICAL COUNTERMEASURES

92. Recommends that the EU establish adequate systems to provide manufacturers with proper at-risk funding during emergencies in order to quickly adapt and scale-up production, avoiding disruptions and shortages of medicines, medical devices and services;

93. Calls on the Commission to ensure that the revision of the general pharmaceutical legislation builds on a good understanding of the root causes of medicine shortages; highlights the need for the Union's pharmaceutical industry to have a diversified supply chain and a medicine-shortage risk-mitigation plan to cope with any vulnerabilities and risks to the supply chain;

94. Highlights the valuable role of community pharmacies and recognises their key contribution during the pandemic in continuously providing an essential and quality service; suggests that pharmacists should play a more active role in epidemiology surveillance to contribute monitoring the insurgence of CDs, and invites the Member States to include them in their health, care and research programmes; calls for greater recognition of pharmacies in rural areas, which enable such areas to retain their populations and ensure the availability of medicines;

IV) SUPPLY CHAINS

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95. Proposes that global supply chains be opened to the EU in order to prevent tariff retaliation and that stronger provisions be promoted within contracts, especially related to supply disruptions; calls for the detection of high-risk dependencies and the establishment of production capacities of related products in the EU;

96. Believes that the EU should reduce its dependence on unreliable trade partners and act decisively to prevent drug shortages; advises mapping out supply chain vulnerabilities related to the European system of sourcing medical products and active pharmaceutical ingredients from outside Europe;

97. Believes that the EU should ensure better sharing of data from the industry, earlier projections on where shortages may occur in the future and greater transparency in the production and distribution chain of medicinal products where this would promote the availability and accessibility of medicines without infringing on business sensitive information;

98. Believes that the EU should increase the share of key production on our territory to strengthen Europe's supply chain autonomy, while retaining openness to global supply chain dynamics;

99. Calls on the Commission to promote dialogue with the Member States and all relevant stakeholders to promote 'Made in Europe' pharmaceuticals by strengthening manufacturing and supply resilience and by assessing additional criteria for national pricing at no additional cost to patients and without prejudice to the sustainability of the health system; stresses that these criteria should include high environmental manufacturing standards, robust supply chain management and investment in innovation and research; believes that stimulating and building on an attractive European industrial ecosystem for the pharmaceutical sector is one of the key conditions for continuing to foster the relocation of production facilities back to the EU; believes further that relocations of this kind can help to make EU healthcare systems more independent from third countries and more resilient to disruptions;

100. Recommends the simplification and harmonisation of regulatory procedures for the approval of vaccines and medicines in order to improve the fluidity of global supply chains;

101. Suggests developing networks that can be mobilised to produce a variety of technologies at short notice (such as the EU FAB) and address supply chain challenges and trade barriers that impact the production process;

v) RESEARCH AND DEVELOPMENT

102. Encourages further investment in R&D, by increasing the resources of the EU framework programme for research and innovation and the EU4Health programme, and establishing HERA as a future EU agency supporting research to make vaccines available in times of crisis;

103. Calls for more research to determine the underlying causes, frequency, and best treatment options for long COVID and post-acute COVID-19 syndrome, since these conditions are still not fully understood; calls therefore for a coordinated programme of

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surveillance systems that includes data from each Member State, using consistent case definitions and methodologies, and encompassing the impact of this condition on health, employment, and the economy;

VI) TRANSPARENCY

104. Calls on the Commission to periodically evaluate and review the incentive system, increase price transparency, and highlight the factors limiting affordability and patient access to medicinal products;

105. Encourages responsible ways to enhance transparency regarding public vaccine funding and procurement, the real costs of R&D, and access to clinical trials results and related data through the clinical trial information system;

106. Urges the Commission, Member States and manufacturers to communicate the potential side effects of vaccines better and to do so in a consistent and coordinated way so as to avoid vaccine hesitancy and misinformation;

VII) EU INSTITUTIONS

107. Calls for HERA to be made an autonomous agency, with a strong and well-defined mandate from Council and Parliament (including a proper industrial role and mandate), and a budget to fulfil its mandate and increase resources; calls for HERA to have a role in safeguarding the public interest;

108. Welcomes the Commission Healthier together – EU NCD initiative to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major NCDs and improve citizens' health and well-being;

VIII) EU FINANCING INSTRUMENTS (EU4HEALTH, HORIZON EUROPE, CIVIL PROTECTION MECHANISM, COHESION FUNDS, RECOVERY FUND, ETC.)

109. Is concerned that during the pandemic the executive branch had the upper hand in emergency decision-making, which undermined the role of the European Parliament; calls on the Commission and the Council to refrain from using Article 122 TFEU, and to increase parliamentary control and codecision for various instruments so as to bolster the legitimacy of emergency response actions;

110. Believes that there are transparency issues concerning the design and implementation of the Resilience and Recovery Fund facility, including a lack of clear obligations to publish data on details of the spending of the funds received; is of the opinion that without common standards on data sharing, there is a significant risk of corruption and recommends that Member States should put more effort into sharing data on their national recovery plans;

2. ***A coordinated approach with respect for democracy and fundamental rights***

I) BETTER AND MORE EFFECTIVE EU HEALTH COMMUNICATION, PARTICULARLY IMPROVED COMMUNICATION ON EPIDEMICS/ HEALTH CRISES (VACCINATION, NON-PHARMACEUTICAL MEASURES, ETC.)

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111. Stresses that public trust is indispensable for an effective response to pandemics and is unattainable without transparency; underlines that trustfulness and consistent disclosure of public documents increase people's willingness to follow health recommendations and increase public trust in general;

112. Acknowledges the need for the EMA to improve its transparency, communication and the availability of information on vaccines and the authorisation processes, with a view to fostering public trust;

a. Building trust

II) COORDINATED EU VACCINATION CAMPAIGNS TO ADDRESS AND REDUCE VACCINE HESITANCY

113. Welcomes the Commission's 2020 joint communication entitled 'Tackling COVID-19 disinformation – Getting the facts right'[29], which includes a list of good practices on how to address the sources, channels, amplifiers and targets of misinformation on social media platforms; acknowledges the limited cooperation of social media platforms, owing to a lack of intelligibility in their reports;

114. Welcomes the use of the pre-existing Rapid Alert System during the COVID crisis, which was specifically designed to counter foreign disinformation campaigns; notes the upcoming toolbox jointly established by the Commission and the European External Action Service, which lays out resilience-building, regulatory and response action solutions;

115. Strongly supports the proposed European media freedom act, which is designed to preserve freedom and diversity of media in the face of anti-misinformation tools;

116. Points out discrepancies in the ability to face disinformation among Member States; notes that such differences led to disparities in terms of vaccine hesitancy;

117. Considers that a focus on health education, among other policies, including communication and proximity to health providers, is key to reducing vaccine hesitancy;

III) INVESTING IN EFFECTIVE RISK COMMUNICATION AND TACKLING DISINFORMATION (SOCIAL MEDIA, TACKLING FAKE NEWS)

118. Considers that the European information space needs to be better protected; notes that restrictive measures led to the increasing importance of 'online democracy', which allowed misinformation on social media to gain influence, in particular among persons with low digital and media literacy;

119. Notes the establishment of a permanent taskforce on misinformation to monitor the scale of misinformation in the EU and notes the proposed European democracy action plan to establish a common European strategy to tackle misinformation;

[29] Joint communication of the Commission and the Vice-President of the Commission / High Representative of the Union for Foreign Affairs and Security Policy of 10 June 2020 entitled 'Tackling COVID-19 disinformation – Getting the facts right' (JOIN(2020)0008).

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120. Highlights that disinformation campaigns, along with cyberattacks, are part of 'hybrid warfare' strategies by foreign powers; reiterates that security and freedom are inseparably interlinked;

IV) IMPORTANCE OF COMMUNITY ENGAGEMENT, INCLUDING LISTENING TO AND ADDRESSING PUBLIC CONCERNS

121. Recommends further including representatives of local and territorial communities, including elected officials, in the interinstitutional, multi-level process of building trust, coordinating the delivering of correct messages and fostering the population's active engagement in times of crisis;

b. COVID-19 and fundamental rights (focus on the digital)

122. Reiterates the importance of well-established scrutiny processes, both at national and European level, to ensure that national authorities are held accountable for breaches of freedom of assembly, freedom of speech, the right to private property and patient rights, and to ensure certainty and predictability in changes to rules for businesses;

I) COVID-19 CERTIFICATE, TRACING APPS AND THEIR SECURITY

123. Notes that the EU has a strong data protection system with consistent data privacy provisions; highlights that the EU COVID Digital Certificate and its tracing apps respected this system, while allowing the free movement of EU citizens under the sanitary rules applied during the crisis; reminds the Directive on the accessibility of public-sector websites and the European Accessibility Act, which requires all of the public digital infrastructure to be designed as being accessible to persons with disabilities;

II) IMPACT ON VULNERABLE/MARGINALISED GROUPS AND SOCIAL INEQUALITIES

~~124. Considers that the digital divide is an element of concern for the EU's preparedness and resilience, given that vulnerable population groups are particularly impacted because they tend to have fewer connection opportunities;~~

Commented [PS6]: We feel this should be somewhat stronger (see below)

124. (new article) Warns against coping strategies in the context of COVID or future pandemics that only rely on digital communications and applications, as a large share of the EU's population has low digital literacy, cannot afford up-to date devices and connectivity or lives in areas which are not sufficiently connected to high-speed internet; calls for a general principle of offline availability in all public policies;

c. Democratic oversight to pandemic response

I) INSTITUTIONAL CAPACITY TO RESPOND TO PANDEMICS

125. Notes a high discrepancy in the degree of parliamentary oversight of COVID-19-related emergency measures among some Member States; notes that the resilience of

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parliamentary scrutiny was generally higher in countries with constitutions that give their national parliaments more room to manoeuvre vis-à-vis the executive power;

126. Considers that in the context of the current perma-crisis, safeguarding transparency, accountability and all the other key features embedded in European democratic values is critical and necessitates designing systematic plans rather than ad hoc measures;

127. Highlights that during the pandemic, extensive use was made of Article 122, which undermined Parliament's prerogatives and ability to conduct political oversight; is of the opinion that it is necessary to reassess the situation in order to safeguard Parliament's prerogatives;

III) RESILIENCE TO SUPPORT CORE ACTIVITIES AND THE DECISION-MAKING PROCESS

128. Regrets that the crisis has exacerbated pre-existing challenges to democracy and the rule of law in some Member States;

129. Notes that Parliament adopted extraordinary measures and undertook innovative action to maintain the continuity of its activities, carry out its duties and exercise its legislative, budgetary, scrutiny and oversight prerogatives under the Treaties, while protecting the health of Members, staff and other persons during the course of the pandemic; highlights Parliament's ability to maintain its interpretation services in the 24 official EU languages, even during remote meetings;

130. Calls for more coordination among institutions on adopting extraordinary measures and stresses the need to address digitalisation challenges and ensure that institutions can fulfil their mandates and responsibilities in person, such as at plenary sittings and interinstitutional negotiations (trilogues);

131. Considers that the procurement mechanisms, notably the advanced purchase agreements used for vaccine contracting, could have improved transparency; recommends finding a way to publish vaccine contracts sooner and in less redacted versions;

d. COVID-19 and Member States' restrictions on free movement of persons and the internal market

132. Highlights that the four freedoms are fundamental building blocks of the European project and therefore deplores the initial blocking of essential goods, including personal protective equipment (PPE) and medical equipment, and delivery failures across the single market during the first part of the COVID-19 pandemic;

133. Highlights that, in 2020, the Commission published Guidelines for border management measures to protect health and ensure the availability of goods and essential services[30], as well as a communication on green lanes[31], in order for Member States to guarantee the continued functioning of supply chains in the single market and avoid possible shortages, and Guidelines concerning the exercise of the free movement of workers

[30] OJ C 86 I , 16.3.2020, p. 1.
[31] Commission communication of 28 October 2020 upgrading the transport Green Lanes to keep the economy going during the COVID-19 pandemic resurgence (COM(2020)0685).

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during COVID-19 outbreak[32] to allow workers in critical occupations, in particular, to perform activities related to essential services;

134. Notes that diverging approaches among the Member States on the use of the EU Digital COVID Certificate undermined public trust in the tool;

e. Conclusions

135. Acknowledges that, in the middle of the crisis, institutions were confronted with exceptional situations in which urgency necessarily prevailed over the timely publication of certain documents; stresses, however, that transparency should still be a priority;

136. Considers that the COVID-19 crisis was a stress test for the EU's democratic resilience;

3. *Social and Economic Impact*

a) The effects of COVID-19 measures, including lockdowns, on businesses and workers

137. Notes that the shock of the pandemic to labour markets in 2020 was short and sharp, and that the recovery has been swift, aided by policy interventions and significant public support at national and EU level; underlines that overall, EU employment recovered to pre-crisis levels within two years, compared to nearly eight years following the global financial crisis;

138. Notes that job losses during the pandemic were concentrated in low-paid jobs but that the recovery in employment during 2021 was driven by growth in well-paid jobs and occupations; underlines that the pandemic had a disproportionate impact on certain categories of workers, including self-employed workers and contractual workers, such as seasonal and temporary workers, who were strongly affected;

139. Stresses that on average, about 90 % of small and medium-sized enterprises (SMEs) reported suffering an economic impact in the first months of the pandemic, with the worst affected sectors being services, with a drop in turnover of between 60 % and 70 %; notes that the food sector followed with an impact of between 10 % and 15 %; points out that 30 % of all SMEs reported that their turnover suffered at least an 80 % loss and that the EU hospitality sector was the worst affected, with over 1.6 million jobs being lost in this sector between the fourth quarter of 2019 and the fourth quarter of 2020;

140. Welcomes Member States' efforts to help SMEs with schemes such as loan guarantees or subsidies; notes that SMEs in all European countries used the short-term unemployment scheme to protect their workers and businesses and that Member States also implemented income subsidies to cover self-employed workers' loss of income;

141. Stresses that the ILO special report on the impact on youth employment found that the youth labour market was three times worse off during the pandemic than that for adults;

[32] OJ C 102 I , 30.3.2020, p. 12.

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142. Notes that the labour market is still affected by the consequences of the pandemic and 94 % of workers were living in countries with workplace closures just over one year ago[33], moreover the war in Ukraine and the food and energy crises have led to a further global economic downturn;

143. Welcomes efforts by the EU to quickly put in place economic measures such as the pandemic emergency purchase programme, the triggering of the general escape clause in the Stability and Growth Pact and the Commission's adoption of an extraordinary State aid framework to help Member States and businesses;

144. Welcomes the measures and instruments that followed, with the development of the SURE, the Recovery and Resilience Facility (RRF) and NextGenerationEU, to which the EU committed EUR 800 billion for grants and loans;

145. Highlights that to date EUR 100 billion of financial assistance has been allocated by SURE across 19 Member States, NextGenerationEU loans have been disbursed to seven Member States and allocation to other Member States is ongoing;

146. Notes that across Europe EU economic support instruments have helped 31 million people keep their jobs and 2.5 million firms keep their business running and that these support instruments, in conjunction with existing national temporary schemes, have helped reduce unemployment in Europe by 1.5 million;

b) The impact of COVID-19 measures, including lockdowns, on women, young people and children, older persons, persons with disabilities and other marginalised groups

i) WOMEN

147. Notes that women's labour-market participation in certain sectors has either stagnated or decreased and that this could have a strong impact on women's pensions by aggravating the already wide pension gap (39 %) and increasing the risk of poverty, social exlusion and economic dependency;

148. Acknowledges that in 2020, 3.6 % of women's employment was lost compared to 2.9 % of men's employment, while the greatest losses were in the Americas, followed by Asia-Pacific, Europe and Central Asia, and Africa; notes that in 2021, there were still 20 million fewer women in work than before the pandemic, compared to 10 million fewer men; notes that women were overrepresented in the hardest-hit sectors, such as the hospitality and food services sector, manufacturing and the health sector; takes the view that those delivering care were at centre stage of the pandemic; notes that a large percentage of workers in care are women who are subject to unequal pay;

149. Highlights that during lockdowns resulting from the pandemic, male violence towards women increased significantly as the restrictive measures fostered a particularly enabling environment for abusers; notes, moreover that digitalisation drove an observable rise in online abuse particularly affecting vulnerable populations;

150. (new article) highlights that a large share of the mental health consequences of the

[33] ILO World of Work Report.

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COVID-19 pandemic was weighing on the shoulders of (single) parents, informal and professional carers, persons in institutions such as residential care facilities, among which women are consistently overrepresented;

II) YOUNG PEOPLE AND CHILDREN

150. Confirms that the restrictive measures in Member States affected the mental health of teenagers and young adults; notes that there is evidence of a rise in mental health problems, anxiety, depression-related symptoms and suicidal behaviours; notes that lockdowns and the consequent lack of physical exercise also increased the prevalence of eating disorders and that all these issues were particularly manifest in vulnerable at-risk groups;

151. Notes that some younger students showed a decline in reading, writing and maths skills; points out that among students from low-income households this learning deficit was found to be twice that among those from higher-income households, such that the gap between the strongest and weakest students has widened;

152. Reports that social inequalities have always affected children's mental well-being but that this has become a serious social issue in the wake of the pandemic; notes that the pandemic exacerbated domestic violence and abuse towards children and widened educational and digital divides, particularly for those from disadvantaged backgrounds; believes that school closures also complicated the situation of disadvantaged children making their position even more precarious;

153. Is concerned that during the pandemic children and young people suffering from mental health issues received much less mental health support compared to older adults and this could remain an ongoing issue;

~~*c) The impact of COVID-19 on the elderly and vulnerable/marginalised groups*~~

III. Older persons, persons with disabilities and other marginalised groups

154. Finds that the pandemic had a disastrous impact on people with disabilities; emphasises that people with disabilities faced discrimination in terms of access to healthcare and difficulty obtaining PPE; stresses that lockdowns resulted in feelings of loneliness, which exacerbated addiction and mental health issues, particularly among low-income families, women, ~~the elderly~~older persons, children, and people with disabilities~~, who were the most vulnerable group~~; notes that the needs of socially disadvantaged groups were not met at the beginning of the first lockdown; points out that social services were not considered critical infrastructure and the important role of socio-economic factors in health risks was not recognised;

155. Pays tribute to the important ways in which older persons have contributed to the resilience of our societies, for example by providing care to grandchildren and other persons in need for care as services and schooling were reduced, or by returning from retirement to help with the human resources needs in stemming the overburdened medical sector in some cases; s~~S~~tates that the pandemic had a major impact on ~~the elderly~~ older people ~~and people with dementia~~ due to ageism and initial incidents of hate speech and hate crime under the false idea that unpopular measures were taken

Commented [PS7]: Why is this section different from the section above focussing on women and youth?

Commented [PS8]: We would prefer avoiding the term 'vulnerable'. There is medical vulnerability to severe disease/death from COVID, which is linked to multimorbidity and other health factors; on the other hand, social vulnerability is created by marginalisation, so the actual problem is marginalisation

Commented [PS9]: It is not clear which of these groups is 'vulnerable'

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only because of their perceived vulnerability, due to the~~ir~~ concentration and segregation of older persons in residential care homes, in the absence of sufficient protective equipment and knowledge, long-lasting social isolation measures and reduced opportunities for social interaction, deprogramming of non-urgent medical interventions and difficulties in accessing emergency care, as well as the suspension of ~~their daily activities~~the opportunity for active social and economic participation; notes that it also increased ~~signs~~ the incidence of depression and anxiety among ~~the elderly~~older people, particularly of older persons in need for care and their caregivers, as well as increased financial difficulties for the caregivers; points out that this ~~contributed to the progression of the dementia-related symptoms, and adults with dementia and COVID-19 experienced serious difficulties in receiving appropriate medical care and assistance~~; had a long-lasting effect on older persons' mental and physical health, reduced life expectancy in some regions and led to additional overburdening of informal carers;

Commented [PS10]: Dementia is not an disease 'of older persons', it only develops further with older age, but some younger persons can also develop dementia - which is why it is better to mention dementia higher above in the section on health care, rather than equating dementia and older age here.

156. Highlights that the pandemic and the restrictive measures have aggravated pre-existing disparities in obesity and metabolic health, with an overall rise in excess body weight, especially among women, lower educated and lower paid people, and psychiatric patients; notes that the quality of people's diets often worsened, and physical activity declined due to the closure of sport facilities and play areas, leading to a rise in sedentary behaviour;

157. Notes that homeless people faced challenges in staying safe from infection, increasing their mortality risk, and shelters did not operate adequately because of smaller numbers of workers and volunteers;

d) COVID-19 and the emergence of digital technologies for business and workers: risks and opportunities

158. Notes that during the pandemic the EU moved towards new forms of digitalisation and flexible working; highlights that the appropriate use of digital tools can be an asset to employers and workers in terms of allowing greater freedom, independence and flexibility to better organise working time and working tasks, reduce time spent travelling to work, and make it easier to manage personal and family obligations, thus enabling a better work-life balance; notes that workers' needs vary widely and therefore emphasises the importance of developing a clear framework that simultaneously promotes personal flexibility and protects workers' rights;

e) Conclusions

I) BUSINESSES AND WORKERS

159. Calls on the Commission and Member States to take the necessary steps to make Europe a truly business-friendly environment, with increased access to capital, more flexibility and less red tape for European companies so as to enable them to react quickly, continue business innovation and encourage entrepreneurship, while at the same time protecting and enforcing workers' rights within the EU's borders;

160. Stresses the need to strengthen support for Member States' social policies, with due respect for the principle of subsidiarity, so that no one is left behind; to achieve equal and effective access to social protection, strengthening efforts to achieve higher levels

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of employment while narrowing inequalities and gender gaps in relation to pay and benefits, and further reinforcing social dialogue;

161. Calls on the Commission and Member States to support, strengthen and safeguard freedom of movement (of people, goods and services) in future pandemics and minimise the burden of documentation and legislation; emphasises the need for rules and guidelines on travelling and disease detection to be harmonised between the Member States to simplify procedures for SMEs;

162. Emphasises that the Support to Mitigate Unemployment Risks in an Emergency (SURE) instrument helps safeguard jobs, as do other similar programmes in the form of one-off economic and social solidarity measures in Europe, while emphasising that such programmes should be based on loans, and only activated in the event of severe external financial or economic shocks;

163. Notes that the Commission recommended that Member States recognise COVID-19 as an occupational disease in certain sectors during a pandemic;

164. States that while EU cooperation during the pandemic suffered some teething problems, it quickly made up for lost time with several key initiatives; notes that the free movement of goods and critical health staff was made possible through the establishment of green corridors; notes that the European Agency for Safety and Health at Work (EU-OSHA) played an important role in providing guidelines and information to businesses about COVID-19 preventive measures, while the QR-code-based COVID-19 certificate demonstrated that the EU was able to create a common digital certificate to benefit administrations, companies and the public;

165. Recommends that lockdowns or other drastic safety measures should be taken in consultation with social partners at all the different stages of an unfolding emergency;

166. Concludes that measures to preserve SME jobs where possible through support schemes, income support, upskilling and reskilling of workers, reinforced support to the hardest-hit self-employed sectors should be further boosted;

167. Calls on the Member States to take full advantage of RRF funding, which is built on the notion of ‘build back better’, with a view to reinforcing research and innovation and kick-starting the economy through ambitious proposals and policies, focusing particularly on the green and digital transition, in order to make the EU stronger;

168. Believes that the EU should endeavour to ensure solidarity and coordination between the Member States on the economy to strengthen EU competitiveness and avoid fragmentation of the internal market;

II) WOMEN

169. Calls on the Commission and Member States to combat violence against women in all its forms and wherever it occurs, whether inside or outside the home; welcomes the Commission’s proposal for a directive on combating violence against women and domestic violence but calls for its content to be improved to protect victims better;

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170. Suggests that the development of virtual or digital solutions should be promoted to allow women to reach for support more easily and safely; underlines however that this is not sufficient to ensure support to all women and that offline opportunities to reach support and safe spaces are vital;

171. Believes that cooperation between countries should be enhanced while ~~decentralising~~ ensuring that all forms of care are accessible in all types of territories within the European Union, based on support, quality standards and monitoring from national frameworks to better reach isolated populations; is convinced that local communities and the role of women have to be at the centre of solutions; considers that fostering innovation and digitalisation within the health service, particularly in areas where health provision is lagging is ~~key~~ important, all while maintaining physically and locally accessible health care provision in all territories;~~as is~~ believes that in these areas, ~~relying on~~ the expertise of civil society organisations should be better developed, supported and used;

Commented [PS11]: It is obscure which kind of care this paragraph is about, but one should not confound decentralisation (transferring responsibility to the local level) with provision throughout the territories, which require centralised support

172. Calls on the Commission to criminalise all forms of sexual exploitation in a harmonised way so as to provide a similar level of protection to all women in the EU no matter where they live; supports the inclusion in the directive of a definition of sexual violence that is broader than the definition of rape, and a definition of sexual harassment in line with the existing EU anti-discrimination directives and following the standards of the Istanbul Convention;

173. Calls for the EU and Member States to step up their efforts to mainstream the gender perspective in EU policy and national recovery plans;

III) YOUNG PEOPLE AND CHILDREN

174. Calls for the EU and Member States to closely monitor the use of RRF funds and their role in supporting measures for children, young people and young families; considers that investments should be made in compensatory policies, focusing on low socio-economic status individuals, programmes to prevent learning deficits, evidence-based education, adaptation of curricula, and investment in technology, school infrastructure and teachers' professional development; is convinced that more EU funding on research is needed;

175. Calls on the Commission to gather more information about the impact of the pandemic on children's rights and psycho-social development, the empowerment of children regarding their rights, the inclusion of emergency measures concerning children in policy and legislation;

176. Calls, in this regard, for the EU and Member States to boost funding for EU research on children in general and children's data;

177. Recommends that, in future pandemics, schools and other education facilities should remain open, and education policy should be part of an emergency response strategy;

178. Recommends that UNICEF's guidance on Child Rights Impact Assessment should be applied to policymaking, legislation and emergency measures to avoid negative repercussions on children;

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179. Calls on the Commission to carry out a '~~youth~~ young and ~~elderly~~ older persons' proof check' for all the EU's legislative proposals;

IV) ~~ELDERLY~~ OLDER PERSONS AND OTHER ~~AND VULNERABLE~~/MARGINALISED GROUPS

180 (new article). Reiterates its call to the Commission and Member States to adopt the Directive implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation[34]; calls on the EU and Member States to take an active and constructive role in the international discussions on the human rights of older persons, and in particular to engage with the UN Open-Ended Working Group or the purpose of strengthening the protection of the human rights of older persons;

180. Welcomes the Green Paper on Ageing, the recent of Council conclusions on mainstreaming ageing[35] and human rights of older persons[36], as well as the European Care Strategy and the adoption of the Council recommendation on access to affordable high-quality long-term care and of the UNECE Ministerial Declaration on the Madrid International Plan of Action on Ageing+20[37], which all take into account the profound impact of the pandemic on older persons and the need to change policies to prevent future, similar marginalisation of older persons; and calls ~~for~~ the EU and Member States to implement the commitments made in a coherent manner and in all relevant policy areas, beyond long-term care, by preparing an EU Age Equality Strategy; reminds, in this context, its resolution 'Old continent growing older - possibilities and challenges related to ageing policy post 2020'[38] and 'Common European Action on Care'[39]; calls in particular to fight ageism and age discrimination, promote dialogue and solidarity between generations and to support the independence and contributions of older persons;

181. (new article) Calls on the EU and Member States to take urgent action to address the health and care needs of an ageing European population including preventing and addressing NCDs for persons of all ages, developing patient-centred care solutions that respect and support independence of persons in need of care,~~;~~ support informal carers with social protection, training and supporting services, improve access and quality of long-term care and in particular home and community-based care, and to improve affordatbility,access and quality of care services;

182 (new article). Calls on the EU and Member State to fight abuse and neglect, including the use of restraints, against older persons and persons in need for care through better

[34] European Parliament legislative resolution of 2 April 2009 on the proposal for a Council directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation (COM(2008)0426 – C6-0291/2008 – 2008/0140(CNS)) and

[35] Council conclusions of 12 March 2021 on Mainstreaming Ageing in Public Policies, https://data.consilium.europa.eu/doc/document/ST-6976-2021-INIT/en/pdf

[36] Council conclusions of 12 October 2020 on Human Rights, Participation and Well-Being of Older Persons in the Era of Digitalisation, https://data.consilium.europa.eu/doc/document/ST-11717-2020-INIT/en/pdf

[37] UNECE 2022 Rome Ministerial Declaration: A sustainable world for all ages: joining forces for solidarity and equal opportunities throughout life, https://unece.org/sites/default/files/2022-06/Rome__Ministerial_Declaration.pdf

[38] European Parliament resolution of 07 July 2021 on Old continent growing older - possibilities and challenges related to ageing policy post 2020 (2020/2008(INI))

[39] European Parliament resolution of 5 July 2022 towards a common European action on care (2021/2253(INI))

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research, adequate funding and promotion of emergency services such as helplines, counselling services and mechanisms to seek redress and remedy, including equality bodies; calls on the EU and Member States to better raise public awareness of abuse and neglect against older persons, in particular on the occasion of the World Elder Abuse Awareness Day, 15 June;

182. (new article) Calls for an EU initiative with the aim to combat loneliness through research and development of knowledge of the drivers and impact of loneliness, the exchange and funding of good practices in partnership with civil society;

181. Notes that as the potential for longevity increases, so does the importance of health-related behaviours at all ages (including middle and older ages); calls therefore for healthy longevity research and measures to better prevent NCDs, to reduce the impact of CDs, and ~~make~~ harness the opportunities linked to ageing ~~an opportunity rather than an adversity~~;

182. Calls for the EU and Member States to invest and develop online tools and digitally empower digitally excluded older people and other groups of digitally excluded, support online healthcare services and institutions financially and to develop support measures for caregivers; welcomes that the European Pillar of Social Rights Action Plan defines a target for increasing digital skills for persons up to 75; notes with concern however that persons over 75 are not covered by this objective and that initiatives to increase digital skills look exclusively at skills and population groups that are relevant for the labour market; call for a widening of digital literacy initiatives to persons of all ages and to couple them with initiatives to promote financial accessibility of equipment and broadband connectivity;

183. Is of the opinion that there is a need to further develop innovative solutions that emerged during the pandemic, such as new modes of working, digitalisation and access for all; calls for the re- and upskilling of older workers, to better explore the potential of increasing career length by using measures that balance work and private life, such as telework, part-time retirement, carers' leave, notes that this should be part of a wider strategy to increase sustainability of careers through improved health and safety, including mental health, life-long learning, possibilities for job rotation and to build second careers, close gender gaps in care and in the labour market and to promote measures to reconcile work and private life;~~;~~

184. Recommends that the EU and Member States invest in building accessible and ~~a~~ healthy environments, exchange practices and promote solutions that support active and healthy ageing as well as independent living at all stages of life as part of a wider Strategy on ageing ~~and care plan for~~ to harness the potential of the increasing longevity ~~growing elderly population~~; points to the United Nations Decade on Healthy Ageing and the World Health Organisation's' Network of Age-Friendly Cities and Communities as initiatives that could be amplified by more EU and Member State involvement;~~;~~

185. Recommends that Member States should carefully evaluate the risk-benefit of the restrictions on physical activity before implementing them; considers that at normal times and during a health crisis, governments should provide more guidance and encourage better diets, physical activity for people, with special focus on ~~the~~

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~~vulnerable~~marginalised and disadvantaged groups, in order to increase healthy life expectancy and the resilience of populations in Member States in the event of a future pandemic;

186. Calls for the EU and Member States to invest in a disability-inclusive process of preparedness, to prevent the devastating impacts of future crises;

4. *The EU and the World*

a) The EU and the management of the pandemic on a global level

I) RELATIONS WITH THE WTO, WHO AND THE INTERNATIONAL HEALTH REGULATIONS (IHR)

187. Notes that in spite of massive growth in the trade of medical products, there have been considerable inefficiencies in access to personal protection equipment;

188. Notes that it is the governments' responsibility to facilitate the distribution of medical products and that the WTO's role in this regard is to implement international trade facilitation, to promote international regulatory cooperation in order to boost goods imports and to reduce export bans or restrictions which are detrimental for access to vaccines;

189. Notes the EU's dependency on external sources of personal protection equipment and questions the role of the WTO in terms of supply chains in this regard;

190. Highlights that tariff and non-tariff barriers have limited access to vaccines, and considers that the WTO should take action to ensure the free flow of supply chains and vaccine deliveries, notably as regards export restrictions;

191. Calls for the EU to focus on open strategic autonomy supporting supply chain diversification and resilience, with an open, rules-based multilateral trading system at its core to ensure the global availability of medical products and complemented by a 'strategic supply chain diversification fund' to actively support our companies; encourages all countries to join the WTO's Agreement on Trade in Pharmaceutical Products and urge for its scope to be extended to all pharmaceutical and medicinal products;

192. Notes that patent protection is a key incentive for companies to invest in innovation and to produce new medicines; notes, at the same time, that the exclusionary effect of patents may lead to limited market supply and reduced access to medicines and pharmaceutical products; stresses that a balance should be struck between encouraging innovation through the exclusionary effect of patents and ensuring access to medicines and protecting public health;

193. Stresses that WTO free trade agreements should not focus exclusively on enforcing IP standards in third countries, but should take into account the impact on generic and biosimilar medicines both in the EU and in third countries, as well as ensure coordination of regulatory standards;

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194. Welcomes the fact that the EU and WHO have been and remain in close cooperation on every aspect of responses to the pandemic; calls for stronger, more coordinated, international cooperation taking a long-term view and with a stronger WHO at the centre;

195. Emphasises that WHO accompanied countries from the beginning to the end of their vaccine strategy, until the very last steps of delivery; considers, however, that there were delays and uncertainties in supply, especially in 2021, and that the situation improved only once global supply was largely meeting global demand;

196. Underlines the need to place safeguards on re-exports in order to prevent illicit trade and avoid boosting existing markets; recognises that the destination must be an eligible country but that in the event of a humanitarian emergency, an initially non-eligible country may be the destination;

197. Considers that a multilateral and globally coordinated response is crucial to building up global resilience against future health crises, and that global mechanisms need to be given more importance; notes in this regard that such mechanisms need to work on their own improvement;

198. Underlines that One Health should be among the most prominent subjects of discussion within the WHO, particularly as regards to the animal-human interface; notes that, although the WHO One Health Panel already has given recommendations, there is still a need to find ways to implement them;

199. Demands that the role of parliaments be taken into account in international discussions in order to increase the legitimacy of those discussions;

II) ROLE IN INITIATIVES SUCH AS COVAX

200. Highlights the fact that COVID-19 Vaccines Global Access (COVAX) was key to delivering vaccines to low and middle-income countries given that their facilities and capacities were built on existing ones; notes that most of low and middle-income countries' doses came from COVAX;

201. Recognises that there is considerable effort at the global scale to increase production capacity; welcomes the fact that the EU became a model in that matter and a large investor both in terms of push (before development) and pull (advance purchase agreements) investments, which made it possible to secure enough vaccines;

202. Underlines that public-private cooperation during a pandemic emergency is structurally different from cooperation under 'normal' circumstances, where the public side provides long-term investment, additional grants or loans and the private side delivers the product; emphasises that in a pandemic situation, where much more risk is involved, public funding plays an even bigger role in the development cycle of the product (vaccine), in conjunction with advance purchase agreements before regulatory approval; notes that this can work only if global frameworks are well crafted and if there is close coordination between all the actors involved;

III) EU GLOBAL HEALTH STRATEGY

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203. Considers that Team Europe has proved to be central in terms of solidarity and underlines the EU's leadership in the global response to the pandemic;

204. Notes that Team Europe has played a key role in supporting R&D efforts in Africa to address the provision of critical resources and technical support to help African countries respond effectively to the pandemic and build resilience for the future;

205. Notes that the COVID-19 Task Force of the Commission's Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (DG GROW) was central to increasing the EU's strategic autonomy and resilience in the face of the pandemic, by supporting research and innovation, strengthening supply chains, and encouraging greater cooperation and coordination between Member States;

206. Considers that safeguarding the unity of the EU single market and the use of its economic and political leverage was made possible by the development of the external dimension of the EU's operational autonomy, through the EU-wide export authorisation mechanism;

207. Considers that although the level of public funding for R&D was sufficient for the rapid development of vaccines, manufacturing capacities in the EU were scaled up too slowly to match needs;

208. Considers it essential to ensure the openness of global supply chains to EU manufacturers, by maintaining close cooperation with the EU's international partners and counterparts and by responsibly responding to protectionist reflexes from said counterparts, such as the America First principle;

209. Asks for tools to be set up allowing the Commission to implement reciprocal trade policies when needed (to counter the Defence Production Act, for example), and thereby maintain an equal balance of power and bargaining abilities;

210. Emphasises that the EU has taken the lead in the global response and solidarity and must continue to play this role; considers that the EU must continue to lead vaccine solidarity around the world and that vaccine solidarity is part of the EU's One Health approach;

211. Underlines that the world is likely to face new epidemics and pandemics in the future and that the EU's One Health approach entails being active in global preparedness, notably regarding the loss of biodiversity that is driving pandemics;

212. Highlights that in the face of the current geopolitics of globalisation, the EU should detect high-risk dependencies and establish production capacities for related products in the EU; asks for a Single Market Emergency Instrument to be established enabling the EU, in the event of a crisis, to act directly and coercively to protect the single market;

213. Underlines the need to shift to a more pragmatic trade policy and that targeted protectionist instruments can be appropriate tools to enhance the EU's bargaining power, protect the EU's fundamental interests and ultimately ensure that global supply chains are actually open to the EU;

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IV) GLOBAL PARTNERSHIPS AND FOUNDATIONS

214. Notes the close cooperation between the Coalition for Epidemic Preparedness Innovations (CEPI) and the Global Alliance for Vaccines and Immunizations (GAVI), under the auspices of the WHO and UNICEF, leading to the creation of COVAX, which aimed to ensure that CEPI's funding led to vaccines that would be accessible to all;

215. Notes that CEPI used recoverable loans to secure doses on behalf of COVAX facilities; underlines the fact that while CEPI had some contingency funding solutions it had to rely mostly on fundraising;

216. Welcomes the fact that equitable access to vaccines has been the top priority of global foundations, including CEPI and GAVI, and that CEPI has been putting in practice the not-for-profit / no-loss principle for vaccines intended for low- and middle-income countries;

217. Considers that while donation of doses is good, these donations have to be thoroughly planned to ensure they make an optimal contribution to the recipients' vaccination strategies;

218. Considers that sustainable vaccine development, production and delivery rely on robust and transparent supply chains and not only on patents; underlines in this regard the need for a better distribution of manufacturing capacities throughout the world;

219. Calls for the establishment of a global network of manufacturers which would be able to rapidly adapt to the production of any vaccine required;

220. Urges regional organisations and entities to ensure that their governance becomes/stays scientifically-driven;

V) REVIEW OF INTERNATIONAL HEALTH REGULATIONS AND PANDEMIC TREATY

221. Considers that the response to COVID-19 will under-perform if it is not holistic and that it cannot solely be focused on health, but must also take social and economic considerations into account at the global scale; underlines the fact that social, political and economic consequences, notably the collapse of global supply chains, arose before health systems were overwhelmed;

222. Welcomes the initiative of the Pandemic Treaty as long as previous frameworks are assessed first and as long as it follows an ethical approach;

223. Welcomes the leading role of the EU in the discussions on the Pandemic Treaty; notes that the Pandemic Treaty has the potential to change how the global pharmaceuticals business operates in times of crisis;

224. Points out that stringency and accountability regarding international health regulations are prerequisites for coordination at the global scale;

VI) IPR IN THE CONTEXT OF INTERNATIONAL RELATIONS

225. Considers that Europe needs to find a constructive solution on IP protection; underlines

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that free IP alone will not solve the problem of access, that patents are useless without technology transfer and proper industrial know-how and that export restrictions and access to raw materials were obstacles to vaccine production;

226. Underlines that compulsory licensing does not ensure that third party manufacturers in low- and middle-income countries can produce pharmaceuticals or equipment, as investment in regional and local capacities and infrastructure is also needed; notes that Team Europe is cooperating with African countries in this regard;

227. Stresses that strong IP protection was part of the solution to create a strong and resilient EU pharmaceuticals ecosystem, because it gives the private sector incentives; underlines that IP protection helps incentivise pharmaceutical companies to develop the necessary vaccines, and that misuse of waivers may undermine long-term healthcare solutions;

b) The EU's role in vaccine diplomacy

I) PROVISION AND OVERSIGHT OF EQUITABLE ACCESS TO VACCINES AND MEDICAL PRODUCTS TO THIRD COUNTRIES

228. Observes that countries cannot fight a global emergency alone and international coordination is key;

229. Believes that health is a geopolitical strategic value and that Europe has the potential to be a global leader in this domain;

230. Urges Europe to ensure the safety of its citizens at all times in an autonomous way and in coordination with our traditional allies through mutual support;

231. Notes that many developing countries across the world had trouble accessing vaccine doses due to a lack of funding, especially at the beginning of the crisis;

232. Underlines that, thanks to a particularly innovative private sector, the EU had a major role in global vaccination, being home to three out of the first four safe and effective vaccines, the first producer and exporter of mRNA vaccines; emphasises that this would have been impossible without ambitious public funding;

233. Considers that the EU has sufficient vaccines to continue sharing with countries that need them in the event of a new surge;

234. Considers that export restrictions and access to raw materials to be more serious obstacles to production than IP;

II) THE ROLE OF THE EU IN ENSURING THAT VACCINES AND MEDICAL SUPPLIES WERE AFFORDABLE AND AVAILABLE TO THIRD COUNTRIES (PREVENTING POTENTIAL BOTTLENECKS IN SUPPLY CHAINS, TRADE BARRIERS, ETC.)

235. Recalls that the EU pooled its resources to maximise the impact of its response to the COVID-19 pandemic and that since the outbreak of the COVID-19 pandemic, the EU institutions, Member States and European financial institutions, as well as Team

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Europe, have so far committed EUR 53.7 billion to support 140 countries, covering the emergency response to humanitarian needs, strengthening of health, water and sanitation systems, and mitigation of the social and economic consequences of the pandemic;

236. Calls for the strengthening of health systems, pandemic preparedness and local vaccine manufacturing in low- and middle-income countries;

237. Calls for more efforts to facilitate easy and affordable access to vaccines and to healthcare in Africa by actively supporting an environment that allows capacities for local vaccine manufacturing to be established, preparedness to be strengthened, local health professionals to be trained and response capacities to be scaled up, while enabling countries with fragile healthcare systems to access medical equipment and supplies;

238. Calls on the Commission to promote the unobstructed flow of trade in medicines, vaccines, PPE, medical devices and necessary components in times of crisis;

239. Highlights that many EU Member States would have been willing to share doses and donate surpluses to the Global South but that sometimes there was no demand from Global South countries and that the interest in vaccine doses was diminishing;

240. Underlines that antimicrobial resistance (AMR) may be the next global health crisis and that there is consequently a need for action plans and specific global mechanisms for AMR surveillance;

241. Considers that the EU should be a major developer, producer and exporter of vaccines, in the context of strong international competition especially with the United States;

242. Highlights the need to focus particularly on funding the development of vaccines and treatments to cope with the competition with the United States; points out in this regard the role of public-private partnerships;

243. Underlines that strategic autonomy is a potential tool to enhance the EU's pharmaceutical ecosystem, and that regulatory harmonisation could improve the fluidity of global supply chains;

c) Conclusions

244. Calls on the Commission to strengthen the screening of foreign direct investment to protect strategic industries in the health sector from foreign takeovers, and initiate a frank dialogue with countries outside the EU hosting major EU-owned production of medicines and active pharmaceutical ingredients to secure a reliable supply to EU citizens; suggests applying the European programme for critical infrastructure protection to the health infrastructure sector; welcomes the establishment of the World Bank Financial Intermediary Fund for Prevention, Preparedness and Response (PPR), the Pandemic Fund; calls for targeted funding to fill critical gaps in PPR capacities, in line with its mandate, starting by surveillance gaps and emergency workforce training;

245. Highlights that without co-responsibility by beneficiaries, for example in investing in

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their primary health systems, medical countermeasures will not reach the population; encourages low- and middle-income countries to implement the target set in the 2001 African Union Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases to allocate 'at least 15 % of [the] annual budget to the improvement of the health sector' while taking account of the necessary fiscal space;

Final recommendations of the report

246. Recommends that the EU implement a holistic approach to pandemic PPR, so it continues to be a global driving force as shown by the adoption of the G20 Rome Declaration - the internationally agreed principles for action to fight, prepare for, prevent, and respond to pandemics;

I) PREVENTION CAPACITY

247. Recommends the establishment of innovative cross-sectoral primary prevention programmes to reduce risk factors and promote healthy lifestyles, inclusion of perosns with disabilities and chronic health conditions, and European cross-sectoral preventive-health policies integrating agriculture and food production and consumption, accessible, affordable and regular transport as a service, the energy sector, industrial development, education, life long-learning and social services, integrating health and long-term care, so as to enable greater exchange of knowledge and information, promote best practices, facilitate sustainable economies of scale and unlock innovation potential to be better prepared for and respond to any threat to European citizens' health all while raising healthy life expectancy in normal times;

248. Recommends moving forward a proper European Health Union by investing in data collection, digitalisation, sharing and analysis; recommends implementing the European anti-discrimination strategies, such as the Gender Equality Strategy, the Anti-Racism Action Plan, the Disability Strategy, and to complement its framework with strategies combatting intersectional discrimination and discrimination on grounds not yet covered, such as age;

249. Recommends the setting up of instruments and funding programmes to fight cyber threats, terrorism and external state-sponsored propaganda;

II) PREPAREDNESS

250. Calls on the Commission to propose an instrument to reduce healthcare disparities and enhance cross-border health cooperation to tackle serious threats to health and safety in the EU;

251. Calls for own legislative initiatives under Article 225 TFEU to promote a European Union of Health, to improve the resilience and quality of healthcare systems, to ensure equal, universal, affordable medical care, and foster transparency on public funding for health research and governance;

252. Recalls the 'Declaration of Helsinki on Mainstreaming Health in All Policies', for the EU and Member States to mainstream the concept of Health in all Policies, adopting a cross-sectoral approach to public policy that systematically considers the health impact

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of decisions, promotes synergies and avoids adverse health effects in order to improve population health and health equity; calls on the EU and Member States to engage with the United Nations Decade on Healthy Ageing as an opportunity to integrate this approach;

254. Recommends addressing the ageing of European populations by a comprehensive EU Age Equality Strategy, which would build a coherent framework and synergies to improve health and resilience of our societies, based on the European Charter of Fundamental Rights;

253. Recommends addressing the digital divide, which particularly affects marginalised population groups, to improve their access to skills, internet and hardware to better enable their access to education, public and private services and health and long-term care; reminds that all essential services must remain accessible offline at all times, including in emergencies;

254. Calls for the role of Parliament to be increased in the decision-making process during crisis management and for parliamentary control and oversight on several instruments to be strengthened, as this would improve the legitimacy of emergency response actions;

255. Calls on the Commission and the Member States to cooperate with digital platforms to effectively counter misinformation and disinformation to avoid fuelling vaccine hesitancy;

256. Calls on the Commission to exercise close scrutiny of internal border controls and to provide more actionable guidance on implementing internal border controls; urges the Member States to be cautious and provide sufficient evidence that the measures/controls are a measure of last resort, proportionate and of limited duration;

257. Calls on the Commission and the Member States to provide support for media literacy training among the EU population, as a counter measure against disinformation and social exclusion;

258. Calls on the Commission and the Member States to form a unified strategic approach to non-EU actors attempting to disrupt democratic processes in the EU;

III) RESILIENCE

259. Is of the opinion that a European Union of Health is needed, that NextGenerationEU should be built on and that Parliament should get a role in decision-making for these programmes; believes furthermore that the necessary instruments should be deployed to enable the Triple Transition (climate, digital, health); recommends that the Triple Transition be promoted by accelerating the shift to a climate-neutral economy while mitigating the transition risks, by reskilling and upskilling the European labour force, by introducing the Sustainability and Growth Pact (SGP 2.0) based on the Paris Agreement, the Sustainable Development Goals and the European Pillar of Social Rights, while pursuing NGEU 2.0, and by enhancing finance to innovative, green and digital technology firms;

260. Recommends strengthening the institutional capacity of the Commission;

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261. Looks forward to working with the Commission on the Revision of the EU general pharmaceuticals legislation;

262. Calls on the Member States to introduce stress tests to strengthen their healthcare systems, and the resilience and quality of their healthcare systems, based on the outcomes and the training handbook being developed by EU4Health funded projects in cooperation with the Organisation for Economic Co-operation and Development (OECD);

263. Welcomes Regulation (EU) 2022/2371 on serious cross-border threats to health and repealing Decision No 1082/2013/EU, which represents a step towards a 'European Union of Health', with the adaptation of EU competences in the area health security and a reinforced role of the European Parliament in the decision-making process under crisis management;

264. Recommends that the ECDC be given more independence in terms of information gathering and that a systematic obligation for Member States be put in place to send it comprehensible data, notably on equipment stocks, bed capacities and ICU admissions;

265. Calls on the Commission to take stock of the practices and methods implemented by the European Parliament, as well as national parliaments, to ensure that parliamentary democracy and the rule of law are not put on hold during crises; recommends developing, at the European level, a list of parliamentary best practices to follow in times of crisis, based on a stocktaking of new parliamentary working methods and mechanisms;

266. Calls for the EU institutions and the Member States to preserve the principles of good policymaking, including in times of crisis; reiterates that power can only be exercised within the constraints set out by law, and that any interventions made must be justifiable, proportionate, non-discriminatory, predictable and subject to monitoring by independent and impartial courts; calls in this context to strengthen the EU's anti-discrimination legislation by the adoption of the horizontal directive implementing the principle of equal treatment;

267. Calls for a revision of the Interinstitutional Agreement on Better Law-Making[40] with a view to increasing the role of Parliament in the decision-making process during crisis management, including the use of Article 122 TFEU, thus enhancing democratic legitimacy and parliamentary oversight;

268. Recommends that the Commission update its practical border handbook with examples of good practices for internal border management in order to increase coordination among the Member States;

IV) STRATEGIC AUTONOMY

269. Recommends tackling market failures in health and completing the single market for

[40] Interinstitutional Agreement between the European Parliament, the Council of the European Union and the European Commission on Better Law-Making (OJ L 123, 12.5.2016, p. 1).

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health products;

270. Calls for strategic autonomy at EU level to be ensured to avoid dependency on third countries for medicines, in particular active ingredients and medical devices, including raw materials;

271. Calls for a list of essential, priority and innovative medicines and treatments (such as biotechnology solutions) relying on existing European agencies and HERA to be established at EU level to guarantee their availability for citizens;

272. Notes the during the pandemic the EU mobilised emergency funding under Horizon 2020 and Horizon Europe to speed up research for a cure for COVID-19. Stresses that for Europe to secure strategic autonomy, the EU and Member States need to invest in research and innovation;

273. Consider organising coordinated EU-wide strategic stockpiling in order to achieve the necessary coordinated, long-term action at EU level, and include health and healthcare among the shared competencies between the EU and the EU Member States;

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° °

274. Instructs its President to forward this resolution to the Council, the Commission, the Vice-President of the Commission / High Representative of the Union for Foreign Affairs and Security Policy, the European Economic and Social Committee, the European Committee of the Regions, the governments and parliaments of the Member States, the World Health Organization and the Word Trade Organization.

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European Parliament
2019-2024

Committee on Employment and Social Affairs

2022/2207(INI)

3.4.2023

DRAFT MISSION REPORT

on supporting and adapting vocational training as a tool for the success of workers and a fundamental element of the EU economy in the new Industry 4.0 (2022/2207(INI))

Committee on Employment and Social Affairs

Rapporteur: Anna Zalewska

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on supporting and adapting vocational training as a tool for the success of workers and a fundamental element of the EU economy in the new Industry 4.0 (2022/2207(INI))

The European Parliament,

– having regard to Articles 179 (163), 180 (164) and 181 (165) of the Treaty on European Union (TEU),

– having regard to the Treaty on the Functioning of the European Union (TFEU) and, in particular, to Articles 6, 9, 41, 153, 162, 165, 166 and 174 thereof,

– having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 14, 15, 23, 25 and 26 thereof,

– having regard to the United Nations 2030 Agenda for Sustainable Development and to the Sustainable Development Goals (SDGs), in particular SDGs 4, 8 and 9,

– having regard to the judgment of the Court of Justice of the European Union of 28 October 2021 in case *BX v Unitatea Administrativ Teritorială D.* (C-909-19),

– having regard to the European Pillar of Social Rights and, in particular, to principles 1, 3, 4 and 5 thereof,

– having regard to Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications,

– having regard to the Commission communication entitled ‘European Skills Agenda for sustainable competitiveness, social fairness and resilience’ (COM(2020)0274),

– having regard to Regulation (EU) 2021/694 of the European Parliament and of the Council of 29 April 2021 establishing the Digital Europe Programme and repealing Decision (EU) 2015/2240,

– having regard to the European Parliament resolution of 12 February 2019 on a comprehensive artificial intelligence and robotics (2018/2088(INI)).

– having regard to the Council conclusions of 9 September 2020 on the human rights, participation and well-being of older persons in the era of digitalisation,

Commented [PS1]: We strongly support keeping this reference, as these council conclusions make a particular point on the importance of life-long learning to all persons as they age

– having regard to Council recommendation of 24 November 2020 on vocational education and training (VET) for sustainable competitiveness, social fairness and resilience,

– having regard to the Council recommendation of 19 December 2016 on Upskilling Pathways: new opportunities for adults,

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– having regard to the Council recommendation of 26 November 2018 on promoting automatic mutual recognition of higher education and upper secondary education and training qualifications and the outcomes of learning periods abroad,

– having regard to the Council recommendation of 22 May 2018 on key competences for lifelong learning,

– having regard to the Commission communication of 9 March 2021 entitled '2030 Digital Compass: the European way for the Digital Decade'

– having regard to the Commission communication entitled 'Digitising European Industry - Reaping the full benefits of a Digital Single Market'.

– having regard to the Commission communication entitled 'Updating the 2020 New Industrial Strategy: Building a stronger Single Market for Europe's recovery',

– having regard to the Commission communication entitled 'A New Industrial Strategy for Europe',

– having regard to the Commission communication entitled 'An SME Strategy for a sustainable and digital Europe',

– having regard to the Commission communication entitled 'The Youth Employment Support: a Bridge to Jobs for the Next Generation',

– having regard to the Commission communication entitled 'Investing in a smart, innovative and sustainable industry: A renewed EU industrial policy strategy',

– having regard to the Commission communication entitled 'Digital Agenda for Europe',

– having regard to the Commission communication entitled 'Europe 2020 Flagship Initiative. Innovation Union',

– having regard to the Commission communication on achieving the European Education Area by 2025, and the accompanying Commission Staff Working document (SWD(2020)0212),

– having regard to the Commission communication entitled 'Digital Education Action Plan 2021-2027: Resetting education and training for the digital age' (COM(2020)0624), and the accompanying Commission Staff Working document (SWD(2020)0209),

– having regard to the European Commission report entitled 'Digital Economy and Society Index (DESI) 2020: Human capital',

– having regard to the Council conclusions of 8 June 2020 on reskilling and upskilling as a basis for increasing stability and employability, in the context of supporting economic recovery and social cohesion,

– having regard to the Council conclusions of 16 June 2020 on countering the COVID-19 crisis in education and training,

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– having regard to the opinion of the European Economic and Social Committee entitled ‘Industry 4.0 and digital transformation: Where to go’,

– having regard to the Opinion of the European Economic and Social Committee entitled ‘Sustainable funding for lifelong learning and development of skills, in the context of a shortage of skilled labour’ (Exploratory opinion at the request of the Croatian presidency),

– having regard to the Opinion of the European Economic and Social Committee entitled ‘Future of work – acquiring of appropriate knowledge and skills to meet the needs of future jobs’ (Exploratory opinion requested by the Bulgarian Presidency),

– having regard to the proposal for a Regulation of the European Parliament and of the Council laying down harmonised rules on artificial intelligence (Artificial Intelligence Act) and amending certain Union legislative acts,

– having regard to the Decision of the European Parliament and of the Council establishing a European Year of Skills,

– having regard to the Declaration of Digital Rights and Principles for the Digital Decade proclaimed in 2022,

– having regard to the EU Global Gateway Strategy,

– having regard to the Cedefop study entitled ‘Empowering adults through upskilling and reskilling pathways’,

– having regard to Cedefop’s report entitled ‘Skills forecast: trends and challenges to 2030’,

– having regard to Rule 54 of its Rules of Procedure,

– having regard to the report of the Committee on Employment and Social Affairs (A9-0000/2023),

A. whereas education, training and skills policies are a competence of the Member States; whereas the EU plays an important role in supporting, coordinating and complementing the actions of the Member States;

B. whereas the future of work will require two types of change among workers: upskilling and reskilling;

C. whereas equal access to skills, as well as upskilling and reskilling opportunities for all, are crucial;

D. whereas in 2021, 9.7 % of 18-24 year-olds in the EU had only completed upper secondary education and were not participating in further education or training;

E. whereas one of the reasons for the mismatch between supply and demand in the EU labour market is the inadequate vocational training of workers;

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F. whereas the European Skills Agenda sets objectives to be achieved by 2025, stressing that the objective for participation in learning among 25-64 year-olds is 50 %, compared to 38 % in 2016; whereas the objective for participation among 16-74 year-olds with at least basic digital skills is 70 %, compared to 56 % in 2019; whereas, the EU has set an objective of increasing the basic digital skills indicator to 80 % by 2030;

G. whereas the objective set out in the European Pillar of Social Rights (EPSR) Action Plan is to achieve a share of 60 % in adult learning by 'all adults' by 2030, measured as participation in adult learning in the year before the survey, standing at 43.7 % in 2016; whereas participation was lowest for the 55-64 year-olds (31.6%) and no data is collected above the age of 65;~~;~~

H. whereas the EU's target under the ET2020 ~~-~~for participation in adult learning in the four weeks before the survey (15 % ~~in~~ by 2020) was not achieved in the previous cycle, nor is it achieved today, with 10.8 % in 2021;~~;~~ whereas, under this indicator, workers between 55 and 64 are almost half less likely (5.7%) to participate in education and learning in 2021.

I. whereas inequalities in access to adult learning persist; whereas older persons are the age group least likely to participate in adult learning; whereas other dimensions of exclusion assessed by Eurostat are gender (men participating less than women), educational level (persons with tertiary education being two times more likely to participate than persons with only secondary education, or four times more likely than persons with only primary education) and active labour market status (persons inactive on the labour market participating less);

J. whereas one in three companies that do not organise training cite heavy workloads and lack of time as reasons; whereas both time and cost are major barriers to adult learning from an individual perspective;

K. whereas the Fourth Industrial Revolution, which encompasses the full digitalisation of production processes, together with the rapid development of big data, artificial intelligence, the Internet of Things and increasing computing power, is shaping today's labour and education markets;

L. whereas customer service, teamwork, problem-solving, management, including time management, critical thinking and digital/IT skills are also considered important transferable skills; whereas transferable skills are increasingly valued by employers as crucial for employment;

M. whereas the following competences are key for the concept of lifelong learning: understanding and information creation, multilingualism, competences in science, technology, engineering and mathematics, digital competences, personal, social and learning competences, civic competence, cultural awareness and expression, and entrepreneurship;

N. whereas the COVID-19 pandemic has had a significant impact on the systematic implementation of education and training policies; whereas the crisis caused by the pandemic has changed the way we work and has reinforced the need to update the skills repertoire of the European workforce, especially in terms of digital skills;

Commented [PS2]: https://ec.europa.eu/eurostat/databrowser/bookmark/508afedb-9d8a-42ae-b775-d50ef43e97e3?lang=en, there seems to be no newer data plublished on Eurostat yet, although data for 2021 was expected

Commented [PS3]: https://ec.europa.eu/eurostat/databrowser/bookmark/132a6787-73a0-4017-a69b-6cf2d5e66e7c?lang=en

Commented [PS4]: https://ec.europa.eu/eurostat/databrowser/bookmark/73e2ca19-f738-4410-a8d9-ff1d13ba5882?lang=en

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O. whereas between 2020 and 2021, the workplaces of 44 % of EU+ adult workers adopted new digital technologies;

P. whereas between 37 % and 69 % of tasks in the EU can be automated in many sectors, resulting in significant changes in labour productivity; whereas 35 % of workers in the EU+ believe that new digital technologies in their workplaces can or will partially or fully perform their work; whereas some 45 % are also concerned about technological skills becoming obsolete and the need to acquire new knowledge and skills;

Q. whereas aligning curricula with the competences and skills expected by the market is the main challenge facing education systems;

R. whereas, over the years, the nature, perception and societal evaluation of vocational training have evolved thanks, among other things, to digital solutions in education; whereas, despite improvements in the status of vocational training, it is still often not a first choice and is seen as a second option after general education;

S. whereas demographic changes are ongoing; whereas companies may experience problems related to the loss of knowledge of older workers once they retire with their valuable skills and experience;

T. whereas 28 occupations were classified as having shortages, including the healthcare, hospitality, construction, IT services and security, and there are shortages of workers with science, technology, engineering and mathematics (STEM) backgrounds;

U. whereas employers' demand for specific skills is giving rise to new professions on the labour market which can be taught in the vocational training system;

V. whereas, as part of the European Strategy for the Rights of Persons with Disabilities 2021-2030, the Commission has committed to providing opportunities for persons with disabilities to participate in training and acquire new skills, which is a prerequisite for employment and independence;

W. (new article) whereas the pandemic has show how essential digital skills, alongside equipment and connectivity, are for active participation in society and that lack of digital skills and access creates new faultlines in society that have an overall impact on social inclusion, not only on the labour market;

1. Points to the need for the smooth functioning of continuing vocational training for adults;

2. Feels that all adults need opportunities to develop, update and upgrade their skills in order to keep up with the rapidly changing realities of work and succeed in their personal and professional lives; stresses that this requires a systemic approach to lifelong skills development, supported by well-functioning and modern continuing vocational education and training (CVET) systems;

3. (new article) Stresses the importance of an approach to lifelong learning that does not only focus on initial and formal education with relevance for the labour market but rather offers learning opportunities that are equally accessible at all ages; calls in

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particular to provide access to education and learning opportunities for persons with disabilities, persons living in rural areas, persons living in institutions or in a situation of long-term care need and otherwise excluded populations;-

3. Regrets that the three main factors hampering vocational training for adults in companies are: employers' belief that the available skills are sufficient and appropriate to the needs of businesses, the practice of recruiting new staff instead of retraining the current ones, and obstacles to the provision of training;

4. (new article) Regrets that the exclusive focus on labour-market relevant skills creates exclusion for groups that are not active on the labour market, but to whom skills and learning opportunities can open new perspectives;

4. Notes that the acquisition of a range of skills related to the use of basic software or simple computerised machines does not require a large amount of money or time spent on training;

5. Stresses that CVET policy remains fragmented in many EU Member States; points out that the development of well-functioning CVET systems requires the development of systematic strategies to empower people and ensure sustainable economic competitiveness;

6. Points out the importance of vocational education for individuals and groups with special needs; stresses the need to develop a strategy and to provide vocational education and training opportunities for people in remote and rural areas in order to ensure the effectiveness of matching mechanisms in the EU labour market;

7. Draws attention to the need to focus on adults at an individual level as well, including those who are least involved in education and training; highlights multiple factors that lead to lower participation in vocational learning for certain group, such as for older workers, particularly older female workers, persons with disabilities, persons in rural areas, with a migrant background, with low levels of initial education, or working with low job quality; calls for developing a targeted approach specifically for underrepresented groups;

8. Points out that workplaces, and SMEs in particular, must be extensively involved, encouraged and supported to provide learning and training opportunities not only for those in employment, but also for the unemployed and those outside the labour market; notes the key role of the social partners in this area;

9. (new article) Stresses the need to provide vocational education and training opportunities for retired older people, recognising the significant contribution they make to society through active participation in the labour market, voluntary work and informal care.

9. Stresses the need to improve the recognition of skills and competences, in particular those acquired through non-formal and informal education, while developing a common framework in the Member States, in particular for the common recognition of soft transferable skills;

Commented [PS5]: Check with disability organisations whether they would not prefer 'persons with disabilities', eventually explicitly including learning disabilities and mental disabilities

Commented [SL6]: Might be also interesting to mention persons with low educational achievement who face higher thresholds to access life-long learning and education

Commented [SL7]: The need also to adopt and intersectional approach to answer the diversity of the population and the needs of specific groups who face additional barriers (such as older women, older persons with disabilities, older persons in rural areas and older persons with a migrant background, etc.)

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10. Calls on companies to pay more attention to the role of education in the workplace; stresses that companies need to dedicate a substantial part of their resources to ensuring that their employees are able to work with the latest technologies and in new organisational environments, as well as to prevent digital exclusion;

11. Stresses that employers need to foster intergenerational links within the company and society, and intergenerational learning between the young and old, and vice versa; underlines that this approach can valorise the skills and experience of older workers, allowing for a smooth transfer to colleagues with less experience and a new role for workers around their retirement age, while also allowing for transmission of new attitudes and skills that are more prevalent among younger persons towards older workers; highlights that some countries are experimenting apprenticeships for older workers or workers of all ages;

Commented [PS8]: This exists notably in the UK

12. Draws attention to the opportunities and challenges arising from the increasing number of third-country nationals in the EU, as a result, among other things, of the war in Ukraine;

13. Stresses the need to increase the importance of vocational education and the acquisition of new skills and competences, especially those offered by the green and digital transitions;

14. Stresses the need to promote vocational education, highlighting the attractiveness of and opportunities for development within the sector; calls on the Commission and the Member States to carry out educational campaigns and activities to promote vocational education, including through events such as EuroSkills;

15. Calls on the Member States to simplify administrative procedures and to provide SMEs with assistance, such as consultancy services, to identify training needs and to apply for financial support from the training fund for companies;

16. Encourages the Member States to set up a mechanism for certifying companies that offer vocational training for workers, so that those offering high-quality apprenticeships, traineeships and training can be identified;

17. Welcomes initiatives that aim to increase participation in education and learning, such as the Council recommendation on individual learning accounts and valuable Member State policies, such as remunerated educational leave;

17. Instructs its President to forward this resolution to the Council and the Commission.

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EXPLANATORY STATEMENT

Every industrial revolution brings with it inevitable changes for labour markets. The forms of employment, the nature of work and the skills required to perform it are changing. There is already a decline in middle-skill jobs in OECD member countries and an increase in demand for new skills profiles. According to the World Economic Forum Foundation, artificial intelligence and digitalisation will create 97 million new jobs by 2025. This is why it is essential to complement and develop skills, including digital ones, to respond to the needs of the new labour market and prevent technological unemployment. There can be no denying that the COVID-19 pandemic has forced acceleration in the area of digital transformation and spurred companies' use of solutions based on artificial intelligence and big data. However, digital skills indicators at national and EU level still leave much to be desired. The digital transformation also demonstrates clearly that automation will lead to significant changes in terms of occupations, but not all of them can be replaced by machines. Many companies are already struggling to find employees with the right skills, and there is a growing shortage of people working in the trades, as they have come to be perceived over the years as a second-choice career path. Demographic change also calls for greater attention to be paid to older workers who require support in upskilling and reskilling.

The aim of this report is to highlight that vocational education and training can be attractive, modern and, above all, much needed. It can respond to the aforementioned labour market challenges, provided that certain conditions are met, such as cooperation with companies, lifelong learning and the fostering of intergenerational links. This is crucial in the context of building the European Union's resilience and its capacity to train its own specialists, as the COVID-19 pandemic and now the war in Ukraine have shown how important the Community's independence in this area is.

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COUNCIL RECOMMENDATION ON MINIMUM INCOME: 'NOT ENOUGH TO FIGHT POVERTY'



The European Anti-Poverty Network, of which AGE is a member, has published its position on the recently adopted Council Recommendation on Minimum Income. AGE fully supports the statement by EAPN, which lauds the step taken by the adoption of the Recommendation but regrets that it is not a binding instrument like a Framework Directive.

Across the EU minimum income schemes exist to support all those who are lacking financial resources. However, they are often inadequate in different ways: in terms of coverage, benefit level, conditionality, etc. Pension are no exemption to this rule, as a large share of older persons on minimum incomes live at risk of poverty and social exclusion.

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The Council recommendation sets certain **standards for adequacy** of minimum income schemes and commits EU member states to reducing non-take -up of benefits and encouraging active inclusion through enabling services. However, some important aspects from the initial proposal have been removed from the text adopted by member states.

EAPN regrets that:

- the rules regarding regular adaptation of benefit levels are less binding than initially envisaged, and
- the responsibility for reporting on the implementation is with the European Commission, not Member States themselves.

Other issues were not even covered by the initial proposal:

- there is no methodology for determining reference budgets nor to calculate the amount of money needed to live in dignity,
- non-discrimination and fight against non-take up is not made concrete for groups that are known to have less access to adequate minimum incomes (Roma, refugees, racialised persons, undocumented migrants).

We support EAPN's position and have actively contributed to it.

Currently, the Social Platform, the coordination of social NGOs at EU level, where we are also a member, is running an awareness-raising campaign (https://twitter.com/search?q=%40social_platform%20%23CostofLiving&src=typed_query) about the importance of minimum income and the cost of living.

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(https://twitter.com/social_platform/status/1633879732373553163?s=20)

Read more:

- EAPN's statement on the Minimum Income Recommendation (https://www.eapn.eu/minimum-income-council-recommendation-not-enough-to-fight-poverty/)
- AGE Special Briefing about the adopted minimum income recommendation (https://age-platform.eu/special-briefing/care-minimum-income-rights-older-persons-year-ends-several-milestones-age)
- AGE's input to the Commission Call for Evidence ahead of proposing a

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minimum income recommendation (https://age-platform.eu/policy-work/news/minimum-income-must-be-adequate-along-life-span-calls-age)

For further information on our work on minimum income, contact Philippe Seidel, *philippe.seidel@age-platform.eu (mailto:philippe.seidel@age-platform.eu)*

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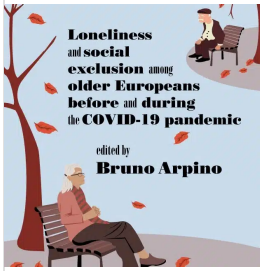
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AGE Barometer assesses on a bi-annual basis the socio-economic situation of older people across the EU and how this situation...

Annex D1



(https://www.age-platform.eu/loneliness-and-social-exclusion-among-older-europeans-before-and-during-the-covid-19-pandemic/)

EXTERNAL RESOURCES

14 November 2023

LONELINESS AND SOCIAL EXCLUSION AMONG OLDER EUROPEANS BEFORE AND DURING THE COVID-19 PANDEMIC (HTTPS://WWW.AGE-PLATFORM.EU/LONELINESS-AND-SOCIAL-EXCLUSION-AMONG-OLDER-EUROPEANS-BEFORE-AND-DURING-THE-COVID-19-PANDEMIC/)

This e-book is the main output of a knowledge sharing process organised by the Joint Programming Initiative "More Years Better...

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Annex D1

3d50.8372777!4d4.4104304?entry=ttu)

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Annex 02

AGE remarks on Pension Adequacy Report 2024 – draft outline

- Great that the report takes stock of the two (three) crises that have happened since 2021:
    - COVID-19: impact on older workers who might have missed a couple of the last years of contribution; pension accrual during unemployment and short-term unemployment
    - Inflation: automation of indexation of pensions, impact of under-indexation over time in some member states
    - Inflation/energy: impact and eventually new inequalities created by blanket measures; measures that did leave out pensioners (e.g. tax credits/vouchers for employees vs. indexation of pensions)
- Analysis of indexation systems: are they statutory or political, how regular (1x year, less, more?), which triggers, which delays?
- Pension adequacy over time: where pension levels are decoupled from wage developments, what could be the impact?
- Age groups: what is the situation of the oldest?
- Disaggregation and models for theoretical replacement rates based on gender and different life situations (unemployment, childcare, informal care, education, career breaks, disability, chronic health condition, temporary health-related break) is important and should be kept
- Impact of energy/inflation crisis on the costs of care, including medicines
- Microsimulation: refence budgets that are relevant to older persons (mobility, energy, medicines)
- 'Reflecting on the standard way of thinking about statutory pensions': income of pension systems is relative to wage developments, therefore very responsive to wage/inflation shocks, less so in economic downturns --- important stabiliser!
- Real contribution rates have fallen with inflation

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Annex D2

Relevant AGE publications:

- AGE survey on the impact of inflation, energy costs and government measures in 2022
- Work on reference budgets for older persons in 2014 in France, Poland and Ireland
- AGE comments on the 2021 Pension Adequacy Report

For questions: philippe.seidel@age-platform.eu

*AGE work is co-funded by the **Citizens, Equality, Rights and Values Programme** of the European Union. The contents of this document are the sole responsibility of AGE Platform Europe and cannot be taken to reflect the views of the European Commission. Transparency Register ID: 16549972091-86*

European
Retirement Week

Annex D3

Recommendations for the 2024–2029 EU policy agenda to strengthen future pension adequacy

Association Européenne des Institutions Paritaires
European Association of Paritarian Institutions

Ensure and promote the paritarian model, which entails social protection institutions established and managed by employers and trade unions through collective agreements, as an integral part of designing and implementing occupational social protection policies. Paritarian institutions leverage collective mechanisms to enhance coverage and the attainment of pension adequacy for all.

European Association of Paritarian Institutions

afme/
Finance for Europe

Put the interests of end investors at the heart of Europe's secondary markets by advancing the Capital Markets Union project and providing deep pools of liquidity that reduce the cost of transactions for pension fund asset managers and other investors.

Association for Financial Markets in Europe

AGE PLATFORM Europe

Pensions must ensure income for a life in dignity for the entire lifespan. Statutory pensions must fairly compensate people for their contributions during their prime years, ensure gender equality and solidarity for life events via pension credits for childcare, informal care, unemployment, sickness, disability or other types of exclusion from the labour market. Pensions must guarantee economic security as people age through regular and automatic adaptations to the evolution of living costs and incomes.

AGE Platform Europe

BF BETTER FINANCE
The European Federation of Investors and Financial Services Users
Fédération Européenne des Épargnants et Usagers des Services Financiers

In its annual report on the real return of long-term and pension-saving products, Better Finance provides evidence that many products on the market are already failing to ensure pension adequacy, placing many pension savers at risk of not meeting their individual retirement objectives. Better Finance stresses the need for access to unbiased advice, products that provide value for money, cost reduction measures across all products, standardised disclosure of information on actual costs and past performance, and the promotion of a culture of long-term financial planning.

BETTER FINANCE

Annex D3

Promote funded pensions and make pay-as-you-go first-pillar pensions less burdensome and costly in terms of contributions, especially for young generations.

Cross Border Benefits Alliance-Europe

Financial literacy is pivotal to ensuring the well-being of people. From a very early stage, citizens must be equipped with sound financial skills to recognise the importance of personal finance and pension planning. Financial education stands at the core of Europe's way forward for a strong, resilient and future-proof society.

European Banking Federation

The priority should be to encourage people to supplement their public pensions through occupational pension schemes and personal pension products, notably by developing pension-tracking systems to inform citizens about the income they can expect in retirement, offering adequate tax incentives for retirement savings, implementing auto-enrolment mechanisms and amending the pan-European personal pension product (PEPP) to address the problems posed by the fee cap and the design of the risk-mitigation techniques.

European Fund and Asset Management Association

Facilitate the growth of pension funds by removing administrative, fiscal and regulatory barriers to cross-border investments in the real economy. Provide retirement security to EU citizens by creating a single market for stable and highly competitive pension fund investment vehicles such as listed real estate.

European Public Real Estate Association

Help people and especially mobile workers understand their pension rights and facilitate access to their pension entitlements, for instance by increasing transparency about pensions and increasing awareness.

European Tracking Service Association

Annex D3

Empower retail investors to participate in EU capital markets by providing wide access to financial products that match their needs and offering long-term investment opportunities that will help EU citizens to afford an appropriate retirement.

Federation of European Securities Exchanges

Ensure pension funds and insurers efficiently finance the decarbonisation of the built environment while generating the financial returns needed to fund their retirement obligations.

European Association for Investors in Non-Listed Real Estate Vehicles

Revise the Solvency II framework so that insurers can offer suitable long-term savings products, giving European citizens reassurances about their future pension. Insurers are willing to offer the protection people are looking for, be it in the form of guarantees or protection, but are only able to do so if key conditions are met.

Insurance Europe

Venture capital and private equity investments are not the only essential elements to help achieve the best possible returns for the retirements of pension- and insurance-holders. As Europe's population continues to age, a holistic approach is needed to address the challenges and opportunities, with the active involvement of investors, innovators, regulators and end-users from the silver generation to deliver substantial and innovative solutions for better services and systems.

Invest Europe

Ensure that the IORP II review remains a framework for minimum harmonisation and that the specificities of pension funds are considered in horizontal regulation.

PensionsEurope

Annex E1

LAUNCH OF NEW EU PACT FOR SKILLS PARTNERSHIP FOR LONG-TERM CARE



(https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10558#navItem-1)

© Adobe Stock

Supported by the European Commission, a new EU partnership will foster the upskilling and reskilling of care workers and providers to improve the quality of long-term care while making the sector more attractive.

In the frame of the EU Pact for Skills (https://pact-for-skills.ec.europa.eu/

Annex E1

index_en), long-term care service providers, social partners and education providers have set up a large-scale skills partnership (https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10558#navItem-1) for the long-term care sector. As part of this initiative, the partners commit to training at least 60% of the long-term care workforce every year by 2030. Training courses will focus on digital skills and person-centred care.

AGE was invited at the launch event (https://easpd.eu/events-detail/launch-of-the-partnership-for-skills-in-long-term-care-driving-up-training-and-life-long-learning/) on 20 April to take part in the lively discussions.

Our colleague Philippe Seidel, Policy Manager on Social Protection and European Parliament, highlighted the need to shift long-term care towards higher quality, better support for the independence of persons in need for care and therefore the development of community-based and home care. He observed that these developments demand new skills from the care workforce, notably to better coordinate the provision of care together with the family, neighbours. Training is also needed to fill the principles of person-centredness, rehabilitation, prevention and fight against abuse and neglect with life. The increased reliance on digital and robotic tools for communication and improving working conditions also requires reskilling of many care workers.

The Partnership will welcome new organisations willing and able to contribute in the second half of 2023.

> Read more in EASPD press release (https://www.easpd.eu/press-releases-detail/europes-first-helpdesk-website-on-eu-funds-for-social-services-is-now-live-1/)

Related news

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(https://www.age-platform.eu/promoting-physical-activity-and-healthy-diets-for-healthy-ageing-in-the-who-european-region/)

EXTERNAL RESOURCES

16 January 2024

PROMOTING PHYSICAL ACTIVITY AND HEALTHY DIETS FOR HEALTHY AGEING IN THE WHO EUROPEAN REGION (HTTPS://WWW.AGE-PLATFORM.EU/PROMOTING-PHYSICAL-ACTIVITY-AND-HEALTHY-DIETS-FOR-HEALTHY-AGEING-IN-THE-WHO-EUROPEAN-REGION/)

Lifestyle and medical advances that contribute to longevity are achievements to celebrate, but they have brought considerable and unintended social,...

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(https://www.age-platform.eu/le-village-landais-innovative-home-for-people-with-dementia/)

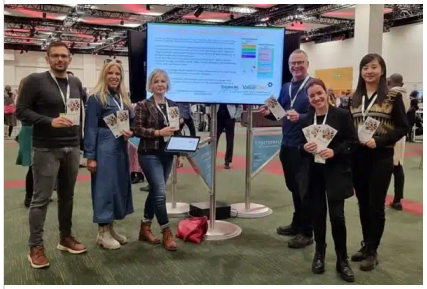
GOOD PRACTICE

16 January 2024

LE VILLAGE LANDAIS : INNOVATIVE HOME FOR PEOPLE WITH DEMENTIA (HTTPS://WWW.AGE-PLATFORM.EU/LE-VILLAGE-LANDAIS-INNOVATIVE-HOME-FOR-PEOPLE-WITH-DEMENTIA/)

Inspired by the De Hogeweyk – Dementia Village in the Netherlands, the 'Village Landais', in France is an innovative home...

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(https://www.age-platform.eu/ageing-in-the-spotlight-of-the-16th-european-public-health-conference/)

LATEST NEWS

7 December 2023

AGEING IN THE SPOTLIGHT OF THE 2023 EUROPEAN PUBLIC HEALTH CONFERENCE (HTTPS://WWW.AGE-PLATFORM.EU/AGEING-IN-THE-SPOTLIGHT-OF-THE-16TH-EUROPEAN-PUBLIC-HEALTH-CONFERENCE/)

At the 16th edition of the European Public Health Conference in Dublin (Ireland), we discussed and showcased the preliminary outcomes...

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Joint Statement. Brussels, 29th October 2023.
UN International Day of Care and Support

Building up European care capital: sustainable investments, not burdensome costs.

On the first UN International Day of Care and Support, 16 European organisations call for urgent measures to address underinvestment and staff shortages in long-term care.

The first UN International Day of Care and Support is a welcome initiative that marks a positive development in the recognition of the vital importance of care and of those who provide it in our societies. We hope that the welcome momentum generated by the UN International Day of Care and Support will catalyse and inspire substantive actions across the European Union.

According to the 2022 EURES Report on labour shortages and surpluses, there are critical shortages in health and social care occupations across many, if not all, European countries. Everywhere, organisations have been raising the alarm about the shortage of care services, professional care staff, insufficient support to informal carers, and the dangerous and immediate consequences for the entire society.

At the EU level, the European Care Strategy paves the way for the transformation of the sector and the creation of a person-centred, community-based care and support system. It lays the foundation for a system that will respect the rights and dignity of persons in need of care and support, and their families as well as carers, both professional and informal. This strategy needs to be fully and adequately transposed to address EU Member States' realities through ambitious **national measures to be submitted to the European Commission by June 2024. These must present concrete actions to address qualified professional care staff shortages.**

Understaffing and underinvestment in care are nothing new. Underneath remains the issues of ableism[1] and ageism and other discriminations based on gender stereotypes, migration or residence status, and other grounds of discrimination that affect both care receivers and caregivers.

[1] Ableism and its impacts have been described as "a value system that considers certain typical characteristics of body and mind as essential for living a life of value. Based on strict standards of appearance, functioning and behaviour, ableist ways of

Annex E2

Care is still considered a woman's duty, with **44% of Europeans thinking that the most important role of a woman is to take care of her home and family.**[2] This leads to women absorbing 90% of the paid care staff jobs, which are undervalued, low paid, precarious and with little to no career advancement or development.[3] The scale of the problem has grown incrementally of late, notably due to the COVID-19 and cost-of-living crises.[4] Finding competent, well-trained and stable staff remains a challenge in every country of the region. **This has consequences on all persons working in the sector with too many dealing with poor working and occupational health and safety, leading to burnout, stress and anxiety, further deteriorating mental health, third party violence and low staff retention for service providers.**[5]

On the side of persons who draw on care and support services, the shortages can result in a denial of human rights with sometimes life-threatening consequences[6] and affect the quality of the care and support services provided. The shortages in adequate services and in staff can also amount to a violation of the human rights of persons entitled to care services under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the EU Charter of Fundamental Rights, and a denial of their dignity, autonomy and rights to social inclusion and participation. Among persons with severe difficulties in personal or household activities, almost 50% of persons aged 65+ had an unmet need for care in 2019.[7] People with high support and/or care needs who require daily assistance to enjoy their human rights and live independently, are left alone in sometimes dire situations, some having to wait days for daily hygiene tasks, not eating, not going to the restroom nor getting out of bed. They face problems of constant staff turnover at the expense of the care receiver. Moreover, inadequate staff training, ranging from language and intercultural communication abilities to more practical and job-related competences, places additional barriers and can result in abuse and neglect. To address the shortfall, informal carers (where they exist) have to step in, often to the detriment of their own health, financial stability and social inclusion.

Helping a loved one and moving from the role of parent, spouse, brother, sister or child to that of informal carer must be a choice, but this choice is often not possible because of the failure of the care systems. The shortage of home and community-based services make the help provided by informal carers, who are in 80% of the cases women, increasingly essential, but this is adding to the tasks and responsibilities of informal carers. Due to the lack of adequate support, too many carers suffer from an unbearable responsibility and a permanent state of anxiety, not least about the future, when they will no longer be able to provide the necessary support to their relatives. Burnout, social isolation, financial struggles, lack of work-care-life balance are a reality for these carers. This is not sustainable and strong measures need to be taken to recognise informal carers and grant them the necessary rights and support so that they can continue to be partners in care. It is important to identify informal carers and recognise that their role is to support and collaborate with well-trained, quality professional staff, not to replace them.[8]

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thinking consider the disability experience as a misfortune that leads to suffering and disadvantage and invariably devalues human life." CRPD/C/GC/8: General comment No. 8 (2022) on the right of persons with disabilities to work and employment

[2] Report on equality between men and women in the EU,European Commission, 2018

[3] European Care Strategy, European Commission, 2022

[4] Stop the cost-of-living crisis from harming Social Service provision, EASPD, 2022

[5] EPSU report reveals hundreds of thousands of long term care workers leaving the sector, EPSU, 2021

[6] In France, the ombudswoman is looking into cases of "endangering the lives of others and general failure to assist persons in danger" after a call from civil society organisations . The staff shortages and its consequences were already one of the grounds on which the Council of Europe had denounced the violation of the rights of persons with disabilities and their families in France in April of this year; Le Conseil de l'Europe dénonce la violation des droits des personnes en situation de handicap par l'Etat français

[7] 2021 Report on Long-Term Care,Vol. 1. European Commission and Social Protection Committee, 2021

[8] Mind the gap: the EU Care Strategy must promote gender equality, COFACE Families Europe, 2022.

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On the first UN International Day of Care and Support, the undersigned organisations state that there cannot be a healthy care and support system if the rights and dignity of any of the groups that compose it are denied or violated. Care and support are part of the fabric of our society and should be treated as such, as a societal shift that involves all actors. Rightly so, the EU has made access to long-term care one of the principles of its landmark flagship initiative - the European Pillar of Social Rights (principle 18). Long-term care is considered a social right and a fundamental determinant of health across the life-course.[9] The European Care Strategy and the 2022 Council Recommendation on Long-Term Care, pave the way for person-centred measures that aim to guarantee availability, accessibility, affordability and choice of care services, improve working conditions and address staff shortages and the gender imbalances in the sector; as well as providing support to informal carers. This cannot be achieved without investments in the development of care services enabling human rights of all, professionalisation of care, improving workers' skills through continuous professional development enhancing the attractiveness of the sector, and reprioritising the value and the contribution of care and caring communities to our economies and societies. Care, just like health, is not a commodity and we need to ensure universal access to health and social care. Without this, there can be no shift. Life-threatening situations will persist, scandals in care settings will keep occurring, and the rights and dignity of all stakeholders will keep being denied and violated. The current demographic dynamics will lead the system to collapse. Without social protection coverage for the costs of care, serious investments in community-based care services, personal assistance, staff recruitment, training and retention, no alternative system can be created, and everyone will feel the economic and social consequences of a large-scale crisis of care and support.

On this day, the undersigned organisations call on all stakeholders to invest in the transition to community-based, person-centred high-quality, affordable and accessible long-term care systems. We call namely on:

- Member States to
    - present by June 2024 **appropriately funded, ambitious, time-bound and targeted measures** to improve and expand their long-term care systems, supported by a national monitoring and evaluation mechanism;
    - urgently **work with the social partners and civil society** on actions in the framework of the national measures and action plans to sustainably address the needs of the long-term care workforce in view of enabling human rights-based principles.

- The European Commission to boost implementation of the European Care Strategy, namely by
    - creating **a monitoring and evaluation framework**, with qualitative and quantitative indicators which foster the development of strong national action plans on long-term care towards improved service coverage, more affordable quality care and coordination of care services across people's life-course;
    - creating a **European Long-Term Care Platform** to coordinate the implementation of the Strategy with the involvement of the national coordinators, those who draw on care and support services, people who provide it and their representative organisations;
    - continuing support to the Members States through the Technical Support instrument and systematically **follow their investments in long-term care through the European semester process;**
    - pursuing the **Economic Governance Reform** in a direction that gives Member States the necessary flexibility to foster social investments into care services.

[9] European Pillar of Social Rights as a Pillar for Health Equity - Flashcard tool. Principle 18 - Long-term care, EuroHealthNet

Annex E2

    - proposing **European Year of Care and Support**.

- The Council of the European Union to swiftly **adopt the Council Conclusions on the transition of care systems throughout life towards holistic, person-centred and community-based models that respect the rights of carers and of the persons in need of care and support**, ensuring they put human rights at the centre.

- The EU parliament to:
    - support necessary financial and fiscal governance policies that supports Member States to invest more on long- term care;
    - to monitor closely and support the implementation of the European Care Strategy.

Signatories :

- AGE Platform Europe
- Autism Europe
- Caritas Europa
- COFACE Families Europe
- EAPN
- EASPD
- EFFE
- EFSI
- EPSU
- Eurocarers
- Eurodaconia
- Eurohealthnet
- European Women's Lobby
- Make Mothers Matters
- PICUM
- UNI Europa

Long-term Care in Europe: A New Start?

Annex E3

As COVID-19 swept over Europe, thousands of avoidable deaths — more than half of the fatalities within the first year of the pandemic in some countries — occurred in long-term care settings. These fatalities triggered more awareness and consideration of the shortcomings of this sector, which faces increasing pressure due to rapid population aging. A new EU strategy could be a starting point for change, but governments need to seize the opportunity.

COVID-19: A Meltdown Requiring a Response

The pandemic has shone a spotlight not only on front-line hospital workers but also on the issues faced by long-term care settings. Workers in these settings often had no access to protective gear and testing, and in several EU member states, reports emerged of ambulances never arriving at long-term care facilities as health systems crumbled under the influx of COVID-19 patients. At AGE Platform Europe, we have been denouncing triage and other forms of ageism since the onset of the pandemic, and we emphasize that these tragic events need to be a starting point for rethinking the systems that one in five of us rely on during the final years of our lives. During the first lockdowns, people applauded from their balconies to celebrate those who were struggling to maintain health systems and the economy of necessities as others stayed home. That energy needed to transform into real change.

In 2021, the European institutions drew up an important report on long-term care that paints a bleak picture of the sector: almost half of people in need of some form of care do not access it, primarily for financial reasons. Only one in three people in need of care had access to care services in their homes. In 11 EU member states, 60 percent of people using care services were at risk of poverty even after public support: in many member states, the costs for long-term care exceed the average pension income. The majority of long-term care — an estimated 80 percent — is provided by informal carers (unpaid relatives or friends often taking time from their careers to fill a gap unfilled by formal services). Most of these carers are women. Also, compared with men, women spend more of their lives in poor health and have a higher life expectancy. Consequently, shortcomings in care are primarily hitting women, creating an additional gender inequality. Staff turnover, understaffing, lack of training, and a large part of care relationships in the gray economy make the picture even bleaker. Adding on this, occasional lack of awareness and tracking of abuse and neglect, overmedication and use of restraints on people in need of care make it look outright dark.

Later on, scandals erupted about the conditions of both state-subsidized and expensive private residential care facilities in France, Belgium, and Germany. Journalists uncovered practices of undernourishment, neglect, shady real estate deals, and the sabotaging of social dialogue. This raised the question of the role of private-equity firms in a sector providing a public good and benefiting from public money.

Moving from Paternalistic Welfare to a Rights-Based Approach to Care

At the United Nations, we advocate for the human rights of older people and for anchoring in an international convention that human rights apply to all people regardless of age. With the experience of the power of taking a rights-based approach to ageing policies, AGE realized that the narrative of a failing system needed to be turned around. Neither people in need of care, nor their families, informal carers, care workers, or even care providers, are finding current care systems suitable because these systems are focusing only on addressing biomedical needs and "managing" patients, rather than empowering them to enjoy all their fundamental rights.

A rights-based approach would call for redesigning a care context: rather than fitting people in need of care into the strictures of a particular care service, each person's right to live independently and their individual needs and aspirations must be at the center of their long-term care. We developed a vision of care based on the right to independence and autonomy, which would universally empower people in need of care to participate and contribute to society. Rather than being seen as a terminal stage, care must be designed for rehabilitation with a vision of (re) integrating each person into society — even if that goal is not ultimately achievable.

Designing care systems from this standpoint means emphasizing prevention of care needs by promoting healthy habits; adapting environments (in particular housing and urban settings) to the accessibility needs of people with disabilities; and investing in affordable, high-quality home-care services. It should not be the necessity, but rather the informed will of people in need of care that

Annex E3

determines how they will be cared for. It means taking the people in need of care seriously and including them in all decisions that concern them. This also means increasing the training of formal and informal carers, introducing high-quality management, and monitoring them appropriately. Furthermore, long-term care must be funded through social protection to reduce inequities in access and lack of financial ability, that too often have the same root causes as the care need itself.

A rights-based approach to ageing policies, AGE realized that practice does exist. Recently, AGE Platform helped a provincial government from the Spanish region of Biscay (Basque Country) to develop a care model based on empowerment, in a document that can be applied to other logistical, demographic, or legal contexts. Reports of participative care homes, going as far as having residents take part in job interviews for new staff, have emerged as well. These show that the change we are calling for is achievable, desirable, and — not the least important argument — fundable.

Can Europe Steer the Ship Toward a Rights-Based Approach?

Recently, the European Commission presented an EU Care Strategy, adding to other policy frameworks from the UN and the World Health Organization as part of the UN Decade of Healthy Ageing and the Madrid International Plan of Action on Ageing. The Care Strategy is the first formulation of a policy on long-term care, anchoring it as a service of general interest (the EU lingo for public services) based on the fundamental and social rights of a person. The Care Strategy addresses many of the issues outlined: affordability, availability, quality, support for informal carers and working conditions, and training of professional carers. Yet it remains a menu from which member states can choose their priorities and areas for action.

The European Care Strategy is an opportunity for change; however, this change needs to leave the technocratic corridors of discussions between governments and move into European societies. If the COVID-19 pandemic was a wake-up call, it is now important to stay awake and keep the momentum. All of us are aging, so all of us will be in need of care or become informal carers for people close to us — if not both. Therefore, action and investment in these areas are not welfare; rather, they contribute to realizing some of the most fundamental human rights: participation and integrity. ●

The change we are calling for is achievable, desirable, and — not the least important argument — fundable.



Philippe Seidel Leroy
Policy Manager on Social Protection and European Parliament
AGE Platform Europe

Task Force on Dignified and Healthy Ageing

Brainstorming session on Palliative Care, 04 October 2023

Annex E4

Experiences about palliative care

Overall, it was mentioned that there is **a lack of staff for palliative care** (MT, FR, PL). Other issues are the **supply of medicines and availability** of palliative care in hospitals (MT). In other There is a network called OPALE of doctors and nurses supporting people at home countries it is the contrary, palliative care is available in hospitals but not in other settings (home care). This is the case for Spain, Poland and France. In **Poland, 1/6 of the patients needing palliative care die before receiving home hospice care** In the **Netherlands**, hospice care is organised by general practitioners and district nurses. It is well organised both at home and in hospitals.

In Italy, it is reported that there are **strong regional disparities** in access to palliative and end-of-life care services, with some regions having no palliative care services. In France, in some 20 départements, there are no home services for palliative care, and it is only available in hospitals there. There is a plan to implement palliative care on all the territory by 2030.

Members reported not sufficient funding for palliative care in Poland, Germany, France and the UK. Long waiting times were reported from PL. In **Cyprus**, home palliative care is **extremely expensive**. In the UK, hospices have received equipment funded by charities.

Several members pointed out that **palliative care systems for children/young people and adults are organised differently**, with different resources (e.g. UK,

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Serbia). In the UK, older persons with dementia receive different palliative care than others, dementia patients are not supported on the same level.

The **availability of funds for palliative care** was flagged up in Germany and France as an issue.

On quality, it was emphasised that there is a **rating system for palliative care** services in Cyprus, but it was felt by other members that this was a risk for corruption to receive better ratings.

In **Serbia** services lack at home and in hospitals, with people lacking support; Serbia has **no legislative framework** supporting palliative care, there was a strategy that expired in 2009.

Access to palliative care for persons not living in their member state was seen as an issue.

Regarding the **wishes of the person**, France has introduced a framework in 2016 to guarantee respect of the patient's will at the end of life. There is the possibility of deep and continuous sedation (but not euthanasia).

Regarding **assisted suicide/euthanasia**, it was mentioned that many people in rural areas of the Netherlands confound palliative care with assisted suicide, while it is only one aspect of palliative care. In Italy, assisted suicide is strictly forbidden, but some associations assist patients to access assisted suicide in Switzerland. In France, the question of assisted suicide has been long under discussion. Euthanasia is a possibility in the Netherlands, and generally performed by the general practitioners, in some cases by groups of doctors.

The **role of families** was pointed out in many member states, such as in Serbia, and especially where palliative care at home is not developed or underdeveloped.

Regulations for accessing palliative care

In **Germany**, there are two palliative care models, on general and one specialised. It is funded by the statutory care insurance, but specialised care is sometimes excluded from it.

Palliative care in Poland is free of charge and is regulated by the Regulation of the Minister of Health on guaranteed services (Oct.29, 2013). The system **favours patients with strictly defined diseases** (mainly cancer) and does not provide access to palliative care to persons with certain conditions, like dementia, unless they have bed sores in the final stage of the disease. Home hospices are the most common forms of care.

In **Italy** palliative care and pain therapy are regulated by law 38/2010 being implemented in regional health system. There are disparities across regions and "end of life care" amidst palliative care (for non-life-threatening conditions) and euthanasia is rising. "Hospices" are usually connected to hospitals and nursing homes.

Dilemmas

There is a dilemma on how to deal with advanced directives. They are sometimes not treated in the system. Assisted suicide is obviously a controversial issue.

The role of volunteers is important in many member States, but it is questionable to rely on volunteers for services that should be provided by the public care system.

Positive examples

In Italy, medical staff in palliative care are assisted by psychotherapists, however this is only available in hospitals.

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In France, there is a network called OPALE of doctors and nurses supporting people at home.

In France, iperia is training home care workers in France, including accompanying to the end of life. Home care workers often have very general training and no training in the specificities of palliative care.

In the Netherlands, many volunteers take part in palliative care at home, and they are compensated for the journeys they make to see patients.

In Germany, a project introduces a 'last aid course https://www.letztehilfe.info/project/.

The International Association of Hospice and Palliative Care (IAHPC) has worked on the concept of compassionate communities. More info at: https://hospicecare.com/home/

In the Netherlands, each region is represented at national level to discuss palliative care, and this setting encompasses also volunteer organisations supporting families at end of care at home. In Serbia also, there are volunteers visiting older cancer patients in hospital. Malta emphasised the work of NGOs.

There is a European network the European Association for Palliative Care with national associations as members: https://eapcnet.eu/national-associations.

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Annex 1



A comprehensive approach to mental health

February 2023

Contribution of AGE Platform Europe to the Commission's call for evidence for a comprehensive approach to mental health

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Introduction

We welcome the upcoming initiative of the European Commission on a comprehensive approach to mental health. Mental health problems affect physical health, emotional and social well-being, and overall quality of life and can affect anyone, including older people.

The COVID-19 pandemic shed lights on how critical mental health support is[1] [2]. Taking the perspective of older people, the focus has been most often on the issue of access to care and health. Still, it is only by looking at the broader context that some specific realities appeared, like the extent of loneliness among older people and the challenge that the increasing digitalisation of daily activities presents to them. So that approaching the mental health support only from the perspective of health and care may not give the full picture and will prevent to deploy alternative solutions which may be as important.

We call on the European Commission to release a strategy that will:

- Be rooted in human rights-,
- Take a life course perspective,
- Adopt a psychosocial model, i.e. a model that takes into account the social determinants and structural barriers preventing mental wellbeing,
- Mainstream mental health across all policies to ensure it is integrating in internal policies and external action of the EU.

Mental health and older people

Like any other individual, older people can face mental health problems or have psychosocial disabilities. Still, it is important to bear in mind some specificities that can be critical.

Impact of ageism

Ageism refers to the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age. The first ever Global Report on Ageism[3] (WHO, 2021) provides evidence on the correlation between ageism and poorer mental health:

- Ageism influences psychiatric conditions.

[1] https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef21053en.pdf

[2] Before the COVID-19 pandemic, mental health care in old age was already a poorly addressed issue. For example, suicide is one of the most common death causes globally and rates are high among older people; depression is particularly prevalent among residents of long-term care homes - https://ageing-equal.org/suicide-ideation-and-behaviour-of-older-people-in-care-homes-who-is-giving-up/

[3] WHO (2021), Global Report on Ageism - https://www.who.int/publications/i/item/9789240016866

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- Ageism is associated with the onset of depression, increases in depressive symptoms over time and lifetime depression.
- Ageism accelerates cognitive impairment: one study revealed that negative self-perceptions of ageing accelerated cognitive decline as measured by cognitive processing speed, whereas positive self-perceptions slowed it down.
- Ageist stereotypes in the media can have a negative impact on self-esteem, health, physical well-being, and cognitive performance of older people.

Researchers have also studied the detrimental effect of ageism in the provision of mental health care[4] and the need to allocate more financial resources for mental health services for older adults and for geriatric training and education for both providers and recipients of mental health care.
To give a very concrete example of where ageism can lead in access to mental health care: in 2018, the Belgian health care minister announced that adults suffering from depression, fear or addiction will receive a refund when consulting a psychologist. However, only adults below the age of 65 where eligible, meaning that people above 65 were excluded from the refund for no other reason than their age[5]. Thanks to the campaign led by our member, Vlaamse Ouderenraad, the measure was lifted out[6]. Our member based in Norway (Norwegian Pensioners' Association) reports back on similar issues: in some municipalities, an upper age limit (mostly 65) is used to prioritise people receiving psychological consultation. Our German member (BAGSO) notices that older adults, particularly if living in nursing homes.

Older people are not a homogenous group

Supporting mental health is an essential part of the healthy ageing process, this is why a life course approach is critical to tackle accumulated inequalities across life and better support mental health[7]. This accumulation of inequalities is somehow even stronger at an older age and implies a huge diversity among older persons which is often completely overlooked.
Older people tend to be depicted as single group while they are very diverse: for example, they can be workers, recipients of long-term care, informal carers, they can be from different minority groups and different socio-economic background, they can leave in a rural or urban area, and of course different situations can reinforce existing inequalities (female older worker being an informal carer living in a rural area).

[4] Ehud Bodner, Yuval Palgi, and Mary F. Wyman (2018), Ageism in Mental Health Assessment and Treatment of Older Adults - https://link.springer.com/content/pdf/10.1007/978-3-319-73820-8_15.pdf
[5] https://ageing-equal.org/discrimination-in-belgian-health-care/
[6] https://age-platform.eu/age-member-news/belgium-takes-step-forward-mental-health
[7] WHO (2015), World Report on Ageing and Health - https://www.who.int/publications/i/item/9789241565042

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Considering this diversity is crucial to understand how much mental health issues are linked to these different factors and situations. It is also critical to better address specific needs. It shows how there is not an easy-fix solution.

Here are some examples[8] of this diversity and specific situations that can be interrelated with mental health problems:

- Older women face multiple and intersectional discrimination, notably in regard to the intersection between ageism and sexism, and life-long histories of gender-based violence[9]. A lot of older women also assume caregiving responsibilities and pay a high toll on their mental well-being[10].

- Older workers: the Global Report on Ageism (2021) provides explicit evidence on the negative impact of ageism for the mental well-being in the working place. The reasons for stress and anxiety among older workers are manifold: general ageist attitudes in the workplace, health problems hidden from the employer for fear that they might be used for dismissal, lack of consideration by the employer for work-life balance or fear of losing one's job. Unemployment in general, and especially when it is prolonged, has negative consequences for people's mental health, including depression, anxiety and low self-esteem. Long-term unemployment particularly affects older workers preventing them from both income and social connection. The policy brief issued by EuroHealthNet on psycho-social risks for older workers offers an interesting perspective and solutions: https://eurohealthnet.eu/publication/protecting-older-workers-from-psychosocial-risks-new-policy-brief-highlights-strategies-to-promote-workplace-wellbeing/.

- Informal carers: we tend to think about older people as “care recipients” while a lot of them are actually (also) providing care and support to their relatives, including to their grand-children and to their young-adult children with disabilities[11]. Informal care does include a strong gender dimension (see above)[12]. As clearly reflected in the work carried out by Eurocarers, the mental wellbeing of informal carer is very much at stake.

- Elder Abuse - which includes physical, sexual, psychological and emotional abuse, financial and material abuse, abandonment, neglect and serious loss of dignity and respect: according to the WHO, one in six people aged over 60 suffer abuse[13]. This rises to one in four among

[8] We acknowledge the non-exhaustivity of those examples.
[9] https://www.ohchr.org/sites/default/files/2022-03/UN-Advocacy-Brief-Older-Women.pdf
[10] https://www.ohchr.org/sites/default/files/2022-03/UN-Advocacy-Brief-Older-Women.pdf
[11] https://ageing-equal.org/age-disability-and-the-need-for-a-family-dimension-in-long-term-care/
[12] https://ageing-equal.org/age-and-gender-dimension-of-informal-caregiving/ and https://ageing-equal.org/vicki-testimony-of-informal-carer/
[13] https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people

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older people with high care needs. Abuse of older people can have serious physical and mental health, financial, and social consequences, including depression, cognitive decline, financial devastation and placement in nursing homes.

- Older people with disabilities: this group is in itself very diverse since it can cover for example older persons with psycho-social disabilities, dementia, and or hearing or visual impairments. Among the many issues raised by our members, there is a growing concern around the use of medication in nursing homes notably to tackle anxiety and stress among residents with cognitive impairments and dementia[14].

- Older LGBTI people: research[15] confirms that a lifetime of stigma, misgendering, and non-consented procedures is leading to worse physical and mental health, poorer access to health and social care. Older LGBTI people often need more professional care and support as many may not have children or the traditional support networks. Yet, older LGBTI people are at increased risk of direct discrimination within health and social care environments[16]. Some older LGBTI residents of care settings might even feel obliged to conceal differences in gender identity and sexual orientation (going "back into the closet") when they enter institutions.

- Older people in war and older refugees: the war in Ukraine is showing us once again the dire impact of a conflict on mental well-being. While Ukraine is among the fastest ageing country in the world[17] (7 million people aged 65 or older were living in Ukraine in 2019, they represented 16.7% of the total population), their situation is completely overlooked. We lack data and figures about older people fleeing outside the country or displaced internally, about

[14] While based on the situation in the USA, this campaign of Human Rights Watch echoes very much concerns of our members based in the EU: https://www.hrw.org/report/2018/02/05/they-want-docile/how-nursing-homes-united-states-overmedicate-people-dementia
Belgium: https://mailchi.mp/a67c49859d94/reactie-pano-medicatie-woonzorgcentra-13819268?e=426106f541 (the original report is available both in Dutch and in French: https://www.sciensano.be/nl/biblio/gezondheidsenquete-2018-geestelijke-gezondheid)
Sweden - Information provided by our member SPF coincides with what we witness in other countries: since 2010 the number of patients and deliveries of antidepressants has continuously increased in the group persons 65 years or older. At the same time the number of persons 65 years or older who have been diagnosed with psychic ill health, e.g. depressive episodes, in hospital care, has decreased. Therefore government sees a need to receive increased knowledge about the prescribing of antidepressants to people 65 years old or older and which effects the increased prescribing has had.
[15] https://ilcuk.org.uk/raising-the-equality-flag-health-inequalities-among-older-lgbt-people-in-the-uk/
[16] https://www.ilga-europe.org/files/uploads/2022/06/Let-older-LGBTI-people-live-healthy-lives.pdf and https://age-platform.eu/policy-work/news/%E2%80%98our-bodies-our-lives-our-rights%E2%80%99-also-applies-older-lgbti-people
[17] https://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeing2019-Highlights.pdf

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older people who decided to stay in their home or living in residential care there: this makes older people rather invisible leading to a lack of adequate support[18].

What we recommend:

A strategy based on human-rights

The principles of a human rights-based approach[19] should form the basis of a strategy on mental health:

- ***Participation and empowerment****:* everyone is entitled to active participation in decision-making processes which affect the enjoyment of their rights and shall be informed about his/her rights. Likewise, we consider that the participation of persons with lived experience of mental health issues, including older people, to develop policies, initiatives, and practices on mental health is critical. During the COVID-19 pandemic, older persons were mainly perceived as "care recipients", while they also participated in numerous ways to support their communities, relatives and friends[20]: the EU initiative on mental health shall not be limited to groups "receiving support" and others "giving", those positions can be interrelated and participation will help to ensure such a continuum.

- ***Monitoring framework and accountability****:* monitoring, measuring and assessing the enjoyment of rights over time ensures that there is a gradual improvement and that decision makers are held accountable when they do not comply with their obligations. Making sure the future strategy does include indicators and helps gather qualitative data is essential to measure progress and move forward. As for the Eurobarometer survey to be launched in spring 2023 on mental health, it shall reflect the diversity of the EU population by considering also older people living in residential care.

- ***Non-discrimination and equality****:* all individuals are entitled to their rights without discrimination of any kind. Support of mental health and access to mental health care shall be made accessible to everyone, including the most disadvantaged and marginalised groups. Older persons and persons with psycho-social disabilities shall not be discriminated and the rights enshrined in the UN Convention on the Rights of Persons with Disabilities shall be enforced.

[18] https://www.helpage.org/newsroom/latest-news/ukraine-older-people-face-abandonment-and-isolation-as-conflict-with-russia-intensifies/ and https://www.age-platform.eu/war-ukraine

[19] https://ennhri.org/about-nhris/human-rights-based-approach/ and https://age-platform.eu/sites/default/files/HR-based_approach_ageing_27Nov.pdf

[20] https://www.age-platform.eu/coronavirus-covid-19

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The lessons from the COVID-19 pandemic can help understand why such an approach can positively inform and influence policy making. In the report, we published in May 2020 on the impact of COVID-19 on the human rights of older people[21], some examples show how much the mental health of older people has been put at risk, notably because they have not been consulted and because of existing silos in the way we approach health and well-being.

A human-rights based approach also implies that we pay attention to the wording to combat stigma and enhance mental health. In relation to ageing issues, we have issued a concise guide to avoid stereotypical communication[22], we also encourage following the recommendations of Mental Health Europe[23].

Investment in supportive environments

Adopting a psychosocial model of mental health is important to have a broader picture, take into account social determinants and structural barriers. This helps to develop tailored support and to go beyond the individual responsibility. Starting from this approach, we recommend to invest in supportive environments.

As clearly explained in the age-friendly communities approach of the WHO, environments[24] play an important role in determining our physical and mental capacity across a person's life course, including into older age[25]. They are key to strengthen autonomy, independence and participation. For instance, it is critical to support mobility, like accessibility and affordability of public transport or safe and adequate outdoor environments to enable all of us, including older persons, being part of our societies - continuing being volunteers, caring for friends and relatives, participating to cultural and sportive activities, etc. And this approach can be applied in different sectors like public spaces, housing or community services. All these elements are critical to ensure people are not excluded and put into vulnerable situations that will impact their mental well-being.

Here are some additional examples:

- Invest in clean and adequate public toilets to help people experiencing incontinence feel safer when going out of their home; this will lower their isolation and the one of their carers.

[21] https://www.age-platform.eu/sites/default/files/Human_rights_concerns_on_implications_of_COVID-19_to_older_persons_updated_18May2020.pdf

[22] https://age-platform.eu/publications/short-guide-avoid-stereotypical-communication-when-talking-about-ageing-and-older

[23] https://www.mhe-sme.org/mhe-re-released-the-words-matter-infographic-and-social-media-kit/

[24] Environments can be understood there as the physical and social environments, like described by WHO in their guide on age-friendly cities and communities: it concerns the built environment, the outdoor spaces, mobility, access to services, etc.

[25] https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/age-friendly-environments

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- Ensure accessible local public transport to enhance mobility of people with impairments and therefore their participation to different types of activities, including getting involved in a local charity or reaching the voting station.
- Invest in dwellings' insulation to help improve housing and energy bills which puts at risk the mental wellbeing of people facing poverty [26] [27].
- Provide easy access to essential services, including alternatives to digitalisation, which helps citizens, including older people being autonomous and independent, and be less at risk of abuse simply because they are not dependent on another person for taking care of their own administrative or financial affairs[28].
- Implement measures and act against extreme weather conditions (like heatwaves), floods and fires which create stressful situation for older people who might be in particularly vulnerable situations[29].

Breaking the silos and mainstreaming mental health in all policies

Already during the first wave of the COVID-19 pandemic, we joined forces with 10 other EU organisations to call for an integrated approach[30]. While we were mainly targeting the situation at that time, this recommendation is still very much valid and aligned with the announcements made by the European Commission around a comprehensive approach to mental health.

Many different policy areas covered at EU level could encompass a mental health dimension, from the perspective of older people we could name:

- A Union of Equality
    - Equal treatment directive, still pending at the Council while it would help in moving forward tackling discriminations.
    - Equality Strategies, Victims' Rights Strategy and work around gender-based violence
- Social protection and social inclusion:
    - the European Pillar of Social Rights
    - the EU Care Strategy and the Council Recommendation on long-term care
    - In relation to employment:

[26] https://www.age-platform.eu/publications/keeping-energy-older-persons-2022-inflation-surge
[27] WHO Health and Housing Guidelines (2018) shows that cold indoor temperatures have been associated with increased blood pressure, asthma symptoms and poor mental health page 32) - https://www.who.int/publications/i/item/9789241550376
[28] We have more and more testimonies from our members showing how much the digitalisation of public services and banking services put older people who are not digitalised at risk of abuse because they can't anymore manage independently their bank accounts or tax declaration. This has an impact on their mental wellbeing: https://age-platform.eu/special-briefing/digitalisation-services-ensuring-equal-access-all-including-older-people-today-and
[29] https://age-platform.eu/policy-work/news/age-responds-un-consultation-effects-climate-change-human-rights-older-persons and https://age-platform.eu/policy-work/news/environment-matters-everyone-including-older-persons
[30] May 2020 - https://www.age-platform.eu/sites/default/files/JointPR_MentalHealth%26COVID19-Joint_recommendations_May2020.pdf

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        - the Employment Directive
        - the Health and Safety at work strategy
        - The Work-Life Balance initiatives
    - Pension reforms
- Education and lifelong learning
- European Accessibility Act and implementation of the UN Convention on the Rights of persons with disabilities
- Digitalisation, notably using artificial intelligence and access to essential services
- EU Funds like the European Social Fund, European Regional Development Fund, Recovery and Resilience Fund (to invest in mental health while respecting the UN Convention on the Rights of Persons with Disabilities).
- External action and collaboration with global actors: the future strategy on mental health shall build on the work carried out by WHO Europe with the pan-European coalition for mental health [31] to avoid reinventing the wheel and duplicating efforts for all stakeholders.

*AGE work is co-funded by the **Rights, Equality and Citizenship Programme** of the European Union. The contents of this document are the sole responsibility of AGE Platform Europe and cannot be taken to reflect the views of the European Commission. Transparency Register ID: 16549972091-86*

[31] https://www.who.int/europe/initiatives/the-pan-european-mental-health-coalition and https://www.who.int/europe/health-topics/mental-health#tab=tab_1

Annex F2

A COMPREHENSIVE APPROACH TO MENTAL HEALTH: THE PLAN OF THE EUROPEAN COMMISSION IS OUT



(https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/comprehensive-approach-mental-health_en)

On 7 June 2023 the European Commission released its plan for a comprehensive approach to mental health (https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/comprehensive-approach-mental-health_en)**in Europe. The plan includes 20 flagship initiatives and EU funding (€1.23 billion) to support Member States in "putting people and their mental health first".**

The pandemic and the successive crises experienced over the past years have undermined the mental health of the population throughout Europe. With its new

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initiative, the European Commission wants to make a step to put mental health on par with physical health and to ensure a new, cross sectoral approach to mental health issues.

This plan follows three guiding principles:

- adequate and effective prevention,
- access to high quality and affordable mental healthcare and treatment,
- reintegration into society after recovery.

The initiative of the European Commission plans efforts to:

- Promote good mental health through **prevention and early detection**, including through a European depression and suicide prevention initiative, a European Code for Mental Health and strengthened research on brain health.
- Invest in training and capacity building that reinforces mental health across policies and improves access to treatment and care.
- **Ensure good mental health at work** by raising awareness and improving prevention. This will be done for instance through EU-wide awareness raising campaigns by the European Agency for Safety and Health at Work (EU-OSHA) and a possible future EU initiative on psycho-social risks at work.
- Protect children and the young during their most vulnerable and formative years, in a context of increasing pressures and challenges. Measures include a a child and youth mental health network, a prevention toolkit for children addressing the key health determinants of mental and physical health, and better protection online and on social media.
- **Address vulnerable groups** by providing targeted support to those most in need, **such as older people**, people in difficult economic or social situations and migrant/refugee populations.
- Lead by example at the international level by raising awareness and providing quality mental health support in humanitarian emergencies.

The initiative of the European Commission recognises the importance of addressing inequalities and discrimination through intersectionality and tailored support, particularly for people in vulnerable situations: children and young people, women, older people, migrants, LGBTQ+, people experiencing homelessness, Roma communities, people in rural areas. It is also fully aligned with the Disability Rights Strategy and the United Nations Convention on the Rights of People with Disabilities, showing the strong commitment of the EU to human rights.

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AGE contribution

The release of this plan follows a consultation launched by the European Commission at the beginning of this year. AGE replied to this consultation, insisting on the importance of a rights-based and life-course approach to mental health and its integration across all EU policies (read on our contribution here (https://age-platform.eu/policy-work/news/comprehensive-approach-mental-health-eu-level-our-contribution)). We will continue to analyse this plan and to work in close cooperation with European Commissions' services and leading organisations such as Mental Health Europe.

Read also:

- AGE contribution on an EU comprehensive approach to mental health (https://age-platform.eu/policy-work/news/comprehensive-approach-mental-health-eu-level-our-contribution)
- Article of Mental Health Europe (https://www.mhe-sme.org/a-comprehensive-approach-to-mental-health-europes-first-step-and-action-to-address-the-well-being-of-all/)
- Article on ageism and impact on older people's mental health (https://ageing-better.org.uk/blogs/why-does-ageism-matter-six-ways-ageism-impacts-older-peoples-mental-health) (from the UK Centre on Ageing Better)
- our Special Briefing 'Good mental health is essential for well-being in old age (https://www.age-platform.eu/special-briefing/good-mental-health-essential-well-being-old-age)'

Related news

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(https://www.age-platform.eu/promoting-physical-activity-and-healthy-diets-for-healthy-ageing-in-the-who-european-region/)

EXTERNAL RESOURCES

16 January 2024

PROMOTING PHYSICAL ACTIVITY AND HEALTHY DIETS FOR HEALTHY AGEING IN THE WHO EUROPEAN REGION (HTTPS://WWW.AGE-PLATFORM.EU/PROMOTING-PHYSICAL-ACTIVITY-AND-HEALTHY-DIETS-FOR-HEALTHY-AGEING-IN-THE-WHO-EUROPEAN-REGION/)

Lifestyle and medical advances that contribute to longevity are achievements to celebrate, but they have brought considerable and unintended social,...

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(https://www.age-platform.eu/le-village-landais-innovative-home-for-people-with-dementia/)

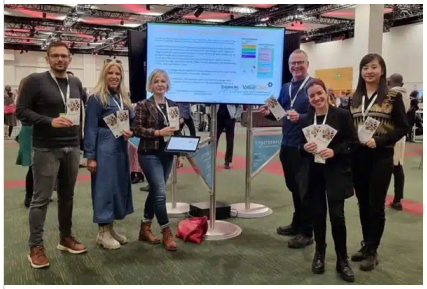
GOOD PRACTICE

16 January 2024

LE VILLAGE LANDAIS : INNOVATIVE HOME FOR PEOPLE WITH DEMENTIA (HTTPS://WWW.AGE-PLATFORM.EU/LE-VILLAGE-LANDAIS-INNOVATIVE-HOME-FOR-PEOPLE-WITH-DEMENTIA/)

Inspired by the De Hogeweyk – Dementia Village in the Netherlands, the 'Village Landais', in France is an innovative home...

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(https://www.age-platform.eu/ageing-in-the-spotlight-of-the-16th-european-public-health-conference/)

LATEST NEWS

7 December 2023

AGEING IN THE SPOTLIGHT OF THE 2023 EUROPEAN PUBLIC HEALTH CONFERENCE (HTTPS://WWW.AGE-PLATFORM.EU/AGEING-IN-THE-SPOTLIGHT-OF-THE-16TH-EUROPEAN-PUBLIC-HEALTH-CONFERENCE/)

At the 16th edition of the European Public Health Conference in Dublin (Ireland), we discussed and showcased the preliminary outcomes...

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Annex F2

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Task Force on Dignified and Healthy Ageing
Online meeting on 23 June 2023, 10:00-12:00
Health and Long-Term Care in the European Semester / Mental health

Outcomes – brainstorming on mental health

Annex F3

Background document: Commission communication of 7 June 2023 on a comprehensive approach to mental health (Press release)

The EC issued a communication on the new approach on mental health, setting out how it intends to address the topic and how to shape a European policy on mental health. The main highlights are that the EC wants to prevent suicide, to raise awareness of mental health at work mainly and, among other groups, also address older people. The EC will provide funds to cover 20 flagship initiatives, including funding to tackle stigma and discrimination. Funds will mainly come from Horizon Europe (2/3 of funds).

Discussion questions:

1. How is mental health dealt with regarding to older persons in your country?
2. Which aspects should be taken better care of by policy?

The Chair stated that mental health promotion, prevention and treatment should be priorities for the Member states and underlined the needed life-course approach to cope with mental health, as mental illness can start very soon in life (around 14 years of age). She focused on prevention and the importance to address social inequalities to be effective in prevention, alongside with the importance of training healthcare professionals.

Depression is very poorly recognised and could even lead to suicide. Social inequalities play a major role, alongside with economic inequalities, with poor people not being able to get support for financial reasons. Mental health is also associated with stigma.

Mental health often is very much medicalised, and the social care is neglected, an example are the different or non-reimbursements for psychologists relative to psychiatrists. Sedation of people with mental health is rather common.

Stigma plays against persons with mental health issues seeking help: visiting a psychiatrist is less well perceived than visiting a neurologist. There is little publicity in the media about mental health of older people. The Polish government has prepared a national programme for mental health protection which hopefully will work better than the previous programme. The governmental report states that 10 million people over 60 are estimated to suffer from mental disorder, especially depression and dementia. Sleeplessness is also included, as well as isolation. Family ties seem to be stronger in Poland than in other countries, but despite this, older women are reported to live longer alone and thus being more at risk of mental health disorders.

The situation in Serbia was described similarly, but there is a specific service devoted to older people only with psychiatrists. However, this only exists in Belgrade, so the regional disparities and urban/rural cleavages are an issue. Depression tends to be normalised, but it should not be. Some people have depression symptoms that would only require social intervention, instead of being addressed to medical interventions. People with Alzheimer's disease are unfortunately not offered the number of services they would need, and their families likewise lack support.

AnnexF3

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