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Active and healthy ageing – can the EU deliver?

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BACKGROUND

The number of Europeans aged 65 or more will increase by around 40% in the next 20 years, and by 90% by 2060. This demographic change touches upon all areas of society and has enormous socio-economic implications.

Having EU citizens live longer and in better health is a positive development reflecting advanced medical knowledge and improved societal conditions. Ageing populations are an opportunity for Europe. Older people can be an active and dynamic part of society: a source of knowledge and experience, capable and motivated to continue enriching society, and contributing to employment and growth.

Many in this generation have significant assets and income, creating demand for new services, such as health-related retreats, or technologies like eHealth, thus providing great new business opportunities. And these emerging markets are not limited to Europe: demographic ageing is a worldwide phenomenon.

However, demographic change also poses serious societal and economic challenges. For example, the retirement waves pressure labour markets, and bring into question whether the working population will be able and willing to pay increasing taxes to support pensions. The demographic imbalance will have a huge impact on intergenerational relationships, obliging younger generations to support older generations financially and as carers. Older people naturally want to enjoy their old age to the fullest, stay as healthy for as long as possible, and if sick they prefer personalised healthcare – but this has cost implications.

Total age-related spending is expected to increase by 4.75% points of GDP by 2060 from around 23.1% of GDP in 2007. The greatest increases will be seen in pensions, healthcare, and long-term care. Traditional healthcare systems will come under pressure due to an increase in chronic diseases such as heart disease and cancer, a shrinking workforce in the care sector, growing expectations and demands, and budget constraints.

Europe needs to find ways to capitalise on the potential resource of older people while managing the economic and social challenges. According to the European Commission, *the European Innovation Partnership on Active and Healthy Ageing* aims to do exactly this.

STATE OF PLAY

The Commission's vision for growing old in Europe

The Active and Healthy Ageing Innovation Partnership (AHAIP) was announced in October 2010 in the European Commission Communication on Innovation Union and endorsed by the European Council in February 2011. The Innovation Union is one of the *Europe 2020* strategy's flagship initiatives aiming to contribute to smart growth and the Innovation Partnerships are seen as one of the means to enhance European competitiveness while tackling societal challenges. They strive to do this by bringing together expertise and resources, and promoting research, development and market deployment of innovations.

Choosing Active and Healthy Ageing to be the pilot Partnership project indicates a belief that by enhancing cooperation between Member States, public and private sectors, and across policy fields, the EU can promote great economic and social opportunities related to demographic change.

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The overarching AHAIP objective is to increase Healthy Life Years (HLY), which measures the number of years that a person can expect to live without illness or disability, by 2 years before 2020. This is a start. Currently the HLY expectancy is around 62 for both men and women in EU-27, while the average life expectancy at birth is for men 76 and for women 82 years.

To achieve the headline target, activities are planned in three areas:

1. enable EU citizens to lead healthy, active and independent lives until old age by e.g. encouraging prevention and improving treatments;
2. improve the sustainability and efficiency of social and healthcare systems by e.g. integrating them and developing home-based care, self-care and long-term care;
3. promote development and deployment of products, devices and services for older people.

The project is driven jointly by Health Commissioner John Dalli and Digital Agenda Commissioner Neelie Kroes, under the supervision of Innovation Commissioner Máire Geoghegan-Quinn. It is promising that close cooperation is also envisaged with other policy areas, including employment policy, which can promote active ageing and continuing participation of older people in the society and economy. Active healthy ageing is a cross-cutting theme and its realisation requires clear leadership within the Commission and commitment from a range of policy fields.

The speed of progress in setting up the pilot demonstrates the Commission's determination to act. It has already carried out a stakeholder consultation, and a detailed strategic implementation plan is anticipated by mid-summer. This will be followed by a progress assessment as early as the end of 2011.

AHAIP is based on the correct assumption that Europe can respond to demographic change and enjoy its benefits if it enables EU citizens to lead healthy, active and independent lives into older age and improves the sustainability and efficiency of social and healthcare systems. Utilising new approaches, products and services can reduce age-related spending and thus support austerity measures, while providing great growth potential and adding value to society.

Facing the challenges

However, this is easier said than done. The European Commission is about to get involved in policy areas of primarily Member State competence, such as health, healthcare and employment. Pushing forward change in Member States will be a bumpy road, requiring the EU to put common good above narrow national interests.

It may be questioned whether the Innovation Partnership is the right policy framework, and whether it can address the main challenges, such as lifestyle risks and attitudes, that make the achievement of an increase in healthy life years so difficult.

Success will depend on concrete measures and the EU's ability and willingness to utilise the means at its disposal to deliver the set goals. To get AHAIP on the right track, making it into a policy framework that can deliver, the Commission needs to agree on the project's strategic direction with the following three elements forming the basis for the Partnership.

Deploying and expanding innovation

While AHAIP puts great emphasis on new products and services, it should be remembered that Europe is already a lead supplier, for example, in innovative medical technology. These technologies and eHealth products can promote healthier ageing. They can help to keep an ageing population at work and independent. They can play an important role in promoting cross-border healthcare, as highlighted by the Europe-wide Smart Open Services for European Patients project (epSOS), which aims to enhance interoperability between national and regional electronic health record systems. They can also contribute to illness-prevention and transferring care from hospital to home, for example, by providing adapted forms of communication, monitoring and educational tools.

While new products and services will be needed in the future, the main challenge is deployment: bringing them to markets and to consumers. AHAIP must go beyond emphasising the need for new products and services, and get serious about dismantling the barriers that prevent their uptake. The Commission's aim to achieve widespread deployment of eHealth services by 2020, and the eHealth Action Plan, will hopefully generate new interest in creating a lead market for eHealth, and thus support the Partnership in this regard.

In addition, AHAIP must expand innovation to the way we promote health and encourage people's participation in society. This entails reforming our society, its services and labour markets accordingly. For example, if the EU is serious about promoting health, it needs to find ways to question traditional ways of operating health systems, hospitals and public healthcare services, which are designed to treat only illnesses – despite Member State competences in this area.

Meeting needs of consumers and patients

AHAIP aims to bring together expertise and resources across the innovation chain and national borders to

improve technologies, medicines and treatments. Involving consumers, including hospitals, carers and patients, in developing new products and services is the basis for creating innovations for which there is demand.

In the process, it should be remembered that older people do not constitute a homogeneous group: their needs, preferences and skills vary, and they require different solutions. They enjoy different levels of wealth, health and activity, and suffer from different diseases. An individual's understanding and expectation of active healthy ageing depends on their cultural, educational, social and economic background.

In addition to empowering consumers, AHAIP should aim to achieve health equity and avoid preventable inequalities. There are great discrepancies between Member States and regions in investments in health, and in their citizens' health and life expectancy. At an individual level, solutions like home-care through eHealth products and services can actually lead to or increase health inequalities if people cannot afford or use them. AHAIP should be inclusive, and support the needs of weaker and less-wealthy citizens.

Pushing for a new spirit of cooperation

AHAIP must go beyond standard calls for cooperation. Increasing collaboration between relevant actors at EU, national and regional levels, across industries and policy areas is possible only if built on common objectives and incentives for a new kind of cooperation. It should become a bottom-up project that encourages involvement of Europeans at all levels of society.

Simultaneously, AHAIP needs to promote an attitude change among national decision-makers, businesses, employers and employees, health professionals and patients about needed societal and structural reforms. For example, extending working lives is central to promoting people's active participation in society and reducing age-related costs. Thus, policy makers need to make retirement an option rather than a requirement and promote recruitment of older workers. Employers must ensure that workplaces are fit for older workers and use incentives such as part-time employment and lifelong learning. And employees that enjoy longevity need to accept the reality of longer working lives. It is time to consider older people as a source of productivity.

PROSPECTS

The success of AHAIP will, in the end, be measured in the overall increase in healthy life years. The EU must thus define policies and concrete measures to achieve this. It must build on its competences to push for new approaches, cooperation and reform of existing structures. It needs to take a lead role in promoting healthy active ageing.

Does the EU have the tools to act?

The EU has a number of tools at its disposal to achieve the set goals:

Firstly, it can provide **incentives** for Member States to commit to the achievement of the objectives. For example, in the long-term populations benefit from health promotion and prevention of diseases, but Member States need evidence and politically attractive incentives to make the required investments and reforms now, and to co-operate with other Member States. Utilising existing and new evidence on costs, savings and measures needed to achieve healthier and more active populations, would support policy-making at both EU and national levels.

Secondly, it needs to **communicate** the agreed goals, benefits, cost assessments and required measures both at EU and national levels. Member States, European citizens and electorates together with the public and private sector must understand the advantages of working together on AHAIP and what the implementation of the goals means for each stakeholder.

Thirdly, the **EU-funded projects should promote the key principles of AHAIP**: wider understanding of innovation; multi-stakeholder collaboration that helps to address different needs, requirements and preferences of older people; health equity and solidarity, and the required change in attitude. Significant funding should be allocated to research and partnership projects under AHAIP, reflecting the political priority given to Innovation Union under the Europe 2020 Strategy.

Fourthly, faster and more efficient distribution of cost-competitive new medicines, treatments and technologies require a **functioning single market**. It is encouraging that the Directive on Patient's Rights for cross-border healthcare, expected to become effective in 2013, will make it easier for EU citizens to access medical treatment in another Member State, and likely enhance use of eHealth solutions. However, a number of barriers still need to be tackled in order to create a true market for health.

For example, resistance among health authorities, hospitals, doctors and end-users to eHealth, can be explained partly by traditional attitudes and a lack of trust, information and training. More EU projects, such as epSOS, that can help to convince stakeholders of the added value of eHealth products and services, are urgently needed.

Health Technology Assessments (HTAs) are an important component in ensuring that products can access the European market. They look at medical, social, economic and ethical issues related to the use of health technologies and influence greatly national health decision-making. The Commission's effort to enhance cooperation between Member States in sharing information about the clinical aspects of health technology is a welcome start. But more needs to be done. The EU should encourage transparent and efficient HTAs that are built on independent analyses and stakeholder cooperation.

The EU should also encourage Member States to exchange more information on public procurement processes and reimbursement requirements for medical technologies.

Fifthly, although limited, the EU has **policy tools** to enforce the achievement of healthier Europe and should use them. The Commission has competences, for example, in the area of food labelling and nutrition. The EU's social policy competence in promoting health and safety at work could be used more, endorsing smoking bans in all workplaces across Europe. The Health Strategy and the Lisbon Treaty provide the EU the legislative basis for action, and for strengthening cooperation and coordination between Member States, especially in those fields where they cannot act on their own.

Lastly, the EU should push Member States to **compare and share information on good practice** on how to improve the health of individuals as they age, and make health and social systems more sustainable. The Open Method of Coordination and using guidelines, indicators, benchmarking, and sharing experiences could also help to promote the required attitude change among stakeholders. The HLY indicator should be used as a benchmarking instrument to assess levels of health and health promotion between and within Member States. Although the solutions may differ, there are a number of areas where raising awareness, comparison of practices and learning from champions could have positive results. These could include health promotion, reforming healthcare systems, and making health an engine of economic growth.

As Member States need to put more emphasis on prevention of diseases rather than spending enormous resources on curing them, more communication is needed about solutions that can help to promote health and prevent disease. Technologies, services, research and medicines but also new approaches such as preventive strategies, training medical staff in health promotion and school education could be discussed.

The needs and preferences of older patients cannot be met without a radical change in existing healthcare systems and their financing. Instead of expanding supply, the demand for healthcare must be managed. Member States need to find ways and share their experiences on how to create more value and return for investments, while providing incentives for professional carers and patients to participate in reforming the system. Technological solutions and alternative healthcare models, such as personalised medicine and care, can undoubtedly play a role in this. However, sometimes even small, basic changes can have an enormous impact, for example, improving hospital hygiene can significantly reduce infectious diseases.

The Member States should learn from each other how health, healthy workers and healthcare could be engines of economic growth and productive employment. The health sector carries with it a great potential for creating new mixed-skills jobs and business development. Professional home-care services that operate between hospitals and homes, for example, provide an enormous new employment sector, also for older people.

The success with this first Innovation Partnership will determine the basis for future projects on other societal challenges such as climate change. The EU must thus deliver on AHAIP and on the HLY target. The EU can provide the framework, help to share information and build on its existing competences to achieve this goal. If it sets concrete measures to achieve this, ensures their implementation, finds the courage to address the barriers and promote structural reforms in its Member States – the opportunities are enormous. It could result in the ageing population becoming a true European success story, contributing to growth and better quality of life for Europeans.

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This Policy Brief builds on the Coalition for Health, Ethics and Society (CHES) events of 2010, which focused on health innovation and eHealth, and provides a launch for 2011 discussions, which will explore challenges and possibilities with active healthy ageing.

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