



Scientific Advice Mechanism

Scoping Paper **Transforming the Future of Ageing**

27 April, 2018

SCOPE OF THE TOPIC

The European population is ageing rapidly: its median age is the highest in the world. People in nearly every part of the Region are living longer, but their chances of spending these later years in good health and wellbeing vary within and between countries.¹ The demographic old-age dependency ratio (people aged 65 or above relative to those aged 15-64) is projected to increase significantly in the EU in the coming decades. Being about 25% in 2010, it has risen to 29.6% in 2016 and is projected to rise further and eventually reach 51.2% in 2070. This implies that the EU would move from four working-age people for every person aged over 65 years in 2010 to around two working-age persons over the projection horizon.²

The extent of the challenges and opportunities that arise from extra years of life will be very heavily dependent on several key factors, the most important of which are health, functioning, and opportunities to contribute.³

1. What is healthy ageing?

There are different measurement approaches used to describe and assess ageing and judge whether it is active, healthy, or successful. Consequently, it is difficult to conduct and compare research and descriptions of ageing across studies.⁴

A crucial step forward in addressing the challenge of healthy ageing was addressed by the WHO in its World report on Ageing and Health⁵, unanimously endorsed by WHO Member States during the World Health Assembly in May 2016. The term healthy ageing was defined as the process of developing and maintaining the “**functional ability**” that enables wellbeing in older age

Each individual life exists in a specific set of environments that change over time and is highly dependent on political, economic and social norms, values, and resources, including the extent to which societies promote equal opportunities, prevent inequities, and combat ageism, and ensure access to affordable healthcare and social systems. The close interactions between “**intrinsic capacity**” (the composite of a person’s individual physical and mental capacities) and environmental characteristics, including surroundings itself and support, combine in determining “**functional ability**”.⁶

¹ Healthy Ageing - <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing>

² The 2018 Ageing Report - Underlying Assumptions & Projection Methodologies - https://ec.europa.eu/info/sites/info/files/economy-finance/ip065_en.pdf

³ Ageing and Life Course, J R Beard PhD, A Officer MPH, I Araujo de Carvalho MD, R Sadana ScD, A M Pot PhD, J A Thiagarajan PhD, Health statistics and information systems (W R Mahanani MSc, S Chatterji MD), consultant (J A E Epping-Jordan PhD), World Health Organization, Geneva, Switzerland; University of Geneva, Geneva, Switzerland (J-P Michel MD); School of International Development, University of East Anglia, Norwich, UK (P Lloyd-Sherlock PhD); and University of Queensland, School of Public Health, Brisbane, QLD, Australia (G M E Peeters PhD). [http://dx.doi.org/10.1016/S0140-6736\(15\)00516-4](http://dx.doi.org/10.1016/S0140-6736(15)00516-4)

⁴ “Healthy Ageing” Concepts and Measures, JP Michel, R Sadana ScD, JAMDA 18, 460-464, 2017

⁵ WHO (2015) World Report on Ageing and Health - <http://www.who.int/ageing/events/world-report-2015-launch/en/>

⁶ “Healthy Ageing” Concepts and Measures, JP Michel, R Sadana ScD, JAMADA 18, 460-464, 2017

2. Challenges and Opportunities

The prevention of age-related disability and maintaining functional ability within our own surroundings until the end of life are central aspects of healthy ageing. How to create resilience against the risk factors for disability and dependency, and to fight for improved opportunities to contribute to society throughout the whole life process are important questions for focussing adult public health actions. This life course approach connects broader social, political, and environmental determinants of health, including the organisation and effectiveness of healthcare and other social systems, to health outcomes, across all critical life stages.

A coherent and focused inclusive, fair and sustainable public health response that spans multiple sectors and stakeholders is important⁷. Healthcare and long-term care systems risk becoming unsustainable, with a shrinking labour force no longer able to provide for the care needs of the growing number of older people.⁸ From the perspective of healthcare and social expenditures, the cost of looking after disability will exceed the cost of treating diseases and multiple morbidities as people age.

a. Medical Care

Achieving the goal of healthy ageing is not merely a case of doing more of what is already being done, but to consider the early needs of ageing people to access care built around a common goal of maintaining functional ability.⁹ Currently, a major part of elderly people is attended within informal networks of care (family members, friends, volunteers) which enables a high percentage of elderly people to stay at home.¹⁰ With the ageing population and demographic changes it will become increasingly challenging to rely on these informal networks.

Thus, having in mind fairness and sustainability of medical and health care systems across and within the European Union Member States, new and innovative ways of care-giving, in particular for long-term care-giving¹¹ will have to be explored, including

⁷ Medical care for older people – what evidence do we need?, Leopoldina, http://www.akademienunion.de/fileadmin/redaktion/user_upload/Publikationen/Stellungnahmen/2015_Stellungnahme_Evidenzbasierung_EN_KURZ.pdf

⁸ The 2018 Ageing Report - Underlying Assumptions & Projection Methodologies - https://ec.europa.eu/info/sites/info/files/economy-finance/ip065_en.pdf

⁹ Ageing and Life Course (J R Beard PhD, A Officer MPH, I Araujo de Carvalho MD, R Sadana ScD, A M Pot PhD, J A Thiyagarajan PhD), Health statistics and information systems (W R Mahanani MSc, S Chatterji MD), consultant (J A E Epping-Jordan PhD), World Health Organization, Geneva, Switzerland; University of Geneva, Geneva, Switzerland (J-P Michel MD); School of International Development, University of East Anglia, Norwich, UK (P Lloyd-Sherlock PhD); and University of Queensland, School of Public Health, Brisbane, QLD, Australia (G M E Peeters PhD). Published Online October 29, 2015 [http://dx.doi.org/10.1016/S0140-6736\(15\)00516-4](http://dx.doi.org/10.1016/S0140-6736(15)00516-4)

¹⁰ *J Gerontol B Psychol Sci Soc Sci*. 2017 Dec 11. doi: 10.1093/geronb/gbx133. [Epub ahead of print] Long-term Care Provision and the Well-Being of Spousal Caregivers: An Analysis of 138 European Regions. [Wagner M](#)¹, [Brandt M](#)².

¹¹ Ageing and Life Course (J R Beard PhD, A Officer MPH, I Araujo de Carvalho MD, R Sadana ScD, A M Pot PhD, J A Thiyagarajan PhD), Health statistics and information systems (W R Mahanani MSc, S Chatterji MD), consultant (J A E Epping-Jordan PhD), World Health Organization, Geneva, Switzerland; University of Geneva, Geneva, Switzerland (J-P Michel MD); School of International Development, University of East Anglia, Norwich, UK (P Lloyd-Sherlock PhD); and University of

ambulatory care (or “age in home”) together with enabling new technologies and their adaptation to the medical field.

b. Digital innovation in health and care

Tele-health solutions are already used by millions of Europeans and health professionals to keep track of their health and well-being, including outside the clinical environment in real life contexts. While digital healthcare has shown great potential, it still must prove to be able to meet the expectation of improving the healthcare systems and to generate efficiency savings. In the context of an ageing society, with the costs of health and social care expected to rise substantially to about 9% of EU GDP in 2050, ICT and eHealth, if proven effective and efficient, can play a crucial role in maintaining cost efficient and high-quality health and social care, and in empowering people of every age to better manage their health and quality of life, in any place.¹²

The application of eHealth for elderly people requires a proper design of the technologies to be used¹³, as well as specific efforts to improve digital literacy (both for elderly people and for healthcare professionals). It equally requires, consistency with the values stated in the Charter of Fundamental Rights and the relevant pan-European and national legal provisions (e.g. on data protection).

Finally, innovation in robotics, artificial intelligence and other assistive technologies need to be considered, particularly for their potential to impact upon the social aspects of ageing such as the prevention of social isolation and social exclusion.

c. Education, Employment and Social Issues

Considering the position of care providers, it is necessary to distinguish:

- The informal networks of care, comprising non-professionals (family members, neighbours, friends).
- The formal networks of care, constituted by different categories of trained healthcare professionals.

In the case of the formal networks of care, Europe will be facing a shortage of healthcare workers both in short and long-term. By 2020 in the EU, a deficit of up to 2 million health workers in the EU is expected¹⁴. This presents serious challenges for the optimum organisation of health systems and for the delivery of quality healthcare and requires actions to fill emerging gaps, e.g. regarding educational and professional aspects in relation to the informal networks of care, including family support systems. An important question is to identify the challenge considering current reliance on “unpaid workers”, and the impact of a possible decrease in their numbers in the future.

Queensland, School of Public Health, Brisbane, QLD, Australia (G M E Peeters PhD). Published Online October 29, 2015 [http://dx.doi.org/10.1016/S0140-6736\(15\)00516-4](http://dx.doi.org/10.1016/S0140-6736(15)00516-4)

¹² Digital Single Market eHealth – “<http://ec.europa.eu/digital-agenda/en/ehealth-and-ageing>”

¹³ Geriatricians and Technology, JP Michel, A Franco, JAMDA 15, 860-862, 2014

¹⁴ Healthy ageing – share Eric conference, Vilnius – 17 march 2016 - https://ec.europa.eu/commission/commissioners/2014-2019/andriukaitis/announcements/healthy-ageing-share-eric-conference-vilnius-17-march-2016_en

3. Public Policies

The increasing interconnectivity of health policies and health systems across the European Union, with cross-border and cross regional healthcare, interoperability and standards are key factors to consider when framing any potential policy response best suited to facilitating the goal of healthy ageing. As stated in Art 168 of the Lisbon Treaty, EU health policy serves to complement national policies, and to ensure health protection in all EU policies. This means that pan-European policy actions on ageing are intrinsically confronted with both the principle of subsidiarity and the European Union mandate to support the efforts of EU countries to protect and improve the health of their citizens and to ensure the accessibility, effectiveness and resilience of their health systems. This is done through various means, including by:

- Proposing legislation
- Providing financial support
- Coordinating and facilitating the exchange of best practices between EU countries and health experts
- Health promotion activities.

In Europe, two out of three new-borns in 2017 is likely to reach the age of 100. This simple demographic prospect demonstrates that ageing will become an important and holistic issue of our society.

The European Commission has identified active and healthy ageing as a major societal challenge common to all European countries, and an area which presents considerable potential for Europe to lead the world in providing innovative solutions.¹⁵

Within the overall framework of the EU approach to ageing, some common key challenges for the European Union and its Member States have been identified.¹⁶ These include adjusting to an ageing and shrinking workforce, and yet at the same time achieving access to high quality healthcare for all while ensuring the financial viability of healthcare systems.

In a policy speech in Brussels at the meeting on chronic diseases “towards the better prevention and management of chronic diseases”¹⁷, on 21st of April 2016, European Commissioner for Health and Food Safety Vytenis Andriukaitis stated that to keep people healthy for as long as possible there is a need to focus on three Ps: Prevention, promotion and protection:

- Promoting good health – through healthy eating, exercise, healthy living and working conditions;

¹⁵European innovation partnership on Active and Healthy Ageing - https://ec.europa.eu/eip/ageing/home_en

¹⁶Ageing and health http://ec.europa.eu/health/major_chronic_diseases/diseases/ageing_related_diseases_en#fragment0

¹⁷ Preventing and addressing chronic diseases: a commission priority - meeting on chronic diseases “towards the better prevention and management of chronic diseases” - 21 April 2016 – Brussels https://ec.europa.eu/commission/commissioners/2014-2019/andriukaitis/announcements/preventing-and-addressing-chronic-diseases-commission-priority-meeting-chronic-diseases-towards_en

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- Protecting citizens – by ensuring safety at work, on roads, or elsewhere;
- Preventing disease - tackling all the risk factors.

Commissioner Andriukaitis also stated the need to overcome the fragmentation and isolation of prevention, diagnosis, treatment and care and called for evidence based prevention, comprehensive and integrated treatment and care that make the best use of available funds.

In his speech on healthy ageing in Vilnius in March 2016 the Commissioner emphasised the key role that digital innovation has to play in the future of healthcare¹⁸. The importance of such a policy can also be seen in the recent launch of a public consultation on how Europe should promote digital innovation in health and care, for the benefits of citizens and health systems in Europe.¹⁹

Considering the currently ongoing international and European policy responses and actions and the available scientific evidence and advice, the science advice to be delivered under the present topic will aim to provide multidisciplinary scientific advice for policy addressing the following question:

Principal question

What policies at the EU level could support the Member States in achieving inclusive, fair and sustainable systems of health and social care and promote the taking up of innovation for ageing societies?

The outcome will be delivered by end April 2019.

Potentially interested and responsible DGs

The Directorate-General for Employment, Social Affairs and Inclusion (**DG EMPL**), Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs (**DG GROW**), Directorate-General for Health and Food Safety (**DG SANTE**), Directorate-General Research and Innovation (**DG RTD**), Directorate-General for Communications Networks, Content & Technology (**DG CONNECT**), Directorate-General for Education and Culture (**DG EAC**), Directorate-General for Economic and Financial Affairs (**DG ECFIN**) and Directorate-General for Justice and Consumers (**DG JUST**).

Keywords for possible content

Health and Ageing, Social Care, Employment, Demographic Change, Digitisation of Health and Care Services, Ambulatory Medicine/Care, Age in Home, Innovative Technology, Outpatient Care, Active and Healthy Ageing, Economic Costs, Integrated Care, Mobile Health, ICT.

¹⁸ Healthy ageing – share Eric conference, Vilnius – 17 March 2016 - https://ec.europa.eu/commission/commissioners/2014-2019/andriukaitis/announcements/healthy-ageing-share-eric-conference-vilnius-17-march-2016_en

¹⁹ Commission launches public consultation on Health and Care in the Digital Single Market - http://europa.eu/rapid/press-release_IP-17-2085_en.htm