

3 February 2020, Warsaw

{by email}

Dear Commissioner Gabriel,

As promised during our meeting December 2019 I have pleasure in providing, as Chair and on behalf of the Group of Chief Scientific Advisors, an update on SAM activities related to the topic of ageing. I [enclose](#)<sup>1</sup> *Transforming the Future of Ageing*, a report prepared by the Scientific Advice for Policy by European Academies (SAPEA) consortium, published in June of last year and formally communicated to us, the Group of Chief Scientific Advisors, in October 2019.

This report is timely in view of the new Commission's intention to publish a consultation document ('Green Paper') on Ageing<sup>2</sup>, under the stewardship of Vice President Šuica (Democracy and Demography). With this letter, we summarise the key elements of the abovementioned SAPEA report, and note those we consider of relevance for the green paper.

The review makes a number of pertinent observations. These include the importance of a 'life-course' approach to ageing and of understanding individual drivers of healthy ageing, the necessity for health promotion (including in education from primary level) and disease prevention, and for the cost/benefit analyses of these. The review notes social factors, including prejudice against older persons (ageism), social isolation and consequent loneliness, low socioeconomic status which negatively affects older adult wellbeing, healthy ageing and life expectancy, and the positive and negative effect of environmental factors. Highlights include the importance of training healthcare professionals in the use of technological innovations in daily practice, and the introduction of safety and security standards for 'wearable' technologies (such as fall monitors and other 'smart', connected devices), and in-home health care technologies and services. Similarly, information kept by healthcare professionals on patients should be digitised, and easily and securely shared between systems ('inter-operable'). Despite the potential for a 'life-course' approach to alleviate the need for improved health and social care in the long term, there is an urgent need for an adequate number of skilled healthcare professionals to deliver care in the short term. In that sense, ageing 'in place'<sup>3</sup> only works if there is support to deliver care of sufficient quality.

These observations are relevant in view of the forthcoming Green Paper. They are also important in view of the emphasis placed by President Von Der Leyen's political guidelines on equality (particularly gender equality, given that the burden of care - both paid and unpaid - often falls on women), and the intention fully to

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<sup>1</sup> Printed copy will be made available by GCSA secretariat in the Directorate General for Research and Innovation

<sup>2</sup> [https://ec.europa.eu/commission/sites/beta-political/files/mission-letter-dubravka-suica\\_en.pdf](https://ec.europa.eu/commission/sites/beta-political/files/mission-letter-dubravka-suica_en.pdf) "...launching a wide debate on long term impacts, notably on care and pensions, and on how to foster active ageing. {...} assess whether our social protection systems are fit to deal with the needs of an ageing population".

<sup>3</sup> Quoting the abovementioned SAPEA report, '*Ageing in place*' focuses on providing the necessary resources and assistance to enable older people to live with some level of independence at home or in the community for as long as possible, to avoid transferring to more costly long-term care or residential facilities (Heumann & Boldy, 1993; Horner & Boldy, 2008).

implement the European Social Pillar in which the rights to health care, long-term care and work-life balance are universal.

While the definition of health policy and the delivery of care remain the responsibility of Member States, there is a role for the EU in monitoring and encouraging efforts to promote healthy ageing, reducing the variation in Europe of older persons' life expectancy and their access to long-term care with respect to its adequacy and financial sustainability. More broadly, policy responses to ageing must be co-ordinated between many policy domains: health and care, innovation (digital, technological, social and other), social, employment, pensions and others. They will also require action at different geographic levels: regional, member state and European. EU level action through the European Semester process therefore seems appropriate to enhance monitoring, benchmarking and exchange of best practice. We note in that regard the activities of the Social Protection Committee, and the importance of the maintenance and development of cross-sectoral 'ageing knowledge' platforms at different levels of policy action, making best use of in particular the European Commission and UNECE's Active Ageing Index.

In our most recent scientific opinion, '*Scientific Advice to European Policy in a Complex World*', we highlighted the importance of fostering discussion between policy makers and scientific advisors in a process which allows science to inform policy in the most effective manner possible. At the outset of the new Commission, we stand ready to engage with you in discussion of the abovementioned Green Paper, and will be pleased to facilitate discussion with the authors of the enclosed review. At the same time, the availability of the SAPEA review report to Member State officials, through the active dissemination efforts of the SAPEA consortium, and possibly by the Commission to relevant Ministers, will enable policy to be informed at the regional and country levels.

Yours sincerely,



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