

John Dalli

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Commissioner Dalli delivers speech on the European Year for Active Ageing and Solidarity between Generations

*Check Against Delivery
Seul le texte prononcé fait foi
Es gilt das gesprochene Wort*

John DALLI, European Commissioner for Health and Consumer Policy, delivers opening speech on the European Year for Active Ageing and Solidarity between Generations

Copenhagen, Denmark, 18 January 2012

**DK PRESIDENCY CONFERENCE
EUROPEAN YEAR FOR ACTIVE AGEING AND
SOLIDARITY BETWEEN GENERATIONS**

WEDNESDAY 18 JANUARY 2012, 10:30HRS

**SESSION 1: SETTING THE SCENE – CHALLENGES AND
OPORTUNITIES**

SPEECH

Ministers,

Distinguished Guests,

I am delighted to be here with you today to speak about the challenges and opportunities of ageing and how we can best respond to them.

As you have heard from Commissioner Andor earlier this morning, the EU attaches great importance to supporting active and healthy ageing.

Europeans are living longer than ever before; and are expected to live longer and longer.

This calls for a change in mindset. We need to reform, restructure and reorganise our health and social models for an ageing society.

This is why the European Commission is shaping concrete initiatives such as the European Year for Active Ageing and the European Innovation Partnership on Active and Healthy Ageing.

Let me focus on how I see the ageing **challenge** and the possible **solutions**.

As the population grows older, demand for health services and long-term care, is likely to increase. Healthcare systems will need to adapt to the needs of an ageing population, while remaining financially sustainable.

At the same time, there will be fewer people working – and these will have to support a growing number of elderly dependants. This means labour participation and productivity in Europe will have to improve significantly.

And this is where health and healthy ageing comes in.

The state of people's health makes all the difference between their being able to work or not; between their needing healthcare or not.

A population ageing in bad health translates into lower quality of life for our citizens, higher costs, and a smaller workforce with many people unable to work because of health problems.

On the contrary, people ageing in good health can continue working and contributing to society as they grow older - and need less healthcare.

This is why we need to **help citizens age in good health; and live active and independent lives.**

To foster active and healthy ageing, we need to fully explore the potential of innovation for active and healthy ageing; and to promote smart investment in our health systems.

On one hand, health systems absorb an important and increasing part of the public budget – currently at 16 % and growing.

On the other hand, the health sector plays a key role in our economies. Health systems employ a highly-skilled workforce. They rely on innovative health technologies developed by an industry that invests significantly into R & D.

This is reflected in EU Member States National Economic Reform Programmes to implement the Europe 2020 Strategy; which stress the importance of health services' in relation to employment, social inclusion, and the growth opportunities linked to health research and development.

This is why we need to invest in our health systems, to make them more efficient, sustainable, innovative, so that our health systems can support healthy and active ageing: and so that our health systems can continue providing healthcare for generations to come.

If we do not invest in innovative health systems now, who is going to take care of us when we are old? Who is going to take care of our children when they are old?

In this context, I would like to share with you what we are doing right now to promote the uptake of innovation in Health, and to develop innovative solutions that support active and healthy ageing.

Last year the European Commission launched the "European Innovation Partnership on Active and Healthy Ageing" to enhance Europe's innovation potential for tackling the challenges of demographic change, involving both the public and private sectors.

The Partnership's overarching objective is to increase the average healthy lifespan of Europeans by 2 years by 2020.

We have been working hard – together with Member States, the private sector, non-governmental organisations, the health and care workforce – to distil the many good ideas for action we have received from stakeholders.

The recent adoption of the Strategic Implementation Plan marks a critical step in the Innovation Partnership process, towards implementation and delivery.

Implementation of the Partnership begins now – in 2012 – starting with 6 specific actions.

The 1st action concerns prescription adherence.

People not taking the medicines they have been prescribed, particularly in older people, is a significant problem.

Only 79% of patients take their 'once a day' dose while only 51% of patients supposed to take 4 doses actually do so. These results are very harmful both to patients and to health systems.

An increase in therapy compliance, with minor cost outlays, could therefore play a critical role in improving the health status for European citizens and the effectiveness of treatment.

The 2nd action concerns prevention of frailty, focusing on mal-nutrition.

Frailty – both physical and cognitive – is highly prevalent in old age. Malnutrition is a key determinants of frailty, putting over 20 million of our older citizens at risk of hospitalisation and disability.

This is why we need to prevent such frailty in older people so as to improve their quality of life, and to save in avoidable use of formal care services.

The 3rd action concerns falls prevention.

Falls are the dominant cause of injuries among the elderly, accounting for 29% of all fatal injuries of older people. Many of such falls could be prevented through early diagnosis and screening.

As a consequence of such falls, many elderly people become dependent and require institutional care with translates into reduced quality of life and high maintenance costs.

The 4th action is on replication and tutoring of integrated care models for chronic disease management.

Successfully tested models for integrated care in Europe confirm an improvement in the quality and accessibility of care of patients with chronic conditions.

The Partnership can help such systems to be operational elsewhere and create critical mass for their replication across the Member States.

The 5th specific action concerns interoperability in the field of independent living solutions.

There is a huge potential for ICT tools in the field of ageing.

The Partnership therefore proposes to launch a large-scale action across Europe promoting use of flexible and interoperable products and services for independent living, with the aim of creating common guidelines, global standards and critical mass for uptake.

Finally, implementation of a specific action on a "thematic-marketplace for innovation for age-friendly buildings, cities and environments", based on the WHO age-friendly cities initiative, will also start this year.

To implement the six actions, favourable framework conditions need to be put in place. To this end, the Commission will take into consideration the overall objectives of the proposed actions in revising the European regulatory frameworks and in allocating funds for research, innovation and public health.

Ministers, Ladies and Gentlemen,

I have given you a flavour of what is about to happen as regards the Innovation Partnership. More work is needed to translate our vision into reality across the EU.

The role of Member States towards its successful implementation is, of course, crucial.

The Commission will issue a Communication in the next few weeks, setting out how it is intending to respond to some of the calls for action, within the remit of its competences and funding programmes.

The Communication will be submitted to the Council and the European Parliament for discussion and endorsement.

In parallel, we will publish an invitation for commitments later this month, where we expect to collect ideas for concrete action in the field of innovation in active and healthy ageing.

In this context, I would to invite you all to reflect on possible concrete commitments that you could bring to the Partnership table.

In April, we will also launch a web-based virtual marketplace of innovative contributions, to link up interested stakeholders and facilitate networking between individuals and organisations.

We have much to do – and much to look forward to.

Let me finish by wishing you all you all a very happy, healthy and prosperous 2012.

Thank you.