



## **AGE Response to Commissioner Byrne's Reflection Process: "Enabling Good Health for All" October 15<sup>th</sup> 2004**

AGE - the European Older People's Platform is a European network grouping 148 organisations representing directly over 22 million older people in Europe. AGE aims to voice and promote the interests of the 150 million citizens aged 50+ in the enlarged European Union and to raise awareness of the issues that concern them most. AGE is involved in a range of policy and information activities to put older people's issues on the EU agenda and to support networking among older people's groups. Among our guiding principles is that a change of attitudes is needed to achieve a society for all ages, seeking solidarity between generations in a way that recognizes older people's contributions to society.

AGE has been a member of the European Health Policy Forum since 2001.

AGE welcomes the opportunity to reflect on the new EU Health Strategy and supports Commissioner's Byrne approach and recommendations for future EU action in the health field. We would like however to make a few further recommendations on issues which are particularly relevant to older people.

### **1. Enabling Good Health for All: Healthy ageing is good for all**

We welcome the strong focus put on the need to actively promote healthy lifestyles in order to reduce the high levels of manufactured or lifestyle related diseases which have such an impact not only on people's health but also on the economy of all EU Member States. Since most of these diseases could be prevented, AGE feels that there is a definite role for the EU to help its Member States promote good health for all. Back in 2000, the EU acknowledged the need to invest in its human capital and to promote life long learning. The Union needs now to acknowledge the need to invest in a healthy population. Health is an essential dimension of our human capital and for the EU "to become the most competitive and dynamic knowledge-based economy in the world capable of sustainable economic growth with more and better jobs and greater social cohesion", it needs first of all a healthy population. We share Commissioner's Byrne view that good health is essential to economic growth and sustainable development.

A good health is a pre-requisite to anyone expecting to lead an active and fulfilling life. As we get older, however, health becomes an increasingly important concern.

For longer lives to be a positive experience, they need to be accompanied by continuing opportunities for health, participation and security<sup>1</sup>. The notion of an ageing society as an unsustainable and expensive society needs to be challenged. Longer life expectancies for both women and men are major achievements that should be valued and preserved and will not necessarily result in higher costs to society if people are empowered to remain healthy until a very old age.

Healthy ageing is thus not just about prolonging life. It is about promoting the necessary means to enable older people to continue to participate in society, keeping good functions and being able to cope with daily life. It is about promoting a positive and integrated approach to health that addresses a range of social, economic, housing, planning, transport and other relevant policies. Healthy ageing is about creating enabling environments as well as direct approaches to promoting healthy behaviours.

As any capital, our health capital needs attention to be preserved. Healthy ageing should therefore become a long-term goal for the EU. Promoting health throughout life is an essential part of any strategy aiming at achieving healthy old age for all. Much can be done even after retirement age to reduce harmful influences and enable people to maintain good health longer and to delay frailty and dependence. The EU can help empower its citizens to make the right choices and to adopt healthy behaviours.

## **2. Good Health is a shared responsibility: all stakeholders should take their responsibility, not only citizens**

Although we support very strongly the approach that citizens need to be enabled to make the right choices for their health, we want to remind our decision-makers that a good health is not only the result of personal choices. The physical, social and working environments as well as health services play also a tremendous role on health and do not always give people choice. For example, what choice has an employee who is forced to work in a smoky or polluted environment? What choice have families with low income who cannot afford to buy healthy food including fresh vegetable and fruits? Should citizens be blamed for eating too much fat, sugar and salt when the vast majority of manufactured products they can afford to buy contain too much of these ingredients to ensure a healthy diet? What choice had a patient who has been given the wrong treatment and suffers ill health as a consequence?

If citizens are expected to become more responsible for their health, the responsibility of all stakeholders must also be better acknowledged and addressed: public authorities, the industry (in particular food, tobacco and alcohol producers as well as polluting industries), health professionals, etc.

Enabling citizens to make the right choice requires that choice is possible and affordable and that adequate information about the various options is readily available. Regarding medical treatments, citizens need adequate information provided throughout life by independent and reliable sources, but direct to the consumer advertising (DCA) should remain forbidden in EU.

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<sup>1</sup> WHO "Active Ageing – A policy framework" (<http://www.who.dk/document/hea/eactagepolframe.pdf> )

In the context of an ageing population, AGE would like to draw attention on the resource older people represent and on the importance to involve seniors, individually and collectively, in being more responsible for their health. In particular, we believe the EU should take an active role in promoting the following “healthy ageing” priorities:

- encourage Member States to empower older people’s groups to organise themselves at local level and to promote healthy ageing
- encourage Member States to promote sport for all, to give local initiatives the resources to go on and to encourage national sport federations to include older people and to propose targeted activities
- encourage Member States to target older people in their health campaigns
- encourage Member States to promote the representation of older people in consultative bodies on health
- encourage exchanges of good practice between member states on healthy ageing issues

### **3. Health generates wealth but remains first of all a human right**

#### **3.1 Health as key driver to growth**

- AGE recognises that good health is a driver of economic growth. However, we believe the Commission should emphasize very strongly that over all, health and access to health is a human right enshrined in Article II.35 of the new EU Constitution and most national constitutions. AGE believes this argument is particularly important in an ageing context: every now and then in Europe, very shocking statements and proposals to limit access to healthcare after a certain age hit the news. Such short-term visions are contradictory to the EU fundamental principles and the European social model so close to citizens’ heart. The economic perspective chosen by Commissioner Byrne in his consultation document is useful in the existing EU context and AGE welcomes his call to adopt a long-term approach and invest in health and health promotion as a key driver to growth, but this long term investment should not be limited to the younger generations. The EU should not repeat the same mistake it is making in the employment and education fields where it proposes to target investment in human capital toward the youth only. Investment in health promotion and prevention needs to address the needs of all citizens including those who are not longer active in the labour market if the EU wants to save on future treatment costs. To deliver, health promotion campaigns will need to target specific groups and take on board the huge diversity among target groups.
- Accessibility to health prevention measures (for ex. breast cancer screening) should also be open to all, regardless of age, ethnic origin<sup>2</sup> or income as early detection and treatment increase cure rate and lead to significant savings.

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<sup>2 2</sup> Policy Research Institute on Ageing and Ethnicity (PRIAE), “Minority Elderly Care: Country Profile” [http://www.priae.org/past\\_projects.htm#5](http://www.priae.org/past_projects.htm#5) ; This research undertaken in 5 European Countries demonstrated the difficult access of Black and Minority Older People<sup>2</sup> to health care services.

Investigating on discrimination in access to health care should be included in the work carried out in the area of health and social exclusion.

- Not only access to health care should be tackled but a whole range of health related questions, such as for instance, access to health care insurance. The Commission and Member States are looking for solutions to lighten the impact of an ageing population on public finances. Some Member States already propose to individualise health risk and promote the systematic use of private health and dependence insurance. We believe a clear social assessment of these measures on vulnerable groups should be carried out, taking into account the question of age discrimination.

### **3.2 Research on innovative medicines and treatments**

AGE supports the Commission's view that research on innovative medicines and treatments needs to be promoted more actively at EU level. For example, there is an urgent need to boost research on medicines to replace antibiotics which are becoming inefficient as a result of irrational use during the last decades.

Research on age related diseases including mental health should also become a priority at EU level: depression and all forms of age related dementia not only result in enormous amount of suffering and misery among the elderly and their families, but these diseases represent also a considerable financial burden to Member States' health budget.

Finally, the latest OECD report on health raises awareness on the waste of resources caused by inadequate use or over-consumption of medical treatments and pharmaceutical products. More research is needed to help Member States develop guidelines on rational use of medical treatments, pharmaceutical products and health resources.

### **3.3 Health professionals**

We welcome Commissioner's Byrne proposal to address the issue healthcare professionals shortages. The EU member states face shortages in health professionals for various reasons:

- The number of students allowed to access medical schools is restricted in most Member States and does not take account of future needs. Shortages of doctors are already predicted in the near future and are not due to a lack of interest from young students but to restrictive measures that have been imposed on universities.
- Soon after the end of their studies, a high number of trained nurses and health professionals seek employment in another sector due to the poor working conditions in the health sector.
- There is no or poor training for healthcare professionals in some areas such as gerontology or nursing care for the dependent elderly despite huge identified and predicted needs.

- Older people's organisations are extremely concerned about the consequences of staff shortages in the health care area, including nursing homes, on the quality of care provided. Older people and their representatives are alarmed by the rise of abuses and ill-treatments resulting – among other - from the lack of personnel and support for care in all settings, be it in institutions, in hospitals or in the family context.
- AGE therefore encourages strongly the Commission to integrate issues of violence within the future EU health strategy. We believe the EU should target its action toward “vulnerable groups” to ensure their specific needs are addressed.
- AGE believes that the EU has a role to play in promoting the development of respite care and training for family carers of older dependants. AGE believes this is one of the biggest challenge EU health care systems will have to face in the coming years. Promoting support and training for informal carers of older dependants, most of whom are older people themselves, should therefore also be part of the future EU health strategy.
- Huge emphasis is put on the development of centres for excellence despite the fact that the bulk of health needs are met by primary care services. More focus is needed on the development of efficient primary care services all around the EU.

#### **4. Toward a European Strategy enabling Good Health for All: AGE recommendations**

AGE welcomes the approach to promoting good health for all rather than curing and would like to make the following recommendations for the future EU Health Strategy:

- Preventing communicable and non-communicable diseases and injuries should become a EU priority not only in the employment field;
- The clear link between social exclusion and poor health - paying special attention to the situation of the very elderly - needs to be addressed in the EU Health Strategy, and common objectives and indicators should be agreed;
- The strong gender dimension of health should be adequately addressed;
- Special attention should be devoted to the promotion of healthy ageing in an integrated approach as promoted by WHO;
- The EU future Health Strategy should make concrete proposals on measures to promote citizens' empowerment to make the right choices, ensuring in particular that choice is available and affordable for all;

- All stakeholders (EU and national public authorities, industry, health professionals) should take up their responsibilities, not only citizens;
- Health prevention and promotion should include strong and coordinated actions on tobacco, alcohol and pharmaceutical abuse as well as on nutrition and should focus on specific groups who are particularly vulnerable: young people, the elderly, women, etc. Full disclosure of research findings which can have an impact on public health should be required at EU level.
- Direct to the Consumer Advertising (DCA) should remain forbidden in the EU;
- EU wide campaigns should be launched to promote healthy lifestyles and should be targeted toward specific groups: the youth, the elderly (including fighting malnutrition among the very elderly), women (given the prominent role they still play in the nutrition of the whole family). These campaigns should take on board the huge diversity that exists within these groups;
- When aiming at making health systems more efficient and costs effective, the EU needs to bear in mind its fundamental principles of universality, accessibility and quality care for all;
- A pan-European investigation on discrimination in access to health care should be conducted by the Commission.
- The impact on vulnerable groups, including older people, of the new trend to individualise health and dependency risks should be assessed at EU level and information should be shared among member states and relevant stakeholders including citizens groups.
- The issue of healthcare professionals training, recruitment and retention needs to be addressed in the EU future Health Strategy: Coordinated research on the future needs in terms of health professionals including in the field of geriatrics and gerontology should help member states adapt their training and recruitment procedures accordingly;
- Research including genomic research should be promoted not only on communicable diseases such as HIV/AIDS and TBC but also on treatment to delay onset or cure aged related non communicable diseases (Alzheimer disease, Parkinson disease, depression, cancer, diabetes, cardiovascular diseases, etc.) as they impact so heavily on people's health and healthcare systems;
- Research on resistance to antibiotics should be actively pursued;
- Encouraging a multi-sectorial stance and involving a wide range of stakeholders should be encouraged to put health challenges into perspective. This should be extended to include supporting partnerships that embrace the most vulnerable groups in our society. For example, in the context of an ageing population, including citizens, individually and collectively and providing

them with the tools, opportunity, support and capacity to look after and take responsibility for their health is a necessity;

- Develop strong synergies between the EU Health Strategy, its Sustainable Development Strategy and the Streamlining Process on Social Protection and Social Inclusion in the framework of the Open Method of Coordination;
- Develop better coherence between the work that the EU, WHO and OECD are doing on health.

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