

Green Paper on Ageing ESIP replies to the public consultation

21-04-2021

1. How can healthy and active ageing policies be promoted from an early age and throughout the life span for everyone? How can children and young people be better equipped for the prospect of a longer life expectancy? What kind of support can the EU provide to the Member States?

In light of demographic change, fostering active and healthy ageing should be treated as a priority in all public policies supporting health promotion and prevention. Health promotion should be integrated in early and further education programmes, in all forms of trainings and maintained throughout the entire working life. Effective preventive measures are crucial to reduce the impact of health risk factors and prevent work-related accidents and illnesses. The exchange of best practices in the field of prevention should be promoted, with attention to the transferability and feasibility of those practices. At EU level, actions in this field should be linked to all relevant initiatives, e.g. the Farm to Fork Strategy, and the EU's Beating Cancer Plan, when it comes to promoting healthy nutrition and tackling the causes of preventable cancers. Specific measures should also target mental health. The shift from treatment to prevention would promote better quality of life and the sustainability of healthcare systems.

To support the inclusion of all children, including the most vulnerable, and foster their future employability and autonomy, access to high-quality early childhood education and care (ECEC) is essential. It also contributes to curbing demographic change by enabling families to have children and supporting the work life balance of parents. It then generates additional social contributions and tax revenues from parents' increased economic activity, helping to reduce the rising cost of dependent elderly care, borne mostly by women. With its Strategies touching upon ECEC, such as the Child Guarantee and the Disability Strategy 2021-2030, the Commission could support Member States in ensuring that ECEC is accessible, affordable and of high quality, open to all children, with flexible enrolment hours and highly trained staff. The Commission could also support the collection of statistics on the effectiveness of investment in ECEC.

As for the support provided through EU funding, ESIP welcomes the reinforced EU4Health programme and calls for the rapid disbursement of funds in the area of health promotion and prevention of aging-related diseases. We also welcome the commitment within the ESF+ to dedicate 5% of funding to the fight against child poverty and recommend increasing funds allocated to programmes supporting better work-life balance (WLB), especially for the development of high-quality ECEC.

ESIP aisbl

Maison Européenne de la Protection Sociale

Rue d'Arlon 50 • 1000 Bruxelles • ☎ +32 2 282 05 60 • 📠 +32 2 282 05 98

✉ esip@esip.eu • 🌐 www.esip.eu • 🐦 @ESIP_EU • VAT: BE 0808.072.950

2. What are the most significant obstacles to life-long learning across the life cycle? At what stage in life could addressing those obstacles make most difference? How should this be tackled specifically in rural and remote areas?

Life-long-learning contributes to managing the challenge of demographic change. Awareness raising on health and safety risks as well as digital skills must be continuously developed. Digitalisation and the rapidly changing world of work requires employees of all age groups to update their skills, in some cases entirely from scratch. It can be a challenge to acquire or try out new learning strategies and mechanisms in order to “re-learn learning”. It can be advantageous to design learning opportunities as part of work structures that promote performance, learning and health, ideally with the participation of those affected.

3. What innovative policy measures to improve participation in the labour market in particular of older workers should be considered more closely?

In order to foster inclusive labour markets and in line with principle 3 of the European Pillar of Social Rights (EPSR), further support should be provided to integrate groups which are underrepresented on the labour market such as persons with disabilities and older workers. The Commission should support the implementation of the right to work of persons with disabilities, as enshrined in Article 27 of the UN CRPD, including those who acquire a disability during the course of employment, and build synergies among EU initiatives.

Since work constitutes a major part of people’s lives, safe and healthy workplaces are important for people's wellbeing and healthy ageing, including a working environment that corresponds to their professional needs. In this regard, working time models and age-adjusted or adaptable workplaces play a decisive role for motivation, health and maintaining employability.

The EU should support Member States in developing return to work (RTW) strategies, providing operational guidelines and an EU-level review of best practices. Prevention and wellbeing at work, vocational rehabilitation and promoting a holistic rehabilitation concept are integral parts of strengthening individuals’ employability throughout their working lives. Supporting people in the work-reintegration process is an economic investment that pays off for employers, social security systems and societies alike.

For those who are exposed to severe physical and/or psychological stress in their job and who, despite all these measures, cannot pursue their job until retirement, the prospect of changing jobs should be provided at an early stage. This “new” occupation should present fewer or different challenges but should be located on a similar qualification or hierarchical level. Workplace and job management should supplement health and occupational safety measures.

While best practices must remain suited to the national context and may not be applicable in another country, the experimental measure implemented by the INPS – member of ESIP – to support employment of women and young people through an exemption of social

contributions for employers is another practical example to facilitate an inclusive labour market across gender and age groups.

5. How can EU policies help less developed regions and rural areas to manage ageing and depopulation? How can EU territories affected by the twin depopulation and ageing challenges make better use of the silver economy?

Rural areas often lack a well-functioning healthcare and public transport infrastructure. As a result, timely access to healthcare services, early diagnosis and screening programmes is hindered, especially for vulnerable older people with reduced mobility. This puts their health at risk and increases the financial burden on healthcare systems for late treatment.

The development of remote medicine can help ensure adequate and equitable healthcare coverage for people living in rural areas and less developed regions, including the elderly, and should be coupled with reinforced community-based services, in respect of principles 16 and 18 of the EPSR on equitable access to healthcare and long-term care. An example of digital good practice is TEMPiS, a telemedical project for integrated stroke care in South East Bavaria, and the well-established service of teleconsultations offered in France. Both services are financed by the National Health Insurance institutions.

EU funding, particularly under EU4Health, should support the development of such projects. An exchange of good practices at EU level could help local authorities as well as social security institutions address the ageing trend, while promoting healthy standards of living.

The shift to telemedicine also needs to consider the digital divide in order to remain inclusive and avoid creating new inequalities. Consideration must be given to existing inequalities in access to technologies in the field of health and beyond, due to factors such as low income, lack or loss of skills, lack of infrastructure or simple choice. Investments need to be undertaken to promote digital health literacy across all age and social groups and build the necessary digital infrastructure at territorial level. While providing people with the necessary digital skills and tools to benefit from online processes, face-to-face and paper-based services should remain an option. Importantly, physical access to healthcare services shall be further developed and fostered through innovative measures, such as an incentives scheme, and guaranteed in rural areas. Actions in this context could be linked with the Smart and Sustainable Mobility Strategy to help better connect (older) people and patients in remote areas with hospitals and healthcare hubs. The EU Cohesion Policy Funds could also be used to organise mobile healthcare units such as those for cancer screening mentioned in the EU's Beating Cancer Plan.

7. Which services and enabling environment would need to be put in place or improved in order to ensure the autonomy, independence and rights of older people and enable their participation in society?

Overall health promotion and prevention is crucial to increase older people's autonomy and independence thus ensuring their purposeful and fulfilling participation in society. This

would be reflected in longer and healthier (working) lives, contributing to the sustainability and resilience of social security systems.

Making sure that older people remain in control of their own lives and care as long as possible is the basis for an active and healthy ageing. All policies should contribute to empowering older people and involving them in any decision-making processes which directly or indirectly impact their lives. This includes involving older people at every stage of the digital transformation process, in order to accommodate their needs and create trust while bridging the digital divide and promoting digital literacy across all ages as well as social groups.

9. How can the EU support Member States' efforts to ensure more fairness in the social protection systems across generations, gender, age, income groups, ensuring that they remain fiscally sound?

Social protection schemes in the EU are under strain as ageing increases demand for medical and long-term care (LTC) and old-age spending. To ensure adequate social protection for all workers, the Commission should continue to support implementation of the Council Recommendation on access to social protection and foster mutual learning between social security experts. The EU could support evidence gathering on the coverage of atypical workers and the collection of their contributions. The ESIP study on the coverage of platform workers, currently being updated, contributes to exchanges in this respect.

In the field of health and LTC, investing in prevention, health promotion – including mental health – and health literacy across the lifespan is key to improve quality of life and care as well as fiscal sustainability. Digital health solutions, coupled with strengthened community-based services, should be developed especially in rural areas. Fair access to healthcare and LTC could also be improved by investing in a qualified workforce. The 2012 Action Plan for the EU Health Workforce should be updated and supported by EU funding e.g. EU4Health.

In the field of pensions, individuals should be aware as early as possible of the need to accrue contributions for retirement. The EU should continue to support projects to improve pension literacy e.g. the European Tracking Service as well as the development of national pension tracking websites and calculators.. The Commission could raise awareness on available support under the Technical Support Instrument. As for sustainability, the exchange of best practices on facilitating healthy working lives should be enhanced. However, while life expectancy can be reflected in retirement age, higher life expectancy does not equate an increase in healthy life years. The automatic coupling of retirement age to life expectancy and limitations to early retirement should be decided by Member States.

To support gender equality, attention should be paid to policies improving the labour market participation of parents, namely women. Investment in high-quality ECEC is key to ensure WLB and tackle child poverty. Such services must be affordable and available during business hours to allow higher participation and could be expanded through EU funding.

10. How to reduce and combat the risk of poverty among older people?

The EU could assess the beneficial effects of statutory minimum pension and old-age income schemes in the EU, by dedicating a specific chapter on adequate minimum pensions in the forthcoming Pension Adequacy Report due to be published this year.

11. How can we ensure adequate pensions for those (mainly women) who spend large periods of their working life in unremunerated work (often care provision)?

To ensure adequate pensions for women it is crucial to increase women's participation in the labour market, especially in full-time or near-full-time jobs and in professions with higher wage levels. An indispensable prerequisite for this is a better reconciliation of work and family life for instance by encouraging both men and women to carry a fair share of care responsibilities. This can help reduce the gender pay and pension gaps. Remote work can also play an important role in promoting inclusion and participation of women in the labour market and improving the balance between life and work, with a particular focus on encouraging men to equally share the duties of unpaid care and domestic work. It is crucial that both men and women are offered equal opportunities to work remotely and better combine work and life responsibilities.

For those who have spent periods of their working life in unremunerated work, best practices exist in many pension schemes to compensate career gaps. These include the assimilation of periods of care to periods of work, or the provision of derived pension rights for dependent spouses, widows and in some countries for a divorced partner. The Commission could play a role in supporting the exchange of best practices.

13. How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?

As representative of statutory health insurers, ESIP's goal is to guarantee universal access to an adequate level of healthcare based on the principle of solidarity. However, high prices of medicines increase pressure on national healthcare budgets and jeopardise timely and fair access to medicines for patients. Actions to guarantee equitable access, increasing medicines affordability and promoting fair competition for generics and biosimilars, will be undertaken under the Pharmaceutical Strategy for Europe and particularly the revision of the pharmaceutical legislation, which ESIP is closely following. This will benefit patients, including vulnerable older people who are more at risk of chronic and comorbid health conditions.

A comprehensive policy response to demographic challenges should involve investment on healthcare research and innovation. It is crucial to ensure that such investment reflects patients' and societal needs. For that purpose, national statutory health insurance institutions should be involved in setting the research priorities. Increased transparency of research and development (R&D) and production costs is needed, particularly when public funds are used,

in order to ensure public return on public investment and maintain the system financially sustainable.

Overall, our shared goal is to maintain healthcare systems sustainable, accessible for patients and responsive to their needs. A health-in-all-policies approach, supporting health promotion and prevention, will improve overall quality of life and foster the shift from treatment to prevention and self-care, thus alleviating the pressure on healthcare systems. New digital solutions can contribute to this shift and investment is needed – e.g. under EU4Health – to boost digital health literacy and the digital transformation of health and care. Furthermore, the development and simplification of the joint procurement mechanism at EU level would maximise the options for Member States to participate, potentially increasing their bargaining power, and thus supporting the financial sustainability of healthcare systems. Finally, while pricing and reimbursement is a national competence, the EU should support and foster the exchange of innovative practices - including procurement practices - building on the example of valuable regional initiatives like BeneluxA, Finose and Valetta.

14. How could the EU support Member States in addressing common long-term care challenges?

As the demand for long-term care will increase as a consequence of population ageing, innovative solutions allowing tailored and high-quality care for older people wishing to remain at home should be promoted. This would also contribute to reducing the burden of care on informal carers, especially women, and promote their WLB as well as higher participation in the labour market. An example in this field is the project developed by Mutualité française (FNMF) – member of ESIP – in cooperation with the French Red Cross and Hospitalité Saint Thomas de Villeneuve, aimed at providing adapted care to older people at home, in a safe environment and with the assistance of trained professionals. Another example is an initiative currently piloted by the Austrian statutory pension insurance providing a four weeks' rehabilitation programme to support informal caregivers in managing the double burden of work and informal care responsibilities. Existing good practices in this field should be explored and promoted across Europe. The InvestEU programme and particularly the cluster on social investment and skills could provide funding in this area.

Funding under the EU4Health programme for disease prevention, healthy lifestyles and overall health promotion would also contribute to reducing the impact of non-communicable, chronic and age-related diseases, disorders and disabilities in line with Goal 3 of the UN 2030 Agenda Sustainable Development Goals, thus alleviating pressure on healthcare and long-term care systems. Specific actions on health promotion should also address mental health throughout the lifetime.

Finally, ESIP calls to foster synergies between the Green Paper, the future initiative of the Commission on long-term care and other relevant initiatives in the field of health particularly the EU's Beating Cancer Plan. Cancer mostly affects older people who are likely to suffer from pre-existing (chronic) conditions. The issue of comorbidities is closely – but not solely – related to cancer care in old age as complications are very common in patients and survivors

in need for long-term care. The issue of comorbidities should be more thoroughly considered and addressed in the implementation of the Cancer Plan, in conjunction with the affordability agenda under the Pharmaceutical Strategy as well as the Green Paper on Ageing, to the benefit of patients, especially vulnerable older people, suffering from chronic and multiple conditions.

15. How can older people reap the benefits of the digitalisation of mobility and health services?

The development of (digital) health tools offers new channels of access to social rights and services for (older) people, particularly in rural and isolated areas where access to primary and specialised health services is often limited. ESIP members have developed a number of digital tools including information portals and digital apps, which build knowledge of the services available across their countries. The EU should promote access to digital tools while maintaining complementarity with physical access to local public services, and introducing innovative measures to attract primary care providers, amongst others, also to rural areas. GDPR-compliant digital health technologies can facilitate (older) patients' access to medicine while improving the overall sustainability of healthcare systems by fostering the shift to prevention and early treatment. In this field the EU should continue to support cross-border access to and exchange of electronic health records (EHR) and electronic prescriptions to ensure continuity of care. Standards for compatibility, comparability and interoperability of national and international datasets should be developed in the framework of the future European Health Data Space (EHDS).

The shift to telemedicine also needs to consider the digital divide in order to remain inclusive and avoid creating new inequalities across age groups. Consideration must be given to existing inequalities in access to technologies in the field of health and beyond. In this context a common goal of EU legislators and Member States must be improving the digital health literacy of (older) patients as well as healthcare professionals. Investments need to be undertaken to make sure that all parties involved have adequate knowledge and skills to interpret and handle the required digital parameters. Finally, it is essential to involve (older) patients at every stage of the digital transformation process in order to accommodate their needs, create trust and empower them.

