European innovation partnership on active and healthy ageing

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The Committee on the Environment, Public Health and Food Safety adopted the own-initiative report by Kartika Tamara LIOTARD (GUE/NGL, NL) entitled 'Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing'

The Committee on Employment and Social Affairs exercised its prerogatives as an associated committee under Rule 50 of the Rules of Procedure on this report.

Members welcome the Commission's proposal for a European Innovation Partnership which promotes a new paradigm viewing **ageing as an opportunity for the future rather than a burden on society** and which is not limited to technical (ICT) innovations.

They call for a clear and unambiguous strategy which promotes the role of older people, and include research into new forms of occupation suitable for older them. They note that the ageing society is attributable to demographic change (declining birth rates) and that this part of the population should benefit quickly from suitable infrastructure, services and instruments.

Stressing the differences between Member States in this area, Members underline that participation on **equal and non-discriminatory terms** is also a fundamental right of older members of society.

The report points to the need to ensure both **employment and voluntary work opportunities** for older people, as well as to ensure appropriate **care** and services. It also deals with the question of **active and healthy ageing**. In this area, Members encourage the Commission and the Member States to consider health as a **horizontal issue**, by incorporating health issues into all relevant EU policies, including social security and social protection, employment and economic policy, gender equality, and non-discrimination policies.

Recalling the Commission's proposal to **increase the average number of HLY (Healthy Life Years) by two years,** Members encourage the Commission's proposal to act as a facilitator and coordinator of the European partnership on active and healthy ageing (EIP-AHA). They remind the Commission that the **restrictions and limitations in regard to healthcare**, care services, social protection and social security adopted and implemented by the Commission and/or the Member States in an effort to make **should in no way interfere with or negatively affect basic human needs and dignity.**

The report goes on to discuss the 3 pillars of active and healthy ageing:

Pillar 1: Prevention, screening and early diagnosis: in general terms, Members invite the Commission and Member States to tackle structural issues, including health illiteracy. Serious efforts are needed with regard to prevention and the promotion of a **healthy lifestyle**, to delay or reverse the progression of disease in the early stages. Whilst supporting the Commission's approach with regard to health promotion through integrated programmes, Members stress the need to investigate if illnesses are linked to individual behaviour, or environmental conditions (air quality, water quality, noise reduction, waste management).

The report supports the Commission's approach in regard to increasing physical activity levels of the population. Industry and business are asked to get involved in this area. Members again call on the Commission to give priority to factors that may influence how people in Europe age, such as high rates of alcohol and tobacco consumption.

Pillar 2: Care and cure: Members support the Commission's objective to further develop integrated care and cure systems. They invite Member States and competent authorities to develop national, regional and local care and cure systems that incorporate a **holistic and integrated approach to the management of age-related diseases**.

While acknowledging that a client/patient-centred approach is necessary, they believe that the costs of such an approach should not be met solely by the individual but should be considered as a **societal responsibility**, guaranteeing inter- and intra-generational solidarity. They also discuss eHealth services and their impact on the costs of healthcare.

At the same time, the report acknowledges that the continuous increase in overall healthcare and social support costs cannot be attributed to an ageing population alone. Where the burden of healthcare costs is increasingly borne by the individual, this being likely to create a vicious circle whereby people's health and wellbeing are put at risk as they might be compelled to reallocate their often limited resources or abandon treatment.

On the matter of retirement, Members maintain that further reforms of pension systems are necessary with special attention to reducing the gender pay gap. They stress the need for personal responsibility, bearing in mind that **individuals also need to think about what they can do to secure their pension age**. They stress the need to achieve equal opportunities for all European citizens in the field of healthcare.

Pillar 3: Active ageing and independent living: lastly, Members discuss the issue of encouraging older people to live independently in their own homes for as long as is viable, stressing that the solution is **inter-generationally and comprehensively active neighbourhoods**. They consider that the Ambient Assisted Living Joint Programme is an important instrument for the deployment of technical resources to facilitate daily life. Members recall the need to fight information isolation among the older generation, and to ensure decent and safe housing in both rural and urban areas.

At the same time, Members propose that measures be taken to encourage **retirement combined with some form of activity**. They also reiterate their point of view that the labour market should remain open to older people.

The draft resolution concludes with a discussion of several horizontal issues, amongst which figure age-friendly innovations and services. It also discusses the importance of supporting older volunteers and intergenerational volunteering.