

An EU perspective to declining populations and healthcare

Konstanty Radziwill

Standing Committee of European Doctors (CPME)

Demographic trends in the EU

Eurostat predicts that, under normal conditions, the EU-27's population will be fairly unchanged through to 2025, after which it is expected to contract. In the period up to 2025, modest population gains are expected among most of the EU-15 Member States (except Italy), whereas the populations of most of the Member States that joined the European Union in 2004 or 2007 are expected to contract (other than in Malta and Cyprus where there will be considerable growth).

What is most striking are the predictions for the big EU-6. In terms of their current populations, these are Germany (82.2m people), France (61.9m), the UK (61.3m), Italy (59.5m), Spain (45.3m) and Poland (38.1m). By 2060, the order will have dramatically changed. In first place, says Eurostat, will be the UK (76.7m people), followed by France (71.8m), Germany (70.8m), Italy (59.4m), Spain (51.9m) and Poland (31.1m).

In other words, Germany and Poland are forecast to suffer catastrophic population falls of 13.9 per cent and 18.3 per cent respectively over the next 50 years. From being the EU's largest country with more than 20m people than second-ranked France, Germany will tumble into third place. Poland, not far behind Spain today, will fall way back, with 20m fewer people than Spain in 2060.

The impact of demographic change within the European Union is likely to be of major significance in the coming decades. Consistently low birth rates and higher life expectancy will transform the shape of the European Union's age shape; probably the most important change will be the marked transition towards a much older population and this trend is already apparent in many Member States. The share of older persons in the total European Union population will increase significantly from 2010 onwards, as the post-war baby-boom generation reaches retirement. These demographic trends have economic and social consequences, and were addressed by a European Commission communication from 21 May 1999 titled 'Towards a Europe for all ages – promoting prosperity and inter-generational solidarity', which encouraged active ageing and equal opportunities. More recently, the European Commission also published its "2009 Ageing report: Economic and budgetary projections for the EU-27 Member States (2008-2060)". In addition, the (revised) Lisbon strategy pays particular attention to the demographic challenges that face the Union in relation to policies for economic growth and social cohesion.

Gauging how an ageing population affects health care demand

According to UN World Population Prospects, the European continent is the only region in the world whose population is set to decrease in the years to come, with a growth rate of -0.28 per cent. The proportion of children is projected to decline from 17 per cent in 2000 to 15 per cent in 2050. At the same time, by 2045-2050, people will live longer as life expectancy in Europe is

expected to rise to 80.5 years from the currently estimated 73.2 years. There will also be more elderly people as one-third of Europe's population will be at least 60 years old by 2050.

The European Union is tackling the economic, employment and social implications of ageing as part of an "overall strategy of mutually reinforcing policies", launched at the Lisbon European Council in March 2000, and confirmed at subsequent European Council meetings in Nice, Stockholm, Gothenburg and Laeken.

The Social Policy Agenda, annexed to the Nice European Council conclusions, lists EU policy priorities in employment and social affairs, outlining how Member States can deal with the wider social and work life-related implications of ageing through mutually reinforcing employment, social protection and economic policies. Active ageing policies and practices are being encouraged, including life-long learning, working longer and retiring more gradually, being active after retirement, and engaging in health sustaining activities.

Responding to a request from the Gyorg European Council, the Commission presented a communication in December 2001, entitled *"The future of health care and care for the elderly: guaranteeing accessibility, quality and financial viability"*. The Communication proposes three common EU objectives for healthcare and care for the elderly:

- accessibility,
- improvement of quality and
- financial viability.

These objectives were identified after considering the main challenges of national care systems in the EU. Public expenditure on health care is to increase between 0.7 and 2.3 GDP points, or even more, for the period 2000-2050 considering the emergence of more unstable family structures that could undermine traditional family care. While technical progress entails large benefits for citizens it also raises the question of funding and of who is to bear the burden of expenditure. In view of the spread of the new information technologies, medical information should be made more widely available.

The ageing of Europe's population raises a number of important questions, notably:

- managing the economic implications of ageing;
- adjustment to an ageing and shrinking workforce;
- ensuring adequate and sustainable pensions;
- securing access to high quality health care for all, and;
- ensuring the financial viability of health care systems.

New healthcare needs:

In order to effectively respond to the challenges of an ageing European population, it is important to respond to new emerging healthcare needs, notably:

- Given the EU's current demographic and social changes, there will be greater demands for medical care overall, mainly in the field of **primary care**. Available data indicates that individuals over 65 and over 80 years are the patient groups that have the most contacts with primary and certain areas of specialist ambulatory care.

- There should be more emphasis on **preventive and health promoting services** in order to increase the healthy life years of the ageing population.
- **Lack of accessibility of healthcare services and providers** which may occur in certain rural or remote areas (as of a result of rationalising of health budgets in certain countries, which has been made worse by the current economic crisis) must be addressed as a matter of urgency.
- **Rise in chronic disease sufferers** among ageing population will need appropriate structures and properly trained care takers.

Possible strategies to ensure healthy ageing in the EU

To improve the overall health of the population, it is necessary to have a **good health care system in place**, guarantee an adequate standard of living and better education, to encourage healthier lifestyles and adopt a prevention-based attitude.

The rise in the number of chronically ill patients and patients over 65 years of age will lead to greater demands for medical care overall, mainly in the field of **primary care**. Therefore, it is key for European states to factor in this trend in order to respond appropriately to the health needs of its populations.

Comprehensive, holistic geriatric assessment and integrated care can be of great benefit to maintaining the quality of life of older people and to the efficacy (and therefore the sustainability) of health systems.

Public health policies need to promote social participation, care, and dignity of older people to encourage **healthy ageing**. Healthy ageing practices may support cost-efficient ways to the supply of informal care and expand formal health and care provisions, as well as progress in aids and assisting technologies.

Telemedicine could potentially play a very important role in helping to address the health needs of an ageing population particularly in regions where there is a decline in population. Telemedicine could help make health services more easily accessible, thereby increasing the prospects of healthy life years for ageing populations. In addition, this cost effective technology could help contain costs and enable chronically ill patients to manage their illnesses at home, thereby improving their autonomy.

Since **nutrition** plays a key role in health and healthy lifestyles across the lifespan, this should be at the heart of EU and national health promotion and prevention programmes. Malnutrition in old age is increasingly recognised as a real issue in formal care settings as well as in the community.

Long-term care services are crucial to the welfare of older people. As the numbers of older people rise throughout Europe, the increases in the number of patients and in spending rates are expected to grow dramatically.

And finally, **awareness and training of healthcare professionals** concerning ageing and age related diseases could also be promoted in order to make them more aware of the different care needs in old age.

A policy on its own will not suffice to address the inherent challenges linked to declining populations and their health needs. Instead a combination of policies will be needed.

Conclusion

Europe's ageing population is putting pressure on health care budgets. The current financial crisis and rising costs impact on health care systems across the continent and also affect Europe's wider economic prospects. Health policy makers need good-quality information so they can accurately project future costs and demands for care. New projections and scenarios for health care demand must be created if Europe is to meet the challenge of providing decent care for its ever-ageing population. Health care professional organizations should be included in the process of finding solutions for ageing and declining populations.

Source

Eurostat Key figures in Europe, 2009 edition

AHEAD project

European Commission Communication on [Ageing and health](#)

European Commission Communication [The future of health care and care for the elderly: guaranteeing accessibility, quality and financial viability](#)

European Commission report: [2009 Ageing report: Economic and budgetary projections for the EU-27 Member States \(2008-2060\)](#)

European Commission