

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING

BEUC response to the public consultation

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Summary

- Innovation can play an important role in order to help older people to live longer and better but it should not be seen as the only solution to the problem.
- For this reason we encourage the Commission to put more emphasis on prevention and health promotion, giving consumers adequate tools to make informed and healthy choices. This includes:
 - the provision of complete, reliable and clear nutritional information on food products;
 - the reformulation and the innovation of food products to reduce saturated fat, salt or sugars;
 - protecting vulnerable consumers - especially children - from unethical marketing practices that encourage the consumption of unhealthy products;
 - the provision of unbiased and non promotional information on health, diseases and treatments.
- To ensure healthy ageing all consumers should have access to high quality health care, including safe, affordable and innovative medicines.
- The use of ICT solutions, including e-health, should take into account the digital divide between generations and also safety and privacy considerations.
- To respond to the specific needs of older consumers, a more comprehensive approach is needed encompassing financial services, food, health, social, education, transport and infrastructure policies.

BEUC welcomes the opportunity to contribute to the discussions on the European Innovation Partnership on Active and Healthy Ageing (EIP). The specific questions drafted by the Commission mainly concentrate on innovation while we would like to focus the attention on active and healthy ageing. In particular we would like to make the following comments and suggestions:

- We are pleased that health is the first topic addressed within the Europe 2020 flagship initiative, trusting that this demonstrates the Commission's commitment to enhanced health policies and strategies for the benefit of consumers. The ageing of the population represents a major challenge for our society and it is necessary to find adequate approaches to this issue. Innovation can play an important role in order to help older people to live longer and better but it should not be seen as the only solution to the problem.
- We encourage the Commission to take into account the whole human life course and not to focus only on treatments and technology but to put more emphasis on prevention and health promotion, taking also into account that elderly people are usually affected by several health problems, thus a disease specific approach is not appropriate.
- Healthy ageing starts in early life. In some EU countries, over half of the adult population is overweight and one child out of five is obese. Cardio-vascular disease is the cause of almost half of the total deaths in Europe, and almost one third of these cases are due to diet. Type II diabetes, which is also closely linked to diet and obesity, is also on the increase. Although the solution to the problem of obesity involves many factors, diet plays a key role. That's why it is important to give consumers the possibility to make healthy choices by reformulating or innovating food products to reduce saturated fat, salt or sugars, and protect vulnerable

consumers - especially children - from unethical marketing practices that encourage the consumption of unhealthy products.

- Even if more consumers are becoming aware of the link between what they put on their plates and the effect this has on their health, they are often bewildered when they look at the labels on food products: either the nutritional information is hardly legible, incomplete or difficult to use to make comparisons between products (see also BEUC position on the proposal on the provision of food information to consumers¹), or they are misled about the nutritive value and benefits of products through the use of exaggerated or false claims².
- To ensure healthy ageing all consumers should have access to high quality health care, including safe, affordable and innovative medicines.

The ageing of the population is endangering the sustainability of the health care systems. Hence, it is even more essential to make a more efficient use of resources and reward truly innovative treatments that are cost-effective and have an added therapeutic value. To achieve this, health technology assessment (HTA) should be used more consistently and sensibly in all Member States, avoiding duplications. In this context, BEUC is committed to continue providing input to the EUnetHTA stakeholder forum³.

Annex III of the Communication on the Innovation Union⁴ refers to the improvement of rules for fast-tracking assessment procedures of new medicines by the European Medicines Agency. We hope that this will not imply a shift towards more conditional marketing authorisations. The current assessment procedures ensure a good balance between speed approval of treatments and adequate evaluation of the benefit/risk balance.

The real barriers to innovation in the pharmaceutical sector have been well outlined in the Commission Communication on the pharmaceutical sector inquiry⁵ that showed that pharmaceutical companies adopt specific strategies to delay the entry of generic and innovative medicines to the market. The report also highlights the need to establish an EU patent and litigation system to avoid inefficiencies and promote innovation. In addition it shows that pharmaceutical companies spend more on marketing activities than in research and development of new molecules. We strongly encourage the Commission to address these issues to remove what we consider the real barriers to innovation in the pharmaceutical sector. Moreover effective measures should be taken to ensure the affordability of medicines which can be a problem especially to elderly people.

New medicines are usually not tested in elderly people even if they are their major users. It is therefore vital to study the effects of medicines in older people, with a special attention to interactions, and encourage them to report adverse drug reactions (see also BEUC position on pharmacovigilance⁶).

¹ <http://docshare.beuc.org/Common/GetFile.asp?ID=25633&mfd=off&LogonName=Guesten>

² Regulation (EC) No 1924/2006 on nutrition and health claims made on foods

³ http://www.eunetha.net/Stakeholder_Forum/Stakeholder_Group/

⁴ European Commission Communication on Europe 2020 Flagship Initiative, Innovation Union, SEC(2010) 1161, Annex III, pag. 2.

⁵ Pharmaceutical sector inquiry, Final report, July 2009.

<http://ec.europa.eu/competition/sectors/pharmaceuticals/inquiry/index.html>

⁶ <http://docshare.beuc.org/Common/GetFile.asp?ID=28831&mfd=off&LogonName=Guesten>

- Active and healthy ageing requires high quality and unbiased information about health, medicines and treatment. In this respect, it is important to make a clear distinction between information which is genuinely intended to inform and information that is designed to increase the sale of a specific product, namely medicines, medical devices (see also BEUC position on information to patients⁷).
- E-health and ICT solutions can play an important role to make health care systems more efficient and more responsive to the need of elderly people but at the same time it is important to bear in mind that the digital divide between generations affects particularly the elderly; in addition to lack of digital expertise of elderly people, most ICT products do not provide a “design for all” when it comes to their applications and functionalities - and those which are adapted are more expensive, restraining thus access to them. For instance, elderly people cannot always read the screen or use their mobile in order to access the Internet, let alone that most web pages are not designed with the needs of visually impaired people.
- The starting point of innovation and ICT in health care should be the needs of consumers with enough consideration for the privacy of the patient and the protection of her/his medical data.
- The safety and the quality of telemedicine applications and procedures should be carefully assessed and guaranteed by the national competent authorities.
- The follow-up of some medical parameters can be recommended for some chronic diseases. Of course, the equipment has to be reliable and follow-up has to be guaranteed by medical staff.
- According to our members there are many new technologies that are already on the market or that are currently tested (such as patient suitcase for rehabilitation at home, safety sensors, etc) but there is the need to better integrate these solutions and make sure they are affordable. To facilitate the uptake of innovative products it is necessary to involve consumers since their development in order to be sure they truly meet their needs.
- The uptake of innovative solutions should not broaden the already existing inequalities both within and among Member States.
- Innovation should not be considered only in relation to products and services but also for new models of governance and in the design of health and social systems to foster intergenerational solidarity, family intergenerational interdependence, and to prevent age and gender discrimination.
- “Active” should not necessarily equal ‘working’. Rather it should mean promoting opportunities for access to information of interest, voluntary and regular interaction within the family, the workplace and the community, stimulating physical exercise, cognitive functions, nutrition, etc.

⁷ <http://docshare.beuc.org/Common/GetFile.asp?ID=30322&mfd=off&LogonName=Guesten>

- Good examples at national level that can be followed:
 - In Portugal in the context of the National Health Plan (2004-2011) there is a specific health promotion program for elderly people. Its main objective is to allow people to have an independent life longer. The main actions are to stimulate physical activity and adapt health services to the elderly.
 - In Portugal there is also a network of continuum care that intends to help people with disabilities. It involves public, private, health and social institutions. This network also offers help to the informal caregivers (training and healthcare in case of depression, anxiety etc) and is complemented by similar projects at regional level.
 - In Andalusia (Spain) more than 36.000 participants are involved in the initiative "University lectures for elderly people" that organizes activities, workshops etc dedicated to the elderly. In addition, the Card "Andalusia sixty five" provides access to services and discounts for cultural and leisure activities and sports and has one million beneficiaries.
- Elderly people value to live in a safe way, be treated with equity and actively participate to society. To respond to their needs a more comprehensive approach is needed encompassing food, health, social, education, infrastructure and transport policies, and financial services. All instruments of consumer policy (from labelling to standardization) should take account of the specific needs of older consumers. The key requirement is clear and legible information for all consumers' goods and services including instructions for use of electronic equipment or even a washing machine, but also clear and legible contract terms requirements. In the area of financial services it is necessary to guarantee elderly people access to credit, insurances and in general decrease financial exclusion.
- BEUC is committed to be a constructive partner in this initiative but in order for our participation to be feasible and meaningful we ask the Commission to clarify its expectations with regard to the role of stakeholders and the concrete actions that will be taken. We would also like the Commission to clarify if one of the expected outcomes of the process is the development or the revision of any specific EU legislation. Finally it would be useful to clarify the link between the EIP and other EU initiatives related to ageing such as the "2012 European Year of healthy ageing", other initiatives undertaken so far by DG employment and social affairs and the Madrid International Plan of Action on Ageing⁸.

⁸ http://www.un.org/esa/population/meetings/EGMPopAge/EGMPopAge_21_RHuber.pdf