

# Prevention in an ageing world



Health and care  
Carers  
Community  
Connections  
Inequalities  
Retirement  
Prevention  
Social care



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## What is ILC-UK doing?

### Prevention in an ageing world

There is already a consensus that preventing disease and limiting long-term illness and disability are both good for our health and will play an important role in supporting the economic sustainability of health systems. But translating that consensus into sustained action can be challenging.

- ILC-UK is launching an international programme of work exploring "Prevention in an ageing world".

Through this programme ILC-UK will:

- Influence and shape the discourse around prevention to promote preventative measures across the life course.
- Examine the health and economic burden of a number of communicable and non-communicable diseases, in which there is potential for preventative interventions right across the life course.
- Focus on countries in the high and high-middle socio-demographic index in order to understand the potential for action.
- Draw together examples of effective preventative interventions and activities among adults in mid and later life and evidence the value of a range of primary, secondary and tertiary preventative interventions.

## We live in an ageing world

Across the globe, societies are getting older. People are living longer. And there is a growing shift towards encouraging longer working lives.

**Between 2019 and 2050 the proportion of those aged 50 and over will increase by 11% from 35% to 46% in high and high-middle SDI countries.\***



As countries age, it will be important to support people to live healthier lives for longer. By doing so we can not only improve wellbeing and enable people to remain active, but can also reduce dependency, bringing down the burdens on health systems.

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\*The idea of the high and high-middle socio-demographic index refers to a summary measure of socio-demographic development. It uses income per person, educational attainment and total fertility rate to develop an index that allows for effective comparison.

## But in our ageing world not all are living well

Despite living longer, many people are not living well.

Communicable and non-communicable diseases are limiting people's health and wellbeing, with significant associated costs. And the growing threat of anti-microbial resistance raises the potential of more challenging times ahead.

We are examining the scale and impact of a selection of age-related communicable and non-communicable diseases\* where there is potential for preventive action throughout the life course. Our initial findings suggest that among those aged 50 and over in high and high-middle SDI countries:

**16% of the total number of years** lived with **disability** for all diseases are attributable to **largely preventable communicable** and non-communicable diseases.



**26,958,009 years** will be **lived with disability** due to **largely preventable diseases**.



Our health in later life is dependent on a wide range of factors including the environments in which we live and our experiences in earlier life. However, health systems also have a key role to play in proactively supporting people to age well, through the provision of effective and well-targeted interventions right throughout the life course.

\*Cardiovascular disease, type 2 diabetes, lung cancer, tetanus, diphtheria, whooping cough.

## Prevention and ageing: What we know

It is never too late to take preventative action and adults in mid and later life must be included in health promotion programmes. Indeed, effective preventative health care measures will be needed right through our life courses if we are to live well for longer.

Such interventions include:

- targeted screening programmes to identify a disease early or those at risk of developing a specific disease;
- preventative medications, such as those to prevent cardiovascular disease;
- supporting people to adopt healthier lifestyles, such as by stopping smoking, or increasing levels of physical activity;
- vaccinations against communicable diseases;
- supporting people to manage long-term conditions in ways that improve their wellbeing and help them to enjoy more active, longer lives.

Despite governments across the globe acknowledging the case for prevention, during economic downturns, prevention has tended to be more vulnerable to funding cuts than other frontline healthcare services.

**In the EU, spending on prevention fell by 1.4% a year between 2008 and 2012.**

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Looking at trends in **spending on prevention** across the OECD, **annual per capita growth rates** (in real terms) were **negative in 2009-2011** (-0.3%) and **2011-2013** (-1.2%).

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While we know that prevention spending doesn't tell the whole story – because preventative interventions don't have to come with large price tags to be effective – governments need to ensure that their stated commitments to promote health and wellbeing are backed with action.

The longer-term gains from prevention are often not seen for years, even decades, after investments are made. The true impact of our current failure to invest in prevention could well be decades of additional health and economic burdens in the years to come.

## Prevention and ageing: Non-communicable diseases

As we live longer, more of us will have our health and wellbeing affected by non-communicable diseases, the impact of which could be largely reduced through preventative interventions and activities.

The scale of the potential benefits from effective prevention should not be underestimated. For example, our early analysis suggests that among those aged 50 and over in high and high-middle SDI countries:

Approximately **one-tenth** of the **total number of years lived with disability** can be **attributed** to **cardiovascular disease**.



Furthermore, 86% of years lived with disability attributed to cardiovascular conditions are among those aged 50 or over.

All too often countries fail to learn from one another's good practices, and opportunities to prevent or reduce the impact of diseases at scale are lost.

## Prevention and ageing: Communicable diseases

While less often discussed than non-communicable diseases, the impact of communicable diseases is also significant.

Vaccines are one of the main ways of preventing communicable diseases. While they are already a key component of preventative interventions for children, in many countries vaccinations for older people do not receive the same prioritisation and resources.

Across the **OECD, childhood-vaccination** rates are, on average, **above 90%** whereas **flu vaccination rates** among **people aged 65+** are, **on average, just above 40%**.



An estimated **44,000 people in Europe die** annually from **the flu** and **77% of these deaths occur in those aged 65+**.



Vaccinations will not prevent all communicable disease, but they have a vital role to play in reducing the scale and impact of communicable diseases.

## Prevention in an ageing world: Can you help?

During 2019/2020, ILC will be working with people across the world, including experts, opinion formers and decision makers to shift the debate on prevention towards action, to share the emerging findings from our work and to develop recommendations.

We want to hear from you if you:

- Know of effective preventative interventions by health systems targeted at people aged 50 and over which need to be brought to the attention of policy makers.
- Would like to work with us to make the case for preventative interventions across the life course.
- Have carried out research in this area which you would like to share with us.
- Would like to be kept up to date with our work, including future events.

Share your examples and wider ideas on prevention in an ageing world with us by emailing at: **[prevention@ilcuk.org.uk](mailto:prevention@ilcuk.org.uk)**

And check our website to keep up to date:  
**[preventionageingworld.org](http://preventionageingworld.org)**





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