

A window of opportunity

Delivering prevention
in an ageing world

Health and care

Immunisation

International

Costs

Prevention

Diseases and conditions

Inequalities

Life expectancy



Acknowledgements

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Summary

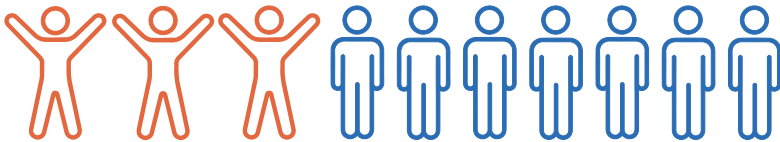
There are clear health and economic benefits to investing in preventative healthcare throughout people's lives. However, despite repeated commitments to prioritise prevention at the G20 level, and the creation of a joint task force involving finance and health ministers, action continues to lag.¹ In an ageing world, this needs to change.

The COVID-19 pandemic has highlighted:

- Many governments' continued failure to prioritise prevention
- The need to tackle health inequalities
- The need for flexibility and resiliency of healthcare systems to respond to existing and emerging needs and how ill-equipped many of them are to cope with an ageing population

However, it has also shown how quickly governments can adapt their health systems when they choose.

ILC global data analysis and trend work found that:



By 2050, the proportion of people aged 50 and over will increase by 11 percentage points, resulting in 40% of the G20 population being aged over 50



G20 citizens aged 50 and over collectively lived 118 million years with disabilities in 2019 due to largely preventable diseases

¹Politico, 2021. *G20 countries launch task force to put financial firepower into tackling health crises.* <https://www.politico.eu/article/g20-countries-launch-taskforce-financial-firepower-health-crises/> [Accessed 23 March 2022]



Across the G20, preventable conditions cost economies **1.02 trillion USD in yearly productivity loss among those aged 50-64** – this is roughly equivalent to the estimated loss in global worker income for the first half of 2021 as a result of COVID-19

Over the last two years, we have engaged expert stakeholders from around the globe to identify concrete actions we can take to progress the prevention agenda. The first step will be to secure **investment in systems designed for prevention**. This will enable us to take action to:



Inspire and engage policymakers, healthcare professionals (HCPs) and individuals to invest, promote, and take action on prevention



Democratise access to prevention to reduce health inequalities



Use technology effectively to improve access to preventative healthcare, improve uptake rates, reduce barriers, and empower patients

There are already pockets of good practice across the G20. But we need to see action everywhere.

Investment in systems designed for prevention

Making this happen will first require a step change in commitment to prevention. We need **more investment**, and better, more **integrated strategies and structures** to support the prioritisation of and access to prevention and **drive efficiency in healthcare delivery**. To help make a prevention-based approach easier to implement, we should **address perverse incentives** that deprioritise prevention and modernise **payment models** to support it.

Recommendations

G20 countries should:

- Start by increasing spending on prevention to at least 6% of health budgets (as in Canada). Once this is achieved, continue to align prevention spending to the preventable disease burden

To ensure a cohesive and unified approach to prevention, G20 countries should:

- Develop national preventative health strategies with clear action and evaluation plans
- Develop and deliver plans for prevention with all key actors including NGOs and employers

To support the efficient delivery of preventative interventions, all G20 governments should:

- Move towards integrated healthcare systems with shared objectives and outcomes across public health, health services and social care

To align incentives and accountability to support prevention, countries should:

- Pool budgets across public health, health services and social care, as well as NGOs and other community-based services, through formal national legislation
- Move away from a fee-for-service model to a value-based payment model, such as bundled payments or population-based payments, that emphasise quality and outcomes

Inspiring and engaging key actors

We need to inspire and engage key actors in the prevention agenda. This includes policymakers, HCPs and individuals. Policymakers decide how health budgets are spent, and whether and how to prioritise prevention. HCPs deliver vital preventative interventions and play a key role in encouraging people to take them up. Individuals make decisions every day that impact their health – whether to access services, take up healthy behaviours, or use medication.

However, at the moment we lack **appropriate accountability and incentives** for governments to invest in prevention. And **advocates for prevention** do not speak with a united voice, which makes the message easier to ignore.

We aren't **using the extended healthcare workforce effectively** to support the prevention agenda, and a **shortage of HCPs**, along with a lack of interprofessional collaboration and **poor working conditions**, is contributing to lower quality and equity of care, and poorer health outcomes.

At the same time, individuals who need preventative services, particularly those from marginalised groups, may **distrust public health bodies and the healthcare system**. There's also a lack of clear communication around prevention due to capacity constraints across the healthcare workforce, and, in many cases, **government reluctance to intervene in people's health**. In addition, people face a range of barriers and disincentives to making and keeping up healthy choices.

Recommendations

Policy makers

To hold national governments to account and to incentivise action on prevention, the World Health Organization (WHO) should:

- Create a country-level ranking system to demonstrate each country's success and progress against targets for reducing the burden of preventable diseases

To encourage policy makers to take action, prevention advocates should:

- Work together to create a global coalition united around a small number of simple overarching prevention asks, to avoid dilution

of the message – these could include a call for all governments to spend at least 6% of health budgets on prevention

Healthcare professionals

To address the HCP shortage and improve working conditions and retention, G20 countries should:

- Take action to address gaps in representation across the healthcare workforce, and workforce shortages in remote communities and professions with a particular shortage of workers
- Take proactive approaches to equality, diversity and inclusion among HCPs, with a particular emphasis on gender and race issues
- Ensure that salaries keep up with inflation (as a minimum)

To make better use of the extended healthcare workforce, G20 countries should:

- Through interprofessional collaboration, ensure the full range of HCPs are involved in delivering preventative interventions and developing and delivering national health strategies
- Ensure that all HCPs are trained, equipped, and incentivised to promote prevention efforts

Individuals

To improve trust, G20 public health bodies and governments should:

- Encourage HCPs and providers to develop links with local actors (such as faith leaders and community groups) who are trusted by key communities, to disseminate information

To inspire individuals to take up preventative health interventions, G20 governments should:

- Encourage the use of behavioural science approaches to improve health outcomes and inform government health policy
- Experiment with different financial incentives to encourage people with chronic conditions to adhere to medication regimens, lifestyle change programmes, or take up other preventative health interventions and ensure that all approaches are subject to high quality evaluation

Democratising access to prevention

We must remove the barriers to preventative interventions, allowing those who need them to access them. Delivering prevention in people's communities, workplaces and homes is one way of breaking down barriers that relate to poverty, geography, and disability and ill health. Implementing **person-centred approaches** and **targeting tailored services** to populations at particular risk, such as social minorities, are also critical.

The **high cost of health care interventions** can be a barrier to individuals. Also, **lack of integration** across different health and care services can leave people falling through the cracks. And in some cases, older adults are locked out of preventative health interventions by **ageist** assumptions and/or explicit age barriers.

Recommendations

To invest in an agenda for prevention across the life-course, G20 countries should:

- Implement national life-course vaccination and NCD programmes and ensure parity of targets across all age groups
- Ensure that cost is not a barrier to access to vital preventative services and activities such as screening for NCDs, preventative medications and vaccinations

To provide prevention where people are, G20 countries should:

- Support healthcare providers to build partnerships in their communities including with NGOs, community-based organisations, and workplaces, and to offer in-home healthcare delivery

To deliver person-centred healthcare, G20 countries should:

- Establish person-centred care as a central tenet of healthcare system delivery

To deliver targeted approaches that meet the needs of individuals, G20 countries should:

- Use community and population-level data to drive improvements in health

Using technology effectively

There are a huge range of ways in which technology can support the prevention agenda and democratise access to preventative interventions. We can use big data to support targeted interventions; help HCPs to deliver support; and connect individuals directly to preventative healthcare.

However, there are currently a number of barriers to realising the potential of technology.

A lack of data privacy standards and interoperability between systems; a lack of trust in the sharing of personal data; and the costs incurred by healthcare providers mean we're **failing to realise the potential of data sharing**. Poor infrastructure and poor digital literacy means that **digital exclusion** prevents many from using technologies. **Failure to include users when designing technology** also means take up is low, particularly among those who most need access to support.

Financial and other incentives are also poorly aligned within healthcare systems, and HCPs don't always have the skills they need to support the use of digital technology. There's also **a lack of transparent, systematic health technology assessment (HTA) frameworks for digital solutions** to provide a clear route from business innovation to widespread adoption by healthcare providers.

Recommendations

To encourage data sharing across and between healthcare systems and public health bodies, G20 governments should:

- Extend and enhance data coordination efforts established in response to COVID-19, and support data sharing across healthcare systems
- Implement data use accountability and a code of conduct to provide clarity on who can access what data, for what purposes, and under what type of consent

To address public concerns about data privacy, G20 governments should:

- Provide clear transparency and consent processes, and guidance on what data protection laws mean for patients,

healthcare providers and creators of healthcare technology

To overcome inequalities in access to health technology, G20 governments should:

- Invest in technology infrastructure and in building digital skills and literacy among individuals and HCPs
- Support the development of simple-to-use, accessible technology, with user-led development as a core requirement for public investment and/or adoption by healthcare systems
- Focus public investment on areas of key need (identified through data and consultation) where there may be a lack of private funding here to support development

To improve HCPs' digital literacy:

- Healthcare systems should ensure that HCPs receive adequate training on the use of technology and how it fits into their current practices

To encourage healthcare systems to use digital solutions, G20 governments should:

- Implement a health technology assessment framework for digital solutions with input from stakeholders to ensure it meets a wide range of users needs
- Invest in an accelerated regulatory path for companies to bring digital health applications to market

What happens next

A window of opportunity: Delivering prevention in an ageing world, marks the second phase of our *Prevention in an ageing world* programme, and a fundamental step forward by demonstrating not only **why** countries must invest in prevention but **how** they can deliver it through a set of robust recommendations. But the conversation isn't over.

We will drive forward our recommendations, build greater political momentum, and hold countries to account. Phase three of our prevention programme will launch *The Global Health, Wellbeing, and Prevention Index*. This unique approach offers a holistic perspective to understanding population health, not offered by existing tools and data analyses. The index will track population health, not just through health indicators but also through an economic and environmental lens. The index will form central to a major 3-year initiative to drive forward meaningful action, investment, and collaboration across the G20 on preventative health. We want this programme to sit at the heart of global policy and political engagement on prevention and we will achieve this by:

1. Developing a robust *Global Health, Wellbeing and Prevention Index* which will track country progress on prevention and hold governments to account
 - Our vision: we want the annual launch of the index to be adopted by international and national organisations and to be what drives government health policy
2. Engaging and supporting leading global health leaders at key political and global health forums to move from commitment to action on prevention
 - Our vision: We want to hold an annual global health policy conference that becomes the centre for driving solutions to investing in prevention
3. Building consensus and strong relationships with leading organisations across the world to form a 'coalition of the willing' to demand action and influence governments, including health and finance ministers.
 - Our vision: We want to create a united voice on prevention and push recommendations forward. A key objective of the coalition will be for countries to commit to investing 6% of their health budgets on prevention

In June, we will launch *The Global Health, Wellbeing, and Prevention Index* at our Global residential prevention summit. This three-day prestigious event, hosted at the Centre for Global Health in Annecy, France, will bring together leaders at the forefront of global health and policy to further shape and inform our activities and vision for phase three.

Over the next year, we want to work with organisations from across the world to join forces, hold governments to account and drive action on prevention in an ageing world. If you're interested in collaborating with us or want to find out more, email prevention@ilcuk.org.uk.

About the ILC

The International Longevity Centre UK (ILC) is the UK's specialist think tank on the impact of longevity on society. The ILC was established in 1997, as one of the founder members of the International Longevity Centre Global Alliance, an international network on longevity.

We have unrivalled expertise in demographic change, ageing and longevity. We use this expertise to highlight the impact of ageing on society, working with experts, policy makers and practitioners to provoke conversations and pioneer solutions for a society where everyone can thrive, regardless of age.



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