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At the G20 in India: centring healthy ageing within global health architecture



Prevention
Health and care
International
Costs
Immunisation
Life expectancy
Inequalities
Disease and conditions

Executive summary

G20 nations have consistently failed to invest in preventative health across the life course, with significant consequences for wellbeing and productivity.

Around 1 in 10 people across the G20 are aged over 65, and this is expected to increase to 1 in 5 by 2050: totalling over a billion older people by 2050. We know that older people contribute hugely to the economy through work (paid and unpaid), volunteering, informal care, and spending.

Poor health can curtail this contribution and result in lost time and productivity. Across the G20, preventable conditions cost economies \$1.02 trillion every year in 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 due to COVID-19.

Prioritising prevention can result in immediate benefits to people's health and to the economy and will help address the significant and growing burden on the world's healthcare systems. Government investment in prevention must be a priority.

ILC UK developed the Healthy Ageing and Prevention Index to clearly set out each nation's strengths and weaknesses with regard to healthy ageing. The Index ranks 121 countries on six metrics: life span, health span, work span, environmental performance and happiness. At the 2023 G20 summit, ILC-UK will use the Index to start conversations with health ministers and world leaders on these key messages:

1. Shifting perceptions

We need governments to understand the full value of preventative health interventions if they are to act and invest in prevention. Curative healthcare is vital to population health, but preventing ill health alleviates pressure on health services, saving lives and money.

2. Reducing health inequalities

The COVID-19 pandemic has exposed and amplified health inequalities between and within countries. Had we invested in prevention sooner, we might have avoided such a heavy toll on society in terms of both health and the economy. G20 countries

must democratise access to preventative health interventions, to support improved health outcomes across every cross-section of the population.

Our Index finds significant global inequity in access to medical doctors. Countries ranked 70 or worse, including India, have on average five doctors per 10,000 population compared to 40 per 10,000 population for the Index's top 10 countries.

3. Investment

G20 countries should commit to spending at least **6% of their health budgets** on prevention. Many countries spend less than 3% of their total health budgets on preventative healthcare. The longevity dividend that we can reap if we prevent ill health throughout people's lives is substantial. These socioeconomic benefits vary from straightforward ones, such as reduced pressure on overstretched health services, to long-term consequences. This could include reduction in demand for government-funded social care through additional informal caretaking by friends and relatives.

Countries that spend a higher proportion of their health budgets on prevention perform better in our Index. If G20 countries were to increase preventative health spend by just 0.1 percentage point, it could unlock an additional 9% of spending every year by people aged 60 or over – and help everyone to work, care and volunteer for longer.

G20 members represent 85% of global GDP. 11 of the G20 countries have the world's oldest populations. G20 leaders should recognise the huge longevity dividend that is available through investment in preventative health to ensure that their citizens live well for longer.¹

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ILC-UK: influencing the G20 to prioritise healthy ageing

As the UK's leading authority on longevity and demographic change, ILC-UK engages with policy makers and thought leaders at all levels on matters related to healthy ageing. We conduct research and generate findings that relate to the key issues on the G20 agenda. Our ideas and evidence can help societies prepare for more people to live longer, healthier, and more productive lives than ever before.

ILC-UK engaged with health ministers from across the G20 during their 2019 meeting in Okayama, Japan. We persuaded them to pledge to prioritise the prevention of ill health throughout peoples' lives. But since then, we haven't seen progress in the form of action.

Ironically, the global COVID-19 pandemic has delayed the prevention agenda. But, as we transition out of the pandemic, we must ensure that healthy ageing is at the centre of global health policy moving forward. Otherwise, the gains we've made so far are at risk. The G20 Pandemic Preparedness Fund is a key opportunity to get equitable healthcare access back on the global agenda, using our collective experience of COVID-19 to galvanise action. India's G20 Secretariat has committed to ongoing pandemic preparedness; it's also a priority for the Health Working Group, which met for the second time in April 2023 in Goa.

In the lead-up to the G20 in India ILC have held debates, webinars and engaged with decision makers at the highest level, including the stakeholders at the forefront of the healthy ageing debate.

These discussions gave ILC-UK plenty of avenues to explore prior to the G20 summit: from the quality of available food and nutrition in rural India and the consequences for health and longevity, to the global opportunities presented by 'emerging' economies such as India and Brazil. The attendees' breadth of expertise gave us further insight into the policy landscape at the national level in India and the UK, which allowed us to make comparisons between the two countries and compare the lessons learned.

We held multiple events alongside the 2023 G7 summit in Japan to put prevention higher on the agenda of multiple stakeholders. These included a roundtable discussion in Niigata, alongside the meeting of the Finance Ministers and Central Bank Governors, which focused on the cost-effectiveness of specific preventative measures such as immunisation. We also held a high-level dinner alongside the summit

in Hiroshima, which focused on how preventative interventions might support recovery from the economic and social disruption of COVID-19.

These events have built on ILC's track record of holding successful high-level events alongside the G20 summits. In 2019 we gathered policy makers and researchers in Okayama, Japan, to explore the topic of prevention in an ageing world, emphasising the possible gains relating to expanding preventative healthcare. Health ministers from Japan, the US and Singapore spoke about the potential dividends of investing in prevention and pledged to promote it at the G20 and at home.

ILC-UK will use its Healthy Ageing and Prevention Index^a at the 2023 G20 summit in New Delhi, India, to start conversations on healthy ageing and prevention. We will ask policy makers to move from commitment to action.

With the G20 representing 85% of the global GDP,² the benefits of engaging with G20 ministers on healthy ageing could be substantial.

Increasing preventative health spend by just 0.1 percentage points could unlock an additional 9% of spending every year by those aged 60 or over; it would also help people to work, care and volunteer for longer.

This policy brief explains in more detail how we will engage with stakeholders at the G20 in India, to maximise the benefits that could come with an ageing population.

About the G20

Between the 19 core members of the G20 (which also includes the European Union), this bloc is home to over 4.9 billion people, with an average life expectancy of 77 years and a median age of 39 (against the global average of 30). The G20 member countries represent around 85% of global GDP, over 75% of global trade, and about two-thirds of the world population. And in addition to its member countries, the G20 invites non-members to its summits – this year that includes Bangladesh, Singapore, Spain and Nigeria, international blocs of countries, and various international organisations.

ILC-UK's longevity dividend and prevention agenda has the potential to influence ministers and policy makers at the highest level to create better health outcomes for huge numbers of people.

^aThe Index ranks 121 countries against six indicators relating to healthy ageing and preventative health: life span, health span, work span, income, environmental performance, and happiness.

The 2023 G20 summit in India is a further opportunity for ILC-UK to present longevity as a new lens for understanding and solving global problems. Changing demographics are universal to societies around the globe, and ILC-UK is working to ensure that longevity issues aren't eclipsed by the urgent international events that have dominated headlines in the last few years.

We want G20 ministers and stakeholders to engage with three key asks. The first is **shifting perceptions of health and wealth** towards an understanding that they are intertwined and interdependent. The second is **investment** in prevention, for improved health outcomes and economic output. The final ask is **reducing inequalities** in health and society in general, particularly with regard to age.

Measuring and understanding health and wealth separately only gives us part of the story – tackling inequality, deprivation, and access to healthcare services is vital to improving everyone's health and longevity.

To achieve these aims we will use our Healthy Ageing and Prevention Index to hold governments to account on healthy ageing.

Past G20 summits have taken initial steps towards helping member countries better support their ageing societies, but progress so far has been limited. In 2019, a G20 Leaders' Declaration emphasised the importance of promoting good health and activity among ageing societies. The G20 Fukuoka Policy Priorities published alongside this declaration were limited to financial inclusion and provision for older people, to address their additional financial needs as they reach retirement age. The G20's declaration that more action was required on healthy ageing and prevention was not matched by a call to action.

What opportunities are presented by India's G20 presidency?

India is one of the top 20 wealthiest countries in the world; by 2023, its population has been estimated to have overtaken China, making it the most populous country in the world. This would make India a useful case study for learning from the successful implementation of policies that account for and support increasing longevity. This is all the more true as India can be regarded as several countries within a country; although demographic change is a key issue across all its states, the issues look very different from one region to another.

India at the forefront of demographic change

Longer life expectancy and demographic change are affecting India's population, as they are in many other countries. As India has the second largest number of citizens aged 65 or over in the world,³ helping its older population could bring significant health and economic benefits. We know that:

- **Nearly one in five of India's population (19%)** were aged 50 or over in 2018 – and this is set to increase to **1 in 4 (25%) by 2035**
- **More than half (51%) of those aged 50 to 69** were in employment in 2018
- **People aged 65 and older spent 30 more hours volunteering** (on average) than people at other ages

Nevertheless, the perception of India as a young country could be limiting effective changes on demographic change. Poor health is locking too many people out of working, spending, volunteering and caring. Poor health is also unevenly distributed across the population, as are the extra unhealthy years that result from increased longevity at the population level.

Alongside greater investment, India needs structural and social change. Existing inequalities in access to food, healthcare, and sustainable employment will only be amplified by increasing longevity. According to HelpAge India, the 'feminisation' of longevity in India should be a key focus of the government's response to demographic change. This is a lesson for the G20 more broadly: over 60% of persons aged 80 and over in G20 are women. Policy initiatives must focus on meeting the needs of those who are least visible and most marginalised, alongside preventing

future ill health and deprivation. Women (particularly older women) provide the majority of unpaid care, which affects their capacity to work and earn.

Digital health interventions

India's Health Minister Mansukh Mandaviya inaugurated a two-day global conference on digital health during the summer of 2023. This conference leveraged India's G20 Presidency to push universal health and digital health interventions up the global agenda. A senior health advisor from the UN⁴ has praised India's health system for ensuring interoperability and effective data exchange among different health systems and stakeholders. Specific platforms that track service delivery and take-up for vulnerable and underserved patients have been particularly successful in addressing inequalities in health outcomes and service provision.

Digital health interventions can facilitate preventative and responsive healthcare through access to health information and advice, telehealth consultations, and maintaining wellbeing through online classes and resources for exercise and nutrition.

India and the G20 in our Index

India

India is currently the lowest-ranking G20 country in the Healthy Ageing and Prevention Index. It's also ranked **102nd of the Index's 121** countries.

The table below is taken from an ILC publication on the Healthy Ageing and Prevention Index.⁵ The Index was formally launched in May 2023 alongside the 76th World Health Assembly. The colours on this heatmap illustrate how well each G20 member country is performing on each metric, drawing on data from sources that include the World Health Organisation, World Bank and the Yale Environmental Performance Index.

Country	Life span (years)	Health span (years)	Work span (years)	Income GDP/head ppp (\$ 000s)	Environmental performance (0-100)	Happiness (0-10)	Global rank
Australia	83.0	70.9	33.0	52.20	74.9	7.2	6
Canada	82.2	71.3	32.8	50.66	71.0	7.1	11
United Kingdom	81.4	70.1	31.5	48.51	81.3	7.2	16
Germany	81.7	70.9	30.6	55.89	77.2	7.0	17
Japan	84.3	74.1	31.2	42.20	75.1	5.9	17
France	82.5	72.1	27.5	49.38	80.0	6.7	19
South Korea	83.3	73.1	31.6	42.73	66.5	5.9	23
Italy	83.0	71.9	24.9	44.85	71.0	6.4	24
United States of America	78.5	66.1	31.3	65.28	49.1	6.9	31
Brazil	75.9	65.4	32.2	15.39	51.2	6.5	41
Argentina	76.6	67.1	30.8	23.00	52.2	6.1	43
Mexico	76.0	65.8	30.7	20.45	52.6	6.4	45
China	77.4	68.5	34.1	16.77	37.3	5.1	50
Saudi Arabia	74.3	64.0	27.9	48.95	44.0	6.6	51
Russia	73.2	64.2	30.7	29.19	50.5	5.4	55
Turkey	78.6	68.4	26.4	27.32	42.6	4.9	59
Indonesia	71.3	62.8	34.0	12.31	37.8	5.3	61
South Africa	65.3	56.2	28.0	13.01	43.1	5.0	81
India	70.8	60.3	24.7	7.00	27.6	3.2	102

The heatmap illustrates that India performs poorly on all six indicators. And we know there are significant wealth, health and social inequalities too, with some regions doing much better than others. India has a history of multigenerational households providing unpaid care to all generations, particularly to children and older people. Greater mobility and changing family structures means that fewer people can rely on family support, as those who would normally provide that support have moved elsewhere to work or study. As most families can't afford privately paid carers, this creates a vacuum of care not adequately addressed by central government infrastructure.

Investment in preventative interventions could meet significant need in India. Universal health care and improved social infrastructure is the only way to ensure that access to healthcare doesn't depend on income. Improved health is key to individuals participating in the labour market throughout their lives. Structural change is needed to ensure that all work (particularly informal work) supports good health.

G20

The G20 summit presents a significant opportunity for collaboration and learning lessons about how best to solve common problems. India is well placed to lead the G20 in finding the best ways to support longevity and demographic change, given that India has emphasised that global health and resilience will be a particular focus for the G20 in 2023.

G20 countries perform poorly on longevity and healthy ageing indicators. Only one G20 nation is ranked in the top ten of the Index. There's significant opportunity for the G20 to improve its overall ranking. The Index ranks not only countries but political and economic blocs – and the G20 ranks eighth of the nine blocs, below the G7, the Americas, and the Asia-Pacific Economic Cooperation bloc.

Country	Life span (years)	Health span (years)	Work span (years)	Income GDP/head ppp (\$ 000s)	Environmental performance (0-100)	Happiness (0-10)	Global rank
Scandinavia	82.0	71.4	31.5	58.1	79.3	7.5	1
G7	80.9	69.5	30.5	55.3	64.7	6.7	2
European Union	81.2	70.7	28.6	46.5	72.8	6.6	3
OECD ^a	80.4	69.4	30.4	46.3	63.0	6.5	4
Americas	77.2	66.3	31.3	34.0	50.6	6.4	5
APEC ^b	76.9	67.4	33.2	24.9	43.5	5.6	6
ASEAN ^c	72.2	63.6	33.4	12.8	37.6	5.5	7
G20	75.4	65.4	30.1	21.4	41.4	5.0	8
African Union	66.2	57.6	29.5	5.2	34.3	4.2	9

We can use the G20 summit as a platform to galvanise support and generate action on longevity and healthy ageing. There's much to be gained from investing in preventative health and keeping people in good health for longer.

Key issues for demographic change in India

In 2022, the World Bank observed in its India Development Update "Navigating the Storm" that India's economy has demonstrated impressive resilience, despite external global challenges such as the COVID-19 pandemic. This is thanks to a flexible workforce and strong macroeconomic policies. But despite this strong economic performance, there's a lot of work to be done to support good health throughout the lives of people in India.

A number of themes emerged from discussions during the House of Lords dinner hosted by ILC-UK in October 2022.

Employment: working longer out of necessity, not choice

India's economic progress can partly be accounted for by people working longer out of necessity, not by choice. This is instead of retiring or taking on care responsibilities. Our Healthy Ageing and Prevention Index captures the average number of years an individual would expect to be in formal work between the ages of 15 to 65. But much of the extra work needed in India is likely to be informal or inconsistent. Of course, it's difficult to measure informal labour and understand its consequences for the health and wealth of people across India.

The International Labour Office estimates⁶ that 90% of the Indian workforce works informally; it defines this as working without social insurance. Understanding the makeup of the Indian workforce can help shed light on this: over 40% of workers are employed in the agricultural sector, which is characterised by low pay and unpredictable seasonal work. In addition, approximately 25% of total employment is in industry, and 32% in services. Meanwhile, workers with formal education and qualifications face a different challenge to their agricultural counterparts – the creation of skilled jobs (with better work environments and higher pay) hasn't kept pace with the number of workers seeking those jobs. Uneven growth across the different Indian states also creates asymmetry, which means some people must choose between moving to take up higher paying jobs or staying put and accepting a lower income. This of course has consequences for family structures who would normally rely on working-age family members to provide unpaid care.

Our Index ranks India 98th for work span, with an average of 27.6 years. Work span is defined as the average number of years individuals will be in work between the ages of 15 to 65.

Other concerns raised at the event included the physical effects of manual labour, such as injuries and poorly regulated work sites. Inflexible and poorly paid work, which doesn't allow individuals to attend medical appointments or care for loved ones without financial penalties, exacerbates these issues. Preventative and universal health care are crucial for participation in the workforce, which allows people to support themselves in the short term. Structural change is required to ensure that work can help people to live and age well. This includes more stringent regulations and enforcement of workplace safety standards, pension provision, and increasing wages to help families meet their needs.

Income inequality: opportunity and poverty

According to an Oxfam report "Survival of the Richest: The India Supplement", the richest 1% of the Indian population owned more than 40.5% of the country's total wealth in 2021. The bottom 50% of the population only accounted for around 3% of total wealth. One of ILC's objectives at the G20 summit is to ensure that health and wealth are no longer understood as separate. If we are to effectively secure healthier, longer lives for more people, we must understand income and health outcomes as closely interlinked.

Many countries around the world are getting to grips with supporting increasing longevity and expanding populations. As a very populous country, with increasing levels of income inequality, India has the most to gain from investment in policies and programmes that prioritise universal healthcare and longevity. Since other countries are further along in their development of social infrastructure (such as healthcare and social safety nets), India is well-placed to learn from other countries' successes and failures to help develop systems that work in India.

Access to healthcare and healthy choices

Air pollution and low physical activity, coupled with a poor diet, are the three greatest risk factors for premature mortality in India, according to the expert stakeholders at the event. In 2021, two thirds of all deaths in India were due to non-communicable diseases, even in the aftermath of the global pandemic, which was particularly devastating in India. COVID-19 highlighted the inequality of access to healthcare in India, which is likely exacerbated by the distinction between public and private healthcare. 'Modicare', the central government's offer to reimburse healthcare costs launched in 2018, has done little to address this due to the low reimbursement rates offered.

Event attendees referred to specific conditions that currently affect India, including dementia, the prevalence of which is estimated to increase 300% in the next three decades.⁷ Alcohol dependence was another, particularly among young men informally employed for manual labour. Workers on construction sites, for example, are often paid more than workers in other industries, but experience a more dangerous working environment - and many workers have no access to necessary protective equipment. Overconsumption of alcohol can be multi-factorial, but it's possible that many are using alcohol to manage pain caused by unregulated and dangerous manual labour.

Work-related illness and injury are likely to contribute significantly to the burden of ill health in India, particularly in sectors where health and safety regulations aren't adhered to, or don't adequately protect workers. These issues have economic consequences for those working to support themselves and their families. One individual being unable to work, even temporarily, can have adverse consequences for an entire extended family.

Attendees also raised the opportunities for healthcare technology to support healthy ageing in India. These include DARE telehealth consultations to Define, Assess, Respond to, and Evaluate health concerns; trusted information and wellbeing resources empowering people to maintain good health at home; and better outcomes from major surgeries (including open-heart surgery) compared to other countries.

Food and nutrition

Lack of access to nutritious food for millions of people in India was a key theme during the event. India is in the bottom 20% of countries in the 2022 Global Hunger Index,⁸ all of whom struggled to meet their citizens' basic caloric needs. Many under-resourced communities lack access to fresh food and are unable to maintain a balanced diet.

Diabetes is also increasing in India; for some, this is due to increased access to food high in saturated fats. Others are malnourished due to a poor-quality diet consisting predominantly of carbohydrates that are easy to store and transport.

The widely used Poshan (Nutrition) Tracker has received further investment from India's central government, exceeding INR 11 billion (\$134 million USD) for the period 2022 to 2023;⁹ this indicates that the nutrition tracking app has been found to be useful and that it holds

sufficient data. The app is used by Anganwadi (local community centre) workers to supply central and regional governments with data about the uptake of free food rations and healthcare services, allowing governments to monitor demand for these resources and respond accordingly.

In our Index, undernourishment affects 1 in 5 adults for those countries ranked 101 to 110 (including India), and obesity affects almost 1 in 10.

Formal and informal care

As central and regional governments fail to supply universal social care, families must pay for private care or take on caring responsibilities themselves. While intergenerational households can sometimes provide a built-in system of unpaid or informal care, these are becoming less common in India. Changing family structures and greater mobility for work and study means that many older people can no longer rely on consistent informal care as previous generations did. If family members must remain economically inactive to provide care, this compounds the effects of ill health,

According to Carers Worldwide, the Indian government could take four key actions to support family and informal carers:

- Expanding access to professional caregivers for older people who do not have family support
- Providing training and education to informal caregivers
- Providing support and resources to family carers and developing policies
- Creating programmes that recognise the contribution of unpaid carers and support them in their responsibilities

Taking these factors together indicates that focus on ageing has been lacking in India thus far. This year's G20 is an opportunity to take stock of the past three years and take steps towards a global recovery from COVID-19, knowing more about the effects of poor health and people's lack of access to healthcare throughout their lives.

India's G20 priorities for healthy ageing

This section outlines the priorities expressed thus far by policy makers for this year's G20, and how they might assist governments to plan for improved longevity.

Lifestyle for Environment (LiFE)

Good health can't be maintained in environments where air pollution, flood, drought, or extreme weather are affecting individuals and health systems. A study found that over 90% of India's population are severely affected when there are heatwaves, which are becoming more frequent in the region. It also found that India experienced extreme weather on 242 out of the 273 days between January and October 2022.¹⁰ This is almost one extreme event per day. The effects were felt in different places across the country.

Such relentless exposure to climate extremes is disruptive to people's health and livelihood capacity, and to economic progress at the country level. India ranks 108th of 121 on environmental performance in our Healthy Ageing and Prevention Index.

Prime Minister Modi launched Mission LiFE in November 2021 at Glasgow's COP26, to address the impacts of global climate change in India. LiFE emphasises the role of individual action in curtailing waste and emissions to tackle the climate crisis.

At a national level, India performs poorly in terms of its overall carbon emissions and net zero targets; however, India's per capita carbon footprint is 60% lower than the global average. A significant proportion of the population live in rural areas or are in lower socioeconomic groups, generally lacking the resources that would generate emissions. The three phases of the LiFE programme (changing demand, supply, and then policy) are a starting point, but arguably the wrong way around: governments are in a position to affect the most high-level and immediate change. Individuals have a role to play in demanding change from governments and making changes at the micro-level to live more sustainably, but this alone isn't enough to secure the changes needed to alleviate the worst impacts of climate change in India and elsewhere.

Sustainable Development Goals

The UN 2030 Agenda of Sustainable Development Goals (SDGs), as well as the Leaders' Declaration from the G20 in Bali in 2022, reaffirmed the

need for richer countries to provide consistent support to poorer ones. A newer focus for G20 summits is to address the impact of the COVID-19 pandemic on the 2030 Agenda for Sustainable Development.

India's economy has performed extremely well over the past two decades, both achieving one of the world's highest growth rates and quintupling per capita income since 2000. That said, the UN reports that "major challenges" remain to the country achieving 11 of the 17 SDGs.¹¹ India needs to make further investment and policy change to support progress. Adequately financing the SDGs is one of the three key priorities for this year's G20 Sustainable Finance Working Group, who had their third meeting in mid-June 2023.

What's next? ILC-UK's key messages for the G20

At this year's G20, ILC-UK will use the Healthy Ageing and Prevention Index to engage with world leaders on these key messages:

The health and economic case for investing in prevention: health and wealth are inextricably linked

In 2019, G20 citizens aged 50 and over collectively lived 118 million years with disabilities due to largely preventable diseases. That's 118 million years where national economies might have benefited from additional care, volunteering, and paid work. Preventable conditions cost G20 economies \$1.02 trillion in productivity losses each year, in the 50 to 64 age bracket alone. This is roughly equivalent to the estimated loss in global worker income for the first half of 2021 as a result of COVID-19.

Prevention isn't just a 'nice to have' that can be eclipsed by more urgent matters. Investment in preventative health should be a priority for leaders across the G20. It will generate substantial long-term returns, contribute to a more stable and resilient workforce, and support the transition to more 'top-down' societies, where the number of older people is the same – or more – than people younger than 65.

With the creation of the G20 joint Health-Finance Task Force, we know that perceptions are around health and wealth are already shifting. But continued engagement with health and finance ministers will be important for increasing investment in healthy ageing. For instance, immunisation has immediate health benefits and is well understood as an effective preventative measure. Yet many countries spend less than 10% of their preventative healthcare budgets on immunisation programmes, with most of that spending on childhood vaccination. This is to the detriment of life course immunisation programmes that could save millions of lives each year across the G20.

Inequalities are detrimental to health, wealth, and society

Health and wealth are inextricably linked – inequalities in either are bad for the economy and for society. People living in poor health are less able to work, spend, volunteer and care, while poor health and low socioeconomic status are associated in societies across the world.

All G20 nations must redouble their efforts to identify and rectify inequalities between communities in terms of their different levels of

access to healthcare, resources and money. Only then can access to curative and preventative healthcare be democratised and equally available to all cross-sections of the population.

Demographic change and inequality are common challenges shared by G20 nations; we must collaborate and share the lessons learned if all countries are to make progress.

Sustainable investment is key

Policy makers that have engaged with ILC's programme of work tend to agree wholeheartedly with the rationale behind prevention: we would all prefer to be in good health than sick. The sticking point is often the investment in preventative health that is required to unlock more work, volunteering, and spending (amongst other economic gains). In order to see these returns, investment must be sufficient, sustainable, and targeted. **Increasing preventative health spend by just 0.1 percentage points can unlock a 9% increase in annual spending by people aged 60+, and an additional 10 hours of volunteering.**

ILC's recommendation that 6% of health spending is ringfenced for prevention can unlock vast dividends, given that most OECD countries spend an average of just 2.8% of their health budgets on prevention.

In 2023, this is in the context of the post-Covid recovery: many health systems are facing huge backlogs of treatment, and health workers are burnt out and exhausted. Short-term wins and immediate returns are likely to be prioritised over perceived long-term projects, including prevention. ILC's research indicates that the dividends of investing in prevention are substantial, and governments may not have to wait long to see returns and the improved outcomes that they are seeking. There is much the G20 can do to change perceptions of prevention and demographic change, and much to be gained.

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¹¹[India's performance on SDG indicators](#)

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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