International Longevity Centre UK

An age of economic opportunity: maximising the European longevity dividend

Thursday 19 November 2026
1.00pm – 5.00pm CET
Silversquare Europe, Brussels

www.ilc-europe.org

International Longevity Centre UK

Welcome to the 3rd annual ILC-Europe conference

1.00pm – 1.15pm	1.15pm – 2.00pm	2.00pm – 2.15pm	2.15pm – 3.00pm	3.00pm – 3.10pm
Flu Forward consensus statement Patrick Swain, ILC MEP Vytenis Andriukaitis, European Parliament	**Longevity in the EU: progress so far** Rosie Fogden, ILC Alexandre Mendonça, Bruegel	**Networking break**	**Preventative health for longer, healthier lives** Molly Townsend, ILC Mikaela Nordenfelt, ESWI	**A policymaker's perspective: the longevity dividend** Keynote: MEP Sirpa Pietikäinen, European Parliament
3.10pm – 3.50pm	**3.50pm – 4.00pm**	**4.00pm – 4.50pm**	**4.50pm – 5.00pm**	**5.00pm – 6.00pm**
Every Euro counts: spending among older adults Patrick Swain, ILC Hauke Vierke, DG ECFIN	**Networking break**	**News from the Network: ILC Europe research** Prof Amélia Rita Monteiro, Católica Lisbon Colin Sanders, Indiville	**Final thoughts: supporting longer lives in Europe** Patrick Swain, ILC	**Post-event networking**

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Turning policy into action: consensus statement on the economic and social value of flu vaccination





Patrick Swain

Head of Partnerships and External Relations, ILC

MEP Vytenis Andriukaitis

Member, Committee on Public Health, European Parliament

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Flu Forward: Influenza innovation for healthy ageing
Findings and consensus statement



Patrick Swain

Head of Partnerships and
External Relations, ILC

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Flu Forward

Influenza innovation for healthy ageing

ilcuk.org.uk

What happens next

sanofi

About *Flu Forward*

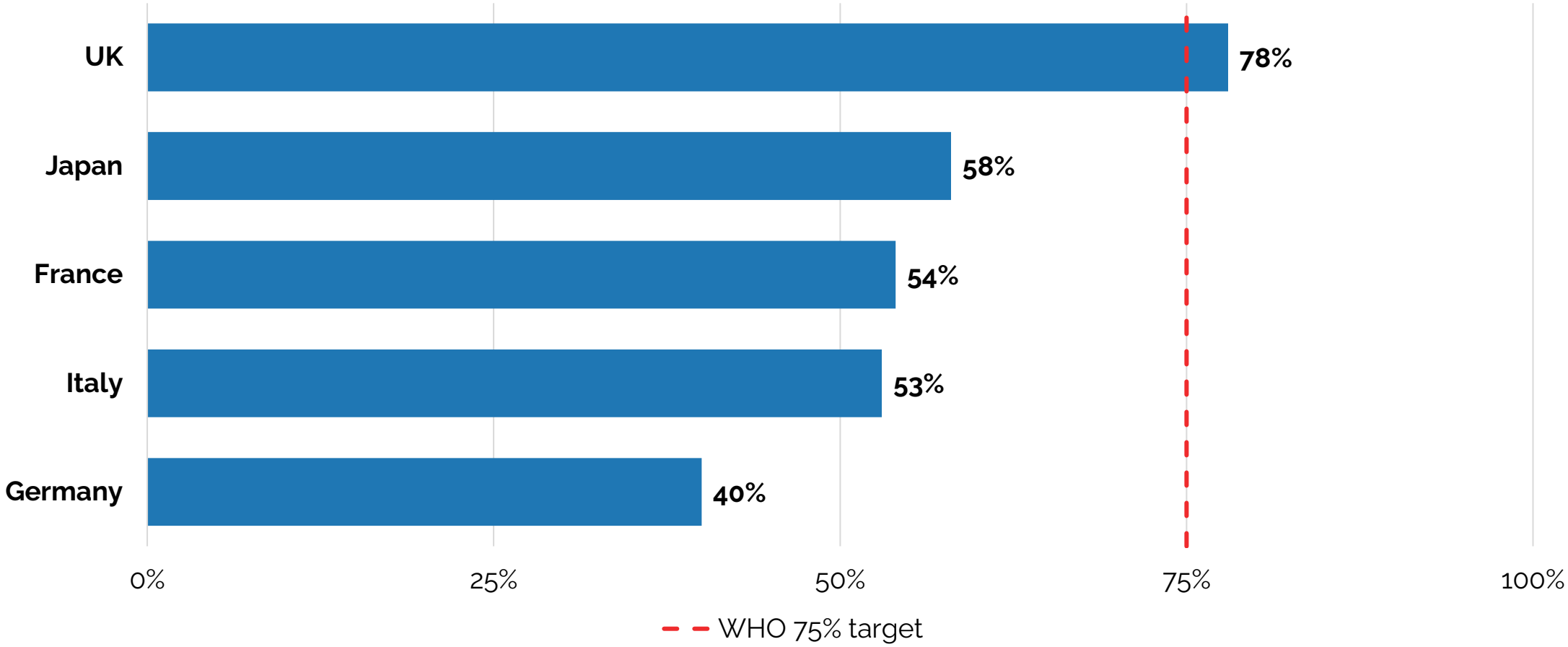
- Builds on the findings from the FLUNITY-HD study to better understand how adopting specifically tailored flu vaccines could support health systems.
- ILC has spoken to experts across Europe to build a consensus on using flu vaccination to support healthy ageing.

Sanofi has provided a financial contribution in the form of a grant to ILC's project. ILC retains full editorial control over all project materials.

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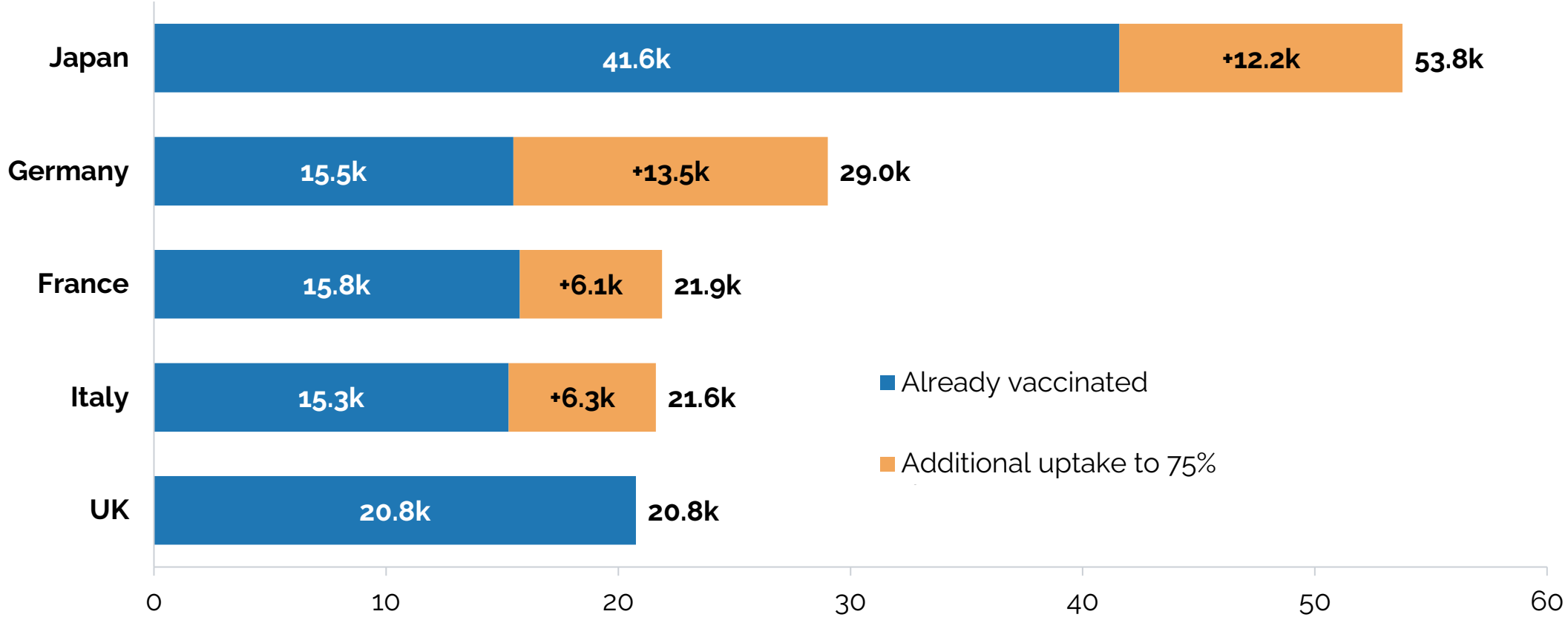
The current picture on flu vaccination in Europe and Japan

Vaccination coverage, adults aged 65+, 2023/24



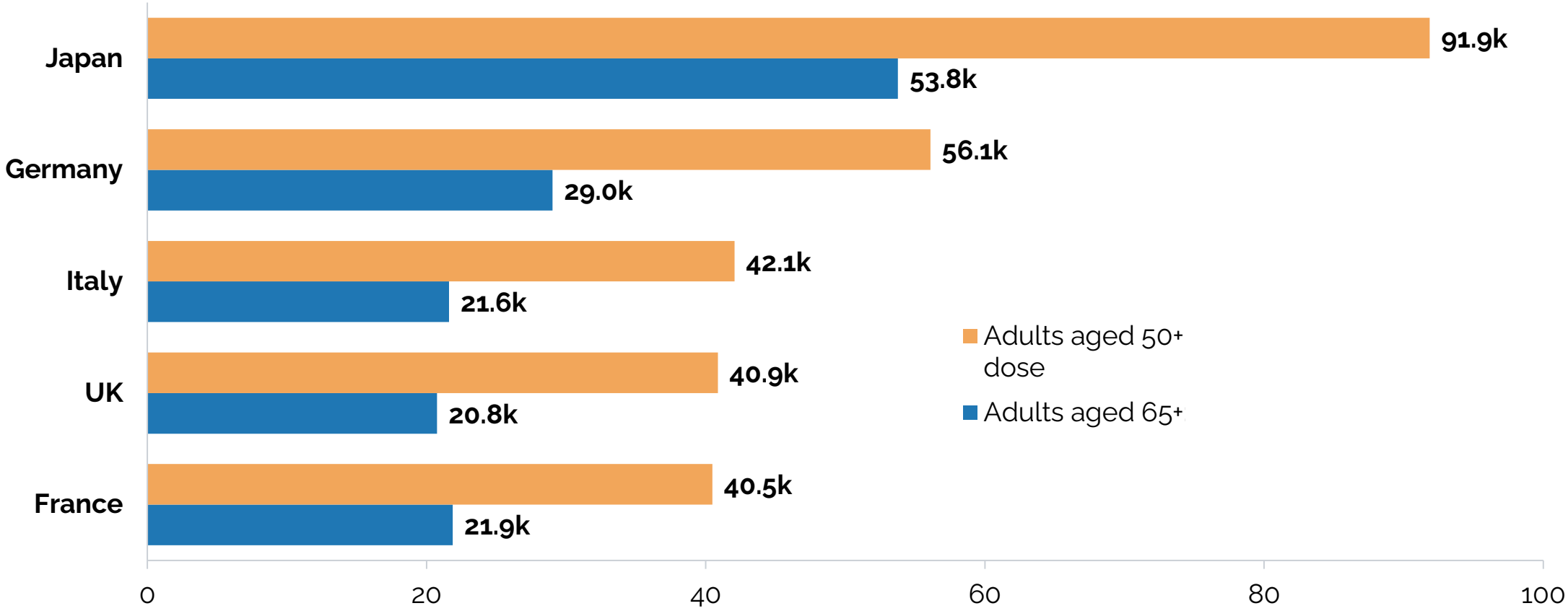
Adopting more adapted vaccines could prevent 109,000 hospital admissions

Incremental all-cause hospital admissions avoided, high-dose vs non-adjuvanted standard-dose vaccine, thousands, adults aged 65+



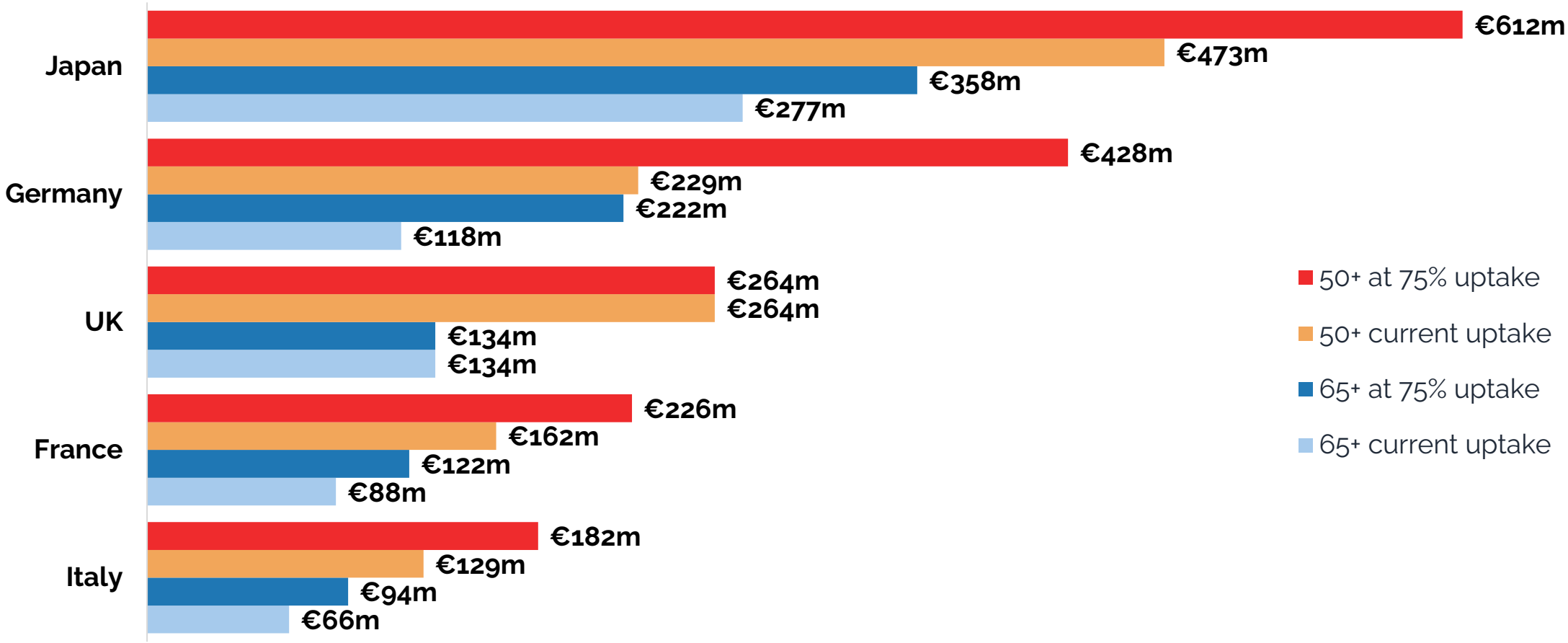
What if we lowered the eligibility age from 65 to 50?

Incremental all-cause hospital admissions avoided, high-dose vs non-adjuvanted standard-dose vaccine, thousands, adults aged 50+ versus adults aged 65+



There are large cost savings to be made by using more adapted flu vaccines

Direct hospital savings, high-dose vs non-adjuvanted standard-dose vaccine, € million (2025 prices)



Consensus statement

1. Position flu vaccination as core prevention for healthy ageing
2. Make flu vaccination part of cardiovascular prevention
3. Give older adults access to vaccines that offer better protection against flu and its complications
4. Drive high and equitable uptake through access and positive communication
5. Consider lowering the flu vaccination eligibility age to 50

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Reflections on the findings



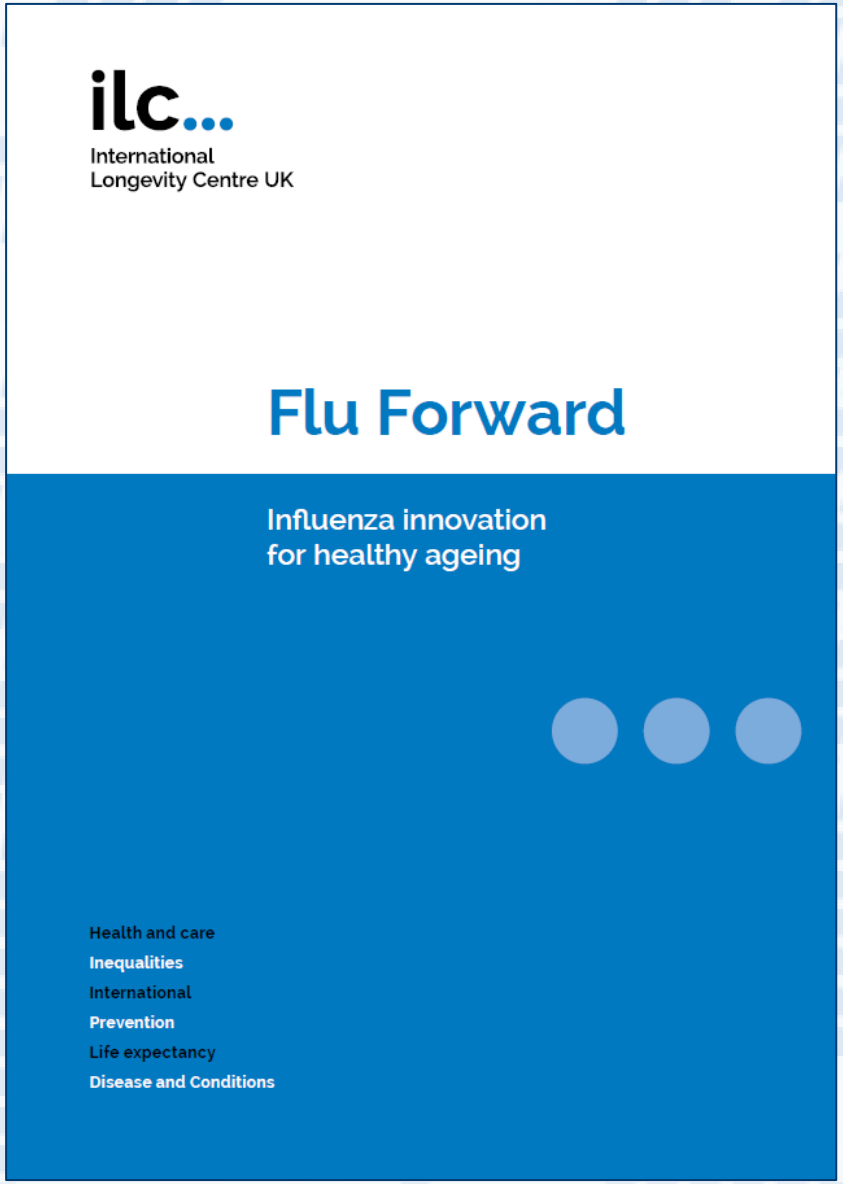
MEP Vytenis Andriukaitis

Member, Committee on Public Health, European Parliament

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Consensus statement signing

We would like to invite attendees to review and support the consensus statement:



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Longevity in the EU: what progress is being made to achieve longer, more prosperous lives?



Rosie Fogden

Director of Health and Economic Growth, ILC



Alexandre Mendonça

Affiliate Fellow, Bruegel

International Longevity Centre UK

The Healthy Ageing and Prevention Index: EU progress from 2019 to 2024



Rosie Fogden

Director of Health and Economic Growth, ILC

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The Global Health and Prevention Index: EU progress from 2019 to 2024

Rosie Fogden, Director of Health and Economic Growth

19th November 2026

Part 1

What the index measures, and why

This project has been financially supported by GSK, Pfizer, MSD, and Sanofi

Prevention starts well beyond the healthcare system

- Wave 3 of the **Global Health and Prevention Index**, tracking 153 countries since 2019
- Prevention reaches beyond clinical care to the wider drivers of health: income, work, environment and wellbeing
- The index lets us compare these drivers consistently across countries, and track how they change over time

153

countries tracked

3

waves since 2019

6

variables measured

The core indicators, and what they measure

Indicator	What it measures	Source
Life span	How many years, on average, a person is expected to live at birth	IHME, Global Burden of Disease Study 2023
Health span	How many of those years are expected to be lived in good health, adjusting for how severe any illness or disability is	IHME, Global Burden of Disease Study 2023 (HALE at birth)
Secure employment	The share of the population in secure, non-precarious work	World Bank / ILO modelled estimates (2023)
Income	Average living standards, measured as GDP per capita adjusted for purchasing power and inflation.	World Bank / IMF (GDP per capita, PPP), 2023
Clean air	Air quality, scored out of 100 based on population exposure to particulate pollution	IHME, Global Burden of Disease Study 2023
Happiness	How people rate their own life, 0–10, from the World Happiness Report's Cantril ladder question	World Happiness Report (Cantril ladder), 2025 report (2022-24 avg)

Health span is IHME's healthy life expectancy (HALE) at birth, Global Burden of Disease 2023. Each year of life is weighted by the average health loss at that age, using disability weights from 0 (full health) to 1 (equivalent to death), so mild conditions count for little and severe ones for a lot. It assumes current death and disability rates continue. Not the same as the ONS "healthy life expectancy", which counts years in self-reported "good" or "very good" general health from UK surveys: for the UK, ONS reports about 61 years for 2022-24, while this index's health span for the UK is about 68 years for 2023; the two measure health differently and should not be compared directly.

Refinements to make Wave 3 even stronger

- **Secure employment** replaces Workspan, giving a fuller picture of both how many people work and how secure that work is.
- **Income** is measured on a purchasing-power-parity basis and adjusts for inflation, with an updated base year of 2021.
- **Clean air** and **health measures** are now restated onto Global Burden of disease 2023 throughout, so all three waves can be compared consistently.
- **Life span and health span** are also now computed from the same GBD 2023 release enabling comparison with one another over time and between country blocs.

Updates to data sources in Wave 3

Variable	What changed for wave 3
Life span (life expectancy)	Restated onto Global Burden of Disease 2023 life tables
Health span (healthy life expectancy)	Restated onto Global Burden of Disease 2023
Secure employment rate	Replaces Workspan with employment share and job security
Income (GDP per capita, PPP, constant)	Measured on constant PPP basis with a base year of 2021 for cross-country comparison using latest data
Clean air (score out of 100)	Replaced the Yale-based Environmental Performance Index with IHME's Global Burden of Disease 2023 pollution-exposure score, which tracks population exposure to particulate pollution and enables consistent comparison over time.
Happiness	Updated to the World Happiness Report (WHR) 2025 edition.

These updates have been applied to Wave 1 and Wave 2 to enable comparison over time

Part 2

EU Findings: EU progress, rank change, deep dives and take aways

All figures are provisional. ILC's Global Health and Prevention Index Wave 3 will officially launch on 3rd December

EU countries progressed on all indicators except health span between 2019 to 2024

+0.1 yrs
Life span

-0.4 yrs
Health span

+1.2 pp
Secure employment

+$3,000
Income (PPP)

+1.5 pts
Clean air

+0.1 pts
Happiness

Provisional figures. Simple EU average change per variable, wave 1 (2019) to wave 3 (2024), across all countries with data for that variable.

EU countries converged on most indicators

Life span gap

-0.20 yrs

7.43 → 7.22 yrs

Health span gap

-0.29 yrs

5.97 → 5.68 yrs

Secure employment gap

-0.40 pp

18.95 → 18.55 pp

Happiness gap

-0.52 pts

2.26 → 1.74 pts

Clean air gap

+0.11 pts

17.69 → 17.80 pts

Income gap

+$3,951

$66,334 → $70,285

Comparison between the top 10% to bottom 10% for each variable. The range between the highest and lowest EU country narrowed on all six variables

Belgium, Poland and Slovenia led EU gains

Country	W1	W3	Chg
Belgium	23	15	+8
Poland	40	34	+6
Slovenia	29	23	+6
Croatia	45	42	+3
Lithuania	39	36	+3
Bulgaria	61	59	+2
Denmark	10	8	+2
Estonia	30	28	+2
Romania	49	47	+2

Country	W1	W3	Chg
Austria	14	13	+1
Germany	15	14	+1
Ireland	8	7	+1
Luxembourg	5	4	+1
Czech Republic	27	27	0
Finland	11	11	0
Malta	16	16	0
Sweden	4	4	0
Cyprus	32	33	-1

Country	W1	W3	Chg
Greece	43	44	-1
Italy	25	26	-1
Netherlands	9	10	-1
Slovak Republic	36	37	-1
France	17	19	-2
Latvia	44	46	-2
Hungary	42	45	-3
Portugal	26	30	-4
Spain	19	23	-4

13 of 27 EU countries rose, 10 fell and 4 held steady. Belgium's rise is greatest. Poland's broad-based rise is covered in more detail shortly; Spain and Portugal are tied for the EU's largest decline (-4), though modest by G20 standards. In Wave 3, Sweden and Luxembourg were the highest ranking EU countries (4) , while Bulgaria was the lowest (59)

New member states improved by more than the EU 14 on average

EU 14

Country	W1	W3	Chg
Luxembourg	5	4	+1
Sweden	4	4	0
Ireland	8	7	+1
Denmark	10	8	+2
Netherlands	9	10	-1
Finland	11	11	0
Austria	14	13	+1
Germany	15	14	+1
Belgium	23	15	+8
France	17	19	-2
Spain	19	23	-4
Italy	25	26	-1
Portugal	26	30	-4
Greece	43	44	-1

New Member States

Country	W3	Chg
Malta	16	0
Slovenia	23	+6
Czech Republic	27	0
Estonia	28	+2
Cyprus	33	-1
Poland	34	+6
Lithuania	36	+3
Slovak Republic	37	-1
Croatia	42	+3
Hungary	45	-3
Latvia	46	-2
Romania	47	+2
Bulgaria	59	+2

On average, both the EU 14 and new member states improved their global position on the index. The new member states improved by more, showing that the convergence we see across EU countries is these countries catching up.

Poland's rise is broad-based, led by a happiness, clean air and health improvement

Variable	Wave 1 rank	Wave 3 rank	Change
Life span	45	43	**+2**
Health span	47	40	**+7**
Secure employment	45	42	**+3**
Income (PPP)	38	35	**+3**
Clean air	48	38	**+10**
Happiness	39	23	**+16**

Overall rank: **40 → 34**

Every variable improved, but happiness leads: rank 39 to 23, a +16 place jump – ahead of clean air (+10) and health span (+7). A broad-based rise with one standout driver.

Slovenia's rise is driven by life span, health and happiness

Variable	Wave 1 rank	Wave 3 rank	Change
Life span	26	22	**+4**
Health span	24	23	**+1**
Secure employment	38	39	**-1**
Income (PPP)	32	28	**+4**
Clean air	32	32	**0**
Happiness	32	17	**+15**

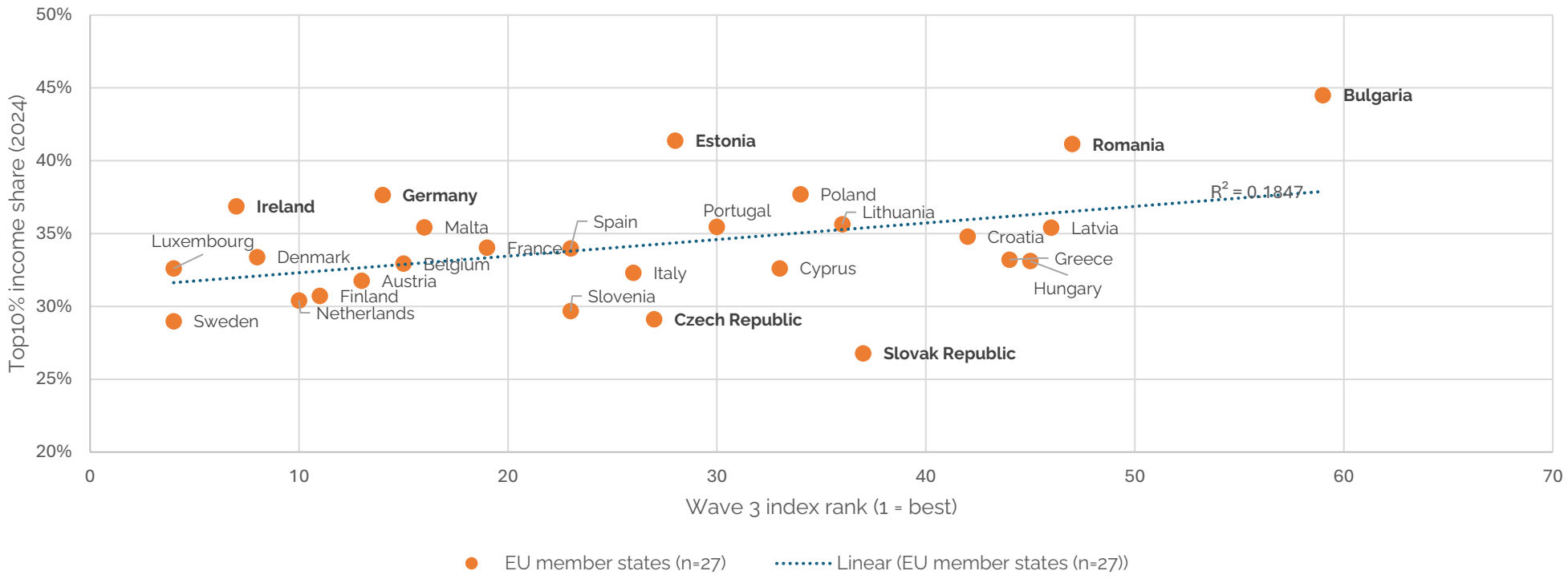
Overall rank: **29 → 23**

Slovenia saw gains in life span, health, income and happiness with happiness leading these gains and little movement on clean air or secure employment.

National averages can hide who gets left behind

- The index ranks countries on population averages across six variables: life span, health span, work, income, environment and happiness
- A country can rank well overall while specific groups, lower earners, or women, see far less of that progress
- We plotted income concentrated at the top against each EU country's overall Wave 3 rank, using World Inequality Database data
- This shows EU countries that rank highly tend to be more equal but there are multiple exceptions
- Overall, the EU is one of the most equal country blocs

Income inequality broadly tracks rank for EU countries but there are notable outliers



The highest and lowest ranking countries (Sweden and Bulgaria) also have some of the lowest and highest income inequalities, respectively. But countries like Estonia and Germany have higher inequality than their rank might suggest, while the Slovak and Czech Republic have lower income inequality than their rank suggests.

EU takeaways

The EU got a bit **richer and achieved more secure employment** since 2019, but has also **become less healthy**

Ireland saw the largest increases in real income per capita and **Cyprus** led on improvements to secure employment while **Greece** saw the largest declines in health span

Belgium, Slovenia and Poland saw the largest overall improvements between Wave 1 and 3

Compared with the global average, the **EU did better on economic and environmental** measures but **worse on health**

Gaps between EU countries **narrowed across most indicators**

The **divide** between old and new members persists but **is closing slowly**

The EU is one of the **most equal blocs**, and more equal countries tend to rank higher

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BB Future: Assessing the socio-economic challenges brought by the ageing of the Baby Boomer cohort and the consequent “Care Wave”



Alexandre Mendonça

Affiliate Fellow,
Bruegel

The economic side of longevity: Europe's care wave



Alexandre Mendonça

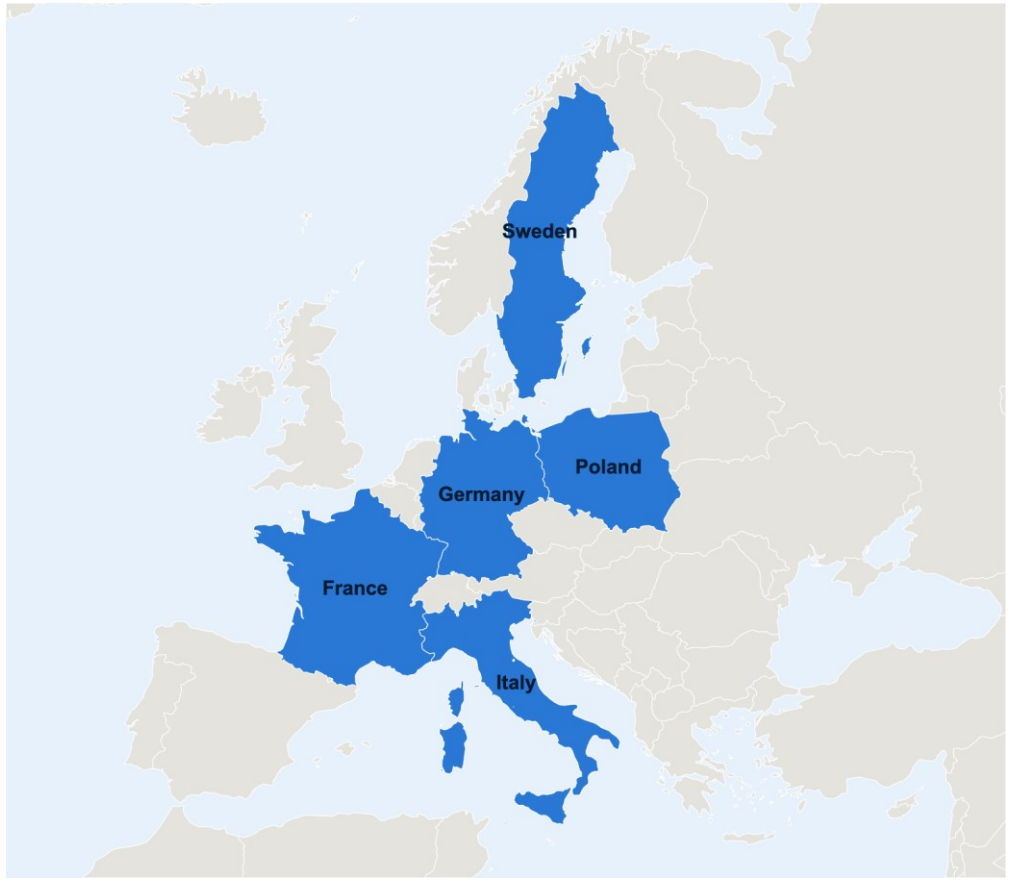
An age of economic opportunity: maximising the European longevity dividend

ILC Europe Network Conference - 19th November 2026

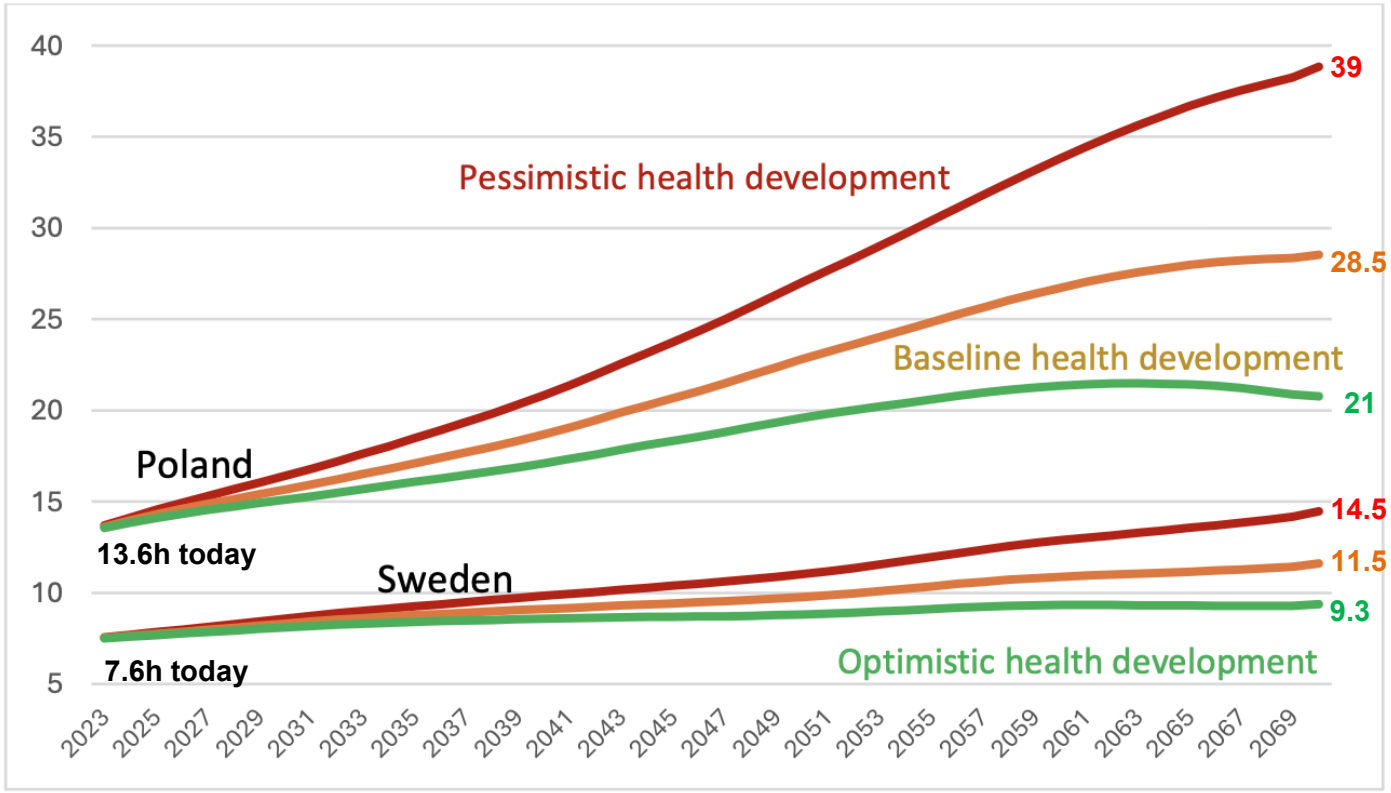
This project is funded by the European Union under Grant Agreement 101093849 — BB-Future as part of HORIZON-CL2-2022-TRANSFORMATIONS-01. We are grateful for the generous support. Views and opinions expressed are however those of the project participants only and do not necessarily reflect those of the European Union. Neither the European Union nor the granting authority can be held responsible for them.

BB-Future: the economic consequences of Europe's baby-boomer

- **Five countries, from generous to limited long-term care:** France, Germany, Italy, Poland and Sweden
- **SHARE data**
- **Micro and macroeconomic models**
- **2023-2070**



The care wave: bigger, longer and already here



Monthly care hours needed per working-age person (20-64)

- Care demand projected to **rise between 30% and 70% by 2060**, depending on the health scenario
- More than **four in ten** Europeans (42.8% in 10 selected countries) who need care receive no care at all

Source: BB-Future Digests 2, 3 and 5; SHARE data. Poland and Sweden are the two extremes of the BB-Future sample. The 10 countries are Austria, Denmark, Estonia, France, Germany, Italy, the Netherlands, Poland, Spain and Sweden.

The economic dividend of healthy ageing

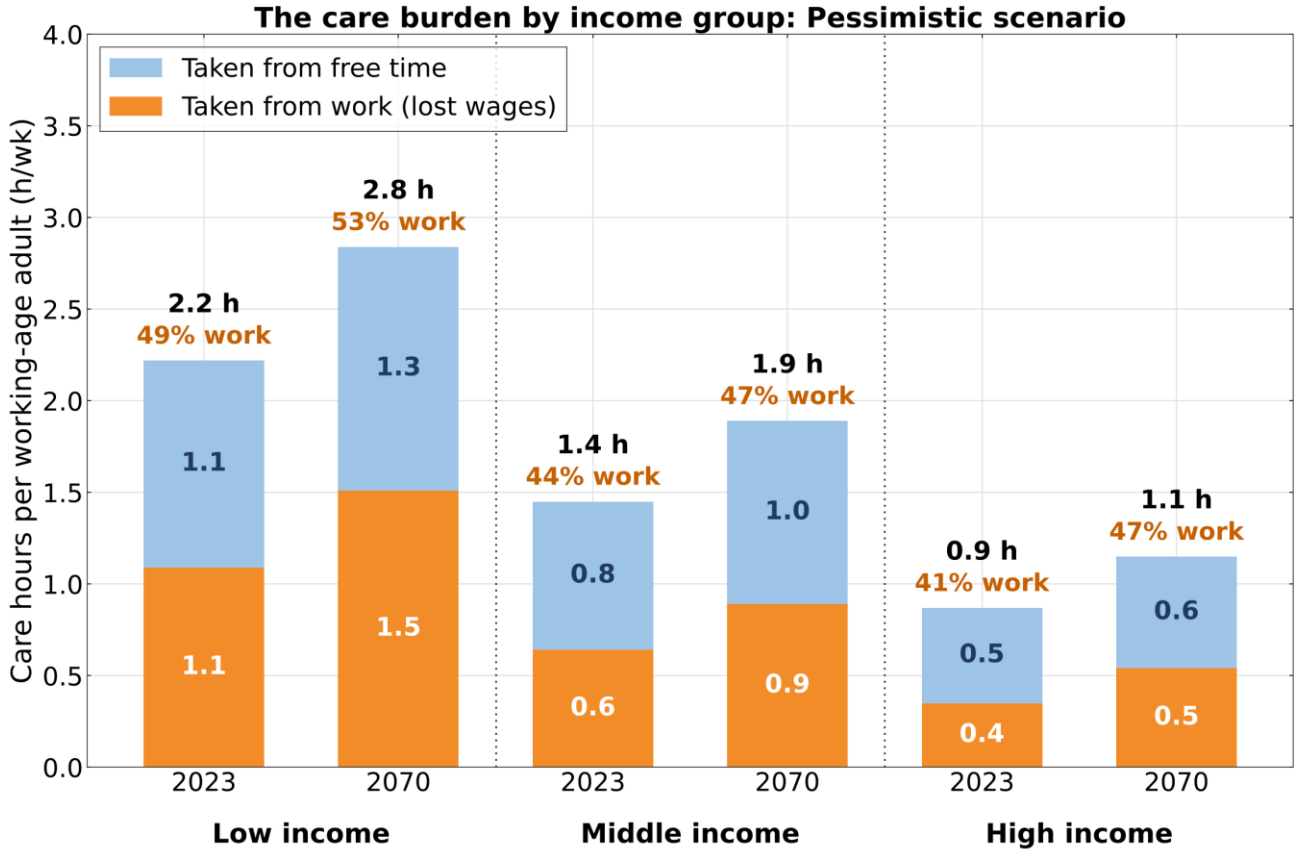
	Longer and healthier lives	Longer lives, little health gain
Care hours per working-age adult (EU5)	**1.6h/week** today: 1.7h/week	**2.1h/week** about +25%
Labour supply lost to informal care (EU5)	**1.9%** about today's level	**2.7%**
Public long-term care spending vs today	stable in most countries	**+84% to +190%**

Two different health scenarios, by 2070

Source: BB-Future Digests 2, 4 and 8.

Care is also labour-market policy

- Around **2% of EU5 labour supply and GDP lost to informal care** today, about what the EU spends on defence
- Around **2/3 of the additional future care hours come out of paid work**, not free time
- **Low earners pay with wages; high earners with leisure**



Source: BB-Future Digests 4 and 9.

Europe’s biggest care provider is shrinking

Around half of people who need care rely on partners, children of friends *(informal care)*

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Gender



67%

of primary child carers are daughters (75% in low-generosity systems)

Money



-1.5pp

Closing the gender wage gap barely moves daughters’ share (67.1% → 65.6%)

Distance



1 in 3

adult children live 25+ km away by age 30, and rarely move back when care is needed

Family size



2.24 → 1.15

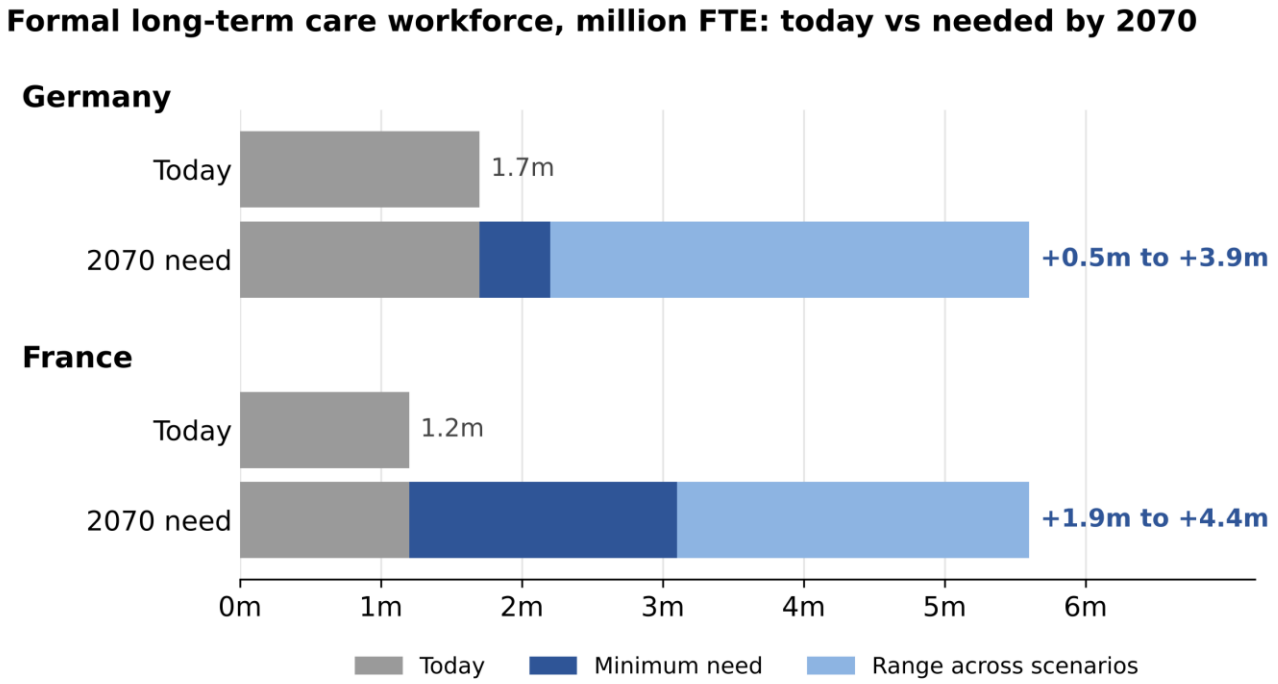
children per family by 2050: formal care uptake in low-generosity systems 30% → 51%

Europe’s largest care provider is unequal, more spread out, and shrinking

Source: BB-Future Digests 14, 15 and 19.

Public finances and the care workforce

- Informal care has a hidden cost around **2% of GDP** today (EU5)
- Public LTC spending today ranges from **0.6% (Poland) to 2.6% (Sweden) of GDP**
- **Families already carry a bill as large as the state's**



Every scenario needs more care workers. The question is how many, not whether.

Source: BB-Future Digests 4, 6 and 8.

Beyond prevention: three economic levers

Prevention helps shrink the care wave. These levers decide who carries it.

1

Protect working hours

Right to return to previous hours after care

Income-tested carer allowances: more impact per euro than formal care price cuts

2

Count the hidden care policy

Joint taxation: implicit care subsidy of about €174-206 a month (FR, DE), mostly to higher earners

Pension credits for carers: up to +9 pp informal care (IT), under 1pp (DE)

3

Build formal care capacity early

Price cuts alone will not close the gap where formal care is scarce

Means-tested subsidies mainly shift who pays, not how much care is provided

Source: BB-Future Digests 10, 11, 12, 13 and 16.

Three levers to close the care gap

Care gap = care demand – care supply

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1. Demand

Reduce how much care is needed

What we showed

Healthy ageing keeps labour losses at 1.9% instead of 2.7% of labour supply by 2070

What to do

Make delaying impairment a healthy-ageing target; measure care in hours

2. Supply

Support those who provide care

What we showed

Informal care costs 2% of labour supply; low earners and daughters carry most of it

What to do

Protect carers' incomes, pensions and working hours

3. Design

Make subsidies and capacity work

What we showed

Every scenario needs more formal care workers

What to do

Expand formal care capacity early; tailor subsidies to national contexts

Three complementary approaches, none is enough on its own

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Thank you!

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Q&A discussion

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Networking break

Please return to your seats by 2.15pm

Advancing healthier, longer lives: the role of preventative health interventions in supporting individual and economic wellbeing



Molly Townsend

Research and Policy Officer, ILC



Mikaela Nordenfelt

Partnerships & Policy Director, ESWI

International Longevity Centre UK

How can respiratory vaccination support Europeans to live better long lives?



Molly Townsend

Research and Policy Officer,
ILC

Europe is ageing – fast

One in four Europeans will be 65 or over within a decade

16.7%

2005 – share of the EU population aged 65 and over

22.0%

2025 – more than one in five

25.7%

2035 – one in four, projected

By 2035, over-50s are expected to make up 35% of the EU workforce. Our economies increasingly rely on older people staying healthy.

Sources: Eurostat (2026), demo_pjanind and proj_25ndbi (EUROPOP2025 baseline); Cedefop, 21st century workforce.

The health burden

The harm doesn't end when the infection clears

6×

higher risk of a **heart attack** in the week after a confirmed flu infection

1 in 5

adults aged 50+ hospitalised with RSV had an **acute cardiac event**

1 in 10

older adults hospitalised with flu or respiratory illness left with **catastrophic disability**

Respiratory infection is also linked to stroke, cognitive decline and new-onset diabetes.

Sources: Kwong et al. (2018) NEJM; Woodruff et al. (2024) JAMA Intern Med; Andrew et al. (2021) J Am Geriatr Soc.

The economic burden

Most of the cost falls outside the health system

82%

of the cost of an adult flu episode in Germany is **lost working days**

4.6m

working days lost to flu each year in the UK – **£644 million** to the economy

€11.5bn

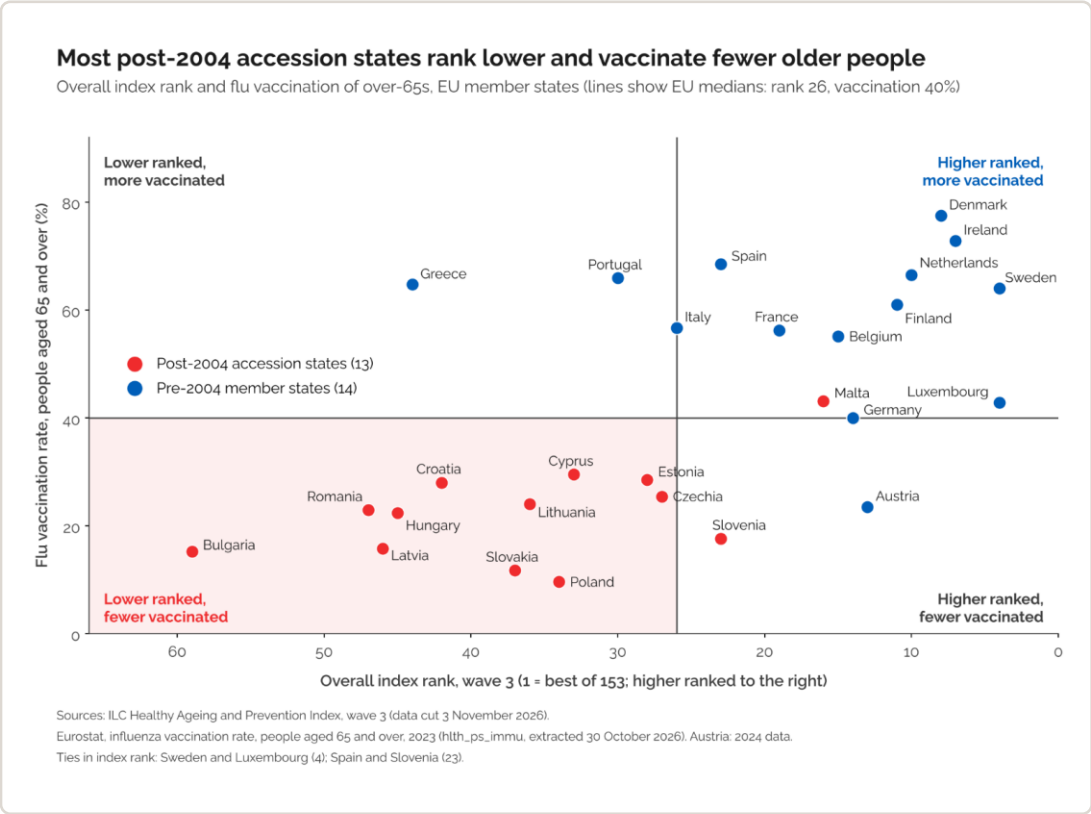
EU hospital costs for flu admissions alone, **in 2005** – and admissions have risen since COVID-19

Lost days, presenteeism and early exits from work make prevention a fiscal issue, not only a clinical one.

Sources: Ehlken et al. (2015) BMC Public Health; RAND (2023); Uhart et al. (2016) Hum Vaccin Immunother; UKHSA (2025).

Healthy Ageing and Prevention Index, wave 3

Europe's healthy ageing divide follows EU accession



Typical Index rank, of 153 countries

36th vs 14th

Health span (healthy life expectancy)

67.3 vs 69.9 years

Life span

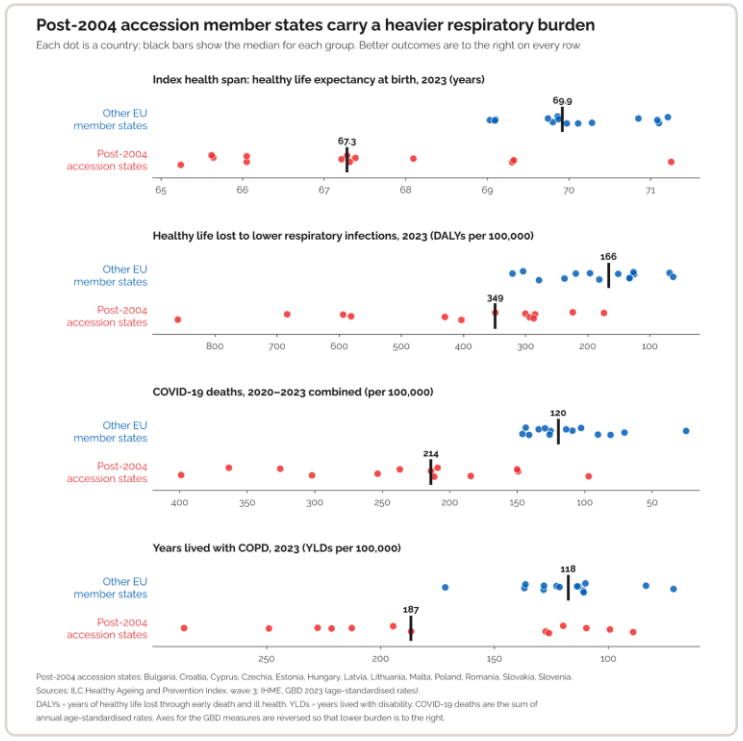
78.5 vs 82.2 years

Red: Member States that joined the EU from 2004. Black: other EU Member States.

Source: ILC Healthy Ageing and Prevention Index, wave 3 (early findings; full results December 2026), using IHME GBD 2023; Eurostat (hlth_ps_immu).

Healthy Ageing and Prevention Index, wave 3

Newer Member States carry a heavier respiratory burden



Median, newer Member States vs other EU Member States, 2023

Healthy life lost to lower respiratory infections (DALYs per 100,000)

349 vs 166

COVID-19 deaths, 2020–2023 (per 100,000)

214 vs 120

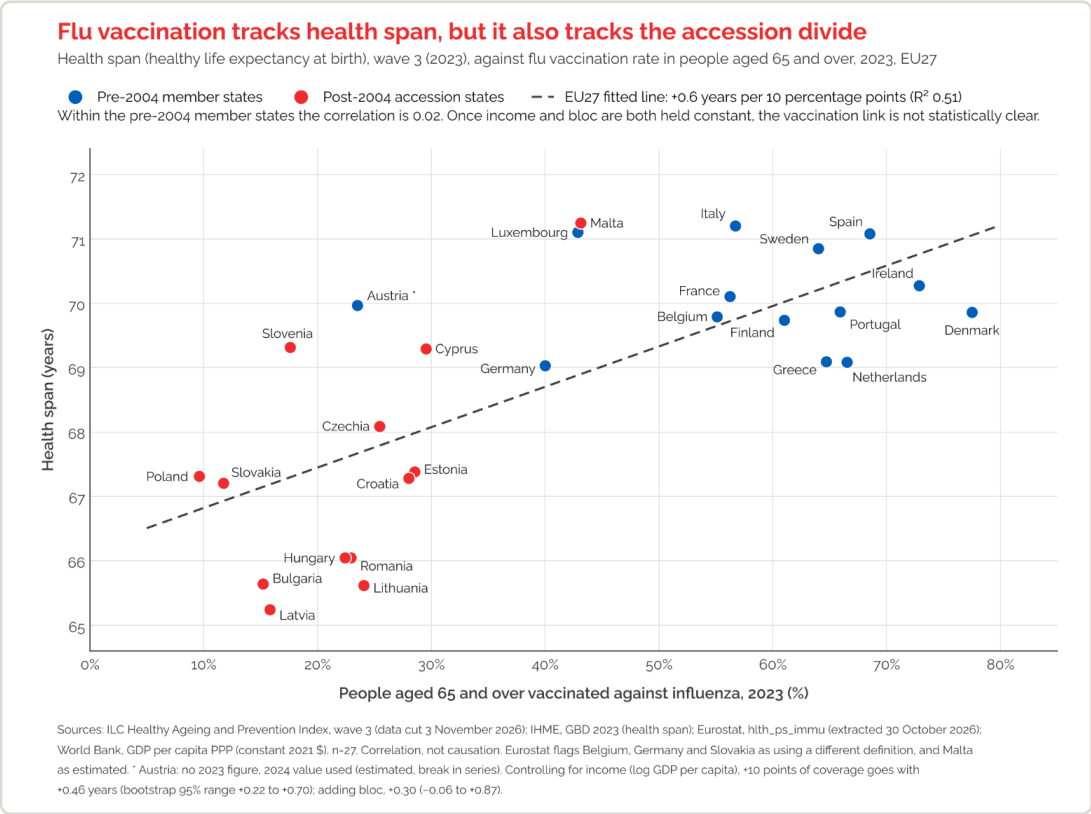
Years lived with COPD (per 100,000)

187 vs 118

Sources: ILC Healthy Ageing and Prevention Index, wave 3; IHME GBD 2023 (age-standardised rates). DALYs = years of healthy life lost to early death and ill health.

Healthy Ageing and Prevention Index, wave 3

Flu vaccination tracks health span



Extra health span for every 10 points of flu vaccination coverage, income held constant

+0.46 years

Once the gap between older and newer Member States is also held constant

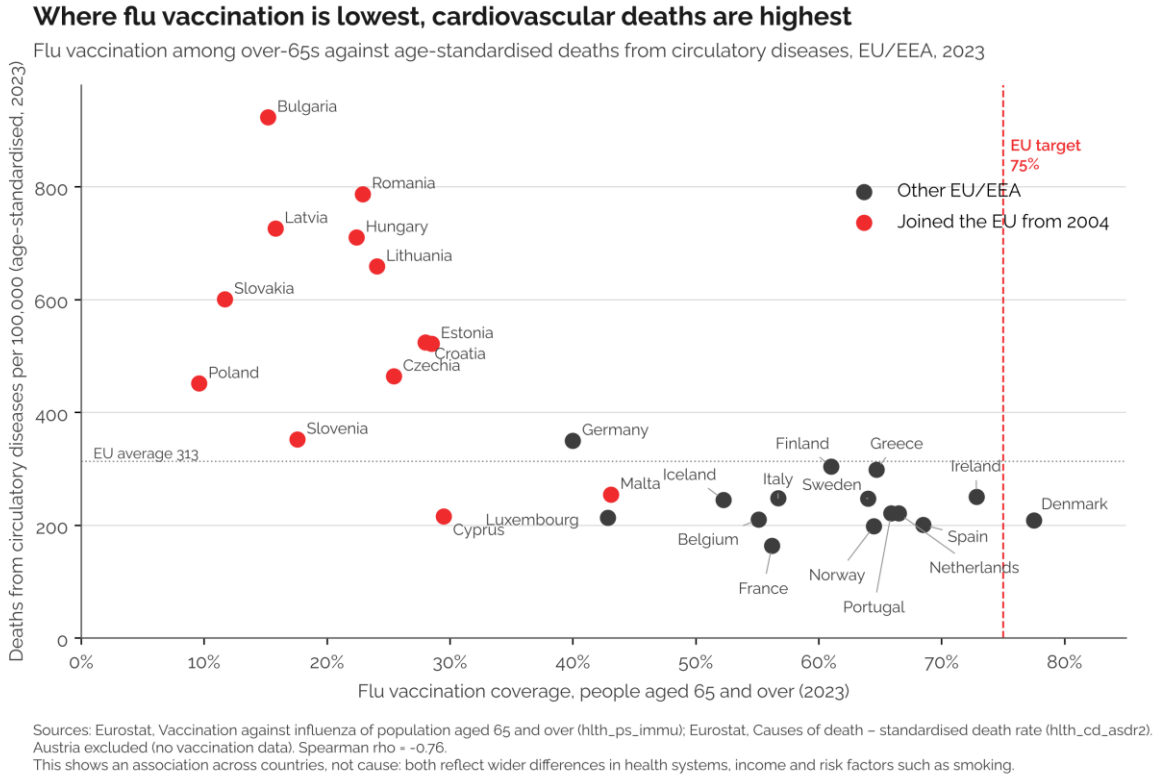
Not statistically clear

Association, not cause: vaccination is a marker of a country's wider prevention effort.

Sources: ILC Healthy Ageing and Prevention Index, wave 3 (data cut 3 November 2026); IHME GBD 2023; Eurostat (hlth_ps_immu), 2023.

Prevention follows the same divide

Flu vaccination is lowest and cardiovascular deaths are highest in newer Member States



Sources: Eurostat, Vaccination against influenza of population aged 65 and over (hlth_ps_immu); Eurostat, Causes of death – standardised death rate (hlth_cd_asdr2).
Austria excluded (no vaccination data). Spearman rho = -0.76.
This shows an association across countries, not cause: both reflect wider differences in health systems, income and risk factors such as smoking.

Only 1

EU country met the 75% flu vaccination target for over-65s in 2023: Denmark

12 of 13

newer Member States vaccinated fewer than 30% of over-65s

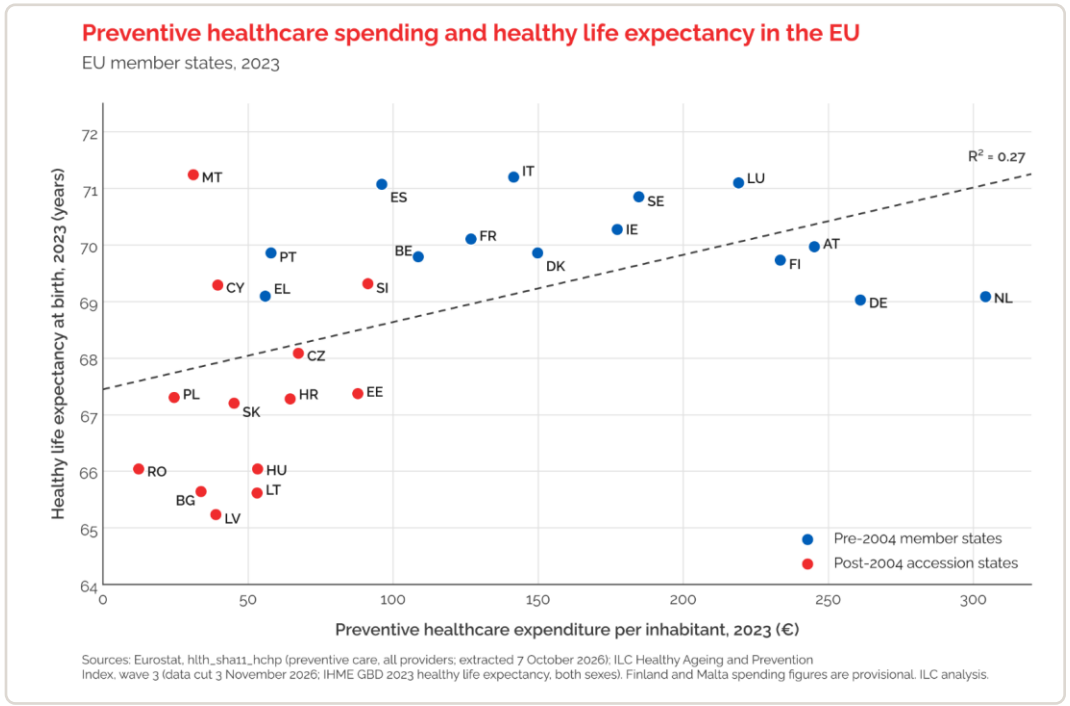
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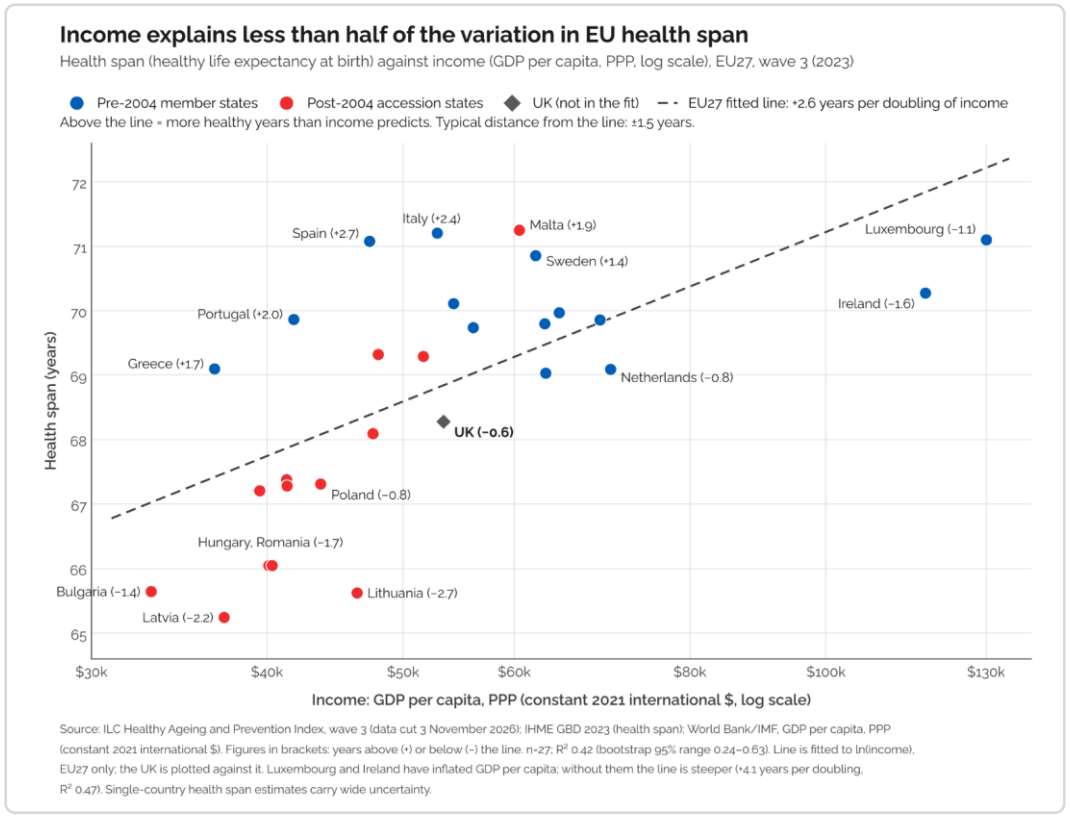
newer Member States recommends RSV vaccination for older adults: Poland

Sources: Eurostat (hlth_ps_immu; hlth_cd_asdr2), 2023; ECDC Vaccine Scheduler, November 2026. Association across countries, not cause.

What the Index tells us

Spending and income don't close the gap





Sources: ILC Healthy Ageing and Prevention Index, wave 3; Eurostat (hlth_sha11_hchp), 2023; World Bank/IMF GDP per capita PPP. Spending is recorded differently across countries.

In focus

Denmark and Hungary: vaccination moves fast, health span moves slowly

	Denmark	Hungary
Flu vaccination, aged 65+ (2019 → 2023)	52.0% → 77.5%	24.1% → 22.4%
Healthy life expectancy (2019 → 2023)	70.1 → 69.9 years	66.2 → 66.0 years
Life expectancy (2019 → 2023)	81.4 → 81.5 years	76.4 → 76.8 years
Index rank (wave 1 → wave 3)	10th → 8th	42nd → 45th

Vaccination is one part of prevention. On its own it does not decide how long people live in good health.

Sources: Eurostat (hlth_ps_immu); ILC Healthy Ageing and Prevention Index, wave 3 (early findings), using IHME GBD 2023.

What needs to happen

Four recommendations

1 **Treat respiratory vaccination as heart, brain and diabetes prevention**

Offer it through cardiology, diabetes, respiratory and memory services, backed by the EU Safe Hearts Plan.

2 **Fund community-led outreach**

Reach the people prevention misses through trusted local networks, including migrants and deprived areas.

3 **Make prevention part of older worker strategies**

Vaccination at work, sick pay for informal workers and workplace health support.

4 **Set consistent reporting standards**

Measure disease burden and prevention spending the same way across the EU.

Source: ILC (2026) Breathing equally: approaches to respiratory diseases across Europe.

Longer lives are already here

Making sure they are spent in good health means reaching the people prevention programmes currently miss.

Molly Townsend · International Longevity Centre UK · ilcuk.org.uk · Breathing equally was supported by Sanofi.

International Longevity Centre UK

The Interdisciplinary Disease Collaboration (IDC): a model for multistakeholder advocacy for a healthier Europe



Mikaela Nordenfelt

Partnerships & Policy Director,
ESWI

The Interdisciplinary Disease Collaboration (IDC) on Respiratory Infections & NCDs

A model for multi stakeholder advocacy for a healthier Europe

19 November 2026

Mikaela Nordenfelt
Partnerships and Policy Director, ESWI Secretariat

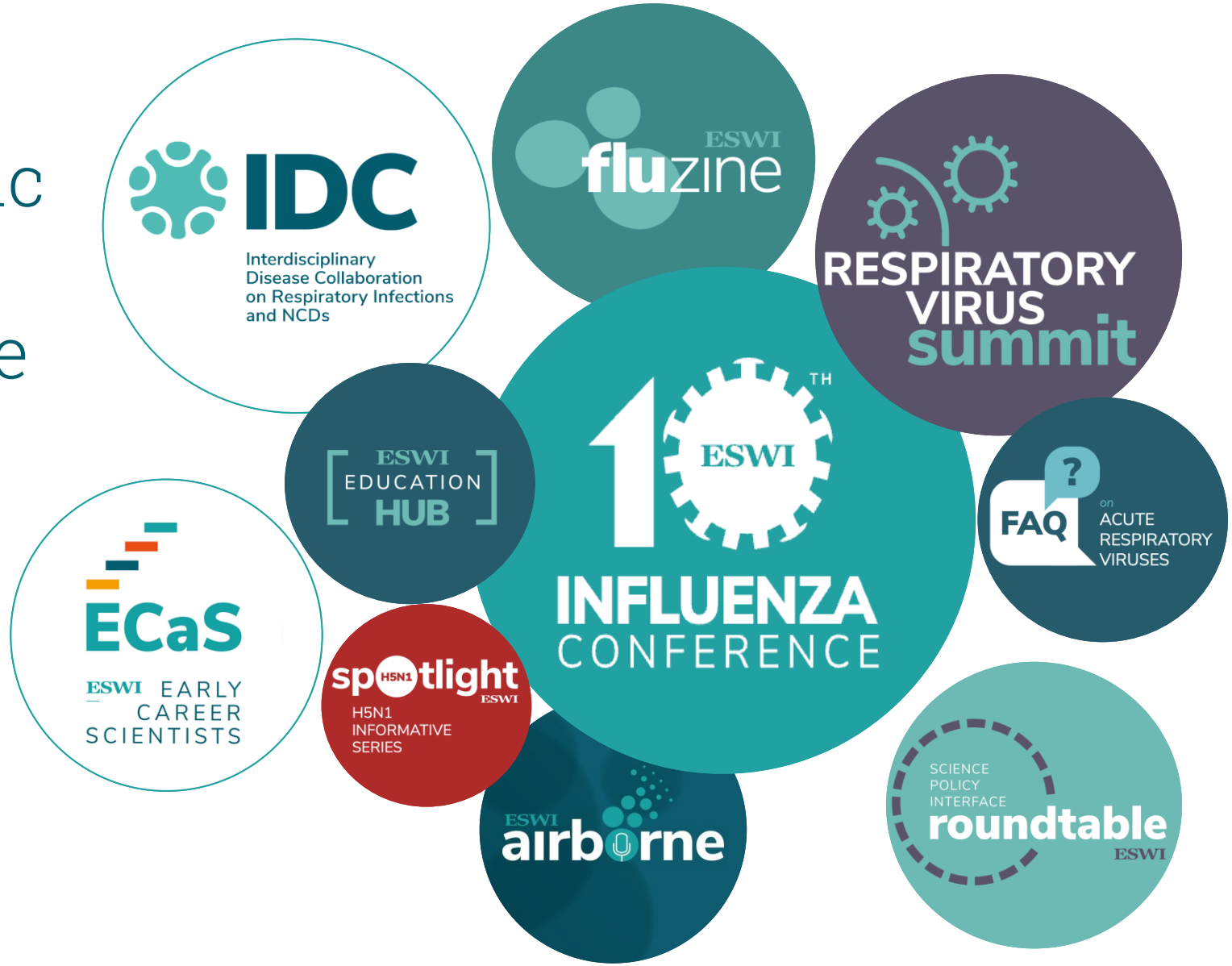
ESWI

SCIENTISTS FIGHTING INFLUENZA AND OTHER ACUTE RESPIRATORY VIRUSES

Introducing ESWI:

The European Scientific Working Group on Influenza & other Acute Respiratory Viruses (ESWI)

Reducing the burden of major acute respiratory virus infections *by fostering stakeholder communication and cross-disciplinary research in Europe.*



Scientists fighting influenza and other respiratory viruses ESWI

Evolution of the ESWI IDC (2017-2026)

Same acronym, broader focus

2017

BUILDING AN
Influenza Diabetes Community

›

2025

IDC

Interdisciplinary
Disease Collaboration
on Respiratory Infections
and NCDs



BIO

Marco Goeijenbier



BIO

Tor Biering-Sørensen



BIO

Kirsty Short

NCDs and infections have a **bidirectional** relationship

Acute viral infections are not isolated events, but may have important systemic effects and contributors to NCDs

Shared pathways: inflammation, immune dysfunction, endothelial injury



NCDs can increase susceptibility and severity of infection

Infections can precipitate decompensation of NCDs

IDC
Interdisciplinary Disease Collaboration on Respiratory Infections and NCDs

Abdul-Mutakabbir JC & Abdul-Mutakabbir R. Infect Dis Ther 2025;14:1561–1575.

Launching the expanded IDC: A **renewed vision**

Optimal care for, and prevention of, respiratory virus infections in people living with NCDs

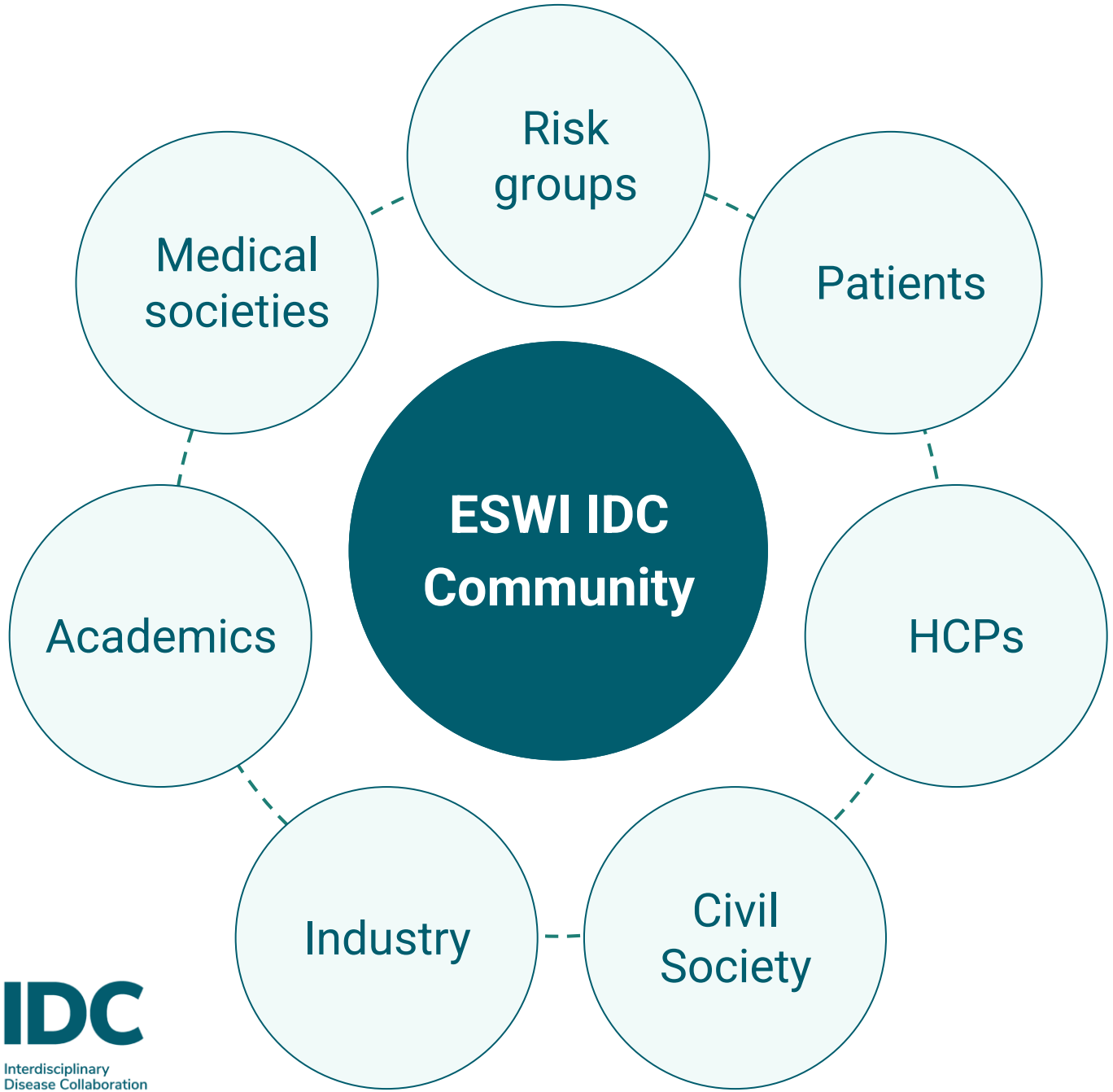
Better **understanding** of the bidirectional relationship and causal links

Increased **awareness** within the care community

Ensure the **translation** of scientific data into effective, evidence-based approaches

IDC
Interdisciplinary Disease Collaboration on Respiratory Infections and NCDs

A **multi-stakeholder** community





IDC
Interdisciplinary Disease Collaboration on Respiratory Infections and NCDs

The value of **co-creation**

IDC Action Plan developed through survey responses

Comorbidities & multimorbidity are under-addressed

Structural fragmentation across NCD communities is an obstacle

Prioritise **lifecourse immunisation** as a NCD prevention strategy

Framing problem: vaccination **siloed** from NCD management pathways

Through demographic changes, **RVI will increasingly be expressed through NCD-related HC** rather than infection outcomes alone

Bidirectional link is no longer in doubt: how do we act on it?

Guidelines, pathways & reimbursement structures have not kept pace

Public trust and communication are distinct, underestimated challenges

Integrated care models needed across NCD and infection specialties

Environmental & social determinants (air pollution, climate change, inequalities) must not be overlooked

Respiratory infections often **underestimated** by both patients and HCPs

Need to move from **pathogen-centric to patient-centric** prevention strategies

IDC
Interdisciplinary Disease Collaboration on Respiratory Infections and NCDs

Regular rhythm of meetings and collaboration

March 2026

Kick off webinar
Scientific context, including risk group and policy perspectives.

June 2026

Roundtable discussion (in-person)
Identified 4 key priorities for action:

1. Close the science/ policy/practice gap
2. Life-course immunisation
3. Shift the messaging
4. EU Safe Hearts Plan

October 2026

Online meeting, structuring action
Presenting the IDC Action Plan, built around three working groups: **Evidence**, **Barriers**, and **Action**.

December 2026

Online meeting
Establishing working groups



IDC
Interdisciplinary Disease Collaboration on Respiratory Infections and NCDs

Action Plan: **Three working groups** for collaboration

WG1 EVIDENCE

Scientific Study

Identifying evidence and research gaps across chronic diseases and their relationship to respiratory infections.

WG2 BARRIERS

Implementation Review

Analysing the barriers preventing respiratory virus vaccination from being embedded into NCD management.

WG3 ACTION

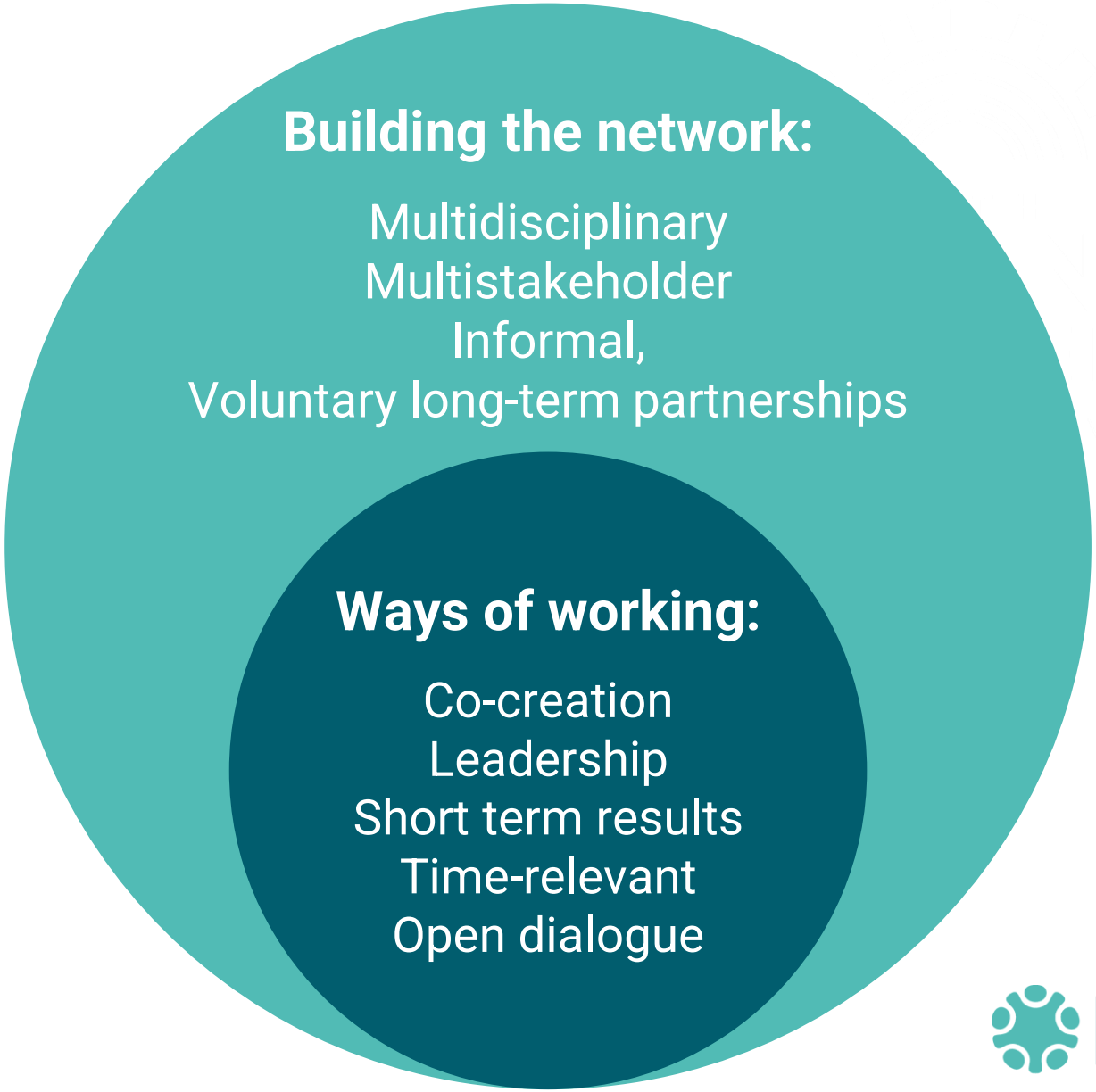
Call-to-Action

Presenting evidence-based recommendations for patient-centric prevention.

IDC
Interdisciplinary Disease Collaboration on Respiratory Infections and NCDs

Lessons learned:

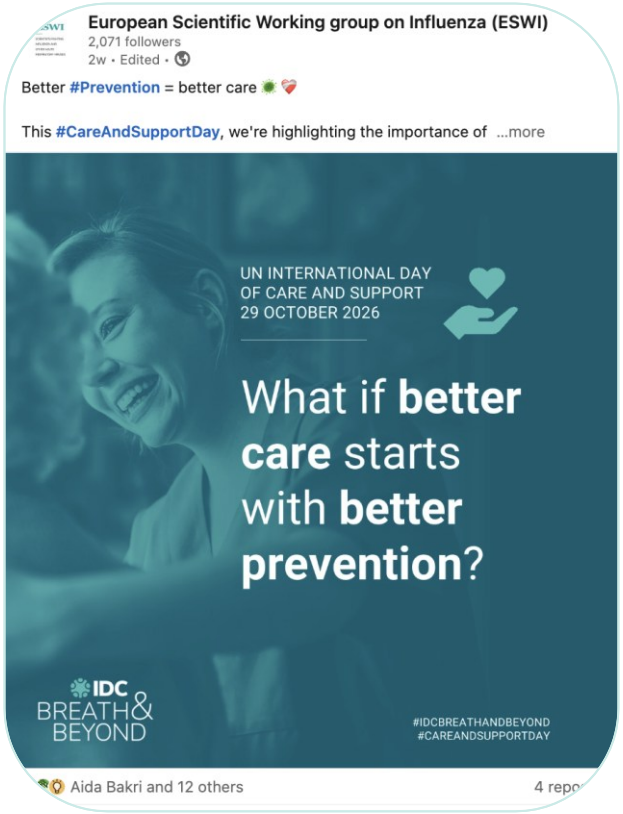
Key aspects of a successful model for interdisciplinary collaboration

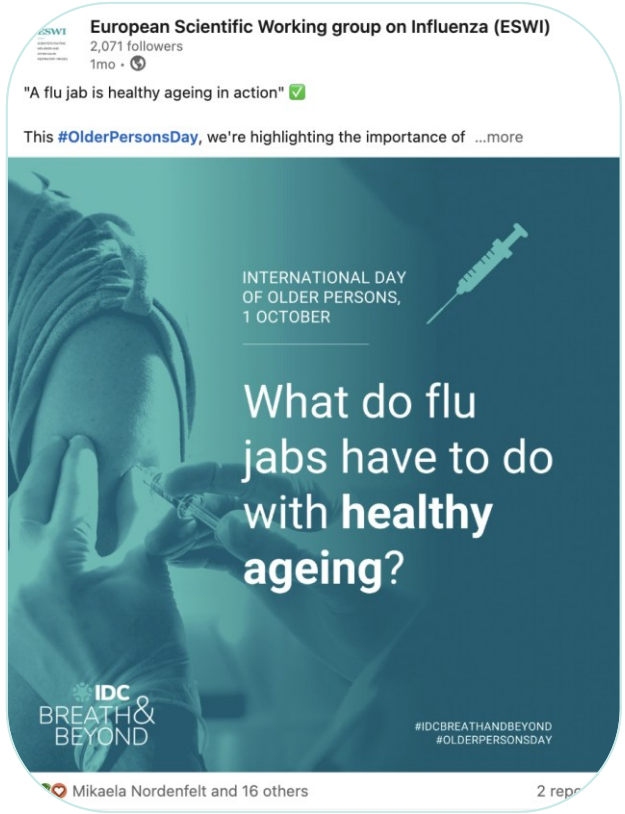


IDC
Interdisciplinary Disease Collaboration on Respiratory Infections and NCDs

Wider activities and opportunities to participate

Awareness-raising:

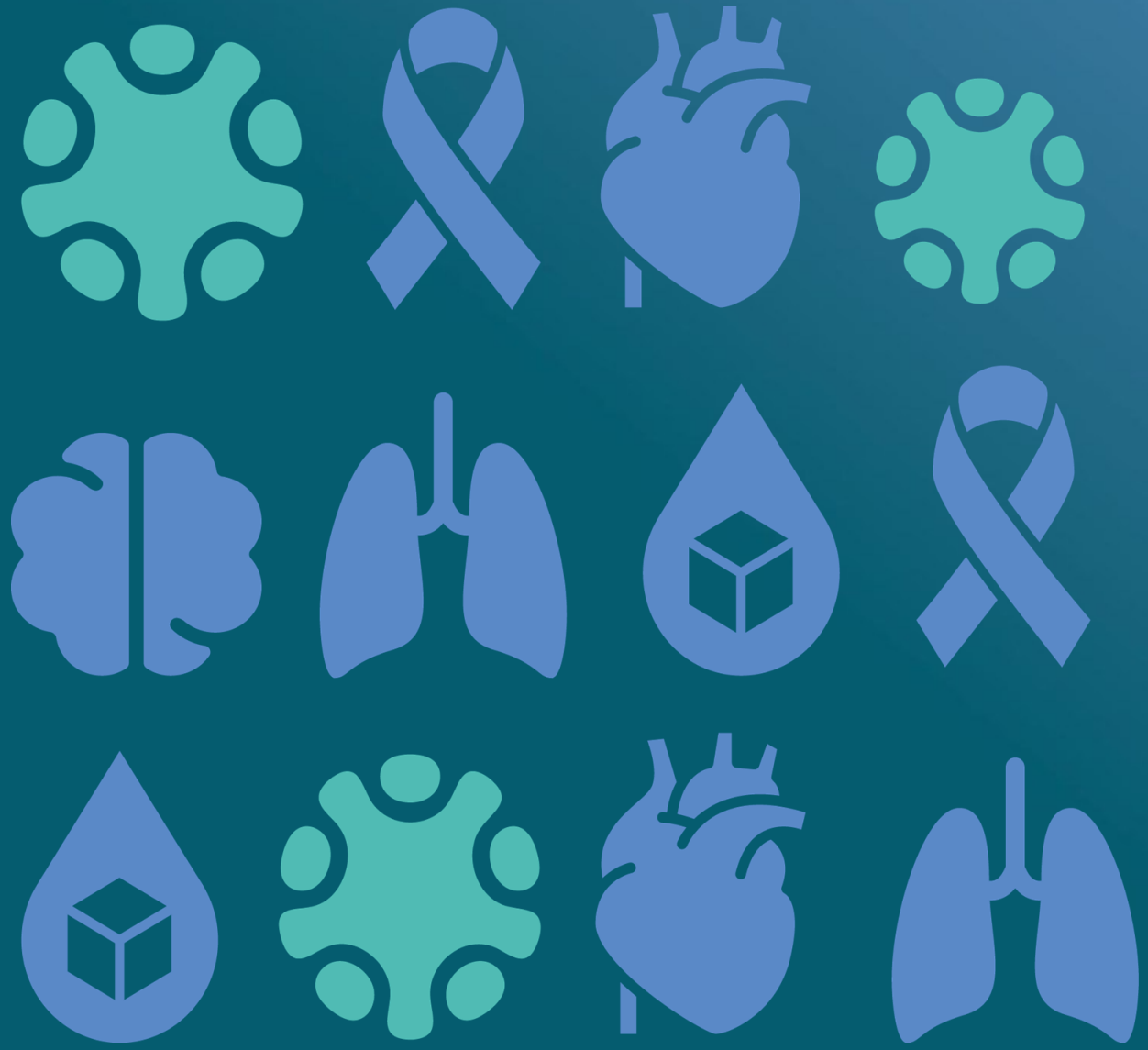




Expert-led conversations:

ESWI airborne

IDC
Interdisciplinary Disease Collaboration on Respiratory Infections and NCDs



The IDC remains open to interested partners working on NCDs or respiratory health.

Next meeting: 17 December 2026

Contact:
Mikaela.Nordenfelt@eswi.org

IDC

Interdisciplinary
Disease Collaboration
on Respiratory Infections
and NCDs

International Longevity Centre UK

Q&A discussion

International Longevity Centre UK

A policymaker's perspective: how can Europe seize the longevity dividend through its economic policy agenda?

Keynote speech: a new approach on ageing, care, and economy



MEP Sirpa Pietikäinen

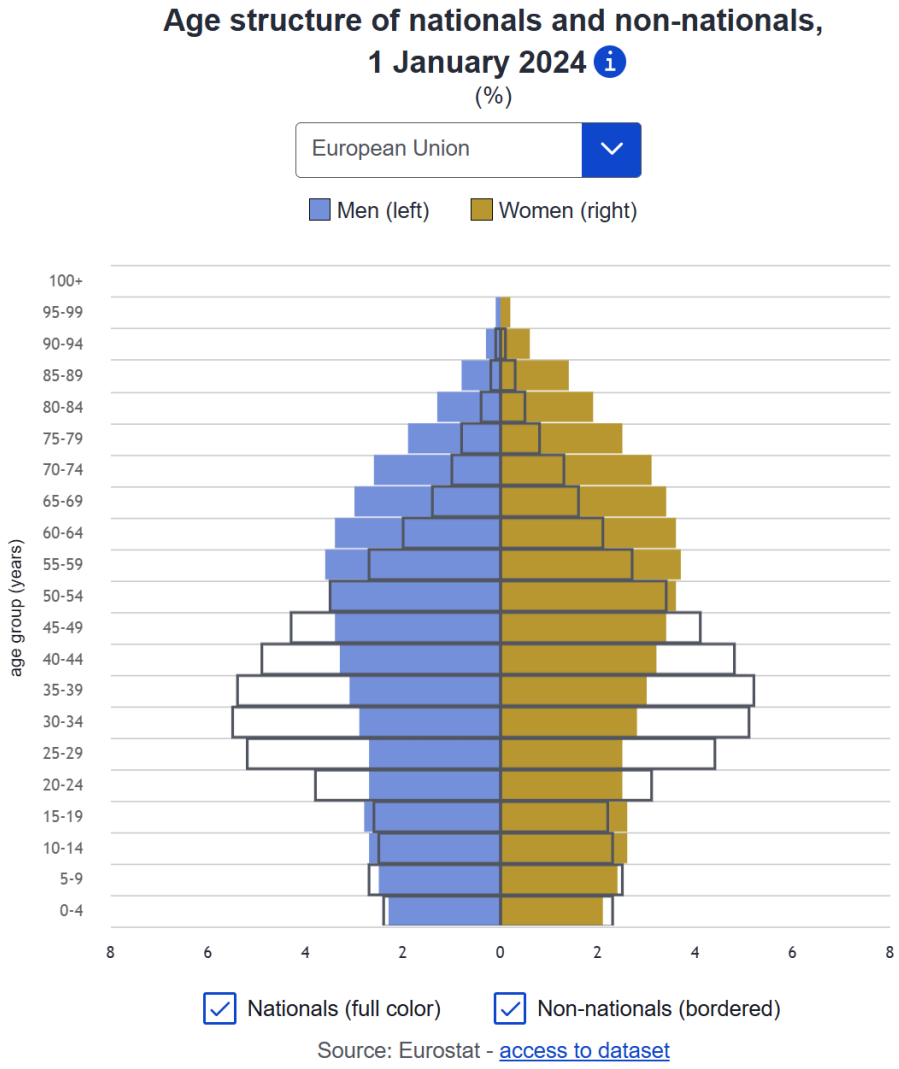
Member, Committee on Economic and Monetary Affairs, European Parliament

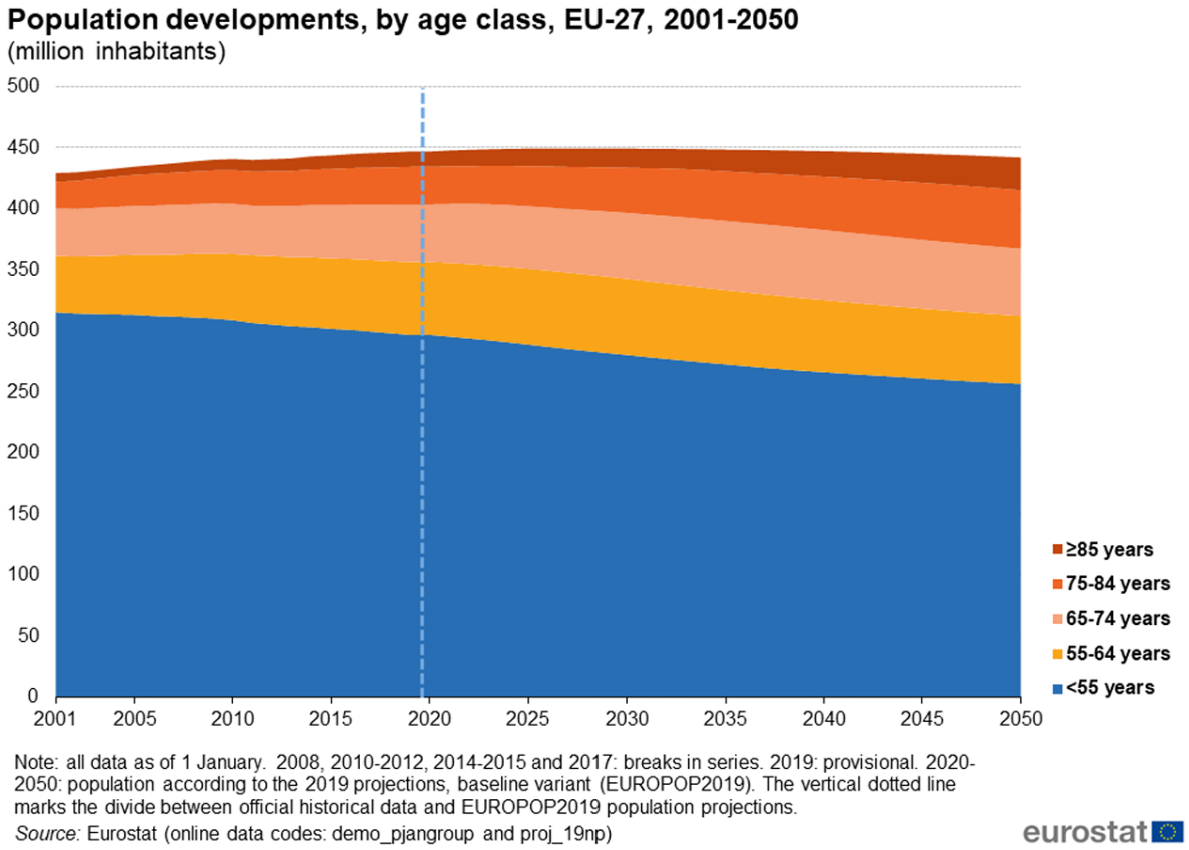
A new approach to ageing, care, and economy

ILC Europe Network Conference - An age of economic opportunity: maximising the European longevity dividend

19 November 2026
MEP Sirpa Pietikäinen

The challenge: Europe is ageing





Note: all data as of 1 January. 2008, 2010-2012, 2014-2015 and 2017: breaks in series. 2019: provisional. 2020-2050: population according to the 2019 projections, baseline variant (EUROPOP2019). The vertical dotted line marks the divide between official historical data and EUROPOP2019 population projections.

Source: Eurostat (online data codes: demo_pjangroup and proj_19np)

A new approach: what needs to change in our thinking?



- **Life-cycle approach to health and healthy ageing:** we still see health as a cost, not as an investment (which it is!)
- **Preventive healthcare**
- **Acknowledgement and adoption of care economy:** invisible and unpaid care work makes our societies work
- **Flexible professional life**
- **Acknowledging the gender aspect**
- **Consideration of environmental policies**
- **European cooperation:** EU strategies are not meaningless, and despite competence questions, Member States need to open themselves up to European cooperation
- **Systems thinking:** our challenges are big, interconnected, simultaneous and cumulative

Healthy ageing

- Essential to ensure longer presence in workforce
- Importance of healthy lifestyles starting from childhood, including support for good mental health
- **Prevention is key –** personalised support schemes to support good health in working life and after
- Environmental factors such as chemical exposure and link to cancer
- Considerations in urban planning, for instance for those with memory-disabling diseases (i.e. digital services)
- Access to gerontology - geriatricians are not as readily available as, i.e. paediatricians
- Training health workforce and adapting care models to the aging population
- **The issue is not that people are living longer, but that they are living in a poor health** — a situation that requires both preparation and proactive intervention!



Care economy keeps our societies running



- **Urgent need to change how we calculate well-being:** if all care provided, i.e. by grandparents, was calculated, the value of care would become apparent, changing our economic models
- Care models must adapt to an aging population to support healthy ageing
- Training of healthcare workforce
- Tackling the care deficit
- Question of informal care
- Greater flexibility in care services, move away from institutional care as the primary solution
- Should community-based care receive the same level of support as long-term care facilities?

epp -ryhmä euroopan parlamentissa

Flexible professional life



- In general, a more individual approach is needed to take ageing into account in working life
- Extention of retirement age – but not categorically!
- Pension cuts need to be very carefully considered
  - people are taking more and more personal, financial responsibility for their own long-term care
  - especially detrimental for women due to gender pay and pension gaps
- Flexibility for tasks and retirement from both employer's and employee's side
- Flexible structures of working life:
  - ”working pair” model, junior-senior pairings
  - silent knowledge

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Simpa

Gender equality



- Gender pay and pension gap need to be tackled with tools that actually work (i.e. pay transparency measures)
- Informal care and care gender gap – women perform the majority of informal care, often alongside their day jobs
- Women live longer than men, but often in poorer health, due to women's health being long underresearched and underfunded
- All this has an unavoidable impact on working life and our economies

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Simpo

Connection to environment



- One Health approach: human, animal and environmental health are interlinked
- Climate change aggravates our current and future (health) problems
- When talking about prevention in the context of health, **we cannot forget the environment** – numerous environmental precursors and comorbidities exist that cannot be ignored when promoting good health
- Climate policy is both economic and social policy!
- Systems thinking

European cooperation



- European strategies are valuable: **it is necessary we work together** and pick each other's brains in mental health, neurological health, cardiovascular health, care...
- Upcoming EU Care Deal is an immense possibility in fixing the shortcomings of the European Care Strategy from 2022:
  - stronger support to informal carers (i.e. informal carers programme)
  - more ambitious common quality indicators and data collection to measure the quality of care
  - stronger role for personal planning of care and personal budgeting, stronger person-centered approach
  - more obliging actions to the Member States needed

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Simpa

Thank you!

More about my work on my website: www.sirpapietikainen.eu

You can also subscribe to my newsletter.

Let’s keep in touch!

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@MEPsirpapietikainen

@sirpapietikainen

sirpa.pietikainen@ep.europa.eu

International Longevity Centre UK

Every euro counts: how must the EU adapt to support spending among older adults?





Patrick Swain

Head of Partnerships and External Relations, ILC

Hauke Vierke

Deputy Head of Unit, DG ECFIN

International Longevity Centre UK

Going for growth: revisiting the global longevity dividend in 2027



Patrick Swain

Head of Partnerships and External Relations, ILC

International
Longevity Centre UK

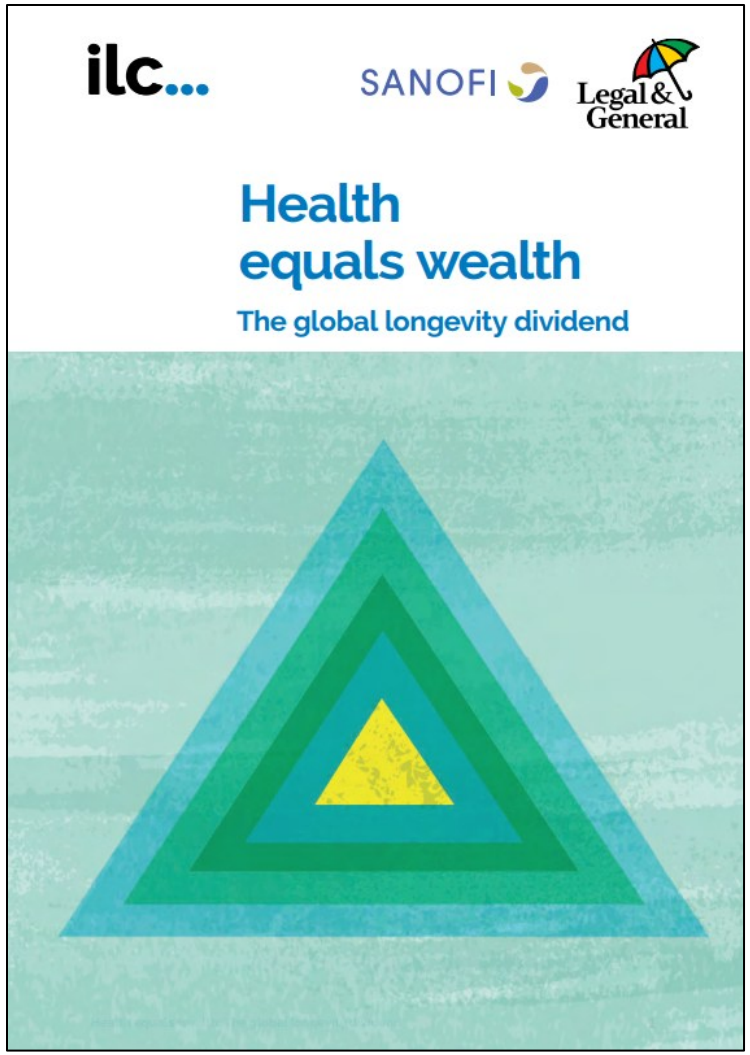
Going for growth

Maximising the longevity dividend through preventative healthcare

ilcuk.org.uk

What happens next

Let's go back to 2020…



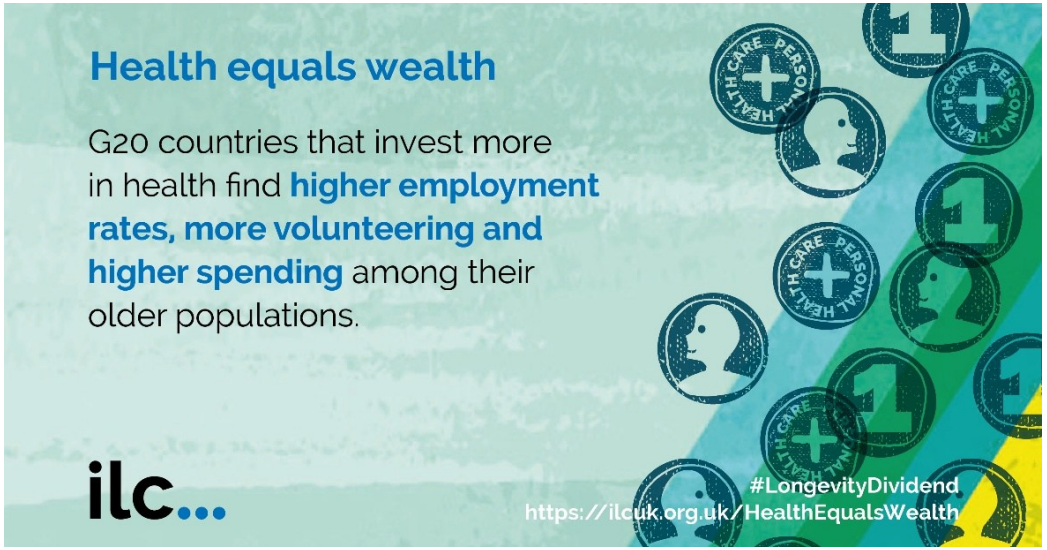
- Our *Health Equals Wealth* report was published at the height of the COVID-19 pandemic – it explored data from across G20 countries on the economics of ageing
- It highlighted the social and economic potential of older people and the potential longevity dividend that comes from keeping people healthier for longer
- Next year, as the UK takes over the G20, we want to revisit these stats and make the case once more

What did we find in 2020?



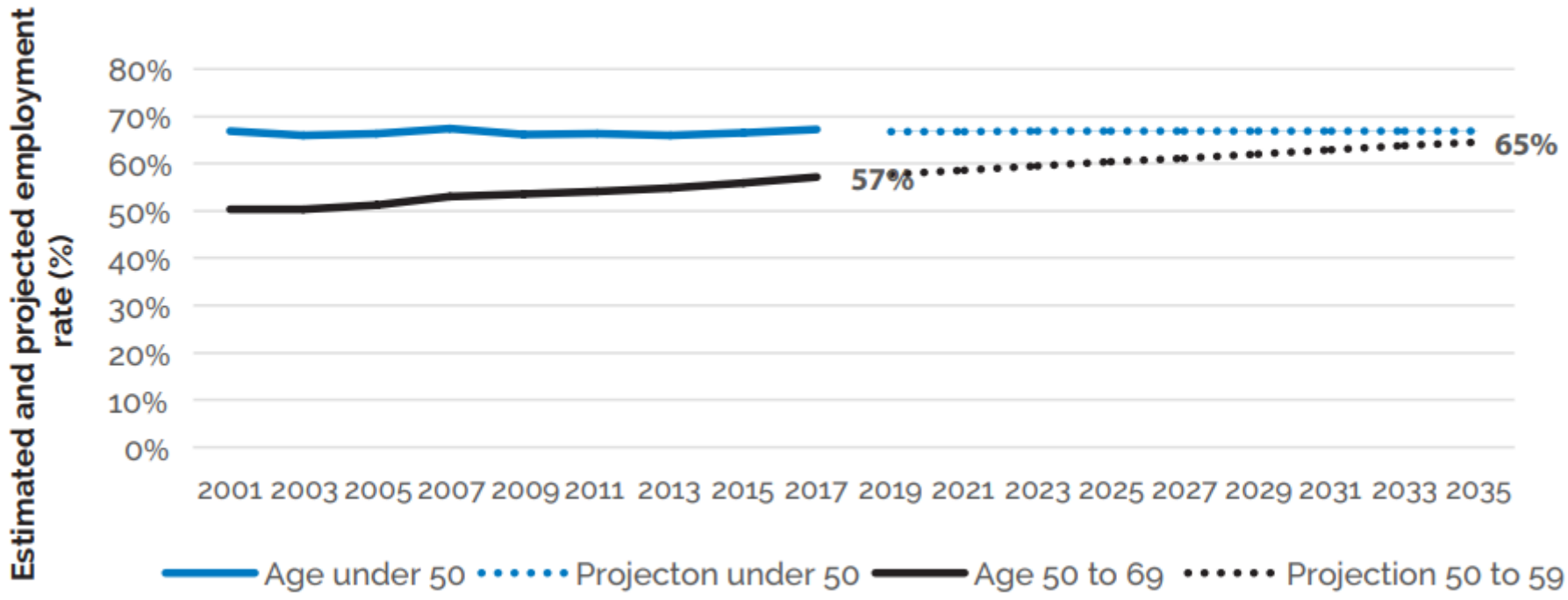






By 2035, older people's employment rates will nearly match younger adults

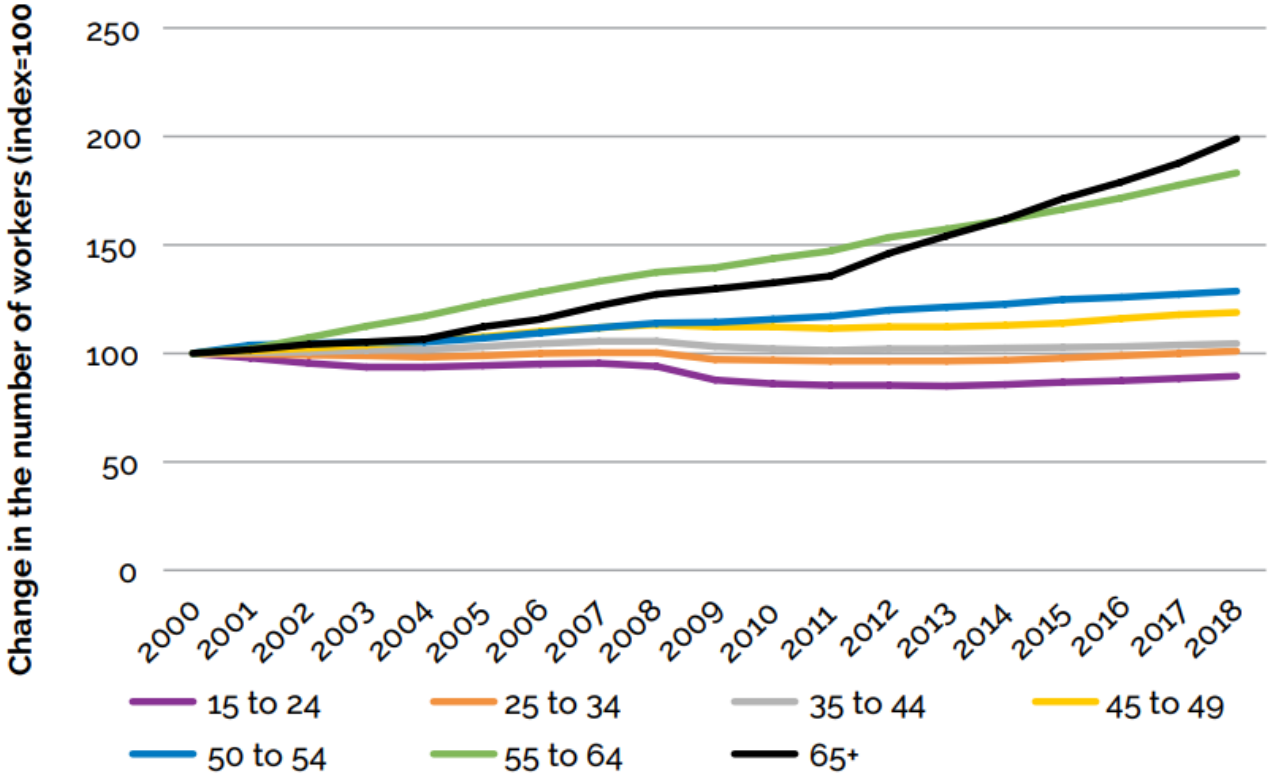
Figure 6: Estimated and projected employment rate, by age, in G20 members (2001 to 2035)



NB: This figure only includes economies for which the relevant data was available: EU28, Turkey, Japan, Korea, Brazil, Mexico, Canada, Australia, France, Germany, Italy, UK, US and Indonesia.

Older people make up an increasing proportion of the G20 workforce

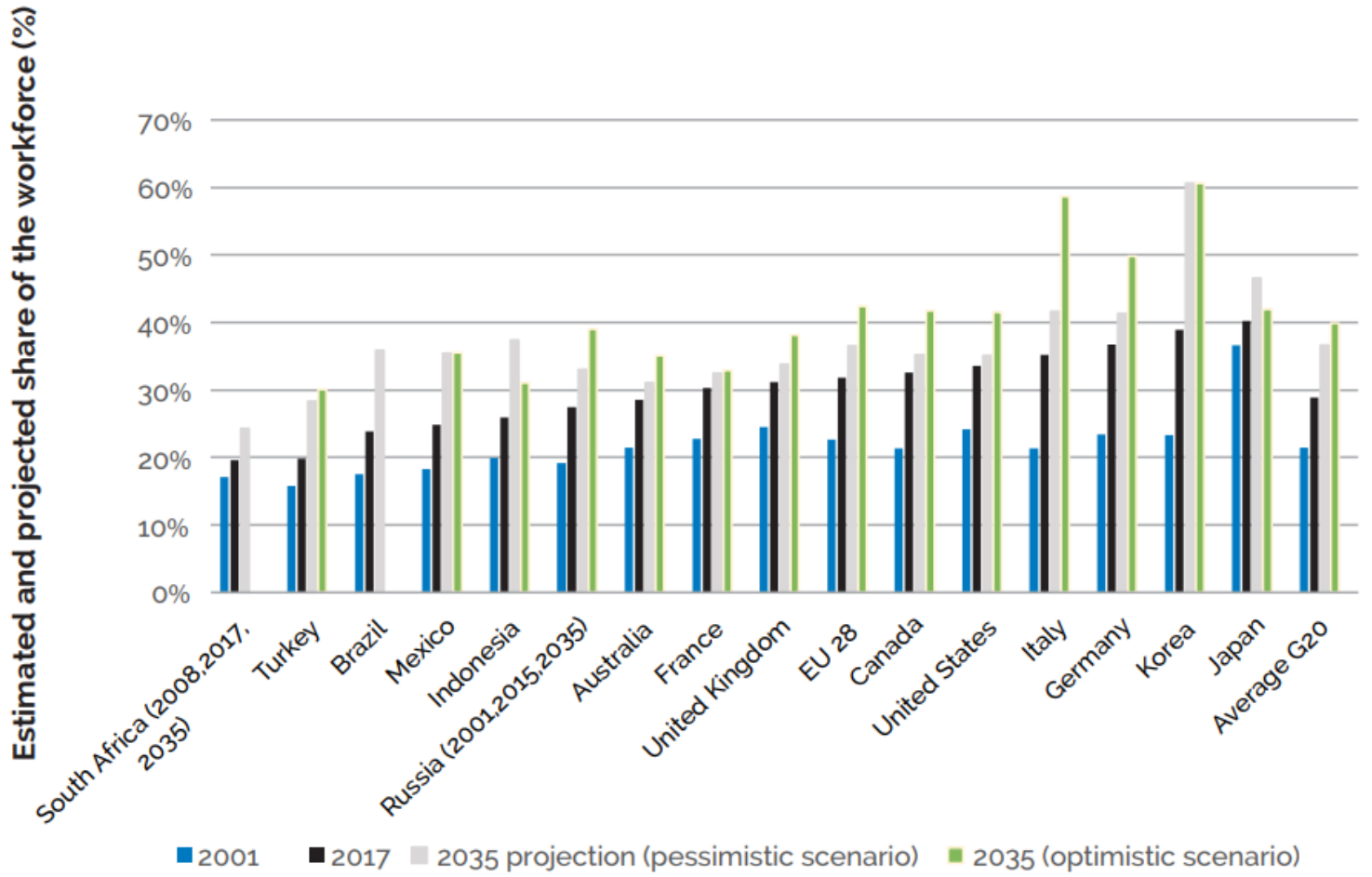
Figure 7: Change in the number of workers, by age, in G20 members (2000 to 2018)



NB: This figure only includes economies for which the relevant data was available: EU28, Turkey, Japan, Korea, Brazil, Mexico, Canada, Australia, France, Germany, Italy, UK and the US.

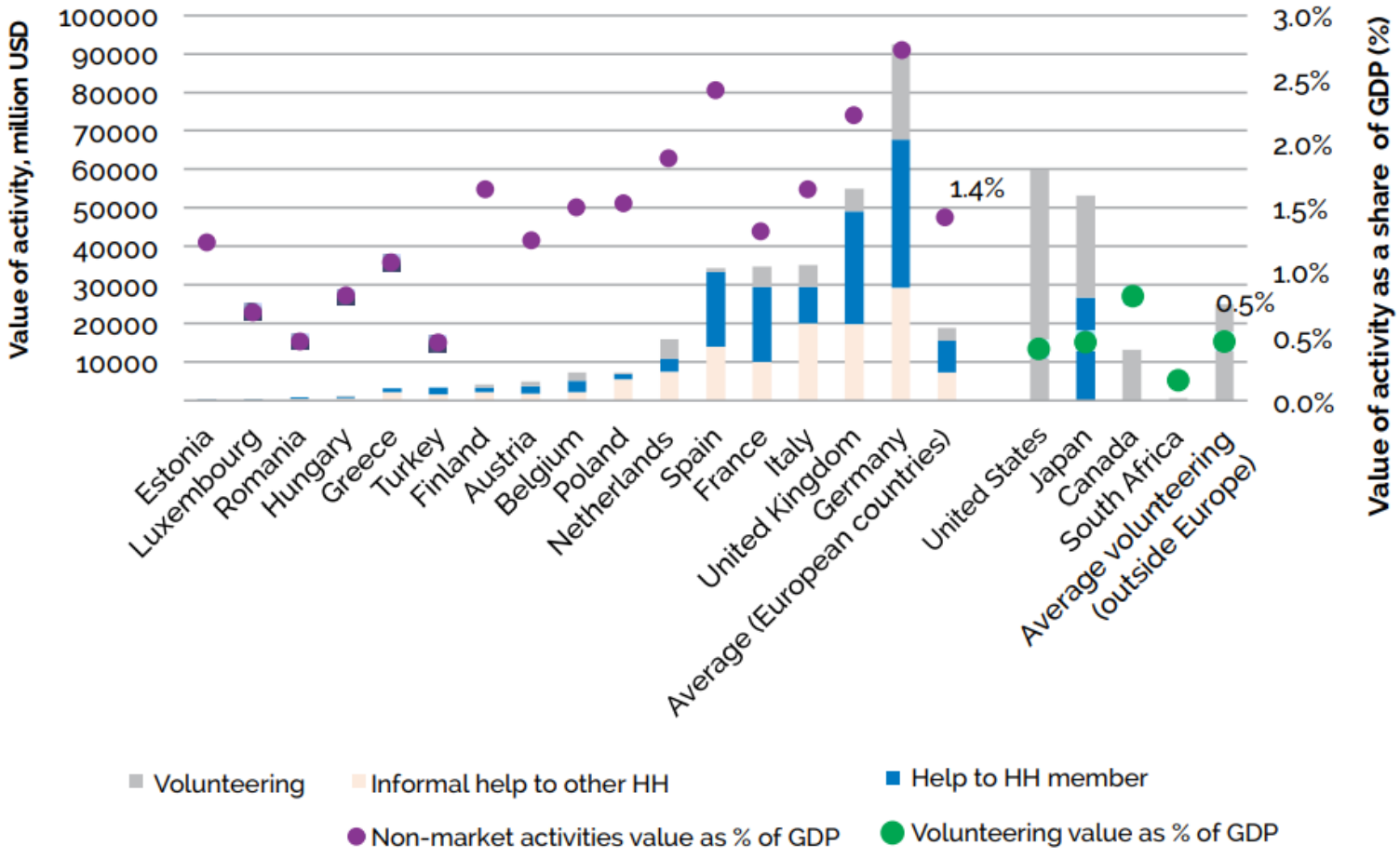
Older people will be important to G20 labour markets

Figure 8: Estimated and projected share of the workforce in G20 members for people aged 50 and over (2001 to 2035)



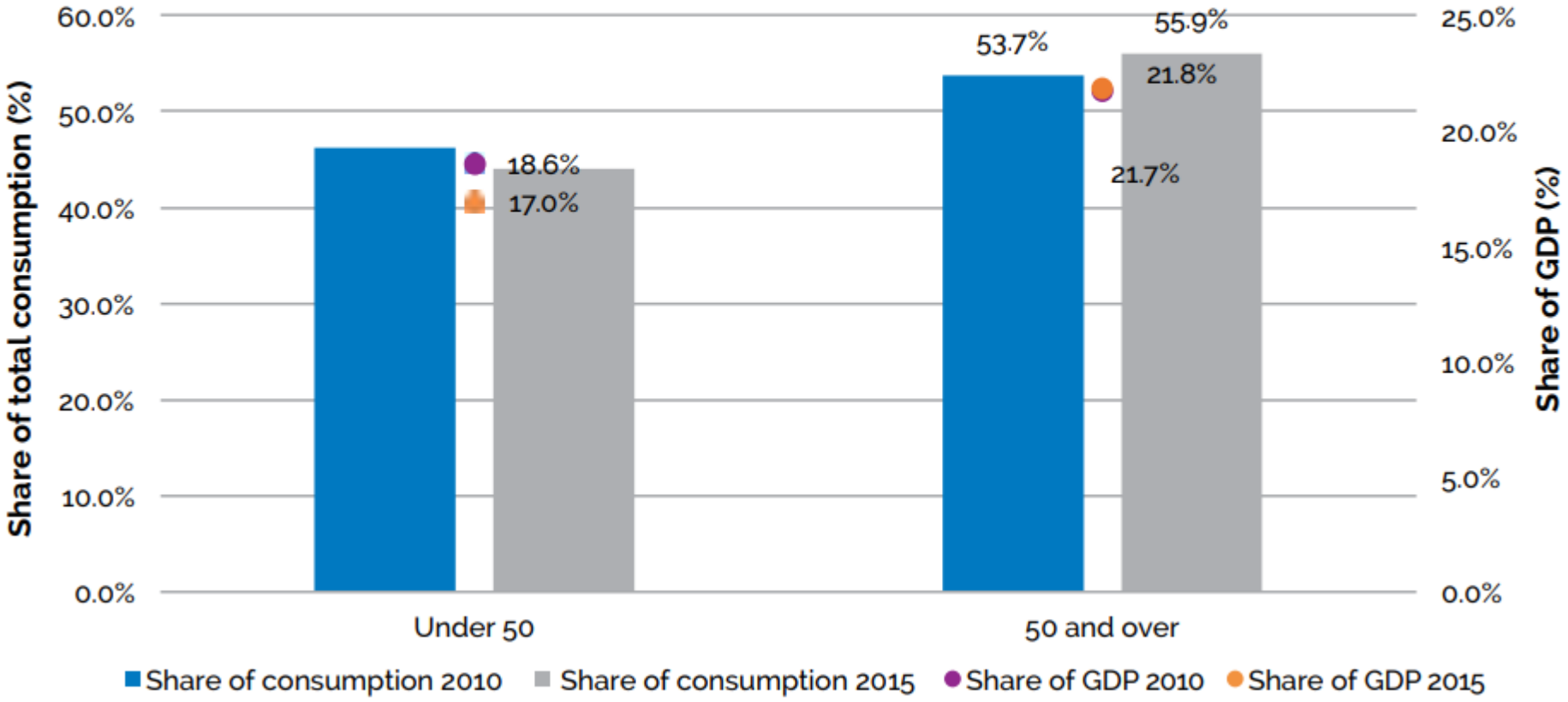
Unpaid contributions of older people across the EU and Turkey was worth 1.4% of GDP in 2010

Figure 17: Estimated value of non-market productive activities by people aged 50 and over, G20 members (2010)



Older households' consumer spending rose from 54% (2010) to 56% (2015)

Figure 21: Household consumption, by age, as a share of total consumption/GDP, averaged across G20 economies (2010 to 2015)



What does this all mean?

- As our economies become more reliant on older consumers, this cohort cannot be ignored – it's a significant global opportunity for business
- Longer working lives can help support consumption as populations age

But…

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Longevity Centre UK

We need to adapt and keep people healthier for longer

- Retailers, marketers, and goods and service providers will have to adapt to support older consumers
- Better health is positively associated with work, volunteering and consumption for older people
- People who report being in good health are over 4x more likely to be in work between the ages of 50 and 65, and over 10x more likely between 65 and 74

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Prevention can help achieve this



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What happens next?

- These stats are outdated – they need to be revised to reflect a post-COVID and more volatile world
- Working with CSL, we will be launching our *Going for growth* report in 2027 to understand what the longevity dividend looks like across the G20 today
- We want to demonstrate the relationship between greater investment in prevention and its socioeconomic value

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Get in touch

PatrickSwain@ilcuk.org.uk

International Longevity Centre UK

Financing longevity: how to preserve sustainable public finances in an ageing Europe



Hauke Vierke

Deputy Head of Unit,
DG ECFIN

Financing Longevity: How to preserve sustainable public finances in an ageing Europe

Hauke Vierke
Deputy Head of Unit
Sustainability of public finances and public expenditure trends
DG ECFIN, European Commission

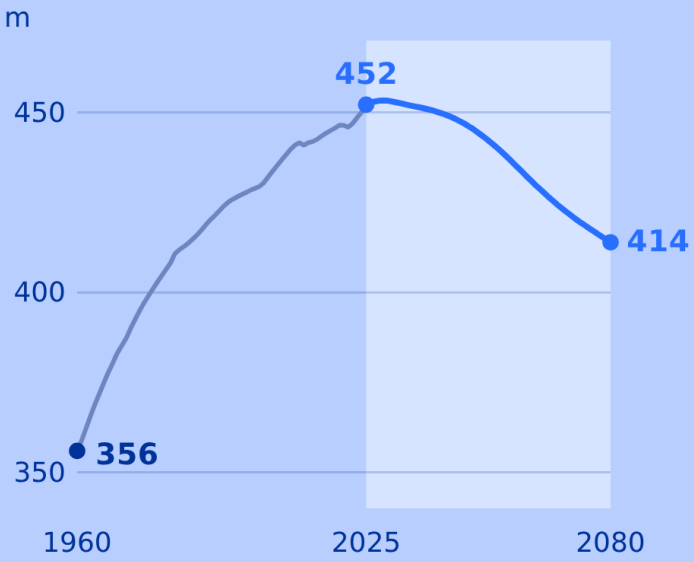
ILC Europe Network Conference
19 November 2026, Brussels

Fewer births and longer lives…

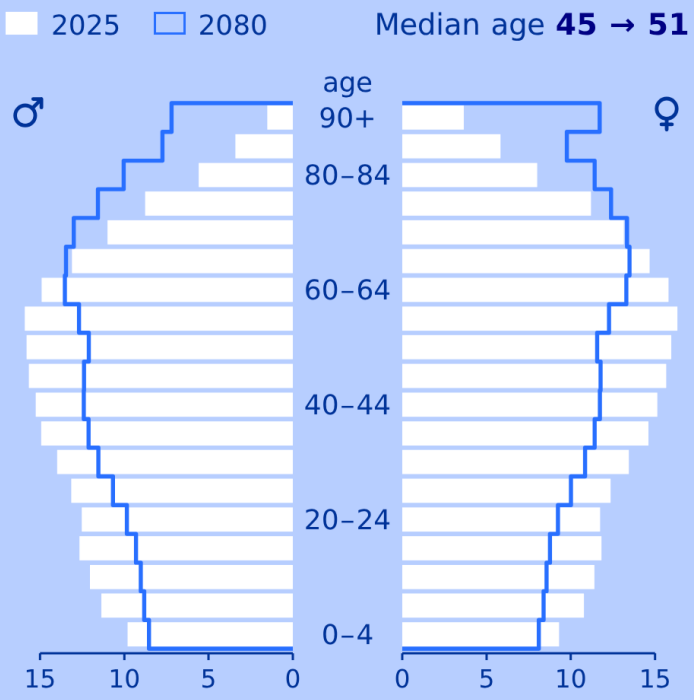
TOTAL POPULATION

452 → 414 m −8% by 2080

10 Member States with larger population by 2080



POPULATION BY AGE, MILLIONS



OLD-AGE DEPENDENCY RATIO

38% → 65%

People aged 65+ relative to those aged 20–64



Share aged 65+ **22% → 33%**; aged 80+ **6% → 14%**

Source: EUROPOP2025, Eurostat.

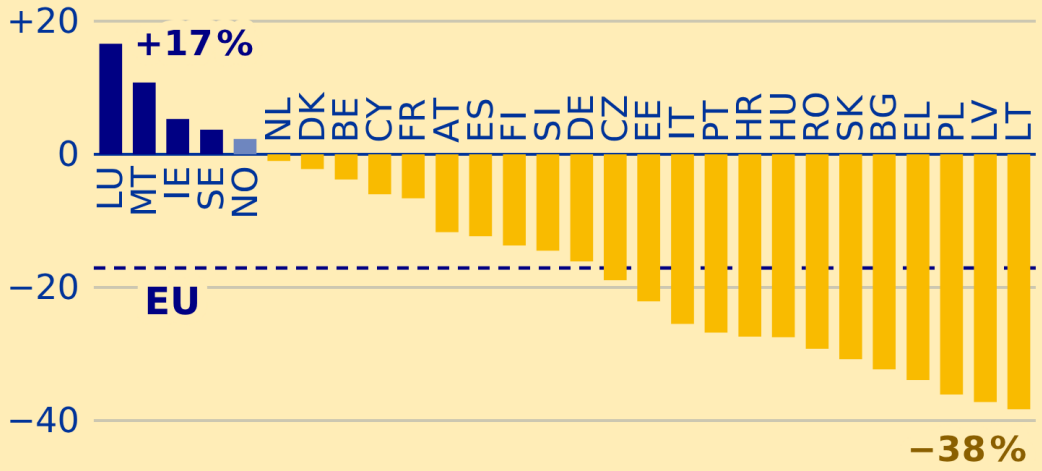
European Commission

…will shrink workforce by 36 million

LABOUR FORCE, AGES 20–64

212.6 → 176.2 m −17% by 2080

Change 2025–2080



ECONOMIC DEPENDENCY RATIO

47% → 74%

Inactive people 65+ relative to employed people aged 20–64

2025 **2.1**

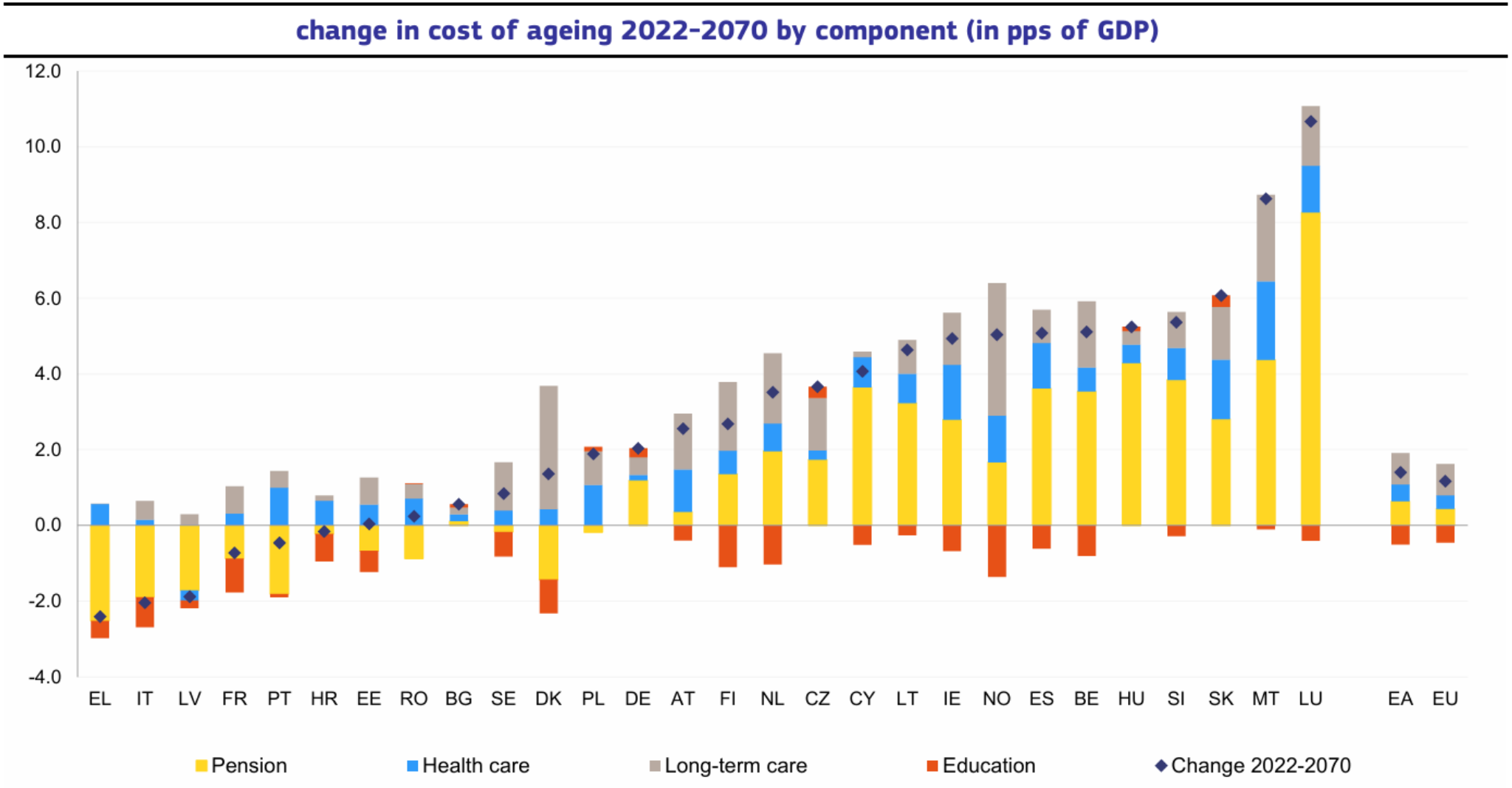
2080 **1.3**

Workers for every inactive person aged 65+

Source: 2027 Ageing Report.

European Commission

Cost of ageing set to increase in the EU



Countries are ranked by change in total cost of ageing between 2022-2070.
Source: European Commission, EPC.

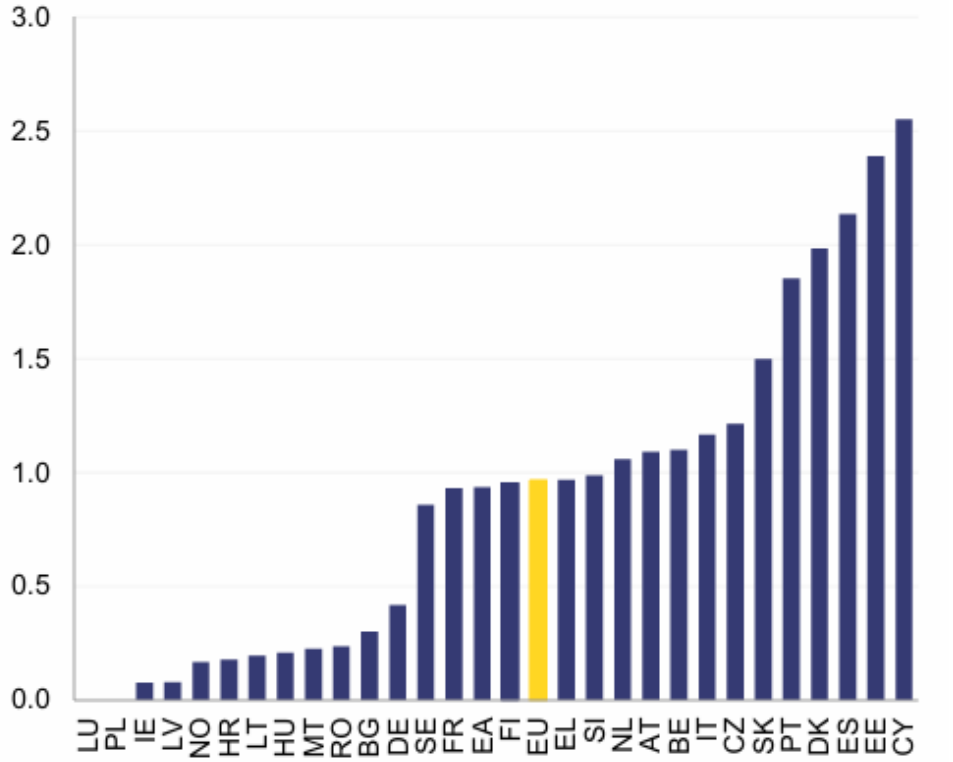
Source: 2024 Ageing Report.

What if…

… retirement age remained unchanged?

Constant retirement age scenario

change in public pension expenditure 2022-2070 (pps. of GDP, compared to baseline)

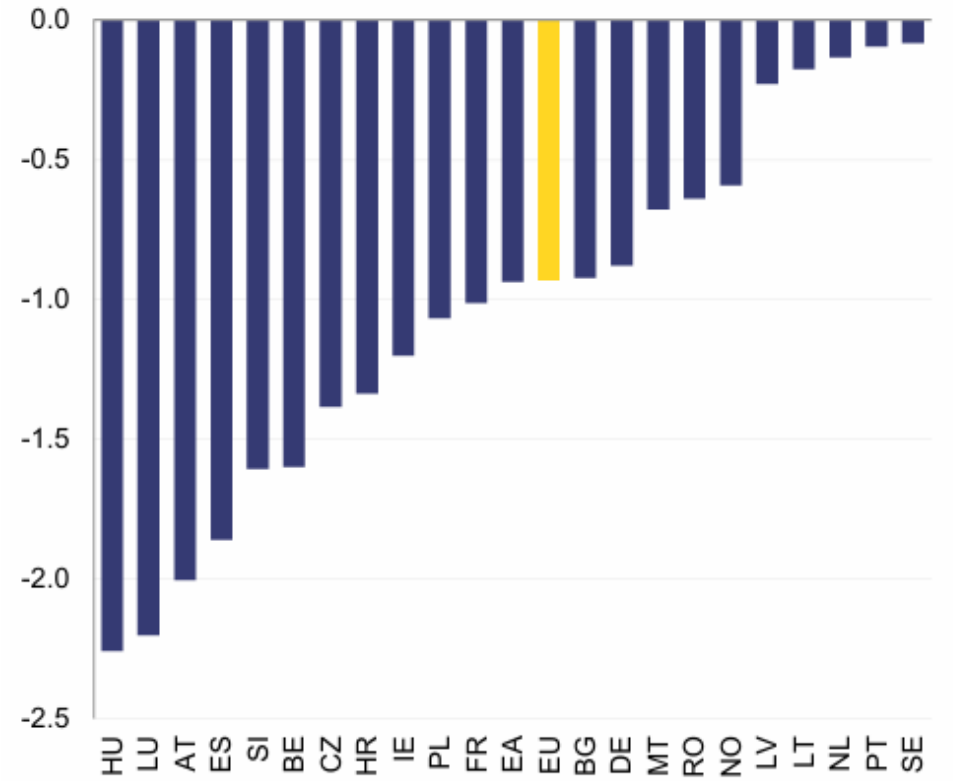


Source: European Commission, EPC. *2024 Ageing Report.*

… retirement ages were linked to longevity?

Link to life expectancy scenario

change in public pension expenditure 2022-2070 (pps. of GDP, compared to baseline)



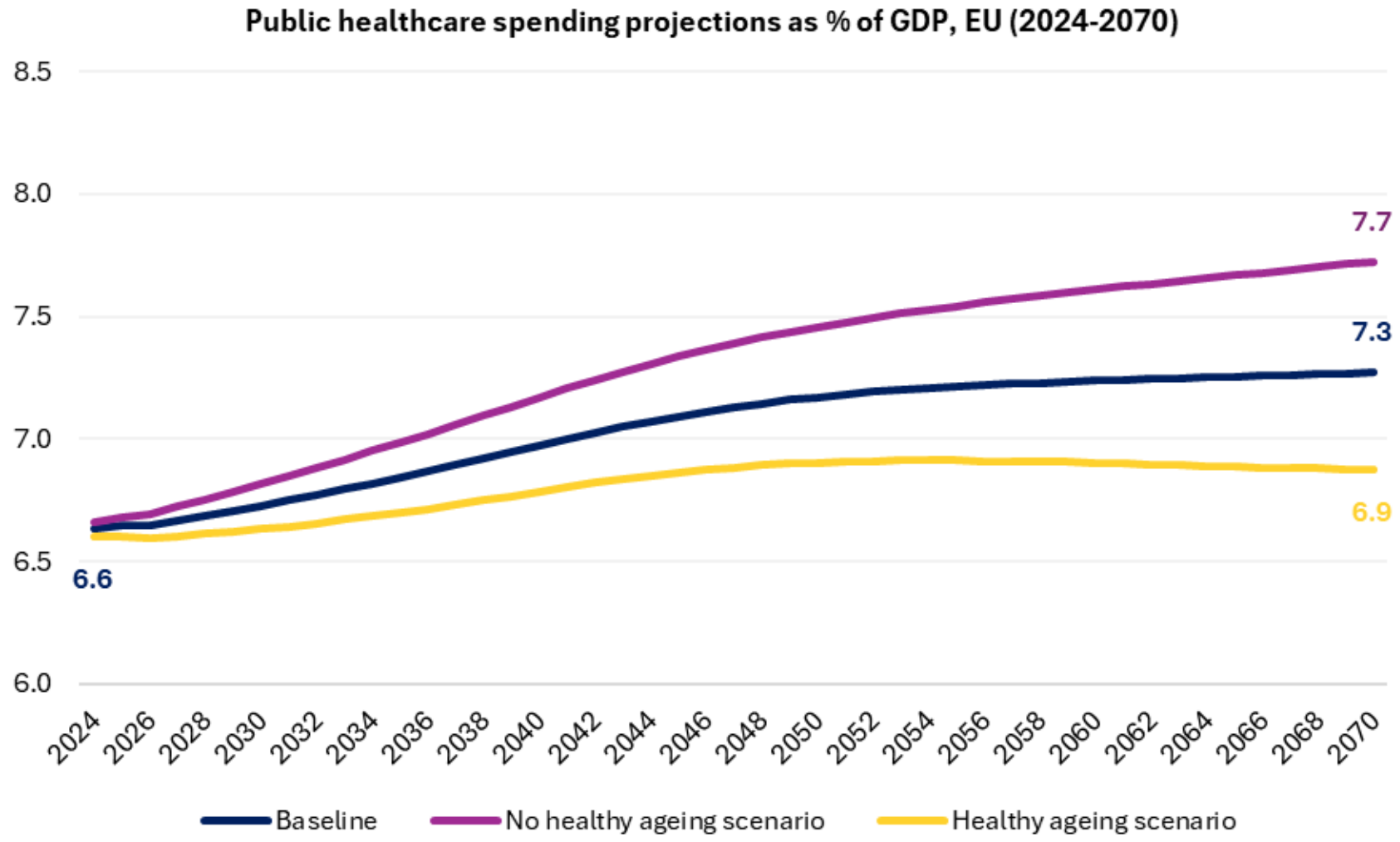
Source: European Commission, EPC. *2024 Ageing Report.*

The importance of well-designed pension reforms

- **Sustainability, adequacy & fairness**: tackle all three simultaneously, to make changes more acceptable and politically long-lived.
- **Guiding principles**:
  - Working more or longer = higher pension rights
  - Deviations from the general rule must be justifiable
  - Higher focus on career length versus age
  - Gradual, widely-supported and predictable change
- Consider the role of **supplementary pension schemes**

European Commission

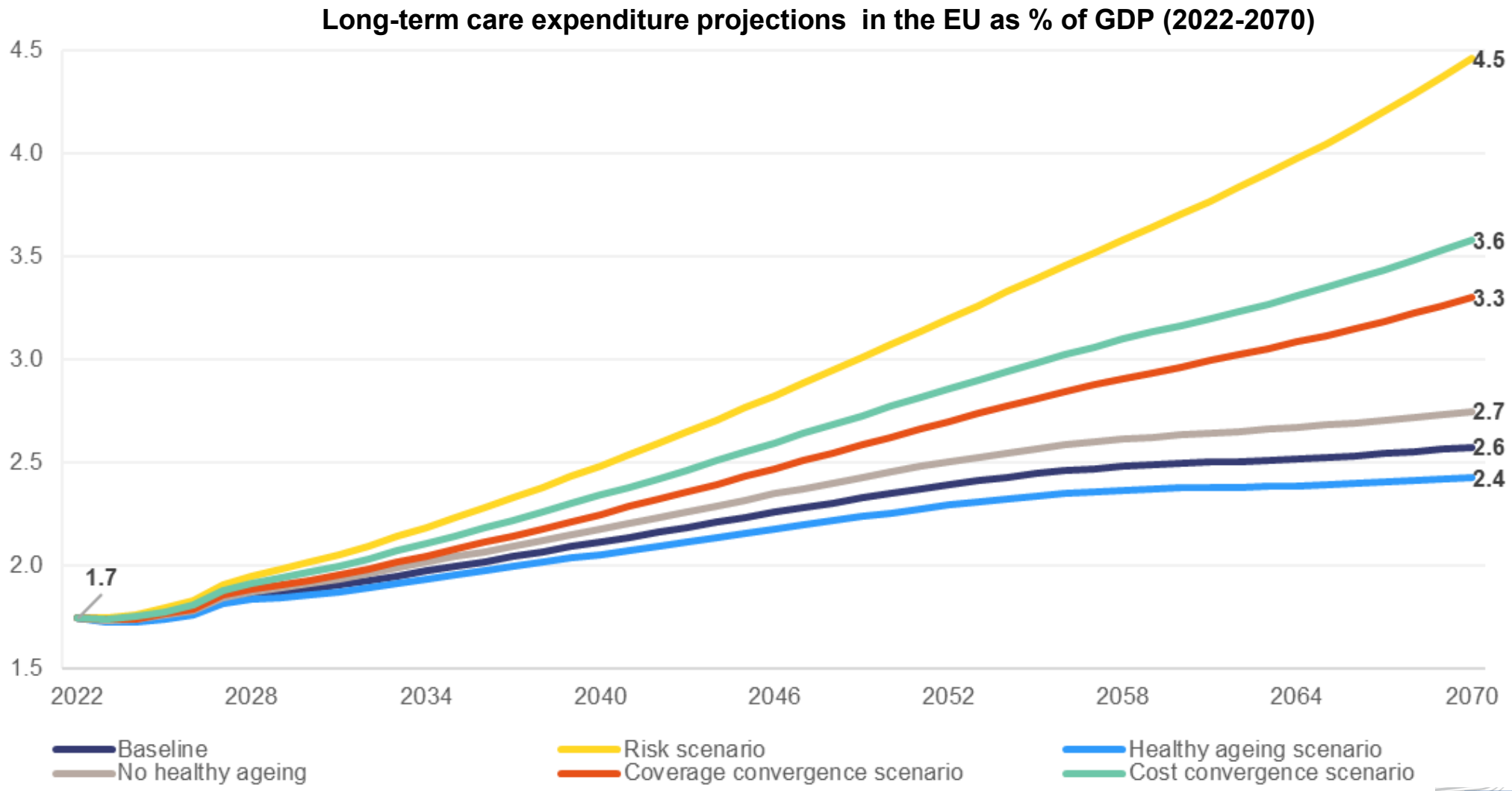
The role of ageing and health status



Source: EC-EPC Ageing Report 2024.

European Commission

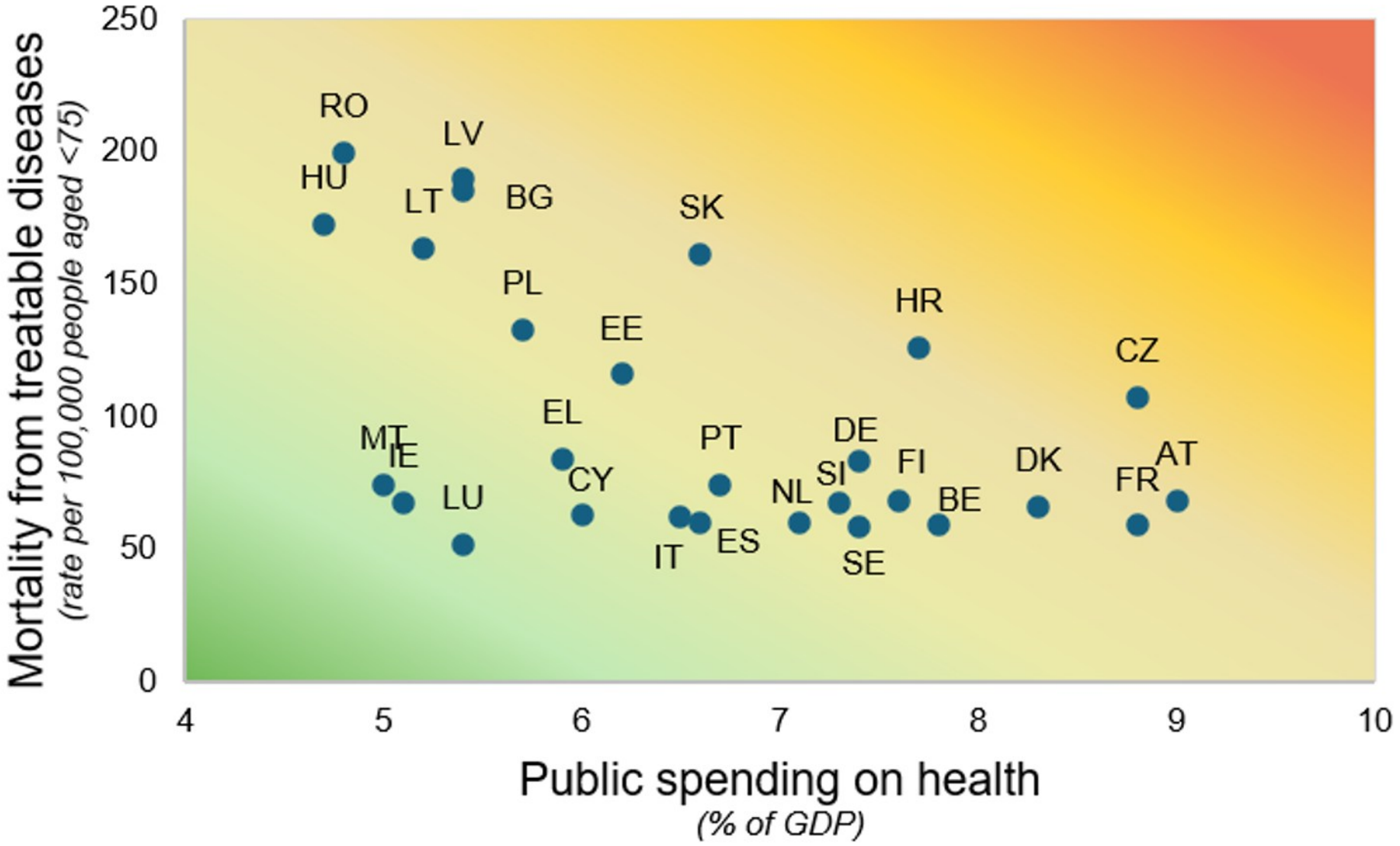
Long-term care spending set to increase rapidly



Source: EC-EPC Ageing Report 2024.

European Commission

Beyond fiscal sustainability: Quality of public finances



European Commission

Re-designing health care and LTC for the longevity society

- Invest in **health prevention and promotion**
- Reduce **governance** fragmentation.
- Create incentives and institutionalise **integration of health care,** including long-term care.
- Allocate the most **appropriate long-term care setting** for each care recipient.
- **Address staff shortages.**
- Fully use the potential of **digital solutions**
- Conduct **spending reviews** and implement recommendations for efficiency gains.
- Use **benchmarking performance** to improve quality and efficiency.

European Commission

Concluding remarks

- The EU faces fiscal **structural challenges** and **mounting spending demands**
- **Need for a comprehensive policy response** that combines fiscal adjustments with structural reforms
- **EU 'toolkit' to incentivise reforms**
  - **European Semester** of economic policy coordination
  - **Recovery and Resilience Facility:** Large-scale financial support to address Member States' challenges
    - **42 billion EUR** for Health Care and **8.1 billion EUR** for Long-Term Care
    - Annual capacity of new or modernised health care facilities: **63 437 801**
  - **Fiscal Rules:** More gradual fiscal adjustment in exchange for reforms and investments
  - Next **Multiannual Financial Framework** & **National and Regional Partnership Plans**

European Commission





Thank you!

European Commission

Additional slides

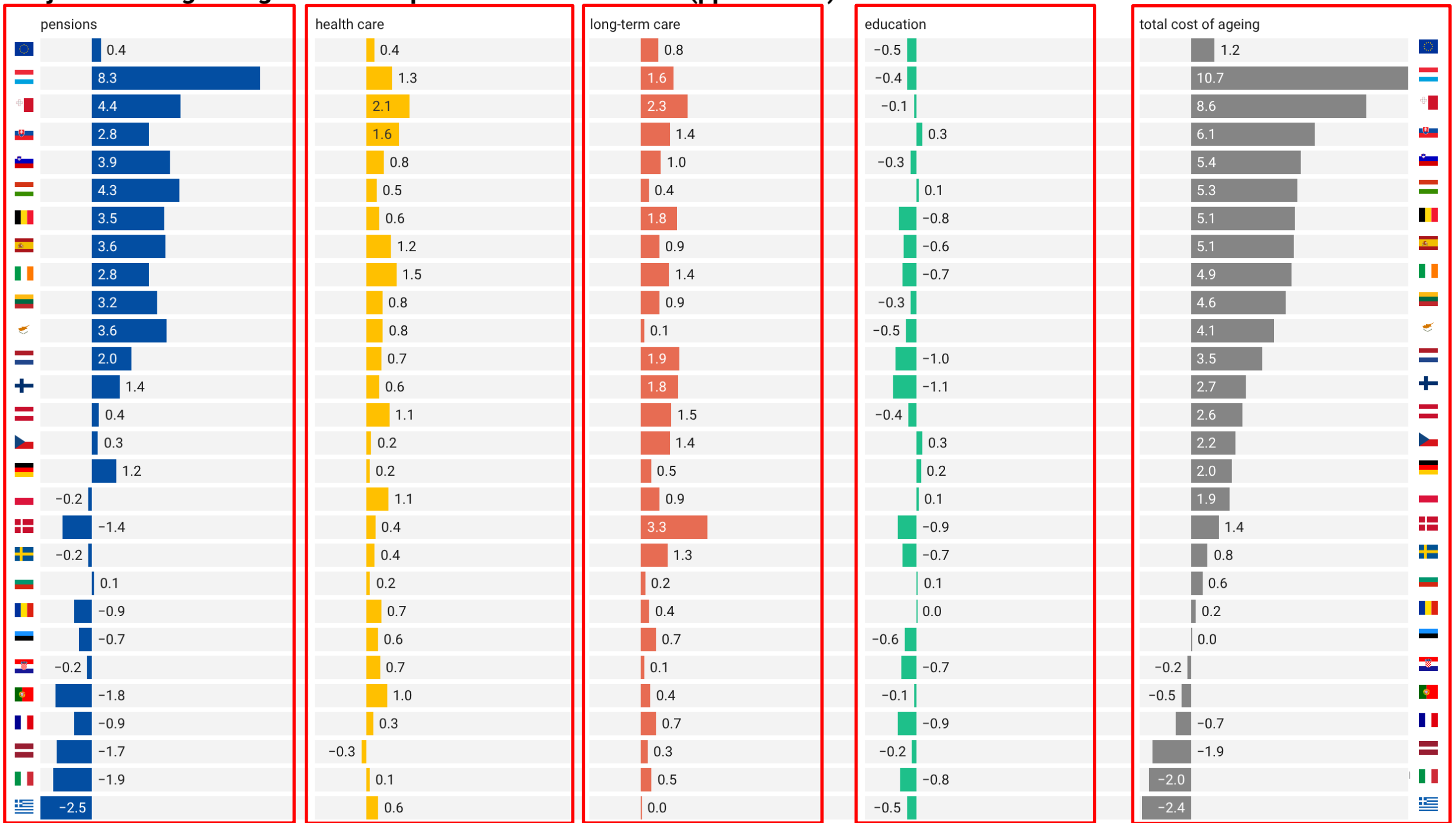
European Commission

Examples of RRF reforms

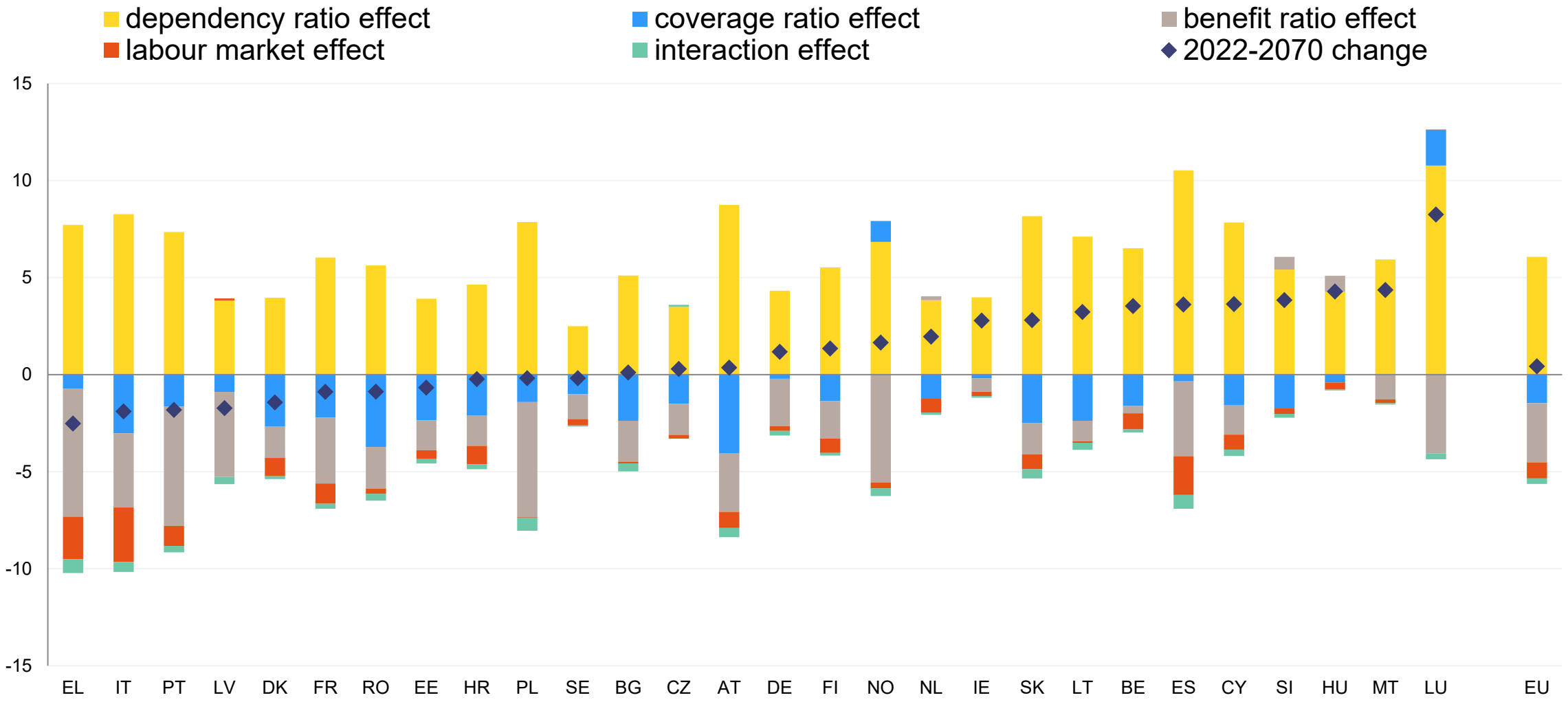
pension	BE	bonus/malus system, reduction of assimilated periods in pension calculation, phasing out some special schemes, stricter career requirement for early retirement
	ES	return to CPI indexation, removal of sustainability factor, higher maximum benefits (all expenditure-increasing) + higher bonus/malus, higher contributions & closure clause to limit overall spending increase
	HU	no progress
	MT	publication of Action Plan outlining policy proposals to enhance the pension system's sustainability and adequacy
	AT	reducing incentives for early retirement
	RO	new benefit calculation formula, new indexation mechanism, equalizing legal retirement age for men and women at 65 by 2035, followed by link to life expectancy, reduced possibility of early retirement & reduction of special pensions
	SI	higher statutory retirement age, less favourable indexation & counting more years in pension formula
	SK	reintroduction of link to life expectancy, lower point value growth
health care	IE	Extending Irish Chronic Disease Management Programme
	IT	Digitalisation in Emergency Departments
	AT	Strengthening primary care and prevention
	PT	Improving hospital management and efficiency
	SI	Increasing scope of tasks performed by health care personnel in primary care
	SK	Modernisation and optimisation of hospitals and primary care
	FI	Improving governance
long-term care	BE, NL	Supporting home care
	AT	Extending target-based governance to long-term care
	IT	Legal reform and investment to prevent institutionalisation of disabled people
	SI	Introducing targeted LTC social contributions
	FI	Improving governance

Projected change in age-related expenditure in 2022-2070 (pps of GDP)

Source: 2024 Ageing Report.



What drives public pension expenditure?



(source: 2024 Ageing Repo

International Longevity Centre UK

Q&A discussion

ilc...
International
Longevity Centre UK

Networking break

Please return to your seats by 4.00pm

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International
Longevity Centre UK

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News from the Network: research presentations from across the ILC Europe Network



Amélia Rita Monteiro

Director of Research,
Center on Longevity Leadership,
Católica Lisbon School of
Business & Economics



Colin Sanders

Partner,
Indiville

International Longevity Centre UK

Leading longevity: from research to action in organisations



Amélia Rita Monteiro

Director of Research,
Center on Longevity Leadership,
Católica Lisbon School of
Business & Economics

CATÓLICA LISBON SCHOOL OF BUSINESS & ECONOMICS

CATÓLICA-LISBON
CENTER ON LONGEVITY LEADERSHIP

ILC

Leading Longevity: From Research to Action in Organisations

An age of economic opportunity: maximising the European longevity dividend

Amélia Rita Monteiro

19 November 2026

World Ranked – Triple Accredited – Award Winning

EFMD EQUIS ACCREDITED

AACSB ACCREDITED

ASSOCIATION of MBAS ACCREDITED

Achieve greatness

Amélia Rita Monteiro

amrimonteiro@ucp.pt

- PhD in Management (Organizational Behavior) from Nova School of Business and Economics.
- Adjunct Assistant Professor and Researcher at Católica-Lisbon School of Business & Economics
- Co-Founder and Director of Research of the Católica-Lisbon Center on Longevity Leadership.
- Certified by the Life Design Studio, Stanford University
- Longevity Catalyst, Stanford Center on Longevity
- Research: implications of longer life expectancies for individuals, organizations, and societies.
- Longevity, intergenerational relationships, career development, and the transformation of work across extended working lives.



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The Longevity Challenge and Opportunity

By 2030, the global population aged 60+ will reach ~1.4 billion (up from 1.1 billion in 2023), societies are getting older (WHO, 2025).



Talent/Workforce Shift: Older workers will take on 150 million more jobs by 2030, comprising over a quarter of the workforce in high-income countries (Bain & Company). Companies face talent shortages unless they adapt to an aging workforce.

Market/Economic Opportunity: The "longevity economy" is growing – leveraging longer lives could add trillions in economic growth (e.g., +$1.6 trillion to U.S. GDP in 2030 by improving healthy longevity). Forward-thinking firms can gain market advantage by addressing older consumers and age-inclusive innovation (AARP, 2022).

Society: Longer lives are transforming social structures, families, and communities. By 2050, one in six people worldwide will be over 65 (United Nations, 2023). Promoting healthy and active ageing enhances social cohesion, reduces pressure on healthcare systems, and strengthens intergenerational solidarity, making longevity a shared societal priority.

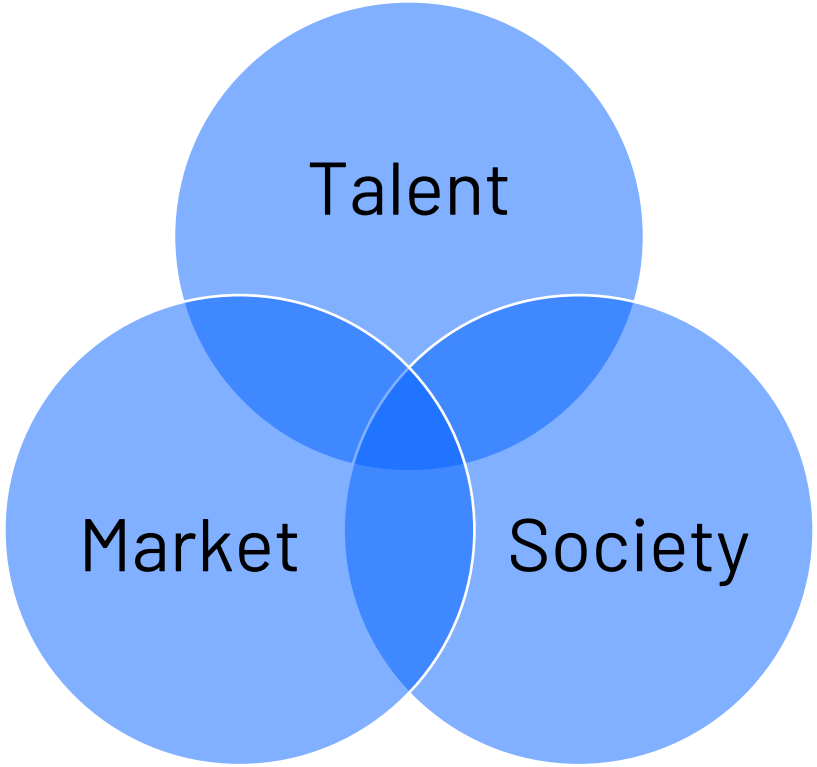
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Center on Longevity Leadership Mission, Pillars and Activities

Mission Statement: "To equip leaders and organizations to thrive in an era of longevity through research, education, and societal impact."

Three Pillars: We organize initiatives around three pillars: **Talent, Market, and Society**, each integrating all three activities.

Three Activities: **Research, Education, and Impact**. These activities ensure a holistic approach (educating leaders, generating insights, and driving community change).



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3 Core Pillars

TALENT
(Workforce and Leadership)

- Transformation of the labor market and leadership practices
- Presence of senior professionals and multigenerational teams
- Development of intergenerational strategies
- Management and transition of long careers
- Designing each personal and professional life stage

MARKET
(Longevity Economy & Innovation)

- Innovation and development of products and services suited to the needs and preferences of an aging population
- Preparing for a long active life
- Promoting the growth of the "longevity economy"
- "Age-friendly" solutions

SOCIETY
(Community and Public Policy)

- Promoting inclusive community models
- Alignment with public policies that encourage active, healthy and socially integrated aging
- Helping the public understand longevity
- Alignment with corporate social responsibility

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Organization



Céline Abecassis-Moedas – Academic Director

Associate Professor with Aggregation
Pro-Rector for Innovation and Entrepreneurship
Former Dean for Executive Education
Ambassador at Stanford Center on Longevity
Non-executive director at CUF, Vista Alegre & Lectra



Amélia Rita Monteiro – Director of Research

Researcher and Adjunct Assistant Professor at Católica-Lisbon
PhD in Organizational Behavior
Catalyst Program at Stanford Center on Longevity
Life Design Lab University Educator, Stanford University

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Organization



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International Advisory Board



Anne Thevenet-Abitbol



Annie Coleman



Avivah Wittenberg-Cox



Emilio Umeoka



Lisa Edgar



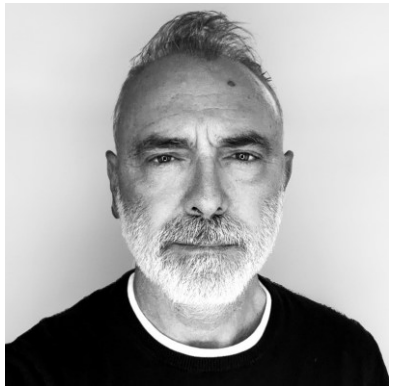
Lisa Taylor



Maria Clara Pinheiro



Michael Clinton



Nicola Palmarini



Silvia Neira



Simon Chan

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8 Corporate Founding Members

BONDALTI

industry

Brisa

infrastructure

cuf

healthcare

FIDELIDADE

insurance

galp

energy

JOSÉ DE MELLO

Financial holding

SERVIER

pharmaceuticals

TRIVALOR

business services

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Partner Organizations

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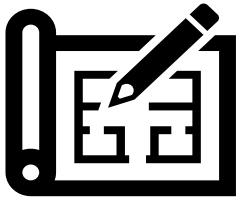
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What do we do?

CORPORATE WORLD



Working Groups (AGEnergy) Talent/Market /Society



Consulting Projects / Hackatons with Students

ACADEMIC WORLD



Research



Education / Programs

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What do we do?





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Consulting Projects 2026

Market

- **CUF (Healthcare):** Develop a product/service proposal for the 70+ population.

Talent

- **Brisa (Infrastructures):** Managing an increasingly age-diverse workforce to strengthen collaboration and innovation.
- **Trivalor (Business Services):** How to attract, support, and keep employees 50+ engaged and developing.
- **Servier (Pharmaceuticals):** How to create a transition phase from late career into retirement.

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Published research (2026)



Editorial

Longevity, Learning, and the Future of Work: Provocations for a Field Standing on the Edge of Transformation

New Horizons in Adult Education and Human Resource Development
2026, Vol. 38(1) 3–7
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Sage

Brad Shuck[1], Amélia Rita Monteiro[2], and Céline Abecassis-Moedas[2]

Shuck, Monteiro & Abecassis-Moedas, Longevity, Learning, and the Future of Work: Provocations for a Field Standing on the Edge of Transformation, *New Horizons in Adult Education and Human Resource Development*, 2026.

Introduces a conceptual and empirical agenda for rethinking careers, employment, and organisational practice in an era of extended longevity. Longevity is not merely a demographic shift but a structural transformation of the life course.



Special Issue Commentary

Reclaiming Older Age Inclusion as a Marketing Imperative: The Case of AI

Journal of Public Policy & Marketing
1-3
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Michael Haenlein, Barak Libai, and Céline Abecassis-Moedas

Submitted January 8, 2026

Haenlein, Libai & Abecassis-Moedas, Reclaiming Older Age Inclusion as a Marketing Imperative: The Case of AI, *Journal of Public Policy & Marketing*, 2026.

By 2050, one in four people in North America and Europe will be 65+, yet marketing systems routinely erase or stereotype older consumers. Generative AI presents both an opportunity and a risk: it can reduce the "friction tax" older users face in digital journeys but can also amplify exclusion through biased data and choice-steering defaults.

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Science and Technology Foundation project Awarded (Nov. 2026)

CARE-INFRA

Career Infrastructure for Sustainable Engagement and Health Trajectories in Later Careers

Research question
How can organizations design careers that keep workers over 50 engaged, healthy and willing to stay?

Core idea
Late-career engagement is episodic and depends on the **career infrastructure** organizations offer: pathways, resources and job design.

Team
Céline Abecassis-Moedas and Amélia Rita Monteiro (Center on Longevity Leadership research) & Brad Shuck (U. Louisville)

The only one
project funded at Católica-Lisbon School of Business & Economics

22%
approval rate for FCT Exploratory Projects (PEX)

400 of 4,746
exploratory projects recommended, out of all applications

Source: FCT provisional results (28 October), 2025 Call for R&D Projects in All Scientific Domains

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Ongoing Research

🔬 ONGOING | Brain Health at Work

Multilevel Framework for Well-Being, Productivity & Performance in Portugal

Develops a Workplace Brain Health Index (WBHI) integrating cognitive, emotional, social and lifestyle indicators. Longitudinal study across 3–5 Portuguese organisations, assessing how job demands, leadership, and work design shape brain health — and testing a multicomponent preventive intervention.

🔬 ONGOING | WELL-AGE

Reclaiming Older Age Inclusion as a Marketing Imperative: The Case of AI

Combines real-time biometric monitoring (wearables) with structured intergenerational collaboration in 6–8 Iberian companies. Interventions include reverse mentoring and mixed-age projects to reduce burnout, strengthen resilience, and support extended careers. Evaluated via mixed-methods RCT across healthcare, retail and tech sectors.

🔬 ONGOING | LONGPRINT

Longevity's Footprint: Mapping Multigenerational Relationships

Uses RCTs partnering with NGOs that match seniors and students in shared housing. Examines whether intergenerational co-living reduces loneliness, depression and isolation. Collects biometric, psychological and longitudinal data across Portugal and Spain to map well-being impacts on both generations.

🔬 ONGOING | CARE-INFRA (Grant Application)

Career Infrastructure for Sustainable Engagement (50+)

Reframes engagement as episodic, shaped by 'career infrastructure' — mobility pathways, role clarity, workload design, and development access. Mixed-methods pilot (18 months) with 2 survey waves, qualitative interviews and wearable HRV sub-study across Portuguese organisations, targeting workers 50+.

Ongoing Research

Cross-Cutting Themes & Impact

🧬 **Biometric + Wearable Methods**
HRV, sleep, CGM across multiple projects

🔄 **Intergenerational by Design**
Living, working and learning across age groups

🏢 **Organizations as Testbeds**
Field-based, not laboratory-only

📊 **Mixed-Methods Rigor**
RCTs, longitudinal surveys, qualitative depth

From Evidence to Impact

Individual

- Reduced burnout and chronic stress
- Improved sleep, recovery and resilience
- Sustained cognitive and emotional health
- Purpose and agency in extended careers

Organizational

- Retain experienced talent longer
- Improve intergenerational team performance
- Build age-inclusive cultures and HR systems
- Data-informed workplace design

Societal & Policy

- Reduce pressure on pensions & healthcare
- Inform EU & national ageing policy
- Scalable models for diverse work contexts
- Align with UN Decade of Healthy Ageing

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Achieve Greatness

The *Longevity Leadership* Executive Program

	Day 1	Day 2	Day 3	Day 4	Day 5
Macro & Strategic part	**Longevity's Impacts** Avivah Wittenberg-Cox Céline Abecassis-Moedas	**The Longevity Economy** Lisa Edgar	**Intergeneration Work** Céline Abecassis-Moedas	**Opportunities for Cities** Nic Palmarini	**Impact on Careers & Your Next Steps** Avivah Wittenberg-Cox
	Opportunities for Countries Miguel Gouveia		**Designing Careers for Longer Lives** Amélia Rita Monteiro		**Wrap-Up** Avivah Wittenberg-Cox Céline Abecassis-Moedas
Midlife transition	**4-Quarter Lives: A New Roadmap for Life** Avivah Wittenberg-Cox	**My Wealth** TBD	**My Health** Minnie Freudenthal	**Visioning the Future** Avivah Wittenberg-Cox	
	Role Model Céline Abecassis-Moedas **Learning Circles**	**Role Model** Céline Abecassis-Moedas **Learning Circles**	**Role Model** Céline Abecassis-Moedas **Health Practice** **Learning Circles**	**Learning Circles**	**Online: Program Follow-Up** Avivah Wittenberg-Cox Céline Abecassis-Moedas
		Dinner		**Dinner with Fado**	

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Achieve Greatness

Communication

Website

Linkedin

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Intergenerational Longevity Pact

A public, voluntary commitment signed at the highest level (CEO or Board of Directors), through which Portuguese companies pledge to take concrete, measurable action to make their workplaces age-inclusive, from hiring to retirement.

7

commitments, organized in **3 areas**

5

KPIs to track progress

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The Pact's structure: 3 areas, 7 commitments

1 AREA 1
Training, Skills and Respect

COMMITMENT 1
Ensure an inclusive culture at every stage of employees' careers.

COMMITMENT 4
Ensure continuous training, skills development and sustained employability at every age.

COMMITMENT 5
Encourage collaboration and knowledge sharing across generations.

2 AREA 2
Well-being, Culture and Transition

COMMITMENT 2
Look after employees' health and well-being, with support tailored to each life stage.

COMMITMENT 7
Support the transition to retirement and keep the relationship going afterwards.

3 AREA 3
Recruitment, Inclusion and Mobility

COMMITMENT 3
Promote hiring at every career stage, with no age barriers.

COMMITMENT 6
Recognize and value each employee's experience and skills, regardless of age.

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The 5 tracking KPIs

To make the commitment verifiable, not just declarative, signatories track 5 simple KPIs every year, comparable across companies.

KPI
1

Employment of 50+

% of employees aged 50 or over in the total workforce

The baseline for reading all the other KPIs.

KPI
2

Training for 50+

% of total training hours taken by employees aged 50+

Does digital and AI training reach 50+ staff fairly?

KPI
3

Hiring of 50+

% of new hires aged 50 or over

Shows whether age inclusion is real in hiring.

KPI
4

Internal mobility of 50+

% of 50+ employees who moved to a new internal role

A proxy for valuing experience: age does not close doors.

KPI
5

Motivation, Engagement & Well-being

% of motivated employees, by age group

The employees' own view across their careers.

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INVITATION

CELEBRATING

ONE YEAR

Anniversary Event & Book Launch

DATE	TIME	VENUE
26 Nov 2026	18h00	Católica-Lisbon SBE

NEW BOOK



UCP EDITORA | idade MAIOR

CATÓLICA-LISBON
CENTER ON LONGEVITY LEADERSHIP

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THANK YOU



UNIVERSIDADE
CATÓLICA
PORTUGUESA

International Longevity Centre UK

Can governments and life insurers pay people to live healthier lives?



Colin Sanders

Partner,
Indiville

Can governments and life insurers pay people to live healthier lives?



Colin Sanders | NN Pension & Longevity expert
Indiville & UHasselt

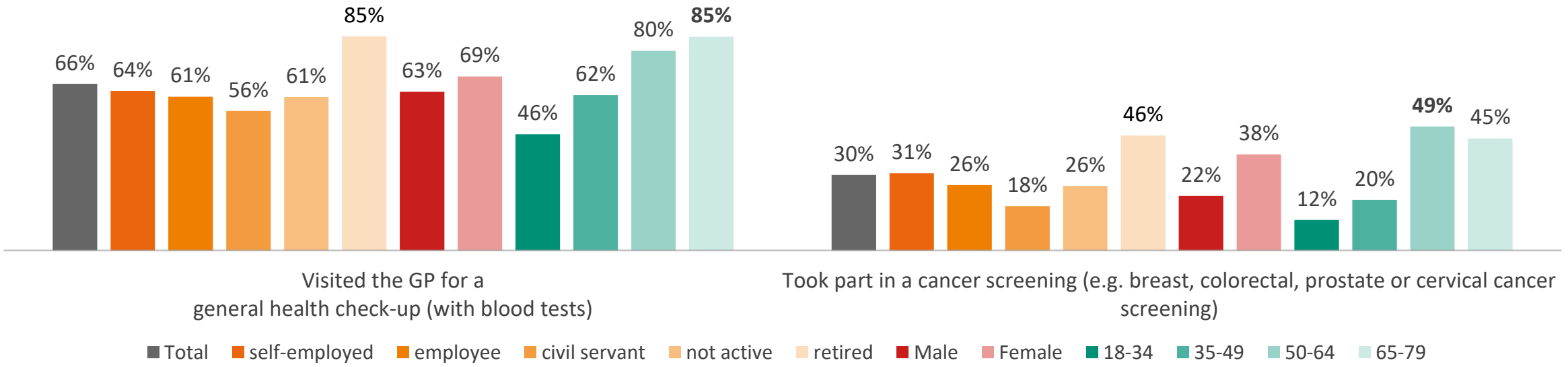
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ILC – 01.07.2025

Health check-up and cancer screening in the past 12 months

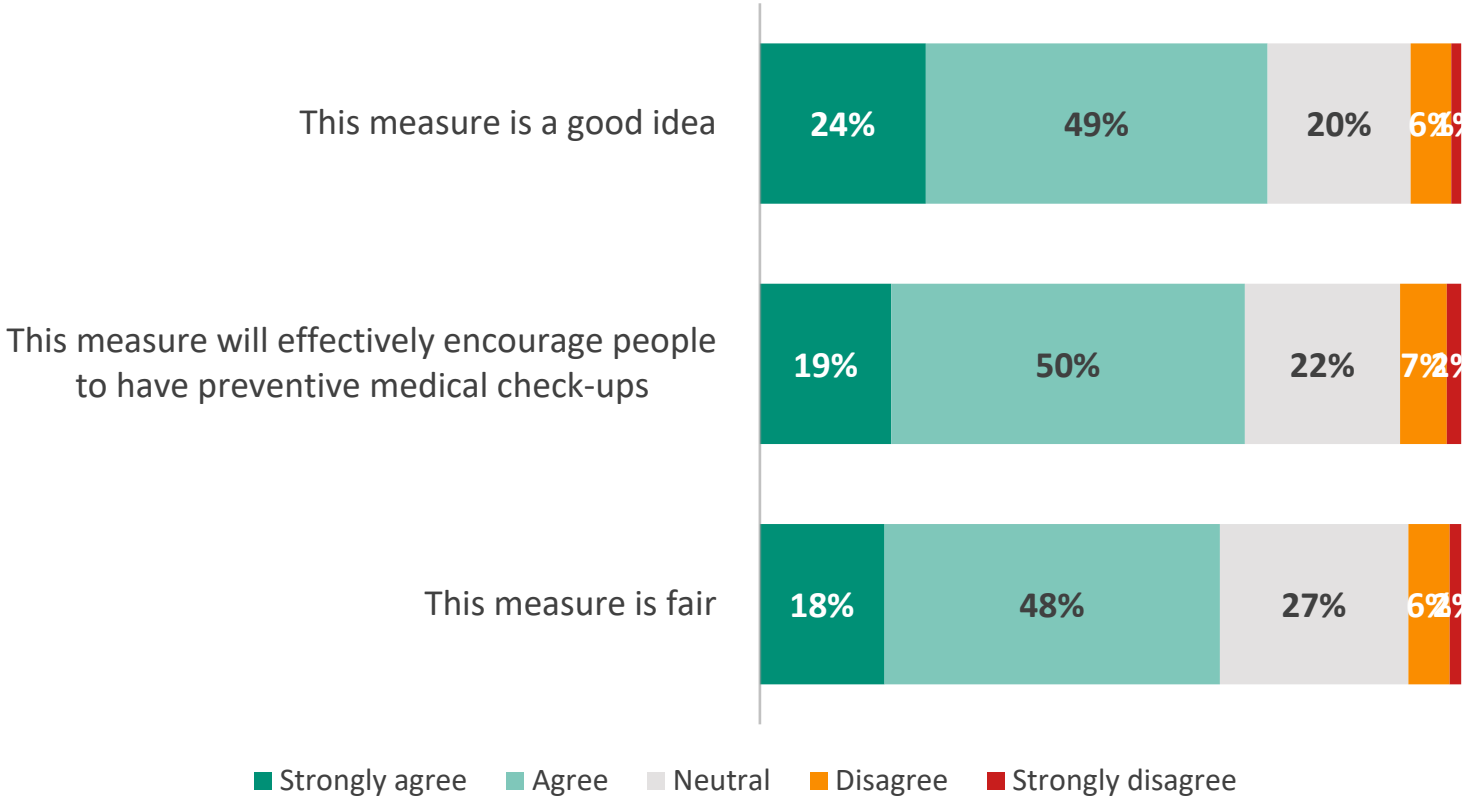
Preventive healthcare presents a mixed picture. In the past year, 66% of the population visited their GP for a **general check-up with blood tests**. Older people stand out in particular: among the over-65s this figure rose to 85%, which points to a stronger focus on medical follow-up in this age group.

Participation in cancer screening is lower: on average 30% took part. In the 50–64 age group this rises to 49%, but that is still actually too low. This is in line with the age-related invitations for preventive screening.



N=1396 | New question since September 2025 | var663

Temporarily increased reimbursement of medical costs after preventive check-ups (e.g. blood tests, cancer screening)

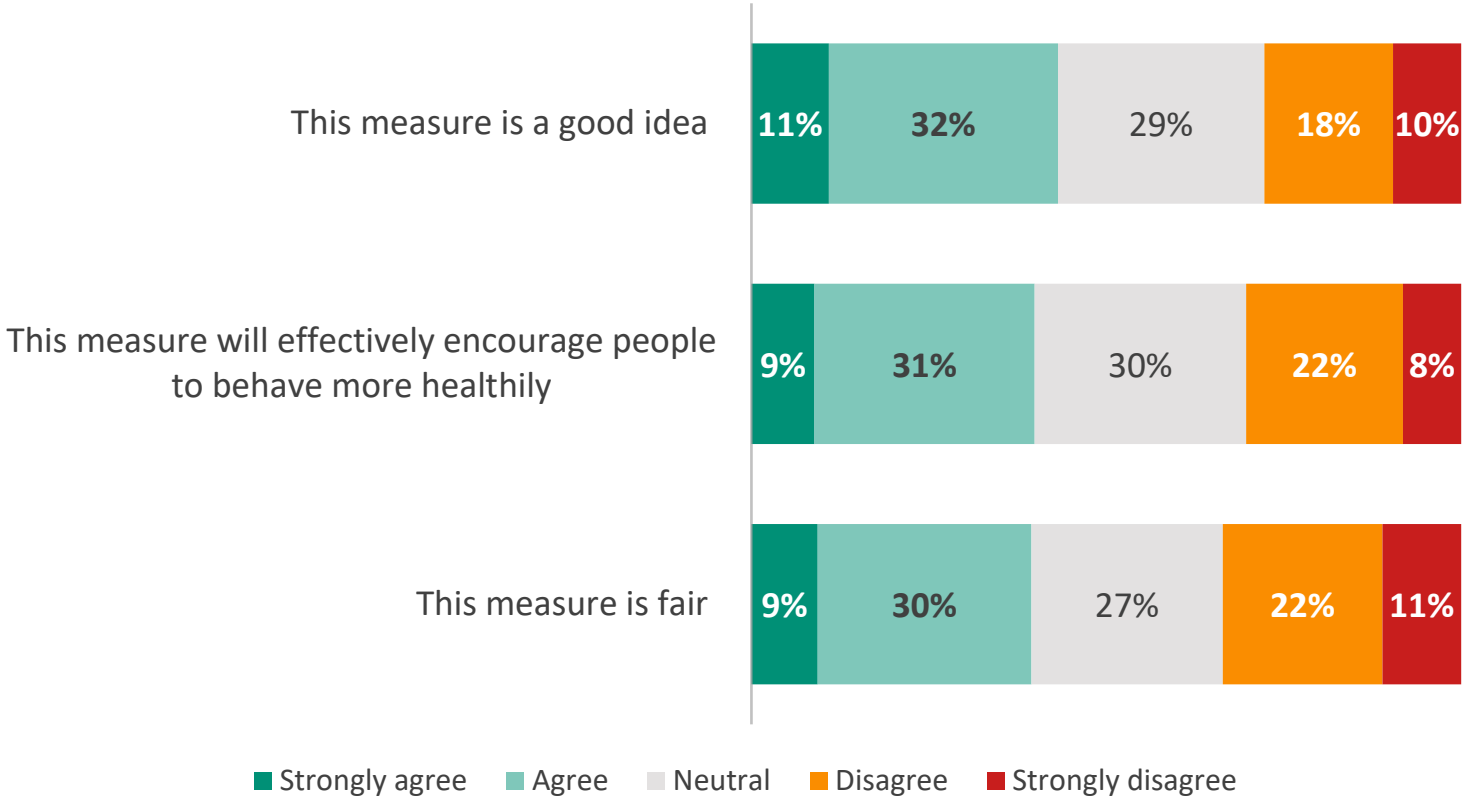


A temporarily increased reimbursement of medical costs after preventive check-ups, such as blood tests or cancer screening, enjoys **broad support**: 72% think it is a good idea and only 7% are clearly against it. People also believe it will work: 69% think it will actually encourage people to have preventive check-ups. In addition, two thirds (66%) consider the measure fair.

The score is therefore predominantly positive, although some doubt how much behaviour will actually change.

N=1396 | new question since September 2025 | var647

Cheaper life insurance for healthy behaviour (e.g. getting enough exercise every day)



Cheaper life insurance for healthy behaviour – for example getting enough exercise every day – is, by contrast, **more divisive**.

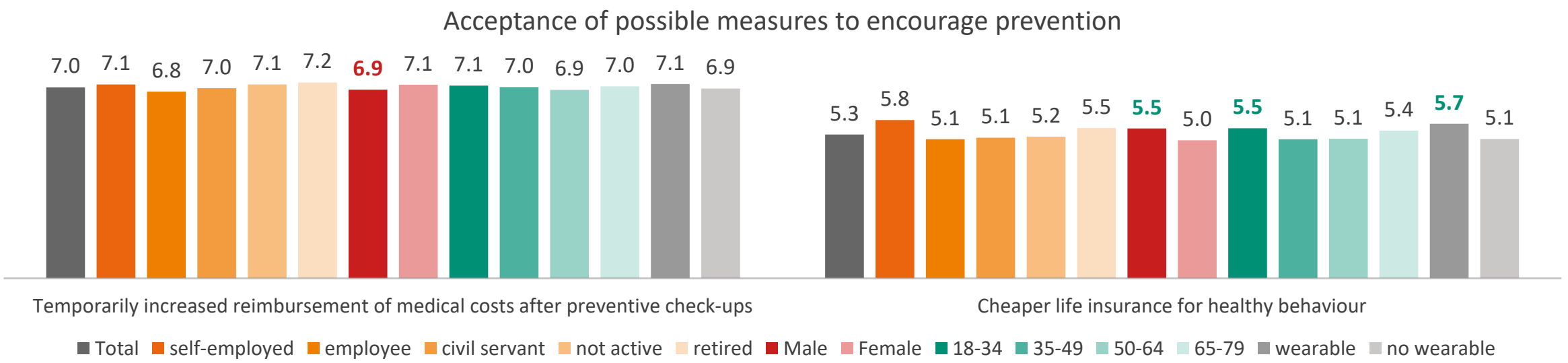
Only 43% think it is a good idea, while 28% are clearly against it. In terms of effectiveness (40%) and fairness (39%), this measure also scores considerably lower.

People may be quicker to see this as a form of reward or punishment, which makes it less universally appealing.

N=1396 | new question since September 2025 | var641

Acceptance of prevention measures by socio-demographic characteristics

When we compare both measures on a scale of 1 to 10, the higher reimbursement of medical costs scores 7.0 on average, while the cheaper life insurance only reaches 5.3. These differences are remarkably consistent across socio-demographic groups. It appears that measures that directly benefit everyone in medical prevention are perceived as inclusive and fair, whereas behaviour-based premium discounts feel more selective and unequal.



N=1396 | New question since September 2025 | Average out of 10 | prevention



Longevity by design and by default

NN

International Longevity Centre UK

Q&A discussion

Final thoughts: reflecting on how best to support longer lives in Europe



Patrick Swain

Head of Partnerships and
External Relations, ILC

International Longevity Centre UK

Thank you for attending!

To find out more about our upcoming events and activities, and to join the Network, please visit: **www.ilc-europe.org**