

FRESHER

FORESIGHT AND MODELLING FOR EUROPEAN HEALTH POLICY AND REGULATION

FRESHER Health Scenarios

Scenario “Healthy together”



Today's priority is to promote **health and well-being for all**. **Governments, the private sector and citizen networks collaborate** closely to develop and experiment solutions that promote quality of life, healthy opportunities and efficient care. The overarching aim is to guarantee good lives for all **while respecting the limits of the planet**. Health concerns have long been included in all policies on a global level and EU strategies systematically set health targets in all relevant EU policy areas.

When governments take the lead for delivering policy, **citizen participation is ensured throughout the policy making process** and policy-makers as well as industries are held accountable for the health impact of products, services and policies by well organised networks of citizens. These mechanisms allow for effective regulation that respects individuals' aspirations and needs, while promoting equity, sustainability and human health.

Human well-being and happiness are the new metric of development, which does not merely focus exclusively on GDP growth. High value is given to **leisure, having a sense of community and nature**, rather than economic wealth. While fair incomes level up everyone's means, recycling and sharing allows for overcoming the need for continuous increases in the production of goods, lowering the focus on productivity and the pressure on the environment. This new socio-economic pattern provides for the means to take better care of one's own health but also to care about others through **informal networks and community engagement**.

Snapshots – Healthy Together - Maya

- ✓ I wake up without an alarm clock as I enjoy flexible hours and my workplace is generally at a walking distance if not at home;
- ✓ I have created an on-line company to recycle plastics and am also involved in local initiatives. I furthermore share best practices in international networks. I don't earn much but why should I need more?
- ✓ I meet my extended family and friends every day. Sometimes we go together to pick and cook our own vegetables, other times we play frisbee in the park or go for a drink.
- ✓ When I feel sick, I ring my neighbourhood doctor who knows me well because I live nearby and send health data on myself on a monthly basis.
- ✓ I use apps not just for looking for information but to find people with whom I share interests. As example I use the social street apps to take care of the flowerbed down the street.

| Trends | Evolution* | Snapshot 2050 |
|--|------------|--|
| Equity | ↑↑↑ | Equity is a global goal and goes hand in hand with sustainability goals. Equity is fostered by highly inclusive social policies and universal healthcare , delivered through new welfare schemes and innovative social protection programmes, New metric of development promote community engagement and explore completely new solutions |
| Technological change and economic innovation | ↑↑ | Digitalisation has facilitated the transition towards a circular economy and reshaped society. Machines are used to decrease working hours and the gains from the increase in productivity are shared among workers through social dialogue. |
| Innovation in medicine | ↑↑ | Disruptive innovation and access to medical innovations enhances treatment outcomes and prevention on a personal and community level. Progress in medicine is made thanks to new organisational practices. |
| Citizen empowerment | ↑↑↑ | Slow society, diversity of cultures. Citizens are well educated, connected, and aware. Citizens have reached a level of empowerment that allows them to use social networks to enhance their public engagement and look for health support when needed. |
| Climate change and decarbonisation | ↑↑↑ | Circular and decarbonised economy. Any investment is assessed against social and environmental goals. Everybody contributes to reduced carbon emissions. |
| Demographic Change and migration | ↑↑↑ | Elderly citizens are healthy and active in society thanks to the combined effect of individual behaviours and welfare reform. Thanks to a new global coalition to promote the sustainable development of most of the world's regions, there is a recognised right of free movement of people but number of migrants is reducing. |
| Urbanisation | ↑↑ | Smart and environmentally and socially just cities. Cities are greener, less congested and less polluted thanks to smart urban solutions and the engagement of citizens' networks. |
| Agriculture and global food chains | ↑↑↑ | Local production of food and urban gardening. Sustainable agricultural practices are widespread and people prefer to consume fresh local food, due to an awareness of health benefits and the assignment of a social value to it. |

Please note: These arrows reflect the possible change of each trend in the scenario, in comparison to the *status quo* of the trends in Europe. You can click on the trend name for a quick link to the trend description in this scenario.

Scenario “Healthy together” - Storyline

Now something completely new. A completely new approach has emerged to cope with inequality challenges and the drivers of unsustainable growth. Now, governments aim at a **greater “democratisation of wealth creation”** instead of the mere **“redistribution of income”**¹. The emphasis of this **new approach is on an ex ante democratisation of wealth creation, rather than on ex post equalisation of income, and this shifts the focus from redistributive policies to fostering new democratic wealth institutions**².

As a consequence, the Gini Index has decreased for all countries reaching values close to zero, disparities across the world have been strongly reduced and social cohesion is enhanced. On the one hand, the reduction of inequalities in important health determinants, such as income, employment and education, smoothens the disparities in health conditions among different social groups. As living standards rise for all, individuals are able to self-take care of their health and prevent NCDs through their lifestyles and throughout their entire life. On the other hand, universal access to healthcare fosters prevention and fair high-quality treatment for all.

Digitalisation leads to better jobs and more free time. Digitalisation has accelerated the transition towards a circular economy. As opposed to humans going ‘the way of horses’³, initial unemployment through automation has been combated through the implementation of **attentive labour policies**. Public programmes ensure workers’ skill upgrade to match the needs of eco-industries based on the new circular business models. In addition, social innovation mechanisms enable the **transfer of resources from most progressive sectors to the “stagnant sectors”** such as education, health, and personal services where productivity cannot be radically improved for structural reasons⁴. In the circular economy, the importance of intangible goods is recognised with initiatives being put in place to foster cooperation amongst citizens for the provision of services that cannot be sold in the market.

The result is a **renovated era of wealth for Europeans**. There is a low unemployment level, **universal basic income** that gives people the option to explore what they like and **reduction of working hours which allow** for more free time without reductions of available income. As a result, there is a **balance between work and life balance** which allows more time for people **to take care of their family, including on terms of health, and to engage in social initiatives and voluntary work**.

Disruptive innovation has revolutionised European medicine. Investments in medical R&D are undertaken by governments and private companies **in close cooperation with civil society, which participates in orienting, informing and testing medical innovations** that respond to the health priorities of society as a whole. **Health research is transdisciplinary to take into account the interaction of all health determinants**, and health outcomes are considered in researches in all other sectors. Important discoveries are made in the field of prevention and are effectively communicated to re-orient policy and people’s lifestyles to avoid unhealthy situations and habits⁵. Innovation comes also from the **integration of alternative medicines** in the European health sector, which moves beyond a pure biomedical approach. This participatory approach to

1 ISINNOVA, CEPS (2014) contains a number of system-wide wealth-changing proposals that have been studied to move forward this kind of policy approach. For more information visit: https://ec.europa.eu/research/social-sciences/pdf/policy_briefs/flagship-policy-brief.pdf

2 As the Harvard economist Richard Freeman (1999) states, the essential principle of such an approach entails, “Equality of income obtained in the first instance via greater equality in those assets, rather than as an after-the-fact (or earning or luck) state redistribution of income from rich to poor, would enable us to better square the circle of market efficiency and egalitarian aspiration”.

3 Quote from Erik Brynjolfsson and Andrew McAfee (2015) commenting Leontieff’s theory on labour and technology.

4 ISINNOVA, CEPS (2014), with reference to Baumol (2012). According to Baumol (2012) the cost disease is a structural phenomenon, by which the costs of health care, education, live performing arts, and a number of other economic activities known as ‘personal services’ are condemned to rise at a rate significantly greater than the economy’s rate of inflation.

5 The Economist Intelligent Unit, 2011.

health research delivers **important “disruptive innovation”**⁶, which allows for improved health outcomes without significant increases in health expenditures. This innovation brings about effective person-centred care, based on new technologies that allow for early diagnoses and personalised medicine⁷ as well as on community-based highly decentralised health delivery. Medical skills and knowledge is exchanged to the maximum possible extent amongst all healthcare staff and whenever possible is transferred to patients. Communities are empowered to allow for home-based care and strengthened prevention⁸.

Thanks to new networks, practices and organisations, involving new players and new dimensions, European medicine has become people-centred, enhancing cost-effectiveness and quality of both prevention and treatment, so that the health benefits of investments for medical innovation involve the entire European population.

Citizens believe they have the power European citizens enjoy an experiment a new attitude towards knowledge and participation. Access to the internet is widespread and most citizens possess high digital skills that allow them to effectively **share knowledge and start initiatives** in their cities or connect their local actions with the global community. **Citizens themselves are able to discern valuable information** on the net and use social networks for enhancing, not disrupting, their social life and public engagement⁹. **Innovative participatory methods** make extensive use of digital technology. Flash-mobs to express community are widespread, apps for live-surveys use citizens’ opinions to improve public services¹⁰.

As healthy literacy rate rises¹¹, **people voluntary provide data on their life parameters**, such as weight, blood pressure, blood tests, and about their habits to publicly managed apps and get feedbacks on their overall health and emerging health risks, as well as health-related recommendations for self-prevention and care¹². **Increased awareness and self-managed monitoring of health** trigger a self-determined change towards healthy lifestyles and behaviours, including diets and mobility. In turn, through **public-private partnerships**, the **healthcare system** has been **re-structured** in order to make use of these electronic records and big data. This information is shared within a clear regulatory framework protecting privacy to develop **precision medicine, remote healthcare services** and broader research on specific diseases on large population dataset at a lower cost¹³.

A circular economy for a green and clean Europe. Combined efforts, including both governments and civil society, have led to a completely restructured European socio-economic system centred on environmental sustainability in the development of a fully-fledged **circular economy**¹⁴. This paradigm change has replaced the concept of disposability with that of restoration, **moving away from a “take, make and dispose”** system towards sustainable **multiple product life cycles**¹⁵. Recycling is at its maximum and toxic materials are banned¹⁶. This leads to less production of waste as well as to **considerably reduce CO2 emissions** from production processes, because people consume less. Energy consumption is not only more efficient but also reduced overall, thanks to greener industrial technologies, appropriate buildings and public awareness on

6 “A type of innovation that creates new networks and new organisational cultures involving new players, and that has the potential to improve health outcomes and the value of health care” (EXPH, 2015: 4).

7 McKinsey&Company, 2016.

8 NHS, 2009

9 EC, 2014 b.

10 EC, 2016 b.

11 Defined as people’s knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care and, disease prevention (RIVM, 2014)

12 SPREAD Sustainable Lifestyles, 2012.

13 The Academy of Medical Sciences, 2016.

14 Whitmee et al., 2015.

15 ISINNOVA and CEPS, 2014

16 EEA, 2014

the environmental footprint of individuals' actions. The socio-economic system, including transport, has been decarbonised and **electricity is generated largely by renewables and distributed through smart grids**. Renewed **global commitment** around environmental sustainability has led to **enhanced international agreements to tackle climate change**, taking on board also emerging countries. Global collective efforts deliver substantial improvements to the environment.

As a result, climate change and global warming has stagnated. Environmental emergencies, such as floods and tornados, are limited and heat waves are less frequent. This lowers the incidence of communicable diseases and deaths from these extreme events and cardiovascular disorders due to hot temperatures decrease¹⁷.

Europe has grown old but healthy. **Elderly are healthy and active in society thanks to the combined effect of individual behaviours and welfare reform. People take care of their health and lifestyles and a strong sense of community** allows for cooperating and exchanging knowledge, experience and voluntary services between young and old. The city has been reshaped to create age friendly neighbourhoods and buildings: urban planning encourages physical activity, easy access to services and provides public spaces to socialise and work together¹⁸. People take care of each other, thanks to the **renewed sense of belonging, increased availability of time, and the opportunities offered by new technologies**¹⁹. Families are enlarged, open and strongly connected with their local territories and engaged with world movements. Pregnancies are well-monitored at all stages, technologically and socially supported. There is increased overall support for early child development which not? Only concerns children's health but also their social and cognitive development as well. These practices later enhance people's capabilities and drive towards healthy and active ageing.

Welfare reform supports the elderly in achieving fuller and longer lives, encouraging them to participate in society through work or voluntary services and ensuring life-long learning opportunities for individual re-skilling²⁰. More years in good health promotes well-being and postpones dependency, retirement and health care costs.

Enhanced global cooperation between different actors promotes the sustainable developments of most of the world regions resulting in **the reduced number of migrants. Now frontiers are open and people are able to travel and set in different world areas in a new climate that favours cooperation and integration**

Cities are reclaimed back by the people. Inspired by a **new vision of living and sharing space**, policy-makers, industries and citizens' networks collaborate closely to renovate cities. The main aim is to create **cities as well as networks of small cities**²¹ **that are lively, healthy and sustainable**. The majority of European cities have approved plans to become **carbon neutral** as well as sectoral plans to **restructure the city through mix-land use and mobility plans that promote public transport use**. Public transport offers efficient services with zero emissions vehicles for fares adapted to citizens' income. Taxes and tolls make individual transportation, apart from bikes, very expensive with the exception of emergency services and for people with highly restricted mobility. **Renewable energies are now a common feature of the cities' skyline**: photovoltaic roofs are included in public and private buildings alike. **Buildings are retrofitted to become energy efficient and new ones are built as passive houses**. The inclusion of green walls and roof gardens and plants on balconies change the cities' skylines. Cities and citizens' networks collaborate to create and maintain inclusive and

¹⁷ Watts et al., 2016.

¹⁸ Top three priorities identified by the Special Eurobarometer 378 when asking the question "where are improvements most needed to make your local area more "age friendly"?" (EC, 2012 a)

¹⁹ See the website: <http://hogeweyk.dementiavillage.com/en/>

²⁰ UK Government Office of Science, 2016.

²¹ PASHMINA, 2010.

accessible green areas and public spaces. Parks represent intergenerational spaces where children go to play, seniors gather to socialise, families spend their free time and youths play sports²².

Social innovation and participatory processes have raised **risen awareness and created a new sense of community**. The new mobility patterns have **reduced air pollution**²³ and **fostered physical activity and social cohesion**²⁴. The accessibility of public safe spaces and green areas contribute significantly to mental, physical and social health.

Europeans “eat food, not too much, mostly plants”²⁵. European Agriculture is focused on the **production of local, sustainable and quality food to ensure the right intake of nutrients for all**. The Common Agricultural Policy (CAP) aligns the budget allocations to the WHO/FAO dietary targets. The same targets inspire the rationale for food trade agreements and public food procurement²⁶. **Fresh vegetables, fruits, legumes and cereals constitute the bulk of Europeans’ diet**, while meat consumption has declined. Accompanied by large reforestation projects, small-scale farming, largely producing organic food, gains competitiveness and is able to meet the food demand, which is contained thanks to a sharp **reduction of food waste**. **Permaculture is prevalent and people are willing to adapt food consumption to the availability of seasonal products**, which also allows for a diversified diet. Food products are fully trackable or traceable? Through the supply chains, most of which are very short because of fully developed local production systems, which provide food at fair prices for both producers and consumers, often through **farmers’ markets, food cooperatives and direct selling**²⁷. There is low demand for frozen products, ready-made meals and industrial soft drinks from global supply chains, because **food is given a shared social value** and people dedicate time to go grocery shopping, cook, prepare home-made juices and cakes, eat together, and grow some of their food, even. In fact, education on nutrition and agriculture, including in cities, is enhanced thanks to **urban gardening, on both public and private land, which is no longer only a limited trend but a widespread reality and serves social functions too**, such as the integration of migrants, marginalised communities and therapy gardens. Large school gardening projects are run by private companies, publicly-funded or managed by community cooperatives, which leads to great value in the education sector being created out of green areas devoted to farming in cities²⁸. By engaging in activities like these, people become more conscious of nature, food, nutrition from an early age. On the one hand, healthy food is largely available and affordable. On the other hand, people appreciate the value of healthy nutrition and wish to pay for it over spending money for electronic devices or expensive cars.

As a result, Europeans are well prepared to have healthy diets that provide for the correct intake of nutrients through natural food and drinks, reducing risk factors to non-communicable diseases (NCDs). Since processed food and drinks are not appreciated, fats, sugar and salt consumption is very low²⁹. Alcohol and tobacco consumption is limited, characterised more as a social pleasure rather than an individual daily habit.

²² De Blasio, 2016.

²³ Giles-Corti et al., 2016.

²⁴ Kleneirt and Horton, 2016.

²⁵ Quote from food writer Michael Pollan (2008).

²⁶ EPHA, 2016; Walls et al., 2016.

²⁷ Bock et al. 2014.

²⁸ See the website: <http://www.fao.org/schoolgarden/>

²⁹ Stuckler, 2008.

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