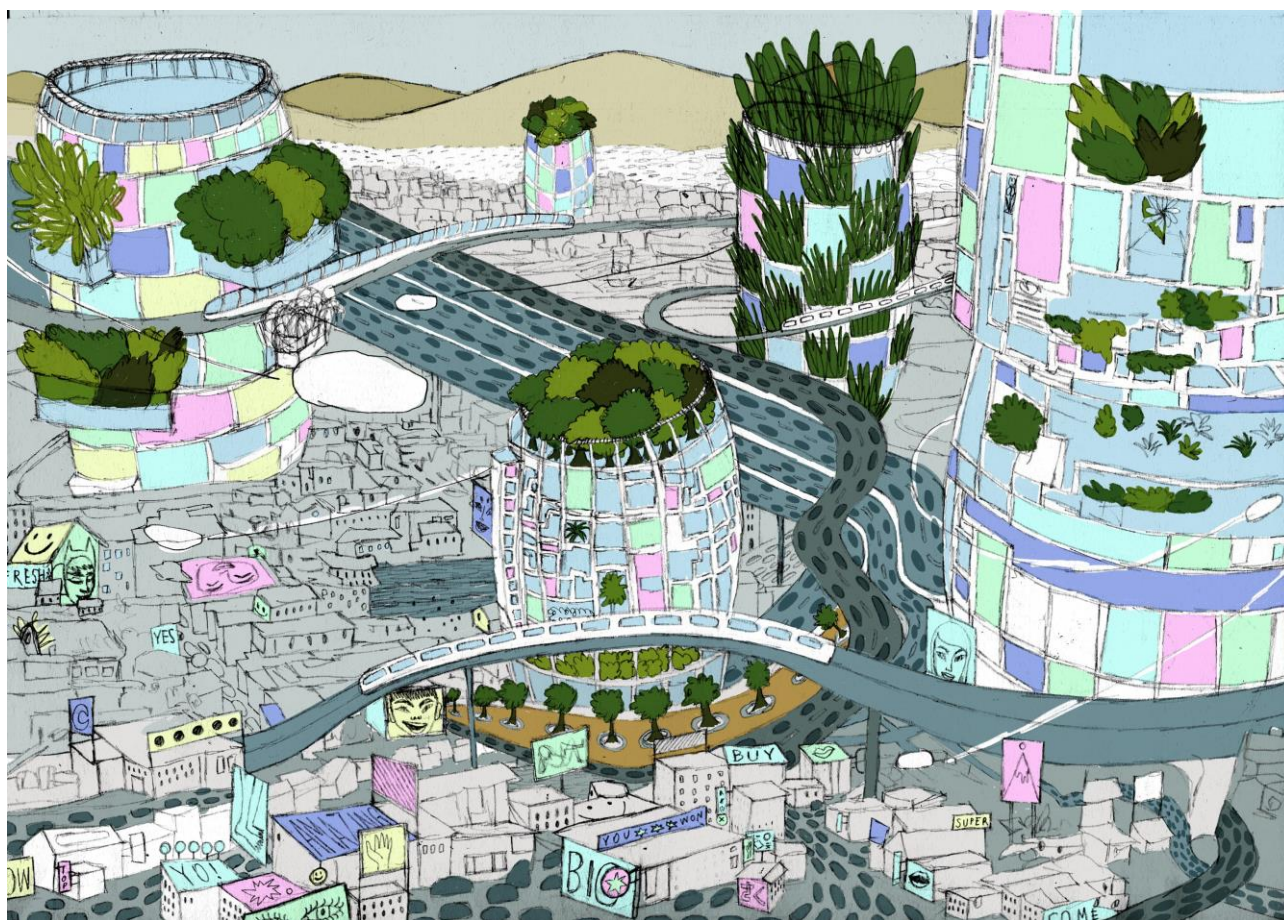


FRESHER

FORESIGHT AND MODELLING FOR EUROPEAN HEALTH POLICY AND REGULATION

FRESHER Health Scenarios

Scenario "The rich get healthier"



Freedom and meritocracy are the pillars of societal structure. Market forces are dominant and a 'light government' has the main role of **guaranteeing the functioning of the economic playground.** Following the economic crisis of the beginning of the century, many European states have privatised the health-care and education sectors to guarantee that their public debt falls in line with European thresholds and have deregulated labour to revitalise the stagnating economy. These policies induced a new wave of economic growth but European citizens paid a high price in terms of equity. **Health is now just like many other services: potentially available but expensive.** The more you can afford it, the better cure you will receive by picking from an incredibly rich basket of medical innovations including new-generation biomedical devices. While citizens' health is left to individual decisions and financial capacity, global governments have agreed on protecting the environment by pricing it.

Snapshots – the rich get healthier – Angela

- ✓ My intelligent home wakes me up with an avocado and goji seeds and reads news on the world markets to me.
- ✓ I go to work by my self-driven electric car but I have to be careful because I have to pass through an unsafe district of my city.
- ✓ I am a successful real estate agent. It has been a tough career but now I can exploit others' work to ensure a very high salary.
- ✓ Climbing the social pyramid, I have changed neighbourhood, friends and hobbies. Now I live in the posh area and I am subscribed to an exclusive golf resort.
- ✓ I now can pay for a full insurance plan, to get treatment if I get sick. And I can finally afford surgery to cure my myopia! However, I also have to buy medicine for my mother's diabetes, as she was fired from her job as a secretary after computers undertook her tasks. without retirement benefits.

This policy works to the extent that most of the economies are now decarbonised and climate change is under control. However, it **confers an elitist character to global governance, with a focus on achieving results with no or limited concern for the level of inclusion of the solutions pursued.** As a consequence, this system ends up reinforcing existing patterns and societal structures¹, failing to give adequate representation and promote the interests of more marginalised, less educated and poorer groups. Even in times of economic growth/recovery, the demolition of welfare states has created **new, unexpected challenges**: the growing tensions among citizens make security rise in the political agenda, the number of citizens marginalised seems to increase and populist movements gain ever growing consensus.

¹ Khan, 2013.

Trends	Evolution*	Snapshot 2050
Equity	↓↓↓	European countries have witnessed a rise in inequality following the privatisation waves of the beginning of the century. Wealth is now concentrated in the hands of a few who live in gated areas. Society is stratified.
Technological change and economic innovation	↓	Digitalisation of the economy has led to high structural unemployment. Technology is owned/controlled by a limited number of private companies, pursuing profit-seeking behaviours and collecting all the productivity gains without sharing it with workers. With few exceptions, most workers have temporary jobs with severe impacts on their private life and their health.
Innovation in medicine	↓↓	Exclusive medical innovations. Innovation in medicine is financed by private companies, focusing on new health solutions for diseases affecting wealthy people, to ensure high monetary returns to R&D investments.
Citizen empowerment	↓	Citizens are overwhelmed by commercials and information tailored by companies to shape their desires and expectations. Only few people have the knowledge and time to navigate this turbulent digital world. For example, citizens search and appraise via the internet new and affordable medical solutions as alternatives to expensive, traditional medicine. However, the lack of regulation also spurs misinformation.
Climate change and decarbonisation	↑↑	Reformed international climate change panels and prices on environmental goods and services. Production is reshaped with technologies and solutions to lower emissions and meet agreed targets. Environmental goods and services are considered high priced commodities for which citizens need to pay.
Demographic Change and migration	↓↓	Beyond differences between countries, today the world seems divided in income categories: wealthy strata of the population get very old and stay healthy in their ageing, while the poorest either die prematurely or experience severe conditions whilst incurring diseases and disabilities. Increased global cooperation for climate and environmental issues has limited consequences on migratory flows that rise for economic reasons.
Urbanisation	↑↑	Wealthier people live in similar ways around the globe with easy access to education, health services and healthy food, fast transport opportunities and ecosystem services (food, water, green areas). Conversely, those who belong to less wealthy social groups struggle to access high-level education and good health services, live in suburbs, depend on long travel to reach workplaces and have limited access to ecosystem services.
Agriculture and global food chains	↓	Polarised agriculture and food system. While rich people eat local healthy and expensive food, the rest of the population rely on junk food from global supply chains, which ignore nutritional balance.

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 “The rich get healthier” - Storyline

Inequality rises. European governments have implemented a series of structural reforms to relaunch growth. The measures managed to **increase European competitiveness in the global market but ignored the rise of inequality**. Overall, these initiatives have worsened the gap between people on low and high incomes and the uneven distribution of capital income. The unequal distribution of the benefits of technological advances exacerbate this dynamic². As a result, **disparities across Europe have increased and wealth and power are concentrated in the hands of a few. Polarization and social and economic stratification characterise society**. The situation is reflected on how cities are organised and structured, leading to segregating neighbourhoods next to exclusive rich areas. People’s ability to access high level educational or health services, as well as their future jobs and lifestyles are increasingly determined by their place of birth.

As a consequence, the Gini Index has increased in all EU countries but not in the world. In the health sector, a wave of privatisation has made healthcare only accessible under private health insurance, with different services available according to the plan that one can afford.

Digitalisation splits the labour market and divides the society. Competition among private firms drives innovative efforts. Government actions has limited to regulation and allowed **structural reforms of the economy to re-launch of European industries** that are more and more concentrated and in the hands of a few. **Technological changes are focused towards maximising the profits of firms without paying attention to labour conditions**. The steady introduction of machines in manufacturing and services replace workers in routinized tasks, while increasing the demand for workers performing non-routinized tasks, either for highly educated and well remunerated workers (e.g. engineers) or for unskilled underpaid workers (e.g. delivery agents). In general, **human skills are increasingly reduced to monitoring robots, quality check, coordination and failure control**. Firms provide on the job training for those who are employed, as skill requirements change so fast that even secondary and tertiary education cannot provide for these while those outside of the **labour market are trapped in a vicious circle without any possibility for public support or trainings**.

Social dialogue is not moderated by the government and fails to deliver benefits to workers³. Digitalisation has brought an **increase on the level of structural unemployment**. The **job market is flexible** and most **contracts are temporary**. Collective wage agreements and lifetime employment seems like forgotten memories of the past. Social media and the internet are used for self-organisation of low budget solutions to make it to the end of the month, such as renting rooms and sharing vehicles. The worsening of working conditions, **the lack of social support and the high competitive environment create stress, insecurity and frustration to the majority of population with indirect effects on people’s health**.

Innovation in medicine is led by the private sector and highly exclusive. Public investment for medical research has fallen and been replaced by **higher investments of private firms, which are keen on offering new health solutions to the portion of the population that can pay to live longer and better**. Overall investments in R&D have risen above 3% of GDP, but with very low public participation in it. Private universities and research centres develop partnerships and financing schemes with pharmaceutical companies and the chemical industry as well as with private insurance companies. These actors orient medical research and innovation through **profit-driven logics, often ignoring the most urgent health priorities**. Significant discoveries and developments have come in the field of biomedical science and devices, human robotics, genomics, stem cells and drugs. For those that can afford them, these innovations are used also to achieve progress in aesthetic medicine. **However, these solutions are not made accessible to the**

² EC, 2012 b.

³ Vaughan-Whitehead, 2017.

majority of the population, because big pharma companies constitute an oligopoly and keep prices high to increase profits⁴. Most people rely on drugs that are not innovative, because these are provided at less financial cost. Often, effective treatment exists, but is not accessible to the patients who cannot afford them because of very high prices. **Patent laws on new drugs are very strict** and centred on the interests of private investors, so that cheaper versions of the new drugs are not available. In poorer areas, some progress is made in the field of organisational innovation of healthcare, involving community knowledge, 'Traditional medicine' and social resources for poor patients' care.

This regime ensures high monetary returns for investments in R&D. In contrast, the return to these investments in terms of human lives is rather low, resulting in a medical innovation pattern that is not cost-effective in social terms.

Digital skills divide citizen empowerment. The digital divide in Europe no longer concerns access to the internet **but relates to the capacity to obtain the right information and navigate in a turbulent digital world**. Since childhood, citizens are overexposed to direct - indirect - **content that creates consumption desires and life-style expectations**. Through the use of big data, companies know much about individuals that form and influence their behaviours and no government has the interest or the power to control the situation. To provide for some level of trust online, **users vote on whether they believe a given website text is correct or wrong**, and underlying algorithms, which can resort to millions of websites, calculate the probability of truth in a text. However, despite vast advances in computational text analyses the results cannot always be trusted. **Charities and district organisations help citizens to deal with the frequent internet fraud and support them in finding the right internet references and opportunities**.

Regarding health, **only well-educated people in wealthy groups of society can discern among the available information online**, pick reliable sources and enjoy the best service and offers. **These people can actually increase their healthy literacy rate and take care of themselves better**. However, for other groups in societal, the digital revolution has led to more risks than opportunities regarding health: misinformation leads too often to untrustworthy cure.

Environment is commodified. In Europe, environmental sustainability is pursued by **putting high prices on the use of natural resources and negative environmental externalities**, through Pigouvian taxation⁵. On one hand, reflecting the value of nature in prices of goods and services preserves the environment. On the other hand, it **limits the affordability of green products and environmental-friendly technology**. The private sector provides innovative, but expensive, solutions to face rich people's demand for green products and services. **Energy costs are raised** too, to limit fuel consumption, and green energy from renewables is expensive because of high private investments required for it, resulting eventually in a limited access of poor people to energy⁶. **Overall, the consumption pattern is polarised**, with rich people that can pay for expensive green-washed goods and services, including sustainable transportation, and poor ones that cannot afford them. Indeed, **people in lower income groups end up adopting lifestyles towards decarbonisation**, although **driven by economic struggles** rather than full environmental awareness. For example, recycling rises among these groups to cut household expenditure and energy savings are 'forced' to cut bills. **Frugal innovation** among these groups also leads to **new green technologies** that concur to lower the carbon footprint of the European economy. Apart from some non-EU countries that are still too uncertain in their development process to commit to strict environmental regulation, **global governance is enhanced to reinforce international agreements on climate change**, which is kept under control.

4 KCE, 2016.

5 Sandmo, 1975.

6 UKERC, 2014.

There are still few areas of the planet that are threatened by sporadic extreme events due to worsening of climate change in previous decades. However, the planet's environment is improving overall, thus mortality and communicable diseases from environmental disasters decrease considerably. Global temperatures are kept within the set limits for human survival and heat waves do not occur in Europe, lowering the number of people suffering cardiovascular disorders linked to these causes⁷.

Europeans are older, but only somewhat healthier. The old-age dependency ratio has raised, so that **it is hard for public finances to cover the rising costs of healthcare and social security resulting from the ageing of the population.** People are increasingly required to work longer in life although this is only an option for a limited number of people due to deteriorating health conditions due to ageing. **The health situation of older groups in society is not homogeneous. Wealthy strata of the population** get very old and stay healthy in their later life, **while the poorest** either die prematurely or experience difficulties such as diseases and disabilities. This divide in elderly citizens' health status is the result of different lifestyles between the rich and poor. Rich people act for prevention and access adequate healthcare throughout their life. By contrast, people with low income are not well educated and cannot afford appropriate prevention and care measures. Frustration is widespread among disadvantaged groups and the effects of which are particularly noticeable amongst elderly citizens amid a rise of alienation and cases of depression.

Although life expectancy has risen for Europeans overall, **this translates into an increase in the number of healthy life years for only a minority in society. For the majority of the people, especially in lagging regions, there is no prospect for a healthy longer life.**

Global cooperation on climate and environmental issues has limited consequences on the migration flow. European and international migrants move towards urban areas in the search of employment, but often end up being marginalised.

A tale of two cities⁸. In the pursuit of economic development, local authorities attempt to attract investments of private corporations by dismantling social and environmental regulations. Suburban areas develop but with a dual pattern, which differentiates according to the level of income of residents. **The same city seems divided in two. In one part, citizens live in eco-efficient buildings, consume renewable energies provided by solar panels, and move in electric cars in districts shaped by eco-friendly infrastructures, green areas and urban gardens.** In these wealthy neighbourhoods, essential services are at walking distance and gated parks ensure a green space to socialize and practise physical activities. However, **access is strictly reserved** to people that can afford living there and private consortia finance and regulate these areas. **In the other part of the city, citizens face fuel poverty and have not enough money to carry out renovation works on their buildings. In these areas, mobility is a challenge** as public transport capacities are reduced significantly after the privatization process, with private cars representing an expensive alternative. In addition, the absence of green areas, inadequate waste disposal systems, as well as frequent traffic jams make streets an unpleasant and unsafe place to walk or cycle. In some cases, sharing initiatives such as car-sharing, car-pooling, and co-working create valid opportunities although most citizens lack the necessary trust and social skills to be part of them. Inadequate response of public and private actors to migrants' resettlements in these areas trigger competition, frustration and social tension. Due to increased frustration of people regarding the precarious economic conditions and increased social inequality within the city itself, there is a rise in crime and insecurity in general.

Due to the lack of coherent and comprehensive approach to improve the urban environment air pollution levels do not decrease considerably.

⁷ Whitmee et al., 2015.

⁸ Quote for the website: <https://www.theguardian.com/world/2013/sep/14/new-york-tale-of-two-cities>

The European food system is dual. Due to a big divide in demand and income levels, Europe relies on **two different parallel food systems**. In both systems, **food is a commodity like all the others in the society**, given a price by market forces and consumed as a status symbol. **On the one hand, organic farming and local, seasonal food production for diversified diets** is prevalent in Europe and has gained popularity among those that are well-informed on nutrition issues and the long-term benefits of eating well. This sector is purely market-driven, because the CAP has been largely dismantled and agricultural subsidies have fallen as a result. In addition, agricultural land is largely dedicated to the production of biofuels, which increases its price. Therefore, European food is more expensive than in the past, also because, to protect the environment, intensive agriculture is limited, avoiding chemicals and pesticides. Therefore, **organic short-chain food is very expensive and only few can afford it**. Privileged groups engage also in self-production of food, in small farms in the countryside, where they go for holidays, or undertaking urban farming activities, which have become fashionable in wealthy neighbourhoods in cities. In these areas, urban gardening practices include the use of innovative technologies which are also used for green walls. **On the other hand, the majority of the population relies on global supply chains for affordable food and drinks**, because they cannot pay for food produced in the European countryside and they do not have access to land and green areas in cities. Food trade has been largely liberalised in Europe and few **Transnational Food Corporations provide a small variety of cheap processed junk food and industrial soft drinks**. There is no government control on food and drinks that are commercialised by these companies and largely misleading marketing activities persuade most people to consume these products. Maximising profits at the expenses of quality, these processed foods and drinks tend to exceed the recommended limits of sugar, salt and fats, but poor people still consume them largely because of lack of both money and correct information.

Within this context, the impact of diets on Europeans' health is sharply differentiated, depending on the social group to which one belongs. Wealthy groups eat following healthy diets based on balanced fresh products. This leads to important long-term health benefits, which however remain a prerogative of rich people. The rest of the population consume constantly unhealthy food and drinks and thus excessive levels of salt and sugar, which undermine their health status⁹. Outside the highly liveable gated communities, life's choices are limited as a result of unequal political, social, and economic structures and people resort to tobacco, drugs and alcohol consumption as well as unhealthy nightlife to cope with the reality.

⁹ Stuckler, 2008.

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