

# POPULATION AGEING - IN HEALTH PROGRAMMES AT NATIONAL AND EUROPEAN LEVEL

CARMEN-LAVINIA PANAIT<sup>1</sup>, DANA GALIETA MINCĂ<sup>2</sup>

<sup>1</sup>PhD candidate "Carol Davila" University of Medicine and Pharmacy București, <sup>2</sup>"Carol Davila" University of Medicine and Pharmacy București

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**Abstract:** Starting from the consideration that aging determines major effects on public health that claims early and appropriate measures, the article aims at highlighting and characterizing initiatives to address this phenomenon in health programmes at national and EU. Descriptive analysis used in the study revealed that the issue of aging, shown separately among the areas covered by EU health programmes, was funded in several actions at this level, while in national health programmes, this field could not be found separately. The low participation of our country in EU projects on "aging" and the lack of "aging" identification as the theme or objective in any NHP could be brought as an argument to support the idea that this phenomenon is still not seen as a priority for public health at national level.

**Cuvinte cheie:** vârstnic, îmbătrânirea populației, programe de sănătate, cercetare în sănătate, UE, România

**Rezumat:** Plecând de la considerentul că îmbătrânirea populației determină efecte majore asupra sănătății publice ce revendică luarea de măsuri precoc și adecvate, articolul își propune să evidențieze și să caracterizeze inițiative de abordare a acestui fenomen, în programele aferente sănătății de la nivel național și cel al UE. Analiza descriptivă utilizată în studiu a relevat că problematica îmbătrânirii, evidențiată separat între domeniile abordate de programele de sănătate ale UE, a beneficiat de finanțare în cadrul câtorva acțiuni derulate la acest nivel, în timp ce în cadrul programelor naționale de sănătate acest domeniu nu a putut fi regăsit distinct. Participarea redusă a țării noastre în proiectele UE pe „ageing” și lipsa identificării „îmbătrânirii” ca temă sau obiectiv în cadrul vreunui PNS, ar putea fi aduse ca argumente în sprijinul ideii că acest fenomen nu este încă privit ca o prioritate de sănătate publică la nivel național.

## INTRODUCTION

Population aging, a phenomenon with an impact on the patterns of morbidity, causing pressure on the sustainability of health systems, is one of the challenges identified for public health in Europe, requiring a new strategic approach. By Strategy "All for Health" adopted in 2007, the European Union (EU) complements the national health policies, responding to this challenge by enhancing cooperation and coordination between Member States.<sup>(1)</sup> Specialized literature provides limited information about the actions of welcoming its consequences in the health sector at European and national level. In order to complete them, this article aims to highlight initiatives / actions to address the aging issues in health programmes at the national and EU level, as policy implementation tools. By studying these programmes in the period 2003-2011, finding similarities and / or differences in structure and theme was aimed, but also identifying actions with an impact on aging.

## PURPOSE

The article aims at highlighting and characterizing initiatives to address this phenomenon in health programmes at national and EU.

## METHODS

The study fits in the category of the observational, studies, having a descriptive approach. The materials

investigated were represented at European level by the projects, joint actions, conferences and operating grants funded under the previous and current Health Programme of the European Union (EU Health Programme 2003-2007, EU Health Programme 2008-2013), as well as by health research projects funded within the Seventh Framework Programme for Research and Technological Development (FP7), between 2007 and 2011. At national level, the programmes carried out after Romania joined the EU were studied, respectively the national health programmes (NHP) administered by the Ministry of Health and the National House of Health Insurance (NHHI) and research projects on health, accepted for funding within „Partnerships in priority areas” Programme, component of the National Plan for Research, Development and Innovation for the period 2007 - 2013 (known as NP II). For data collection and analysis, two scales were developed and used as instruments: one for the data related to EU programmes, and other, for information relating to programmes from the national level. The information was grouped in items as those presented below.

Table no. 1. Presenting the information gathered by items

EU programme							
Title initiative	Year funding	Objectives / topics	Portfolio/Group field target	Financing instrument	Principal beneficiary	Partners associated	
Programme Romania							
Title program/project	Year funding	Objectives / topics	Activities / actions	Budget target	Group target	Implementation Units	Evaluation Indicators

<sup>1</sup>Corresponding author: Carmen Lavinia Panait, B-dul Eroilor Sanitari, Nr. 8, București, România, E-mail: laviniapanait@yahoo.com, Tel: +4021 180762

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In the case of programmes at EU level, the source database of the European Commission was used, available on its official website (2,3), while for the national programmes, the sources were the normative acts governing the implementation, evaluation and funding of NHP (4,5,6,7,8) and NP II (9), reports on their implementation (10,11,12), lists of projects funded under NP II.(13,14)

## RESULTS AND DISCUSSIONS

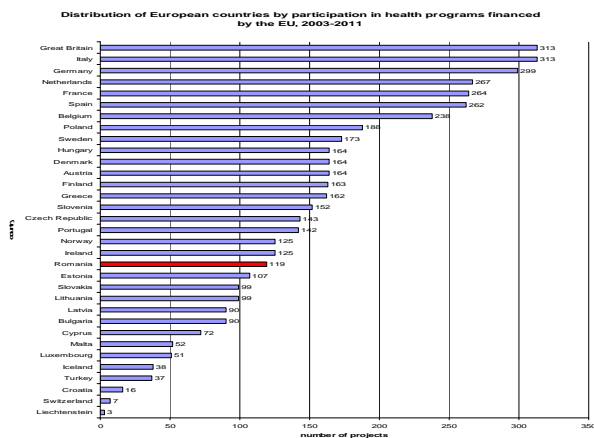
### Health programmes in the European Union

Projections show that by 2060, the proportion of people over 65 will increase from 17% (2010) to almost 30% of the European population.(1) In this perspective, the EU health strategy aims among its objectives “to improve health in a Europe affected by ageing”, having as foundation stones, health promotion and disease prevention.(15)

Strategy implementation is mainly done by health programmes managed by the Executive Agency for Health and Consumers, who, during 2003-2011 has funded 575 initiatives: 356 in 2003-2007 period and 219 in the interval 2008-2011. Most of them were projects (82%), the rest of them being conferences, operating grants and joint actions.(2)

The main countries involved in health programmes funded at EU level as the principal or associate partner were in descending order: United Kingdom and Italy, Germany, Netherlands, France (see figure no.1).

**Figure no. 1. Distribution of European countries by participation in health programmes financed by EU, 2003-2011**



Data source: European Commission database, [www.ec.europa.eu](http://www.ec.europa.eu)

Positioning Romania on the 20th place in the ranking of 33 countries that have accessed these funds, although as the number of inhabitants exceeds many of the countries located in the upper seats, could be explained perhaps by the low mediatization of the conditions of funding access among the potential applicants or by not meeting some of the eligibility criteria set by the applicants.

The initiatives on “aging” were identified in the “society health” portfolio, representing 17.5% of those funded under this portfolio. Romania was present only in 3 out of 18 initiatives on this topic: 2 projects (funded in 2003 and 2005) and a conference - “Active Ageing Citizens at the centre of EU Health Policy” - (2011).

The 2003 project “Healthy work in an aging Europe” had among the objectives: the collection and analysis of data on aging and employment in Europe and their impact on public health, the collection and analysis of practices, strategies and policies to improve health and reduce health inequalities by

addressing relevant determinants of health among the elderly. Project from 2005 – “European Collaboration on Dementia” - has created a European network of actors active in the field of dementia, developed indicators on the prevalence, diagnosis, treatment and management of Alzheimer’s disease and related disorders, and developed strategies to prevent these conditions. Data analysis on the presence of our country in health research programme (FP7 Health), shows the following situation: of the 849 projects approved for funding under this subprogramme, Romania is present in only 43 of them (5%), as an associate partner; among them only 3 addresses as a theme, the individual or population aging.(3) (see table no. 1).

The low success rate of projects with Romanian participation in FP7, implicitly those on health research, was justified in a evaluation of the National Strategy for Research and Development 2007-2013 by “working in consortia that are not better equipped for the topics which apply to”.(12) On the other hand, the status of secondary associate in funded projects might suggest a poor management capacity of the Romanian research institutions.

**Table no. 2. Ageing projects within FP7 Health in which Romania is a participating country**

Project - acronym	Period	Project objective	Institution involved
Increasing the participation of the elderly in clinical trials - PREDICT	1.02.2008 - 31.07.2010	Research the reasons for the exclusion of older people in clinical trials, and develop solutions to the problem	IGGAA*
European study to establish biomarkers of human ageing - MARK-AGE	1.04.2008 - 31.03.2013	Making a population study (3700 subjects) for identifying biomarkers of aging that as a combination of parameters with appropriate weighting, would measure biological age better than any marker isolated	IGGAA*
A roadmap for ageing research - FUTURAGE	1.09.2009 - 31.12.2011	Producing a definitive map that will guide European research on aging and health for the next 10 -15 years	UEFISCD I**, Ministry of Health

\*IGGAA - Institute of Gerontology and Geriatrics “Ana Aslan”

\*\*EUFHERDI - Executive Unit for Financing Higher Education, Research, Development and Innovation

Source: European Commission database, [www.cordis.europa.eu](http://www.cordis.europa.eu)

### Health programmes at national level

National health programmes represent the framework of the implementation of public health policy and strategy by the Ministry of Health, the central authority of the field of public health and address the main areas of intervention of public health, addressing national priorities identified by the National Health Strategy.(16) In 2007-2011, they were conducted separately or jointly by the Ministry of Health and NHHI and were financed from the state budget, the revenues of the Ministry of Health, budget of Unique National Fund of Social Health Insurance (UNFSHI) and by transfers from the ministry of Health budget to UNFSHI budget, and other sources.

The actions under the programme were addressed primarily to prevent, diagnose or treat various diseases communicable and non, with major impact on the health of the

population (e.g., HIV infection, tuberculosis, cardiovascular disease, diabetes), and the risk factors for disease, specific types of care (primary care, emergency pre-hospital) or specific population groups (women, pregnant women, children). Analysis of all programs in the period studied revealed the following: (4,5,6,7,8,10,11)

- tendency to structure them into several subprogrammes;
- widening the objectives of each programme;
- transfer the increasingly more actions of the programmes for funding from the Unique National Fund of Social Health Insurance.

The problem of population aging has not benefited from a distinct approach in any national health programme during this period. Also, older people, and therefore their health problems, were not addressed separately in a specific health programme, such as women and children. Moreover, they can not be identified among the beneficiaries of national health programmes, as normative acts regulating their implementation do not require monitoring of beneficiaries by age. Thus, the age groups most frequently accessing services within the various national programmes could not be specified.

The study of health research projects in the PN II showed that they were financed under the programme "Partnerships in priority areas". Their allocated budget accounted for 14% of the total budget of the programme mentioned above, that amounted 5.4 billion RON and that has funded other eight priority areas.

Between 2007 and 2011, among the 195 health research projects accepted for funding, only 3 projects were identified that had the elderly as a target group. The institutions that have coordinated these projects were universities of medicine and pharmacy (Cluj and Timișoara) and the National Institute for Research and Development in Pathology and Biomedical Sciences "Victor Babeș". Funding each of them ranged around £ 2000000 lei.

In the years 2009 and 2010 due to the crisis, calls were not launched under the Partnership in priority areas programme and more than that there were ex-post cuts of the funding already accepted. (12)

## CONCLUSIONS

While at the level of EU health programmes, "aging" began to appear as a distinct field within the "society health" portfolio, it could not be differentiated as theme or in an object within NHP, which may suggest that it is not seen as a national priority.

The low participation of Romania in EU health programmes, especially in those which have addressed as a theme "aging", compared with other countries, it is difficult to explain if we consider tradition and our expertise in the field of aging.

The lack of monitoring of NHP beneficiaries according to age, makes impossible today to highlight the intensity and the pattern of services consumption in the old age, which would help determining the impact of aging on health sector, and also, the foundation of specific health programmes at national, regional or county level.

In our country, the research on aging, the health research, as well as the research in general is poor, though FP7 has served as a role model in the National Strategy Research and Development 2007-2013 and PN II.

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