WDA Forum St. Gallen
8. Demography Dialogue Switzerland

Living long and healthy in Switzerland:

What do we know?

What does it mean?

What does it mean for our healthcare system?

21.–22. May 2024

Zurich Development Center
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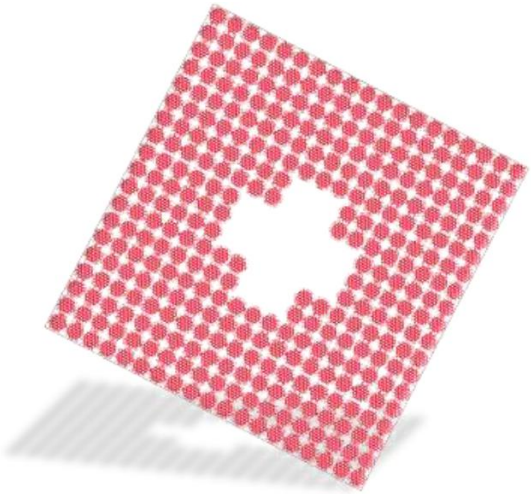

About the WDA Forum

The WDA Forum (World Demographic & Ageing Forum) is a globally networked think tank for the exchange of knowledge and the development of social and economic reform approaches in connection with global demographic change. Founded in 2002 and associated with the University of St. Gallen (HSG), the WDA Forum has since organised the World Demographic & Ageing Congress with 400 - 500 participants from all over the world.

In addition to research and teaching, the WDA Forum organises expert events on specific demographic topics, thereby stimulating public discourse on current and future demographic challenges in Switzerland and worldwide.

In January 2021, the WDA Global Longevity Council was founded with demographic experts from all continents. This council, with a global view of demographic change and a time frame up to 2050, serves as a discussion platform for demography-based strategies in business, society, and politics.

Students from the University of St. Gallen and other renowned universities are deliberately involved. Ultimately, it is this younger generation that will shoulder the consequences of the upcoming demographic change, and their active engagement in high-level dialogues today effectively prepares them to be world shapers tomorrow, in a tomorrow where change is welcomed with ready insights, actionable toolkits, and collaborative solidarity.

Demography Dialogue Switzerland: The objective

The WDA Forum is nestled in beautiful, serene Switzerland, a country that is about to feel the weighty impacts of demographic change. Indeed, the 21st century will be home to some major demographic shifts around the world. Therefore, to maintain a competitive Switzerland, the WDA Forum endeavors to understand the coming demographic change in all its particularities and to formulate innovative, future-proof approaches with people from all generations and decision-makers from politics, society, sciences, and business.

The objective of the 'Demography Dialogue Switzerland' is: (1) to openly discuss topics related to demographic change in Switzerland from a wide range of perspectives; (2) to develop contributions and theses to release the beneficial potential of the upcoming change, taking into account all members of the society.

To date, the 'Demography Dialogue Switzerland' has held seven events with the following topics:

- **Do we need an intergenerational contract?**
  Schloss Hüningen, 3510 Konolfingen/BE, 1.–2. March 2012
- **Disparities in population development in Switzerland**
  Villa Garbald, 7608 Castasena/GR, 30.–31. March 2013
- **Switzerland and its National Dementia Strategy 2014-17**
  Resort Widenmoos, 5057 Reitnau/AG, 20.–21. May 2014
- **What kind of healthcare does an ageing society need?**
  Brissago/TI, 4.–5. June 2015
- **Disparities in population development in Switzerland**
  Wolfsberg/TG, 30.–31. May 2017
- **Overcoming hurdles - steps towards a different and longer working life in Switzerland**
  Swiss Re Centre for Global Dialogue, Rüschlikon/ZH, 30.–31. August 2021
- **Generations in transition: intergenerational solidarity - intergenerational justice**
  Bad Zurzach/AG, 14.–15. June 2023

8. Demografie Dialog Schweiz - Lange gesund Leben in der Schweiz

Starting point

Time and again, surveys conducted by the WDA Forum show the same result: the Swiss population would like to live to 95 years - but in good health!

What do we know?

Over the time span of 20 years (2002-2022), life expectancy at birth in Switzerland has increased by 3.8 years for men and 2.3 years for women. In 2022, an average Swiss man (woman) could expect to live 81.6 (85.4) years at birth, of which 70.8 (71.2) years would be in good health.

During the same period, Disability-Adjusted Life Years (DALYs) decreased by almost 50% - an impressive result mainly driven by the advancement in cardiovascular disease treatment. There was also an impressive reduction in lung cancer, largely thanks to a fall in male smoking rate. Progress in breast cancer could also be observed, and the suicide rate dropped significantly for the whole population, particularly among young men. On the other hand, the levels of DALYs for depressive and anxiety disorders had plateaued, and those for diabetes mellitus, Alzheimer's and dementia unfortunately increased. Also on the rise were chronic kidney disease and complex multimorbidity, results of longevity and increasingly crucial priorities for the healthcare system given the ageing demography.

How do we age in a healthy way?

To assess healthy ageing priorities, age-specific morbidities and their related DALYs are good pointers. For age group 60 and above, the focus should be on cardiovascular diseases, kidney function, chronic obstructive pulmonary disease (COPD), cancer prevention and treatment, skeletal and muscular disabilities, and effective methods to combat Alzheimer's and dementia, besides care for mental health. Our state of brain health and social integration (incl. meaning-making of living ever longer) will determine and characterise the quality of life beyond age 80.

Indisputably, demographic ageing is progressing irrevocably. By 2050, the size of the Swiss population aged 65 and above will have doubled from today (2024), rising from 1.7 million to 3.4 million. As ageing is the ‘greatest risk factor’ for chronic diseases such as cardiovascular diseases, dementia, carcinomas, diabetes, osteoarthritis, and osteoporosis, what accompanies a larger elderly population is a larger healthcare bill. The Swiss healthcare system can expect to feel increasing pressure from these age-related chronic illnesses.

As of now, Swiss healthy life expectancy accounts for only 80% of total life expectancy. If we want to reduce healthcare costs in an ageing society, reducing the gap between healthy life expectancy and total life expectancy is a net-positive strategy—how can we sustain good health for longer and mobilise healthy old age for active social and economic contribution? What preventative measures can be applied, affordable and available to all people?

Brain and mental disorders need to be spotlighted in the wake of demographic ageing. Some social developments are to be noted: Given the sheer increase in the elderly population, the number of people with dementia will double to 300,000 by 2050. Meanwhile, on the other side of the age scale, more and more young people are locked out of the labour market due to mental health issues and thereby become dependent on social welfare when their contributions to pensions are needed. The upward trend in assisted dying also harbours the risk of transforming social acceptance of self-determination into social pressure.

What do we have to do in order to age in a healthy way in the future?

The expanding life expectancy in Switzerland has profoundly changed the constituents of life course and intergenerational relationships. The status quo is challenged. While the traditional three-part division of professional life course (education, employment, retirement) is still incumbent, a coexistence of education, work activities (paid or unpaid), and rest phases makes more sense given an ever longer human longevity.

Switzerland's longevity prospects for the 60+ age group are determined by non-communicable diseases (NCDs) and multimorbidity - in addition to meaningfulness, social participation, and financial security, etc. From a medical perspective, the prospects for a longer and healthier life lie in enhanced preventative measures to maintain organ function, further innovations in cancer treatment, and more effective approaches to combat Alzheimer's disease and musculoskeletal disorders.

Building health literacy, promoting healthier behaviors, and enabling early detection are, therefore, of fundamental importance. Lifestyle factors influence our epigenetics and thus significantly determine the manifestation of genetic risks for chronic illnesses. Some key lifestyle factors that can slow down ageing and prevent chronic illnesses are exercise (every step counts - ideally 8,000 to 10,000 steps), sufficient sleep (7-8 hours), social interaction, a healthy body weight (no overweight or underweight), a healthy diet (the Mediterranean diet is a great example), mindfulness training (10 minutes a day), not sitting for too long each time, and lifelong learning.

Mental health is of central importance when it comes to the quality of life in old age. Mental illness is associated with increased somatic morbidity, which significantly reduces life expectancy and worsens the course of chronic somatic illnesses. Depression is a risk factor for dementia. Deservingly mental health is claimed by the WHO to be an essential part of human health—‘there is no health without mental health’.

Living a healthy, long, and active life requires preventive measures and interdisciplinary cooperation. The key aim is for individuals to maintain independence for as long as possible. To reach that goal, ageing adults can be educated to monitor their own functional decline and be equipped with other preventive measures at early stages before structural changes are too advanced. As an example, the WHO offers a concept of ICOPE (integrated care for older people).

Rehabilitation facilities also play an important role in combating functional deterioration—by promoting the restoration of abilities, rehabilitation empowers an active and self-determined lifestyle. Indeed, a healthy life requires positive contributions from all physical, emotional, and social aspects, and a holistic healthcare service would need to tend to all these elements for comprehensive and seamless daily integration.

Digitalised support for better health

Artificial Intelligence (AI) has the potential to significantly improve the quality of medical care by supporting medical staff in diagnosis and treatment across their areas of expertise and by advancing a systemic view of health. AI systems can analyse large amounts of data, recognise patterns, make personalised treatment suggestions, and support research. They are especially good news for diagnosing rare diseases, personalizing patient management, and automizing meaningless administrative tasks.

However, AI can sometimes also make very significant mistakes, mistakes very different in nature than what a human doctor would make. Therefore, AI can supplement human operations but should not overtake human decision-making. In an age where professionals are trained with AI support and have never acquired systematic medical knowledge themselves, over-reliance on AI is to be cautioned over. Moreover, various legal issues surrounding the use of AI are currently emerging—e.g. regarding responsibility, national borders, data protection and security, as well as energy consumption (CO2 footprint)—and ethical foundations of AI systems must be ensured.

Where are the opportunities for reshaping?

Ageing societies pose particular challenges as well as ample exciting opportunities (e.g. to reimagine and reorganize social structures). One key challenge is the sustainability of financing, how to provide the expanding elderly population with benefits from the various social security systems. Maintaining care for the elderly will be particularly difficult in the near future.

To minimize population ageing's drag on net productivity and prosperity, we urgently need to find the key to boost the social participation of older adults and maintain the activation of their skills. This would need a system design that intervenes early in life so to ensure preparedness and integration in old age—approaches that only begin in the seventh decade of life will usually fail, both individually and societally.

Living longer does not necessarily mean 'being old' longer. We have advanced so much in human health that Swiss people in their 70s and 80s nowadays are healthier, wealthier, more active and engaged than ever before. This is an invigorating potential that the Swiss society should collectively explore and tap into, without ever overriding the civilisational achievements of 'earned retirement' that is.

The 'years gained' are to be understood as an extension of active middle age and the aim is to redefine the life course as a social institution. The basis for this is a departure from the old 3-phase life-

course model. Learning, activity and recovery should not be organised sequentially, but in parallel over the entire life course and anchored accordingly in social institutions.

Against this background, labour markets need to be redefined. Intergenerational management is increasingly important. Intergenerational knowledge transfer and cooperation have considerable untapped potential. However, structures are often lacking, and regrettably both employers and employees consider such structures to be of little importance. The duration and organisation of work also need to be redefined. To further activate the productive potential of a longer healthier life, flexibility surrounding workload, content, and duration of work life is needed. To sustainably finance an ever longer life, we need new structures to enable the generation of wealth across the course of life, thereby keeping an economy competitive even with a shrinking working-age population.

Demographically suitable care structures and their financial viability

Demographically appropriate care structures rely on increased prevention and care in everyday life instead of acute care in clinical centers. On the one hand, they must offer flexible services for the changing and growing requirements of different population groups and, on the other hand, take account of increasingly scarce public funding. Previous efforts by Parliament to strengthen prevention and increase financing of old-age care have failed. New, creative solutions need to be discussed.

One solution is a pillar 3c for preventive healthcare. This pillar is intended as an individual savings account for prevention, analogous to a Health Savings Account. The solution can be outlined as follows:

- Voluntary and mandatory minimum annual contributions from each resident as well as additional voluntary contributions from various stakeholders feed the individual prevention savings account. The voluntary contributions are attractive for residents thanks to tax concessions such as those granted under pillar 3a. In addition, employers can make contributions to pillar 3c for their employees as an extra component of their salary. Private insurers could also grant credits, for example by linking bonus insurance to pillar 3c.

- The capital of the individual prevention account can be withdrawn in part or in full at any time. It may only be used for recognised prevention services. The programs should include scientifically based measures for health promotion, primary or secondary prevention. The insurers and service providers are jointly responsible for certification.

A pillar 3c for health prevention would open new sources of funding for behavioral prevention in addition to the existing KVG and VVG premiums. The benefits would be determined by the tariff partners and not by the federal government. This would allow an ecosystem designed by insurers and service providers to develop innovative, market-driven prevention services outside the tightly regulated KVG framework. At the same time, a Pillar 3c increases freedom of choice and strengthens co-payment and personal responsibility.

The implementation of Pillar 3c for preventive healthcare must be designed in a socio-politically balanced way. Less advantaged people with low prevention assets should receive recognised prevention services at a greatly reduced rate. To achieve a political balance, the legislator could strengthen behavioral prevention through Pillar 3c and simultaneously provide for a strengthening of proportional prevention by the federal government.

What could an action plan look like?

The development and expansion of health literacy, the promotion of healthier behaviors, and the early detection of illnesses are the fundamental responses to the megatrend of 'longevity' and 'demographic ageing'. The ensuing individual, social, and economic benefits are undisputed.

Any action plan should take the following elements into account:

- Strengthen health knowledge - for everyone!
- Reorganise and network medical care - let AI help!
- Innovation in prevention means new responsibilities and professional models!
- Prevention also includes the financing aspect - consider tax-privileged, individual prevention credits as a financing option!
- Set positive impulses with pilot projects - e.g. the WHO's ICOPE concept!

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