

**UNECE Ministerial Conference on Ageing 2012, Vienna.
Speaking notes for the Second Ministerial panel, Thursday 20
September 2012, 15.00 – 16.30**

Opening...

Good afternoon, Ladies and Gentlemen. I am Marlies Veldhuijzen van Zanten, State Secretary of Health.

First of all, I would like to introduce the other panel members at my table:

The rapporteur for this meeting is Mr Igor Tomes of Charles University, Prague, the Czech Republic.

The wide range of policy areas for which my colleagues are responsible demonstrates the breadth of the ageing issue in our society.

I myself am the Netherlands' State Secretary of Health, Welfare and Sport. As such I am responsible for policy on long-term care, social support organized at the local level, and youth care services.

The main theme of this conference is, 'Ensuring a society for all ages: promoting quality of life and active ageing.' During this panel meeting, we shall focus on:

Promoting the quality of life in older age, creating an enabling environment for health, independence and ageing in dignity.

Personal experience: care is about people

I would like to introduce this topic by drawing on my own experience, not only in the Dutch government and as a politician, but also in my previous experience as a doctor for the elderly and teacher at the university.

- Care in the Netherlands can be described as successful. We are able to help an ever-growing number of people. Average life expectancy has increased by eight years since 1950 and is doubled since 1900. However, this success comes at a price. As the demand for long-term care grows, so do the costs. The greatest challenge facing the Netherlands now is to ensure that care remains affordable in the long term. At the same time, we must maintain the quality of that care at its current high level.
- Another challenge is to maintain the sustainability of public finances to uphold commitments made. Overall, the economic and financial crisis has had serious impacts on ageing-related policy-making in the region. Countries have struggled to uphold their ongoing obligations in social and pension payments but have generally made

it a priority not to cut on measures that are meant to protect the most vulnerable from the consequences of the crisis.

- The quality of care is particularly important when we consider one of the most vulnerable groups in society: people with dementia. Different countries have expended their activities to address challenges around Alzheimer's disease and other forms of dementia. I am gratified to note that this topic has been given specific attention in the Declaration we are to adopt today. It has been one of my policy spearheads. I would like to draw attention to dementia here today as well.
- There are approximately 250,000 people in the Netherlands who suffer from one of the forms of progressive dementia. By 2040, this figure is expected to have doubled. In other words, there will be half a million dementia patients in the Netherlands alone on a population of 16 million. The Dutch government has acknowledged the importance of timely action to offer an effective response to this situation.
- During the past eight years, we have introduced a number of programmes designed to improve the quality of care available to people with dementia. Today, we have a system of fully integrated care for dementia patients in practically all regions.
- It is also very important to develop our knowledge of the causes of neurodegenerative disorders, about diagnostics, therapy, treatment and care provision. I am pleased that we have joined forces at the European level to support and improve the necessary research, and that we have established best practices in capacity utilization and financing by means of the Joint Programming Initiative on Neurodegenerative Diseases, or JPND. Nevertheless, while research into medical-biological causes and potential therapies is extremely important, we cannot expect short-term results and cannot expect results that will decrease the number of patients needing care in 2040. I therefore call for extra attention to be devoted to the here and now, to the people who are so vulnerable as a result of dementia.
- We must consider ways to care for them taking into account that the number of young people available as nurses declines as rapidly as the number of people needing care increases. I appeal to you to join forces in the development of devices alleviating the pressure on the human workforce defined system for monitoring digital communication and structuring the work processes.
- We must consider their quality of life. We must ensure that they are able to live in dignity, with proper care and support to provide as much personal fulfilment as possible, for as long as possible. That is my aim, and I am therefore pleased to note that quality of life forms part of the research programme set out in the JPND.

Elder abuse

- A second spearhead of my policy is also concerned with the vulnerability of seniors. Many remain active, relatively healthy, resilient and independent well into what used to be termed 'extreme old age'.
- However, some seniors are less resilient. They are dependent on others, either professional care staff or, in many cases, informal carers such as relatives and volunteers. This is a situation which is fraught with hazard. It is a difficult topic and one which has remained taboo for far too long. I am referring to the problem of elder abuse.
- I have taken firm action. Alongside my colleague at the Ministry of Security and Justice, I have produced and implemented an action plan entitled, 'Seniors in safe hands'. It sets out ten firm lines of action, from prevention, the identification of risk situations or actual abuse, to dealing with the perpetrators and mitigating the effects of abuse. In practical terms, I have established a central point to which cases or suspicions of elder abuse can be reported, and I have proposed legislation which will encourage greater vigilance on the part of health and welfare professionals, and make it mandatory for them to report any cases of elder abuse they encounter.
- The Vienna Declaration devotes attention to elder abuse, and once again I warmly endorse the decision to include this topic. It is a problem which can no longer be allowed to go unheeded. It must be brought out into the open, the underlying causes identified, and firm action must be taken.

Innovation and technology

- Traditionally, we mainly focus on the ageing individual and population – much less on environments and even less on the interaction between the person and the environment. Independence in daily functioning and the well-being of older European citizens in the future will be significantly enhanced. This will be done through an improved understanding of the interrelations between ageing persons and their environments in areas such as home and out-of-home environments, intertwined with the impact of technology and products.
- As I mentioned a few moments ago, the sustainability of our health care system is under strain. It is therefore a matter of urgency that we take full advantage of the possibilities offered by new technology. This is the third spearhead of policy that I wish to mention today.
- Next week, I shall have the pleasure of discussing the use of technology in long-term care at the Ambient Assisted Living Forum in Eindhoven, the Netherlands. The results of our European joint programme will also be presented at this meeting. I hope that I shall meet some of you again on my 'home turf', so to speak.

- Technology can do much to facilitate the lives of people in long-term care. It enables them to remain in touch with their family, friends and professional care providers, for example. The same technology can help volunteers and informal carers to plan activities, to share knowledge and experiences, and to support each other.

I have spoken about three spearheads of my policy which relate to the quality of life enjoyed by those in long-term care. My comments are based on my own personal experience and Dutch point of view. I would very much like to hear the views of the other panel members, and in particular those on:

- the balance between long-term sustainability and the quality of care;
- ways in which we can give carers, both professional and informal, a more prominent role;
- ways in which we can promote innovative methods and technology in long-term care;
- ways to deal with abuse of elderly.

I would like to invite to start the discussion.