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Consultation on the Green Paper on Ageing

Fields marked with * are mandatory.

Introduction

GREEN PAPER ON AGEING – Fostering solidarity and responsibility between generations

This Commission has put demography high on the EU policy agenda. In June 2020, it presented the report on the impact of demographic change setting out the key facts of demographic change and its likely impacts. The **green paper on ageing** is the first outcome to this report and launches a debate on one of the defining demographic transformations in Europe - namely ageing.

Never before have so many Europeans enjoyed such long lives. This is a major achievement that is underpinned by the EU's social market economy. One of the most prominent features of ageing is that the share and the number of older people in the EU will increase. Today, 20% of the population is above 65. By 2070, it will be 30%. The share of people above 80 is expected to more than double, reaching 13% by 2070.

This demographic trend is having a significant impact on people's everyday lives and on our societies. It has implications for economic growth, fiscal sustainability, health and long-term care, social cohesion and intergenerational fairness, and it concerns every age. In addition, the pandemic's disproportionate impact on older people – in terms of hospitalisations and deaths - has highlighted some of the challenges an ageing population poses to health and social care systems. However, ageing also provides new opportunities for creating new jobs, boosting prosperity, for instance in the 'silver' and care economies, and fostering intergenerational cohesion.

This consultation enables all European citizens, Member States and relevant stakeholders to provide their views on the green paper on ageing and contribute to the debate.

About you

* Language of my contribution

- Bulgarian
- Croatian
- Czech
- Danish
- Dutch
- English (selected)

- Estonian
- Finnish
- French
- German
- Greek
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- Italian
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- Portuguese
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* I am giving my contribution as

- Academic/research institution
- Business association
- Company/business organisation
- Consumer organisation
- EU citizen
- Environmental organisation
- Non-EU citizen
- Non-governmental organisation (NGO) [selected]
- Public authority
- Trade union
- Other

* First name

Radost

* Surname

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radost@epha.org

* Organisation name

255 character(s) maximum

European Public Health Alliance

* Organisation size

- ○ Micro (1 to 9 employees)
- ○ Small (10 to 49 employees)
- ○ Medium (50 to 249 employees)
- ● Large (250 or more)

Transparency register number

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Check if your organisation is on the transparency register. It's a voluntary database for organisations seeking to influence EU decision-making.

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* Country of origin

Please add your country of origin, or that of your organisation.

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○ Finland
○ France
○ French Guiana
○ French Polynesia
○ French Southern and Antarctic Lands
○ Gabon
○ Georgia
○ Germany
○ Ghana
○ Gibraltar
○ Greece
○ Greenland
○ Grenada
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○ Mexico
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○ Namibia
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○ Slovenia
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○ Somalia
○ South Africa
○ South Georgia and the South Sandwich Islands
○ South Korea
○ South Sudan
○ Spain
○ Sri Lanka
○ Sudan
○ Suriname
○ Svalbard and Jan Mayen
○ Sweden
○ Switzerland
○ Syria

- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- British Virgin Islands
- Brunei
- Bulgaria
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- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Clipperton
- Cocos (Keeling) Islands
- Colombia
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
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- Netherlands
- New Caledonia
- New Zealand
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- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay

- Comoros
- Congo
- Cook Islands
- Costa Rica
- Côte d’Ivoire
- Croatia
- Cuba
- Curaçao
- Cyprus
- Czechia
- Democratic Republic of the Congo
- Denmark
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
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- Réunion
- Romania
- Russia
- Rwanda
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- Saint Helena Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
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- Venezuela
- Vietnam
- Wallis and Futuna
- Western Sahara
- Yemen
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- Zimbabwe

The Commission will publish all contributions to this public consultation. You can choose whether you would prefer to have your details published or to remain anonymous when your contribution is published. **Fo r the purpose of transparency, the type of respondent (for example, ‘business association, ‘consumer association’, ‘EU citizen’) country of origin, organisation name and size, and its transparency register number, are always published. Your e-mail address will never be published.** Opt in to select the privacy option that best suits you. Privacy options default based on the type of respondent selected

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The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

◯ **Anonymous**
Only organisation details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published as received. Your name will not be published. Please do not include any personal data in the contribution itself if you want to remain anonymous.

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The following questionnaire includes all the questions contained in the **green paper on ageing**.

You may provide your opinion in the text boxes under each question. Please feel free to either answer all the questions, or choose to answer the questions that are of most interest or concern you directly.

You can also upload your written contribution, if you so wish, by using the button available at the end of the questionnaire.

Laying the foundations (chapter 2 of the green paper)

1. How can healthy and active ageing policies be promoted from an early age and throughout the life span for everyone? How can children and young people be better equipped for the prospect of a longer life expectancy? What kind of support can the EU provide to the Member States?

2500 character(s) maximum

Healthy ageing depends on multiple social determinants of health. Decent living and working conditions are essential for ensuring people's healthy ageing and this process must start from the earliest years of life. Individuals and communities must be enabled to achieve the highest standards of health through equal access to healthcare and preventive service of good quality, especially those belonging to vulnerable groups such as ethnic minorities, including Roma, prisoners, undocumented migrants, refugees and asylum seekers, people with disabilities, homeless persons, people at risk of poverty and exclusion. This may happen through better prioritisation of health in EU policies, beyond the EU4Health Programme, and synergies between social policies and urbanism, food and agriculture, environment, digital policies addressing multiple social determinants of health. Building strong and resilient public health systems advancing health equity and social fairness; improving the accessibility of secure digital environment, addressing cross-border threats such as antimicrobial resistance must be at the core of policy measures aiming to ensure healthy ageing. Such policies must reduce the health and social divide within and between countries to provide all population groups with equal access to education, including early childhood education and care, healthcare, decent working and living conditions. Investing in early childhood by developing and implementing effective nurturing policy frameworks[1] is crucial for achieving a positive impact on social determinants of health and improving health, as a social outcome from the first years of life. This is particularly pertinent for vulnerable groups which are disproportionately affected by health inequalities, including non-communicable diseases, impacting their healthy ageing. Over 91% of premature deaths and almost 87% of DALYs in the EU in 2017 are the result of non-communicable diseases (NCDs), such as cardiovascular disease, cancer, diabetes and respiratory diseases. The WHO estimates that at least 80% of all heart disease, stroke and diabetes and 40% of cancer could be prevented. The "Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025" takes a life-course approach to NCD prevention and health promotion, and its recommendations should be at the heart of an approach towards healthy ageing in the European Union.

2. What are the most significant obstacles to life-long learning across the life-cycle? At what stage in life could addressing those obstacles make most difference? How should this be tackled specifically in rural and remote areas?

2500 character(s) maximum

Among the most significant obstacles to life-long learning (LLL) across the life-cycle is the limited range of accessible and affordable educational offers for individuals with lower levels of education. In many countries, children are separated into different educational streams based on educational achievement in primary school, thereby restricting from a very young age the chances to build a successful career and to access higher levels of education. For many school leavers from vulnerable socio-economic groups, including migrants and Roma, or young people with learning difficulties and/or developing late, the options for educational development after secondary school remain often restricted to vocational offers that involve very basic skills, do not involve much intellectual stimulation, and do not appreciate their unique experiences and intelligence. Inequalities in access to education, including ethnic segregation and refusals to enrol children in schools affecting Roma and Travellers children represent a severe obstacle for closing the gap in education and training. A child which does not have equal access to education of good quality has less opportunities to develop its socio-economic potential in adulthood and lead a longer and healthier life. Moreover, the value of education is often lost on people whose lives revolve around the necessity to earn money in order to survive, secure food and shelter. This issue must be addressed through effective policy measures for ensuring equal access to education of good quality in an inclusive and stimulating environment.
Once in employment, educational offers are either difficult to pursue (e.g. because they involve inflexible forms of schooling incompatible with family life or shift work) or they are not targeted sufficiently to bring added value to vulnerable individuals seeking to improve their socio-economic situation. Increased digital forms of education are helpful in terms of enabling individuals to learn at their own pace and rhythm, and in any setting (including remote and rural, provided Internet connectivity is available), but the majority of courses are aimed at people who already possess a high level of education and skills, at younger job seekers or qualified workers seeking to retrain, thereby further increasing the educational gap between higher and lower socio-economic groups. Many of the issues identified by the OECD in the early 2000s still remain valid today.

Making the most of our working lives (chapter 3 of the green paper)

3. What innovative policy measures to improve participation in the labour market, in particular by older workers, should be considered more closely?

2500 character(s) maximum

People from marginalised groups are more frequently exposed to inequalities in employment, including working conditions and remuneration. This makes them more vulnerable to poverty and exclusion, impacting their social and economic participation as well as their capacity to stay healthy when getting older. Poor working conditions and lower remuneration impact quality of life and revenu when people retire. As a result, older persons facing health and social inequalities in life have lower capacities to cover their basic needs, such as food and accommodation, but also access healthcare of good quality, including preventive services and afford medicines. Multiple factors such as ethnicity, age, gender, socio-economic and administrative status and in some cases, the accumulation of many of these components, become a source of inequalities between old persons belonging to different population groups.
Analysing the causes of such inequalities is crucial for advancing effective policy measures aiming to boost socio-economic participation. They must be addressed through innovative models in the field of employment tackling health and social inequalities as a core issue impacting healthy ageing. EU and national policy makers must safeguard that innovation in employment reflects the needs of persons from marginalised groups and ensure equal opportunities for all to participate in the labour market and enjoy decent working conditions and remuneration.

4. Is there a need for more policies and action at EU level that support senior entrepreneurship? What type of support is needed at EU level and how can we build on the successful social innovation examples of mentorship between young and older entrepreneurs?

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5. How can EU policies help less developed regions and rural areas to manage ageing and depopulation? How can EU territories affected by the twin depopulation and ageing challenges make better use of the silver economy?

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At least in theory the digital transformation of society offers new opportunities for people to access more flexible modes of working, including working from home in less developed regions and rural areas. The COVID-19 pandemic has increased this trend, with many professionals now looking to move out of the city and into the countryside where houses and the cost of living are more affordable, green spaces are accessible, and levels of pollution and congestion are lower. While the majority of people are still drawn to cities to access non-virtual forms of employment in many sectors (hospitality, construction, tourism, etc.), the expansion of more flexible forms of employment, including ‘hybrid’ modes (e.g., allowing employees to work a fixed number of days from home every week or month), means that living in rural areas is becoming more interesting, and commuting is less of an obstacle as it is not a daily requirement.
The European Innovation Partnership on Healthy and Active Ageing[1] has kick-started many initiatives and initiated twinning processes that enable various stakeholders to tap into the silver economy, including by enabling older people to take part in the digital transformation of society. The website includes a repository of innovative practices, policy dashboard and market opportunities. This includes offers in the area of digital health and care – including ambient assisted living technologies - to support older people to live longer in their own homes while remaining in contact with healthcare professionals and carers via digital tools (including mHealth apps) and remote sensors. However, it is important to not only view older people’s needs as a ‘silver economy’ given that many older Europeans are economically vulnerable at an old age and completely excluded from benefiting from such market-focused initiatives.
[1]https://ec.europa.eu/eip/ageing/home_en.html

New opportunities and challenges in retirement (chapter 4 of the green paper)

6. How could volunteering by older people and intergenerational learning be better supported, including across borders, to foster knowledge sharing and civic engagement? What role could a digital platform or other initiatives at EU level play and to whom should such initiatives be addressed? How could volunteering by young people together with and towards older people be combined into cross-generational initiatives?

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7. Which services and enabling environment would need to be put in place or improved in order to ensure the autonomy, independence and rights of older people and enable their participation in society?

2500 character(s) maximum

Multi-sectoral, holistic and inclusive policy measures addressing the uneven distribution of social and environmental determinants of health must be promoted at European and national levels to reduce inequalities between and within countries. Improved access to health and social services of good quality is essential for promoting the autonomy and independence of old persons. This can happen through policy synergies in key areas of life such as housing, health, education and training, employment. Specific attention must be paid to people belonging to vulnerable groups, such as ethnic minorities, including Roma, prisoners, undocumented migrants, refugees and asylum seekers, people with disabilities, homeless persons, people at risk of poverty and exclusion, in order to address the structural barriers they face in access to healthcare and preventive service, employment and social protection which impacts their living standards and reduce their opportunities for healthy ageing. Such measures must be in line with the needs of older persons, especially those from vulnerable groups; as well as national and local contexts, which requires substantial investment in assessing the socio-economic needs of old persons from different socio-economic groups. Moreover, it is of utmost importance to ensure the availability, accessibility and affordability of such services for vulnerable groups which often face many barriers in accessing socio-economic rights. Such measures must address long-standing gender inequalities which persist in many European countries causing multiple disadvantages in employment, working conditions, remuneration, housing, education, income which have negative consequences on healthy ageing. Women from vulnerable groups remain more exposed to intersectional inequalities influencing their health and social status, but also their ability to access employment and social services. Consequently they are more likely to receive lower pensions when retired and have more difficulties to ensure their autonomy and independence in old age.

8. How can the EU support vulnerable older persons who are not in a position to protect their own financial and personal interests, in particular in cross-border situations?

Prioritise the protection of old persons, especially those belonging to vulnerable groups, from human trafficking, exploitation and abuse.
Justification:
Old persons from socially excluded groups such as Roma are particularly vulnerable to different forms of abuse and exploitation, including human trafficking [1]. Many old persons from Roma communities live in deep poverty and exclusion making them an easy target for labour exploitation linked to a black market where they perform precarious seasonal work or, in some cases they are forced to beg. Old persons from Roma communities, but also those with disabilities are greatly vulnerable to such practices having negative consequences for individuals' health status, both physical and mental. This situation concerns also many mobile Roma workers – especially those having lower educational levels. This is even more challenging for old women from vulnerable groups which are likely to be subjected to gender-based violence (physical, mental, verbal). They experience socio-economic disadvantages in the host countries, impacting their living conditions. Also, rent exploitation becomes more frequent exacerbating both gender and housing inequalities. These forms of abuse and exploitation of old persons remain under-reported for multiple reasons, however they need to be assessed and addressed through a rights-centered approach, including effective social protection, equal access to employment and housing but also protection against exploitation and gender-based violence. This requires stronger cross-country cooperation and human rights oriented and people-centered policies.
[1] https://epha.org/wp-content/uploads/2019/11/leaping-forward-nris-2020.pdf

9. How can the EU support Member States' efforts to ensure more fairness in the social protection systems across generations, gender, age and income groups, ensuring that they remain fiscally sound?

2500 character(s) maximum

Vulnerable groups, such as ethnic minorities including Roma, migrants and refugees, and people with disabilities, prisoners, homeless people, experience inequalities in employment, which impacts their remuneration and social protection benefits, as well as pensions when they retire. As it has already been highlighted in the previous paragraphs, those population groups are subjected to different forms of work exploitation intensifying health and social inequalities. Therefore, setting up national schemes for adequate minimum wages applicable to all without discrimination, is an essential step towards social justice, health and gender equity and this is a preventive measure against work exploitation.
The EU can urge national governments to adopt adequate national schemes for minimum wages and safeguard that vulnerable groups are not left behind. This may happen through the adoption of a Directive on Minimum wages, which has already been proposed by the European Commission in October 2020.
Additionally, the EU can use existing policy and legislative frameworks, including the European Pillar of Social Rights and its Action Plan, the European Semester, National Recovery and Resilience Plans and other mechanisms to analyse and address existing gaps and barriers preventing social fairness across EU Member States. Through its monitoring, the EU can contribute to advance national reforms for adequate minimum wages, mitigate the socio-economic effects of the pandemic, reduce poverty and social exclusion rates whilst strengthening the protection of the most vulnerable. Moreover, as it has been highlighted in the paper released by the Social Platform providing recommendations for adequate minimum wages, “interlinked policies (e.g. binding pay-transparency and anti-discrimination measures) need to be better included in, and implemented through, the European Semester process” [1] linked to the implementation of the European Pillar of Social Rights and its Action Plan.
[1]https://www.socialplatform.org/wp-content/uploads/2021/03
/social_platform_position_adequate_minimum_wages_300321_final.pdf

10. How can the risks of poverty in old age be reduced and addressed?

2500 character(s) maximum

Advancing fair living and working conditions from the first years of life to prevent poverty and social exclusion among old persons.
Justification:
As it has been explained in Q1, the risk of poverty and exclusion in old age can be reduced through effective policy measures addressing holistically social determinants of health in order to lessen communities' exposure to health and social inequalities. This must start from the first years of life by investing in health and social protection systems, building their capacities to meet the needs of vulnerable groups and ensure the accessibility, availability and affordability of such services for all. Another major factor for preventing poverty and social exclusion in old age is education and training of good quality. People with lower educational levels are more likely to experience inequalities in employment, including employment precariousness, therefore equal access to education and training opportunities must be provided to all. Any harmful practices such as ethnic segregation in schools, structural barriers in access to lifelong learning must be adequately addressed to advance equal opportunities in key areas of life such as employment - major component of health equity.
Furthermore, poor health status prevents people from being economically active, decreases their quality of life and strengthens their likelihood of experiencing poverty and social exclusion. Poor health, both physical and mental, lessens individuals' and communities competitiveness on the labour market and raises their

vulnerability to long term unemployment and generational poverty. Reducing inequalities in access to employment and working conditions contributes to enabling communities to maintain good health status, increasing life standards which in turn, improves their socio-economic participation whilst reducing vulnerability to poverty and social exclusion in old age. This could happen through holistic and integrated policy measures, including healthcare and prevention, social protection, employment and housing which are pivotal for eradicating inequalities between and within countries in line with the Sustainable Development Goals. Creating health-enabling living environments[1] must be at the heart of the EU and national public health approach in order to co-create conditions that empower people to lead healthy, fulfilling and productive lives.
[1]https://epha.org/living-environments/

11. How can we ensure adequate pensions for those (mainly women) who spend large periods of their working life in unremunerated work (often care provision)?

2500 character(s) maximum

See Q9

12. What role could supplementary pensions play in ensuring adequate retirement incomes? How could they be extended throughout the EU and what would be the EU's role in this process?

2500 character(s) maximum

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Meeting the growing needs of an ageing population (chapter 5 of the green paper)

13. How can the EU support Member States' efforts to reconcile adequate and affordable healthcare and long-term care coverage with fiscal and financial sustainability?

2500 character(s) maximum

Over 91% of premature deaths and almost 87% of DALYs in the EU in 2017 [1] are the result of non-communicable diseases (NCDs), such as cardiovascular disease, cancer, diabetes and respiratory diseases. At least 700 billion EUR annually are spent across the EU on treating NCDs.
This while the WHO estimates that at least 80% of all heart disease, stroke and diabetes and 40% of cancer could be prevented.
Ensuring accessible and good quality care does not contradict financial sustainability when simultaneously an effective policy framework for disease prevention and health promotion is in place.
Public health policies can considerably help reduce healthcare costs and provide high returns on investment [2].
[1] https://ec.europa.eu/jrc/en/health-knowledge-gateway/societal-impacts/burden
[2] https://jech.bmj.com/content/71/8/827

14. How could the EU support Member States in addressing common long-term care challenges? What objectives and measures should be pursued through an EU policy framework addressing challenges such as accessibility, quality, affordability

or working conditions? What are the considerations to be made for areas with low population density?

2500 character(s) maximum

A well-organized transport system should be easily accessible to all age groups of people, especially those living in rural and isolated zones to facilitate their access to employment, but also health and social services. Preference towards private transport (car dependence) in an aging society has major environmental impacts. Many trips by seniors are short trips leading to an increasing number of cold starts. In fact, catalytic converters require a certain period before activated, and short trips comprise a higher proportion of trip time under cold start conditions (typically the first 3 km of every journey from a cold start). The result is more atmospheric pollution.
Public transport, walking and cycling (or any other active modes of transport) should be encouraged as alternatives to avoid dependency on private transport. Adequate accessibility for the elderly is crucial. This topic has to be at the forefront of any urban and mobility planning, as architectural obstacles should be removed.[1]
[1]https://ec.europa.eu/eip/ageing/sites/eipaha/files/news/we4aha_blueprint_update_publishable_version_december_2019.pdf

15. How can older people reap the benefits of the digitalisation of mobility and health services? How can the accessibility, availability, affordability and safety of public transport options for older persons, notably in rural and remote areas, be improved?

2500 character(s) maximum

Digitalisation of health and care could be an important way of empowering older people by providing them with a stronger feeling of security and better options for self-managing their health conditions while remaining in the comfort of their own home. If implemented effectively by connecting them directly with healthcare professionals and services via mobile applications, sensors, and other forms of interoperable e/mHealth technologies allowing real-time health monitoring at a distance and collecting quality health data. A 2029 report by the European Partnership on Healthy and Active Ageing[1] describes how the following areas could benefit from digital solutions: adherence to prescription; falls prevention; lifespan health promotion & prevention of age related frailty and disease; integrated care; independent living solutions; and age friendly environments. In theory, technology-enabled improvements in these areas should help relieve overstretched health systems by reducing GP visits, hospital and emergency admissions.However, as EPHA has highlighted for many years, the obstacles to an effective implementation of digital health and care remain significant and it is necessary to adopt an end user-centric policy approach[2]: the cost and skills involved to purchase and use digital tools effectively, the lack of interoperability between often incompatible tools and systems, insufficient digital health literacy and end user skills (applicable to both patients and professionals), increasing concerns over data protection and privacy triggered by the deployment of technologies relying on Big Data and Artificial Intelligence, data that are either difficult to compare or put to best use, and ethical considerations pertaining to the entry of private sector actors in healthcare, digital rights and discrimination are just some of the many problems in this area. Similarly, while the notion of ‘personalised medicine’ based on genomic information and personal health data, holds many promises to address all kinds of complex pathologies and comorbidities, which could greatly benefit older people, it could also lead to an exacerbation of already existing health inequalities. Finding the right balance between delivering healthcare through regular, face-to-face channels and digital forms is thus crucial, and technology can only ever be an enabling supporting tool, not a panacea.
[1]https://ec.europa.eu/eip/ageing/sites/eipaha/file
[2]https://epha.org/wp-content/upload

16. Are we sufficiently aware of the causes of and impacts of loneliness in our policy making? Which steps could be taken to help prevent loneliness and social isolation among older people? Which support can the EU give?

2500 character(s) maximum

The recent pandemic has revealed the extent of loneliness and social isolation having substantial impact on individuals‘ and communities’ mental health and well-being. Multiple mental health issues, such as anxiety, increased levels of stress and depression have affected many socio-economic groups in COVID19, including frontline workers, activists and volunteers. The pandemic resulting in multiple restrictions aiming to prevent COVID19 outbreaks, has contributed to increasing social isolation of the most vulnerable such as old persons, but also prisoners and people in long term care, reducing significantly their social contacts. Moreover, employment precariousness, increased vulnerability to poverty and social exclusion is another major cause of mental health issues and this has been intensified by the pandemic affecting many sectors of the economy. Consequently, greater exposure to stress caused by the new economic realities became another important component of inequalities in mental health. Job insecurity, early retirement, social isolation and lack of control over work and home life, raise individuals’ vulnerability to non-communicable diseases such as cardio-vascular and chronic illness which require long-term treatment and may create additional financial hardship for those already at risk of poverty and exclusion.
The mental health impact of social isolation and loneliness should not be under-estimated and must become a priority in the European and national political agenda aiming to mitigate the pandemic socio-economic effects. Also, it might be emphasized that lower investment in mental health will lead to high human and financial costs at a later stage. Therefore, policy and decision makers at all levels need to advance policy measures addressing mental health protection and prevention as an urgent response to the pandemic, especially for vulnerable socio-economic categories such as old persons. Developing effective mental health services but also making them accessible and affordable for all is of utmost importance for mitigating the pandemic impact on the most vulnerable, as well as reducing health inequalities, both physical and mental.

17. Which role can multigenerational living and housing play in urban and rural planning in addressing the challenges of an ageing population? How could it be better harnessed?

2500 character(s) maximum

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