## **UNECE Ministerial Conference on Ageing – 17 June 2022**

## Speech by Undersecretary for Health – Italian Ministry of Health – Prof. Pierpaolo Sileri

## Opening remarks: lessons learned from pandemic

Good morning everybody and thank you so much - Ms Whitman - for your introduction.

I am really honoured to attend this conference today, on behalf of the Ministry of Health, and I am particularly pleased that it is being hosted in Italy. A country where the elderly represents the **highest percentage**, second only to Japan - on a global scale; a country that has been **widely affected** by the pandemic over the past two years, with particular regard to the **senior strata** of the population.

According to the focus of this panel, I will briefly provide the audience with an overview of the lessons learned from the pandemic and how to move forward to protect the elder population, which I rather prefer to refer to as "our silver economy".

In Italy there are **14 million of over-65s** and in the next 15 years there will be 4.5 million more. In Europe 30% of people will be 65 or older by 2070, up 20% from today.

Over time, the long-lived have assumed an increasingly central position in our society, starting from our families and social networks. We can say that they have become a real 'welfare asset': as a matter of fact, about 10 million long-lived people, "I nonni", look after their grandchildren. The value of our grandparents can be partially indicated with a definite figure: 20 billion euros a year.

The events documented during the SARS-CoV-2 pandemic have led to a renewed attention on the issue of **long-term care**, **homecare** and to the value of **prevention** during the long-life cycle.

Health promotion for the elder population is a relevant issue for Italy and involves, at different levels, health authorities and institutions, healthcare professionals, industry, academia and the whole society.

Elderly patients have **special needs**, due not only to **clinical conditions** such as the high prevalence of chronic non-communicable diseases and health risks related to environmental factors, but also to other **social determinants** (family status, accessibility to care, non-self-sufficiency, etc.).

**Long-term care** and **care provided in a home setting** are the **main aspects** that must be improved. That is one of the main goals that the National Recovery Resilience Plan (NRRP) aims to achieve.

One of the main objectives of the NRRP in Italy is the management of **chronic illnesses**, which are constantly increasing in part because of the rising of the average age of the population.

The interventions of the NRRP on the health system are in fact guided by the premise that the progressive ageing of the population is leading to an **increase in demand for low-intensity home care services**.

This is what I like to call 'home healthcare' and it calls for intermediate structures (such as the so-called 'health houses') that **bridge the gap between the general practitioner and the hospital**,

increased use of **telemedicine**, and greater support from health professionals who assist patients at home.

A new healthcare system where the focus is not the place of care, but the patient himself. In one word: a real personalised, patient-oriented health assistance.

Thank you.