POPPULATION AGEING - IN HEALTH PROGRAMMES AT NATIONAL AND EUROPEAN LEVEL

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.

Keywords: elderly, aging, health programmes, health research, the EU, Romania

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. Specialized literature provides limited information about the actions of welcoming its elder members, programmatic tools and the хоту.setStatus of their implementation. The study fits in the category of the observational, 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) administrated by the Ministry of Health and the National House of Health Insurance (NHII) 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 at the national level. The information was grouped in items as those presented below.

Table no. 1. Presenting the information gathered by items

<table>
<thead>
<tr>
<th>Title initiative</th>
<th>Year funding</th>
<th>Objectives / topics</th>
<th>Portfolio / field</th>
<th>Group target</th>
<th>Financing instrument</th>
<th>Principal beneficiary</th>
<th>Partners associated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Romania</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title programme/project</th>
<th>Year funding</th>
<th>Objectives / topics</th>
<th>Activities / actions</th>
<th>Budget target</th>
<th>Implementation Units</th>
<th>Evaluation Indicators</th>
</tr>
</thead>
</table>

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Article received on 13.04.2013 and accepted for publication on 01.08.2013

ACTA MEDICA TRANSILVANICA September 2013;2(3):198-200

AMT, v. II, no. 3, 2013, p. 198
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).

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

<table>
<thead>
<tr>
<th>Project - acronym</th>
<th>Period</th>
<th>Project objective</th>
<th>Institution involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing the participation of the elderly in clinical trials</td>
<td>1.02.2008 - 31.07.2010</td>
<td>Research the reasons for the exclusion of older people in clinical trials, and develop solutions to the problem</td>
<td>IGGAA*</td>
</tr>
<tr>
<td>European study to establish biomarkers of human ageing - MARK-AGE</td>
<td>1.04.2008 - 31.03.2013</td>
<td>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</td>
<td>IGGAA*</td>
</tr>
</tbody>
</table>


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 Babes”. Funding each of them ranged around €200,000 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.

REFERENCES