European partnership for
health, equity & wellbeing

EuroHealthNet Country Exchange Visit

– Active and Healthy Ageing: an integrated approach to health, social and community care

Host: Veneto region

26-27 March 2026, Venice

On 26–27 March 2026, EuroHealthNet, in collaboration with the Veneto Region, hosted a Country Exchange Visit (CEV) in Venice, Italy. This event brought together representatives from national and regional public health institutes, and municipal authorities across Europe to discuss effective approaches for promoting active and healthy ageing through integrated health, social, and community care systems.

Participants explored the policy, structural, and social determinants that influence health, wellbeing, autonomy, and participation in older age. They exchanged examples of good practices, discussed implementation challenges, and reflected on what is missing or could be strengthened through future policies, strategies, and national action plans. The CEV offered a platform to discuss how public health authorities can better support ageing populations through prevention, community-based services, and cross-sector collaboration, and how integrated approaches can create more inclusive and responsive health and social systems.

Participants were welcomed by Prof. Gino Gerosa, Veneto Regional Minister for Health and Health planning. Throughout the visit, attendees took part in field visits, including to the World Health Organization European Office for Investment for Health and Development and to the Museum of the History of Medicine, gaining first-hand insights into innovative approaches to active ageing, social participation, and urban health initiatives.

The visit falls within EuroHealthNet's core operating grant from the European Social Fund Plus (ESF+). The meeting was moderated by Silvia Ganzerla, Policy Manager, Lina Papartyte, Practice Platform Coordinator, and Vania Puttati, Policy Coordinator at EuroHealthNet. Representatives from twelve organisations took part. This report summarises the programmes, activities, and key discussion points from the visit and is prepared by Lina Papartyte.

This was not EuroHealthNet's first Country Exchange Visit on this theme. In 2016, EuroHealthNet and Slovenia's National Institute of Public Health (NIJZ) co-organised a study visit in Ljubljana on cross-sector collaboration for healthy and active ageing, built around Slovenia's EU-funded AHA.SI project involving the Ministry of Employment, Family, Social Affairs and Equal Opportunities, the Ministry of Health, Ministry of Education Science and Sport, and the Ministry of Defence in Slovenia. You can access the summary report here.

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Picture 1: Country Exchange Visit participants on Day 1 at Grandi Stazioni Palace in Venice

1 Setting the scene: active and healthy ageing in Europe

Overview of EU policies and frameworks relevant for healthy and active ageing

Silvia Ganzerla, Policy Manager, EuroHealthNet

Silvia Ganzerla presented (PPT) an overview of the EU policy architecture relevant to healthy and active ageing, tracing how the agenda has been built up through successive EU commitments and showing how the Council Recommendation on long-term care is, at its core, about helping people to remain autonomous.

She opened with the European Commission's 2024 Ageing Report, whose central message is that long-term care needs do not arise from ageing itself, but from the disability, sickness and frailty that can accompany it. This distinction matters for policy: investing in healthy ageing mitigates the fiscal impact of demographic change by reducing the need for long-term care in the first place, rather than simply managing its costs once needs arise.

This is anchored in the European Pillar of Social Rights and its 20 principles, and specifically in Principle 18 on Long-Term Care, which establishes that everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services. Building on this principle, the 2022 European Care Strategy set out to ensure quality, affordable and accessible care services; improve the working conditions of carers; support both care receivers and caregivers; and promote gender equality, recognising that paid and unpaid caregiving remains heavily gendered across the EU.

The accompanying 2022 Council Recommendation on Long-Term Care translates the Strategy into more specific commitments. It calls on Member States to enable people in need of care to maintain autonomy and live with dignity, and to improve access and availability of care by addressing territorial disparities in service provision – particularly in rural and remote areas – expanding home- and community-based care, and ensuring strong coordination between long-term care, prevention, and healthy and active ageing. It further calls for action to: ensure affordability, by reducing out-of-pocket expenses and preventing financial hardship linked to care costs; enhance quality, through national frameworks and clear standards; support carers, by improving working conditions and addressing workforce shortages; and improve governance, by involving relevant stakeholders, including social partners, civil society organisations and care recipients themselves.

Ms Ganzerla reported that Member States submitted their national implementation reports for the Council Recommendation in 2024, and that the majority have addressed healthy and active ageing within them, through a wide range of strategies covering: loneliness and mental wellbeing; healthy nutrition and physical activity; cultural and social participation and community engagement; healthy and positive ageing across the life course; and early health-assessment programmes.

She then set out EuroHealthNet's own key messages on healthy ageing. Unhealthy ageing is avoidable: poor health is not an inevitable feature of growing older, and reducing the burden of disease and disability in later life is possible. The policy goal should therefore be to increase healthy life years, not simply life expectancy, and this requires a genuinely multi-dimensional policy framework.

EuroHealthNet's framework for healthy ageing policy spans twelve interconnected domains.

From this, Ms Ganzerla drew four policy recommendations for strengthening the EU framework going forward:

1. placing a stronger focus on healthy ageing within the implementation of the Long-Term Care Recommendation;
2. engaging more closely with the scientific community to deepen understanding of healthy ageing;
3. paying closer attention to governance arrangements for long-term care implementation; and
4. supporting continued mutual learning on healthy ageing between countries – of which the Country Exchange Visit itself forms a part.

She pointed participants to EuroHealthNet's policy briefing on healthy ageing and its flash cards on the European Pillar of Social Rights for further detail.

Picture 2: Silvia Ganzerla presenting to Country Exchange Visit participants at Grandi Stazioni Palace

Discussion

The ensuing discussion turned to the economic and human-rights case for investment. Participants noted that the benefits of creating better environments for older people take a long time to materialise – the European Commission's 2024 report on ageing looks ahead to 2050 – and that the case for investment rests on human rights as much as on economics. Ageing was also linked to the "economy of wellbeing" approach, which looks beyond conventional economic measures to assess wellbeing more broadly. Participants agreed that investment needs to happen across the whole life course, not only in old age, though this argument often struggles to translate into policy and funding decisions. While methodologies exist to calculate social return on investment (SROI), applying them in practice remains a complex exercise; convening budget holders around this evidence, participants agreed, is an essential part of building political will, and a core purpose of exchanges of this kind.

Update on the WHO European Strategy on Ageing – "Ageing is Living"

Dr Yongjie Yon, Technical Officer on Ageing and Health, WHO Europe (online)

Dr Yongjie Yon joined online to present (PPT) the forthcoming WHO European Strategy on Ageing, "Ageing is Living: A Strategy for Promoting a Lifetime of Health and Well-being in the WHO European Region (2026–2030)".

He opened by setting out why WHO Europe is developing the strategy now. Across the Region, the population aged 65 and over overtook the population of children under 15 around 2024, with especially rapid growth projected among those aged 80 and over through to 2050. At the same time, longer lives are not yet translating into healthier ones: at age 60, life expectancy across the Region stands at around 81 years (79 for men, 83 for women), but healthy life expectancy is only around 76 years (75 for men, 77 for women) – a "healthspan gap" of roughly five years that has widened in the most recent data.

Dr Yon set out WHO's definition of Healthy Ageing as the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional ability refers to all the health-related attributes that enable people to be and to do what they have reason to value, while intrinsic capacity refers to the composite of physical and mental capacities an individual can draw on at any point in time – shaped by personal characteristics, genetic inheritance and health characteristics, and expressed differently depending on the environments people live in. He presented WHO's Public Health Framework for Healthy Ageing, which tracks trajectories of capacity across three broad phases – high and stable capacity, declining capacity, and significant loss of capacity – with a correspondingly different role for health services (from preventing chronic conditions and ensuring early detection, through reversing or slowing decline, to managing advanced conditions), for environments (from promoting capacity-enhancing behaviours to removing barriers to participation and compensating for loss of capacity), and for long-term care (supporting capacity-enhancing behaviours and ensuring a dignified late life).

His central message was that ageing demographics are not destiny: how populations age can be shaped by investment in prevention, integrated care, age-friendly environments and challenging ageism. He illustrated this with examples gathered by WHO, including a walking-football club in Lisbon, Portugal, as an example of prevention in action.

The strategy has been under development for over 18 months, drawing on extensive consultation with civil society, and Dr Yon referenced a recent WHO conference on dementia in Santiago de Compostela, where participants walked part of the Camino de Santiago as part of the programme. It is built around a vision of a Europe where everyone can age with dignity, purpose and good health, organised around four strategic policy actions arranged as a continuous wheel spanning "foundations for lifelong health" through to "later life".

On investment, Dr Yon noted that WHO is developing, together with the Venice Office, evidence and examples on social return on investment in healthy ageing, expected to be published within the year, alongside ongoing studies on innovation in social care and prevention and a forthcoming dashboard of data on the risk of functional decline. He closed with WHO's framing message for the strategy: ageing should be seen as an opportunity, not a challenge, and one that can drive progress for all generations.

2 Good practices promoting active and healthy ageing in Veneto

Veneto's Regional Law on Active Ageing

Paola Romana, Regional Councillor for Social Services – Family – Longevity – Sport and Housing Policies, Veneto Region

Ms Paola Romana presented (PPT) Regional Law No. 23 of 8 August 2017 on the "Promotion and enhancement of active ageing". The law recognises older people as active protagonists within their communities, promoting active ageing as a resource for society as a whole, and pursues three core objectives: promoting active ageing and older people's quality of life; supporting autonomy, social participation and inclusion; and preventing isolation, frailty and loss of self-sufficiency. Its cornerstones include valuing the social role of older people, for example through volunteering and active citizenship; promoting healthy lifestyles and prevention; developing local services and support networks; integrating social, health and cultural policies; and supporting intergenerational initiatives.

Article 2 of the law defines active ageing as an ongoing process through which a person maintains the capacity to express their own identity and to redefine and update their life project in response to changes in their personal circumstances and living context – through action aimed at optimising wellbeing, health, safety and participation in social, economic, cultural and spiritual life, so as to improve quality of life, affirm the value of one's history and experience through the course of ageing, and foster an active contribution to one's community.

Article 11 establishes the Regional Council for Active Ageing as the instrument through which the older population participates in decision-making aimed at improving its wellbeing and quality of life. The Council contributes actively to drafting the statutory three-year plan on active ageing, monitors implementation of interventions, and can propose adjustments to the annual implementation programme. Deliberately cross-sectoral in composition, it is chaired by the Regional Councillor for Social Policies (or a delegate) and includes the directors of the Social Services, Prevention/Food Safety/Veterinary, and Labour directorates, together with representatives of the Veneto association of municipalities (ANCI Veneto), older people's service centres, the regional Third Sector Forum, social cooperatives, the main confederal pensioners' trade unions, the coordination body for self-employed workers' pensioners (CUPLA), and Veneto's Volunteer Service Centres.

Since 2018, the law has been implemented through three triennial cycles, each with its own Regional Council, strategic plan and annual programmes. For example, the 2021–2023 cycle funded 58 of 123 applications, worth €2,000,000 and reaching 35,146 beneficiaries. The current 2024–2026 cycle funds 37 projects worth €1.1 million and runs through to August 2026.

Sustainability remains one of the Council's key selection criteria, encompassing both financial sustainability and the strength of the partnerships and networks that projects build. All funding for these projects comes from regional resources, with no EU or private-sector money involved, and projects are monitored throughout implementation and at completion.

A national policy shift: Law 33/2023 and Legislative Decree 29/2024

Building on regional experiences such as Veneto's, Italy adopted National Law No. 33/2023 to strengthen policies for older people. The reform promotes healthy and active ageing, prevents frailty, and integrates health and social care for people who are not self-sufficient. It also simplifies access to services for everyone aged 65 and over. Key measures include stronger national governance, coordinated health and social planning, the promotion of active ageing and social inclusion, innovative intergenerational housing models, and preventive interventions to help older people remain independent for longer.

The implementing Legislative Decree No. 29/2024 treats healthy and active ageing as a theme running across the whole text rather than a single article: it appears in the general

principles (Article 1), in the core of the policy provisions (Articles 4–10), and in the provisions on social, relational and digital development (Articles 11–20). Under Article 6(4) of the Decree, Italy's Department for Family Policies launched a national reporting exercise in June 2025, gathering evidence from Regions and Autonomous Provinces on active-ageing measures via a dedicated platform, supported by an agreement with the national ageing-research institute IRCCS INRCA.

The Comuni Attivi (Active Municipalities) Network in Veneto

Francesca Russo and Federica Michieletto, of the Veneto Region's Prevention, Food Safety and Veterinary Directorate

Ms Russo and Ms Michieletto presented (PPT) the Comuni Attivi (Active Municipalities) Network, a flagship initiative developed under Veneto's Regional Prevention Plan (2020–2025, now renewed for 2026–2031). The network forms part of the Veneto Model of integrated prevention, which seeks to create healthier environments across schools, workplaces, municipalities and communities while reducing health inequalities through a life-course and gender-sensitive approach.

The programme promotes physical activity through tailored interventions based on individual needs, ranging from lifestyle counselling to formal physical activity prescriptions delivered via the Vivo Bene MAP platform. Veneto's comparatively low sedentary rate (15.5% among adults, compared with 28% nationally) suggests that this integrated approach is having an impact.

Municipalities join the network by committing to implement evidence-based actions that promote physical activity across all age groups, with particular attention to disadvantaged populations. These include walking groups, Health Gyms, adapted physical activity programmes, active transport initiatives such as the Pedibus, park-based activities, and improvements to the built environment that encourage active lifestyles. Municipalities meeting the required standards receive official regional recognition, which is reviewed every two years.

At the time of the visit, 338 municipalities (61% of all municipalities in Veneto) had joined the network, with 222 formally recognised as Active Municipalities. The initiative is supported by the Regional Urban Health Observatory, which promotes healthy urban environments, provides training, and supports municipalities in integrating health into urban planning. Local Health Authorities coordinate implementation by bringing together municipalities, schools, primary care providers, sports organisations and civil society partners.

Local initiatives in Veneto

ULSS4 Veneto Orientale: coordinated, community-based prevention

Dr Luana Cibin, Department of Prevention of health unit 4 (ULSS4) "Veneto Orientale"

Dr. Cibin presented (PPT) how her Local Health Authority translates regional policy into practice across three complementary strands: actions led by municipalities, actions led by the health units (ULSS), and actions led by associations.

ULSS-led coordination is anchored in the Regional Prevention Plan, through programme PP02 "Active Communities" – which promotes action to increase physical activity in daily life and through organised activities, and supports the prescription of structured physical exercise via a network of "Health Gyms" (Palestre della Salute) staffed by trained personnel – and programme PL11, an integrated system to counter the determinants of chronic disease, which brings together health and non-health actors into a region-wide prevention network for non-communicable diseases, ensuring intersectorality and equity while strengthening existing programmes and planning new, proactive and sustainable interventions.

Two further tools underpin this work. Vivo Bene MAP is the Veneto Region's new digital portal mapping facilities across the territory that address modifiable risk factors – sedentary behaviour, poor diet, smoking and alcohol consumption – giving residents continuously updated information on registered facilities and the activities on offer. PASSI d'Argento ("Silver Steps") is a national survey on quality of life, health and perceptions of services among people aged 65 and over, gathering evidence on the needs of the older population and the quality of the integrated health and social care system through telephone or home interviews with a randomly sampled cohort, using a standardised questionnaire.

On communication, ULSS4 maintains dedicated content on its website ("Health for All Ages") and has developed the "Decalogo per l'Invecchiamento Attivo" (Ten Commandments for Active Ageing) – short, practical, easy-to-follow tips for staying fit while ageing, jointly drafted by the Authority's Public Hygiene, Food Hygiene and Nutrition, Epidemiology, and Addiction services, together with territorial and hospital pharmacy services, each contributing within its area of expertise. Screens installed in vaccination-clinic waiting rooms also broadcast health-promotion video messages to patients.

At municipal and associational level, a wide range of activities are on offer across the territory: gentle-gymnastics classes, walking groups, park-based exercise, aquagym, slow-walking groups for people with mobility difficulties, and "Al mare con 5 euro" ("Seaside for €5"), combining beach exercise with walking and swimming, alongside the development of cycle paths and pedestrian areas. Economic incentives include covering the cost of the medical certificate required to take part in physical activity, discounted access to sports facilities, and social-health transport services. Socialisation initiatives include free transport to the weekly market, digital-literacy courses, parish-run summer activities for older people,

and projects supporting the quality of life of older people who live alone, such as the "Insiemi" ("Together") project.

The Family and Community Nurse model

Emanuela, a Family and Community Nurse (Infermiere di Famiglia e Comunità, IFeC) working with ULSS4 in San Donà di Piave

The Family and Community Nurse's (IFeC) target population spans chronic adult and paediatric patients and schools; its approach centres the person within their life context; and its objective is prevention and health promotion, rather than treatment alone. Going "beyond the single task" means taking a genuinely global view of the person – their history, frailty and relationships – combining clinical and social assessment of autonomy, environment and isolation, and adopting a proactive approach over time to identify latent needs before they become problems (see PPT). The IFeC works across three settings: at home, delivering chronic care, health education and therapies; in the clinic, managing wounds, medical devices and vital signs; and in the community, connecting people to prevention services, social services and the third sector. As Emanuela put it: "If we stop at the task we solve a problem; if we go beyond, we build health." Being an IFeC, she explained, is fundamentally about building relationships and trust, practising active listening – including hearing what is left unsaid – and fostering autonomy and empowerment every day.

A case study illustrated the model in practice. Giuseppe, 80, lives with his diabetic condition (Type 2) alongside his daughter and teenage grandson, and had come to feel like a burden on the household. The nurse worked with the family to reframe his role: his grandson, the household's "technician", tracks Giuseppe's daily steps with a pedometer and a chart – reaching 3,000 steps earns Giuseppe the choice of that evening's film – while his daughter, the "chef", involves him in meal preparation, having him chop vegetables so that he becomes useful rather than simply a patient to be managed. A new Sunday routine – a trip to the shopping centre followed by a walk in the park – was introduced, and his blood glucose has since improved. As Emanuela summarised it, the family became Giuseppe's teammate, rather than the "glycaemia police".

Beauty, Art and Dementia

A further initiative shared by ULSS4, "Bellezza, arte e demenza" ("Beauty, art and dementia") project (see PPT), which brings hairdressing and beauty students into contact with older people, including people living with dementia, through hair-washing, styling and manicure sessions delivered in school salons and residential and community settings. Framed as a form of intergenerational, therapeutic and dignity-affirming encounter, the project builds on the structured contact between generations as a route to combating loneliness and isolation among older people, while building empathy and "life competence" among young people.

Participating students later reflected on the emotional impact of the encounters in their own words, translated here from Italian:

> *"It was lovely to see the older people happy and carefree, because they needed it."*
>
> *"Looking after their hair made me understand how much care restores dignity and joy."*
>
> *"I discovered that my profession can be so much more than aesthetics – it can become an act of love."*

Picture 3: Bellezza, arte e demenza project archive

3 National policies and strategies across Europe promoting healthy ageing

The Country Exchange Visit in Venice provided a valuable platform for a roundtable discussion among representatives of EuroHealthNet member organisations on good practices, implementation challenges and reflection on what is missing or could be strengthened through future strategies and national action plans under the European Care Strategy, Long-Term Care Council Recommendation and the life-course approach to healthy ageing.

3.1 Austria

Represented by Gerlinde Rohrauer, Austrian Health Promotion Fund

In Austria, social participation, health promotion and community-based approaches are central elements of healthy ageing policies. Through national funding schemes, Austrian Health Promotion Fund supports local projects promoting social inclusion, healthy neighbourhoods and prevention of loneliness, with funding calls providing opportunities for municipalities and organisations to develop innovative approaches.

A key achievement has been the development of a model for ageing in local communities, based on analysing outcomes from funded projects and identifying effective approaches. Austria has also developed Healthy Ageing Good Practice Platform, which provides access to evidence-based good practices, knowledge resources, policy documents, practical tools, and implementation support to promote health, well-being, and quality of life in older age.

Austria is increasingly developing social prescribing approaches within primary care, connecting older people with community activities addressing psychosocial and physical

needs. Good practices include fall prevention initiatives, such as group-based programmes supporting mobility and confidence, as well as European initiatives promoting social inclusion among older adults. One of those is JA PRISM, which supports the transfer and implementation of three evidence-based mental health promotion and prevention practices – suicide prevention, reducing loneliness among older people, and promoting emotional well-being in children and young people – in 60 implementation sites across 18 EU Member States and 2 associated countries.

A strategic partnership on health and equity in ageing brings together the Ministry, social security institutions and other actors to raise awareness, address ageism and support implementation. Funding schemes also support transitions from working life into retirement.

A continuing challenge is that health promotion is not a mandatory municipal responsibility, making it difficult to establish consistent structures and coordination across sectors and levels of governance.

3.2 Andalusia, Spain

Represented by Pablo García-Cubillana de la Cruz, Regional Ministry of Health, Presidency and Emergencies

In collaboration with other regional ministries, professional organisations and citizen representatives, the Regional Ministry of Health, Presidency and Emergencies has developed the Andalusian Healthy Living Strategy (AHLS), The strategy adopts a Health in All Policies approach and aims to create supportive environments for healthy choices throughout people's lives.

The strategy addresses multiple dimensions of health, including healthy eating, physical activity, emotional wellbeing, responsible sexuality, healthy sleep and digital health. Cross-cutting principles include health equity, gender perspective, social determinants of health and action across different settings, including communities, neighbourhoods, schools, universities, workplaces and residential environments.

One example of implementation is the Andalusian Plan for the Prescription of Physical Exercise, developed in collaboration with the Regional Ministry of Culture and Sport. Through this initiative, health centres refer people, many of whom are over 55, to municipal sports facilities, where they receive personalised physical activity programmes and support from trained professionals.

The AHLS is closely linked with the Good Ageing Programme, a community-based initiative promoting healthy ageing, social participation and wellbeing. Andalusia also implements an assessment programme for people aged 65 and over, combining physical, emotional and social health assessments. Collaboration with the Regional Ministry of Social Inclusion, Youth, Families and Equality further strengthens work on active ageing and loneliness prevention.

Key challenges include ensuring coordination across sectors in a predominantly public system and strengthening collaboration with local actors to ensure that prevention approaches reach all communities.

3.3 Kent County, England

Represented by Sarah Crouch, The Health and Europe Centre / Kent County Council

The UK is experiencing significant population ageing, particularly the increasing number of people aged 85 and above. This demographic change requires moving beyond reactive services towards prevention-focused systems.

A key strength is the use of data-driven approaches, combining emergency, health, mental health and social care data to identify population needs and understand how people move between different levels of risk. This enables more targeted interventions and supports planning for future demand, recognising that no single intervention can address the diverse needs of older populations.

Ms Crouch also highlighted the importance of age-friendly communities, drawing on the WHO health systems building blocks and approaches inspired by the Marmot principles. Several local areas are working towards becoming *Marmot Coastal area*, using whole-system approaches to address the wider determinants of health. Particular attention is given to groups with the greatest potential to benefit, including people over 50 who have not participated in education or training since leaving school, through locally funded learning opportunities.

Co-production with communities is a central principle. Local organisations are supported to deliver activities, and older people are involved as age-friendly ambassadors who contribute to shaping policies and services.

3.4 Finland

Represented by Minna-Liisa Luoma, Finnish Institute for health and welfare

Finland has a National Programme on Ageing, which is an example of a strong cross-sectoral approach to demographic change. Coordinated by the Ministry of Social Affairs and Health, the programme aims to enable people to live independently for as long as possible by strengthening functional ability, prevention and supportive environments.

The programme brings together different sectors, including health, social care, housing and transport. Public funding is provided to support implementation projects, which are selected, evaluated and monitored to ensure alignment with national objectives. A central principle is moving from reactive care towards prevention and early support. Another important aspect they consider is ensuring that innovative projects are connected to mainstream systems from the beginning, so that successful approaches can continue beyond project funding periods.

Finland has prioritised enabling older people to remain at home, particularly those aged 75 and above, by investing in functional autonomy and community-based support. Innovative models include small-scale community living arrangements, where several older people live together in a home-like environment supported by trained caregivers. These approaches aim to improve quality of life while reducing reliance on costly institutional care.

3.5 Germany

Represented by Nathalie Bélorgey, German Federal Institute of Public Health (BIOG)

The German Federal Institute of Public Health specialised unit on active and healthy ageing contributes to the European Joint Action on Dementia and Health and supports the development and implementation of preventive and health promoting approaches.

At the institute, a strong emphasis is placed on translating evidence into practice through accessible information, online resources, targeted courses, and cooperation with universities and prevention providers. In Germany, many exercise-based prevention programmes are integrated into existing prevention structures and can partly be covered by statutory health insurance. Activities also extend to residential and nursing settings, where the focus is on maintaining functional abilities and improving quality of life.

A key role of the BIÖG unit is supporting local communities and stakeholders in developing age-friendly and exercise-promoting environments. A tool "Impulsgeber Bewegungsförderung" has been developed to help municipalities plan, structure and evaluate community-based approaches to develop exercise-friendly environments adapted to the needs of elderly people, including guidance for multipliers, training materials and awareness-raising activities. The tool is currently being revised to include the promotion of exercise-friendly structures for children and young people. Another focus of BIÖG's unit for active and healthy ageing is on dementia prevention. Proposed resources include a series of informative (online and print) brochures on dementia detection and prevention as well as a training for multipliers/professionals incl. a practical manual and supporting materials, enabling them to organise and conduct a low-threshold 90mn-information session on the prevention of dementia risk factors for an audience of middle-aged and elderly people. These resources aim to enable a broad range of actors and concerned persons to identify and address dementia risk factors, including beyond the health sector. The training offer is currently being extended with the aim to reach a larger audience of younger people in in workplace environments.

Despite strong knowledge and experience of effective interventions, Germany faces an implementation gap. There is considerable diversity in existing programmes, but limited evidence on their long-term impact and insufficient mechanisms to systematically embed and scale successful approaches. There is a need to strengthen prevention investments,

particularly given Germany's high healthcare expenditure but comparatively poor outcomes in areas such as life expectancy. Addressing multiple risk factors through coordinated prevention approaches, e.g., via overarching integrated strategies, remains a key priority.

3.6 Netherlands

Represented by Anneke Tellemans, National Institute for Public Health and the Environment

In the Netherlands, multiple policy agreements aim to strengthen prevention through increased collaboration between health, social care and community actors. Prevention agreements aim to bring together partners around specific priorities, such as fall prevention for example through so called chain approaches. These are implemented regionally or locally.

A notable example is the role of regional or local fall prevention coordinators, who connect regional services and bring together local ambassadors and stakeholders. Community-based approaches include training professionals to screen and support older people.

While progress in strengthening collaboration between sectors has been made, there are ongoing challenges. Local systems often struggle to connect different programmes and knowledge remains fragmented rather than centrally organised. It is also important to avoid approaches that focus only on people identified as high risk, as broader population-based prevention is also needed to reach all older people.

District nursing, covered through health insurance, was highlighted as an important foundation for supporting people at home.

Represented by Silke Metzelthin, Maastricht University

Prof. Metzelthin presented the Ageing and Long-Term Care Living Lab at Maastricht University, a collaboration between universities, long-term care providers and other stakeholders that bridges research, policy and practice to improve the quality of life of older people. Working with more than 100 organisations, the Living Lab co-develops and evaluates innovative care models, including small-scale home-like settings and green care farms.

A central focus is the enablement approach, which supports older people to maintain their capabilities, independence and meaningful participation, rather than doing tasks for them. This approach promotes physical activity, mental wellbeing and person-centred care, and has been shown to be both effective and cost-effective.

A national consortium established in 2023 is promoting wider access to rehabilitation and enablement, with recommendations to strengthen workforce capacity, involve families and scale evidence-based practices across the care system.

3.7 Slovenia

Represented by Monika Robnik and Sara Verderber, National Institute of Public Health

Healthy ageing is an increasingly important policy priority in Slovenia, supported by the Strategy of a Long-Lived Society and other national reforms. The approach combines health promotion, social inclusion, lifelong learning and labour market participation to address demographic change through a life-course perspective.

Slovenia has established several multi-stakeholder governance mechanisms, including councils involving ministries, civil society organisations and representatives of older people. These structures support participation in policy development and strengthen coordination across sectors. Slovenia is also part of the WHO Healthy Cities network, where municipalities use participatory approaches to engage communities in shaping local health priorities.

Within healthcare, Slovenia is strengthening integrated care approaches for older people, including person-centred assessments, chronic disease management and greater involvement of older people and caregivers in care processes. One example is the Frailty Management project, which takes an integrated, multidisciplinary approach to pre-frailty and frailty, combining health promotion and education with action on the physical, psychological and social dimensions of ageing, and drawing in NGOs, local communities and digital-literacy and violence-prevention efforts alongside the health and social care sectors.

However, implementation gaps remain between strategic commitments and coordinated delivery. Challenges include further development of the long-term care system following the 2023 Long-Term Care Act, ensuring sufficient workforce capacity, and securing resources for age-friendly environments and addressing ageism.

Local experiences from the Healthy Cities network show the value of stakeholder engagement, networking and equity-focused approaches, while highlighting the need for stable resources, stronger evaluation and sustained support.

3.8 Ukraine

Represented by Olga Gvozdetska, Public Health Center of the Ministry of Health

An approach to healthy ageing in Ukraine is centred around three main areas: health, social inclusion and education. Key actions include preventive health screening from the age of 40, lifelong learning opportunities and support for older adults to remain active and independent.

Programmes promote digital skills, psychological wellbeing, understanding of pension systems and access to public services. For people aged 45 and above, retraining and reintegration opportunities are provided through vouchers, supporting continued participation in society (e.g., dancing classes) and the labour market.

Ukraine also highlighted the importance of ensuring accessibility beyond urban centres, particularly in rural areas. Healthy ageing initiatives need to consider geographical inequalities and provide opportunities such as rehabilitation, social activities and learning programmes close to where people live.

4 Site visits

4.1 WHO European Office for Investment for Health and Development in Venice

The first site visit took place at the WHO European Office for Investment for Health and Development in Venice. Introductory remarks were given by Christine Brown, Head of the Office, following which Luigi Bertinato Senior Consultant at WHO shared reflections on the evolution of the health agenda over recent decades, from a focus on disease towards a broader understanding of health as a state of wellbeing shaped by social, economic and environmental determinants. He explained that the Office was established to strengthen evidence and policy action on the social determinants of health, and has increasingly focused on improving health across the life course and advancing the concept of a wellbeing economy.

Picture 4: Luigi Bertinato introductory remarks

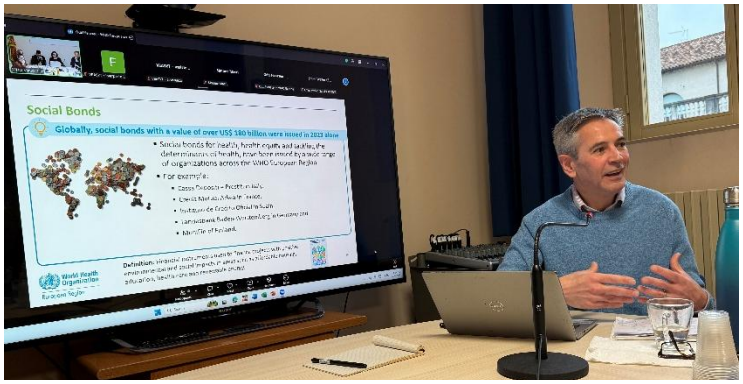
Picture 5: Entrance to the Ospedale hospital, historic building where the WHO Venice office is located

Participants then then heard from Graham Randles, Consultant on Well-being Economy, and Odd Nikolas Hanssen, Economist on Well-being Economy, to discuss innovative financing approaches that can support health, wellbeing, equity and healthy ageing, drawing on the recent WHO publication Unlocking Funding for Well-being, Equity and Healthy Societies.

Mr Hanssen highlighted that most countries currently face increasing pressure on public budgets while simultaneously experiencing growing needs for investment in health and social services. Demographic change, the rise of non-communicable diseases, and climate-related challenges are creating demand for additional investment at a time when public resources are constrained. He stressed that health is nevertheless a smart investment: beyond its intrinsic value, it contributes to economic prosperity, community resilience and social cohesion.

A central theme of the discussion was how governments can make better use of existing public spending. Mr Hanssen presented the concept of well-being budgeting, an approach that aligns public expenditure with broader societal outcomes by prioritising investments that improve well-being, health equity, and social and environmental goals. Participants learned how some governments are using evidence-based well-being indicators, cross-sectoral budgeting mechanisms and more participatory decision-making processes to guide budget allocations and identify public investment priorities.

He also discussed approaches to shaping spending and generating additional resources for health and wellbeing, including health taxes, solidarity taxes, progressive taxation measures and earmarking. Participants heard examples of countries such as Lithuania and Wales that have introduced impact assessments for major spending decisions, as well as budgeting frameworks such as the Early Intervention Investment Framework in Victoria, Australia, that support investments delivering benefits over many years and help avoid future costs.



Picture 6: Graham Randles presenting

Graham Randles then introduced a range of innovative financing mechanisms increasingly used to support social and health objectives, explaining the financing spectrum – from traditional commercial investment aimed at generating financial returns, through to philanthropy, where there is no expectation of repayment – and highlighting the growing role of impact investing, which seeks to generate positive, measurable social and environmental outcomes alongside a financial return. Examples included social bonds, used to finance projects with positive social impacts, and social outcomes partnerships, where investors provide upfront funding for social interventions and are repaid only if agreed outcomes are achieved, drawing on examples from Iceland, the Netherlands, Türkiye and the United Kingdom in areas such as gender equality, employment, social inclusion and community wellbeing.

The discussion also explored practical challenges associated with innovative financing. Mr Randles highlighted the need to raise awareness of these instruments among ministries of health and finance, and to strengthen the capacity of public authorities to use them to address pressing health challenges, alongside the importance of developing systems for monitoring outcomes and generating evidence on impact. Participants reflected on the need to strengthen collaboration between health professionals, economists, investors and policymakers, recognising that these groups often operate with different perspectives and terminology.

If you would like to learn more about alternative models of financing prevention and health promotion, and how you can get started, we invite you to visit EuroHealthNet guide.

4.2 Museum of History of Medicine in Padova

On the morning of Day Two, following an early train from Venice to Padova, participants visited MUSME, the Museum of the History of Medicine, organised in collaboration with the Veneto Region and the Municipality of Padua, to see the Scambi Gener...Attivi model in practice.

Scambi Gener...Attivi: intergenerational exchanges

Elizabeth Tamang, Medical Director at Azienda ULSS 6 Euganea

Scambi Gener...Attivi ("Active Generational Exchanges") is an innovative initiative that combines healthy ageing, physical activity and digital inclusion through intergenerational learning (see PPT).

The programme brings together Local Health Authorities, municipalities, schools, museums, voluntary organisations, GPs and pharmacies to connect older people, particularly those at risk of isolation, with secondary school students. Through workshops on physical activity, digital skills and healthy ageing, the initiative promotes physical and psychological wellbeing, strengthens community ties, reduces age-related stereotypes and encourages young people's engagement in healthy ageing.

Established under Veneto's Active Ageing Law and supported by dedicated regional implementation guidelines, the initiative has so far launched eight local projects involving approximately 500 older adults and 380 students, demonstrating how partnerships across sectors can strengthen prevention, social participation and community resilience.

Country Exchange Visit participants experience Scambi Gener...Attivi in practice

Diego, a medical student working at the museum, explained how MUSME engages 15–16-year-old students through digital and interactive formats – reflecting WHO's One Health approach – including education on the appropriate use of antibiotics, as one route into broader conversations with young people about what it means to age well.

Elizabeth then walked participants through a live exchange session: secondary-school students aged 16–17 first receive training at the museum on how the body ages – including simulated-ageing exercises using heavy jackets and vision-blurring glasses to build empathy – before travelling to meet older people in the community. In these exchanges, older participants learn about how the heart and brain work and take part in physical and cognitive exercises together with the students, supported by the Italian Union for Sport Promotion (UISP), which runs joint courses with the Region across Veneto. Students also support older participants with everyday digital skills, for example helping them set up WhatsApp groups to stay in touch with family.

Because the initiative is delivered in schools and participants are minors, students do not need to leave the school premises. The initiative is formalised in Regional Directorate Decree 44/2024, and forms part of the pathway through which schools work towards health-promoting-school status.

Picture 7: Participants experience Scambi

5 Reflections and takeaways: towards future policy and practice

Building on the Veneto experience and the exchanges over the two days, participants reflected on what should happen next to strengthen healthy ageing across the life course, how to better incentivise and invest in prevention and health promotion, and which enabling conditions can help scale up integrated health and social approaches.

Healthy ageing requires a whole-of-society approach

Participants agreed that healthy ageing cannot be addressed by the health sector alone. Effective action requires collaboration across education, employment, housing, transport, social protection, culture and local government. While some essential services should be guaranteed nationally, local contexts differ considerably, making implementation challenging and reinforcing the need for flexible governance and strong partnerships.

Several participants noted that prevention policies often share common foundations, regardless of whether they focus on dementia, cardiovascular disease or healthy lifestyles. Rather than developing multiple disease-specific programmes, countries are increasingly seeking integrated, risk-factor oriented, life-course approaches.

Examples included Finland's FINGER model, which combines exercise, nutrition, cognitive training, social activities and medical risks management; Andalusia's Healthy Living Strategy, which brings together healthy eating, physical activity, emotional wellbeing and healthy sleep among others under one framework; and the Netherlands' work to integrate nutrition and exercise while focusing on maintaining people's functional abilities rather than treating diseases in isolation.

Slovenia linked these discussions to the wellbeing economy, arguing that many existing policies already generate wellbeing outcomes without necessarily being labelled as such. Participants agreed that progress requires not only policy change but also behavioural and cultural change across society citing school fruit schemes and food-procurement policy as examples that build human and economic capital simultaneously. A 2014–2016 project on active and healthy ageing helped build the evidence base underpinning Slovenia's subsequent healthy-ageing strategy, and participants agreed that progress requires behavioural change as well as policy change – targeting mental health, physical health and environmental factors together, with the aim of shifting how relevant sectors think about prevention, including through national campaigns addressing loneliness and social isolation.

Bringing prevention closer to people

A recurring message was the importance of moving away from hospital-centred models towards prevention, community care and support that enables people to remain independent for longer.

Italian Federation of Nursing Professionals presented the family and community nurse model as an example of this transition. These professionals coordinate care, connect health and social services and help people access community resources. Participants highlighted the increasing importance of multidisciplinary teams and recognised community nursing as an important enabling profession for prevention and integrated care.

Discussions also emphasised a broader shift from "doing things for people" towards enabling people to do as much as possible themselves. This person-centred approach focuses on maintaining functional ability, independence and meaningful participation, including for people living with dementia.

At the same time, participants recognised that implementation remains uneven. Germany, for example, is increasingly implementing community-based nursing and neighbourhood care models, but faces disparities in coverage, partly driven by caregiver and workforce shortages, and fragmentation continues to make coordination difficult. Across countries, stronger integration between health and social care, sustainable financing, and clearer governance arrangements were identified as prerequisites for scaling successful approaches.

Addressing inequalities throughout the life course

Participants stressed that healthy ageing policies must reach people where they live and respond to inequalities accumulated throughout life.

Several countries reflected on the particular challenges faced by rural and remote communities. Finland described the realities of delivering care in Lapland, where some residents live hundreds of kilometres from healthcare services, highlighting digital solutions, home-visiting nurses and community support groups. Ukraine similarly noted that discussions on healthy ageing often focus on urban populations, while access to services remains more difficult in rural areas.

The exchange also highlighted the importance of strengthening intergenerational solidarity and lifelong learning. Examples included involving students in dementia care projects, supporting older adults' digital and social participation, and recognising that future generations may require greater support to develop "life competence" as traditional family structures evolve.

Changing the narrative on ageing

Participants repeatedly returned to the importance of changing how ageing is perceived. Healthy ageing should not focus only on managing decline but on supporting people's capabilities, participation and quality of life.

The discussion echoed the Ottawa Charter's positive definition of health and WHO's call to see ageing as an opportunity rather than a burden. Participants stressed that people do not want to be defined by illness but supported to continue living meaningful lives.

Examples included Austrian initiatives promoting social participation, Slovenian theatre-based projects addressing health through community engagement, and approaches that encourage autonomy and positive reinforcement rather than restrictions. Tackling ageism and changing professional and public attitudes were seen as essential components of successful healthy ageing policies.

Picture 8: CEV participants, moments from the final discussion

Investing in prevention and supporting carers

Participants acknowledged that financing remains one of the greatest barriers to scaling prevention. Current funding models largely reward treatment and service delivery rather than long-term health outcomes, making it difficult to sustain preventive approaches despite growing evidence of their value. Municipalities were seen as important drivers of innovation (including through Urban Innovative Actions funding) but often lack stable funding once pilot projects end. The European Social Fund and European Regional Development Fund can support policies that reduce health inequalities, though participants noted that health

inequalities remain insufficiently addressed in current funding proposals. European funding programmes can provide valuable starting points, but longer-term sustainability requires prevention to be viewed as an investment rather than a cost.

The discussion also highlighted that prevention is shaped not only by health systems but by wider economic and commercial influences. Participants reflected on the commercial determinants of health, citing examples such as the marketing of unhealthy foods and drinks, sponsorship of sport by producers of unhealthy products, and regulatory debates around harmful environmental exposures. These examples reinforced the importance of Health in All Policies approaches and the need for public policies that create healthier environments throughout the life course.

Participants also highlighted the central role of informal carers. Slovenia described reforms that formally recognise informal carers through financial support and flexible working arrangements, while Italy highlighted leave arrangements for family caregivers. Participants agreed that carers require greater recognition, training and support if community-based care is to expand successfully.

Strengthening the European policy framework

The discussion concluded with reflections on the EU policy landscape. Participants welcomed discussions on the future European Care Deal, planned for 2027, and suggested a renewed EU focus on active and healthy ageing, as a way to stimulate actions and initiatives at national, regional and local level.

The European Innovation Partnership on Active and Healthy Ageing, set up in 2011, was mentioned as a good example which had a positive influence.

Many participants supported the idea of a dedicated European strategy for healthy and intergenerational ageing, building up from the 2011 European Commission Green Paper on Ageing. Alongside stronger political commitment at European level, they highlighted the need for better indicators and performance frameworks that would make it easier to invest in health promotion and prevention policies and programmes, including coming from EU funds.

The closing discussion returned to the concept of functional ability as a common objective across countries. Rather than measuring ageing solely in terms of disease, participants emphasised assessing people's ability to live independently, participate in society and maintain wellbeing, an approach reflected in Finland's work on functional capacity and the Netherlands' concept of "Positive Health."

Next steps

Reflecting the discussions across the two days, participants and EuroHealthNet identified the following priorities to carry forward:

- Monitor developments on the EU Care Deal, expected for 2027, and continue to advocate for a stronger focus on healthy ageing in the 2026 EU Strategy for Intergenerational Fairness, as well as for a dedicated EU strategy on healthy and intergenerational ageing
- Support the final stages of development and adoption of the forthcoming WHO European Strategy on Ageing – "Ageing is Living" – and explore, together with WHO, cross-country steering groups connecting social, health and education actors to help Member States translate the strategy's four strategic actions into national and regional practice.
- Engage in the implementation of the Council Recommendation on Long-term care, and raising awareness with European, national, regional and local stakeholders on how to strengthen the focus on healthy and active ageing.
- Explore, with interested EuroHealthNet members a joint case study on the commercial determinants of health relevant to active and healthy ageing.
- Continue to gather and disseminate good practice on family and community nursing, intergenerational programmes and community-based models of care.
- Continue to build the evidence base on social return on investment in healthy ageing, drawing on the forthcoming WHO publication and evidence being developed by the WHO Venice Office, to strengthen the economic and human-rights case for investment across the life course.
- Continue to support innovative-financing approaches for disease prevention and healthy ageing, building on the discussion with the WHO European Office for Investment for Health and Development, including well-being budgeting, impact investment and social outcomes partnerships.

EuroHealthNet

European partnership for health, equity & wellbeing

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EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

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