



FUTURE SOCIETY ASSOCIATION

SLOW PANDEMICS

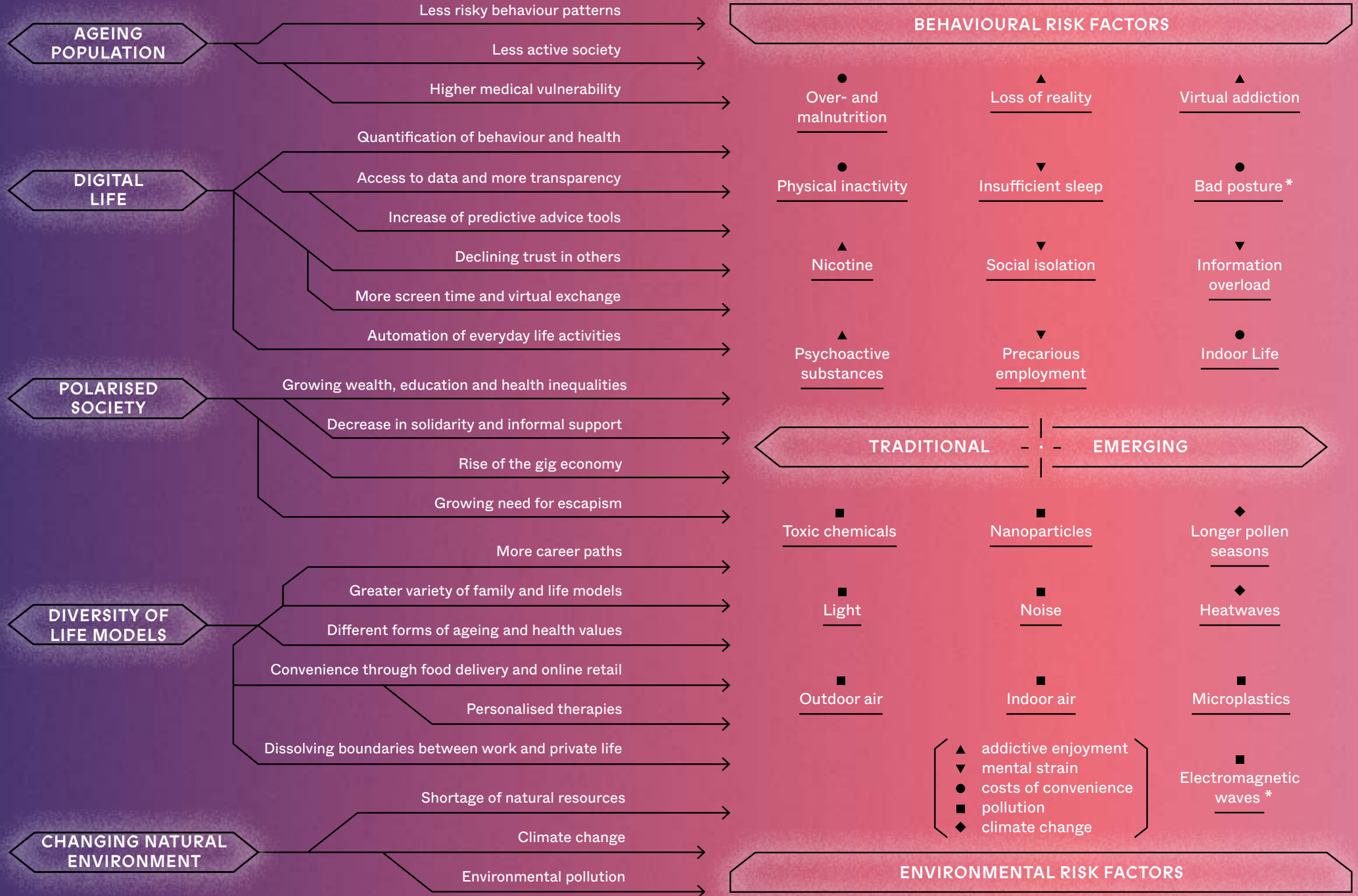
Reshaping everyday life
in the upcoming age
of illness

W.I.R.E.

NZZ LIBRO

The *SOCIETAL FRAMEWORK CONDITIONS* are changing ...

... and lead to a *NEW LANDSCAPE* of *HEALTH RISKS* in everyday life.



* Unclear evidence

The rise of lifestyle- and environment- related diseases will lead to an AGE OF ILLNESS that affects the whole population

DEVOLUTIONARY DISORDERS

DECLINING FERTILITY Sperm counts in men from OECD countries declined by 50 – 60% between 1973 and 2011.

MYOPIA Around 50% of the world population is expected to be short-sighted by 2050.

METABOLIC SYNDROME

DIABETES US cases are expected to increase by 165% by 2050, compared to the year 2000.

STROKE The number of EU cases is estimated to increase by 27% between 2017 and 2047.

CORONARY ARTERY DISEASE US cases are projected to increase by approximately 26% by 2040.

OBESITY Predictions suggest that half of the population in the US will be obese by 2030.

MUSCULOSKELETAL DISEASES

ARTHRITIS An estimated 130 million people globally will have degenerative joint diseases by 2050.

LOWER BACK PAIN Between 60% – 90% of people will suffer from lower back disorders at some point in their life.

NEURODEGENERATIVE DISEASES

DEMENTIA The number of EU cases is set to double by 2050, increasing to 14 million people.

PARKINSON'S DISEASE The number of global cases is projected to double by 2040.

MENTAL DISORDERS

ANXIETY Over a third of adults in the US will develop an anxiety disorder during their lifetime.

DEPRESSION By 2030, depression will be the leading cause of disease burden in most high-income countries.

RESPIRATORY DISEASES

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) Global deaths from COPD are projected to increase by 30% in the next decade.

ASTHMA The global number of patients is expected to grow by 100 million new cases by 2030.

CANCER

LUNG CANCER The number of new cases in the EU is predicted to rise by 22.7% by 2040.

PANCREATIC CANCER Is expected to be the second most common cause of cancer-related deaths in Germany by 2030.

SKIN CANCER Projected to become the second most common cancer in the US by 2040.

ALLERGIES

FOOD ALLERGIES Cases of allergic diseases are expected to reach up to 4 billion people globally by 2050.

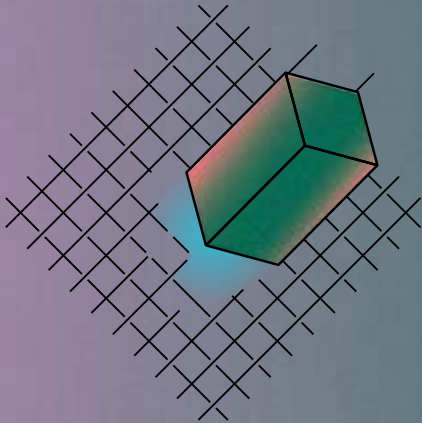
POLLEN ALLERGIES The number of EU citizens with pollen allergies is predicted to rise from 33 – 77 million by 2050.



FUTURE HEALTHCARE will be based on a broader spectrum of intervention areas ...

... and requires a NEW STRATEGY bridging medical, economic and societal innovation.

REDEFINE QUALITY OF LIFE



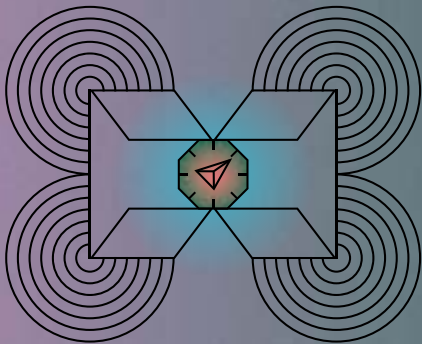
Acknowledge the human need for enjoyment and the psychological relevance of losing control; it is not only about maximising life years but also improving quality of life.

Promote societal and political deliberation on the relationship between health and a holistic quality of life; what are we willing to sacrifice for longevity.

Create and facilitate addictive-free forms of enjoyment and relaxation. Develop cross-sectoral partnerships to enable a transparent production chain.

A wide range of measures must be orchestrated for all stimulants and addictive substances, ranging from bans to price-driven or value-oriented campaigns and careful regulations.

ENABLE RISK ASSESSMENT



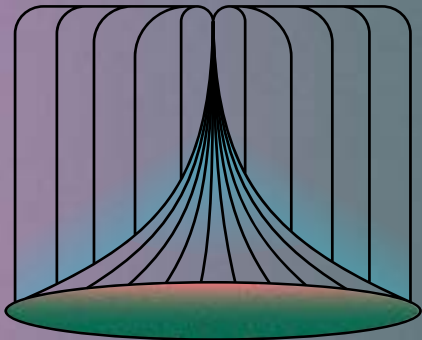
Build pragmatic but overarching digital health navigators through real-time recommendations, effective risk deduction and everyday life interfaces.

Regulatory oversight should enforce transparency in terms of what kind of data are collected and disseminated by consumer products and services.

Provide relevant information, which promotes transparency and individual engagement, by developing a data-based health ecosystem that values data.

Invest in fundamental (and interdisciplinary) research as the foundation for (inclusive) innovations. The outcomes must be measured in terms of their biological, psychological and societal benefit.

DESIGN HEALTHY ENVIRONMENTS



Distribute healthcare costs across all stakeholders that are actively involved in the associated risk factors. Integrate bonus-malus mechanisms in everyday life to incentivize healthy behaviour.

Promote awareness for prevention amongst stakeholders outside of the healthcare sector. Invest in fundamental research as a driver for product innovations.

Elevate the status of those involved in maintaining fundamental social infrastructures and therefore have significant "hidden" impact, such as social workers, primary teachers and nurses.

Promote social innovations by taking a human-centric approach and focusing on need-driven products and services with long-term impact. For this purpose, provide beneficial economic conditions and incentive structures.

Outlook on the *AGE OF ILLNESS*

THESIS 1

Generation ill

As lifestyle-related diseases spread, behavioural changes are becoming essential in future healthcare.



THESIS 4

Back to blockbusters

With increasing complexity in managing individual health, general guidelines are moving back into focus.



THESIS 2

The age of potential diseases

With more knowledge about preconditions, the boundaries between health and illness are dissolving.



THESIS 5

The rise of smart health control

The next generation of regulation will be data-driven, personalised and situational. But a truly intelligent control of health first requires a fundamental debate about individual liberty and societal responsibility.



THESIS 3

The harmful everyday life

More transparency on health risks leads to fear and a restriction of individual freedoms.



THESIS 6

The advent of brave new therapies

To cope with slow pandemics, a broader spectrum of therapies will be available, from predictive drugs to virtual treatments. To be truly effective, we will need a new culture of healthcare.



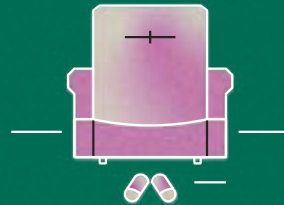
FACTS and FIGURES



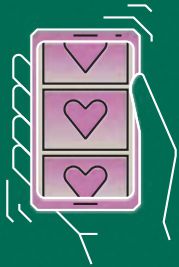
The average Swiss person consumes over 100 grams of sugar per day. The WHO recommends around 50 grams (with an energy consumption of 2000 calories per day).

Less than half of the over than 140,000 synthesized chemicals we are regularly exposed to are tested for toxicity in humans.

Sleeping six hours or less is associated with a 20% higher risk of having a heart attack, relative to those sleeping seven hours a night or more.

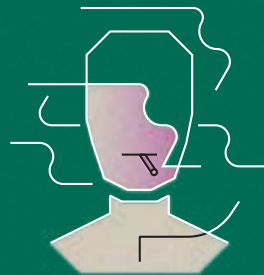


The average US teenager sits eight hours a day.



Almost a quarter of young people show signs of smartphone addiction, including anxiety over not being able to use their phones or moderating their time spent.

Three quarters of children in the United Kingdom spend less time outside than prison inmates.

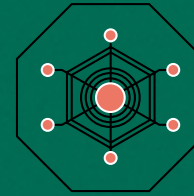


Cigarettes kill more than 8 million people each year worldwide. More than 7 million of these deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.

Twenty percent of Europe's population (100 million people) are exposed to long-term noise levels that are harmful to their health.

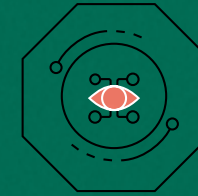


Future **FIELDS OF TENSION** in the health society



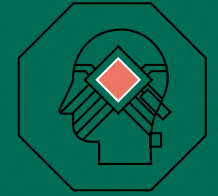
COMFORT VS. MOVEMENT

The desire for convenience and comfort will continue to shape society in the years to come. This comes at the expense of physical activity and ultimately our health. The automation of physical tasks in everyday life, for example by household helpers, offers even more convenience, but also poses the risk that physical activity will be pushed even further out of everyday life. Instead of shopping in the city ourselves, we order our groceries and clothes online and we meet people from the couch in virtual spaces instead of in parks or offices.



INFORMATION VS. CONFUSION

Promoting health literacy, i.e. the ability to obtain and understand information in order to make the right decisions, is the foundation for taking responsibility for one's own health in everyday life. However, the increasing abundance of data and unverified or uncoordinated facts brings more confusion and uncertainty.



AUTONOMY VS. DEPENDENCE

The ability to make independent decisions and to strengthen one's own health is reinforced by more knowledge, but also by better advice from professionals or digital assistance systems. At the same time, outsourcing these decisions also leads to new dependencies and an actual loss of competence. In particular, the inclusion of artificial intelligence recommendation systems promises better decisions, but primarily promotes immaturity.

ON THE RISE OF SLOW PANDEMICS

Medical progress and greater prosperity have helped us to not only live longer, but also to stay healthy longer. However, the downsides of ever greater convenience are now becoming apparent: the next pandemic will be characterised by lifestyle-related diseases and – unlike the coronavirus – will spread slowly and without much media attention. A growing number of circulatory diseases, type 2 diabetes and cancer are part of the new normal, resulting from a modern lifestyle with less exercise and more fast food. An increasing number of mental illnesses due to pressure to perform, loneliness and dependence on digital aids have become part of our daily life. Not only older people are affected but more and more young people also suffer from these symptoms.

These “slow pandemics” arise in everyday life and cannot be treated by a hospital stay or a drug. They require a new healthcare system that focuses on daily life – and the involvement of all public and private actors who shape our environment and behaviour. The focus on healthy lifestyles opens new, interlinked markets for prevention – provided that society also assumes responsibility. The foundations are selective rather than a complete evaluation of behavioural data, and builds health-promoting infrastructure and redefines quality of life by combining control and enjoyment.

This leporello is an executive summary of the publication “Slow Pandemics”, published with NZZ Libro by the “Future Society Association” (FSA). The FSA is an initiative launched by the Think Tank W.I.R.E. together with forward looking organisations that aim to contribute to a future oriented society in the 21st century.



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