SCOR Chair on mortality research

Workshop 5

April 21-22, 2026, Madrid

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Program Day 1 – April 21

Timing	Topic	Speakers
10am – 10.30am	Welcome address and round table presentation	Philippe Trainar (SCOR)
10.30am – 11.00am	The right to be forgotten. An example of proactive positioning from the insurer industry in Mexico	Ignacio Asiain (SCOR)
11.00am – 11.30am	Inclusion in insurance and fairness: is the right to be forgotten for breast cancers survivors an improvement?	Antoine Moll (SCOR)
11.30am - 12pm	Potential and challenges for sustainable progress in human longevity	Carlo G. Camarda (INED)
12pm – 1pm	Lunch break	
1pm – 1.30pm	Harvesting Effects of Heat Waves and Pandemics	Trifon Missov (CPop)
1.30pm – 2pm	Impact of the COVID-19 pandemic on cohort life expectancy	Silvia Rizzi (CPop)
2.pm – 2.30pm	Coffee break	
2.30pm – 4pm	Steering Committee Meeting	

Program Day 2 – April 22

Timing	Topic	Speakers
10am – 10.30am	Czech discrepancies in multimorbidity at death	Elizaveta Ukolova (CPop)
10.30am – 11am	Multimorbidity trends in Catalonia, 2010–21: a population-based cohort study	Iñaki Permanyer Ugartemendia (CED)
11am – 11.30am	Years of life lived with multiple chronic diseases and associated lifetimes in Denmark	Cosmo Strozza (CPop)
11.30am – 11.45am	Concluding remarks	Marie-Pier Bergeron Boucher (CPop)
12.00pm – 1pm	Lunch break	

Abstracts

Abstracts

Ignacio Asiain SCOR, Head of Pricing for Iberia & Latam

The right to be forgotten. An example of proactive positioning from the insurer industry in Mexico

In an increasingly regulated world, it is important for the insurance industry to be proactive with regulators supporting in creating fair playing rules.

This is also necessary to prevent regulations that are out of the market reality and which, as a result, may undermine public access to insurance and drive up its cost.

Abstracts

Antoine Moll SCOR, Head of Medical Underwriting Modelling

Inclusion in insurance and fairness: is the right to be forgotten for breast cancers survivors an improvement?

This study assesses the impact of the Right To Be Forgotten (RTBF) on access to life and health insurance for Breast Cancer (BC) survivors and insurers' portfolio risk. It quantify the actuarial impact of RTBF on loss ratios and evaluate fairness and inclusivity. The RTBF, implemented in France since 2016 and adopted in other countries, has changed medical insurance selection. It allows people in remission from cancer to obtain insurance without disclosing their cancer history.

To assess actuarial and fairness The Health Improvement Network (THIN) UK database1 is used. Surveillance, Epidemiology, and End Results (SEER) is used as a confirmation framework to validate trends and provide severity-based comparisons. This approach is applied to a British population to estimate the effect of RTBF on claims for a death coverage. Sensitivity analyses highlight the importance of adverse control selection and prevention programs in mitigating risks.

The study concludes that RTBF can improve fairness and inclusion in insurance. However, to avoid adverse selection, it should be applied to compulsory or highly required products.

Abstracts

Carlo G. Camarda Institut National d'Études Démographiques

Potential and challenges for sustainable progress in human longevity

Decelerating gains in life expectancy (e0) in high-income countries have raised concerns about the future of human longevity. To enhance our understanding of these developments, we examine subnational (N = 450) mortality trends in Western Europe in the period 1992-2019. Between 1992 and 2005, gains in life expectancy were both substantial and widespread. Laggard regions experienced the fastest improvements, yielding rapid regional convergence. Between 2005 and 2019, however, gains in these regions decelerated, while remaining remarkably stable in vanguard regions, suggesting that it remains possible to continue extending longevity.

The observed slowing of e0 gains is strongly associated with mortality at ages 55-74, which increased in this period across large areas of Western Europe, particularly in Germany and France.

In this work, we show that monitoring mortality trends at a fine geographical level is crucial for revealing both the potential for, and challenges to, sustainable progress in human longevity.

Abstracts

Trifon Missov CPop, University of Southern Denmark

Harvesting Effects of Heat Waves and Pandemics

This study presents a novel method for quantifying short- and mid-term harvesting effects resulting from two types of mortality shocks: heat waves and pandemics.

The analysis focuses on the pandemics of the Russian flu (1889–1894), Spanish flu (1918–1920), Asian flu (1957–1958), Hong Kong flu (1968–1970), and COVID-19 (2020–present), as well as on the heat waves of 1911, 2003, 2019, and 2022.

The proposed model identifies both immediate and delayed mortality effects, accounting for the magnitude of the shock, the time elapsed since its occurrence, and the proportion and age profile of the affected population.

Abstracts

Silvia Rizzi CPop, University of Southern Denmark

Impact of the COVID-19 pandemic on cohort life expectancy

During the COVID-19 pandemic, period life expectancy at birth declined from 2019 to 2020 in most of the Western countries. Males experienced the largest losses, i.e., 2.2 years for males in the USA. Reductions were mostly attributable to an excess mortality above age 60 years and to COVID-19 deaths. Period life expectancy in the context of the COVID-19 pandemic has been useful to capture cross-sectionally the mortality burden of the pandemic, allowing comparisons across countries. However, the long-term consequences on cohort life expectancy, a problem of fundamental importance for public policies, insurance and pensions industries, have been unexplored.

A method to forecast cohort mortality and the cohort life expectancy of non-extinct cohorts based on a penalized composite link model (PCLM) using P-splines is used.

Changes in cohort life expectancy due to the COVID-19 pandemic are estimated as the difference between expected cohort life expectancy using data up to and including 2019 and expected cohort life expectancy using data from 2022 onwards.

Abstracts

Elizaveta Ukolova CPop, University of Southern Denmark

Czech discrepancies in multimorbidity at death

Multiple causes of death introduce a multimorbidity dimension to cause specific mortality analysis, which is relevant for accurately assessing the health of today's population. Recent advances in MCD research produced algorithms that classify deaths by process type (so called RiCoDa) rather than by individual causes and their combinations. We apply these algorithms to quantify the multimorbidity at death burden in Czechia and discuss key limitations of Czech MCD data that complicate the use of RiCoDa here and may apply more broadly.

Abstracts

Cosmo Strozza CPop, University of Southern Denmark

Years of life lived with multiple chronic diseases and associated lifetimes in Denmark

It is well established that in ageing populations the share of individuals living with multiple chronic diseases has increased, yet the length of life spent with such conditions remains poorly understood. Using detailed Danish register data this study estimates the average number of years lived with and without specific diseases and multi-morbidities over time and across subpopulations defined by income. We extend multi-state life tables to account for multi-morbidity trajectories and competing causes of death, enabling estimation of transition rates between healthy and diseased states. This approach provides novel insights into the health conditions prevailing at the end of life and the lengths of life associated with specific competing chronic conditions, with implications for both public health policy and the insurance industry.

Abstracts

Iñaki Permanyer Ugartemendia CED, Universitat Autònoma de Barcelona

Multimorbidity trends in Catalonia, 2010–21: a population-based cohort study

With rising longevity, multimorbidity is an increasingly important challenge for healthcare systems. We describe trends in the prevalence and incidence of multimorbidity across socioeconomic groups in Catalonia. We use a random sample of 1 551 126 individuals (22% of the Catalan population, for whom we have the complete primary care health records) and follow them from 2010 until 2021. We document the age- and sex-specific prevalence and incidence of multimorbidity stratifying by income groups and birth cohorts. Logistic regression models are used to estimate the association between multimorbidity and mortality. Between 2010 and 2021, the prevalence of multimorbidity, higher among women, has increased for both sexes and all cohorts in our analysis. Importantly, each cohort attains the same ages, with higher multimorbidity prevalence than their predecessors had 10 years ago. Older generations are mostly affected by degenerative diseases, while younger age groups are more affected by mental health problems. Incidence tends to be higher among the older cohorts across all adult ages. We observe a strong socioeconomic gradient, with lower-income individuals experiencing worse multimorbidity prevalence and incidence. Such a gradient is persistent and becomes more pronounced at the end of the study period. Across all age groups, individuals experiencing multimorbidity have a higher risk of dying than those who do not. The documented increases in multimorbidity alongside its socioeconomic gradients suggest that preventive strategies are urgently needed to defer or prevent its onset and slow its progression—especially among younger generations.


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