Ageing and health

Report by the Secretariat

1. Worldwide, the proportion of people aged 60 and over is growing very fast. Between 1970 and 2025, the number of such older persons is expected to increase by some 875 million, or 281%. In 2025, there will be a total of about 1.2 thousand million people over the age of 60. Of particular importance is the speed and significance of population ageing in the less developed areas of the world. It is estimated that by 2025 some 840 million people over the age of 60 will live in developing countries.

2. An ageing population is the result of decreases in mortality rates at all ages (therefore increasing life expectancy at birth) and of declines in fertility rates. An exception is sub-Saharan Africa where, as a consequence of HIV/AIDS, life expectancy at birth has decreased in recent years. None the less, the proportion of older persons has increased because most deaths from HIV/AIDS occur in the younger age groups. Their good health is crucial as they have to care for their adult children dying from AIDS and for their orphaned grandchildren.

3. Quality of life is important at all ages, but in later life it becomes of paramount importance for the extra number of years that remain to be lived. In both developed and developing countries, chronic noncommunicable diseases are the main causes of mortality, morbidity and disability in old age. Yet, throughout the world, health systems are mainly designed to provide episodic acute care. In particular, health services geared to the needs of older persons should be strengthened and better integrated with other levels of care to provide the continuum of care required. The primary health care system is also the best channel to provide support to the informal carer who gives long-term, home-based care to a dependent older person.

4. Older people are often deprived of a broad social network and are therefore more likely to be isolated. Loneliness may be a trigger for depression which is a commonly under-diagnosed and not adequately treated condition. Depression vastly diminishes the quality of life of the sufferers as well as that of their carers. Timely and appropriate treatment reduces the use, and therefore the cost, of medical and social care services. Similarly, health systems need to be prepared for the projected increase in the prevalence of dementias associated with old age, some of which can be prevented and others treated. Strategies should be drawn up for providing support to patients and carers at community level in order to avoid costly institutional care.

5. The United Nations Second World Assembly on Ageing (Madrid, 8-12 April, 2002), convened in response to calls for policies to address rapid population ageing worldwide, is to adopt an international plan of action on ageing. It will cover three main priority themes: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.
6. In order to achieve the ultimate goal of healthy and active ageing, WHO developed a policy framework which complements the recommendations contained in the international plan of action on ageing. It focuses on such areas as:

- preventing and reducing the burden of disabilities, chronic disease and premature mortality;
- reducing the risk factors associated with noncommunicable diseases and functional decline as individuals age, while increasing factors that protect health;
- enacting policies and strategies that provide a continuum of care for people with chronic illness or disabilities;
- providing training and education to formal and informal carers;
- ensuring the protection, safety and dignity of ageing individuals;
- enabling people as they age to maintain their contribution to economic development, to activity in the formal and informal sectors, and to their communities and families.

7. Although the health sector cannot take direct responsibility for all of the recommended actions, WHO’s policy framework on ageing reinforces the central and catalytic role of public health in their implementation.

**ACTION BY THE HEALTH ASSEMBLY**

8. The Health Assembly is invited to note the report.