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Ageing and health

Report by the Secretariat

1. At its fifty-fourth session in 2000, the United Nations General Assembly decided to convene a second world assembly on ageing in order to review the outcome of the first World Assembly on Ageing, (Vienna 1982). WHO participated actively in all the preparatory meetings. As its principal technical contribution to the Second World Assembly on Ageing (Madrid, 8 to 12 April 2002), WHO introduced its policy framework on active ageing.¹ The Assembly adopted two documents: the Political Declaration and the International Plan of Action on Ageing 2002.

2. In the **Political Declaration**, governments expressed their commitment to act at national and international levels on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. The Declaration recognizes that persons, as they age, should enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies. It acknowledges that new opportunities exist to enable men and women to reach old age in better health, and that empowerment and promotion of full participation in society are essential elements for active ageing. It reaffirms that the attainment of the highest possible level of health is a most important social goal, whose realization requires action by many social and economic sectors in addition to that of health. While assigning the primary responsibility to provide leadership on ageing matters to governments, it underlines the important role of the United Nations system in providing support to governments in implementation and follow-up of the International Plan of Action on Ageing.

3. The **International Plan of Action on Ageing 2002** briefly analyses the three priority areas and sets out objectives and actions to be pursued. It deals, among other matters, with advancing health and well-being into old age. Paragraphs 57 to 66 take a **life course perspective** in health promotion and disease prevention. Specific objectives and actions address the cumulative effects of certain risk factors, such as tobacco use, alcohol consumption, inadequate access to food and clean water, and unhealthy nutrition leading to disease and dependency later in life.

4. Paragraphs 67 to 73 are devoted to providing **universal and equal access** to health care services for older persons. The ultimate goal is to provide a continuum of care, ranging from health promotion and disease prevention to the provision of primary health care, acute care, chronic care, rehabilitation services, long-term care, and palliative care for older persons suffering incurable illnesses. The responsibility of governments for setting and monitoring standards of health care and care provision is stressed. Although partnerships among government, civil society and the private sector are valuable,

¹ See document A55/17.

the Plan recognizes that services provided by the family and community cannot substitute for an effective public health system.

5. Paragraphs 74 to 77 address the impact of HIV/AIDS on older persons, including the key role they play as primary care givers for people living with HIV/AIDS and their families, notably orphaned children.

6. The urgent need to widen opportunities in the field of **geriatrics and gerontology** for all health professionals as well as informal carers is referred to in paragraphs 78 and 79. Paragraphs 80 to 81 provide guidance for actions for the development of **comprehensive mental health care services**, ranging from prevention, early diagnosis and intervention to provision of treatment and the management of mental health problems among older persons.

7. Paragraphs 82 to 84 deal with the **maintenance of maximum functional capacity** throughout the life course and the promotion of the full participation of older persons with disabilities in society. With respect to disabilities, the especially vulnerable situation of older women is highlighted. The importance of establishing age-friendly standards and environments is stressed as a means of preventing the onset and the worsening of disabilities among older persons. Similar interest is expressed in paragraphs 87 to 92, with particular reference to barrier-free and accessible housing and transportation systems.

8. An area not previously addressed in a United Nations action plan is that of **neglect, abuse and violence** against older people (paragraphs 98 to 101). Acknowledging that such ill-treatment takes many forms – physical, psychological, emotional and financial – action is recommended in the areas of education, awareness-raising, and creation of health and social support services. In particular, the need to address the gender dimensions of abuse of older people is emphasized.

9. Governments have the primary responsibility for implementing the recommendations of the Plan of Action. National efforts are to be complemented and enhanced through coordinated actions at international level. The United Nations system, through its specialized agencies, will be expected to develop strategies for implementation in the areas of their respective mandates. The Plan singled out training and capacity-building in developing countries as areas needing the support of the international development agencies. Implementation of the Plan is to be set in the context of the objectives of the Millennium Declaration and follow-up of major United Nations conferences.

10. More specifically, the Plan recommends that the focal points that were set up within the organizations of the United Nations system in preparation for the Assembly should be maintained and strengthened in order to enhance their institution's capacity to implement the Plan.

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