WHO puts healthy ageing on the front burner

As the world faces an exponential increase in ageing populations, WHO is working on strategies that many countries will need to ensure a good quality of life in older age. John Maurice reports.

“You old people get out and do something!” The advice comes from Felimina Rotundo, who runs a laundry shop in Buffalo, NY, USA. She turned a hundred on Oct 20, 2015, and has been “doing something”—working 11 hours a day, 6 days a week, from dawn to dusk—for the past 85 years. “I talk to people all day”, she tells the journalists gathered in the doorway of her shop. “I get up in the morning and say: ‘I have to go to work.’ It does something for you.” She’ll continue working, she says with a broad smile, “as long as I stay healthy.”

New strategy
Fast forward to an office in WHO’s Geneva headquarters, where John Beard and his colleagues are mulling over the draft of a strategy—A Global Strategy and Plan of Action on Ageing and Health—aimed at giving older people throughout the world a chance to live as full and healthy a life as Rotundo seems to be enjoying. Beard, who heads WHO’s Department of Ageing and Life Course, explains: “We are developing a strategy to ensure that older people in all countries of the world can experience both long and healthy lives.”

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At the end of October, 2015, WHO hosted a consultation, at which nearly 200 participants, including 75 government delegations from six continents and from most of the world’s major health-related organisations, discussed the strategy. “The response was extremely positive”, Beard said. “One strong message from the meeting stands out. Until now the world’s major health-related organisations had not met to discuss healthy ageing. We are developing a strategy to ensure that older people in all countries of the world can experience both long and healthy lives.”

Another goal is that, starting from 2020, countries around the world are ready to undertake a decade of action to foster healthy ageing.

Report praised
WHO’s new vision for ageing is articulated in a 260-page World report on ageing and health published by WHO last year (panel 1). The report has met with wide acclaim. Toby Porter, chief executive of HelpAge International, a non-governmental organisation, welcomes the WHO report on several counts. “It moves us from thinking about health in older age only as the presence or absence of disease and encourages us to look more at an older person’s ability to function. It also strongly endorses the need for countries not only to cater more effectively for the needs of older people but spend more of their shorter lives with limited physical capacity.”

Panel 1: Hurdles to healthy ageing

The World report on ageing and health published by WHO on Oct 1, 2015, documents several barriers to healthy ageing. One is the stereotyping of older people as a costly burden to society. The facts refute this belief. A study, for example, in the UK found that in 2010, £136 billion was spent on older people in pensions, health care, and other welfare services, whereas in the same year older people contributed £175 billion in taxes, spending on consumer goods, and undertaking voluntary social care. In Kenya, the estimated average age of farmers, who ensure essential food security, is 60 years, and, in Namibia and Zimbabwe, grandmothers look after more than 60% of children orphaned by HIV/AIDS. Judging functional ability by a person’s age can also be misleading, given the growing number of older people retaining the physical and mental capacities of much younger people.

Inequities and inequalities also hamper the quest for universal healthy ageing. “Some of our capacity in older age can be misleading, given the growing number of older people retaining the physical and mental capacities of much younger people. Inequities and inequalities also hamper the quest for universal healthy ageing. “Some of our capacity in older age is determined by our genes but a very significant determinant is the environment into which we were born and in which we have been living”, says John Beard, head of WHO’s Department of Ageing and Life Course. “For example, living in a poor area can limit the physical and mental capacities we acquire and maintain over life and limit our ability to get to where we need to go, which is not the case in well-endowed areas with transport facilities adapted to the needs of older people.” Research, too, has found that people living in poor areas not only die sooner but spend more of their shorter lives with limited physical capacity.
but also to provide their health services and care in a more integrated way. The report clearly recognises that informal, unsupported care by family members and friends cannot sustainably meet the long-term needs of older people."

Beard adds: "More than half of older people have multiple, coexistent chronic diseases. What is needed is a shift from the single-disease approach but it’s going to be hard to change the rigid disease-by-disease attitude that many countries, both rich and poor, are entrenched in.” Help is at hand, though, in the form of a clinical guideline soon to be published by WHO on how health providers everywhere, but especially in resource-strapped countries, can use an integrated approach to tackling the health problems of older people (panel 2).

Two concerns

Two issues form the backdrop to WHO’s flurry of activity around ageing. One is the concern of WHO’s 194 member states over the surging proportion of the planet’s population taken up by older-age inhabitants. In 2015, there were 900 million older people in the world, accounting for 12.3% of the world’s population, according to UN estimates. By 2030, there will be 1,402 million accounting for 16.5% of the world population, and by 2050, more than 2,000 million or 21.5%. Moreover, the pace of the surge is accelerating exponentially. France, for example, took 150 years to double its proportion of citizens aged 60 years or older from 10% in 1850 to 20% in 2000. Countries such as Brazil, China, and India will take only about 20 years to make the same demographic leap. Demographers attribute the surge to a combination of factors, including greater longevity due to medical and socioeconomic advances, a reduction in child mortality in the low-income countries, where 80% of the world’s older population reside, and a global drop in fertility rates.

The second issue of concern among many WHO member states is the paucity in most poor countries of health systems able to cater for the health needs of older people and the paucity of age-friendly environments where older people can live, work, and socialise. One thing, though, is sure. WHO is clearly responding to Rotundo’s call to “do something”.

John Maurice