14.4 Multisectoral action for a life course approach to healthy ageing

Contents

In focus at WHA67

The Assembly will consider a Secretariat report (in A67/23) which has been considered in January by EB134 (as EB134/19).

There may be an accompanying resolution submitted on the initiative of individual member states.

The Secretariat has indicated that it is working towards a comprehensive global strategy on ageing and health, followed by a global ageing and health action plan with measurable outcomes. It is not clear whether any such drafts will be circulated for the Assembly. There may be side meetings arranged as part of the consultation process.

Background

The proportion of older people in the population is increasing in almost every country. WHO has been doing good works on Active Ageing for many years; it released the 2002 Active Ageing Policy Framework and many WHO publications on Active Ageing. In 2002 also the Madrid Plan of Action was published. WHO is going to release the first global report on ageing and health in 2015.

The report before the Assembly (A67/23), after presenting the current situation, discusses the implications of population ageing in terms of health care policy, workforce, new social models, gender, knowledge, and leadership. The subheading “New social models” refers to the life course approach (social contribution of olders, intergenerational links and capacity building at all stages) and global trends (migration, changing roles of women, urbanisation and globalisation). Under “leadership” the paper argues that the 2002 Active Ageing Policy Framework and the 2002 Madrid Plan of Action now need to be updated, rather urgently in certain respects.

Finally, the paper recommends: advocacy, a comprehensive global strategy, support to member states and knowledge generation and management.

The Assembly is invited to note the report and perhaps give guidance for future action. It appears that the authors of the report are hoping for a “comprehensive global strategy on

ageing and health, followed by a global ageing and health action plan with measurable outcomes, which is needed to shape future global priorities in this area". Presumably this will emerge in due course.

Report of EB debate here.

PHM Comment

Ageing is important and all of the generalisations in this paper are supportable. However, it remains unclear how this item came onto the EB agenda lacking any reference to a previous resolution to be followed or a specific request from MSs.

There have been repeated references to the management of governing body agendas in the WHO reform papers, including in the Reform Evaluation Report of Stage II. In this regard see the discussion in EB134/39 under 5.2.3 and 9.1.2; and in Section 2 of EB134/6).

In commenting on the Programme Budget 2014-2015, the Independent Evaluation Team (Stage II of the evaluation process) (EB134/39) comments that the budget for ageing and health has also jumped by 125% compared to 2012-13. "While this budget, is relatively marginal (9 million USD), the increase is significant and not backed by a supporting rationale."

Health systems

This topic brings an important question, not addressed by the WHO, of how health systems will respond to aging, regarding to the massively increasing cost it entails if health systems will not be organized differently. The end of life care stays often institutionalized, with a massively increasing cost.

A strong primary health care approach utilising community health workers and community volunteers and extension of the home care is necessary. In this way the care of elderly can be affordable and could promote the wellbeing of the frail elderly while sharing the task more broadly.

Workforce

Not only is the workforce not adequately trained (as mentioned in the report), but more important, personnel trained in LMIC are being attracted away to serve the needs of the elderly in developed countries.

Physical deteriorations as market opportunity

Ageing is associated with a variety of bodily deteriorations all of which represent cost control challenges for health system managers and marketing opportunities for corporations.

In OECD countries with advanced health care systems, the over-use of medications for the elderly is widespread, reflecting aggressive pharmaceutical marketing and a 'pill for every ill'

approach to medical care. It is unfortunate when this bypasses effective non-pharmaceutical treatments such as physiotherapy but can also have dangerous consequences for patients (as illustrated by the Vioxx and other scandals) as well as adding to the financial burden on Ministries of Health (MoH).

More effective strategies to regulate pharmaceutical promotions and to promote the rational use of medicines are urgently needed. Moves to non pharmacy dispensing and 'direct to consumer' advertising and sales need to be resisted.

Gender issues

The report notes that most elderly people live at home and when they need care rely in the first instance on the family. While some rich countries provide services and some cash benefits to assist families this is out of reach for poor countries. With ageing populations there is a risk that the care of frail elderly will add to the burdens carried by women who are overwhelmingly care-givers in poor countries.

Advocacy

While dealing with advocacy, the document focuses its attention on the social and economic benefits of good health. An approach based on human rights principles and effective social protection, would be more reliable and sustainable, as is proposed in the rights-based approach to social protection in the Post-2015 Development Agenda proposed by the United Nations Special Rapporteur on Extreme Poverty and Human Rights (Magdalena Sepúlveda Carmona), and the United Nations Special Rapporteur on the Right to Food (Olivier De Schutter).

Notes from WHA67 debate

Document

- A67/23

Australia: has an aging pop; welcome report, esp long term care; aging and NCD/CD; look forward to strategy and plan of action; propose a decision point (widely circulated)

> *recognising that the proportion of older people is increasing in almost every country and the growing challenge inc the Assembly decided to develop in consultation in coordination and within existing resources a plan of action for EB in Jan 2016 and WHA in 2016*

Gambia: for Afro; incr % of olders; lots of olders; many will be living in LMICs; LE at 60 unequal; services required by elderly; issues are complex; need gender sensitivity; poverty; incr vulnerability of olders during emergencies; family support for elders; not insurmountable probs; can be addressed through good strategies; and cooperation between all actors; useful to have a global plan of action; dialogue with stakeholders to ensure resources; treatment for NCDs to be enforced; integrated continuum of care; LT, palliative, PHC; workforce needs for elders; Afro supports

Canada: healthy aging req multisectoral app; supports Australian proposal;

Finland: speaking on behalf of Euro region; welcomes the report and supports the proposed plan of action; discusses key priority issues to be considered; nutrition, falls prevention, dementia; foundations of health and fin cap of eld dep on entire life span; importance of supp events; future strategy should be a model of how other strategies can be implemented in multisectoral way; the elderly not only a challenge but also a pos resource

Bahrain : thank you , my delegation read the report of the sec and in agreement that an approach on aging should meet the challenges met by the society, with regard of social and other forms of care, to ensure they remain in good health, Bahrain is one of the countries which has a national committee that takes particular consideration of ppl's age and promotes a strategy which targets assistance to ppl in this age category, this committee and good health services works across Bahrain, a plan has been adopted to insure that there is healthy environment for the age group and support is provided, we have a particular department to provide the appropriate conditions, we also support the strategy that would put into account people in this category.

Iraq: has a nat comm dealing with aged with multi sectoral app; importance of PHC focusing on preventing; health visitor outreach teams; support presence of aged personnel in their families; making health facilities comfortable for aged; initiation of geri clinics in hospitals; incl psycho social supp; advocacy; family care; cap building for health personnel; and inst cap bldg; geri medicine; integration of aged care with all other strategies

Indonesia: thanks DG and Sect for rep; supp rep; working on this agenda; MOH working with nat cteee on aging under m of soc welfare; working with partners to dev a compr work plan; within the framework of our nat work plans for healthy aging; education, advocacy for provincial and municipal govts; led to local committees on aging; res on aging conducted in committees and academics; the univ of Indo has a centre for res on aging; following jog jakarta declaration on aging; MOH is working to improve standards of care; MOH in partnership with app plans to est a taskforce; will str multisectoral action and seeks WHO to provide tech supp

Malaysia: we agree that medical and social impact on aging is a burden to the health care systems, we look forward to the new social models, to strengthen inter generational links. and empower the community to be elderly friendly, the issues of elderly aging should remain high on the global health agenda, we support the proposal of Australia

Denmark: on behalf of nordics and baltics; welcome priority to this area; relevant and timely; in many countries people live a long time; no of healthy years is increasing; need to further explore; dev of incr LE with more healthy years to continue; a wide rage of possibilities; need to view olders as a val res for soc as a whole, incl in the labour market; appr proposal to dev strategy plus action plan with app budgeting; should include multisectorality overriding; engagement of all rel sectors to be encouraged; constructive interaction between all levels in the health sector; wide range of partners in pub and pte sectors; empower elderly and max contrib to health and well being ; impr quality; healthy life cycle app; well being life long learning;

countering inequality; health promotion and dis prevention; mental health action plan etc; other members of UN family; first global platform on aging next year will provide a base

Croatia: aligns with euro from fin; support Oz proposal; healthy aging a huge challenge; welcome dev evidence based non-inst care and other cty based actions to addr issues; support recs in rep on further action for a life course app to healthy aging

Cote d'Ivoir: supports the statement made by Gambia on behalf of african region; in 20 years, the issue of the elderly in our country have been trebled; financial and administrative measures have been taken, we still have challenges, we must make consultation services, including palliative care, and study the impact of aging on entire health care system, and take into account NCDs.

Barbados: welcomes and supp call for research for evidence based practices for healthy aging; through evidence those who are resp best able to impl life course appr; countries are at diff stages and can learn; Barbados supports infant well being and maternal safety; parliament has produced a report on aging including multisectoral initiatives; PM has introduced a number of programs incl univ access to health care from PHC to pall; NGOs provide services; some of them on contract with gov on FFS basis; first glo rep on aging and health will provide a snapshot on this; WHO should proceed with consultations and proceed with strategy and action plan

Philippines: experiencing pop aging; elderly suffers from double burden of inf and NCDs; ncds currently leading causes of morb and mort; have instituded steps for healthy aging; comprehensive policy doc; DOH has drafted policy and guidelines on senior citizens; cogn of susceptibilty of olders to NCDs; app WHO work to incl aging in NCDs; supp Oz rec; look forward to longit studies looking for evidence in L&MICs

[Chair: a group of MS have asked to move to NB health 14.2 at the concl of 14.4]

South Africa : The population of older persons are increasing exponentially, in SA their majority are deprived of basic human rights, healthy aging is complex, services of elder persons requires collaborations with civil society and health groups, more importantly we support the statement of australia

USA: welcomes this discussion; sect rep para 20 ref evidence based strategies; the care continuum should include dis self-mgt and care for chr conditions; urge new systems of LT care to incl individ choice; supports rec to address knowledge gaps disagg by gender and age; older maltreatment an area where we have inadeq data; also disability; functional data need to be collected; look forward to rep on aging and health; wonder if prep of report could be linked to Oz proposal for strategy and plan of action

Japan: the population aging is rapidly progressing, present a pressing public health challenge, we support Australia's proposal, in japan 65 age or older represent 30 % and likely to increase. to share japan's experience, we established a study group, in march 2014, we noted in the sec. rep the population aging will decline. UHC debate is currently taking place, within its context we

hope that WHO take a role in gathering evidence and presenting policy option with a focus and population aging

Chair: 1030 and 11 speakers on the list; please keep short and focused

Sri Lanka: demogr transition; in SL incr % of olders presents a challenge; decr family size and incr no of women in wkforce taking care of olders a challenge; need integrated continuum of care; dev in health care provision; quality of life of olders has increased; cties will benefit from their vast exp; support Oz rec

China: it's important to have multisectoral approach to health taking into account all levels of age, we support the report, we support the sect. recommendations, that health systems change their priority and create an environment that promote the health of the elderly. this year a project of collaboration between WHO and China, has been approved, which will help us look at political options for the topic, we would call on the WHO, to take account of the situation of developing countries, when preparing the global strategy, on nutrition ,and home care of the elderly and we support the report by Australia

Singapore: young country a few dec ago, now fast aging pop; LE one of the highest in the world; now reforming health system ramping up health care cap; while political will is important we look to WHO for tech leadership; while each country is unique and must chart its own path a glo strat will help; support Oz proposal

New zealand : We support the report

Togo: supports Gambia declaration for Afro; aging a major chall for society; medical care, social care, housing; some countries not well adapted to deal with these problems; a plan has been developed by min of social action; some challenges remain to be met : oncology; medicine; etc etc; support report and thank

Timor Leste: we strongly support the report, for multisectoral action for healthy aging, due to raise of health expectancy and decrease of fertility, 8% of the population is in the aging phase, the incidence of CD and NCD is increasing, with the support of the WHO,the national action plan have been endorsed and implemented by the MOH, while HR capacity still needs strengthening , we thank the WHO for the efforts

Chair: close the list

Thailand: thanks sect and appr report; Thailand facing more rapid demog transition; urgent need for compr intervention through multisectoral action through the life course; national strategy for health promotion; health security needs to be str; also evidence based practice; pall care a major gap; supp prop by Oz

Vietnam: we appreciate the sect report. aging is one of the national priority agenda. in order to strengthen members take action on aging, we need to establish and facilitate strategy and due evidence, we believe its important to provide evidence on financial plans and budgeting

Brazil: aging imp; an opp to impr health systems; take adv of wealth of knowledge this pop has in our societies; since pop aging incr costs must stress prevention and HP; must be reflected in proposals for post 2015; gender aspect must be highlighted bec women live longer and are resp for family care in most cases; imp that countries seek opp for cooperation with MS which have successful programs in this area; supp Oz proposal

Mexico: we noted great interest on the sect report, and the attention paid on the global level, we see positive changes. We must must look at the individual needs, and preventative measure, this is an issue that is part of our health priorities

Maldives: appr report; incr no of old folk; indicator of impr health but has eco implications; opp costs of not addressing; fast demo shifts; need proactive promotion of healthy life styles so focus on NCDs from early childhood; wisdom of olders a vital resource and therefore their welfare is of paramount importance; social welfare scheme for olders; pensions for civil servants; incl those who prefer early retirement; thanks to SEARO for their plan for healthy aging; UHC has enable impr and narrow gap in equity; should be cross sectoral and deal with mental illness

Argentina: we welcome the document and support the position of australia, health and aging, has an accumulative effect on the health profile, we want to highlight the context of the life course, in terms of morbidity related to aging, we highlight not enough work is looked upon, we need to promote life through healthy lifestyle, the programme promotes integrated approaches to promote health, chair we reaffirm that we need more concerning healthy aging, we will be distributing health care manual, to improve the knowledge on that area, and be of an input to the global report.

Chinese Taipei: active aging; life course approach; wide range of health promotion from conception to old age; screening for four cancers; age friendly cities; full scale promotion of age friendly cities; declaration of age friendly cities; endorse Sect proposal on; life course appr; age friendly health care; holistic; blah blah; health promoting hospitals; collab within network of health promoting hospitals

NGOs

- World Federation of Public Health Associations (WFPHA)

Sect: thanks to MS; complex issue; need compr PH response; need to dev integ cont of care; age friendly health facilities; gender; long term; all levels, across life course, supp env and multi sectoral workforce cap; evidence base; compr consultation process; integ with other strategies; will be integrated as suggested with the world report

Chair: consider draft decision

Multisectoral approach to life course app to healthy aging:

> *recognising that the proportion of older people in the population is increasing in almost every country and the growing challenges for health systems associated with pop aging inc the Assembly decided to req the DG to develop in consultation with MS and other stake in coordination with regional offices and within existing resources a global strategy and plan of action for EB in Jan 2016 and WHA in 2016*

No objec
Approved
Closed

See Sixth Report of Committee A

See A67/DIV./3 (Decisions and list of resolutions)