Regional Director’s Message on World Health Day 2012 — 

Ageing and Health

Ageing is a lifelong and inevitable process. It is a progressive change in the physical, mental and social structure of individuals, which begins before birth and ends with death. This journey into the uncharted realms of old age is an adventure of continual learning, adjustments and most important of all, mentoring what is good and admirable. The journey begins even before a person is born, right from the mother’s womb. The nourishment and care that the mother and her unborn baby receive will determine how the newborn will fare in the world. Undernutrition in the womb may lead to disease in adult life, such as circulatory disease, diabetes and disorders of lipid metabolism. Obese or overweight adolescents run the risk of developing chronic diseases like diabetes, circulatory disease, cancer and musculo-skeletal disorders in adult life and old age.

The inevitability of ageing depends on many factors. An individual’s functional capacity continues to grow throughout childhood and adolescence, reaching its peak in early adulthood and declining naturally thereafter. This slope of decline is determined by several external factors such as access to housing, adequate and safe water supply, nutrition and health care; employment opportunities; educational level; extent of integration of the elderly population into society and the balance of genders in the society. Behaviour and exposure to health risks such as to smoking, alcohol consumption, poor diet, a sedentary lifestyle or exposure to toxic substances at work during a person’s adult life also influence health outcomes in older age.

For the past one century mankind has been adding years to life. More people now survive the challenges of childbirth and childhood to reach old age. This trend is not restricted to the resource-rich countries but has become a global phenomenon including the countries of the World Health Organization (WHO)’s South-East Asia (SEA) Region.

It has been estimated that around 142 million people or 8% of the population of the WHO SEA Region are above the age of 60 years. This number will continue to increase and by 2025, the estimated proportion of the population over 60 years will be twice that of 2000 and by 2050, will have further increased to three times the proportion of 2000. In India for example, the elderly population will increase to 160 million by 2025 and to over 300 million by 2050, translating to 19% of the total population. Similarly, in Sri Lanka, the elderly population is projected to be over 4 million by 2025 and 6 million or around 27% of the total population by 2050.
In Thailand, the total number of people over the age of 60 years will be around 15 million by 2025 and over 22 million by 2050, corresponding to over 30% of the total population. There is an urgent need to focus attention on the ageing population because of the increasing share of elderly persons in the total population.

While population ageing is one of the triumphs of modern society it also raises several critical questions for the policy- and decision-makers and the nongovernmental sector, as well as for some aspects of the private sector. Some of these questions are economic effects of ageing on the health care and social support systems; ways of ensuring the independence, quality of life and activity of older people; striking a balance between the role of family and the State when it comes to caring for older people who need assistance; humanitarian crises and older population; and the social, economic and health problems of elderly females and very old persons.

Development and progress have brought about improved quality of life and increased life expectancy. Longer life is associated with chronic diseases and disabilities in old age. This affects the overall quality of life and poses a challenge for the families, communities and national governments. Traditional values and practices still occupy a key position where long-term care of the very old is concerned. However, with nuclear families replacing the joint families and with large rural-to-urban migrations, often the old and the infirm are left at home. These changing patterns of society are now affecting the age-old balance of care of the old and very old persons at home.

The focus on ageing is not to prolong life, but to improve the quality of life in the older persons. The use of the terms “active” and “healthy” is an attempt to describe the quality of life. ‘Active’ in itself is a complex phenomenon and includes physical and mental activities and cognition, as well as social activity or participation; “healthy” is usually equated with absence of disease. With this understanding, we may then say that active healthy ageing is the process of optimizing opportunities for physical, social and mental health to enable older persons to take an active part in society without discrimination and to enjoy an independent and good quality of life. In a sense, active healthy ageing extends life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care. As the process of ageing takes place within the family, the community and the society, two-way giving and receiving between the older and younger generations remain an important tenet of healthy ageing.

The World Health Day is a celebration of the birthday of the World Health Organization. The World Health Day in 2012 will focus on ageing and will strive to highlight ageing as a rapidly emerging priority that most Member States have yet to realize and address adequately.

The message for the World Health Day is “good health adds life to years”. Improving health in the cycle of ageing will require saving lives, protecting health and removing disability and pain, achieved through a well-articulated combination of healthy lifestyle across the life-course, age-friendly environment and improved detection and prevention of disease. The focus will be on how good health throughout life can help older men and women lead full and productive lives and be a resource for their families and communities. Ageing concerns each and every one of us – whether young or old, male or female, rich or poor – no matter where we live.
Promoting and living a healthy lifestyle across the life-course means that an elderly population will continue to participate in social, economic, cultural, spiritual and civic affairs in addition to being physically active and economically independent. A continuum of care and support including health following the life-course will ensure that ageing remains a healthy and fruitful experience and a journey of self-transformation, education and contribution.

Creating age-friendly environments and policies to engage the elderly population and utilizing its vast potential will result in dignified ageing, allowing the elderly population to participate actively in family, community and political life, irrespective of its members’ functional ability.

Healthy ageing requires a significant paradigm shift in the way care is provided to the elderly population. Age-friendly primary health care minimizes the consequences of noncommunicable or chronic diseases through early detection, prevention and quality of care, and provide long-term palliative care for those with advanced disease. Such interventions would need to be supplemented by affordable long-term care for those who can no longer retain their independence.

Building an age-friendly society requires actions in a variety of sectors other than health and include education, employment, labour, finance, social security, transportation, justice, housing and rural-urban development. This will involve policymakers at national governments, cities and municipalities; civil society groups and senior citizens’ forums; academic and research institutions; private sector enterprises; community leaders and youth groups.

The World Health Organization’s Regional Office for South-East Asia has emphasized to its Member States that promoting healthy ageing requires a significant paradigm shift in the way care is provided to the elderly population. The Regional Office had introduced a strategic framework to assist Member States develop appropriate plans and strategies for promoting healthy ageing. It has continued to provide assistance to Member States to strengthen technical capacities for promoting elderly health care. The Regional Office has been supporting initial projects involving family health practitioners and primary health care providers who are looking at elderly health care in alignment with the relevant psychosocial and economic dependencies.

The World Health Organization continues to work with its Member States towards an “older” world that will be healthy and exciting.

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