

Open ended working group on Ageing, 12-15 December, 2016

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Distinguished guests and colleagues.

For the first time in history, most people can expect to live into their sixties and beyond. By 2050, the world's population aged 60 years and older is expected to double to nearly 2 billion; 80% of whom will live in low- and middle-income countries.

The **extent to which individuals and societies can benefit from population ageing** will largely **depend on the health** of older people.

I want to take this opportunity to talk with you about **three recent policy developments and initiatives** that are relevant to the human rights of older persons.

1. The World report on ageing and health
2. The Global strategy and action plan on ageing and health
3. The Global campaign to combat ageism

Last year WHO released the first ever *World report on ageing and health*. It brought together the best available evidence and in terms of health found three things:

1. **Great diversity in health and functioning in older age.** Every older person is different. Some seventy year olds have the mental and physical capacity of 30 years olds while others need assistance with basic activities at a much younger age.
2. **Marked health inequities in older age** – with those with the poorest health in older age having the least resources.
3. **Little evidence to suggest that people today are experiencing older age in better health than previous generations.**

Older people, like all people, have the right to the highest attainable standard of health.

The report highlighted the urgent need to take public health action to ensure that people can enjoy this right and to live both long AND healthy lives. To achieve this it laid out a clear public health framework to foster Healthy Ageing built around a new concept of functional ability. Functional ability requires investments to

- Develop peoples physical, mental and social capacity as well as
- To creating environments (i.e. transport, housing, assistive technologies etc) that enable people to do what they value even when faced with declines in capacity.

In May this year the World Health Assembly responded by adopting the **Global strategy and action plan on ageing and health**. The **vision** of the strategy is a world in which everyone can indeed live a long and healthy life.

Goals over the next five years include implementing existing evidence to maximize functional ability, filling the evidence gaps and establishing the partnerships to ensure a Decade of Healthy Ageing from 2020 – 2030.

The Strategy outlines a framework for action to be implemented by Member States, the WHO Secretariat and international and national partners, across the 15 year period of the sustainable development goals.

The implementation of the Strategy is underpinned by the following **principles**: human rights, gender equality, equality and non-discrimination (particularly on the basis of age), equity and intergenerational solidarity.

The strategy calls for fundamental shifts, not just in the things we do, but in how we think about ageing itself. It has five **strategic objectives**:

1. Building political commitment. Fostering Healthy Ageing will require leadership and commitment. Collaboration is needed between all stakeholders working together to develop national frameworks towards Healthy Ageing, strengthening of national capacities towards evidence-based policy, and combatting ageism (on this point I am going to expand a little later).

2. The second strategic objective is to **develop age-friendly environments** that promote health, remove barriers, and provide support for people experiencing losses in capacity. For example WHO supports a global network of age-friendly cities and communities. This network currently has 350 members in 36 countries that are each working with older people and across sectors to become more age-friendly.

3. The third strategic objective is to **align health systems to the needs of older populations**. This requires that we stop looking at people only in terms of their health conditions but look at the person as a whole i.e. move towards the provision of older-person-centred and integrated care. For example WHO is in the process of developing clinical guidelines and tools on integrated care for older people (ICOPE). These focus on how to carry out a comprehensive assessment of health status in an older person and the integrated care they need to foster Healthy Ageing trajectories.

4. The fourth objective in the Strategy is to **strengthen long term care systems**. Every country needs to have an integrated system of long-term care, and each system should help older people maintain the best possible level of functional ability to allow older people to live with dignity and enjoy their basic human rights and fundamental freedoms. In many countries this will mean developing a system from nothing. At present we are working with countries to identify appropriate models of care relevant for diverse income settings.

5. Finally, the fifth objective is to **improve measurement, monitoring, and research**. The current metrics and methods used in the field of ageing are limited, preventing a complete understanding of the health issues experienced by older people and the usefulness of interventions to address them. As a first step we are convening a meeting in March to identify how best to measure Healthy Ageing.

The last initiative that I wanted to speak about and is at the centre of actions to enable older people to enjoy their rights and live lives with dignity.

This is the need to **combat ageism**.

Ageism is the stereotyping and discrimination against individuals and groups on the basis of their age. While it affects both younger and older people – older adults tend to experience the main brunt of the problem.

Pervasive misconceptions, negative attitudes and assumptions about older people are serious barriers to developing good public policy on ageing and health. Negative attitudes and stereotypes about older adults as frail, out of touch, burdensome or dependent are ubiquitous.

Recent analysis from the World Health Organization across a sample of over eighty thousand people in 57 countries found that negative attitudes towards older adults were widely prevalent. 60% of those surveyed thought that older adults were not respected in society, and 17% believed that older adults were a burden on society.

Tackling ageism has great potential to improve the physical and mental health of older adults. Those perceived as 'older', individuals not only become subjected to external stereotyping and discrimination but negative ageist attitudes become internalised into unconscious self-stereotypes. Longitudinal research done by Becca Levy in the United States found that, after controlling for gender and socioeconomic status, older people who hold negative self-stereotypes make poorer recovery from disability and live on average 7.5 years less than people with positive attitudes to ageing.

Negative attitudes are also prevalent in health and social care. Health care providers have been shown to hold more negative implicit attitudes towards older adults than the general population. This may help explain research findings showing that older people receive less screening, less preventive care and poorer management and treatment.

Combatting ageism presents a major opportunity for achieving Healthy Ageing but will require building and embedding in the thinking of all generations, a new understanding of ageing.

In response to the wide prevalence of ageism, the resolution, adopted at the same time as the Global strategy and action plan, called for WHO to develop, in collaboration with other organizations, a Global Campaign to Combat Ageism. The campaign will build on existing initiatives and will:

- Get the data and evidence we need to inform effective communication and concrete actions to combat ageism;
- Develop a global coalition as ageism is everybody's business
- Create a communications platform that leads a global public campaign to reframe ageing and combat ageism;
- Make selected structural changes to health and social policy and training that will be central to combatting ageism.

Like sexism, racism, and other forms of stereotyping and prejudice, we know it is possible to raise awareness and change social norms. Changing the way people think about ageing will result in more prosperous, equitable, and healthier societies.

In summary, the last two years have seen significant changes in the evidence base on ageing and health and the development of a framework for collective action. WHO looks forward to working together with Member States and national and international partners to implement these so that individuals and populations can live long and healthy lives.