AN EMERGING CHALLENGE

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How do you have health systems in the developing world that look after older people? I’ve been asked to talk about something that doesn’t exist. That’s not how our systems are constructed. I used to be the Minister of Health in Nigeria, I don’t think there was any point where we said: ‘Okay, we need to direct our system to populations over 60’. The health systems are fragile and do not have the coverage to deliver services to their citizens across the country, let alone respond in anyway to an emergency such as Ebola.

With that in mind, I would come back to the question you raised and let me give you a little bit to think about. Ageing is not specific to geography, ageing is worldwide and we know the developing world is ageing faster than the developed world. It took 100 years for the proportion of France’s population that is aged 65 and older to jump from 7 to 40 per cent but in Thailand it only took 25 years to reach the same growth.

There are studies now in Africa showing that ageing is quite significant. Most African countries are not prepared for this demographic shift and still have large youth populations. Most developing countries in Africa have 60-70 per cent of the population under the age of 30 and that is their preoccupation and their priority – that’s what they think about – mostly not in health but in education. In a sense, we need to redirect their attention and get them to start to think about how they need an inclusive health system, part of which will address issues of ageing.

When I was Health Minister of Nigeria I asked myself: ‘What are the four important aspects of the health systems that we need to look at? First is human resources for health and the second is about a supply chain management system that works efficiently and delivers services to the people where they are. The third aspect is self-financing – in Africa today, 70 per cent of what people pay for health comes from their pockets. The fourth is about informative assistance management; when we talk about data and what should happen on the ground, healthcare providers need to be able to identify the demographics that they are reaching in terms sex, age and geography.

The final point I want to make is how do we ensure that every person in a developing economy has inclusive access to health care? If we’re going to move forward and have egalitarianism, we have to ensure access to healthcare is inclusive. I think that’s the only way we can begin to think about what to do with different age groups and respond to them – by taking a life-course approach from pregnancy all the way through to death. In that circumstance, every country will be able to allocate resources accordingly, to be able to look after pregnant women, young people and adults all the way through to the elderly.

Today, there is a large focus on new technologies and drugs to treat diseases, but the fact is that we should do much more to prevent people becoming ill. By investing more in public health and taking a life-course approach it becomes possible to reduce the burden of disease. If you have healthy ageing, we can considerably reduce health costs along the way.

Addressing the Ageing and Health: Policy and Economics in an Era of Longevity conference at Chatham House, UK, earlier this year, Dr Barbatunde Osotimehin offers an insight into how priorities for health systems differ between developing and developed countries

**DEVELOPING VS DEVELOPED COUNTRIES: A DIFFERENT EXPERIENCE OF AGEING**

- Developing countries are ageing more rapidly and have less time to prepare for increasing numbers of older persons
- Unlike developed countries, developing countries are becoming older before they become richer
- Developing countries are at lower levels of economic prosperity and therefore have less financial resources for pensions, social protection and healthcare
- Many developing countries still have large youthful populations and thus competing priorities for meagre resources
- Developing countries must address both communicable and infectious diseases and noncommunicable diseases at the same time
- Older persons in the less developed regions work until more advanced ages owing mainly to the limited coverage of social security and social protection schemes, as well as the relatively low value of the pensions received by those who are covered.
- In some developing societies, old age homes are not culturally appropriate, which makes it difficult for older persons with no family to be properly cared for.
What are the main challenges faced by the elderly in the protection and enjoyment of their human rights?

To what extent does this vary between countries and societies?

The main challenges faced by older persons in the enjoyment of their human rights are discrimination, abuse and violence. This includes age discrimination and physical, psychological, and financial abuse. This can occur at home, at work, in hospitals and in old-age institutions. Older persons have the same rights as other age groups to the highest attainable standard of physical and mental health, including equal access to healthcare services and information that meet their needs; often, this is not achieved. Older persons are also the target of stereotypes and myths which portray them as frail, dependent, disabled and a burden to society, and this makes people treat them accordingly. We must work to create a society for all ages and ensure that the voices of all generations are heard. We need to change the mindset and societal attitudes about ageing and older persons and replace them with more positive and realistic images. We must not tolerate discrimination and abuse.

More traditional burdens in developing countries include infectious diseases, unsafe childbirth and malnutrition. How important is it for health systems to adapt to an ageing population, and what progress has already been made in this area?

It is extremely important for health systems to adapt to ageing populations because the numbers of older persons are increasing rapidly, especially in developing countries. The current population of 600 million people over age 60 in developing countries is projected to triple to 1.8 billion by mid-century. Chronic and degenerative conditions and diseases such as heart disease, arthritis, osteoporosis, chronic pulmonary disease, cancer, stroke and pneumonia are on the rise as advancing age changes the epidemiological profile of the population. This increases the rate of disabling conditions and disabilities of older persons and requires a different type of approach to healthcare.

As the population ages and the incidence of noncommunicable diseases rises, health systems must be ready to treat chronic conditions and diseases. Public health systems do not always understand the health needs of older persons because they are primarily set up to address acute conditions of children, the young and the working-age population. Furthermore, few of our health professionals are trained in geriatrics. Many do not recognise or understand the healthcare needs of older persons. Geriatric medicine should be introduced in relevant university curricula, medical schools and healthcare systems.

In response to changes in population structure, in what ways has the United Nations Population Fund (UNFPA) taken action to address the needs of elderly members of the population?

Two years ago, to commemorate the 10th anniversary of the Second World Assembly on Ageing, UNFPA, with HelpAge International as its major partner, spearheaded the publication of Ageing in the Twenty-First Century: A Celebration and A Challenge. The report was the product of a collaboration of over 20 United Nations entities and major international organisations working in the area of population ageing. It analysed the current situation of older persons and reviewed progress in policies and action taken by governments and other stakeholders, identified gaps and proposed the way forward with recommendations to ensure an age-friendly world in which everyone, including older persons, are given the opportunity to contribute to development and share in its benefits.

At the global level, UNFPA collaborates with the International Institute on Ageing in Malta to train policy makers in policy formation, programme planning, implementation and monitoring of the Madrid International Plan of Action on Ageing.