



GOOD HEALTH
ADDS LIFE TO YEARS

**Global brief for
World Health Day 2012**



**World Health
Organization**

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Foreword

Population ageing is a global phenomenon that is both inevitable and predictable. It will change society at many levels and in complex ways, creating both challenges and opportunities. On the one hand, older people already make a significant contribution to society, whether it is through the formal workforce, through informal work and volunteering or within the family. We can foster this contribution by helping them maintain good health and by breaking down the many barriers that prevent their ongoing participation in society. On the other hand, towards the end of life, many older people will face health problems and challenges to their ability to remain independent. We need to address these too, and do it in a way that is affordable and sustainable for families and society.

Good health must lie at the core of any successful response to ageing. If we can ensure that people are living healthier as well as longer lives, the opportunities will be greater and the costs to society less. This great demographic challenge of the first half of the 21st century therefore demands a public health response, and WHO has identified this as a priority for the Organization.

Numerous determinants of healthy and active ageing lie beyond the health system. They also start to exert their influence at earlier stages in life. Our response, therefore, needs to tackle issues across the life course and in many social spheres. But the health sector, too, needs to adapt. Overwhelmingly the health challenges in older age are the consequence of noncommunicable disease. We need to develop health systems which can provide the chronic care that these diseases and their risk factors require.

This global brief takes a fresh look at existing health data and draws on some exciting new work to help us better understand exactly what these needs are. It identifies action we can all take. It is now up to the global community to take up the challenges it identifies and truly add life to our increasing years.



Dr Margaret Chan
Director-General
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Note on terminology

This brief approaches ageing from a life-course perspective. Rather than artificially categorizing life into stages such as “middle age” or “old age”, it assumes that we age from the moment we are born. Nevertheless, for statistical purposes it is often necessary to divide populations into age groups. The analyses we have used generally apply 60 years and over as a statistical cutoff, however, for various reasons, some analyses refer to populations of different ages such as 50 years and over, 65 years and over or 80 years and over. Recognizing the differing experiences of these subpopulations helps us better understand the ageing process and to appreciate the continuum of life.



KEY

points

Population ageing is a global phenomenon that is now occurring fastest in low- and middle-income countries. While Europe and Japan were among the first places to experience population ageing, the most dramatic change is now occurring in countries such as Cuba, the Islamic Republic of Iran and Mongolia.

Population ageing is inextricably linked with socioeconomic development.

Typically, as a country develops, more people survive childhood and childbirth, fertility falls, and people start to live longer. These changes in turn reinforce development. But they are also the drivers behind population ageing. Unless societies adapt in ways that foster the health and participation of older people, this inevitable demographic transition may slow down future socioeconomic advances.

While ageing presents challenges to society, it also creates many opportunities.

Population ageing will challenge society by increasing demand for acute and primary health care, straining pension and social security systems and increasing need for long-term and social care. But older people also make important contributions as family members, volunteers and as active participants in the workforce. They are a significant social and economic resource, and longer life expectancy means a greater opportunity to contribute to society. Where the balance lies between these challenges and opportunities will be determined by how society responds.

Fostering good health in older age is central to the global response to

population ageing. Poor health, negative stereotypes and barriers to participation all currently marginalize older people, undermine their contribution to society and increase the costs of population ageing. Investing in health lessens the disease burden, helps prevent isolation and has broader benefits for society by maintaining the independence and productivity of older people.

Poor health in older age is not just a burden for the individual but also for their families and for society as a whole. The poorer the family or the setting, the greater the potential impact.

Loss of good health can mean that an older person who was previously a family resource may no longer be able to contribute and may, instead, require significant support. The cost of their health care can impoverish the whole family. This burden is spread inequitably. Those with the least resources, or who live in the poorest areas, are most at risk.

The main health challenges for older people are noncommunicable diseases. The impact of these conditions is two to three times greater for older people in low- and middle-income countries than for people in high-income countries.

Even in the poorest countries, the greatest health burdens for older people come from diseases such as heart disease, stroke, visual impairment, hearing loss and dementia. Older people often experience several of these health problems at the same time.

Current health systems, particularly in low- and middle-income countries, are poorly designed to meet the chronic care needs that arise from this complex burden of disease.

For example, while ischaemic heart disease and stroke are the biggest causes of years of life lost, and high blood pressure is a key treatable risk factor for these diseases, only between 4 and 14% of older people in a recent large study in low- and middle-income countries were receiving effective antihypertensive treatment. Instead of treating younger populations with single curative interventions, health systems will need to adapt to ensure high quality, safe care, beyond the hospital setting, for older populations who often have several chronic diseases and disabilities.

Ageing is interrelated with other major global trends such as urbanization, technological change and globalization.

Just as migration and urbanization are changing social structures and relationships, longer life expectancy will influence the way people live and plan their lives. Approaches based on 20th century social models are unlikely to be effective in this rapidly changing environment.

Increasing longevity may even lead us to rethink the way we view “old” itself.

With people living 10 or 20 years longer, a range of life options that would only rarely have been achievable in the past become possible.

There is no simple “magic bullet” solution to the challenges of population ageing, but there are concrete actions that governments and societies can take now (Table 1).

Table 1. A life-course approach to healthy and active ageing

Promoting good health and healthy behaviours at all ages to prevent or delay the development of chronic disease. Being physically active, eating a healthy diet, avoiding the harmful use of alcohol and not smoking or using tobacco products can all reduce the risk of chronic disease in older age. These behaviours need to start in early life and continue into older age.

Minimizing the consequences of chronic disease through early detection and quality care (primary, long-term and palliative care). While we can reduce the risk of chronic disease through a healthy lifestyle, many people will still develop health problems in older age. We need to detect metabolic changes such as high blood pressure, high blood sugar and high cholesterol early and manage them effectively. But we also need to address the needs of people who already have chronic disease, care for those who can no longer look after themselves and ensure that everyone can die with dignity.

Creating physical and social environments that foster the health and participation of older people. Social determinants not only influence the health behaviours of people across the life course, they are also an important factor in whether older people can continue to participate. It is therefore important to create physical and social environments that are “age-friendly” and foster the health and participation of older people.

Reinventing ageing – changing social attitudes to encourage the participation of older people. Many current attitudes to ageing were developed during the 20th century when there were far fewer older people and when social patterns were very different. These patterns of thinking can limit our capacity to identify the real challenges, and to seize the opportunities, of population ageing in the 21st century. We need to develop new models of ageing that will help us create the future society in which we want to live.



THE DEMOGRAPHICS

of aging

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