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Agenda item 8

**HEALTHY AGEING IN THE AFRICAN REGION:
SITUATION ANALYSIS AND WAY FORWARD**

Report of the Secretariat

EXECUTIVE SUMMARY

1. Due to the significant gain in life expectancy in the African Region, a growing number of people are now elderly and face increased risk of chronic diseases, disabilities and premature death. This paper identifies the challenges of ageing in the African Region and proposes interventions to guide Member States in implementing programmes on healthy ageing and care of the elderly.
2. The challenges and issues related to healthy ageing include: limited political will and commitment to respond adequately to the observed demographic change characterized by increasing number of elderly population in countries with inadequate health services; gender-based inequities and disparities in economic power; compromised nutritional status of elderly people; increased vulnerability of elderly people during emergency situations and dwindling family support.
3. Some actions are proposed to address the challenges identified. These include: increasing political will and commitment; promoting partnerships for a holistic and multisectoral approach; strengthening appropriate service delivery for the elderly with targeted preventive, palliative and specialized care; improving gender-sensitive interventions and increasing awareness of the need to improve family and community support for the elderly.
4. The Programme Subcommittee is requested to review the document for its subsequent adoption by the Sixty-third session of the Regional Committee.

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BACKGROUND

1. Healthy ageing “is the development and maintenance of optimal mental, social, and physical well-being and function in older adults”.¹ Elderly people are defined as those aged 60 years and above. Estimated at 43 million in 2010, the population of elderly people in sub-Saharan Africa is projected to reach 67 million by 2025 and 163 million by 2050.²

2. Due to significant gain in life expectancy in the African Region, a growing number of people are now elderly and face increased risk of chronic diseases, disabilities and premature death. By 2020, noncommunicable diseases will be among the main causes of morbidity in the African Region,³ affecting mostly the elderly. This situation is putting an additional strain on the already overstretched health systems of countries.

3. While a 60-year old woman in a developed country can expect to live for another 25 years on average, her counterpart in sub-Saharan Africa can only expect to live 14 more years.⁴ In 2002, the Madrid International Plan of Action on Ageing,⁵ and the African Union Policy Framework and Plan of Action on Ageing⁶ provided guidance to Member States to develop national policies and programmes, including ensuring the full realization of the human rights and fundamental freedoms of all elderly persons. Furthermore, the World Health Assembly, in 2005 and 2012, urged countries to improve health care services for elderly persons within existing national primary health care systems.⁷ In 2012, the WHO Regional Committee for Africa reaffirmed the right to health for vulnerable and marginalized populations.⁸

4. In 2012, the United Nations Economic Commission for Africa reviewed the implementation of the recommendations contained in the Madrid Plan of Action on ageing. The review showed that only ten countries⁹ had adopted national policies on ageing, established specialized bodies or included ageing-related issues in government policies.¹⁰

5. Ageing is becoming a major challenge for Member States in the 21st century as it increases the demand for a variety of health services for the elderly. This paper identifies the challenges of ageing in the African Region and proposes interventions to guide Member States in implementing programmes on healthy ageing and care of the elderly.

ISSUES AND CHALLENGES

6. *Limited political will and commitment.* Despite the challenges already mentioned, little progress has been made in the African Region to respond adequately to the observed demographic change characterized by increasing number of elderly population in countries.

¹ *Creating Healthy Communities for an Aging Population*, Minnesota Department of Health, 2006.

² United Nations Department of Economic and Social Affairs (UNDESA), Population Division, *World Population Prospects: The 2010 Revision*, New York, United Nations, 2011.

³ WHO, *Preventing chronic diseases: a vital investment*, Geneva, World Health Organization, 2006.

⁴ WHO, *Global Brief for the World Health Day 2012*, Geneva, World Health Organization, 2012.

⁵ United Nations, *Madrid International Plan of Action on Ageing*, New York, Second United Nations World Assembly on Ageing, United Nations, 2002.

⁶ African Union and HelpAge International, *AU Policy Framework and Plan of Action on Ageing*, Nairobi, African Union and HelpAge International, 2002.

⁷ Resolution WHA58.16, Strengthening active and healthy ageing. Geneva, World Health Organization, 2005 (WHA58/2005/REC/1) and Resolution WHA65.3, Strengthening noncommunicable disease policies to promote active ageing. Geneva, World Health Organization, 2012 (WHA65/2012/REC/1).

⁸ Resolution AFR/RC62/R6, Health and human rights: current situation and way forward in the African Region. In: *Sixty-second session of the WHO Regional Committee for Africa, Luanda, Republic of Angola, 19–23 November 2012, Final report*, Brazzaville, World Health Organization, Regional Office for Africa, 2012 (AFR/RC62/21), pp. 17–18.

⁹ Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Senegal, South Africa, Tanzania and Uganda.

¹⁰ UNFPA and HelpAge International, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, New York, London, UNFPA and HelpAge International, 2012.

Countries have yet to make the issue of healthy ageing a priority in their national health and development agenda.

7. *Inadequate health services for the elderly.* The special needs of elderly people are well documented. However, in most countries of the Region, the health systems do not make adequate provision for the elderly and have still not been prepared to respond to the needs of the rapidly ageing population. For example, health care services focusing on elderly people are lacking; infrastructure is inappropriate; and education in geriatrics and gerontology is not adequately covered in health training institutions. Other support systems such as housing, transportation, water and sanitation also have to respond adequately to the basic needs of a growing ageing population. Active ageing,¹¹ which refers to the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age, is not addressed adequately.

8. *Poverty and limited gender sensitivity.* Women aged 60 years and above account for an estimated 54% of the elderly population.¹² However gender-based inequities, disparities in economic power, and certain traditional and cultural practices contribute immensely to the feminization of poverty. Poverty is, in turn, closely associated with ill health and has significant consequences for women's access to health services. For elderly women, age and gender discrimination can lead to disempowerment and result in poor health outcomes, victimization, and even death. In some countries elderly women endure much indignity as they become victims of witch-hunt, stigmatization and sometimes mob actions of violence. Research shows that such violence is often linked to deep-rooted poverty.¹³

9. *Compromised nutritional status of elderly people.* For elderly people living in poverty, malnutrition is one of the main factors contributing to disease and disability. Yet, there are no specific nutrition programmes for elderly persons. This is partly due to the low priority given to the elderly in the nutritional policies of countries in sub-Saharan Africa.¹⁴

10. *Increased vulnerability of elderly people during emergency situations.* Elderly people are particularly vulnerable during epidemics or emergency situations such as natural disasters and armed conflicts. There is a need to give specific attention to the special needs of elderly refugees or internally displaced persons during emergencies.

11. *Inadequate research.* Most research activities on ageing and health are conducted in developed countries.¹⁵ However there are contextual determinants of well-being in Africa that need to be understood. Data on the nutritional status of elderly Africans are scarce. Poverty, weakening family support systems, the indirect impact of HIV/AIDS and complex humanitarian emergencies are major determinants of undernutrition among elderly people. Other specific issues related to the lack of social insurance protection, the dynamics of multigenerational households, and the relationship between ageing and urbanization, are not well documented.

12. *Growing burden of disabilities and chronic diseases.* As in other regions of the world, elderly people in the African Region encounter problems related to chronic health conditions such as cardiovascular diseases, cancers, HIV, musculoskeletal disorders, chronic respiratory diseases and diabetes, visual or hearing impairment, oral diseases and decline of mental capacities. As a result, they require long-term health care services, which are often inadequate or inaccessible.

¹¹ WHO, *Active Ageing: A Policy framework*, Geneva, World Health Organization, 2002.

¹² UNDESA, Population Division, *World Population Prospects: The 2010 Revision*, New York, United Nations, 2011.

¹³ Miguel Edward, *Poverty and Witch killing*, Review of Economic Studies, 2005.

¹⁴ Ruth W. Kimokoti and Davidson H. Hamer, *Nutrition, Health and Ageing in sub-Saharan Africa*, Nutrition Reviews, International Life Sciences Institute, 2008.

¹⁵ WHO, *Gender, Health and Ageing*, Geneva, World Health Organization, 2003.

13. *Decreased physical activity as people grow older.* Physical activity is one of the main determinants of healthy ageing. However, despite the benefits of regular moderate physical activity in delaying functional decline and reducing the onset of chronic diseases in both healthy and chronically ill elderly people, the majority of elderly people lead sedentary lives. This is partly due to lack of amenities enabling the elderly to meet and enjoy recreational activities.

14. *Dwindling family support for elderly people.* As life expectancy increases, old-age dependency ratios¹⁶ rise. As a result of accelerated urbanization and international migration, fewer young people remain in rural areas to support the elderly who face multiple social, economic and health problems.¹⁷ In urban areas, attitudes have started changing and nuclear families are increasingly prevalent. With declining support systems, abuse of the elderly, in the form of violence, neglect, abandonment or disrespect, is more prevalent, leading to physical injuries and lasting psychological consequences.

15. Addressing these challenges requires innovative policies and collective efforts, in collaboration with elderly people's associations, nongovernmental organizations, research institutions and the private sector. This document therefore proposes actions as set forth below:

ACTIONS PROPOSED

16. Elderly people should not be seen as a burden on society. In most parts of the Region, they continue to play a pivotal role as a source of wisdom and custodians of traditional knowledge and identity, including family unity. Acknowledging this role of the elderly in society will increase their contribution to the development of countries.

17. *Increase political will and commitment.* Issues related to elderly people should be mainstreamed into national development frameworks and poverty reduction strategies. Regarding health, the main priority should be evidence-based formulation of national policies, development and implementation of active ageing awareness programmes and development of legislative instruments protecting elderly persons. There is need to organize health care for the elderly in existing health systems, including training of health professionals, family caregivers and elderly people themselves.

18. *Promote partnerships for a holistic and multisectoral approach.* Issues regarding education, income, nutrition, housing and other social and economic determinants of healthy ageing should be addressed in order to provide welfare services and protect the rights of elderly people. Intersectoral collaboration will therefore be needed, focusing on health promotion using the life-course approach.

19. *Strengthen appropriate service delivery for the elderly.* Within existing health systems, strategies should be put in place for age-friendly primary health care, providing appropriate services, including long-term care for the elderly. Health services should be affordable, user-friendly and supportive and should ensure universal health coverage throughout the life course and taking into account chronic diseases. Human resources and infrastructure should be improved to raise the quality of health care and deliver health care at home for the elderly.

20. *Provide elderly people with targeted preventive and specialized care.* Countries should develop and implement programmes for appropriate social, health and economic support, and care for elderly people. These should include outreach services to provide eye, hearing and dental

¹⁶ The old-age-dependency ratio is the number of elderly people at an age when they are generally economically inactive (i.e. aged 65 years and over), compared to the number of people of working age, (i.e. 15–64 years old).

¹⁷ WHO, *Active Ageing: A Policy framework*, Geneva, World Health Organization, 2002.

care. Special attention should be paid to providing quality care for elderly people who have dementia or other mental disorders. In addition, institutions of higher learning should promote training in geriatric medicine.

21. *Improve gender-sensitive interventions.* Special social protection measures are required to address the feminization of poverty among elderly women in particular. To be effective, interventions must recognize the specific impacts of ageing on women and men, and address the ways in which gender affects individual's capacity and behaviour. It is therefore essential to integrate a gender perspective into all policies, programmes and legislation towards the development of an enabling and supportive environment for the elderly.

22. *Improve access to adequate nutrition for the elderly.* Priority interventions should include activities that ensure food security, and the development of policies to address the nutritional needs of poor elderly people or improve existing programmes to provide care for the elderly. The introduction of universal old age pension and establishment of mutual health organizations and income generating activities and social support for poor elderly persons will improve access to adequate nutrition.

23. *Protect and assist elderly persons in emergency situations.* Elderly persons should be identified and prioritized for support in emergency situations such as natural disasters and armed conflicts. Concrete measures should be taken by governments as well as bilateral and multilateral partners to provide the necessary assistance to the elderly in emergency situations.

24. *Conduct research tailored to the needs of elderly people.* Further research is needed to design policies and supportive aids for developing appropriate strategies. Research activities on ageing require data collection and analysis including the compilation of gender- and age-specific data at the national level for policy formulation, planning, monitoring and evaluation. Countries should foster the creation of multidisciplinary networks of professionals and undertake research for evidence-based practice.

25. *Ensure effective prevention and management of chronic diseases including HIV/AIDS.* An integrated approach and innovative solutions should be found to reduce the burden of chronic diseases and address the health risk factors that influence these conditions. Appropriate strategies should be developed for health promotion campaigns and adoption of healthy lifestyles at early age especially healthy dietary habits, adequate exercise, avoidance of smoking and harmful use of alcohol. Other strategies should include screening and early detection of chronic diseases and cancers, and provision of curative and rehabilitative services.

26. *Promote physical and recreational activities.* Culturally-appropriate community activities and supportive environmental conditions should be created to stimulate well-being, reduce the severity of disabilities, promote social contact and physical exercise throughout life and prevent loneliness, social isolation and exclusion.

27. *Increase awareness of the need to improve family and community support for the elderly.* The invaluable contribution of the elderly to families, societies and economies should be acknowledged to promote positive attitudes among the youth towards elderly people. Intergenerational solidarity and the social fabric should be strengthened in both urban and rural areas. Moreover, countries should put in place supportive policies for family members who give care to the elderly.

28. The Regional Committee is invited to review this document and adopt the actions proposed.