

**Launch of the WHO report  
"Women and health: today's evidence tomorrow's agenda"  
9 November 2009, Geneva, Switzerland**

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WHO's new report "*Women and health: today's evidence tomorrow's agenda*" marks a major step forward in the debate on older women's health, which in common with wider issues of female health, continue to be neglected in policy and practice worldwide. As WHO Director-General Margaret Chan points out in her foreword, "Despite considerable progress over the past two decades, societies are still failing women at key moments in their lives".

This is certainly the case for older women in the developing world. Already nearly one-quarter of the world's older women live in low-income countries, and nearly half in middle-income countries. Despite this rise in the number and proportion of older women in the world's population, the health problems they face remain low priorities for governments and the international development community. This is so despite the global health transition, away from infectious diseases to chronic diseases, which the report highlights, and which particularly impact on older people. Moreover, the report also points out that women in developing countries are often confronted by a dual burden of "threats related to infectious diseases and maternal conditions alongside emerging challenges associated with noncommunicable chronic diseases".

All the report's key findings affect older women at least as much as any other age group. For example there are "widespread and persistent inequities" between the health of men and women. Although women outlive men in nearly all developing countries, for many of them old age is likely to be lived in chronic ill-health. The probability of ill-health increases for the millions of older women in poverty. For many of them an earlier life-course of hard physical labour and multiple pregnancies with poor reproductive health care results in later lives of poor health, which is however largely unrecognized by health services. How many reproductive health programmes include post-menopausal women in their target groups? The report also highlights other conditions which affect older women including vision loss. Every year 2.5 million older women go blind, much of which is preventable if access to care was available.

This matters, not just because good health is as much a right for women in later life as at any other age, but also because women continue to be providers of care often well into old age. Across sub-Saharan Africa grandmothers are the primary care-givers for people living with HIV & AIDS and their orphaned grandchildren in many countries. Again this care is unrecognized and unsupported, and is given by women whose own health is at risk from this additional care burden.

The report rightly calls for "age-friendly environments" for older women. This includes access to appropriate health care services which are inclusive of their needs. It also means supporting the active roles that older women continue to play, not just as care-givers but also as income-earners and productive contributors to their families and communities. Good health for older women in all societies is an attainable goal. By highlighting this challenge this report is making a major contribution to its achievement.