August 24, 2017

ADDRESS TO: policycoherence2017@who.int

RE: Contribution to the NCD Outcome Document – Montevideo Roadmap

Dear Sir/Madam:

The International Association of Homes & Services for the Ageing (IAHSA) dba The Global Ageing Network is a non-governmental organization in consultative status with the United Nations Economic and Social Council since 2011. We are an organization of service providers, businesses, scholars and others committed to addressing the challenges and opportunities of global ageing. Our membership represents the interests of more than 26,000 ageing services providers in nearly 50 countries serving millions of individuals every day.

IAHSA is in full support of the below statement for the global NGO:

2.1. Goal 3 - Target 3.4 – Reduce premature mortality from NCD through prevention and treatment and promote mental health and wellbeing

By 2050, 20 per cent of the global population will be over age 60, with 33 countries expected to have more than 10 million people 60 or over, over 30 per cent of the population.[1] These include 5 countries with more than 50 million older people; China (437 million), India (324 million), the United States of America (107 million), Indonesia (70 million) and Brazil (58 million).[2] The scale and pace of ageing and increasing life expectancy in all regions means that public health efforts to tackle and reduce preventable mortality across all age groups including those over 70 should be prioritized.

Strategies to prevent diagnose, manage and treat non-communicable disease beyond age 70 is vital. Three-quarters of NCD deaths occur in the over 70’s age group. In June 2017 WHO stated that Noncommunicable diseases (NCDs) kill 40 million people each year, equivalent to 70% of all deaths globally; 15 million people die from a NCD between the ages of 30 and 69 years; over 80% of these "premature" deaths occur in low- and middle-income countries.[3] Thus it follows that the remaining 25 million deaths occur in the 70 plus age group.

Active prevention of NCDs must continue in later life. Those over 70 years of age must be explicitly targeted and included in strategies to deal with and reduce NCD’s; not only to reduce mortality, but to maintain and enhance functional ability amongst the populations across all regions who develop one or more non-communicable conditions as they age.

The World Health Organization points to research showing that health promotion and disease prevention strategies for reducing hypertension, smoking cessation, and improved nutrition continue to be effective in reducing disease risks in older adulthood.[4] Moreover, compelling evidence demonstrates that regular physical activity at moderate intensity led to a 31 per cent reduction in mortality, with the greatest benefits for persons over the age of 60.

Level of functioning in daily life is a better predictor of survival and wellbeing in older adulthood than the presence or extent of diseases. Health strategies that aim to support functional ability and provide rehabilitation to reverse functional decline are necessary and realistic complements to disease reduction. The World Health Organisation’s proposal is for a public health framework that is focused on healthy ageing, defined as "the process of developing
and maintaining the functional ability that enables wellbeing in older age".[5] Recognizing that acting on functional ability requires action on individual and environmental factors, the framework calls for health service interventions to: prevent chronic conditions or ensure early detection and control; reverse or slow declines in capacity; and manage advanced chronic conditions. Corresponding environmental interventions are required to promote behaviours which enhance functioning (such as age friendly communities and cities including walkable streets) as well as those which remove barriers (e.g., physically accessible buildings) and compensate for reduced capacity (e.g., auditory and visual signalization at street crossings).

An estimated 15 per cent of older adults are affected by Alzheimer and other dementias and by depression. While rates of clinical depression are low among community-dwelling older persons, they are much higher for persons of advanced age with high co-morbidity living in long-term care facilities.[6] Widely held negative beliefs about older age mean that depression is often not properly diagnosed and treated. An estimated ten per cent of older adults experience elder abuse,[7] which can take the form of physical, sexual, psychological, financial or material abuse, neglect or abandonment.

Older adults are more vulnerable to social isolation and loneliness, which are linked to depression and suicide ideation (Target 3.4.1).[8] Depression in older age responds well to pharmacological and to psychotherapeutic treatments[9] and to psychosocial interventions, such as meaningful social activities.[10]

Dementia, which affects some 47 million persons currently and is set to rise to 75 million by 2030, has been declared a public health priority by the World Health Organisation and Alzheimer’s disease International.[11] The prevalence of dementia increases with advancing age, affecting eight per cent of persons aged 60 and older overall, and approximately one-third of persons over the age of 85. While causal factors and pathways have not yet been fully identified, dementia is associated with vascular disease and primary prevention efforts focus on vascular risk factors. In the absence of effective interventions to delay or cure dementia, strategies focus on informal and formal care in high-income countries, and on informal care in low and middle income countries. The majority of carers are women, and the physical, psychological and financial stresses of caring for someone with dementia are greater than for other disabilities.

The right to health for older persons is key. Discrimination on the basis of the age cap of 70 years and older age in general that constrains access to healthcare services violates this right. The construct and use of the term ‘premature’ mortality is based on the ageist premise that mortality beyond an arbitrary age threshold is ‘normal’, and thus, that the right to health can be legitimately denied to persons over the threshold.[12] The steady increase in life expectancy to a global average of 71.4 years in 2015[13] indicates that already, over half the world’s population lives beyond the age of 70, making it untenable not to ensure the right to health in older age and to discount the value of investing in health in older age.

Recommendations

· The term ‘premature’ mortality must be replaced herewith by ‘preventable’ mortality ’ in line with the terminology adopted by the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. [14]

· The Global strategy and action plan on ageing and health approved by the World Health Assembly in 2016 is a comprehensive and equitable framework to be used to address non-communicable diseases, including mental health issues, for an ageing population.

· Governments should focus on promoting functional ability under Universal Coverage as well as disease prevention and treatment, and palliation in older age.

· Interventions should include appropriate health and social services to promote optimum physical and mental health, as well as multi-sectoral partnerships to create age-friendly environments that support and enable healthy ageing.


[14] Para 15 A/RES/66/2

Thank you for your consideration.

Sincerely,

Katie Smith Sloan
Executive Director