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HEALTH CARE OF THE ELDERLY

In its XXVII Meeting the Directing Council approved Resolution XVI on the Organization's Program for the Control of Noncommunicable Diseases, in which it expressed concern at the growth of the aged population in the face of scarce programs for the elderly, urging the Governments to establish such programs. It also asked the Director to study the health problems of this group, to support programs for improved care of the aged, and to report to the Executive Committee on progress in this field.

The 86th Meeting of the Executive Committee discussed the problem of the health care of the elderly in light of the rapidly increasing number of old people throughout the world, and particularly in the developing countries. Between 1980 and the year 2000, the number of the aging citizens of Latin America and the Caribbean, that is, of persons aged 65 years or more, is expected to rise from 14 million to 27 million. While this rapidly increasing number of old people represents a biological success, the advancement of the condition of the elderly is lagging behind. The attainment of physical, mental and social well-being of this population group presents therefore a special challenge to achieving the goal of health for all by the year 2000.

The 86th Meeting of the Executive Committee, also having discussed the Plan of Action for the Implementation of the Regional Strategies to attain this goal, recommended that the pertinent contents of the Plan of Action be made more explicit in the document on the elderly (Document CE86/12), and approved Resolution XXX (see Annex).

The document has therefore been revised to emphasize integrated approaches to the problem of the aged in the developing countries of the Region; the need to improve the quantity and quality of data and analysis available in order to improve understanding of aging as a basis for the formulation of national policies; the development of comprehensive care approaches within the health and social services aimed at providing continuity and quality of care to the elderly; and the promotion of the concept of self and family care and community action programs.

Background

The XXVII Meeting of the Directing Council of the Organization in 1980 approved Resolution XVI on the program for prevention and control of non-communicable diseases, expressing concern at the growth of the aged population in the face of scarce programs for the elderly, and urging the Governments to establish such programs. The Director was asked to study the health problems of this group, to support programs for improved care of the aged, and to report to the Executive Committee on progress in this field.

Likewise, in May 1979 the World Health Assembly, noting "that both the absolute number and proportion of older people are increasing in all regions of the world, while at the same time health and social support systems are either lacking or deficient and need to develop further,... that by the year 2000 the populations of developing nations and developed nations of the world will have increased significantly and thus will have to envisage critical problems in the promotion of health, economic and social policy, (and) also noting that the World Assembly on the Elderly will focus attention on the health, social and economic needs of the elderly," requested the WHO Director General "to undertake activities in collaboration with the United Nations and other agencies for appropriate participation in the 1982 United Nations World Assembly."¹

1. The Problem

The Member Governments of WHO have agreed that the principal social goal in the coming decades should be "the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life".² The main feature of this goal is its comprehensive approach, according to which "health" is regarded as one of the components of the level of well-being of each community. The goal, therefore, goes beyond the concept of "disease or lack of disease" and regards it as a social outcome, related to the overall concept of quality of life.

The goal of health for all and the regional strategies for achieving the goal cover the entire population. Nevertheless, because of their greater vulnerability, the Plan of Action for the Implementation of the Regional Strategies assigned priority to special groups, and among them the aged population.

¹Thirty-second World Health Assembly, Resolution WHA32.25, 1979.

²Thirtieth World Health Assembly, Resolution WHA30.43, 1977.

The Plan of Action calls for far-reaching and significant social and economic changes and requires a careful look at the probable socio-economic scenario in which the strategies will be developing. The demographic aspects of the scenario to be expected for the developing countries of Latin America and the Caribbean are characterized by intensive growth, rapid urbanization, a strong downward trend in fertility, and an increase in life expectancy at birth.¹

The total population will double in the period 1970-2000 from 280 million to more than 600 million inhabitants (Table I). The urban population will almost triple in the same period, from 160 to 440 million (Table II), and the rural population will increase in absolute terms but with less intensity, from 120 to 150 million inhabitants. Overall, the urban population will be 64 per cent of the total population, as compared to 49 per cent in 1970.²

Parallel to this growth and concentration, a strong downward trend in fertility and an increase in life expectancy at birth are expected to occur. By the year 2000 it is anticipated that there will be a decrease in the birth rate per 1,000 of 18 per cent in Latin America; 35 per cent in the Caribbean; and 10 per cent in North America (Table III), while the mortality rate will decrease by 36 per cent and 18 per cent in Latin America and the Caribbean, respectively, and will increase by 7 per cent in North America (Table IV).

If the assumptions on mortality trends hold true, it is anticipated that by the year 2000, 26 Latin American and Caribbean countries will enter the category of a life expectancy of 65 years or more, and that 19 of these will reach an average expectancy at birth of 70 years or more, with only one country below 60 years (Table V).

Concerning the age structure of the population anticipated for the year 2000, it is predicted that 220 million people, or 37 per cent of the population, will be under 14 years old, and that the bulk of the population, 350 million or 58 per cent of the total, will be in the 15-64-year age group. Aging of the population is notable in North America, where the population over 65 years of age exceeds 11 per cent in 1980 and 12.1 per cent in the year 2000. On the other hand, the expected percentage of the population over 65 years of age in Latin America in the years 1980 and 2000 will be 4.0 and 4.6 per cent, respectively. Relatively speaking,

¹Health for All by the Year 2000. Strategies. PAHO Off. Doc. 173, 1980.

²World Population Trends, and Prospects by Country, 1950-2000, United Nations, ST/ESA/SER.R/33, 1979.

an increase of only 0.6 per cent in 20 years may not appear particularly significant, but in absolute terms it represents an increase from 14 million to more than 27 million individuals (Table VI). Furthermore, if one considers the age group over 45 years, which is a reasonable breaking point in terms of the likelihood of chronic diseases, the population of Latin America will increase 1.4 per cent, from 15.9 to 17.3 per cent of the total population, representing an increase of 46 million people.

In terms of health care the strategies for the elderly differ because of the particular needs of this group. The proportion of people with health problems, especially chronic and disabling conditions, increases with age, but this increased demand for services is usually met at the more complex levels of care. The process of rural-urban migration further accentuates the problem of demand for services. In the United States of America, 80 per cent of the older population have one or more chronic conditions, and their medical care accounts for about 30 per cent of the Nation's health care expenditures.¹ Morbidity and mortality for those 65 years and older compare relatively well between countries of different levels of development, therefore aging of the population brings with it the threat of increasing costs for the health and social security services.²

The role of the Organization should go beyond traditional medical concerns and should aim to involve the health sector in the larger context of improving the quality of life for the elderly. While special emphasis is still being placed on the family in providing support, the developing countries are experiencing an ever-increasing participation of women in the labor forces, producing a change in the traditional extended family structure.

The family is the focus for the application of socially accepted technology for care of the aged, and a criterion for assessing the appropriateness of services, methods and treatment is whether or not they facilitate self-help, self and/or family care.

The goals of the Organization's program of technical cooperation with Member Governments should be to maximize the independence of old people, to ensure their continuing contribution to society, and to minimize the number of dependent elderly. Emphasis on the family, self and day care are alternatives to attaining a decrease in institutional

¹Surgeon General's Report on Health Promotion and Disease Prevention. DHEW (PHS) Publication No. 79-55071, 1979.

²Health Conditions in the Americas, 1973-1976. PAHO Sci. Pub. 364.

care. Living and maintaining meaningful social roles in the community are key elements in maintaining the well-being of the elderly.

The goal, therefore, has to be the promotion of health and the quality of life throughout the lifetime of the individual, and this implies an active and continuous process of risk factor intervention.

2. Program Objectives and Areas of Action

On the basis of the definitions of their national strategies for achieving the goal of health for all by the year 2000, some Governments have already assigned priority to the elderly among those special groups with greater vulnerability and exposure to health risks.¹ The Director, at the request of the XXVII Meeting of the Directing Council, prepared a Plan of Action that Governments, individually and as Members of the Organization, should carry out to implement the approved regional strategies.

This document, submitted to the 86th Meeting of the Executive Committee and to the Directing Council, includes the plan of action for the health care of the elderly that will serve as the basis to orient the regional program in the years to come. The Plan of Action emphasizes the need to study and analyze the magnitude of the problems affecting the health of the elderly; develop programs for the comprehensive care of the elderly within the general health services; and promote the concepts of self-care and family and community participation.²

The Plan identifies the following areas of action:

Assessment of the situation and adoption of policies for health care delivery to elderly population groups:

- Development of national demographic and epidemiological studies to define the extent of current problems and their projections.
- Analysis of the characteristics of the elderly population.
- Adoption of national policies which address the social and health needs of elderly groups.

¹Health for All by the Year 2000. Strategies. PAHO Off. Doc. 173, 1980.

²Health for All by the Year 2000: Plan of Action for the Implementation of Regional Strategies Document, CE86/28, 86th Meeting of the PAHO Executive Committee, 1981.

Development of comprehensive care of the elderly within general health services:

- Development of programming approaches and techniques in order to include the needs of the elderly population in rural and urban development programs.
- Definition of activities for the elderly by levels of care.
- Development of studies to improve knowledge regarding the availability of services for the care of the elderly, and to reorient current institutional care in this area.
- Inclusion of epidemiologists and social scientists in studies of problems related to care of the elderly.

Promotion and development of community action programs:

- Development of educational programs and information materials to encourage and to orient self-care and non-institutional health care approaches for the elderly.
- Promotion of the development and coordination of community services addressing the social needs of the elderly, such as social centers and home care.
- Promotion of participation of community groups in the development of social and vocational reorientation programs for the aged.

Development of human resources:

- Training the health services' regular personnel, by health care levels, on the problems of the elderly.
- Inclusion of primary health care approaches in the training of gerontology and geriatrics specialists.

3. Activities in Progress

The regional program activities for the health care of the elderly were significantly increased following the above-mentioned resolutions of the PAHO Directing Council and the World Health Assembly, and after the countries of the Region identified their national health problems and defined their national strategies. Thus most of the activities were initiated during the past year.

3.1. The Organization has participated in two Preparatory Conferences for the United Nations World Assembly on the Elderly: a) the regional intergovernmental meeting cosponsored by ECLA in San José, Costa Rica, on 1-5 December 1980; and b) the WHO contribution to the World Assembly, held in Mexico City on 8-11 December 1980.

3.2. Technical cooperation is being provided the countries that are developing specific activities in the area of the care of the elderly and have requested the collaboration of the Organization, as in the cases of Colombia, Costa Rica, Dominican Republic, Guyana and Mexico in the past year.

3.3 In order to strengthen this collaboration, Member Governments were approached early this year to provide information on the status of the elderly and services available to them, including demographic and socioeconomic information; existing programs at the national and/or local levels; services and facilities for the elderly; and teaching and training facilities in geriatrics or gerontology. The information received so far is still limited, but it is expected that an analysis of the existing situation in most countries will be available by the end of 1981.

3.4 The Plan of Action for the implementation of regional strategies emphasizes the need to assess the situation of the elderly as a basis for the formulation of national policies. The major working assumption here is that there is a need to improve the quantity and quality of data and analysis available in order to improve the understanding of aging and its implications in the countries of the Region. In particular, it calls for an analysis of the characteristics of the elderly population through the development of intercountry socio-epidemiological studies to establish a profile of this particular population group. To this end, the Organization, in collaboration with the Institute of Gerontology, Wayne State University, has finalized a draft proposal to seek extrabudgetary resources for this intercountry study.¹

The resolutions of the Governing Bodies and the proposed Plan of Action to implement the Regional Strategies commit PAHO to help develop and strengthen programs for the health care of the elderly. Regional demographics clearly indicate that such activities are essential if we are to reach the goal of health for all by the year 2000.

¹Epidemiology of Aging in the Americas: A Comparative Prospective (Draft Proposal), PAHO, 1981. (Document available upon request.)

TABLE I
REGION OF THE AMERICAS
ESTIMATED POPULATION, 1970-2000*

	<u>Population in millions</u>			
	<u>1970</u>	<u>1980</u>	<u>1990</u>	<u>2000</u>
Entire Region	509.1	614.8	748.9	897.7
Latin America and Caribbean	282.7	368.5	478.4	608.1
North America	226.4	246.3	270.5	289.6

*United Nations, Population Division, 1979.

TABLE II
REGION OF THE AMERICAS
ESTIMATED URBAN POPULATION, 1970-2000*

	Population (in millions)		%	
	<u>1970</u>	<u>2000</u>	<u>1970</u>	<u>2000</u>
Entire Region	329.7	690.0	64.8	76.9
Latin American and Caribbean	161.7	439.8	49.0	63.7
North America	167.9	250.1	74.2	86.4

* United Nations, Population Division, 1979.

TABLE III
REGION OF THE AMERICAS
CRUDE BIRTH RATES PER 1,000 POPULATION, 1970-2000*

	<u>1970-1975</u>	<u>1995-2000</u>	<u>% Change</u>
Latin America	36.4	29.7	-18
Caribbean	30.1	19.6	-35
North America	15.8	14.2	-10

*Adapted from Health for All by the Year 2000. Strategies. PAHO Off. Doc. 173, 1980.

TABLE IV
REGION OF THE AMERICAS
CRUDE MORTALITY RATES PER 1,000 POPULATION, 1970-2000*

	<u>1970-1975</u>	<u>1995-2000</u>	<u>% Change</u>
Latin America	9.4	6.0	-36
Caribbean	7.2	5.9	-18
North America	9.2	9.8	+ 7

*Adapted from Health for All by the Year 2000. Strategies. PAHO Off. Doc. 173, 1980.

TABLE V
REGION OF THE AMERICAS
LIFE EXPECTANCY AT BIRTH (31 COUNTRIES), 1965-2000*

	<u>1965-1970</u>	<u>1995-2000</u>	<u>No. Countries Over 65 Years</u>	<u>No. Countries Over 70 Years</u>
Entire Region (31)	64.9	71.1	28	21
Latin America (21)	60.0	70.4	18	11
Caribbean (8)	66.7	73.2	8	8
North America (2)	70.6	72.5	2	2

*United Nations, Population Division, 1979.

TABLE VI
 REGION OF THE AMERICAS
 AGE DISTRIBUTION OF THE POPULATION, 1980-2000*

	Population Groups (in millions) 1980					Population Groups (in millions) 2000					
	Total	<15	15-64	>65	%	Total	<15	15-64	>65	%	+%
Entire Region	614.8	205.9	366.7	42.1	6.9	897.6	288.8	545.6	63.0	7.0	0.1
Latin America	361.5	147.6	199.1	14.6	4.0	599.0	223.3	348.2	27.4	4.6	0.6
Caribbean	6.9	2.6	3.7	0.3	5.4	9.0	2.6	5.8	0.5	6.1	0.7
North America	246.3	55.5	163.6	27.1	11.0	289.5	62.8	191.6	35.0	12.1	1.1

*United Nations, Population Division, 1979.

EXECUTIVE COMMITTEE OF
THE DIRECTING COUNCIL

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86th Meeting

86th Meeting

CD28/19 (Eng.)

ANNEX

RESOLUTION XXX

HEALTH CARE OF THE ELDERLY

THE EXECUTIVE COMMITTEE,

Bearing in mind Resolution XVI approved at the XXVII Meeting of the Directing Council on the program of prevention and control of non-communicable diseases;

Noting that the resolution urges the Governments to study the health problems of the aged and to establish specific programs for them, and requests the Director to support programs for improving the well-being of the aged and to report to the Executive Committee on progress in this field; and

Having examined the document presented by the Director on the subject,

RESOLVES:

1. To urge the Governments to encourage efforts directed at promoting the health and well-being of the elderly, to develop comprehensive programs for meeting their health needs, and to secure effective approaches for providing health care, including integration into primary health care, bearing in mind the economic and social implications.

2. To commend the Director for the information provided on the activities being initiated in compliance with Resolution XVI of the XXVII Meeting of the Directing Council.

3. To request the Director to continue cooperating with Member Governments in the assessment of the situation of the elderly and in the adoption of policies for the care of the elderly.

4. To request the Director to continue to support intercountry studies designed to establish the profile and the extent of the problems of the elderly in the Region, and to continue his efforts to obtain extrabudgetary resources for these studies.

5. To request the Director to revise Document CE86/12 to reflect the constructive comments made by the Executive Committee and to present this revised document to the XXVIII Meeting of the Directing Council.

(Approved at the twelfth plenary session,
29 June 1981)