



*executive committee of
the directing council*

PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



86th Meeting
Washington, D.C.
June-July 1981

Provisional Agenda Item 25

CE86/12 (Eng.)
15 April 1981
ORIGINAL: ENGLISH

HEALTH CARE OF THE ELDERLY

In Resolution XVI of its XXVII Meeting on the subject of the Organization's program for the control of non-communicable diseases, the Directing Council 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.

This document emphasizes the nature of the problem, especially in light of the demographic scenario predicted for the Region in the next two decades. It presents the objectives and areas of action of the program as related to the plan of action for implementation of the regional strategies to achieve the goal of health for all by the year 2000. Finally, the main activities in progress are presented, such as the preparatory activities for the U.N. World Assembly on the Elderly; direct technical cooperation with country programs; collection of information; and preparation for an intercountry assessment of the characteristics of the elderly population in order to establish the profile of this particular group.

1. 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

2. 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.

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

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

Attainment of this goal calls for far-reaching and significant social and economic changes and requires a careful look at the probable socioeconomic 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 the following decreases in the birth rate per 1,000 population are anticipated: 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 assumption 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 will exceed 11 per

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.

cent in 1980 and 12.1 per cent in the year 2000. On the other hand, the 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, 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 impact on the health sector, this situation leads to some important problems for the countries of this Region. All the Member Governments have identified primary health care as the main strategy for achieving the goal of health for all by the year 2000, emphasizing as target populations those in extreme poverty in the rural and urban areas, especially children under five years and mothers. On the other hand, countries whose expected population age structure reveals a marked "aging" trend have necessarily included adults and the aged as a further priority group.¹

Obviously, in terms of 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 specialization. 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.² 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.³

The complex interrelated, social, mental, and physical aspects of aging make it necessary to offer alternative approaches for the care of the elderly. While special emphasis is still being placed on the family in providing support, the developing countries are experiencing a concomitant increase in the participation of women in the labor forces, producing a change in the traditional extended family structure.

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

²Surgeon General's Report on Health Promotion and Disease Prevention. DHEW (PHS) Publication No. 79-55071, 1979.

³Health Conditions in the Americas, 1973-1976. PAHO Sci. Pub. 364.

The goal, therefore, has to be the promotion of health and the quality of life throughout the development of the individual, and this means an active process of intervention in risks and other factors detrimental to health throughout life.

3. 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 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, to be submitted to the Executive Committee and 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.

4. 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.

4.1. 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.

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

4.2. Technical cooperation is being provided the countries that are developing specific activities in the area of the health 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. 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 scarce, but it is expected that an analysis of the existing situation in most countries will be available by the end of 1981.

4.3. The plan of action for the implementation of regional strategies emphasizes the need to assess the situation of the health of the elderly in order to adopt the proper policies. In particular, it calls for an analysis of the characteristics of the elderly population through the development of intercountry socioepidemiological 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 the preparation of a draft proposal to seek extrabudgetary resources for this intercountry study.¹

PAHO is committed to continue collaborating with the Member Governments in the program of health care for the elderly through pertinent technical cooperation activities based on the strategies that the Governments themselves have already identified within the context 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)		% Total Population	
	<u>1970</u>	<u>2000</u>	<u>1970</u>	<u>2000</u>
	Entire Region	329.7	690.0	64.8
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.