

Editorial

THE UNITED NATIONS WORLD ASSEMBLY ON THE ELDERLY¹

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The growing number of elderly people in the world is helping to underline this group's particular health care needs. The following address, presented at the 8-11 December World Health Organization Preparatory Conference for the United Nations World Assembly on the Elderly, describes the situation and some of the steps that can be taken to improve the health of the elderly world-wide.

In acknowledging the growing universal importance of the problem of the aged in every society, the United Nations General Assembly has been posing a challenge to its Member Governments and specialized agencies since the early seventies. Several resolutions have been adopted emphasizing the need to formulate policies and develop intersectoral programs for this population group, and in 1979 it was decided that the progress made in this direction should be reviewed at a special World Assembly to be held in 1982.

The World Health Assembly has decided that WHO must play an important part in this United Nations World Assembly, which must go beyond the traditional medical needs of the elderly and consider the health sector's role in the larger context of their quality of life. Hence, the meeting we open today¹ is of great importance to WHO, for it will establish the conceptual framework of the WHO contribution to the United Nations World Assembly.

In 1950 the world contained about 200 million persons over 60 years of age. By 1970 this figure had risen to 307 million, and current projections indicate that by the year 2000 it will reach 600 million. This is an increase of almost 90 per cent, during a period when the total population will only have grown by an estimated 70 per cent. The proportional growth of this older age group will be even greater in the developing countries, where it is estimated that the total population will grow about 88 per cent, while the over 60 age group will increase by 120 per cent.

The demographic trend of the developing countries of the Region of the Americas is characterized by sizable population growth, particularly in urban areas, and a decline in fertility and mortality. As a result, by the year 2000 the population in 26 of 29 developing Latin American and Caribbean countries should have a life expectancy at birth of over 65 years.

The Member Governments of the World Health Organization have agreed that the principal social goal for the coming decades must be "the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially

¹From an address delivered at the World Health Organization (WHO) Preparatory Conference for the United Nations World Assembly on the Elderly held in Mexico City, Mexico, on 8-11 December 1980.

and economically productive life.” The main feature of this goal is its comprehensiveness, which regards health as one component of the well-being of each community. That is, it transcends the concept that health is simply the presence or absence of disease, seeing it instead as an inseparable component of the style, level, and quality of life.

Moreover, the countries have all identified primary health care as the most important strategy for attaining this goal. That strategy involves the identification of priority groups such as mothers and children. However, the population shifts just mentioned are giving increasing importance to adults and the elderly as priority population groups.

The strategies for delivering services to these groups must obviously differ according to the nature of their needs. Health problems increase with age; this is particularly true of chronic diseases and disabilities, which usually require medical care at a more complex level of specialization. In the United States of America, 80 per cent of the population over 65 years of age has one or more chronic conditions, and medical treatment of these conditions accounts for about 30 per cent of national health care expenditures. Moreover, the morbidity and mortality patterns of the population over 65, unlike those of younger age groups, are similar in all countries regardless of their degree of development, which shows how the aging of a population is responsible for substantially increasing the cost of health and social security services.

The aging of the population and the needs of the elderly in developing countries must also be seen in connection with the impact of changing cultural attitudes—for example, the impact that incorporation of women in the labor force and migration to urban areas are exerting on the traditional family structure.

Analyzing so many phenomena associated with the problem placed before this meeting imposes a serious commitment upon national and international health agencies. Their goal must be to promote health and well-being throughout the entire life of the individual, with the objective of maintaining continuous action against risk factors and adopting a comprehensive strategy of health measures at all levels of care. If the Governments adopt this objective and this strategy as their own, the problem of the elderly will be placed in its proper context; such action will be fully consistent with earlier declarations such as that of Alma-Ata, in which the Governments stressed their responsibility for the health of their peoples and their commitment to the attainment of health for all by the year 2000.