

No Age Limit for Good Health

Briefing paper for UN High-Level Meeting on non communicable diseases

Unless the specific outcomes of the UN's High-Level Meeting on Non-communicable Diseases (HLM) target NCDs across the life-course, there is serious risk of discrimination against older people in all aspects of diagnosis, treatment, care and prevention.

Age UK and HelpAge International believe the High Level Meeting on Non-communicable Diseases has the potential to transform the lives of millions of people worldwide, but only if older people and their needs for diagnosis, treatment, care and prevention are clearly recognised in the meeting's outcomes.

The Scale of the Problem

Background documentation to the HLM acknowledges that ageing is the first of four key drivers of NCDs in developing countries.¹ Yet figures prepared by the UN leading up to the HLM, emphasise the 44% of NCD deaths among people aged 70 and younger, and the 29% at 60 and younger.² This appears to place greater priority on younger deaths, even though a great many of the 71% of NCD deaths among people aged 60 and over, are preventable.

Undue focus on NCDs at younger ages is particularly worrying given the demographic changes that are taking place globally. The number of older people worldwide is expected to exceed the number of children by the year 2045. In 2009, there were more than 700 million older people and this number will increase to 2 billion by 2050, with the most rapid increases expected in developing countries.³

Age-related NCDs

Global investment in public health has resulted in the triumph of longevity, a triumph which presents great challenges; among them the need for urgent action to address the rising burden of non-communicable diseases for older people worldwide. The UN resolution calling for the HLM did not include Alzheimer's disease and other dementias. 58% of people living with dementia are in low and middle-income countries.⁴ The global cost of dementias in 2010 was \$604 billion, or 1% of global GDP.⁵ Greater emphasis needs to be placed on addressing chronic diseases and morbidity associated with ageing.

Age is not a proxy for ill health

Older people are not a homogenous group. While there are those who struggle with mobility and breathing at 65, there are others in their 80s running marathons. Healthy and active ageing requires investment in health promotion and age-friendly affordable health services. Healthcare provision based on arbitrary age limits will not tackle the range of health requirements and aspirations for ever longer life spans.⁶

Preparations and suggested indicators for the HLM make reference to specific ages for calculating 'premature death'.⁷ Setting an arbitrary cut-off point for 'premature death' discriminates against older people by rationing health provision on the basis of age. This is age discriminatory and unsupported by evidence. It can be interpreted as a denial of the right to health. Moreover it is impossible to set a global age limit across very diverse demographic, health, economic and social realities. Any attempt at creating a single global cut-off age of 'premature death' for NCDs encourages governments to withhold much needed diagnosis, prevention, treatment and care without reference to the actual needs of its older population.

¹ UN General Assembly sixty-fifth session 13th September 2010; Note by the Secretary General transmitting the report of the Director General of the World Health Organisation on the global status of non-communicable diseases

² Global Status Report on noncommunicable diseases 2010, WHO, 2011.

³ World Population Ageing 2009, Population Division, UN Department of Economic and Social Affairs, 2010

⁴ World Alzheimer Report 2009, Alzheimer's Disease International, <http://www.alz.co.uk/research/world-report>

⁵ World Alzheimer Report 2010, Alzheimer's Disease International, <http://www.alz.co.uk/research/world-report>

⁶ A Gaw, 'The care gap: underuse of statin therapy in the elderly' *Int J Clin Pract* (2004); 58: 777-85. Both taken from Fairhead and Rothwell, 'Underinvestigation and undertreatment of carotid disease in elderly patients with transient ischaemic attack and stroke: comparative population based study' *British Medical Journal* (2006), 525-527

⁷ Proposed NCD Targets and Indicators, prepared by WHO in preparation for the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, in Moscow, Russia 28-29 April 2011

The WHO proposal for setting a range of 30 – 70 years for measuring 'premature death' is not feasible given the lack of available comparable data and would place an unnecessary and costly administrative burden on governments. If indicators are to be used for reducing incidences of NCDs, a single age which is consistent across all fields such as 25+⁸ would be more effective.

Furthermore, where data on older people is available, we are learning that people who survive into later life have much longer life expectancies in nearly all countries and greater potential for making continued contributions to the wider society. For example the life expectancy at age 60 for a woman in Sri Lanka is 23 years,⁹ almost the same as the UK.¹⁰

Contributions to society

By not making the link between NCDs and older people more explicit, preparations for the HLM have not made visible the economic and social contributions of older people to society. For example, it has been estimated that older carers (aged over 60) in the UK are providing up to £4bn in unpaid volunteering and up to £50bn in unpaid family care.¹¹ Carers UK estimate that carers (of all ages) are currently saving the UK economy £87 billion a year.¹²

Older people also take on significant care-giving roles in low- and middle-income countries. In sub-Saharan Africa for instance, a substantial proportion of orphaned children are taken care of in households headed by an older person (in many cases aged 65 or over).¹³

Prevention is cost effective

It has been demonstrated that low-cost prevention interventions, no matter what a person's age, will reduce the need for further help and enable people to continue contributing to society.^{14 15} In low and middle-income countries such as Cuba, Costa Rica and Sri Lanka, effective public health provision which is inclusive of older people have enabled these countries to achieve life expectancies at aged 60 of 20 years or more.¹⁶

A successful outcome for older people

In order for the HLM to achieve its goals and make a meaningful change to the way NCDs are being tackled, especially in developing countries, the outcomes from the HLM must include the following:

- Explicit reference that the overwhelming majority of both morbidity and mortality due to NCDs is borne by older people and that the demographic transition taking place across the globe will exacerbate this situation;
- No globally applied upper age-limits for 'premature death'.
- Harmonised indicators at 25+ to reduce administrative burden on governments and provide guidance to UN Member States and institutions to collect disaggregated data on older age cohorts beyond the age of 60.
- Recognition of Alzheimers Disease, and other dementias, as NCD priorities
- Support programmes to alleviate the fiscal burden of care-giving on families and caregivers, linking NCD outcomes to the achievement of the Millennium Development Goals.

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⁸ Proposed NCD Targets and Indicators, prepared by WHO in preparation for the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, in Moscow, Russia 28-29 April 2011

⁹ UN Population Division World Population prospects 2008 revision

¹⁰ Office of National Statistics, UK, 2010.

¹¹ *Future of Retirement*, Leeson, G and Harper, S, HSBC 2007

¹² *Valuing Carers – Calculating the value of unpaid care*. Carers UK, 2007

¹³ Beegle, K., Filmer, D., Stokes, A., and Tiererova, L., (2009), 'Orphanhood and the Living Arrangements of Children in Sub-Saharan Africa' (March 1, 2009). World Bank Policy Research Working Paper Series.

¹⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/dh_103146

¹⁵ R Raine, et al. 'Sociodemographic variations in the contribution of secondary drug prevention to stroke survival at middle and older ages: cohort study', BMJ (2009);338:b1279

¹⁶ UN Population Division World Population prospects 2008 revision