

## **HelpAge International's Organisational Health Plan**

**June 2009**

### **1. Context**

Health and income security are cited by older people as their two key priorities. Older people's health status determines not only their physical, mental and social well-being but in many cases is a crucial factor influencing their ability to earn a livelihood in the absence of income security.

Moreover, older people's health, care giving and care receiving needs and contributions are closely intertwined. Rising numbers of older people with increased care needs will be a challenge particularly for their families and communities. At the same time older people increasingly act as caregivers for grandchildren where HIV & AIDS or out-migration have impacted on middle generations.

Debate on the health of older people in developing countries is almost non-existent. The focus of the Millennium Development Goals is predominantly on maternal and child health, and this is reflected in most developing countries health priorities, policies and programmes. The lack of accessible and affordable health care for poor people leaves older people often with no or very limited access to health services.

The demographic transition which will see the global number of older people rise from 739 million today (10.4% of the population) to almost 2 billion by 2050, (21.7% of the population)<sup>1</sup>. The majority of older people live in developing countries. By 2050 this percentage will rise from the current 64.5% to 79% by 2050, almost 1.6 billion people, with the oldest old, (those over 80) the fastest growing population group of all.<sup>2</sup>

It is therefore critically important that all health sector debates at international and national levels begin to include older people's health and care issues. Whilst it is important to keep up current efforts in strengthening primary health care for children, as well as efforts to improve reproductive and sexual health, more resources need to be invested in health services for older people. Globally, by 2045, people aged over 60 will outnumber children under 15.<sup>3</sup> It is crucial that health policies and programmes are holistic, take an intergenerational view, and lead to investments in non-communicable diseases.

Against this background HelpAge International and its network of affiliates and partners have reviewed the work on health and discussed its future direction. The organisational health plan draws on this review to establish the scope and focus of existing and future health and care work in the areas of programme and

<sup>1</sup> 2008 Revision of World Population Prospects, UN Population Division ,  
[http://www.un.org/esa/population/publications/wpp2008/wpp2008\\_highlights.pdf](http://www.un.org/esa/population/publications/wpp2008/wpp2008_highlights.pdf)

<sup>2</sup> . 2008 Revision of World Population Prospects, UN Population Division ,

<sup>3</sup> . 2008 Revision of World Population Prospects, UN Population Division ,

service delivery, evidence gathering and learning, and advocacy and policy influencing.

## **2. Aim of the health plan**

The plan aims to enable older people to enjoy the highest attainable standard of equitable, non-discriminatory & appropriately age-friendly health care. It supports HelpAge International's global action on health in the 2010-15 strategy, to "ensure a major increase in the delivery of quality appropriate health and care services for older people".

## **3. Defining health**

HAI follows WHO's definition of health as "a state of complete physical, mental & social well-being & not merely the absence of disease or infirmity".

Older people's health is determined by a wide variety of factors. These include income & social status, social support networks, education & literacy, employment & working conditions, social & physical environments, personal health practices & coping skills, genetic endowment, gender & culture. Often, the lack of access or the inadequate provision of health, nutrition, water and sanitation throughout poor people's lives negatively impact on health status in later life. Thus, it is important to take an intergenerational and life cycle approach to health and care issues.

Understanding these determinants is a key aspect of HAI's response to older people's health. HAI therefore takes a holistic view of the health & well-being of older people, recognising that specific diseases or ill-health are the outcome of a wide variety of factors.

## **4. Key issues determining HAI's response to older people's health, care giving and care receiving**

### **Population ageing & public health**

Major achievements in public health in the last century have led to greater longevity and lower fertility rates in many countries. The significant progress in global health during the last century has had an impact on older people, many of whom live longer and healthier lives. Health expenditures are rising, knowledge & understanding of health issues are growing rapidly, as is the availability of essential drugs. However, for older people as for other age groups, progress in health has been deeply unequal. In developing countries, in particular, the focus & funding priorities remain on communicable diseases, primary health care for children & mothers as well as reproductive health. Poverty continues to have an impact on the health of older people, with chronic ill-health and premature mortality greatest among the older poor.

Despite demographic & epidemiological transition older people's health needs have low or no priority in health policies & programme financing. It is therefore critical for HelpAge International to ensure that health systems in developing & transitional countries are prepared for the challenges of the unprecedented demographic transition now underway.

### **The challenge of non-communicable diseases**

Ageing brings with it an increased risk of developing chronic disease & disability. Non-communicable diseases (NCDs) are already the biggest cause of both mortality & morbidity in many developing countries. These are often thought of as "diseases of affluence" but the opposite is often the case. Risks are often greatest in poor & deprived communities, exacerbated by exposure to health hazards over the whole life-course. Large numbers of older people suffering from chronic illness such as heart disease, stroke & diabetes are living in developing countries. Cataract blindness rises exponentially with ageing, & again the great majority of sufferers live in the developing world.

The rapid increase of the oldest-old populations will mean even greater long-term physical & mental frailty. Two-thirds of sufferers from Alzheimer's Disease & other dementias are already living in developing countries, and these numbers are growing rapidly. As women will continue to outlive men in nearly all societies the feminisation of ageing will lead to the concentration of chronic ill-health in women as they age. HelpAge International needs to highlight the growing burden of non-communicable disease on older people, develop programmes & advocacy demonstrating how to address it.

### **Barriers to accessing health services for older people**

Older people face many obstacles to obtaining health care. Mobility is frequently cited as a critical problem, because of the remoteness of health facilities & the consequent cost of reaching them due to the lack of appropriate, affordable transport. Physical environments are not age-friendly in many countries & are unlikely to improve in the coming decades, effectively isolating older people.

Attitudinal problems also limit older people's access. The training of health professionals continues to neglect ageing issues. Also older people consistently experience discrimination and abuse when accessing health services. The awareness of older people themselves regarding both their own health status & their entitlements is also low in many instances. Health promotion amongst older people is neglected in favour of other age groups.

Financial barriers are another key limitation for older people. In many poor countries out-of-pocket expenses account for the overwhelming proportion of health expenditure. Moreover, health costs (including medication) are often greatest in the last years of life, a time where older people due to ill health and fragility are unlikely to be able to work to make a living.

There is evidence that tax-funded public health systems which eliminate financial barriers (such as means testing & formal or informal charging) to access services & reduce geographical hurdles by providing more facilities can make a decisive difference to the availability of health services for older people. Responding to this HelpAge International's health & social protection plans need to link closely in gathering evidence, advocacy & practice on health financing relating to older people.

### **Care giving & receiving**

Dealing with the increasing burden of chronic disease requires health promotion & disease prevention in the community as well as management through health services (where they exist). Many chronic diseases can be prevented or managed, but the burden of support falls on already overstretched families & communities.

Care-giving of older people in their own homes and communities has grown in importance, & often caregivers themselves are older people, particularly women. Formal and informal provision of home-based care to frail, ill and isolated older people, whether by government services, NGOs or older people's groups is growing. However, the need for these services far outruns provision, and long – term care of older people in their own homes will be a critical future challenge globally.

For many older individuals, particularly the oldest old & the rising number of older people without family support, economic deprivation, chronic illness & reduced family care-giving lead to greater isolation & loneliness. Supporting older people at the end of life is an important but neglected area. HelpAge needs to work with communities to develop ways to increase support for older people which will require significantly more human & financial resources.

### **HIV and AIDS**

In many countries older people play a key role as care givers to their children living with HIV and AIDS as well as orphaned grandchildren. There is also growing evidence that HIV infection rates among older people are becoming significant. However, both these facts and the consequent need to support older people's health status are overlooked in both policy and practice responses to HIV and AIDS. HelpAge is already heavily engaged in programmes of support to older people in the context of HIV & AIDS, and this work is included in the overall organisational strategy as a separate priority. It is therefore not addressed in detail in this health plan.

### **Access to health care in crises**

Older people are particularly vulnerable in crises – humanitarian disasters & political emergencies - and their health needs are likely to be disproportionately greater than those of other age groups. There is evidence of higher mortality & morbidity of older people both during & after emergencies. However, their health

needs, particularly relating to chronic illness, are more often than not a low priority or not addressed at all in humanitarian responses. HelpAge International has a long record of support to older people in emergencies & has made significant progress in making the case for greater focus on older people in the humanitarian policy agenda. HelpAge now needs to continue to develop & clarify its unique role in this arena.

### **The international community & older people's right to the highest attainable standard of health**

HAI's rights-based approach to older people's health reflects those of various international instruments, including the Universal Declaration of Human Rights and WHO ("the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being"). "Advancing health & well-being into old age" is also a priority of the Madrid International Plan of Action on Ageing (2002), which recognises the entitlement of older people to equal access to health services alongside other age groups, & shares with WHO an emphasis on a life-course approach, including old age.

However in practice the health situation of older people in the developing world has received little attention from development & humanitarian agencies, and the development debate neglects ageing. The Millennium Development Goals do not directly refer to older people. Ageing remains a marginal issue for WHO, despite the long-term efforts of the Ageing & Life Course programme. Advocacy by WHO with HAI on older people & emergencies is an important but isolated initiative.

Some opportunities exist. WHO's health development activities "give priority to health targets in poor, disadvantaged or vulnerable groups". WHO also identifies prevention & treatment of chronic diseases as one of "the cornerstones of the health & development agenda." At a regional level the Pan American Health Organisation & WHO's South East Asia region have been active on older people's health, addressing issues such as NCDs & ageing & the health of older women. The upgrading of the Ageing & Health programme to the status of a WHO department is a promising sign of a concern for ageing issues.

### **HAI's organisational health plan: Targets 2010-2015**

The health plan covers four priority themes.

- 1. Establish Non-Communicable Diseases (NCDs) as a key priority in the international health and humanitarian policy arena and support older people in developing countries to improve management of chronic illnesses**

HAI will work with national governments, donors, public & private health service providers, humanitarian agencies and WHO to include age-related chronic communicable & non-communicable diseases & disabilities in policy and practice, as well as promoting older people's self care.

HAI will support/pilot programme interventions and build alliances with other agencies with a focus on response to priority NCDs (e.g. Hypertension, Diabetes, blindness) mental health and HIV and AIDS.

Potential indicators to measure impact/progress

- 5 governments in at least 2 HAI regions will allocate resources to NCD programmes targeted at older people
- At least 2 health providers in the humanitarian sector will recognise the need to treat NCDs within their emergency health care programmes & develop policies & practice to do so
- HAI will develop a recognised technical capacity in at least one key aspect of older people's health in emergencies
- A body of evidence will be developed from at least three humanitarian settings on health care provided to older people in crisis situations, with recommendations for action
- HAI will develop formal partnerships with at least 5 additional NGO health providers in emergencies
- WHO Health Action in Crisis, global & country level health clusters will include older people's health in emergencies in resource development, training & capacity building plans

## **2. Improve access to age-friendly health services for older people**

HAI will work with service providers (public and private) to address the barriers to access faced by older people (including in the area of access to HIV and AIDS treatment and prevention).

HAI will enable older people to gather evidence on key access issues and engage with local authorities and health providers to advocate for their inclusion in health plans and budgets.

Potential indicators

- 5 countries in at least two HAI regions will recognise older people's right to health (integrating concepts such as WHO's active ageing framework & the lifecycle approach) in overall health policies
- 5 countries in at least two HAI regions will allocate resources to implement older people's health in new & existing programmes
- Key development donors (including HAI bilateral partners –DFID, Irish Aid, SIDA etc.) & international institutions (World Bank, UN) will include ageing & health among their health priorities
- HAI will develop & implement a memorandum of understanding with WHO with targets & an annual plan on age-related health policies
- HIV infection in older people is measured & responses integrated into prevention, treatment & support programmes
- Ageing & health will be included in the training curriculum at phc level in countries in 3 regions

- 5 HAI programmes will develop project monitoring pilots by older people & document the achievements of the pilots

### **3. Enable supported self-care, care giving and receiving by older people, their families & communities**

HAI will strengthen understanding & interventions responding to care giving and receiving needs in later life and address palliative care and end of life issues

HAI will develop programmes assisting older people's self-care, involving family and community support, in contexts where health services are weak or absent.

HAI will continue to strengthen recognition of older people's care giving contributions in the context of HIV and AIDS and migration and ensure that programming responses are inclusive of their needs and contributions.

Potential indicators

- Appropriately adapted home & community care models will be piloted in at least 2 countries in Latin America & Africa
- National governments in 2 countries in Latin America & Africa will have home care policies in place for older people
- Model of supported self-care for older people will be developed & tested in at least 5 countries in one HAI region
- The care giving provided by older people is given adequate practical support by agencies responding to HIV & AIDS

### **4. Ensure inclusion of older people in new approaches to health financing**

HAI will work with WHO, national governments, regional bodies and donors, advocating for free universal health access and develop policy positioning and expertise on public health financing.

Potential indicators

- 5 countries in at least 2 HelpAge regions have introduced free access to health services for older people

The **approaches** HAI will take to achieve the themes identified above are:

- building on existing expertise of the network and strengthening strategic alliances
- continuing health service delivery where public or other institutions are weak and/or to demonstrate good practice
- engaging in advocacy and policy influencing at national & regional level
- Seeking to build partnerships with organisations in related health fields, including outreach to the private sector.

## **How HAI will deliver the plan**

Resources will be needed to implement the plan & achieve its targets.

### **Staff capacity**

HelpAge International has not hitherto had a dedicated staff position for the development of health work, though until 2002 there was a technical specialist working on the ophthalmic programme.

Given HelpAge's relatively limited internal health programming experience, the need to establish credible programmes goes hand in hand with developing an understanding of the policy arena and developing clear policy messages.

Therefore, to give the plan consistent support & to develop our internal skills and knowledge base a health specialist with experience in development & (if possible) with age-related health concerns needs to be recruited. Due to current financial constraints, fundraising will be crucial and opportunities might be greatest in the area of health in emergencies.

It will also be important to supplement the existing expertise in some international offices with specialist health positions, again with a focus on age-related health issues, to develop our programme expertise. An important resource to draw on is the widespread expertise amongst health professionals within the network.

In the London office there will need to be close collaboration between SD, PCD and emergencies to deliver on the plan.

### **Funding**

Projects will need to be developed which include elements of the plan. During 2009-10 there is the prospect of project development in South & South-East Asia & Central Asia, in addition to continuing programme work in countries such as Mozambique & regions such as Africa and Latin America.

### **Partnerships**

As a relatively small organisation we cannot expect to deliver this ambitious plan alone. It is also clear that donors, policymakers and policy influencers others are more likely to be responsive to groupings of organisations advocating together.

We should seek therefore seek partnerships with organisations & alliances in fields related to ageing & health, both learning from & influencing their work, & investigating prospects for joint programmes. We will build on the existing links through the emergencies work with specialist health NGOs, & develop contacts with agencies in age-related fields (such as Alzheimer's Disease International and those working on disability and development). We will also seek to develop

outreach to private sector health care providers across a broad spectrum, (including not only medical professionals, but also insurance providers, the pharmaceutical industry and alternative health care practitioners).