

Non Communicable Diseases (NCDs) affect older age groups disproportionately and there should be no age limits to WHO targets and indicators

HelpAge International welcomes this opportunity to contribute to WHO's consultations on aspects of the Political Declaration on the prevention and control of non-communicable diseases. HelpAge International is pleased that WHO has been requested to draft targets and indicators to guide development of an NCD strategy. We thank the WHO for this opportunity to provide substantive input and would like to raise our concern regarding some of the targets and indicators as currently drafted. HelpAge proposes that there should be no upper age limits to NCDs targets and indicators and calls upon WHO to take the following into consideration:

1. As three quarters of the global NCDs burden falls on those over 60¹, it would appear unlikely that the first proposed target, to reduce global mortality from NCDs by 25%, will be achievable without actively targeting those who are 60 and over.
2. Therefore, there should not be an upper age limit placed on the proposed indicator which aims to assess the unconditional probability of death from cardiovascular disease, cancer, diabetes, or chronic respiratory disease. The proposed upper limit of 70, currently placed on this indicator is arbitrary. Rather than using this age limit before which a death might be considered premature, we urge epidemiologists and policy makers to aspire to the highest observed life expectancies as the "ideal". In both theory and practice, this benchmark is reachable with current technology and resources, since it is already being achieved in at least one country.
3. HelpAge also questions the imposition of an upper age limit for the screening of cervical cancer. An Institute of Cancer Research study² found that cervical cancer screening for over 50-year-olds continues to find abnormalities even if they have clear results in their 40s. This research was based on a cohort study of two million women aged between 20 and 64 in the UK. Within this, the authors studied a sub-group of 57,000 women, 80 per cent of whom had at least two negative screening tests in their 40s. It was found that nearly two thirds of serious pre-cancerous abnormalities (classified as CIN 3) currently detected in women over 50, would remain undetected without the active provision of screening for this age group. It has also been found in the USA³ that screening by Pap testing with associated treatment is effective in reducing the incidence of all histologies and stages of

¹ World Health Organization (2011) *Global status report on noncommunicable diseases 2010*.

² Blanks RG, Moss SM et. al. (2009) *Risk of cervical abnormality after age 50 in women with previously negative smears*, *British Journal of Cancer* 100:1832 - 1836

³ <http://www.cancer.gov/cancertopics/pdq/screening/cervical/HealthProfessional/page2> (Accessed 18 April, 2012)

invasive cervical cancer, and that this benefit increases with age. It was observed that screening for women in their early to mid 50s is approximately three times more effective at reducing the risk for future development of cancer, than screening at 30 to 31 years of age.

The situation in low income countries is even more serious in relation to cervical cancer and its impact on older women. The WHO/ICO HPV information centre reports for 2010, demonstrated that incidence and mortality rates for cervical cancer in the UK, within women aged 55-64, were just 10/100 000 and 5/100 000 respectively⁴. The equivalent rates for Tanzania were approximately 190 and 139⁵. Indeed, the age standardised incidence rate of cervical cancer in Eastern Africa is the highest in the world at 34.5/100 000 versus just 8.3 in Northern Europe^{4,5}. Therefore, screening and treatment for all women, including older women are vital, particularly in low income settings such as the Eastern African nations.

Ever increasing life expectancy is one of the greatest achievements of the 20th and 21st century and is a goal of development for all countries. This triumph is commonly subjected to the negative reaction which concentrates on a prediction of health and social budgets being drained by caring for dependant older people. It is generally true that older people have poorer health than young people, and this is partly due to the higher rates of NCDs in older age. However, avoidable catastrophic health expenditure in older age, especially in low income settings, can be facilitated by improved screening and diagnosis for peoples of all age groups.

HelpAge therefore, recommends that in abolishing all upper age limits on targets and indicators for NCDs, the WHO and its member states will help to keep older people healthy and vibrant throughout their life course, thereby celebrating increased longevity as a modern social, medical and developmental triumph, instead of encountering it as a threat.

⁴Human Papillomavirus and related cancers summary report update (United Kingdom). WHO/ICO HPV information centre. September 15, 2010.
http://apps.who.int/hpvcentre/statistics/dynamic/ico/country_pdf/GBR.pdf?CFID=278048&CFTOKEN=18959369 (Accessed 18 April, 2012)

⁵ Human Papillomavirus and related cancers summary report update (Tanzania). WHO/ICO HPV information centre. September 15, 2010.
http://apps.who.int/hpvcentre/statistics/dynamic/ico/country_pdf/TZA.pdf?CFID=4005139&CFTOKEN=50211239 (Accessed 18 April, 2012)