Section: Viewpoints

Call to create urgency in societies and health systems in the Western Pacific Region to implement the WHO Regional Action Plan on Healthy Ageing

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The Western Pacific Region (WPR) has the fastest growing older population in the world. The numbers are staggering; about one-third of the world's older population live in WPR (240 million), and this number will double by 2050 and will account for 22% of the population[1]. There is a major demographic shift, with those older than 60 years old outnumbering children less than 5 years old. Non-communicable diseases (NCDs) form some 80% of the health burden in older people. Other issues affecting the ageing population include elder abuse, falls, mental health problems and dementias, which do not affect only the older people but create a complex situation affecting the entire family, society and health system. With these facts in mind, WHO WPR Office has published recently its Regional Action Plan for Healthy Ageing[2].

Typically the key drivers for aging until now were the ageing of large cohorts, alongside reductions in mortality in high income countries and low fertility rates in low income countries. This will significantly change by 2050, where the key driver (90%) will be the aging of large cohorts, with small contribution (4-10%) from reduced mortality and negligible contribution from low fertility rates[3]. Middle-income countries, Asia and Latin America will see the greatest growth in aging populations by 2050[3]. Some of the challenges highlighted in the latter report include that: a) low- and middle-income countries do not have the finances nor the national health systems to cope with a large population of (largely non-employed) older people experiencing declines in functional capabilities; b) we will observe a large population living in poor and dependent welfare conditions, and c) this situation will significantly strain families[3]. The old age dependency ratio (*number of those 65+ years old to 100 people aged 16-64*) is another worrying statistic. Overall this ratio is 16 in WPR, with large variations across the region, being as high as 47 in Japan, 25 in Hong Kong, Australia and New Zealand, 16 in Singapore, Guam and China, and lowest (=6) in Papua New Guinea, Solomon Islands and Vanuatu[4].

People are living longer. But are they living better and healthier? Is the society ready for such a shift in living healthier in old age? And what does it take to live longer and healthier? Let's untangle these questions. A key factor in healthy ageing is social participation; however, we know that social participation is low among older people[5,6]. The current situation is dire as a general rule. Many countries have retirement age much earlier than the healthy life expectancy. Most retired people in these countries are not actively joining in the society[6] and feel disconnected from others or from their past interests. Negative attitudes towards older people, prevailing ageism, lack of interests or opportunities to engage with the community, limited, if any, work opportunities, financial hardship, and living with NCDs or other health issues, create social isolation and increasing health and social care needs.

Social participation can further be linked with health equity[7]. Hence, an individualized approach is important to consider unlike the current model of services organized for the 'masses'.

Some key considerations to address the first objective of the WPR Regional Action Plan[2] (**Transforming societies as a whole to promote healthy ageing, based on understanding the implications of population ageing**) further include, besides the need to create systems to enhance older people's social participation, attention to social determinants of health. Most common determinants have been identified as gender (with women being more vulnerable), education, behaviours and the health system while little focus has been directed to socioeconomic status, ethnicity or the socioeconomic political context[8]. Gender equity and poverty need significant more focus. Social participation of older people can have economic, family, social and health benefits, areas that have not been explored in the literature. The untapped human capital of older people and its contribution in the society needs to be demonstrated with stronger and more succinct data. Individuals, society and health/social care systems need to empower older people to have a purpose in life and live as independently as possible for the longest possible time. Merely providing better health and social services to older adults is not enough; we must identify how best to support healthy aging through empowerment, social participation, health maintenance and support to give the opportunity to older people to live more self-sufficiently and with dignity.

The second key objective of the Regional Action Plan is about **transforming health systems to address each individual's lifelong health needs by providing necessary health and non-health services in a coordinated way**[2]. To achieve this, population ageing requires health system transformation. It is clear that the NCD burden will become more significant in the near future[9,10]. The bulk of the loss in healthy life is due to NCDs, and fighting NCDs will require a life course approach. Increases in NCDs are significant in developing Asian economies. We have clear evidence that if countries do not take action, 'young' countries will bear a significant NCD impact[9,10]. However, the evidence on how the health systems can be more agile to adapt effectively to the rapid shifts to the NCD global epidemic, particularly in developing economies, is minimal. Mental health is another health aspect contributing to healthy ageing, and estimates show that about 20% of older adults experience mental and neurological conditions in the world, which in turn accounts for 6.6% of the total disability in the group of 60+ years[11]. With neurocognitive declines in the older population and a rise in dementia and depression in this age group, mental health care is paramount, but there is little service provision specifically to meet the mental health needs of older people, especially in developing economies. Furthermore, COVID-19 has complicated care in long-term care facilities and contributes to high levels of mortality in this age group so far, and vaccination efforts (alongside the need for possible re-vaccinations annually) for this high-risk group will require significant influence, resources and planning, alongside the more established annual flu vaccination (which remains of low uptake in WPR).

Healthy ageing requires a life-long approach. It is clear in the literature that social determinants of health in younger ages have an impact on later health[12,13] and that impacts are different across stages of the life course. We know the importance of understanding how social determinants of health operate at every level of our development –early childhood, childhood, adolescence and adulthood- to both immediately influence health and provide the basis for health or illness later in life[14]. However, we know little of whether social determinants of health earlier or later in life make a difference in older age.

We have also limited evidence on the role of multisector approaches to enhance healthy ageing and improve the NCD burden. Limited evidence suggests that social determinants of health are key risk factors for NCDs[15,16] and that NCD prevention requires addressing social determinants of health[17]. What is clear, however, is that there is significant inequity in relation to social determinants of health in WPR. We also need to move our focus on how and through what models community-based integrated care can be used to reduce health inequalities and contribute to healthy ageing. There are many challenges in setting-up community-based integrated care, particularly in middle- and low-income countries. WHO has developed such a model (ICOPE[18]), focusing on the assessment, intervention or early referral of older people living in the community, attending to their intrinsic capacity and functional abilities through a collaborative approach of professionals, education and self-management at both the health and social care level. Often current health systems are flawed against population healthy ageing. Limited (and at times conflicting) evidence exists that community-based care is the optimal long-term strategy for healthy ageing, with positive impact of such care shown in various health outcomes, healthcare utilization and healthcare costs[19]. However, the evidence we have to date on this needs significant expansion.

A small but increasing body of evidence highlights the role of technology in improving health. Technology can increase utilization of health even when physical access to services is limited, something that in the era of COVID-19 becomes of particular significance. Developing and delivering cost-effective, equitable-accessed technology to the right people at the right time is a challenge for healthcare services globally[20]. An important aspect of future work would be to assess the role of technology in braking health barriers related to social determinants of health.

There is no time for complacency. The sheer numbers of the ageing population and other demographic shifts call for action now. We need to think both at micro and macro level on how we can address social participation, social determinants of health, NCD burden and how we can use technology to the benefit of older people or develop models of care that meet the needs of older people and enhance healthy ageing. Investment in health, particularly primary and community care, government policies, shifts in the organization and planning of health and social services provided to older people and working towards developing more age-friendly communities are urgently needed.

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