WHO Calls for More Attention for Health Needs for Over-60

On April 7, we celebrate World Health Day 2012, marking the anniversary of the founding of the World Health Organization in 1948. The theme for this year is “Ageing and Health: good health adds life to years.”

In the WHO Eastern Mediterranean Region, every country is facing the challenge of population ageing. In Palestine, 4.4% of the population (4.8% in the West Bank and 3.7% in the Gaza Strip) is now aged 60 or older. The proportion will rise steadily due to improved life expectancy, which has increased from 67.0 in 1992 to 73.9 for females and 71.0 for males in mid-2011. The proportion is lower than the 6% average for developing countries due to the young demographic profile of Palestine. The proportion for high income countries is much higher, an average of around 16%.

The growing number of older people means that more and more are at risk of chronic diseases like heart disease, diabetes and cancer. In the recent WHO survey of chronic disease in Palestine (2011), which examined five risk factors (smoking, consumption of 5 daily servings of fruit and vegetables, low level of physical activity, overweight, and raised blood pressure), 77.4% of 45-64 year age group, the oldest age group surveyed, had three or more risk factors for non-communicable diseases.

Older people are also poorer on average. 13,000 cases of social hardship registered with the Ministry of Social Affairs in West Bank and Gaza are aged 60 and above, and receive cash stipends, food assistance and health insurance from the Palestinian Authority.

Encouraging older persons to remain physically, socially and economically active for as long as possible will benefit not only the individual but also society as a whole. Good health throughout life can help older people to lead full and productive lives and continue to be a source of support and wisdom to the their families and communities.

The ageing of populations and changes in disease patterns are global phenomena that demand action at all levels and from various sectors: policy-makers at international, regional, national and community levels, civil society, private sector, individuals. WHO urges joint action that brings sectors and generations together, and makes policies with older persons rather than about “them”, to improve opportunities for older persons’ participation and contribution.

We need start planning now in Palestine to provide integrated health and social care, to enhance family and social support and to reduce the burden of disease and disability.
Good Health Adds Life to Years

Active and Healthy Ageing

✓ Exercise regularly from the earliest years through to older ages; walking, climbing stairs, housework or playing with children are effective forms of exercise!

✓ Consume a balanced and diverse diet high in fibre and low in saturated fat and salt. Reduce your weight if you are overweight and maintain normal body weight.

✓ Promote oral health and retain your natural teeth for as long as possible.

✓ Encourage and teach people how to care for themselves and each other as they get older to maintain independence and autonomy for the longest period of time possible.

✓ Be aware of and speak out against ageism.

✓ Stay involved in your family, your community, a club, or a religious organization.

Age-friendly environments and communities

✓ Create age-friendly environments and policies to engage older men and women, and foster active and dignified ageing, allowing an older person to participate actively in family, community and political life - no matter what their level of functional ability.

✓ Make public buildings accessible for all people with disabilities (e.g. ramps, railings, elevators).

✓ Provide accessible and clean toilets in public places and workplaces.

✓ Provide green spaces, somewhere to rest, age-friendly pavements (e.g. non-slip surface and sufficient width to accommodate wheelchairs) and services in close proximity to residential areas.

✓ Prevent injuries by educating people about their causes, providing safe pedestrian crossings, making walking safe, implementing fall prevention programmes and providing safety advice.

✓ Make transportation accessible for all people with disabilities (e.g. low steps, clear signage, priority seating, proximity of public transport stops to residential areas, clear information on timetables).

✓ Reduce risks for loneliness and social isolation by supporting community groups run by older people, traditional societies, self-help and mutual aid groups, peer and professional
outreach programmes, neighbourhood visiting, telephone support programmes and family caregivers.

✓ Include older adults in the planning, implementation and evaluation of locally based health and social service and recreation programmes (e.g. local gathering places, cultural events, community recreation centres).

**Make primary health care age-friendly**

✓ This means minimizing the consequences of noncommunicable, chronic diseases through early detection, prevention and quality care, and providing long-term and palliative care for those with advanced disease.

✓ Provide a seamless continuum of care that includes health promotion, disease prevention, the appropriate treatment of chronic diseases, the equitable provision of community support and dignified long-term and palliative care through all stages of life.

✓ Develop specialized gerontological services and improve coordination of their activities with primary health-care and social care services. Make effective screening services available and affordable to women and men as they age.

✓ Increase affordable access to essential safe medications among older people, including those who need them but cannot afford them.

✓ Put practices and policies in place to reduce inappropriate prescribing by health professionals and other health advisers. Inform and educate older persons about the wise use of medications.