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PLAN OF ACTION ON THE HEALTH OF OLDER PERSONS, INCLUDING ACTIVE AND HEALTHY AGING: FINAL REPORT

Background

1. During the 49th Directing Council, held in September 2009, the Member States of the Pan American Health Organization (PAHO) approved the Plan of Action on the Health of Older Persons, including Active and Healthy Aging for the period 2009-2018 (Document CD49/8) (1). This plan, the first of its kind approved within the framework of the World Health Organization (WHO), made the Region of the Americas a pioneer in this field, with the adoption of a forward-looking technical approach to the health of older persons. This approach emphasizes the creation of programs designed to maintain function that are based on the concept of rights and social determinants, while at the same time supporting the promotion and protection of human rights and the fundamental freedoms of this population (2). Subsequent regional instruments, such as the Inter-American Convention on Protecting the Human Rights of Older Persons of 2015 (3), and global instruments, such as the World Report on Ageing and Health (2015) (4) and the Global Strategy and Action Plan on Ageing and Health 2016-2020 (5), have recognized the strategic vision and the work done in relation to this plan.

2. This final report describes the progress made by Member States in meeting the goals and targets contained in the plan of action and provides a brief overview of the situation of health and aging in the Region.

Analysis of the Progress Achieved

3. Although population aging in the Region of the Americas has accelerated in the past decade, it will do so even faster in the coming decades. In 2017, the proportion of inhabitants over the age of 60 in the Region averaged 14.6%, with the highest levels at around 20% in Barbados, Canada, Cuba, the United States of America, and Uruguay, and the lowest at 5.9% in Belize (6). In the coming decade, the over-60 population in Latin America and the Caribbean will represent at least 18% of the general population, a figure that will reach almost 25% by 2050 and even 30% in several countries (7). In Latin America

and the Caribbean, this change will take place in just 35 years, about half the time that other regions have had to adapt: in Europe, this took about 65 years and in Canada and the United States, about 75 years (7). The over-80 population, which in 2017 was 3.8% in Canada and the United States and 1.6% in Latin America, will see the greatest proportional increase, especially after 2025, and by 2050 is expected to increase to 8.6% and 5.7%, respectively (6). This will substantially increase the demand for health services and long-term care.

4. Life expectancy in the Region continues to rise. At the end of 2017 it stood at 77.07 years. “Geriatric” life expectancy at age 60 has also increased to 22.38 additional years of life in the Region today. A person who reaches the age of 80 today lives another 9.41 years on average (6-8). In 2015, average healthy life expectancy in the Region was 66.45 years, while the number of unhealthy life years varied from country to country (8). In fact, the countries of the Region where life expectancy at birth increased also saw an increase in unhealthy life years and disability (6). Years of life with disability in the Region have increased by 12.6 % since 2009. The demographic factor is the main determinant in the increase in the incidence and prevalence of chronic diseases and injuries from external causes. Many of the most serious health problems at this stage of life affect mortality, but more particularly, they result in people living with disabilities and depending on long-term care from others. For example, the number of people with dementia in the Region will quadruple by 2050 (8). Some little-recognized disorders (such as fragility syndrome, multiple chronic diseases, falls, depression, the use of multiple medicines [polypharmacy], and age-associated sensory disorders) require much more effective management on the part of our health services, in order not only to improve survival but to maximize function in older persons and keep the number of years of dependency to a minimum.

5. The situation and impact of dependency on long-term care in the Region of the Americas will become truly important in economic and social terms, and with respect to gender and human rights (4). Various studies indicate that more than eight million people aged 60 or older are dependent, representing more than 1% of the Region’s total population and 12% of people over 60. This figure is expected triple to 27-30 million by 2050 (7). This dependency on care is basically due to health problems that in many cases are preventable (4). In a survey conducted for this report, 16 countries in the Region stated that they had policies on long-term care, and at least 18 indicated that they had a legislative mechanism for protecting the elderly (9). Notwithstanding, the vast majority of the Member States lack a systemic, efficient, and effective vision to tackle the issue of long-term care, which should be an immediate priority for many of them. The solutions to this problem are still based on unpaid family care provided essentially by women. This response will become untenable in the coming decades. In addition to being unsustainable on the grounds of ethics, rights, and social justice, demographic and socioeconomic conditions will make it impossible (10).

6. Social determinants have a clear influence and impact on the health of older persons in the Region. Economic security in old age is far from optimal, although some progress has been observed in the past decade. On the subject of pensions, contributory coverage in 2015 was estimated at 44.6% of the retirement-age population in the Americas,

and an expansion in noncontributory pensions was reported, with cumulative (contributory and noncontributory) coverage estimated at 51.6% (11). A number of countries, such as Argentina, Brazil, the Dominican Republic, Ecuador, Peru, and Uruguay, expanded their pension program's coverage by 10 percentage points over 10 years, and some have reported universal or almost universal protection for older persons (11). Despite this progress, major differences persist in social protection, effective coverage, and access to pension programs for older persons, between and within countries in the Region (12).

7. During the period analyzed, significant progress was made in recognizing the issue of aging and health in national, regional, and global public policies, with the active participation of the Member States in all these contexts. The Region of the Americas was the first region in the world to approve an instrument on the rights of older persons—the Inter-American Convention on Protecting the Human Rights of Older Persons (3)—, which was drafted and negotiated with technical support from the Organization of American States (OAS), the Economic Commission for Latin America and the Caribbean (ECLAC), and PAHO, and is considered a powerful global tool. Today, seven countries in the Region have ratified the convention or adopted its standards in their national legislation (13), and others are advancing at different stages in the process.

8. Twenty countries in the Region reported having a policy, strategy, or plan on aging and the health of older persons, and at least 31 reported having a focal point on aging in their ministry of health (14). However, most countries have deficiencies in their capacity to direct, implement, finance, and measure the results of interventions connected with the health of older persons and aging. There are few integrated interventions focused on older persons, especially for maintaining their functional capacities. Most approaches are based on the management of specific illnesses and are affected by the fragmentation of social and health services at the first level of care (15). Several countries in the Region whose demographic transition is highly advanced have launched joint projects, with the support of the Pan American Sanitary Bureau (PASB) and other strategic partners, in order to evaluate their health system's capacity to tackle aging and its associated challenges, and to design effective interventions for their particular situation (16).

9. Multisectoral work on aging and health is essential. In 2018, at least 20 countries in the Region reported having a mechanism for multisectoral work on aging in which health was a basic aspect (17). Substantial progress has been reported in the integration of strategies to promote the health and well-being of older persons, especially at the local level. The WHO Global Network for Age-friendly Cities and Communities, which engages in local-level multisectoral efforts to promote the health and well-being of older persons, includes 470 cities and communities from 12 countries in the Region, representing more than half of all member communities worldwide. The United States, with 334 communities, and Canada, with 94, are leaders at the regional and global level (18). Work is underway to introduce self-care programs that empower older persons by giving them skills to improve their health and well-being when they develop chronic diseases. At the time of this report, 18 countries in the Region had introduced evidence-based self-care programs for older persons with multiple chronic diseases (1).

10. Although there is growing interest in the Region regarding the human resources needed to tend to the health of older persons, the gap is still wide. Material on aging and geriatric health is included in the curricula of less than 15% of graduate and post-graduate programs in the health sciences and less than 10% of key medical specialties for the care of older persons (19). In a 2009 survey of ministry of health focal points on aging in the Region, 75% reported that there was no training program on aging, and 45% that they had had no training in public health prior to being named focal point. During the period evaluated, PAHO, together with academic partners in the Region and through the Virtual Campus for Public Health, created a program called “Specialization in Health Management for Older Persons” in three languages (Spanish, English, and Portuguese), with more than 320 managers graduating in over 30 countries (20). Although many countries promote training programs for human resources at the national and subnational level, the need still exceeds the supply. In one year, a phased program for training first-level health professionals, offered in 2018 through the Virtual Campus for Public Health, had 8,500 enrollees from 25 countries. More than 6,000 people had passed the course at the time of this report (20).

11. The Region has made progress in boosting the capacity to generate the necessary information to implement and evaluate activities aimed at improving the health of the elderly population during this plan’s implementation period; however, wide gaps among the countries persist. The capacity to generate evidence for decision-making remains limited at all levels of the health system and in the organization of services. During this period, at least 22 countries said that they had some capacity to generate information and evidence on the health status of the elderly population (21). However, the information is not robust enough to assess impact and forecast demand. During this period, some 15 countries reported having at least one national study on the health and well-being of older persons (21), and several countries have supported and conducted longitudinal population studies that are highly comparable. This could bring about substantial improvement in the national and regional capacity to generate evidence for decision-making in the near future.

12. Despite significant progress in the Region over the past 10 years, the unprecedented speed of demographic transition, the existence of other priorities, and a complex socioeconomic context will require health systems to adapt more quickly to this context. The “demographic window of opportunity” in the Region of the Americas is closing very rapidly. While there is greater awareness that this issue is a priority, greater effort should be made to address this transition. This will require action and interventions by the Member States, PASB, and other strategic partners to make longevity and aging a positive result of sustainable development in the Region.

<i>Strategic area 1: Health of older persons in public policy and its adaptation to international instruments</i>	
Objective 1.1: Formulate policies, laws, regulations, programs, and budgets consistent with the human rights instruments of the United Nations (UN) and Inter-American (OAS) systems	
Indicator, baseline, and goal	Status
By 2018, every country in the Region will have a policy, a legal framework, and a national plan on aging and health	38.4% of countries reported having a national strategy and plan on aging and health. At least 31 countries reported having a focal point on aging in the ministry of health. Seven countries have ratified the Inter-American Convention on Protecting the Human Rights of Older Persons.
Objective 1.2: Develop legal frameworks and execution mechanisms to protect the health of older persons in long-term care services	
Indicator, baseline, and goal	Status
By 2018, the countries of the Region will have adopted a legal and regulatory framework based on human rights governing the care of older persons who use long-term care services	31% of the countries in the Region reported having a long-term care policy, and 18 reported having legislative mechanisms to protect older persons against discrimination.
Objective 1.3: Promote cooperation to and among countries in the design of strategies and the sharing of skills and resources to execute their plans on health and aging	
Indicator, baseline, and goal	Status
By 2018 every country in the Region will have at least one partnership for executing its national plan on health and aging	38.4% of the countries reported having a multisectoral mechanism for work on the issue of aging, in which health is an essential aspect.
<i>Strategic area 2: Adapt health systems to the challenges associated with the aging of the population and the health needs of older persons</i>	
Objective 2.1: Formulate strategies that include healthy environments and personal behaviors throughout the life cycle to ensure active aging	
Indicator, baseline, and goal	Status
By 2018, every country in the Region will have a strategy in place to promote healthy behaviors and environments	The WHO Global Network of Age-friendly Cities and Communities reflects this effort. 21% of the countries in the Region have at least one municipality participating in this initiative. More than 400 cities and communities in the Region have joined this network.
Objective 2.2: Improve prevention and management of chronic diseases and other health problems of older persons	
Indicator, baseline, and goal	Status
By 2018, at least 75% of programs for the prevention and management of chronic diseases in the countries will have met specific evidence-based requirements suited to characteristics of older persons	One of the working tools in chronic disease prevention and management in older persons has been evidence-based self-care programs. 35% of the countries in the Region have introduced evidence-based self-care programs for older persons with multiple chronic diseases.

<i>Strategic area 2: Adapt health systems to the challenges associated with the aging of the population and the health needs of older persons</i>	
Objective 2.3: Establish quality services for older persons while strengthening health systems based on primary care	
Indicator, baseline, and goal	Status
By 2018, at least 75% of the countries of the Region will have a strategy to optimize services for older adults in primary health care (PHC)	23% of the countries reported that they had a strategy to optimize services for older persons in primary care.
<i>Strategic area 3: Training of the human resources necessary for meeting the health needs of older persons</i>	
Objective 3.1: Develop the competencies of personnel for the delivery of health services to older persons	
Indicator, baseline, and goal	Status
By 2018, every country will have provided at least one training program for health workers on topics related to aging and the health of older persons	58% of the countries reported having conducted at least one training program on the health of older persons for primary care workers.
Objective 3.2: Train other actors involved in the health of older persons	
Indicator, baseline, and goal	Status
By 2018, at least 75% of the countries of the Region will have a training program in health geared to older persons and their caregivers	60% of the countries reported having at least one training program in health geared to older persons and their caregivers.
<i>Strategic area 4: Strengthen the capacity to generate the necessary information for executing and evaluating activities to improve the health of the elderly population</i>	
Objective 4.1: Strengthen the technical capacity of the health authority to monitor and evaluate health care for the older population	
Indicator, baseline, and goal	Status
By 2018, at least 75% of the countries will use a system for surveillance and evaluation of the health of older persons	42% of the countries reported having data that help to generate evidence on the health of the elderly population.
Objective 4.2: Promote acquisition and dissemination of the scientific evidence necessary for adapting health interventions to national situations	
Indicator, baseline, and goal	Status
By 2018, 75% of the countries will have conducted at least one national research study on the health and well-being of older persons	29% of the countries reported having at least one national research project on the health and well-being of older persons.

Action Necessary to Improve the Situation

13. Considering the results and challenges described in this report, the following actions are presented for the consideration of the Member States:

- a) Make aging and health an aspect of local, national, regional, and global public policy, with active participation by the Member States in all these contexts.

- b) Improve strategies for the promotion of healthy aging with a life-course approach especially designed to increase healthy life expectancy and maintain the highest level of function in older persons to reduce their dependence on care.
- c) Prioritize recognition of the rights of older persons, their effective participation in development and decision-making, and the prevention of age discrimination in local, national, regional, and global public policies.
- d) Increase the capacity of health systems and integrated health service delivery networks to respond effectively and efficiently to the needs created by population aging.
- e) Promote multisectoral work on aging and health.
- f) Develop the ability to create a long-term care system in our countries.
- g) Develop an innovative holistic vision of human resources that enables health systems and services to meet the health needs of older persons.
- h) Increase the capacity to generate the information and evidence that will enable health systems to make informed decisions about aging and the health of older persons.
- i) Endorse the declaration of the World Health Organization on the Decade of Action on Healthy Aging 2020-2030.
- j) Propose a new plan of action that includes these efforts.

Action by the Directing Council

14. The Directing Council is invited to take note of this report and make any comments it deems pertinent.

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