

Who Is Advocating for the Health of Aging Populations Around the Globe?

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Abstract

The Covid-19 pandemic has exposed the inadequacies of the existing structures in place for the most vulnerable populations; this is especially true for the capacity of healthcare and social systems to care for older adults. There have been global outcries over long-term care systems; yet, who is coordinating the efforts to ensure we are investing in infrastructure to support the health and wellbeing needs of ageing populations? This commentary first situates the health of global ageing populations as an international responsibility, before examining why conventional global health actors have only partially filled this gap. The commentary concludes by calling for a dedicated institution to champion this cause, as global population ageing is unlikely to emerge as a global health priority without an international advocate.

Introduction

The 73rd World Health Assembly declared the years spanning 2020–2030 “the Decade of Healthy Ageing” (World Health Organization [WHO], 2015). Unfortunately, the COVID-19 pandemic has since exposed the inadequacies of the existing structures in place for older adults, especially the capacity of health care systems to care for aging vulnerable populations (The Lancet Healthy Longevity, 2021). On the global health stage, it is unclear who is coordinating the efforts to ensure we are investing in infrastructure to support the health and well-being needs of aging populations. To address this issue, I ask two questions: First, is the health of global aging populations an international or national responsibility? Second, if it is an international

responsibility, which global actor or actors claim responsibility for this health issue?

At first glance, a coordinated international network of actors does not appear to be imperative to ensuring healthy global population aging if the health of older adults in one country does not directly influence the health of neighbouring countries. The WHO’s 2017 *Global Strategy and Action Plan on Ageing and Health* is a call to action focused mainly on asking Member States to commit to developing their own national evidence-based public health strategies for aging. Guidance for international collaboration is limited to exchanging lessons, conducting research, and collecting information (WHO, 2017).

However, consider this definition of global health: “an area for study, research, and practice that places a priority on improving

health and achieving equity in health for all people worldwide” (Koplan et al., 2009, p. 1995). Defining global health in this way puts the emphasis on transnational health issues, determinants, and solutions; it also shapes global health by involving many disciplines within health sciences and beyond (Beaglehole & Bonita, 2010). All these criteria defining a global health issue are met when considering the health of aging populations. First, the diseases of aging, included under the category of non-communicable diseases (NCDs), are not limited to a single condition treated in isolation. NCDs as a whole cause 71% of all global deaths, with the burden of these diseases rising disproportionately in low-middle income countries (WHO, n.d.-a). NCDs are strongly linked to preventable risk factors entrenched in global inequities that transcend national borders. Second, global population aging is a health issue with rapidly changing socio-economic ramifications. Most nation states face “becoming old before becoming rich” (Robinson et al., 2007, p. 18). To illustrate, it took France 142 years to transition from having 10% to 20% of its population over the age of 60 years old; in 2007, China was expected to take 25 years to make the same transition (Robinson et al., 2007) and appears to be on track to do so, given their latest 2020 Census data. Global demographic changes are uncharted territory and require flexibility in delivering health programs across various settings. Therefore, managing the health of aging populations requires a transition from “a find and fix it” model to a coordinated and comprehensive continuum of care (WHO, (n.d.-b), which would benefit from international collaboration as all countries are experiencing these changes simultaneously.

Let us therefore assume that global population aging, defined in this paper as the health of the world’s population of older people over the age of 60 years old, is indeed to be considered an international concern; after all, by 2050, 80% of older adults will be living in low-income or middle-income countries, and these nations will have aged populations without high-income resources (Robinson et al., 2007). Aging has historically been neglected by

international health agencies. For example, the topic of aging health arose in the international health policy debates on primary health care (PHC) in the 1980s. Lloyd-Sherlock (2002) argues that many tenets of PHC, such as the shift from curative to caring health models and the growing importance of health promotion and community participation, are particularly relevant to the needs of older adults. However, when global organizations prioritized services for mothers and children within PHC to the exclusion of other populations, this further marginalized older people in developing countries who already lacked access to basic health care (Lloyd-Sherlock, 2002). The alienation of aging was further compounded by the World Bank, which evaluated and funded health interventions using disability-adjusted life years with higher values afforded to “productive populations,” defined as people between the ages of nine and 55 years old (Lloyd-sherlock, 2002).

Unfortunately, with so many competing interests, health care for older adults has struggled to convey its own significance, and aging populations are lacking an international institution to champion this cause (United Nations Department of Economic and Social Affairs, 2017). The WHO has historically been committed to its priority populations (women and children) and priority health programs (infectious diseases and universal health coverage [UHC]). The health of aging populations can be considered a means for the WHO to achieve UHC rather than a goal in itself, “because without considering the health and social care needs of the ever-increasing numbers of older people, UHC will be impossible to achieve” (WHO, n.d.-c, para 1). Further, the responsibility of global population aging was, until recently, delegated to the Department of Ageing and Life Course within the WHO—a catch-all name that neglected the importance of older populations themselves. Another forerunner to advocate for the health of global populations is the United Nations (UN); it was the first international organization to use its authority to frame global population aging as a health issue through the Vienna and Madrid

conferences in 1982 and 2002 (Kendig et al., 2013). The UN could establish an agency to provide leadership for this issue, similar to the founding of the United Nations Children’s Fund (UNICEF). Unfortunately, no such agency has been established and the focus on health issues is primarily framed as a means of addressing aging as an economic and development issue (Shiffman & Smith, 2007; UN, 2002). Recent reports by both organizations on aging and aging populations are promising, nonetheless.

The current pandemic has required that governments and policy-makers re-examine their health systems, particularly in relation to older adults as a vulnerable population. While cross-national, regional, and global sharing of research and policy options could result in solutions for common health issues faced by older adults in every country, a barrier is “the absence of an influential global policy community whose principal concern lies with the health and well-being of older people. Whilst many international agencies may have some interest in ageing issues for none is it a high priority” (Lloyd-Sherlock, 2002, p. 200). Shiffman (2009) argues that advocates for issues trying to make it to the top of the global health agenda must “build institutions devoted to their own issues, rather than to leave it to chance that existing global and national institutions are going to select their issues for attention” (p. 611). It is recognized that the role of global health actors in the post-Westphalian era is changing, with historic organizations such as the WHO or UN sharing the policy space with emerging private philanthropists and civil society organizations (CSOs). However, the same problem exists; there are many charities and CSOs involved in global aging, but each concentrates on a different aspect. For example, HelpAge International focuses on aging and development issues in low-middle income countries, the International Association of Gerontology and Geriatrics offers technical expertise in education of geriatric specialists, and the International Federation on Ageing facilitates research and knowledge translation (Kendig et al., 2013; Sidorenko & Mikhailova, 2014). Therefore, global aging populations

would benefit from an international advocate, such as UNICEF for children or the Joint United Nations Programme on HIV/AIDS for populations with HIV, who would garner space on the global health agenda, attract resources, and align the interests of states and CSOs. Without governance from a dedicated institution or shared responsibility between multiple global actors in a recognizable coalition, global population aging is unlikely to emerge as a global health priority (Shiffman, 2009). Health issues related to aging populations are not going away any time soon—we must care for older adults now in addition to planning for healthy aging through the life course - it’s time for the global health community to decide who will take the lead.

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