



**Pan American
Health
Organization**



**World Health
Organization**

Americas

REGIONAL OFFICE FOR THE

STRENGTHENING THE HEALTH SYSTEM'S RESPONSE TO POPULATION AGING IN THE AMERICAS

INEQUALITY ON THE FUTURE ELDERLY – POLICIES, TOOLS AND ACTIONS

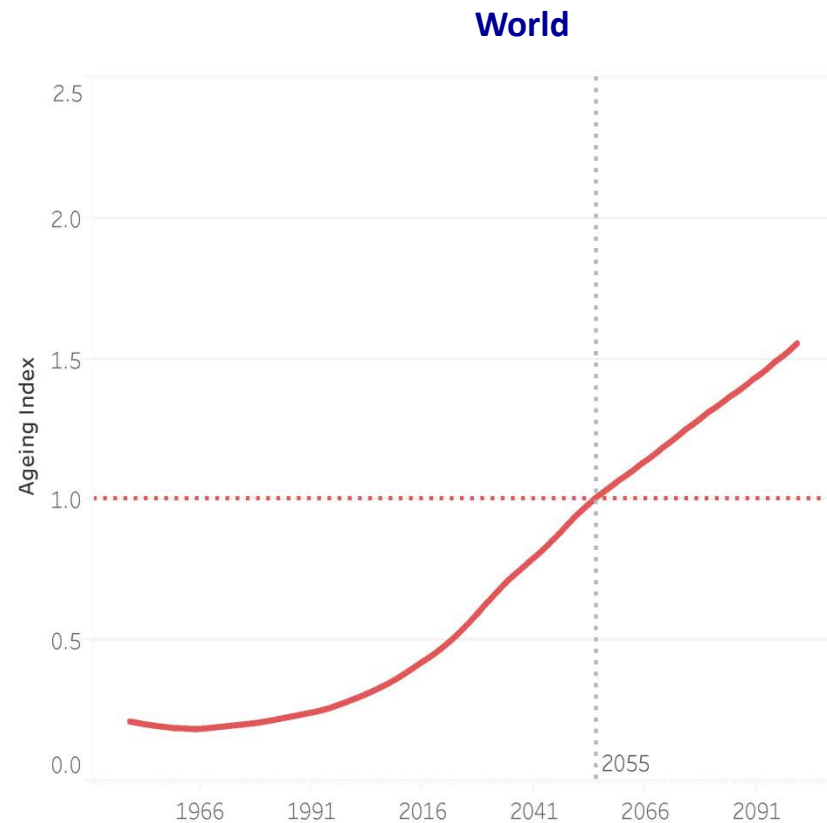
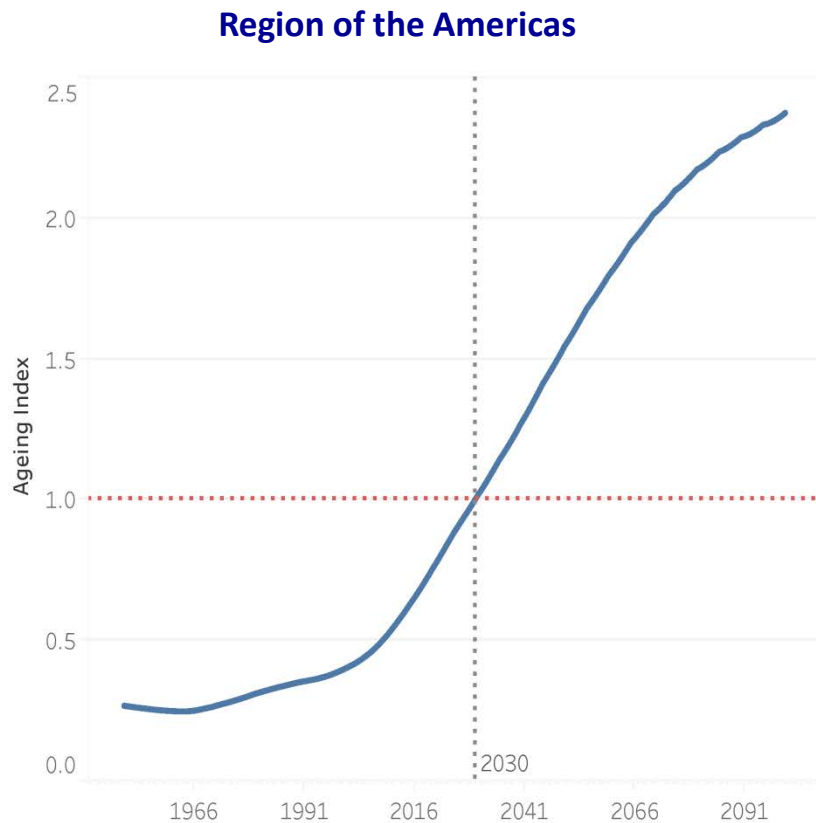
Dr. Enrique Vega García
Unit Chief, Healthy Life Course
PAHO/WHO
vegaenri@paho.org

The Americas are aging..

- Fast
- Diverse
- Unhealthy
- Generating more inequalities



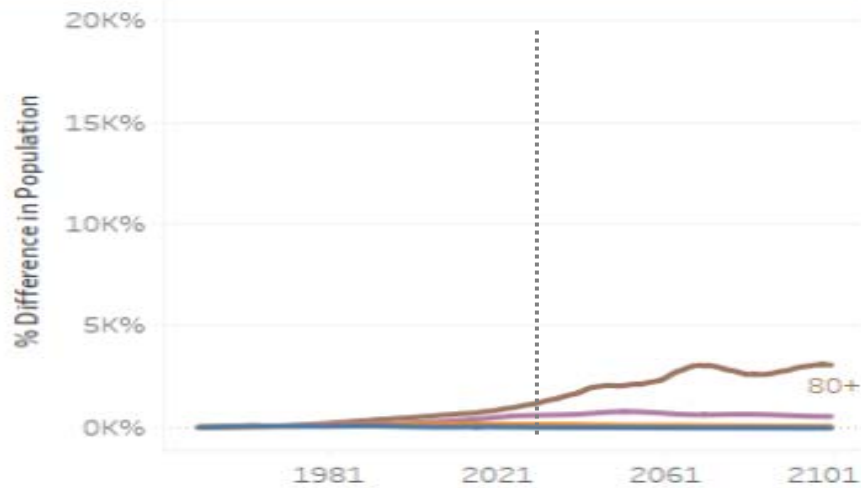
Aging Index: trends from 1950 to 2100



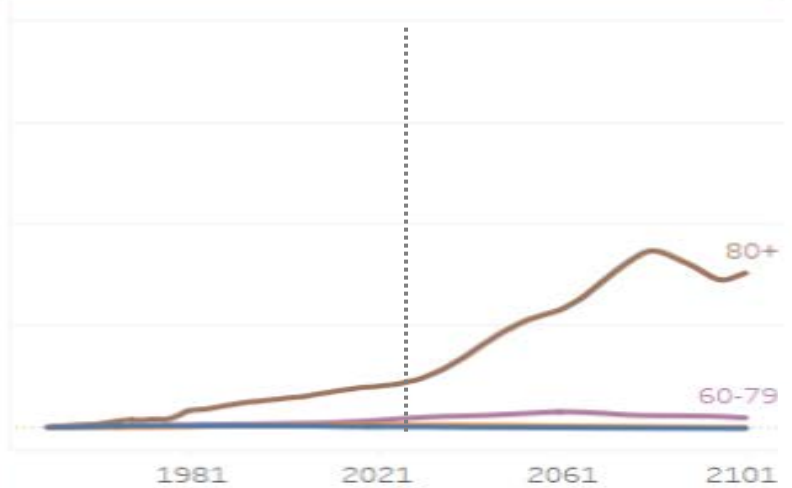
Source: World Population Prospects 2015, United Nations, New York, 2009

Aging Trends: percent change of population respect 1950 by age groups, selected countries of Americas

Trinidad and Tobago: **Medium Priority**

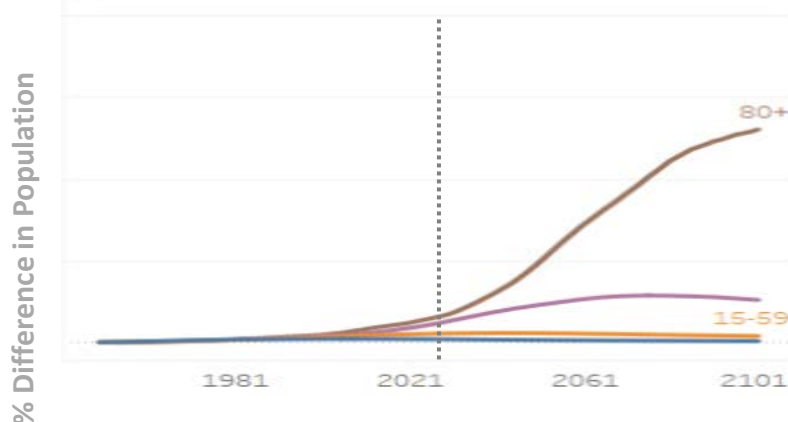


Jamaica: **Low Priority**

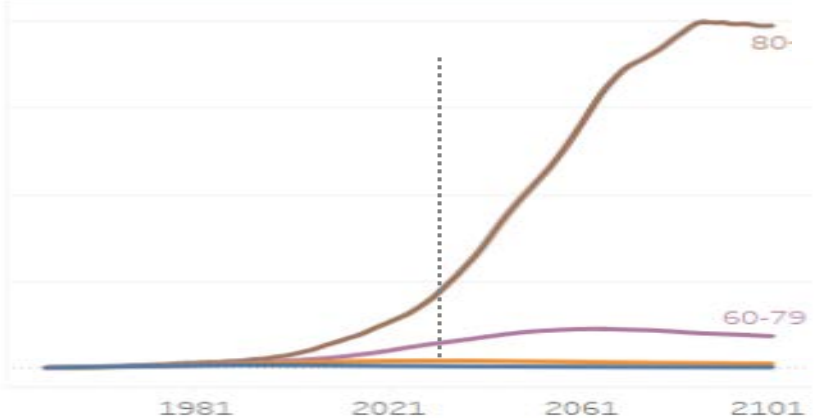


Age Group
 ■ 0-14
 ■ 15-59
 ■ 60-79
 ■ 80+

Mexico: **High Priority**



Brazil: **High Priority**



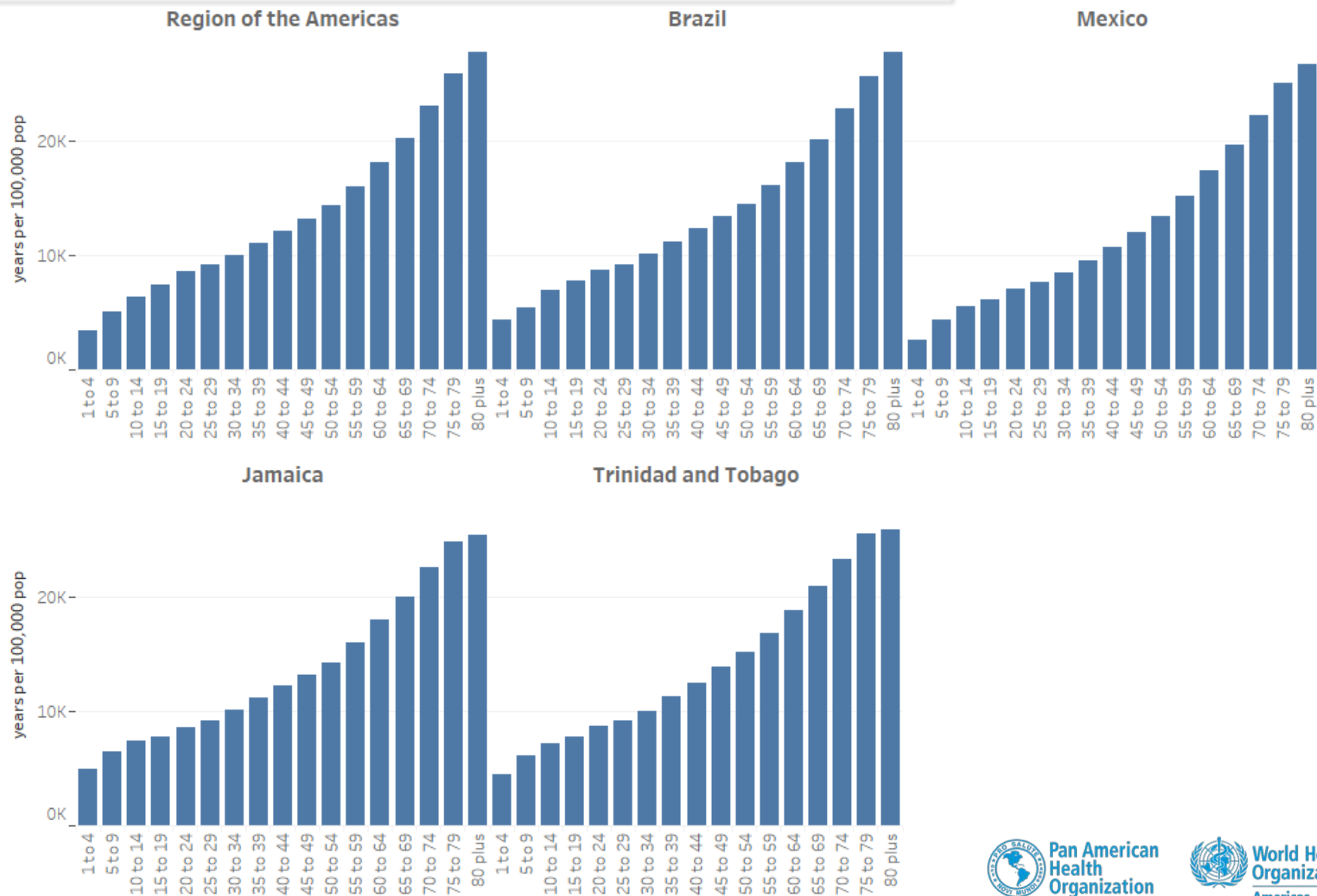
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Years Lived with Disabilities (YLD, rate per 100,000 population) by Age Groups in the Americas and Selected Countries, 2015

Disability increases with age. Population aged 60+ years have the highest burden of disability



Source: Global Burden of Disease Study, 2015. Institute of Health Metrics and Evaluation (IHME)



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WHO's Response



PAHO's Response

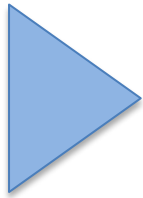
But...

IT'S A RACE AGAINST TIME



STRATEGIC LINE:

Adapt health systems to population aging challenges and the health needs of older persons.



Plan Of Action On The Health Of Older Persons, including Active And Healthy Aging. Paho, 2009-2018

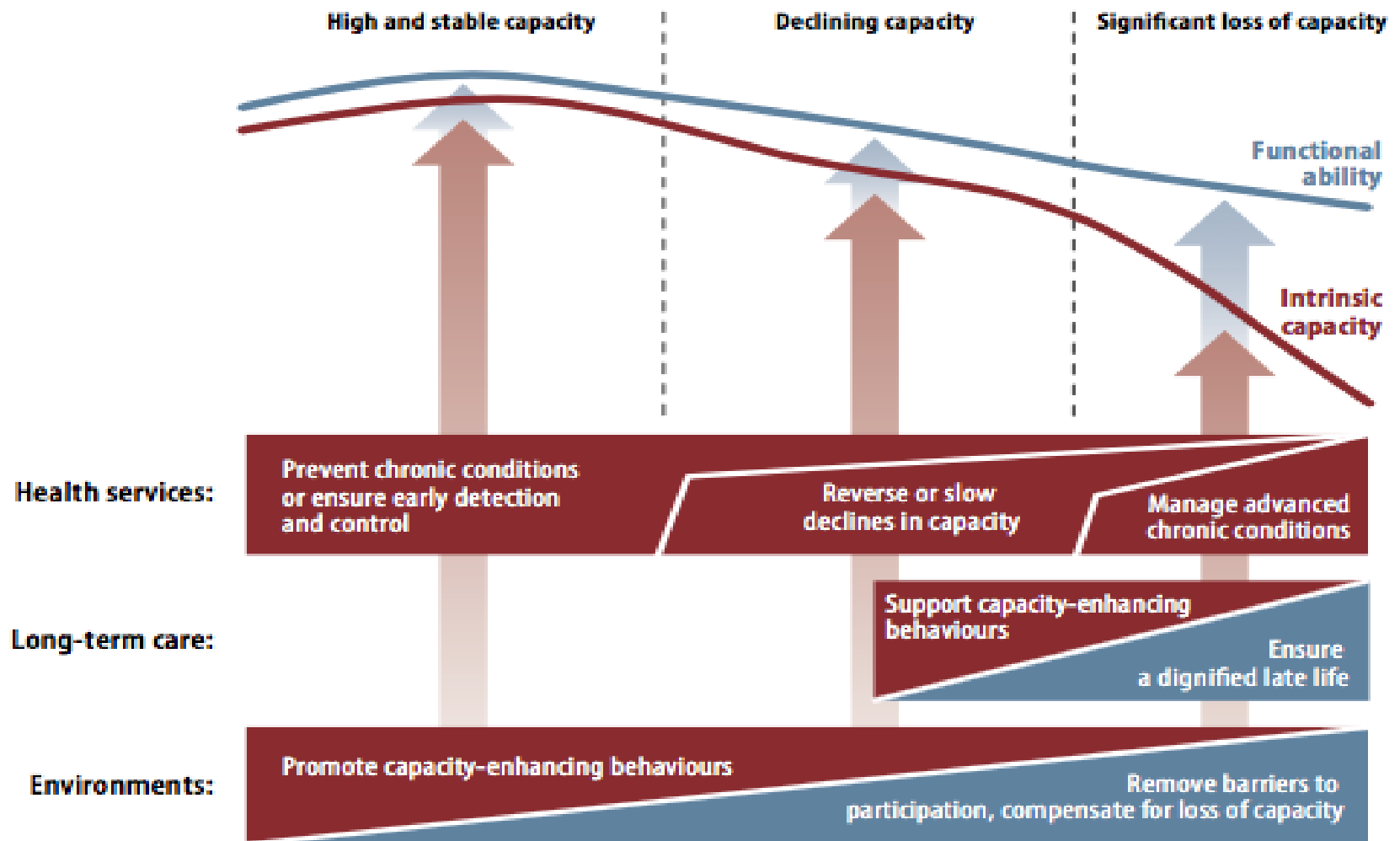


The Aging And Health World Report 2015



The Global Strategy And Plan Of Action In Aging And Health 2016

Public-health framework for Healthy Aging



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Periods of intrinsic capacity in older age; risks and challenges, goals, and key responses of a health system

Period	High and stable capacity	Declining capacity	Significant loss of capacity
Risks and challenges	Risk behaviours, emerging NCDs	Falling mobility, sarcopaenia, frailty, cognitive impairment or dementia, sensory impairments	Difficulty performing basic tasks, pain and suffering caused by advanced chronic conditions
Goals	<p>Build and maintain capacity and resilience</p> <p>Reverse, stop or slow the loss of capacity</p> <p>Compensate for loss of capacity</p>		
Responses	<p>Reduce risk factors and encourage healthy behaviours</p> <p>Early detection and management of chronic diseases</p> <p>Build resilience through capacity-enhancing behaviours, strengthening personal skills and building relationships</p>	<p>Implement multicomponent programmes delivered at primary health-care level</p> <p>Treat the underlining causes of declines in capacity</p> <p>Maintain muscle mass and bone density through exercise and nutrition</p>	<p>Interventions to recover and maintain intrinsic capacity</p> <p>Care and support to compensate for losses in capacity and ensure dignity</p> <p>Rapid access to acute care</p> <p>Palliative and end-of-life care</p>

Adapting health systems to population aging challenges and the health needs of older persons

- Shifting the health system **priority** and the **perception** surrounding aging
- Generating **leadership** in aging and health
- **Retooling** the health care workforce
- Strengthening the **scientific foundation** for policymaking to **meet** the challenges of aging and health

AGING: PRIORITY PERCEPTION

Stratification of Programmatic Priorities – Regional Perspective (Dec 2016)
(Information from 36 countries and territories - Results may change somewhat for the Executive Committee in June 2017)

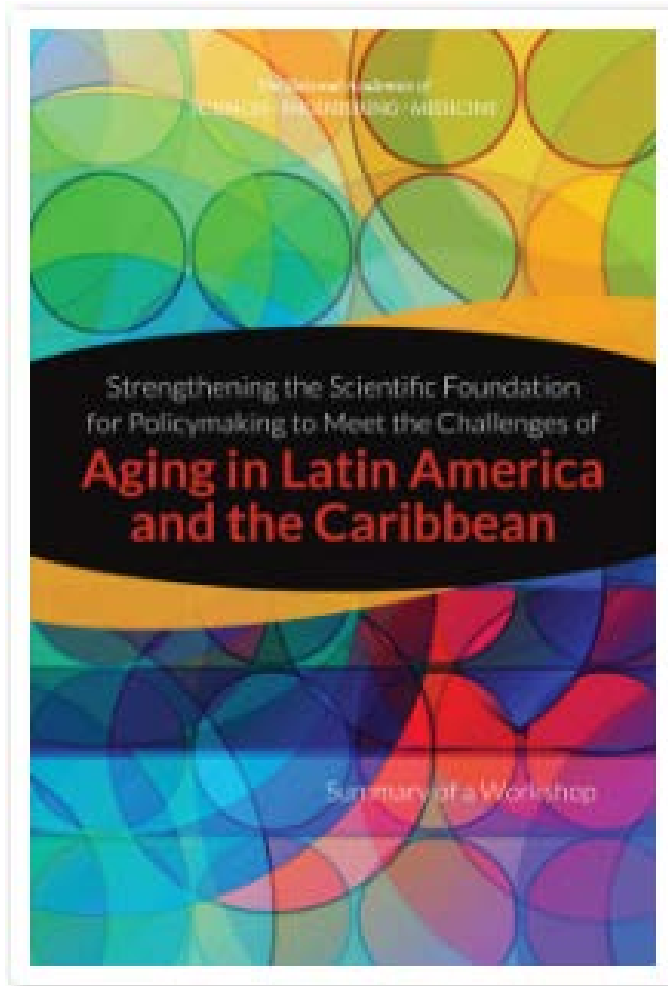
Program Area	Tier
2.1 Noncommunicable diseases and risks factors	1
3.1 Women, maternal, newborn, child, and adolescent health, and sexual and repr.	1
4.5 Human resources for health	1
4.2 People-centered, integrated, quality health services	1
1.3 Malaria and other vector-borne diseases (including dengue and Chagas)	1
3.4 Social determinants of health	1
4.4 Health systems information and evidence	1
4.1 Health governance and financing, national health policies, strategies and plans	1
5.6 Disaster risk reduction and special projects	1
2.5 Nutrition	2
1.1 HIV/AIDS and STIs	2
2.2 Mental health and substance use disorders	2
5.2 Country health emergency preparedness and the International Health Regulations	2
3.5 Health and the environment	2
2.3 Violence and injuries	2
4.3 Access to medical products and strengthening regulatory capacity	2
5.1 Infectious hazard management	2
1.5 Vaccine-preventable diseases (including maintenance of polio eradication)	2
1.6 Antimicrobial resistance	3
3.2 Ageing and health	3
5.3 Health emergency information and risk assessment	3
5.4 Emergency Operations	3
1.2 Tuberculosis	3
2.4 Disabilities and rehabilitation	3
1.7 Food Safety	3
3.3 Gender, equity, human rights, and ethnicity	3
1.4 Neglected tropical and zoonotic diseases	3

Priority level	Country
High	BHS, BRA, CHI, CRI, MEX, PRI, URY, ABW, BES, BES, BMU, CYM
Medium	AGT, DOM, ECU, TTO, DUTCH, UK, CUW, SXM, TCA
Low	BLZ, CAN, COL, GRD, GTM, JAM, PAN, PRY, PER, SUR, USA, VCT, VEN

THE QUESTION IS HOW?

- How do we understand and assess the aging impact over the Health Systems;
- How do we understand, improve and measure the health system's readiness to answer to aging and older persons' health?

**...COUNTRIES IN THE REGION NEED TO
DEVELOP THE CAPACITY TO DO SO**



Steering Committee for the Workshop on Strengthening the Scientific Foundation for Policymaking to Meet the Challenges of Aging in Latin America and the Caribbean

PDF is available at <http://nap.edu/21800>

BARRIERS

- Lack of data;
- Few resources dedicated to generating aging research in the Region;
- Poor capacity to analyze available data; &
- Low use of evidence in generating aging and health policies or strategic interventions.

SOME RESULTS

- Longitudinal research in Mexico, Costa Rica, Chile, and Brasil.
- Understanding trajectories of health in an aging population
 - disabilities, diabetes, hta, cognitive decline, depression)

Projecting diabetes prevalence among Mexicans aged 50 years and older: the Future Elderly Model-Mexico (FEM- Mexico)

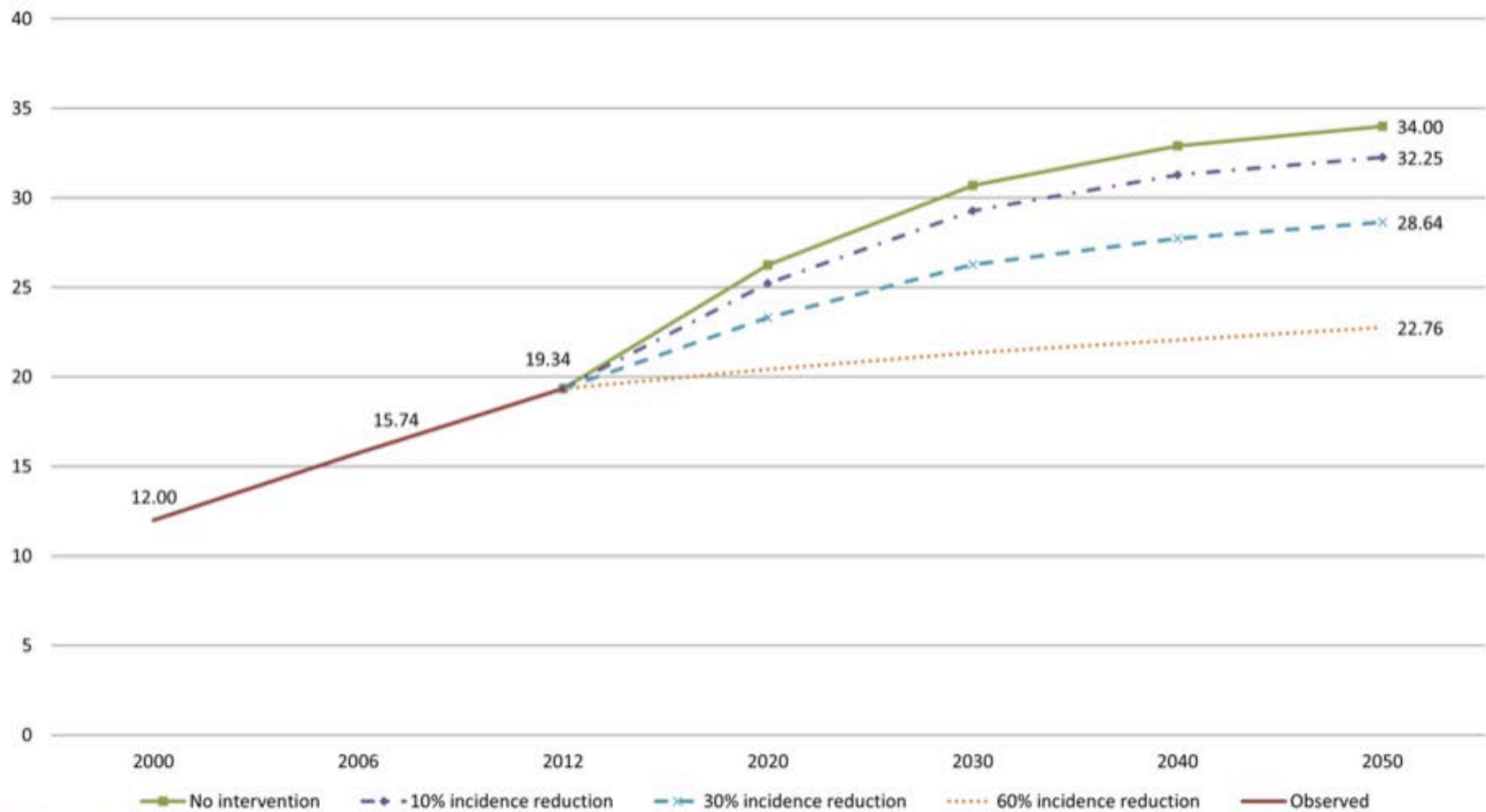


Figure 1 Diabetes prevalence for scenarios of diabetes incidence reduction, population aged 50 and older, FEM-Mexico



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WE NEED BETTER TRANSLATION TO HEALTH POLICIES

- Assess regarding the **readiness** of health systems and health services organization;
- Improved comprehension about how to **better integrate health care in long-term care**;
- **Rethink** human resources needs; &
- Reflect on the cost of **inaction**.

Thank you!

*For more information on PAHO's
work, please visit:
www.paho.org/healthy-seniors*

