WORLD HEALTH ORGANIZATION

POPULATION AGEING-A PUBLIC HEALTH CHALLENGE

By 2020 More than 1 000 Million People Aged 60 Years and Older Will Be Living in the World, More Than 700 Million of Them in Developing Countries

One of the main features of the world population in the 20th century has been a considerable increase in the absolute and relative numbers of older people in both developed and developing countries. This phenomenon is referred to as "**population ageing**".

- Of the approximately **580 million elderly people** (60 years and more) in the world today, around **355 million** live in *developing countries*.

From a demographic point of view population ageing is a result of both mortality and fertility: fewer children are born and more people reach old age.

- Over the last fifty years mortality rates in developing countries have declined dramatically raising the average life expectancy at birth from around **41 years in the early 1950s** to almost **62 years in 1990. By 2020, it is projected to reach 70 years.**

- There are currently more than 20 developing countries, in which life expectancy at birth is 72 years or above. Among these are Costa Rica (**77**), Cuba (**76**), Jamaica (**75**), Argentina and Sri Lanka (**73**), Malaysia (**72**) and the Republic of Korea (**72**).

- More recently sharp falls have also occurred in birth rates in nearly all developing countries except for most of Sub-Saharan Africa. Total fertility rates in China, for example, declined from **5.5** in 1970 to the current **1.8** level. Respective figures for Brazil are **5.1** and **2.2** and for India **5.9** and **3.1**.

Population ageing has become an important development issue that requires urgent action. Projections into the first quarter of the 21st century, prepared independently by a number of organizations and scientists, merit the closest attention:

- By 2020 the number of elderly people worldwide will reach more than **1 000 million** with over **700 million** of them in developing countries.

- **Over the next quarter-century, Europe is projected to retain its title of "oldest" region in the world. Currently, elderly people represent around 20% of the total population now and will represent 25% by 2020.**

- The **"oldest" country** by 2020 will be Japan (**31%**), followed by Italy, Greece and Switzerland (**above 28%**). Today, the countries with the highest proportion of elderly people are Greece and Italy (both **23%** in 1998).
- By 2020, the proportion of population aged 60 and over is projected to reach **23%** in North America, **17%** in East Asia, **12%** in Latin America and **10%** in South Asia.
- By 2020, of the ten countries with the largest elderly populations in the world, five will be in the developing world: **China (230 million)**, **India (142million)**, **Indonesia (29 million)**, **Brazil (27 million) and Pakistan (18 million)**.
- In 2020, the proportion of "**oldest old**" (80 years and older) in the above 60 group is projected to be 22% in Greece and Italy, 21% in Japan, France and Spain, and 20% in Germany. In several developing countries, including Uruguay, Cuba and Argentina, this proportion will be between 15% and 20%.

In developed countries, population ageing has evolved *gradually* as a result of an earlier decline in fertility and improving living standards for the majority of the population over a relatively long period of time after the industrial revolution. Technological breakthroughs in the field of medicine, including the development of new and effective drugs and vaccines, contributed to this process much later.

In developing countries, population ageing is occurring more rapidly because of rapid fertility decline and an increasing life expectancy due to medical interventions based on the use of advanced technology and drugs. These interventions have provided effective means to treat and prevent many diseases that used to kill people prematurely. Also of importance is the fact that population ageing in the developing world is accompanied by *persistent poverty.*

- In France, it has taken **115 years** (1865-1980) for the proportion of the elderly population to approximately double from 7 to 17**%**. It is projected that in China it will take only **27 years** between 2000 and 2027 for the proportion of the population aged 60 years and over to double from 10% to 20%.
- Between 1990 and 2025 the rate of increase in the number of the older people in developing countries is expected to be **7** to **8 times higher** in countries such as Colombia, Malaysia, Kenya, Thailand and Ghana, as compared, for example, with the United Kingdom and Sweden. These developing countries are expected to experience an increase of between **200**% and **300**% in their elderly populations over a period of only **35 years.**

The rapidly growing absolute and relative numbers of older people in both developed and developing countries mean that more and more people will be entering the age when the risk of developing certain chronic and debilitating diseases is significantly higher. As such, population ageing presents new and serious challenges for national and international public health.

By 2020, it is projected that three-quarters of all deaths in developing countries could be ageing-related. The largest share of these deaths will be caused by non-communicable diseases (NCDs), such as diseases of the circulatory system (CSDs), cancers and diabetes.

- In Latin America, NCDs are on a steady increase. In Argentina, Cuba and Uruguay, for example, CSDs together with cancers are already responsible for more than 60% of all deaths. In Cuba, hypertension prevalence in men and women has reached **34.5%** and **27.1%**, while diabetes affects **5.7%** of women and **2.9%** of men.

- Population surveys in a number of African countries indicate that hypertension rates are on the rise, as is the prevalence of diabetes. In Seychelles, hypertension affects **22%** of the population; in South Africa - **16%**; in Mauritius - **14%**. Diabetes affects from **4** to **15%** of the population in the three countries.

- In parts of Asia, CSDs and cancers are now the two leading groups of causes of mortality. Hypertension has been found in India, Indonesia and Thailand to affect up to **15%** of the adult population. Diabetes reaches industrialized-country proportions in urban populations.

- NCDs have a major impact on health economics. According to the American Heart Association, in 1996, cardiovascular diseases in the U.S.A. cost **US$ 151.3 billion**, including medical treatment and lost productivity from disability.

- Diabetes mellitus alone, which is estimated to affect some 143 million people worldwide, claims on an average around **8%** of total health budgets in industrialized countries.

Population ageing has also been projected to aggravate **the magnitude of mental health problems.** This will happen because of the increasing life expectancy of those with mental disorders and an ever-growing number of people reaching the age at which the risk of such disorders is high.

- Estimated at **29 million today,** the number of people affected by **senile dementia** in Africa, Asia and Latin America may exceed **55 million** in **2020**.

Visual impairment and vision loss increase dramatically with age. One striking example is cataract. Cataract may have different origins, but they are mostly related to the ageing process.

- Today, there are about **45 million blind** people in the world and a further **135 million have low vision**. Cataract is responsible for **19 million cases of blindness worldwide**. In most countries of Asia and Africa, it accounts for **over 40% of all blindness.**

- Usually, ageing-related cataract can be treated with a relatively simple operation to remove the opaque lens. Increasingly, cataract surgery includes the use of intraocular lens implantation, which, however, requires sophisticated technology and adequately trained personnel. **In the U.S. alone, there are some 1.35 million cataract operations performed each year at a cost of US$3.4 billion.**

These are but a few examples that demonstrate some of the public health challenges that population ageing presents for policy-makers. They certainly do not cover

the whole range of ageing-related problems. Furthermore, many developing countries are already facing a double burden: the health problems of an ageing population, and continuing high rates of communicable disease.

The emerging social and the public health consequences of ageing, especially in developing countries, need to be taken very seriously. In the majority of these countries, poverty, lack of social security schemes, continuing urbanization and the growing participation of women in the workforce - all contribute to the erosion of traditional forms of care for older people.

In order to respond to public health challenges of population ageing, the World Health Organization (WHO) launched in April 1995 a new programme on ageing and health, which stems from and builds upon the achievements of its predecessor - the programme of health of the elderly.

The emphasis of the new programme is on healthy ageing rather than on "the elderly". Its key components include database strengthening, dissemination of information, advocacy, community-based programmes, research, training and policy development.

Living longer offers unprecedented opportunities for personally and socially fulfilling lives, but it also presents individual and societal challenges related to **quality of life in old age**, including independence, social interaction, health care and community involvement. In order to respond to these challenges countries have to develop sound and affordable policies that perceive ageing as a natural process, which continues *throughout* the life span. Effective community-based programmes need to form an integral part of such healthy ageing policies.

The creation and strengthening of a reliable database is a prerequisite for the development of national policies on healthy ageing. It is also crucial for raising awareness among policy- and decision-makers about the speed of population ageing and its public health consequences. This awareness is still low, particularly in developing countries.

National policies on ageing should rely on the results of research aimed at cost-effective public health interventions to improve the quality of life in old age. Such results need to be widely shared among countries.

WHO is particularly committed to improving knowledge and skills of primary health workers through training activities in a variety of countries to deal with ageing-related problems.

Living longer is both an achievement and a perpetual challenge. Investing in health and promoting it throughout the life span is the only way to ensure that more people will reach old age in good health and capable of contributing to society intellectually, spiritually and physically.

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NO SCIENTIFIC JUSTIFICATION TO SUSPEND HEPATITIS B IMMUNIZATION

On 1 October 1998, the French Ministry of Health announced a decision to suspend routine HB immunization of adolescents in French schools, while continuing the immunization of infants and high risk adults. This decision followed concerns, despite lack of scientific evidence establishing a causal relationship, that Hepatitis B immunization might be linked to the development or flare-up of demyelinating diseases such as multiple sclerosis (MS), and comes in the wake of enormous pressure from anti-vaccine groups.

WHO, with the assistance of external experts in neurology, epidemiology, immunology and public health, has carefully reviewed the scientific evidence on whether Hepatitis B vaccine can cause demyelinating diseases such as MS. WHO believes that available scientific data does not demonstrate a causal association between HB immunization and central nervous system diseases, including MS.

Over 1 billion doses of Hepatitis B (HB) vaccine have been used since 1981 with an outstanding record of safety and efficacy, and the vaccine is 95% effective in preventing the development of the chronic carrier state of Hepatitis B. HB vaccine is the first vaccine against a major human cancer, as it is the chronic carriers of Hepatitis B who are at a high risk of death from cirrhosis of the liver and liver cancer.

Recognizing the enormous value of Hepatitis B vaccine, the World Health Assembly recommended in 1992 that all countries incorporate Hepatitis B vaccine into their routine immunization programmes. To date, 100 countries have added Hepatitis B vaccine into their national immunization programmes, and many industrial countries have begun programmes of immunizing adolescents as well.

Although France will continue infant and high risk adult immunization, WHO is concerned that the decision taken yesterday may lead to loss of public confidence in this vaccine, and decisions by other countries to suspend or delay introduction of HB vaccine.

There are over 350 million chronic carriers of Hepatitis B at high risk from cirrhosis of the liver and liver cancer. Stopping immunization could see these numbers increase.

There have been previous experiences with other vaccines, such as Diphtheria, Tetanus, Pertussis (DTP) vaccine, where unsubstantiated hypotheses and anti-vaccine information lead to loss of public confidence and reduced coverage. Millions of cases of pertussis and hundreds of deaths followed reduced use of DTP in several countries.

WHO strongly recommends that all countries already using Hepatitis B vaccine as a routine vaccine in their national immunization programmes continue to do so, and that countries not yet using the vaccine begin as soon as possible.

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WORLD HEALTH ORGANIZATION SETS OUT TO ELIMINATE IODINE DEFICIENCY DISORDER

It affects 740 million people a year. It causes brain disorders, cretinism, miscarriages and goiter. It is the world's single most important and preventable cause of mental retardation. And it is almost unknown. Equally unknown is the success in eradicating it. Calling it "one of our best kept secrets" the World Health Organization has rededicated itself to eliminating Iodine Deficiency Disorder, or IDD, through an intense programme of salt iodisation and iodine delivery within the next decade.

At the World Health Assembly in Geneva, **Dr. Gro Harlem Brundtland**, the Director-General of the WHO, today outlined a series of measures designed to eradicate IDD within the next decade. She told the Assembly "Iodine Deficiency Disorders constitute the single greatest cause of preventable brain damage in the foetus and infant, and retarded psychomotor development in young children. When elimination of IDD is achieved it will be a major and total public health triumph, ranking with small pox and poliomyelitis."

- **The WHA resolution**

The World Health Assembly included a call for the Director-General to "mobilize, and collaborate with, international and bilateral development agencies, nongovernmental organizations, and the private sector in support of the efficient and effective iodization of salt by both large- and small-scale salt producers."

It also recommended that WHO "provide technical support to Member States to establish and strengthen systems for monitoring the iodine status of their populations and the quality of iodized salt, to identify the required financial and technical resources for this purpose, and to support Member States in developing links with the salt industry. According to the resolution, the Director-General "is to report to the Health Assembly by 2005 on progress achieved in eliminating iodine deficiency disorders".

- **IDD: the impact**

Iodine deficiency Disorder (IDD) is a significant public health problem in 130 countries, affecting a total of **740 million** people. While remarkable measurable progress is being made through universal salt iodization, there are nearly 50 million people who are estimated to still be affected by some degrees of IDD-related brain damage.

One-third of the world's population is estimated to be at risk of IDD. Since the passage of a special resolution at the World Health Assembly in 1990 and subsequent resolutions in 1992 and 1996, the Department of Nutrition for Health and Development (NHD) of WHO has worked tirelessly to establish iodisation programmes around the world.

Over the last decade, extraordinary progress has been achieved by increasing the number of people with access to iodized salt. From 1990 to 1998, the number of countries with salt iodization programmes increased from 46 to 93. Two-thirds of households living in IDD-affected countries now have access to iodized salt. Twenty countries have 90% of their households with access to iodized salt.

The Director of the NHD Department, Dr. Graeme Clugston, points out that " The tragedy is that such a huge global burden of brain damage is still occurring, much of it irreversible, yet less than a single teaspoon of iodine is all a person requires during an entire a lifetime, and the cost amounts to only about 5 cents US per person and per year".

- **Eradicating IDD: WHO's plans**

Under the direction of Dr Gro Harlem Brundtland, WHO plans to eradicate IDD within the next decade. In order to achieve that goal, WHO will:

Firstly, reinforce its role, effectiveness and visibility in technical expertise and catalytic financial support to a select number of countries, particularly in Africa and Asia, where national iodised salt programmes have not yet been established, or progress is lagging.

Second, WHO will support countries to ensure that salt is iodized to the correct levels, and it will continue to disseminate its technical findings concerning appropriate indicators for monitoring and evaluating programmes for IDD control.

Third, WHO will reinforce its partnership with the salt industry, whose role is crucial in winning the battle against IDD. It will also continue to collaborate with UNICEF and the International Council for Control of Iodine Deficiency Disorders, two major WHO's international partners in this area.

Mrs Poonam Singh, Executive Director, Sustainable Development and Healthy Environments, points out that the battle against IDD can never cease: "Unlike immunization campaigns, even when IDD is eradicated we must continue to sustain this programme or we will lose ground. Even now we are seeing some countries lagging behind in their iodization efforts. We must instead encourage them to redouble their efforts and assist them to remain vigilent."

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