

BGS South Thames Regional Meeting

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The WHO Healthy Ageing strategy and the Decade of Health Ageing 2020-2030

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Conflicts of Interest

| | |
|-----------------------------|---|
| Commercial conflicts | None |
| Professional bias | Steering Committee WHO Clinical Consortium on Health Ageing |

• Summary

- Global ageing and health etc
- WHO Ageing Report
- Decade of Healthy Ageing 2020-2030
- Opportunities for Geriatrics

Ageing in the 21st century

- Many older people now live long enough to have
 - sensory impairments
 - sarcopenia and inflammaging
 - homeostatic dysregulation
 - And cognitive changes or dementia
- Resulting in frailty and “geriatric syndromes”

The transition from health to disability

- a longitudinal perspective (from Gill et al)

Non-disease changes

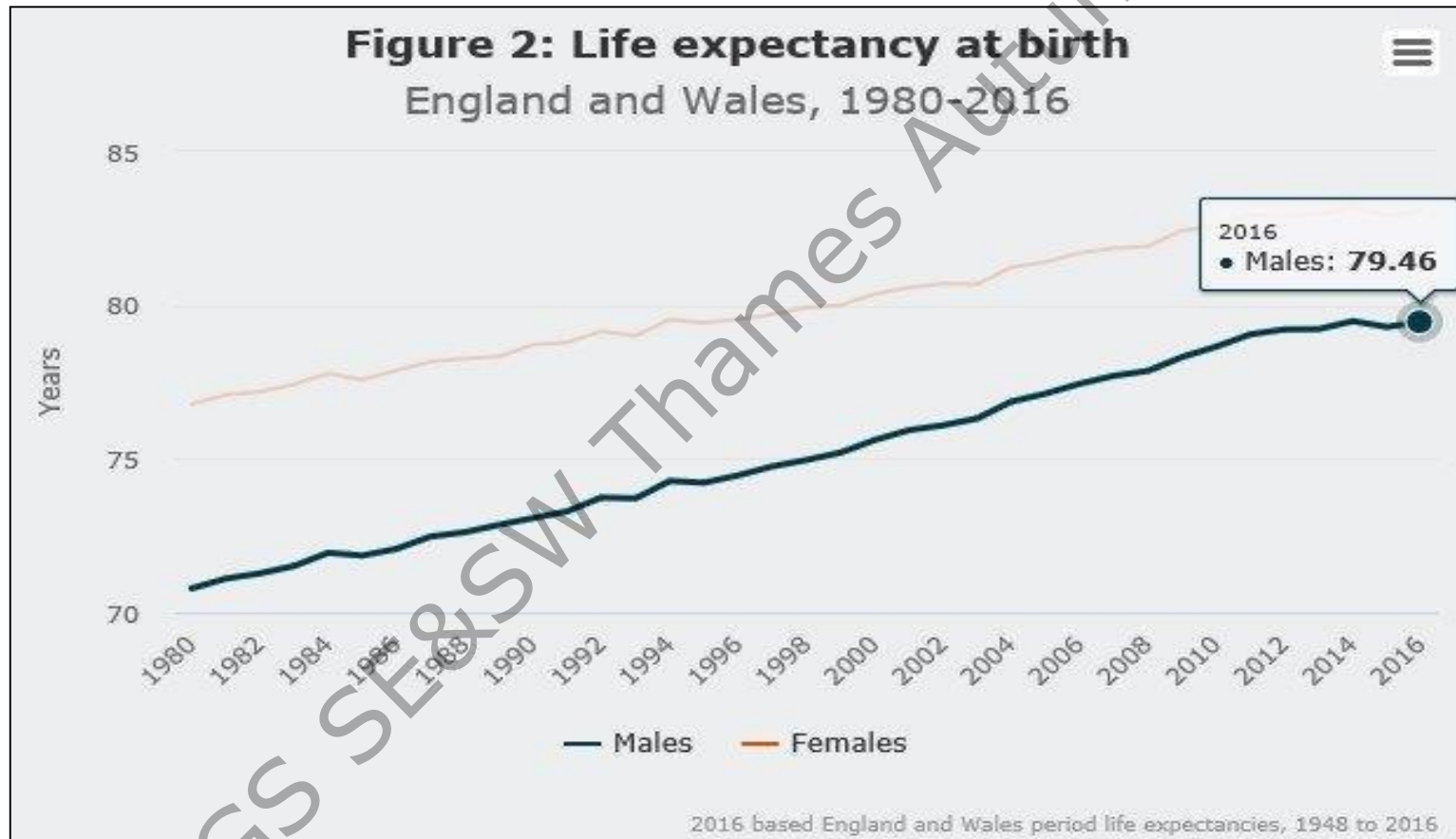
Specific diseases

**3 year
longitudinal
study in US**
50% each

Spectrum of disability

Ageing in the 21st century

Living longer ??



Ageing in the 21st century

Living healthier?

Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS)

*Andrew Kingston, Pia Wohland, Raphael Wittenberg, Louise Robinson, Carol Brayne, Fiona E Matthews, Carol Jagger, on behalf of the Cognitive Function and Ageing Studies collaboration**

Lancet, 2017

Age stratified random samples ~ 8000 people from GP practices in Nottingham, Cambridge and Newcastle in 1991 and 2011

Results from CFAS study (Lancet 2017)

From age 65 , older people spend (on average):

- 4 - 8 years - low dependency (care less than daily)
 - 1.1 years - medium dependency (care at set times daily)
 - 1.3 -1.9 years - high dependency (24-h care).
-

From 1991 to 2011

1.7-2.4 years more with low dependency

0.9-1.3 years more with high dependency

Inequalities

In 2014-16, males living in the least deprived 10 per cent of areas in England and Wales could expect to 9.3 years longer than males living in the 10 per cent most deprived areas, and for females the gap was 7.4 years.

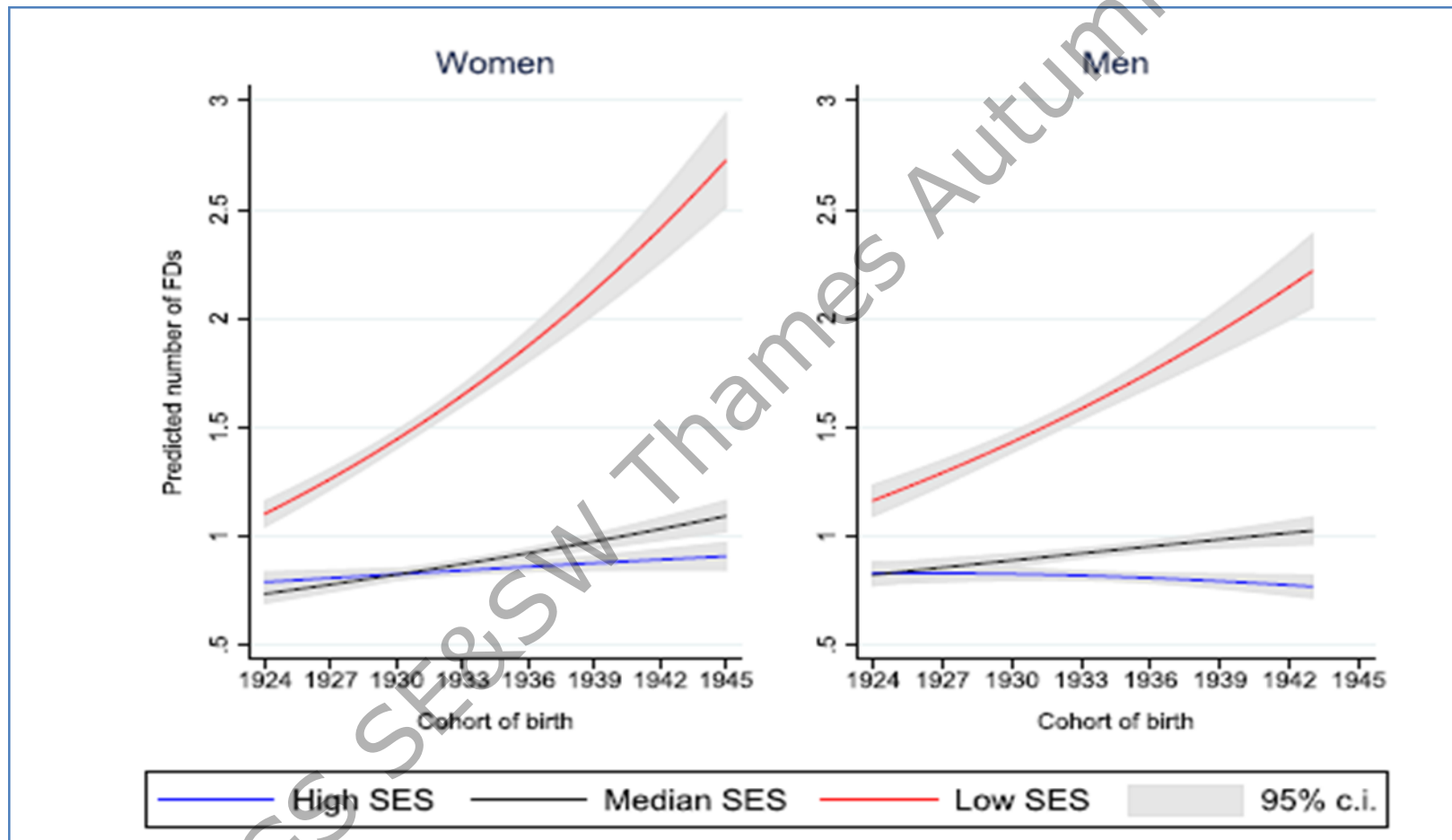
The gap in healthy life expectancy at birth is even greater - about 19 years for both males and females

People living in most deprived areas spend nearly a third of their lives in poor health, compared with only about a sixth for those in the least deprived areas.

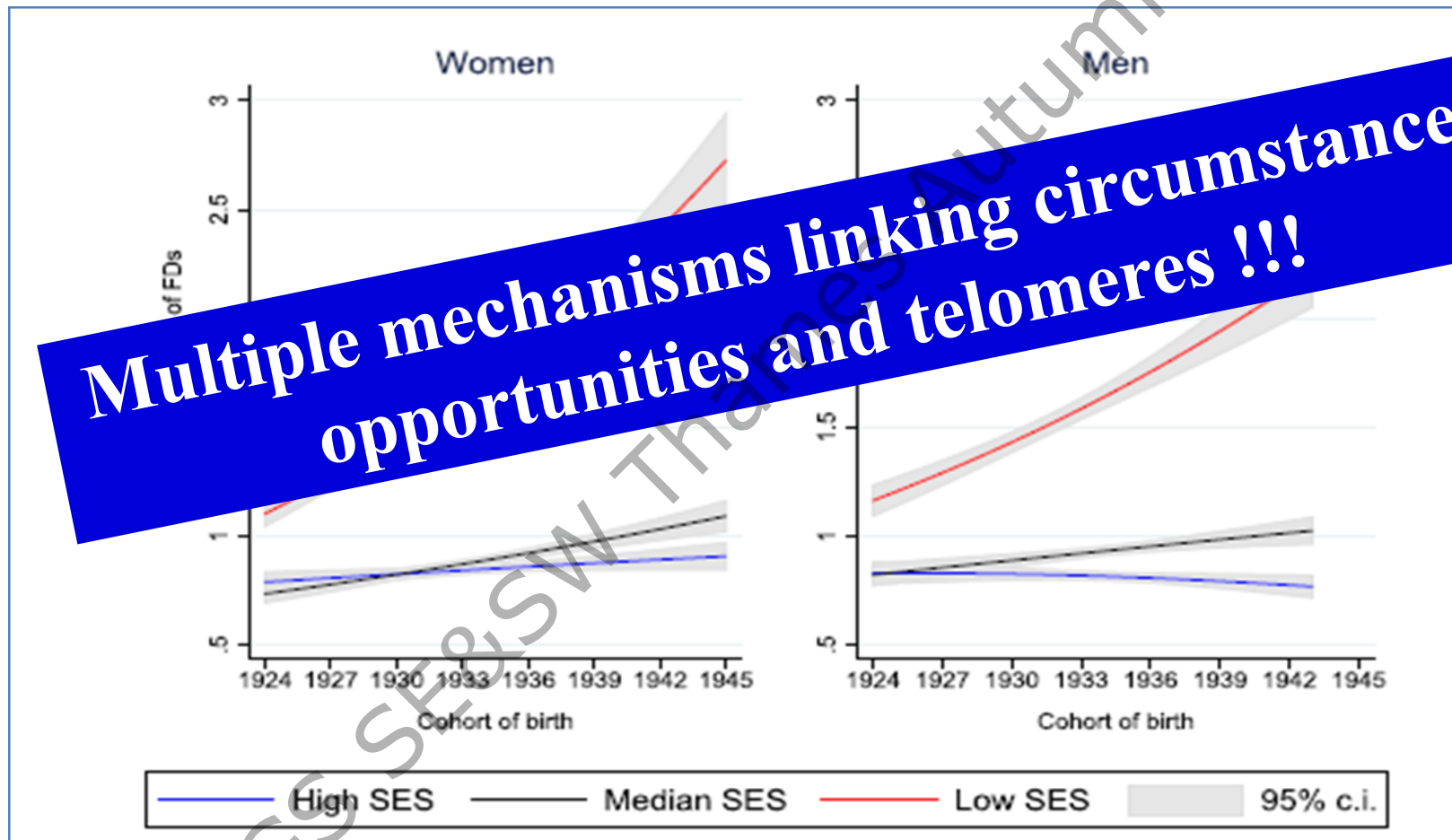
Between 2011-13 and 2014-16, the difference in life expectancy between the most and least deprived widened by 0.3 years among males and 0.4 years among females

Life expectancy among most deprived females has fallen since 2012.

Trends in functional disability rates differ with socioeconomic position (UK)



Trends in functional disability rates differ with socioeconomic position (UK)

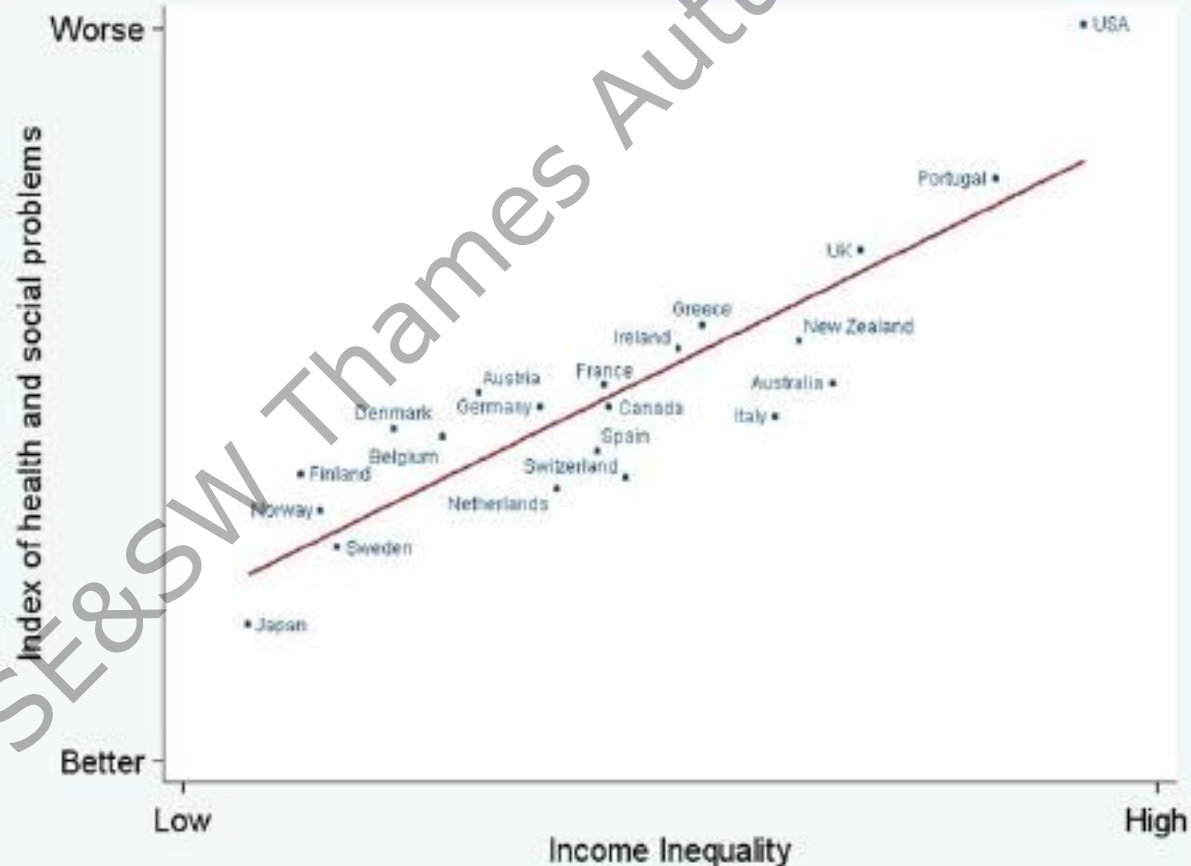


Poor health rates are associated with socio-economic inequality

Health and Social Problems are Worse in More Unequal Countries

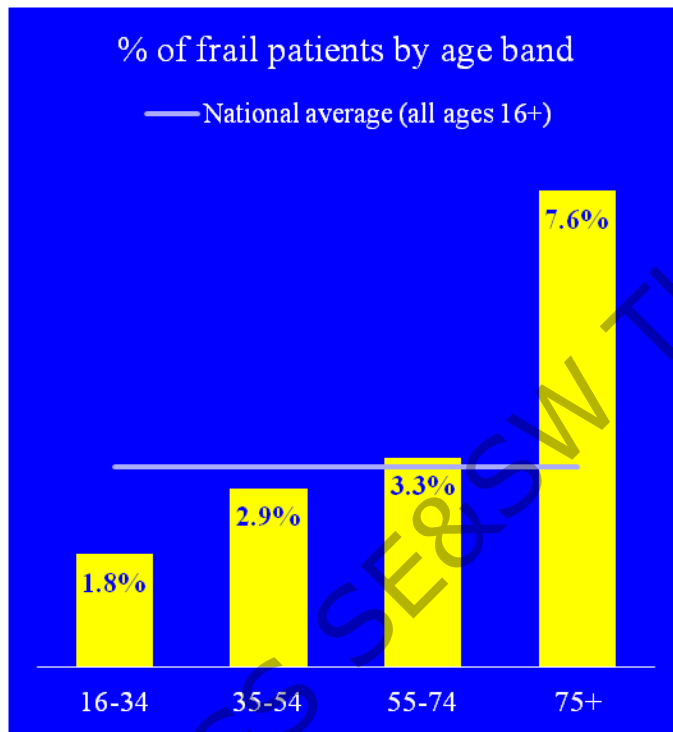
Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

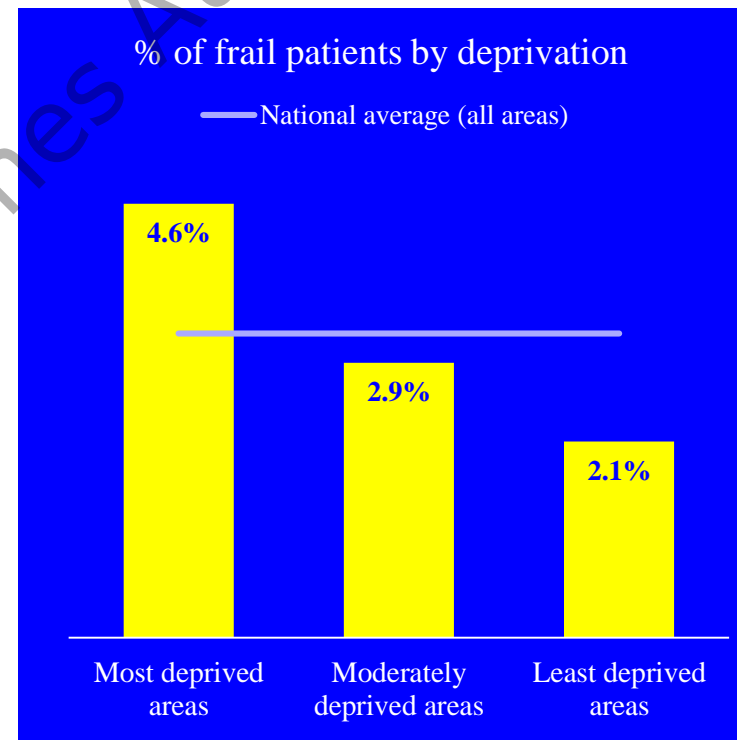


Who are the frail people?

...much older than average (but a lot of 'frail' younger people too)



...more likely to live in deprived areas



Conclusions

- Healthcare is just one factor affecting health
- Disease orientated approach is too limited
- Using age as a target will perpetuate inequity
- Function becomes a major target outcome

WHO approach to these issues


ing and Life Course x +

who.int/ageing/en/

Maps NatWest BGS Historical Currency... Zoom Cochrane. Translate GP on line Imported From Fire... AHSC aerlingus.com AAManuscript

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Ageing and Life Course




Judith Escribano/Age International

Populations around the world are rapidly ageing. Ageing presents both challenges and opportunities. It will increase demand for primary health care and long-term care, require a larger and better trained workforce and intensify the need for environments to be made more age-friendly. Yet, these investments can enable the many contributions of older people – whether it be within their family, to their local community (e.g. as volunteers or within the formal or informal workforce) or to society more broadly.

Societies that adapt to this changing demographic and invest in *Healthy Ageing* can enable individuals to live both longer and healthier lives and for societies to reap the dividends.

[What is Healthy Ageing?](#)

[Decade of Healthy Ageing](#) [10 Priorities](#) [Global strategy and action plan](#) [World report on ageing](#) [Age-friendly World](#)



Age-Friendly Manchester

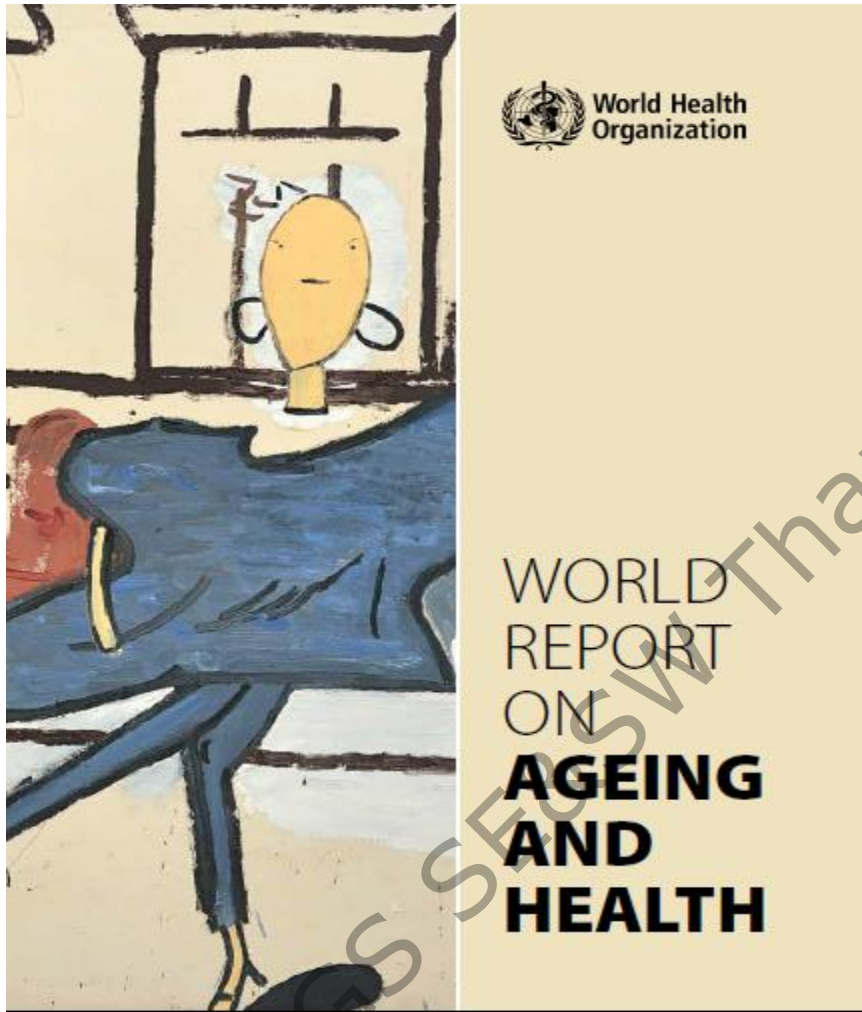
The *Decade of Healthy Ageing* (2020-2030) is an opportunity to bring together governments, civil society, international agencies, professionals, academia, the media, and the private sector for ten years of concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live.

[Find out more about the Decade](#)
[Online consultation for the Decade Proposal Zero Draft](#)
[Healthy Ageing and the SDGs](#)

WHO Decade builds on...

- Madrid International Plan of Action on Ageing 2002
- UN: 2030 Agenda: 17 Sustainable Development Goals 2015
- **World Report on Ageing and Health 2015**

Journey to the Decade 2020-30



WHO: What is health ageing?

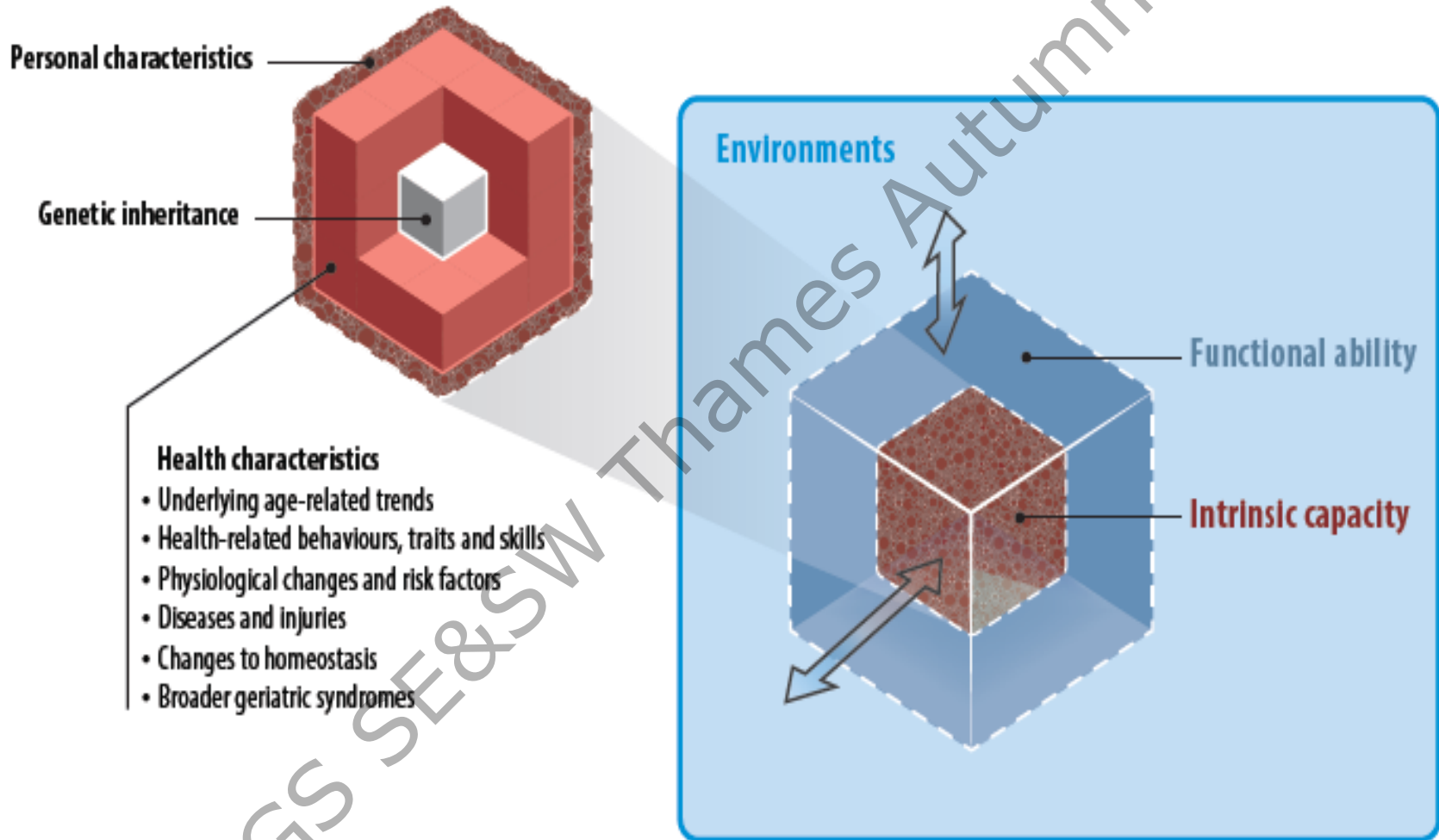
- the process of developing and maintaining the functional ability that enables **well-being** in older age
- **well-being** is considered in the broadest sense and includes domains such as happiness, satisfaction and fulfilment
- **functional ability** comprises the health related attributes that *enable people to be and to do what they have reason to value.*

Functional Ability

is made up of

- **Intrinsic capacity** - composite of all the physical and mental capacities of an individual.
- **Environments** comprise all the factors in the extrinsic world that form the context of an individual's life.
 - home, communities and the broader society.
 - range of factors, including the built environment
 - people and their relationships, attitudes and values
 - health and social policies, and their services

Intrinsic Capacity

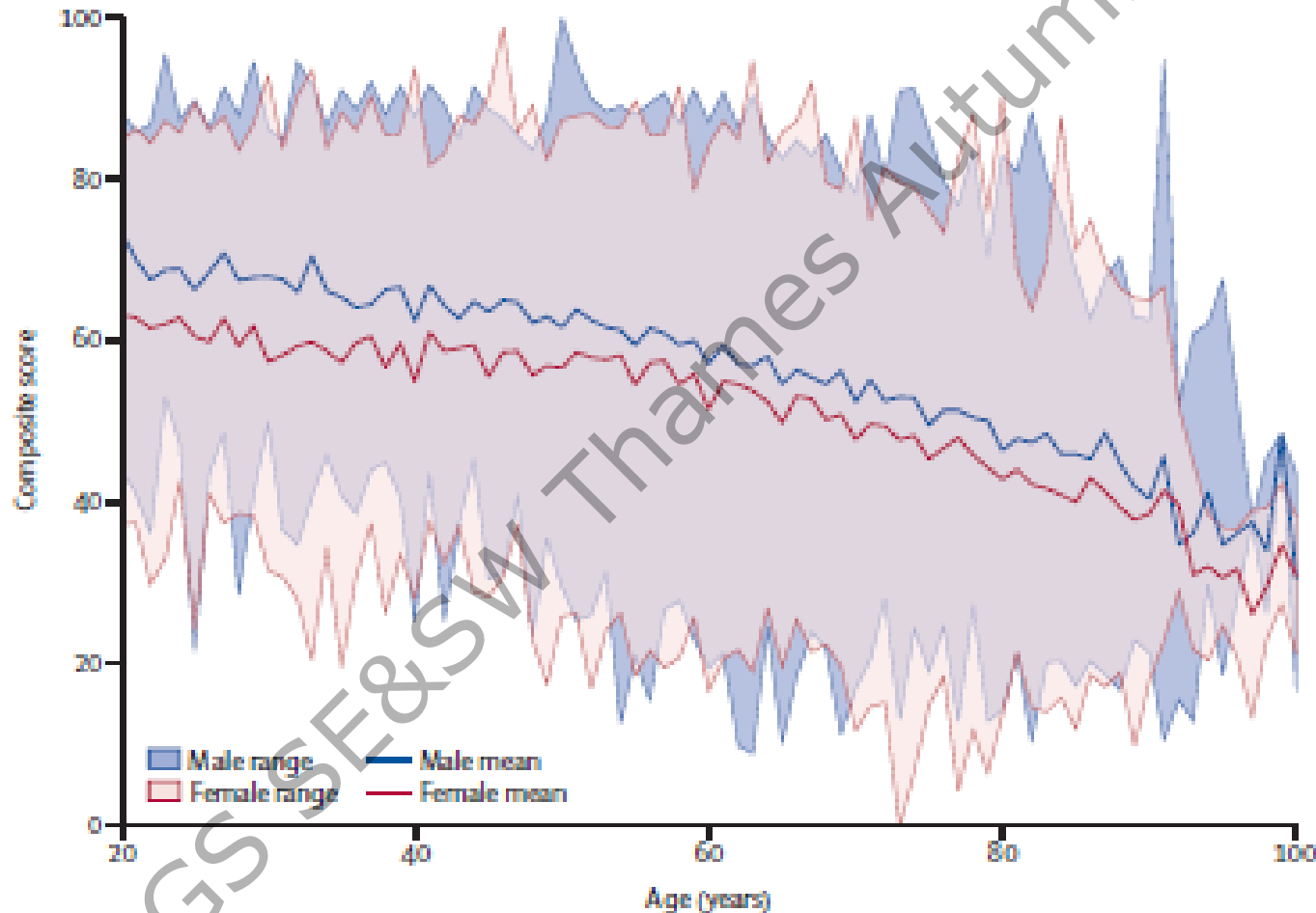


Unique journeys into old age

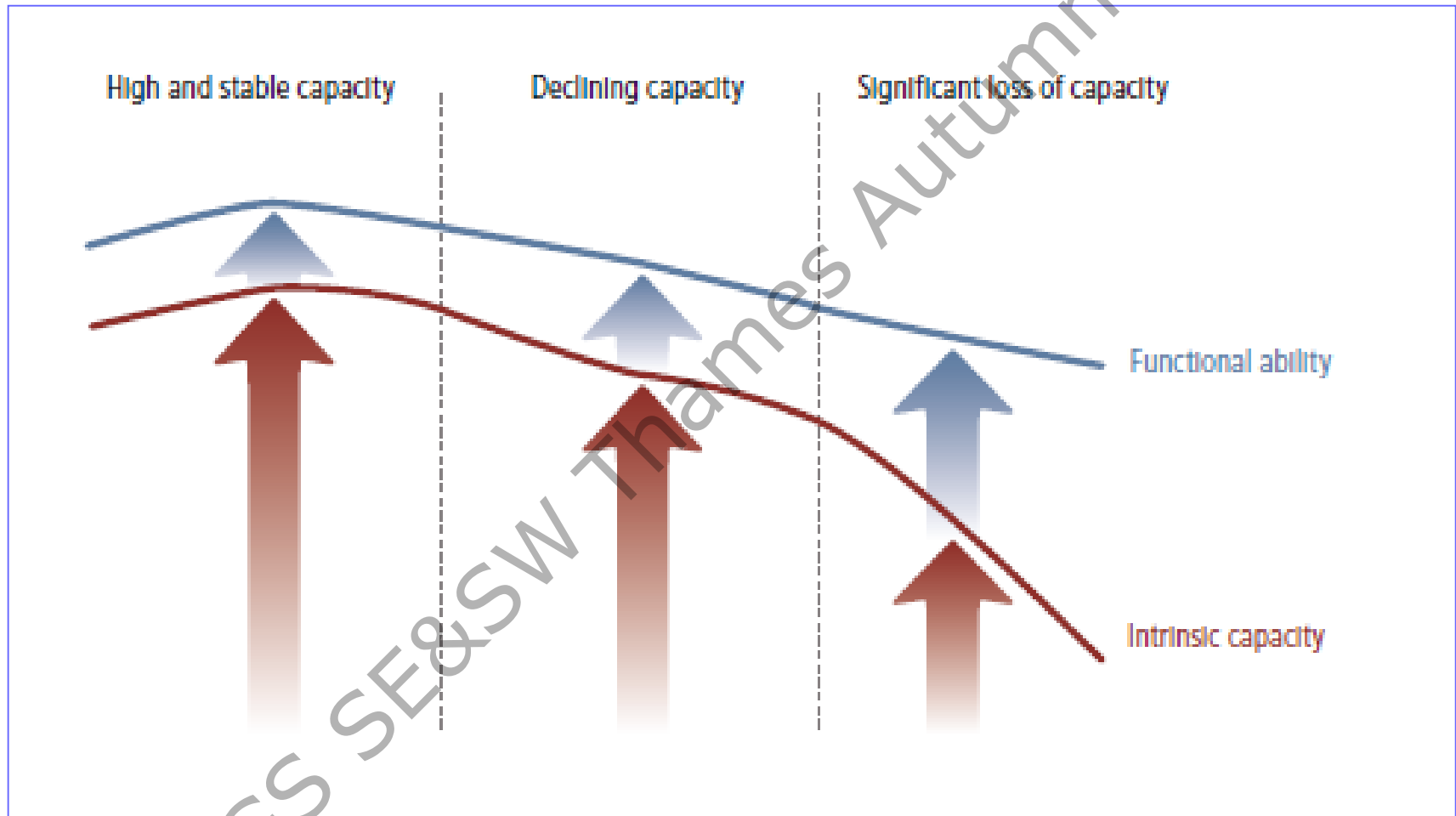
Differences accumulate over the entire lifespan

- in utero
- childhood and “peak development”
- adulthood
- old age

Range and mean of intrinsic capacity from Study on adult health and AGEing (SAGE)



Mean trajectories of Intrinsic Capacity and Functional Ability

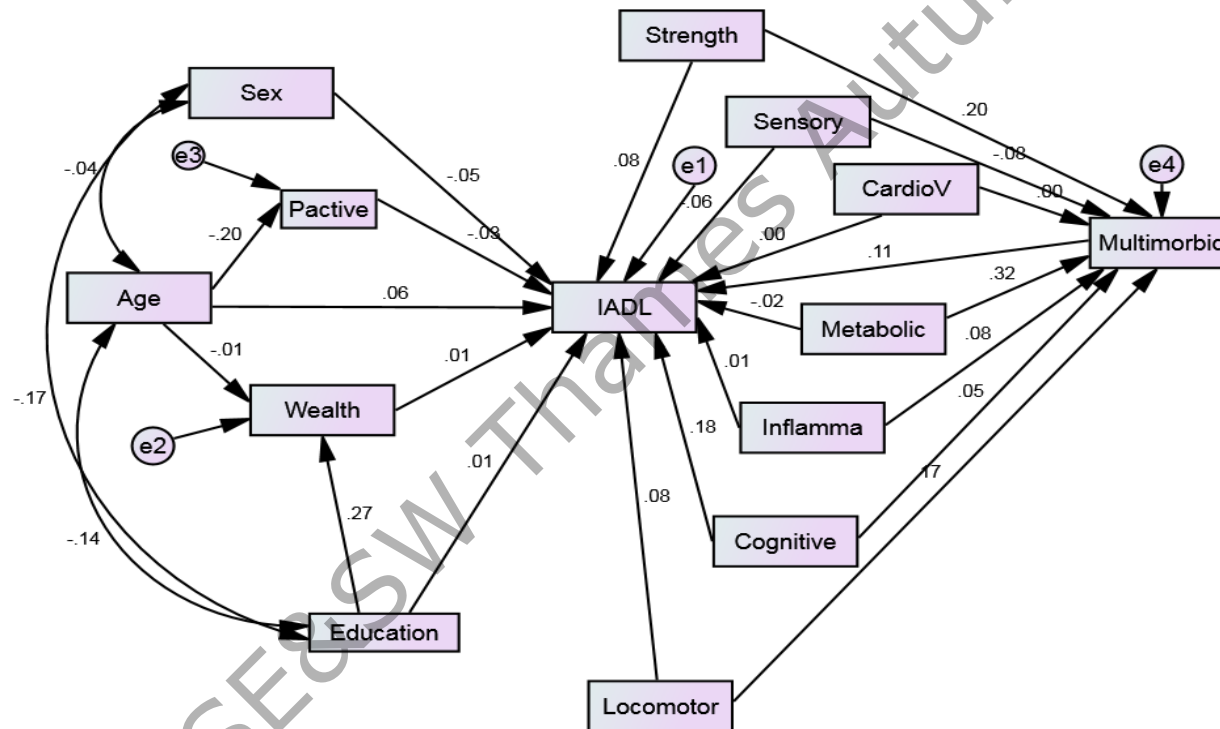


What are the important determinants of overall IC and the associated losses of functional ability?

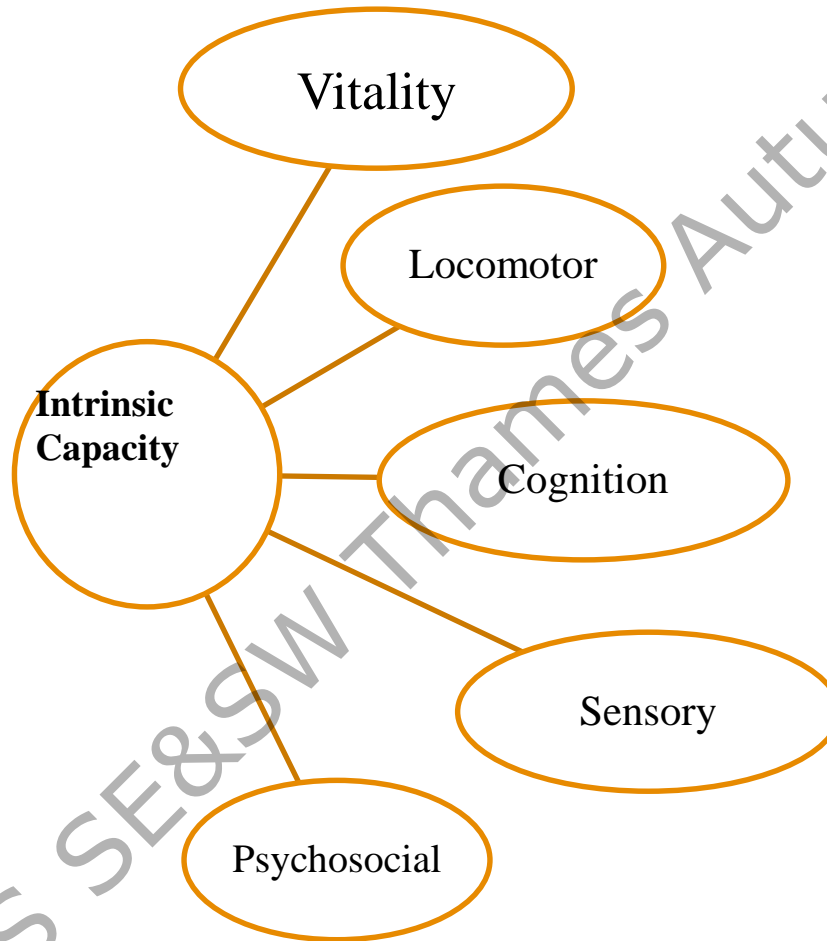
WHO commissioned

- systematic reviews of longitudinal studies
- detailed analysis of ELSA
(English Longitudinal Study of Ageing)
- confirmatory factor analysis on separate cohort

Direct and indirect relationships between IC factors and incident loss of IADL



(Emergent) factor structure



Potential uses of IC in research, public health and clinical practice

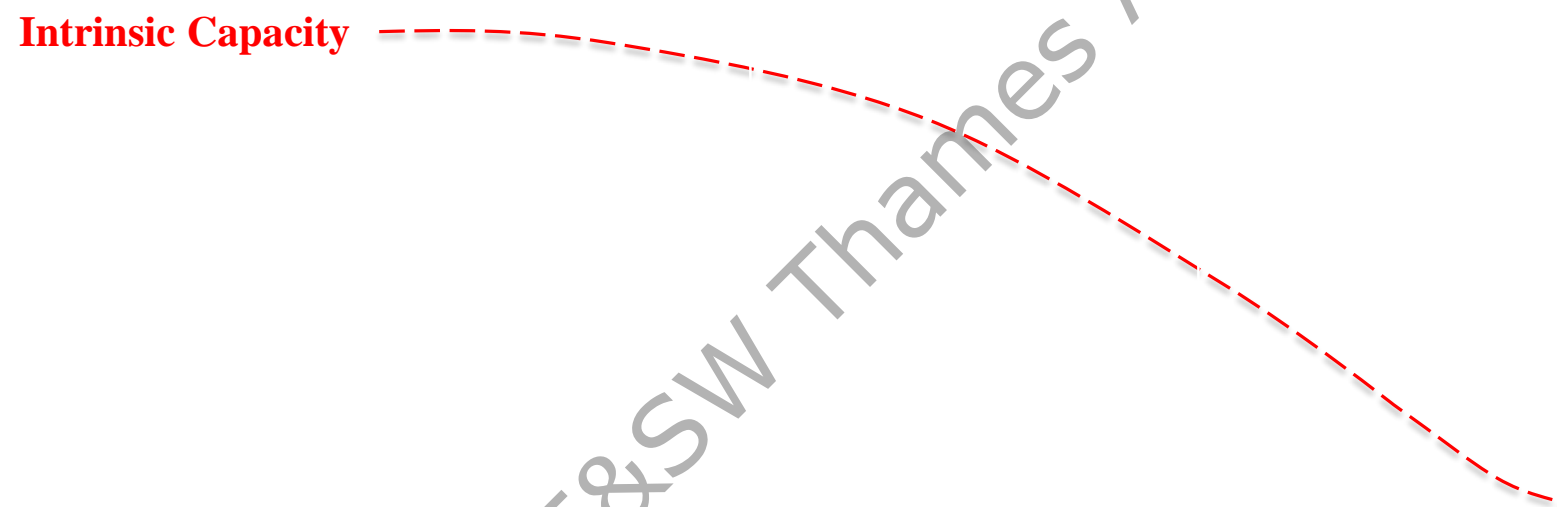
- Global burden of disease surveys
- Cohort trends to inform policy
- Trajectories to monitor individuals
- Stratification to target groups
- Focus and outcome of interventions

Using IC to target healthcare interventions

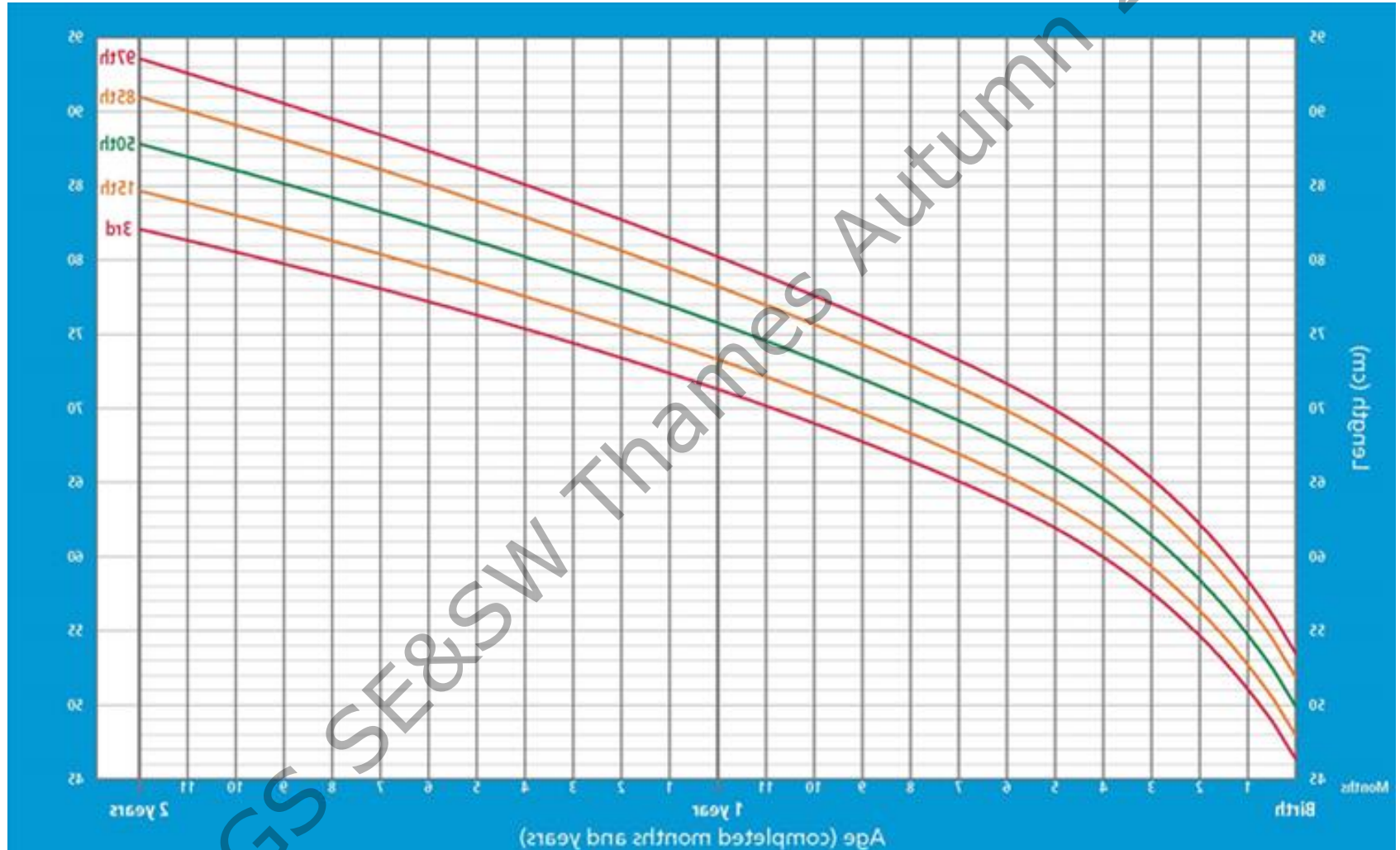
High and Stable

Declining

Significant loss



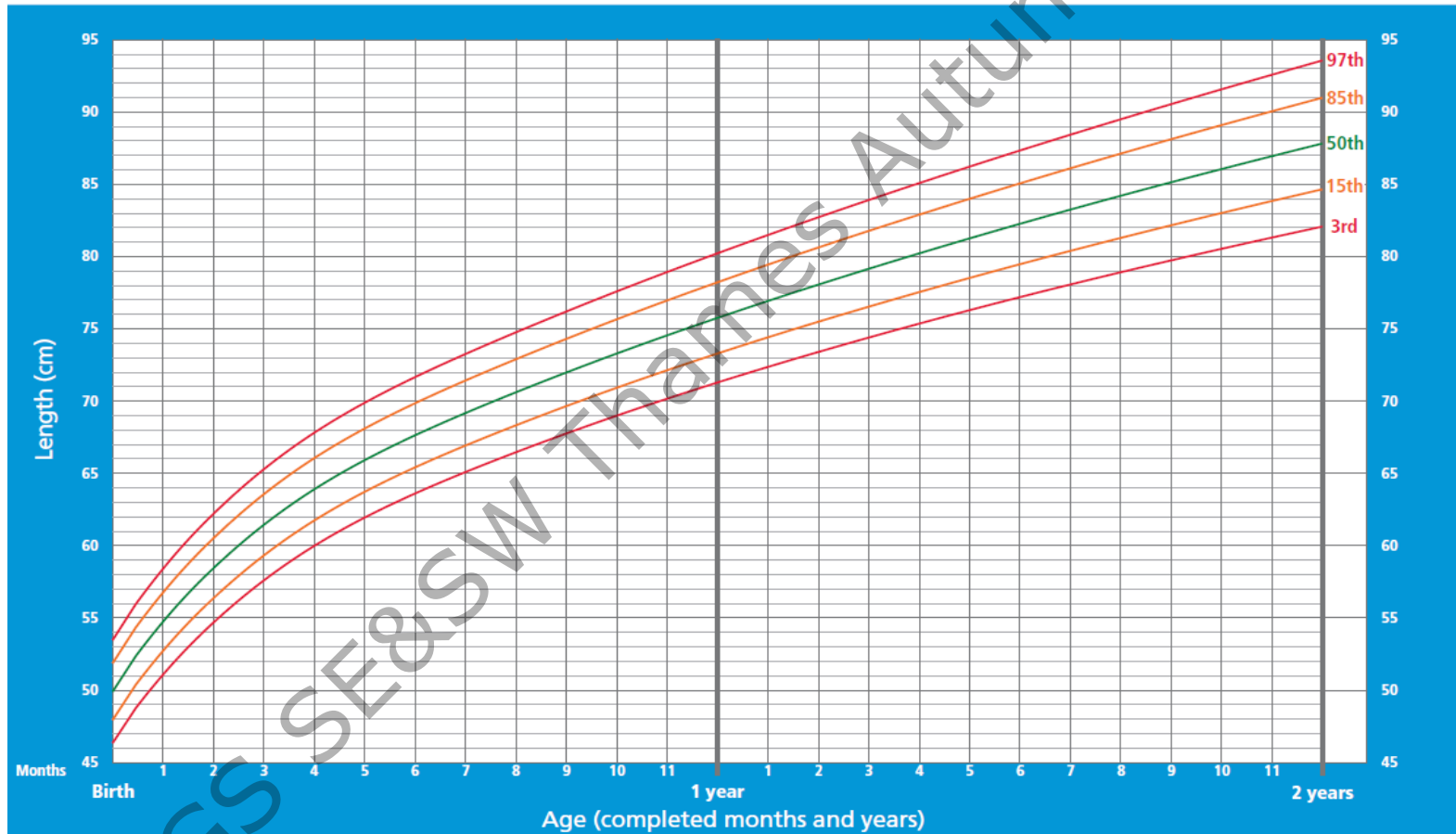
Range of trajectories of Intrinsic capacity: MEN



Child development illustrates this approach

Length-for-age BOYS

Birth to 2 years (percentiles)

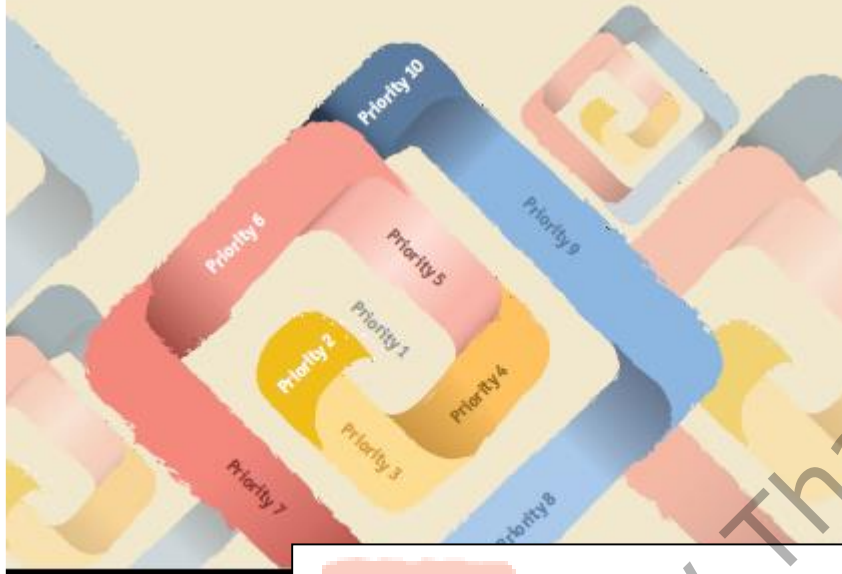


WHO Decade builds on...

- Madrid International Plan of Action on Ageing 2002
- UN: 2030 Agenda: 17 Sustainable Development Goals 2015
- World Report on Ageing and Health 2015
- **Global Strategy on ageing and health 2016-2030 2016 (WHA)**
 - **2016-2020: 5 key objectives.....**

10 PRIORITIES

TOWARDS A DECADE
OF *HEALTHY AGEING*



Priority

5

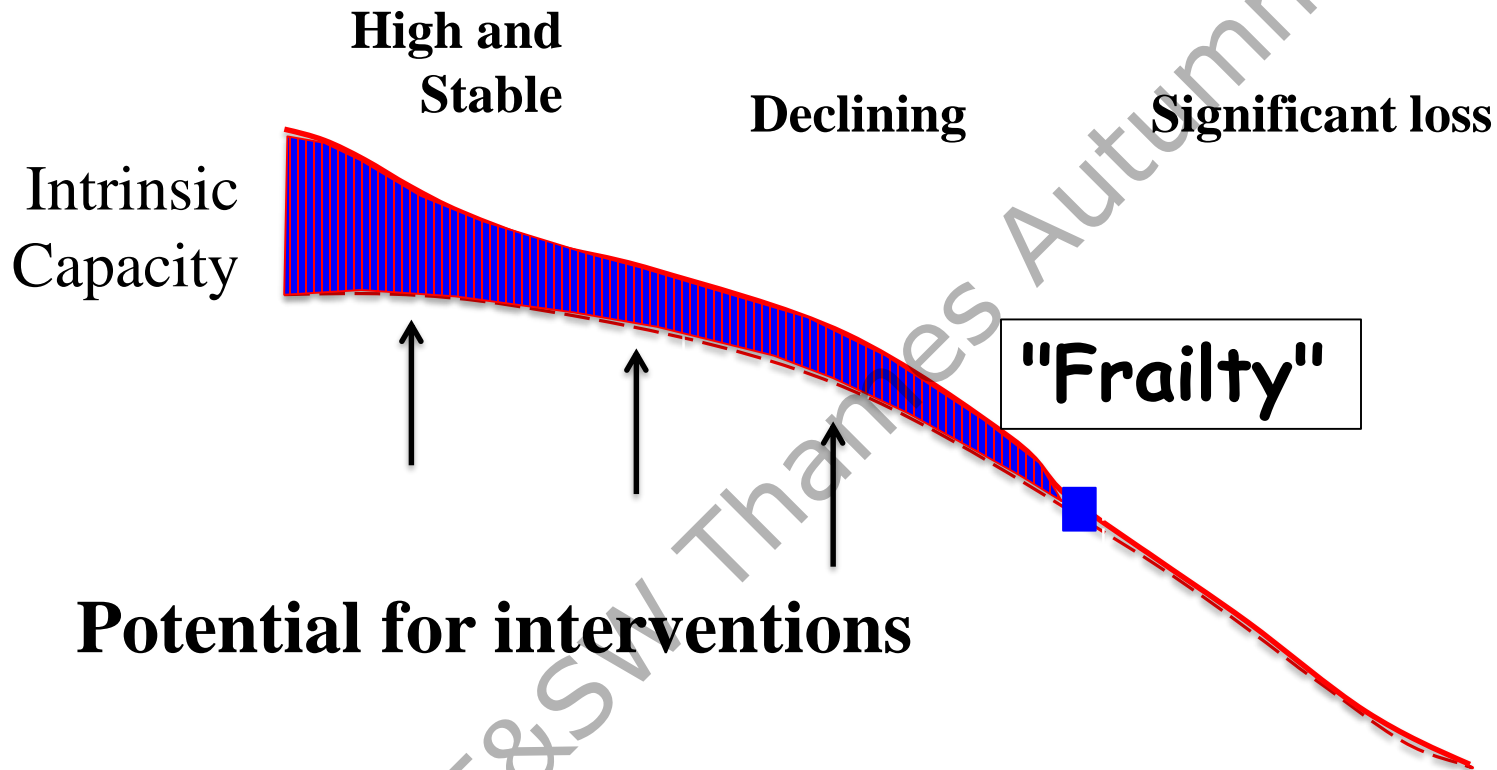
ALIGNING HEALTH SYSTEMS TO THE NEEDS OF OLDER PEOPLE

Older adults get the health care they need – where and when they need it.

WHO: 3 actions to transform health systems

1. Develop and ensure access to services that provide older-person-centred and integrated care;
- 2. Orient systems around intrinsic capacity;**
3. Ensure there is a sustainable and appropriately trained health workforce.

Potential for interventions



What needs to be decided?

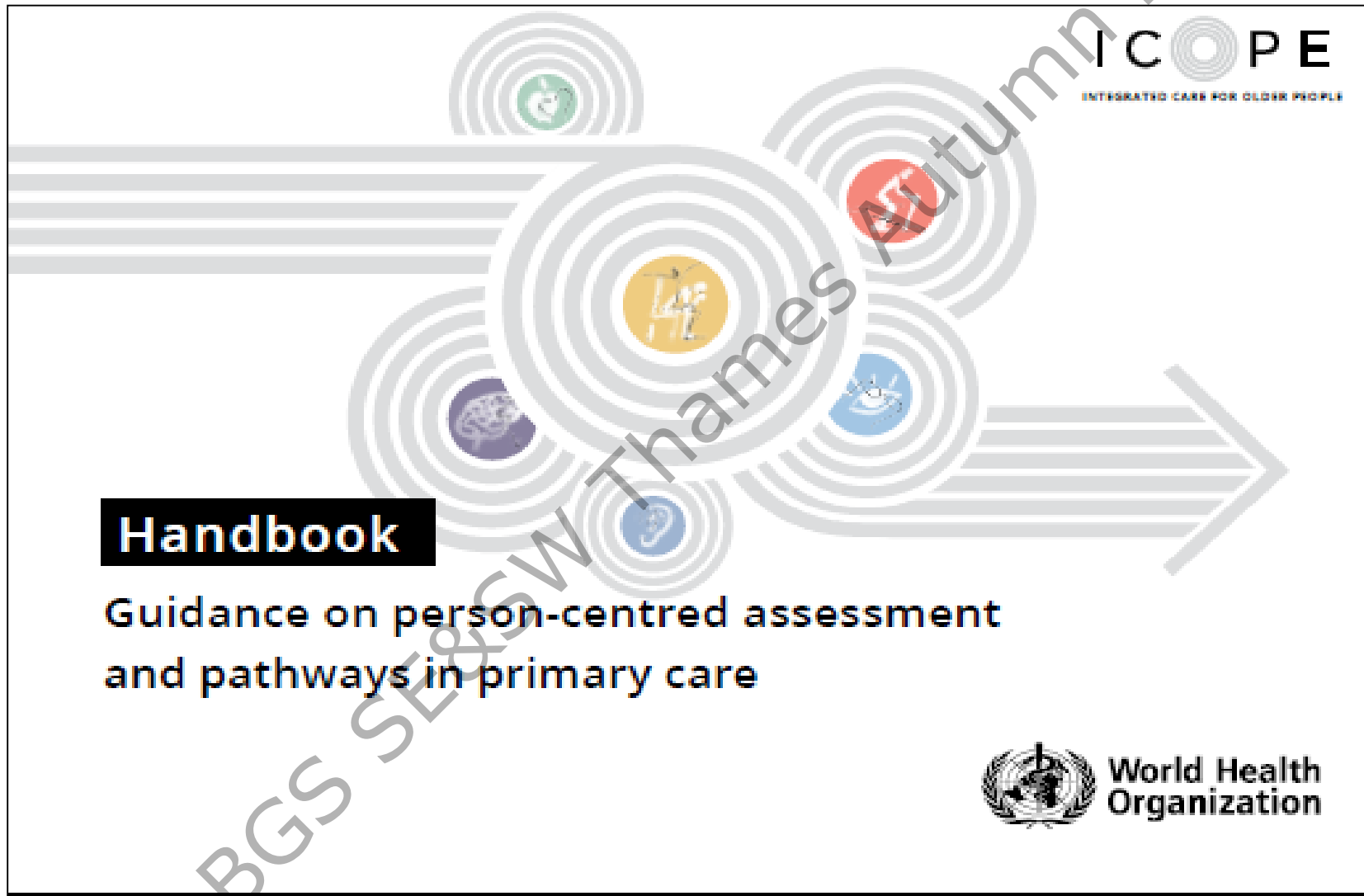
| | |
|-------|------------------------------|
| Who? | to target for assessments |
| What? | evidence based interventions |
| How? | systems, workforce, money |

Target population - suggestions

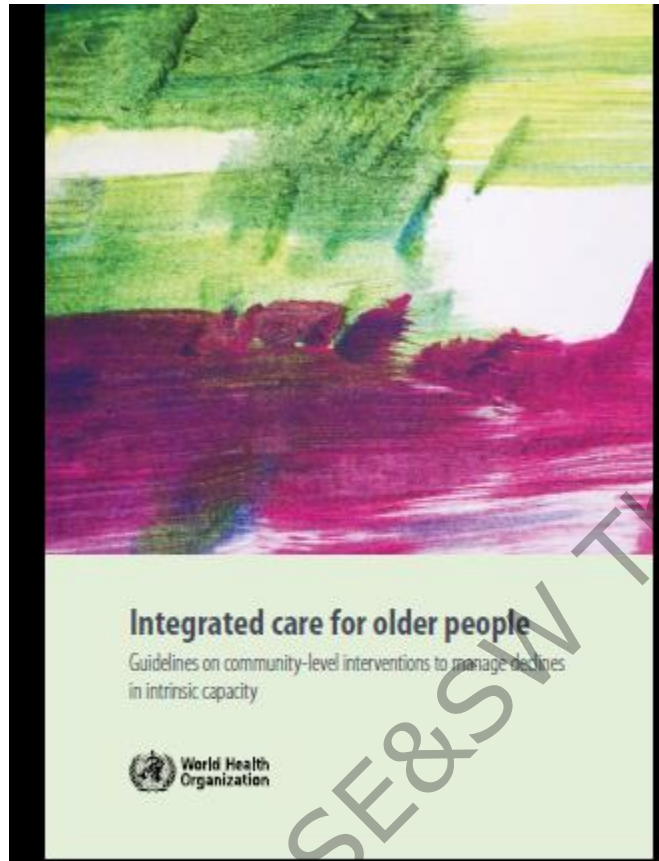
eg. Individuals transitioning from high stable to decline slope: at risk of iADL/ADL losses dependency

| Method | Comment |
|--|---|
| Age | Easy but misses SE differences |
| Mean life expectancy | Can be tailored to different countries, but misses SE |
| When people seek help | Reasonable evidence base for effectiveness of interventions |
| Tied to existing programmes | Economical but may be irrelevant |
| Resources will usually dictate what size slice to target | |

Assessment - published October 1st 2019



What interventions?



Recommendations on interventions to manage declining physical and mental capacities in older people at community level (2017)

6 Actions

to manage declines in the intrinsic capacity of older people

1. Improve musculoskeletal function, mobility and vitality
2. Maintain older adults' capacity to see and hear
3. Prevent cognitive impairment & promote psychological well-being
4. Manage age-related conditions such as urinary incontinence
5. Prevent falls
6. Support caregivers

Examples: Actions 1, 2 and 3



Action 1

Improve musculoskeletal function,
mobility and vitality

- ❑ Encourage multimodal exercise including
 - (a) strength, (b) balance, (c) flexibility and (d) aerobic training
- ❑ Provide dietary advice and oral supplemental nutrition to those who are undernourished



Action 2 | Maintain older adults' capacity to see and hear

- ❑ Provide routine screening for visual impairment and offer comprehensive eye care
- ❑ Screen hearing and offer hearing aids as needed

Maintaining the sensory capacity of older adults is feasible and affordable, and fosters mobility, social participation and engagement of older people.



Action 3 | Prevent severe cognitive declines & promote psychological well-being

- ❑ Offer cognitive stimulation to all older people with cognitive impairment
- ❑ Provide brief, structured psychological interventions to older adults who are experiencing depressive symptoms following WHO mhGAP intervention guidelines

Who will do this?

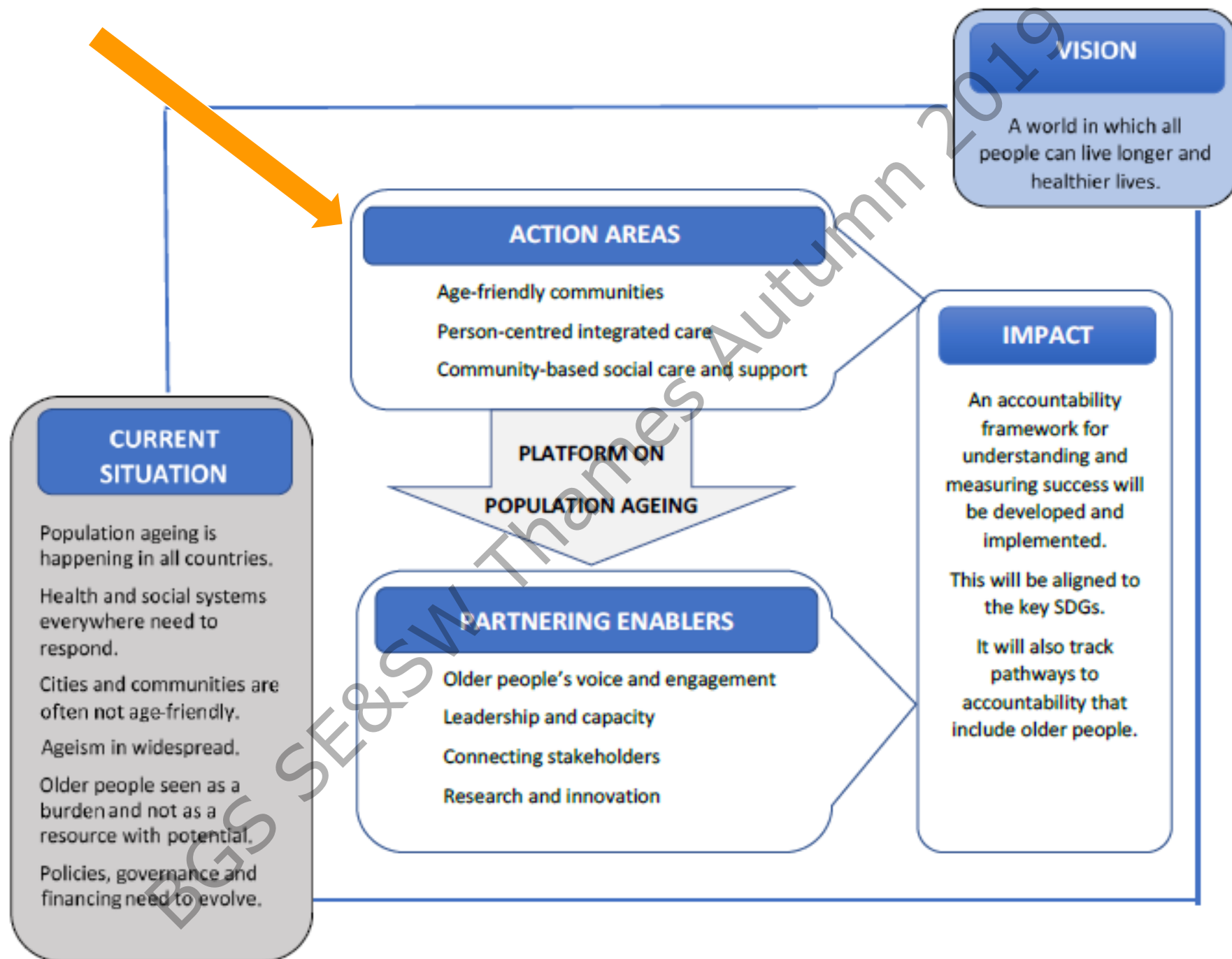
- Community and primary care
(ie major workforce development issues)
- Supported by specialists
- This is part of the plans for the Decade

Decade of Healthy Ageing

ZERO Draft June 12, 2019

Decade of Healthy Ageing 2020-2030

This document proposes a *Decade of Healthy Ageing 2020-2030* (hereafter: *the Decade*) – ten years of concerted, catalytic and sustained collaboration, led by WHO. Older people themselves will be at the centre of this effort that will bring together governments, civil society, international agencies, professionals, academia, the media and the private sector to improve the lives of older people, their families and the communities they live in.



Plans for each of the 3 Actions

3.2. Ensure person-centred integrated care for older people

| Member States | Secretariat (WHO and other UN system bodies) | National and international partners |
|--|--|---|
| <i>At the level of the individual</i> | | |
| <ul style="list-style-type: none"> • Provide care free of age-based discrimination and accessible to all older persons, regardless of citizenship, and including in humanitarian emergencies • Ensure older people are | <ul style="list-style-type: none"> • Develop/ update evidence-based guidance on: <ul style="list-style-type: none"> ○ clinical management of specific conditions relevant to older people ○ case management. ○ addressing the health needs of | <ul style="list-style-type: none"> • Support older people's engagement with health systems and services. • Promote older people's health and rights. • Build awareness of the health needs of ageing |
| <i>At the level of the community and beyond</i> | | |
| <ul style="list-style-type: none"> • Adopt and implement WHO guidelines on integrated care for older people. • Assess PHC capacity and | <ul style="list-style-type: none"> • Revise guidance on age-friendly health care • Continue to test and refined norms and standards on ICOPE | <ul style="list-style-type: none"> • Participate in advocacy campaigns and partner in existing initiatives to encourage the adoption of integrated care guidance. |

Opportunities for Geriatricians

- Supports the clinical frailty-function paradigm
- Supports the need for age-attuned healthcare
- Legitimises advocacy role outside of healthcare
- Creates platform for national and international collaborations with other players including patient and public organisations (eg via BGS, EuGMS)