Health & Older People

In Ireland & Developing Countries

AgeAction

For all older people

Health & Older People

This booklet aims to raise awareness about the major health challenges affecting older people in both developed and developing countries. It also shows the similarities and differences in health and healthcare issues that older people face in Ireland and developing countries.

Good health is essential to being able to enjoy many aspects of daily life. Old age is associated with health deterioration. The passage of time and the numerous risk factors to which we are exposed make health problems more common in old age than in other age groups. Health is therefore one of the main concerns of older people worldwide.

Global health trends & population ageing

One of the main current trends in global population health is the transition from the predominance of infectious diseases to non-communicable diseases (NCDs) or chronic diseases. This is due in large part to global population ageing. Since 2000, there have been more people aged 60 or over than children under 5 and, by 2030, for the first time in history, there will be more people over 60 worldwide than people under 15[1]. Good public policies and major developments in medical science and health systems mean that people are now living longer and healthier. As older people are disproportionately affected by non-communicable diseases the global challenge in health is enormous.

Non-communicable diseases & older people – in Ireland and developing countries

NCDs or chronic diseases include conditions such as cardiovascular diseases, cancer, chronic respiratory diseases, hypertension, diabetes, Alzheimer and other dementias. NCDs are the first cause of death globally, 60% of all deaths are caused by these chronic illnesses. Heart disease, stroke and chronic lung conditions cause most deaths[2]. Among the 60-and-over population, NCDs account for more than 87% of the disease burden in low, middle, and high income countries[3].

Although the incidence of communicable infectious diseases is still big in developing countries, NCDs are already the single largest cause of both mortality and morbidity. Older people in developing countries are much more affected by these diseases than in the developed world. For instance, two-thirds of people living with type-2 diabetes live in the developing world, and, older people in developing countries lose five times as many years from chronic lung disease and twice as many from stroke as in developed countries[4].

This reality is especially challenging in these countries as population ageing is happening very quickly and often they do not have the time and resources to prepare for the growing health and care needs of older people. For example the World Health Organisation (WHO) calculated in 2006 the cost or economic losses of these diseases for Ethiopia and India is US$30 million and US$1 billion respectively and projected that losses would double in most of the countries in 2015 if no preventive actions were taken[5].

Another chronic condition, dementia, is a major challenge worldwide. There are currently around 35 million people living with Alzheimer's disease or other dementias and by 2050 there will be 115 million people globally[6]. 71% of those with dementia will be living in developing countries[7]. The projected costs of caring for the growing numbers of people with dementia are huge and especially unaffordable for middle and low income countries.

Disability is mainly caused by chronic diseases in developing countries. Disability is strongly associated with age. More than 46 per cent of people aged 60 years and over live with disabilities worldwide[8]. Some types of disability such as blindness and visual impairment rise exponentially with age. Over 80% of all people who are visually impaired are older people and the great majority of them live in the developing world[9]. 80% of persons with disabilities live in developing countries. They face several barriers to full participation in society and they are more likely to live in poverty.

Despite these statistics and projections however, NCDs are not central in the global development agenda. They are not part of the Millennium Development Goals, for which priorities are communicable diseases, primary health care for children and mothers, and reproductive health. Also, national governments in developing countries are still focused on infectious and acute diseases. It means that the main diseases affecting older people are not included in the principal health programmes for developing countries, even though the WHO recognises they need to be addressed urgently.

The increasing number of older people will almost certainly challenge health systems. It is therefore necessary to incorporate older persons' health issues into health policies investing in age-friendly and affordable health services including preventive, curative and long-term care. Different studies have also highlighted the importance of strengthening community-based healthcare services to get more inclusive, affordable systems and to be able to meet older people's immediate health needs[10]. Taking a life course approach, the implementation of policies to promote healthy lifestyles and disease prevention activities throughout life would be essential to ensure that people live healthier as well as longer lives, and can continue to fully contribute to society well into old age.

Ireland

According to the latest census, 532,000 people aged 65 and over were living in Ireland in 2011. The number is predicted to rise to 1.4 million in 2046. The number of people over 80 is set to nearly quadruple, from 128,000 in 2011 to 470,000 in 2046[11]. Life expectancy for men is 83 years and women 85 years. Life expectancy expressed as years lived in good health at age 65, is 11 years for

men and 12 years for women[12]. However, chronic conditions become more common with increasing age and are a major cause of morbidity and death in Ireland. With population ageing, the incidences of chronic conditions such as heart disease, hypertension, diabetes and musculoskeletal pain are projected to increase by around 40% in 2020[13]. Multimorbidity is common in older people, being twice as common in the over 75s as those aged 50 -64[14]. Multimorbidity is a fundamental determinant of quality of life and resource utilisation.

Arlene North came 2nd in the 2009 Positive Ageing Week competition. This is a photo of her mother and daughter. © Age Action

The Department of Health outlines how the primary healthcare sector should play a central role in the care of patients with chronic disease[15]. The effective management of chronic diseases at primary care level has been shown to reduce unplanned hospital admission by 50% as well as 50% in bed day rates for these conditions. Reducing barriers in accessing health care and supporting older people to manage chronic illness are therefore essential, hence barriers such as cost sensitivity which can result in older people postponing the seeking of health care and non adherence to medication need to be addressed.

Chronic disease has a significant effect on disability. People reporting two or more chronic diseases are nearly 20 times as likely to report disability as people with none[16]. For these people, their health status can limit them in their everyday life. A study by the Economic and Social Research Institute highlighted how almost half of older people experience some restriction in mobility[17]. This has implications for older people's social participation but also extra financial burden is associated with chronic disease and disability. The absence of any legislative right to social care in Ireland and eligibility for free medical care based on income, ignores the social care needs of older people, and the extra costs associated with having a disability, particularly those whose activities of daily living are limited due to their health status.

Case studies

Ireland

Age Action members Phyllis Talbot, Noel Nulty, Pat Doyle and Ellen Reddin taking part in the "hands off our travel pass" campaign in 2014. © Age Action

George, 81, contacted Age Action in connection with the withdrawal of his medical card. He outlined how his medical condition imposes extra costs and challenges for him in carrying out every day tasks. George has chronic obstructive pulmonary disease (COPD), the term now used for diseases previously referred to as chronic bronchitis or emphysema. As he is over the income threshold for a medical card, George must pay for his medication. In an attempt to make his medication last longer, George only uses his inhalers once a day. The outcome has been an exacerbation of his illness requiring an admission to the acute hospital.

Due to his medical condition, George incurs other costs including daily charge for stay in the acute hospital; weekly payment for help with household tasks; charge for taxis to GP, out-patient appointments and other activities, fees for physiotherapy and occupational therapy and the purchase of mobility aids such as walking frame.

This case study shows the eligibility for free medical care based on income alone disenfranchises those with the greatest healthcare needs.

Democratic Republic of Congo[18]

Kakule is 68 years old. He has been a farmer all his life, working in cassava and coffee fields. He and his wife continue to farm to feed the seven children that are still in their care.

He had sore eyes, but he never went to the hospital to see a doctor because he could not afford to. One day he suddenly became blind. He suffered a lot as he needed help to do everything. Fortunately, he found a free ophthalmologist at a centre for older people and after a complicated emergency surgery his sight was restored.

"I saw the world again with all its beauty, I saw my beautiful wife again. I will never forget this day. It was in January 2013. I had started to lose interest in life and spent many days crying in my room. But all this is in the past now".

India[19]

Fazal Ahmed is 72 years old and some years ago he was diagnosed with diabetes. He used to run a small cloth-selling business but because of acute pain in his legs he was incapable of moving. He suffered losses in his business and had to close it down. With the loss of livelihood and the burden of the disease, he was abandoned by his young sons. Today he is fighting hard to keep the wheel of his life moving. He lives in extreme poverty with his wife and a young daughter who is a widow.

He neither has the resources nor the energy to buy expensive medicine. He gets his medicines from a locally trained medical practitioner who lives close to his house. The treatment that he gets is sometimes helpful and sometimes not. He understands that he needs better healthcare services but he just does not know how to get that.

Mozambique[20]

Candeano (age unknown) is a Mozambican old man who is visually impaired. He is married with three daughters and two sons, who care for him. Candeano used to work putting tar on roads and helping to erect electricity pylons but now he just looks after the goats they received from HelpAge International while his grandchildren are at school. He relies on this as well as help from his children.

His sight problems have decreased since he got a pair of glasses and now he can do some things for himself. Access to healthcare services is not easy for him. "There is a small health clinic near here. I got first aid from them when I accidentally cut my leg with an axe. I was taken to the clinic on a bike".

"If I needed to go to hospital, I would have to ask the Older People's Committee to provide money to hire an ox cart to take me to the main road and from there, I would have to take public transport."

Seforosa, 64, from Uganda runs a banana field and grows coffee. She is photographed with her daughter, granddaughter and great-granddaughter. © Antonio Olmos/HelpAge International.

Lebanon[21]

Ahmed is a 67 year old Syrian refugee living in Lebanon. He suffers from diabetes and cardiovascular disease. Complications of his diabetes led to the amputation of his lower right leg in 2006. He currently lives on the second floor of an apartment building so he doesn't go outside much.

Ahmed has the support of his wife, his son, his son's wife and granddaughters. Ahmed's wife and son help him with his daily activities, including his exercises to strengthen his upper right leg. Since Ahmed started receiving psychosocial support and physical rehabilitation, his emotional wellbeing has improved and he is able to walk with walkers when supported by his family.

Because of the current situation, it is extremely hard to obtain medication, and, Ahmed, with two chronic diseases certainly needs it: "I need my medication. That is what is most important to me," he says. His wife, Ilham, explains: "In the next ten days we will run out of Ahmed's medicine. We're trying to get insulin, but it is difficult to find. The doctor wants to see Ahmed before prescribing anything, but it is impossible to get him to the hospital."

Their financial situation is also difficult as Ahmed's son, who used to work in his father's fruit and vegetable shop in Syria, cannot find a job and they have already spent their savings.

The Human Rights Context of Health

Health is a fundamental human right recognised in international human rights law. The right to health is protected by the Universal Declaration of Human Rights (Article 25.1) and is enshrined in the International Covenant on Economic, Social and Cultural Rights (ICESCR), particularly in Article 12 that recognises "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The ISESCR has been widely ratified by most

Tab Chhay, 66 from Cambodia is blind. He weaves baskets, fish traps, and other products from bamboo and sells them directly from his house. © Nile Sprague/HelpAge International

of countries, including Ireland and numerous developing countries.

The UN body that monitors the implementation of the ICESCR (the Committee on Economic Social and Cultural Rights) has outlined an inclusive interpretation of the right to health and states that "the right to health extends not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health"[22]

Janvier, 65, lives in Port au Prince Haiti.© Frederic Dupoux/HelpAge International

The Committee has also specifically addressed the right to health of older people. It recommends that "States parties should take account of the content of recommendations 1 to 17 of the Vienna International Plan of Action on Ageing, which focus entirely on providing guidelines on health policy to preserve the health of the elderly and take a comprehensive view, ranging from prevention and rehabilitation to the care of the terminally ill", and also should invest in health during the entire life span to maintain health into old age (Art.12.35).[23]

Despite this there is still a clear gap in the protection of older men and women's right to health.

A Convention on the Rights of Older People

The UN is currently discussing whether there should be a dedicated International Convention on the Rights of Older People. A new Convention could include a specific right in health and would detail how the right applies to older people. It would also explain how states can meet their obligations to provide healthcare for their older populations.

Age Action Ireland is advocating that the Irish government support a new Convention to protect the rights of older people.

Endnotes

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20 Case study from HelpAge International http://www.helpage.org/resources/publications/?ssearch=Primary+healthcare+for+older+people%3A+a+participatory+study+in+five+Asian+countries&adv=0&topic=0&region=0&language=0&type=0

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This publication is funded with support from Irish Aid and HelpAge International. The ideas, opinions and comments therein are entirely the responsibility of Age Action and do not necessarily represent or reflect Irish Aid policy.

HelpAge International global network

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