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**AGEING AND HEALTH**

General improvements in social and economic conditions, together with technological advances in the diagnosis and treatment of diseases, are resulting in more people in the Western Pacific Region living longer lives. Rapid increases in the number and proportion of older persons have many implications for the health care, accommodation and the role of older persons in ever-changing and urbanizing societies.

The forty-seventh session of the Regional Committee requested the Regional Director to report progress made in the regional programme on ageing and health to the forty-ninth session. The Regional Committee is requested to consider this report, and its implications for policy formulation and strengthening of programmes to improve the quality of life of older people.

The Regional Committee is also asked to recall that, in 1992, the United Nations General Assembly adopted resolution 47/5 which declared 1999 to be the International Year of Older Persons. Member States are therefore called upon to mark the Year by giving renewed impetus to their efforts in promoting the health of the growing number of older persons.

## **1. INTRODUCTION**

The Western Pacific Region of WHO continues to witness significant increases in the number and proportion of older persons. Increasing life expectancy at birth in many countries has contributed to the increasing numbers of older people and a concurrent reduction in fertility has resulted in an increasing proportion of the population in older age categories. Women continue to significantly outlive men and consequently generally outnumber males, especially at advanced ages.

### **1.1 Implications of rapid population ageing**

As populations age, health and social policies need to be adjusted to respond to emerging needs. Greater numbers and proportions of older persons exert pressures on families, communities and the workforce to provide the support and services needed by older members of society. The extent to which these older members remain healthy and make a positive contribution economically, socially and culturally to their societies becomes an important issue. A demographic transition from predominantly young to predominantly middle aged or old populations is taking place. The accompanying epidemiological transition is changing a pattern of morbidity dominated by infectious diseases to one characterized by chronic diseases and disabilities. Population ageing has impacts across a wide spectrum of policy areas and therefore necessitates a public policy approach that covers a wide range of policies and programmes.

Age-related increases in the incidence of chronic diseases and disability lead to more demands for essential health care. Older persons require access to expensive diagnosis, treatment and rehabilitation. They also need social support services. Governments are increasingly called upon to ensure that appropriate health care and support services are provided to older persons when individuals and families are unable to meet these requirements without public assistance.

### **1.2 Global and regional population data and trends**

The global and regional patterns of population ageing reported to the Regional Committee during its forty-seventh session in Seoul, Republic of Korea, in September 1996 remain substantially the same. Average life expectancy at birth is continuing to increase significantly, both globally and regionally. The Region is projected to show an increase from a reported 68.8 years in 1995 to 74.4 years in 2020. Disparities within the Region remain. For example, life expectancy at birth in

Japan is 79 years and in Singapore it is 76.4 years, compared with 51 years for the Lao People's Democratic Republic and 62 years for Mongolia.

The latest figures reported to WHO reveal that average life expectancy is 65 years for males and 68 years for females for East Asian countries and areas (China; Hong Kong, China; Macao; Mongolia; and the Republic of Korea). For South-East Asian countries (Brunei Darussalam, Cambodia, Lao People's Democratic Republic, Malaysia, the Philippines, Singapore and Viet Nam), life expectancy is 64 years for males and 68 years for females. For Pacific island countries and areas, life expectancy is 71 years for males and 76 for females. Japan has the highest life expectancy (77 years for males and 82 years for females) while the Lao People's Democratic Republic has the lowest (51 years for males and 53 years for females). In most countries and areas in the Region people now expect to live beyond middle age.

Japan (14.1%), Australia (11.9%) and New Zealand (11.7%) have the highest percentages of persons 65 years and older. Next, with 7% or more of the population aged 65 years and older, are Cook Islands; Hong Kong, China; Macao and Tokelau. In Niue and Singapore, 5% or more of the population is 65 years and older. Samoa has the lowest percentage, with only 1.8% of its population composed of persons 65 years and older. In 30 years, the number of older persons in the Region will double from the present total.

Three issues are emerging as major concerns in the Region. These are the increasing trend towards nuclear families, rapid urbanization and the feminization of the older segment of the population. These trends will require policy initiatives that would lead to increases in community-based care services to compensate for the loss of caregiving by family members; more employment and income support for older persons marginalized by urbanization; and more gender-sensitive programmes and services to meet the needs of the growing population of women over 65.

The gender variation is striking. For instance, in Australia the percentage of the female population aged 60 years and over is 17%, while for males the corresponding figure is 14%. For every 100 men in the population in that age group, there are 122 women. In the Republic of Korea, 12% of the female population are aged 60 years and over, compared to 8% for males. There are 145 women in that age group for every 100 men. This pattern is generally consistent throughout the region (Table 1). The gender differential in life expectancy at birth estimated for the period 1995 to 2000 in the countries and areas of the Region is shown in Table 2.

## 2. WHO PROGRAMME ON AGEING AND HEALTH

### 2.1 Policy basis

WHO policy has continued to be guided by resolutions of the World Health Assembly (WHA32.25, WHA35.28, WHA40.29) and the Regional Committee (WPR/RC32.R15, WPR/RC36.R23 and WPR/RC47.R12). These resolutions identify the need for WHO to take a leadership role in ageing and health issues and specifically to continue to collaborate with Member States in the formulation of policies and development of national programmes for the health of older persons. Another important part of WHO's mission is to promote studies, research and data collection on health and ageing and to facilitate information exchange.

### 2.2 Programme orientation

In accordance with the theme "improving quality of life in later years" in *New horizons in health*, the programme on Ageing and health has pursued a strategy of integrating activities with those of other programme areas.

Since adopting the title "Ageing and health" and recognizing a broader "life course perspective" on ageing, the programme has been guided by the belief that actions to ensure quality of life in old age should begin well before older age is reached. Healthy childhood and adulthood may in fact be the most important determinants of healthy old age.

The programme has given increased attention to the need to promote quality of life of older persons through various strategies and by promoting healthy lifestyles generally, rather than simply focusing on persons who are already old. It has also recognized the need for improved health policies to address the challenges of an ageing population and more comprehensive training of the health workforce in quality health care for older persons.

### 2.3 Progress

#### 2.3.1 Regional situation

A national policy on the care and health of older persons is an important first step to achieving a framework for the future development of services for older persons. At present 19 countries and areas of the Region have adopted policies promoting and protecting the welfare of older

persons in society. Legislation specifically aimed at older persons has been enacted in 11 countries and areas. Two important laws passed during the 1980s were the Elderly Welfare Law in the Republic of Korea, which became law in 1981, and the Health Service Law for the Aged, enacted by the Japanese Parliament in 1983. The Senior Citizens' Act was enacted by the Philippine Congress in 1995. In 1997 the Aged Care Act was enacted by the Australian parliament.

National focal points to coordinate and work with WHO for the care of older persons have been established in 29 countries and areas, compared with 25 in 1996.

To monitor and coordinate efforts at the country level to improve the welfare of older persons, there is a need for a coordinating body which ideally should be intersectoral, with adequate budgetary support. To date, seven countries and areas in the Region have created coordinating bodies: American Samoa; Australia; Hong Kong, China; Japan; Malaysia; Republic of Korea; and Singapore.

The countries in the Region with significant populations of older persons – Australia; Hong Kong, China; Japan; and New Zealand – have developed comprehensive services for older persons. Australia has a package of services and benefits for the elderly, addressing the needs of the healthy, the frail, the sick and the disabled. These include community care services which help the family carry out its primary role of caring for older persons; housing programmes that encourage multigenerational living arrangements; tax breaks for family caregivers; educational opportunities and institutional care when needed. Japan has adopted a Ten-Year Strategy to Promote Health Care and Welfare for the Elderly and has services such as home help services, short-stay services, in-home care support centres and day care centres. From the countries and areas in the Pacific, American Samoa, Guam and Palau provide aged care services, although these are in varying stages of implementation.

The lack of specific policies for older persons does not preclude the provision of services for them, as such services are often part of the general health welfare services for all disadvantaged groups. The majority of countries provide services which older persons can access, especially in health care. In most countries, social security schemes are in place, albeit in varying degrees of coverage and stages of implementation.

### 2.3.2 WHO activities

WHO has collaborated with countries in the development of policies and programmes and in training of personnel for health care of older people. A number of workshops have been held to

provide a framework for future directions in care for older persons. A publication entitled *Guidelines for national policies and programme development for health of older persons in the Western Pacific Region* will be published in 1998. Topics are grouped under six main headings: introduction (including global population ageing, ageing in the Western Pacific Region, and the need for policies and programmes for the health of older persons); principles (including the rights of older persons, productivity and participation of older persons and the rural/urban distinction); policy formulation (including the need for a national coordinating mechanism); elements of a comprehensive health care programme for older persons (ranging from health education to specialist medical services); implementation; and conclusion. An important appendix contains guidelines on development of a framework for implementation of community-based and in-home programmes for care of older persons. *Guidelines for national policies and programme development for health of older persons in the Western Pacific Region* will be distributed throughout the Region.

The manual *Quality health care for the elderly* is a curriculum and training resource in health care of older persons for nurses and others. It has been used widely in the Region and has now been adapted for local use in a number of countries.

A regional profile has been prepared, which includes, for each country and area of the Region, the demographic and health profile, national policies and programmes for ageing, resources for older persons, research and training, the government focal point on ageing and an outline of WHO collaborative activities on health and ageing. The profile will be published in 1998 and will be distributed throughout the Region.

WHO has supported countries and areas to develop policies and programmes on older persons. In particular, WHO has collaborated with countries in: epidemiological studies to determine the nature, extent and magnitude of health and health-related problems of older persons; formulation of policies, programme development and implementation; promotion of community-based care of older persons; training of personnel on the care of older persons; and studies and research on priority problems of older persons.

## **2.4 Future directions**

WHO will continue to advocate strategies that will lead to improved health opportunities for the growing ageing population of the Region. Building on the foundations laid down in *New horizons in health* and the Ageing and Health programme, the Regional Office will continue to promote the concept of healthy ageing as a universal goal.

To achieve this objective, efforts will be made to strengthen the capabilities of countries and areas to develop effective policies and programmes that promote healthy ageing through an integrated life course perspective that promotes health for all age groups. In addition, the specific ageing and health needs of particular groups will be identified and technical support provided to nongovernmental organizations and health authorities to respond effectively to the benefits and challenges of the ageing populations throughout the Western Pacific Region.

#### 2.4.1 Objectives and strategies for 1998–2001

The objective of the programme over the next four years is to further improve the well-being and quality of life for older persons. This will be pursued by supporting a strategic public health policy approach to promote healthy ageing and to prevent or delay as far as possible the incidence of noncommunicable diseases, thus maximizing disability-free and productive lives in older age. Countries and areas will be supported in the development of national policies and programmes designed to provide community-based at-home care for older persons in need of assistance. To further efforts to promote positive approaches to ageing and health, the programme will seek to integrate activities with those from other programme areas to ensure attention is given to the health and well-being of older populations in all appropriate circumstances. WHO will also collaborate with countries and areas in human resources development to increase the level of knowledge and skills of all health personnel working with older persons.

### **3. CONCLUSION**

Population ageing will be one of the most important health and social challenges to face future generations. The populations of many countries and areas of the Region will age at an unprecedented rate. Women will constitute an increasing proportion of the older population. There is a need to ensure that the added years of life gained are spent in good health to the maximum extent possible and that the quality of life and well-being of the Region's ageing population is promoted positively.

Member States are therefore called upon to continue to give due attention to the needs of older persons for health and health care. Approaching the challenges of population ageing from a public health policy perspective will require Member States to review systematically the current policies and the provision of health services for older persons.

There remains a need to correct deficiencies in available data on ageing and to improve the standardization and cross-national comparability of information collected on ageing and health. This will facilitate sharing of experiences and strengthen international collaboration.

Systematic appraisal, timely forward planning and carefully crafted strategies will be essential to address the broad range of issues affecting the health of older persons to ensure that old age is a benefit to be enjoyed and that the older population is an asset to society in the future.

**Table 1. Population under 15 years (%), male and female population aged over 60 (%) and sex ratio (men per 100 women), 1998  
(selected countries and areas of the Western Pacific Region)**

Country/area	Total population under age 15 (%)	Male population aged over 60 (%)	Female population aged over 60 (%)	Sex ratio (men per 100 women) in the population aged over 60
American Samoa	41 <sup>a, b</sup>	5 <sup>a, b</sup>	6 <sup>a, b</sup>	81 <sup>a, b</sup>
Australia	21	14	17	82
Brunei Darussalam	33	5	5	100
Cambodia	42	3	6	56
China	26	9	10	92
Cook Islands	...	...	8 <sup>c</sup>	...
Fiji	32	6	7	93
French Polynesia	33	7	7	100
Guam	32	7	9	86
Hong Kong, China	18	14	16	93
Japan	15	19	24	78
Kiribati	...	...	6 <sup>b</sup>	...
Lao People's Democratic Republic	45	4	5	82
Macao	25	8	10	78
Malaysia	37	6	7	85
Commonwealth of the Northern Mariana Islands	46 <sup>b</sup>	4 <sup>b</sup>	4 <sup>b</sup>	112 <sup>b</sup>
Marshall Islands	51 <sup>g</sup>	4 <sup>g</sup>	4 <sup>g</sup>	94 <sup>g</sup>
Micronesia, Federated States of	44 <sup>e</sup>	5 <sup>e, h</sup>	5 <sup>e, h</sup>	92 <sup>e, h</sup>
Mongolia	38	5	6	83
New Caledonia	30	8	9	100
New Zealand	23	14	17	81
Palau	...	...	10 <sup>b</sup>	...
Papua New Guinea	39	5	5	92
Philippines	37	5	6	87
Republic of Korea	22	8	12	69
Samoa	36	7	9	86
Singapore	23	9	11	86
Solomon Islands	43	5	5	110
Tonga	38 <sup>e</sup>	8 <sup>e</sup>	8 <sup>e</sup>	105 <sup>e</sup>
Vanuatu	43	4	4	100
Viet Nam	35	6	9	70

*Sources:* Calculated by the Statistics Division of the United Nations Secretariat from estimates of population by age and sex prepared by the Population Division of the United Nations Secretariat and contained in "Sex and Age Annual 1950–2050 (The 1996 revision)", supplemented by Demographic Yearbook 1996 (United Nations publication, Sales No. E/F.98.XIII.1) and data compiled from national statistical reports.

... Not available.

<sup>a</sup> *De jure* population but including armed forces stationed in the area.

<sup>b</sup> Data refer to 1990.

<sup>c</sup> Data refer to 1991.

<sup>d</sup> For statistical purposes the data for China do not include Hong Kong, China or Taiwan province of China

<sup>e</sup> Data refer to 1994.

<sup>f</sup> Data refer to 1987.

<sup>g</sup> Data refer to 1989.

<sup>h</sup> Data are provisional.

**Table 2. Life expectancy at birth (years) 1995–2000,  
selected countries and areas of the Western Pacific Region**

Country/area	Male	Female
American Samoa	68.0 <sup>a</sup>	73.0 <sup>a</sup>
Australia	75.4	81.2
Cambodia	52.6	55.4
China	68.2	71.7
Cook Islands	67.0 <sup>b</sup>	73.0 <sup>b</sup>
Fiji	70.6	74.9
Guam	72.7	76.8
Hong Kong, China	76.1	81.8
Japan	76.9	82.9
Kiribati	58.0 <sup>c</sup>	63.0 <sup>c</sup>
Lao People's Democratic Republic	52.0	55.0
Macao	75.1	80.1
Malaysia	69.9	74.3
Marshall Islands	59.0 <sup>d</sup>	63.0 <sup>d</sup>
Mongolia	64.3	67.3
New Caledonia	70.9	75.9
New Zealand	74.7	79.7
Palau	65.0 <sup>c</sup>	69.0 <sup>c</sup>
Papua New Guinea	57.2	58.7
Philippines	66.6	70.2
Republic of Korea	68.8	76.0
Samoa	67.5	71.1
Singapore	75.1	79.5
Solomon Islands	69.6	73.9
Tonga	67.0 <sup>c</sup>	71.0 <sup>c</sup>
Vanuatu	65.5	69.5
Viet Nam	64.9	69.6

*Source:* Population Division of the United Nations Secretariat, World Population Prospects: The 1996 Revision. United Nations publication, forthcoming.

<sup>a</sup> Data refer to 1981–1984.

<sup>b</sup> Data refer to 1985–1988.

<sup>c</sup> Data refer to 1990.

<sup>e</sup> Data refer to 1986.

<sup>d</sup> Data refer to 1989.