

Ageing and non-communicable diseases:

Opportunities for the EU to respond



HelpAge

global network

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Key messages

- Non-communicable diseases (NCDs) are the leading cause of death globally. Almost 75 per cent of these deaths occur in low- and middle-income countries.¹ Older people are disproportionately affected.²
- Global and European Union (EU) responses to NCDs in low- and middle-income countries have been inadequate to date, failing to meet the needs of their ageing populations.
- Investment in NCD prevention, treatment, management and care for people of all ages is critical to realising the Sustainable Development Goals (SDGs) and the commitment to leaving no one behind.
- To enable the EU to play the central role it has identified for itself in advancing progress on global health challenges, including NCDs³, it must pay greater attention to population ageing and NCDs and ensure a fully age-inclusive approach in its global health work, including its implementation of the SDGs.

Introduction

The rise in NCDs combined with rapid population ageing presents important challenges for health and care systems globally. Deaths from NCDs are disproportionately concentrated in low- and middle-income countries. As a key player in global health and development, the EU has an important role to play in strengthening the response to NCDs in these countries.

This briefing by HelpAge's EU network of organisations working with older people discusses NCDs and ageing in the context of sustainable development. It looks at how well the EU's development policies are currently addressing the interaction



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between these issues. It sets out concrete opportunities for the EU to develop age-inclusive development and global health policies that will enable the achievement of the SDGs, particularly Goal 3: Ensure healthy lives and promote wellbeing for all at all ages, and its target on NCDs.

Rise in non-communicable diseases

Many low- and middle-income countries are facing a “double burden” of disease, as the prevalence of NCDs (diseases that are not transmissible from person to person) is rising faster than the prevalence of communicable diseases, such as HIV, is declining.⁴ Globally, two out of three deaths are caused by NCDs.⁵ By 2020, NCDs will account for 80 per cent of the global burden of disease, causing seven out of 10 deaths in low- and middle-income countries.⁶ Most of these deaths will be caused by cancer, cardiovascular diseases, diabetes, and respiratory diseases.⁷

Since NCDs are linked to tobacco use, alcohol consumption, poor diet, physical inactivity and exposure to pollutants,⁸ many NCD deaths can be prevented or delayed by behavioural changes such as better nutrition and more physical activity throughout the life course.

Links with population ageing

By 2030, the number of people aged 60 and above is projected to reach 1.4 billion – nearly 17 per cent of the world’s population.⁹ The majority of people aged 60 and above already live in low- and middle-income countries. By 2030, almost 71 per cent of people over 60 will be living in low- and middle-income countries.¹⁰ People aged over 60 currently account for 71 per cent of deaths from NCDs in low- and middle-income countries and without specific attention to older people, this could rise in future.¹¹ However, international development and global health policies and strategies rarely give adequate attention to NCDs or recognise the links between rising NCDs and population ageing. Services, including health promotion and prevention, at all levels of the healthcare system but especially in primary healthcare, often fail to respond to the needs of ageing populations, including the specific needs of older people.

Experience in the HelpAge global network shows that, with training and education provided through older people’s associations, older people can often manage NCDs themselves.¹²

However, many low- and middle-income countries lack trained health workers to respond to the complex, multiple and often interconnected health and care needs associated with ageing. Lack of access to appropriate health services – including NCD diagnosis, treatment, follow-up and referral where necessary – not only limits the life chances of those living with NCDs, but also places a strain on those caring for them. These are often other older people, many of whom are women, who may also be in poor health.¹³

1. WHO, Non-Communicable Diseases Factsheet, March 2013, www.who.int/mediacentre/factsheets/fs355/en (23 August 2016)
2. WHO, 10 facts on ageing and the life course, www.who.int/features/factfiles/ageing/en (23 August 2016)
3. http://ec.europa.eu/health/eu_world/global_health/index_en.htm
4. UNAIDS 2016-2021 Strategy, www.unaids.org/en/goals/unaidsstrategy (14 July 2016)
5. NCD Alliance, Why NCDs, <https://ncdalliance.org/why-ncds> (14 July 2016)
6. WHO, *Non-communicable diseases (NCDs) in developing countries: a symposium report*, www.ncbi.nlm.nih.gov/pmc/articles/PMC4267750 (14 July 2016)
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11. www.un.org/en/ga/search/view_doc.asp?symbol=A/66/83&Lang=E
12. WHO, *World Report on Ageing and Health*, 2015
13. *Ageing in the Twenty-First Century: A Celebration and a Challenge*, New York, UNFPA and London, HelpAge International, 2012, p.28



Malik Alymkulov/HelpAge International

Self-help groups in Kyrgyzstan

In Kyrgyzstan, members of older people’s self-help groups are learning to adopt a healthy lifestyle and manage type 2 diabetes with support from local NGOs and the Diabetes and Endocrinological Association of Kyrgyzstan. More than 10,000 people have been screened for diabetes and made aware of diabetes risk factors.

“Being in a group helps me be in touch with other older people and exchange news and ideas. We have also met Ministry of Health representatives to voice our concerns and recommend how to improve services.”

Romana, member of a self-help group of older people in Kyrgyzstan.

“Health is a fundamental human right, indispensable for the exercise of many other rights, and necessary for living a life in dignity... Nevertheless, for millions of people around the world, the full enjoyment of the right to health remains an elusive goal. This is especially true for older persons, who are particularly vulnerable to infringements of their right to health.”¹⁴

Intersection with gender and disability

Men and women face different risks to their health throughout their lives and different health problems in older age. Globally, life expectancy has risen over the last 20 years for both men and women. Women generally live longer than men (though the gap is closing) but men tend to spend more of their lives in good health.¹⁵ NCDs are responsible for 70 per cent of all female deaths and 66 per cent of all male deaths.¹⁶ For both men and women, but especially for women, health conditions can accumulate or recur throughout their lives, potentially leading to severe problems in older age. Many older women face specific problems linked to reproductive health, such as conditions resulting from multiple pregnancies or difficulties during childbirth, and falls resulting from osteoporosis.¹⁷ Strategies to tackle NCDs must therefore embed an understanding of the specific and often complex and multiple health issues faced by people of different genders at all stages of their lives.

Besides being the leading cause of death globally, NCDs also cause impairments that, due to physical, environmental, social and/or attitudinal factors, can lead to disability. Globally, disability prevalence increases with age: 46 per cent of people aged over 60 have a moderate or severe disability compared to 15 per cent for those aged between 15 and 59 and 5 per cent for those below 15, with no significant difference between men and women.¹⁸ This reflects the accumulated effects of disease and injury during a person's life, as well as declining physical strength in older age.¹⁹

With proper treatment, however, disability can often be prevented or delayed in mid or later life, improving the quality of life of older people and reducing costs to health and care systems. The importance of effective treatment is highlighted by the fact that people with diabetes have an increased risk of developing a number of serious health problems that can lead to disability, if their condition is not well managed. This includes blindness and disability caused by lower limb amputation.²⁰ Understanding the unique forms of marginalisation caused by the intersection of old age, gender and disability is crucial in ensuring an inclusive and appropriate response to NCDs and older people's health.

Health systems support in Myanmar

In Myanmar, the EU is supporting a two-year project to strengthen the capacity of health authorities and institutes to control NCDs. This includes carrying out research to inform the government's health reform programme, supporting policy makers and public healthcare providers to address the rising burden of NCDs, and supporting the University of Public Health to deliver high-quality teaching and research programmes. While this particular programme does not contain an explicit focus on ageing, it is an important example of the kind of support that the EU can provide to partner countries seeking to strengthen their work in this area.

14. Office of the United Nations High Commission for Human Rights: Expert consultation on older persons and the right to health, background paper, Geneva, UN, April 2011

15. *The World's Women 2015: Trends and Statistics*, New York, UNDESA Statistics Division, 2015

16. *The World's Women 2015: Trends and Statistics*, UN Statistics Division

17. *Ageing in the Twenty-First Century: A Celebration and a Challenge*, New York, UNFPA and London, HelpAge International, 2012, p.28

18. WHO, *World Report on Disability*, Geneva, WHO, 2011, p.30

19. WHO, *World Report on Ageing and Health*, p.29

20. International Diabetes Federation www.idf.org/complications-diabetes

21. EC Communication 'The EU Role in Global Health' 2010 and Council conclusions on the EU Role in Global Health, 2010, EC Communication, 'Increasing the impact of EU Development Policy: an Agenda for Change', 2011

Global and EU responses

In 2015, the 2030 Agenda for Sustainable Development was adopted by the UN. The inclusion of a holistic goal to ensure healthy lives and promote wellbeing for all at all ages in the 17 Sustainable Development Goals (SDGs) within this framework is a welcome step. The agreement of a specific target on NCDs demonstrates global recognition of shifting health and disease patterns.

To date, NCD policy and response at global level has focused primarily on prevention of NCDs at the earlier stages of the life course. This is partly because of the emphasis on reducing “premature mortality”, defined as death before the age of 70. This discriminatory language risks the neglect of people aged 70 and over in NCD responses and is incompatible with an inclusive approach. It has led to a lack of investment in appropriate treatment, management and care for older people.

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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At the global level, two UN High-Level Meetings on NCDs in 2011 and 2014 resulted in commitments to tackle NCDs. The World Health Organization (WHO) has coordinated multi-stakeholder engagement and action across different sectors to support the implementation of these commitments. However, its focus on “premature mortality” is reflected in global targets and indicators which focus on the 30-70 age range. Data collection against these and other indicators is also often exclusive of people in older age. Many population-based surveys and other mechanisms to monitor progress in public health are only conducted with people up to a certain age. For example, the Demographic and Health Surveys (DHS) Program has traditionally only collected data for women up to the age of 49. The WHO STEPwise approach to surveillance (STEPS) is a major source of NCDs data, but data is rarely collected on people over the age of 64.

The EU's policy on global health has been defined in number of documents since 2010²¹, which recognise health as a human right essential for development and commit to strengthening health systems in partner countries. The EU's policies refer to NCDs and the changing disease burden although ageing is only mentioned briefly. Several of the EU's positions relating to the 2030 Agenda and the development of the SDGs made reference to NCDs and in one case to ageing, but lacked detail.

NCDs remain largely neglected in national health policies in low- and middle-income countries. However, as their burden on health systems increases, greater emphasis is starting to be placed on NCDs. In Tanzania and Pakistan, for example, dedicated strategies and appointed leads for NCD responses now exist at the national level. However, these strategies have not been allocated dedicated budgets or sufficiently translated into action. Where NCDs policies and strategies exist, more commitment and resources are needed to ensure their full implementation.

Opportunities for the EU

The EU is currently planning how to implement the SDGs, including through its support to partner countries. It will review the 2005 European Consensus on Development through 2016 and revise it to align with the SDGs and the aspects of the 2030 Agenda relevant to the EU's external action. This is therefore a key moment for the EU to step up attention to NCDs and ageing in its work on global health and to build on initial steps, such as the work being funded in Myanmar, see box on page 3.

We call on the EU to:

- Ensure that ageing and NCDs are included in the revised European Consensus on Development.
- Ensure that ageing and NCDs are fully addressed in any EU implementation plans for the health-related targets of the SDGs.
- Lead the way globally by removing age discriminatory language, concepts, targets and indicators from work on NCDs and ensure an inclusive response for people of all ages.
- Ensure that data collected on NCDs is inclusive of people of all ages and genders and provides at least a minimum level of age and sex disaggregation.
- Ensure that full account is taken of intersecting and cumulative discrimination on the grounds of age, gender, ability and other characteristics in the EU's global health policies and NCD responses. This would be coherent with the commitments to older people's rights and multiple discrimination set out in the EU Action Plan on Human Rights and Democracy 2015-2019 and the EU Gender Action Plan 2016-2020
- Wherever possible, prioritise treatment, management and care services for people of all ages affected by NCDs in the EU's work on global health, and invest in prevention across the life course.
- Maximise opportunities, to dedicate resources to supporting NCD responses through the EU's financing instruments for development.