Older Persons in the WHA70 and 2030 Agendas

The Stakeholder Group on Ageing, established, within the context of the United Nations High Level Political Forum, for the purpose of addressing ageing issues in implementation of the 2030 Agenda for Sustainable Development, urges WHO Member States to recall that the health of older persons must be fully included in the WHA 70 Agenda and in the 2030 Agenda for Sustainable Development. In a rapidly ageing world, it is urgent for Member States, all relevant branches of WHO, and all interested stakeholders, to identify new and existing opportunities and partnerships to properly implement all resolutions and goals relevant to the health of older persons.

We recall that Resolution WHA69.11 (Health in the 2030 Agenda for Sustainable Development) directed the WHO Secretariat to support Member States in achieving Sustainable Development Goals pertaining to health (Goal 3) The 2030 Agenda pledge to ‘leave no-one behind’, prioritizes equality, social inclusion and non-discrimination in addressing the needs of vulnerable groups, inter alia, older persons. Health and social care systems in the developed and developing world have responded inadequately to the changing requirements of older populations.

We recall also that Resolution WHA69/17 (Multisectoral action for a life course approach to healthy ageing: Draft global strategy and plan of action on ageing and health) provides a framework for action for Member States, the Secretariat and all relevant stakeholders to make the shift from thinking about health in older age solely as the presence or absence of disease to looking at an older person’s wellbeing and ability to function and do the things they want. This is critical to realising the sustainable development goals which commits to ensuring healthy lives and promote well-being for all at all ages. We also welcome and recall the commitment made to addressing ageism in Resolution WHA69/17.

We also recall WHA 67/19 on palliative care, wherein Member States committed to integrate palliative care into national healthcare systems.

The Stakeholder Group on Ageing welcomes WHA70 agenda items that address important health issues for older persons and supports their recommendations, notably A70/25 (Global vaccine action plan), A70/28 (Draft global action plan on the public health response to dementia) and A70/34 (Prevention of deafness and hearing Loss).

During the review of A70/35 (Progress in the implementation of the 2030 Agenda for Sustainable Development), we urge Member States to draw attention to the absence of action to date to address the nutritional needs of older persons (Goal/Target 2.2), including the adoption of a reliable indicator of nutritional status for this population.

We also urge Member States to give due consideration to NCDs across the life course in discussions on Preparations for the third High Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (Agenda item 15.1). Taking a whole life course approach to NCD diagnosis, treatment and care can prevent or delay many deaths in older age. WHO has stated that 80% of NCD deaths occur in low- and middle-income countries and that people over 60 account for 75% of deaths.

We further encourage Member States to note the omission of issues and concerns specific to older persons in relation to other WHA agenda items and request appropriate additions, notably with respect to the following documents:
• A70/9 (WHO response in severe, large-scale emergencies), which does not mention older persons at all, despite evidence that they are among the population groups most at risk in disaster situations and are often overlooked in emergency planning and response.

• A70/29 (Public health dimension of the world drug problem), where older persons should be included among the groups that WHO will take into consideration in its work on drug-related issues. Substance use disorder (alcohol, prescription medicines, and illicit drugs) affect almost 1% of older persons globally and are associated with an estimated 25% of deaths from self-harm among older persons. Yet substance use disorder among older persons is often undetected. At the same time, older persons need better access to controlled medicines as well as to prescription drugs and substance use disorder treatment.

• A70/32 (Cancer prevention and control in the context of an integrated approach), in which older persons are not included in the review of cancer burden and trends. Owing in large measure to the accumulation of preventable risk factors over time, older persons are at higher risk for cancer.

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