As researchers, journal editors, and representatives of non-governmental organisations, we are writing to express our concern about the way in which the health implications of population ageing are misrepresented in the media, in policy debates, and sometimes in academic research. Ageing is most often framed in negative terms, questioning whether health services, welfare provision, and economic growth are sustainable. We argue that, instead of being portrayed as a problem, increased human longevity should be a cause for celebration. Moreover, population ageing provides opportunities to rethink health policy for the benefit of all—old and young.

Depictions of older people remain stereotyped and generalised, distorting public opinion and skewing policy debates. For example, the use of economic dependency ratios, one of the commonest measures of ageing, assumes that anyone aged 65 years or older is unproductive. Similarly, the use of disability-adjusted life years to capture the health of a population explicitly views older people as a social and economic burden. Yet many older people continue to make substantial social, economic, and cultural contributions, which can be enhanced by measures that improve their health and functional status.

Obviously we recognise that the ideals of active ageing might not be achievable for every older person, particularly if they have complex comorbidity or severe cognitive impairments. The economic and non-economic costs of care provision for these people are undeniable and will rise as the numbers surviving to very old ages increase. Yet their experiences cannot be extrapolated to older people in general; the effects of population ageing on health spending are not as inelastic as is often claimed. This is particularly true in low-income and middle-income countries, where the relation between health needs and spending is, at best, tenuous. In all countries, demographic effects are strongly mediated by a wide range of unrelated effects, many of which depend on political decisions. Health spending and health-service use are more closely associated with how close one is to death than with chronological age. Indeed, it is often the case that less is spent on older people than on younger people with similar conditions.

The key issue in determining the relation between population ageing and health spending is the health and functional status of older people. The association between chronological age and health status is much more variable than is often realised, particularly for those at relatively younger ages (60s and 70s). Newly available data from WHO show substantial differences in the health and functional status of older populations in different developing countries. There are also substantial differences in health status within the UK and other developed countries. We still do not understand fully these complex variations in health and functional status. Nevertheless, there is clear evidence that they can be affected substantially by relatively cheap and simple interventions such as the effective management of hypertension, diabetes, and hypercholesterolaemia, and the promotion of healthy lifestyles, in particular regular physical activity. Yet in most countries these interventions are not available to large sections of adult populations. The failure of national governments and international agencies to prioritise these cheap and effective treatments represents a missed opportunity to reduce mortality, illness, and disability on an unprecedented scale.

Although the non-communicable disease (NCD) agenda has gathered some momentum in recent years, international health spending in low-income and middle-income countries remains heavily focused on infectious diseases and mother and child health. Yet now that NCDs are on the policy agenda, there are worrying signs of discrimination.
against older people. Background documents from the UN High-Level Meeting in September, 2010, describe the deaths of people younger than 60 or 70 years as “premature mortality”\(^1\), implying that deaths of people at older ages should receive a lower priority.

If we do not challenge existing policy paradigms and the social attitudes that underpin them, population ageing might indeed lead to a crisis in the provision of health and welfare services. Instead, we should see it as a welcome opportunity to challenge outdated public perceptions, political priorities, and policy models. This challenge will include reorientating health and welfare models to deliver more efficient, equitable, and sustainable interventions. It might also include the diversion of resources from consumer spending, which in many countries has risen spectacularly over the past 30 years, towards meeting the needs of vulnerable people, whatever their age. This is an overtly political challenge; responding positively to it will benefit people of all ages in all societies.

References


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