Active Ageing and Life Course
Policy Statement

Introduction
The International Federation of Medical Students’ Association (IFMSA) celebrates the gains made in life expectancy globally and the consequent exponential increase in the geriatric population, however also acknowledges the unique health, social and economic challenges associated with this epidemiological transition. This calls for a transformed public health approach incorporating active ageing and life course approach which focuses on the current patterns of health and disease recognising them to be influenced by the past and present life experiences of individuals/generations which are shaped by the wider social, economic and cultural context. As future health professionals, we believe the world requires long-term care systems, trained geriatric healthcare workers and “age-friendly” economic, and social frameworks. We believe in prioritising active ageing understanding that global sustainable development and Universal Health Care, will not be attainable otherwise.

IFMSA Position
The IFMSA Endorses:
1. The World Health Assembly 69 Resolution, Multi-sectoral action for a life course approach to healthy aging: global strategy and plan of action on aging and health.

The IFMSA Affirms that:
1. Ageing is a lifelong process and the use of the life course approach to develop sustainable and equitable health systems for providing long-term care, is essential in promoting health and tackling the current epidemiological transition;
2. Active ageing is imperative in making older people positive contributors in sustainable development and achieving the post 2015 developmental agenda;
3. Inclusion of Geriatrics in the medical curriculum is essential in training effective health care workers;
4. Economic and Social policies need to be implemented to make cities and human settlements inclusive, safe, resilient and sustainable for the ageing population;
5. Increasing the ratio of specialised service providers and adapting services to the needs of the aging population through the life course approach is key to achieving Universal Health Coverage (UHC) and rights of older people;
6. Combating ageism, misconceptions about ageing and elder abuse, to ensure psychosocial growth in elderly population is essential for an age-friendly society.

Call For Action
The IFMSA Calls for:
1. Governments to:
A. Develop national frameworks and evidence-based policies on healthy ageing throughout all sectors;
B. Have inter disciplinary economic reforms e.g. to improve the employability of older people;
C. Combat ageism and elder abuse in all forms through all measures possible;
D. Recognise older people as vulnerable to mental illness, and ensure provision of adequate care;
E. Ensure a proportional increase in a trained and effective workforce for the care of the elderly population through training in gerontology and geriatrics;
F. Adopt a lifecourse approach through sustainable and long-term care health model and invest in health systems i.e. infrastructure or policies that are better aligned to the needs of the elderly;
G. Use a multisectoral approach with active involvement from various sectors and levels of government. Partnership with relevant stakeholders as well as between government and nongovernmental actors, including service providers, product developers, academics and older people themselves;
H. Develop age-friendly environments through various environmental factors (housing, transport, parks and streets, social structure and attitude) and social reforms for inclusion of elder people into the community;
I. Develop affordable and accessible long term health care provision systems for the elderly population;
J. Have evaluation and assessment frameworks in place for the measurement of progress in the area of active aging and life course.

2. Its National Member Organizations to:
A. Advocate for active aging, development of health systems and long-term care systems based on life course;
B. Participate in education, research, and advocacy activities on active ageing and health through life course.

3. Medical Schools and other Health Training Institutes to:
A. Include mandatory clinical and theoretical Geriatric education in the school curriculum and train students according to the needs of the local geriatric population;
B. Incorporate interdisciplinary approaches in geriatric training and train students in the life course approach and long-term care in health provision.

4. The Global academic community to:
A. Innovate ways to increase the quality and quantity of research on the ageing population and to evaluate the effectiveness of policies implemented;
B. Research on the various influences and determinants of health for different age groups to create a better understanding and development of an effective life course approach.

5. The World Health Organization to:
A. Provide governments with the technical advice, resources for research, education and political momentum to form policies on active ageing and healthcare through life course;
B. Create more spaces for global sharing of knowledge and best practices among governments on addressing the life course approach to each age-based population.

6. The Civil Society:
A. To combat ageism and elder abuse, and work towards inclusion of the elderly population into society.
Position Paper

Background

The world’s population is expected to exceed 9 billion in 2050. Within this overall increase, the geriatric population will be significantly higher than others. [1] [2] In 2050, the geriatric population is expected to jump from 8.5% (2015) to 16.7% (1.6 billion people) of the total population, which means that almost 1 in every 5 individuals will be above the age of 60. [2]

By 2050, the Geriatric Population will continue to be the fastest growing population, with numbers increasing from 3.5% to 6.7% (Africa), 7.9% to 18.8% (Asia), 17.4% to 27.8% (Europe), 7.6% to 18.6% (Latin America), 15.1% to 21.4% (North America) and 12.5% to 19.5% (Oceania). India and China will have the highest number of elderly people. The countries with the largest Geriatric Population in terms of their percentage will be Japan, Italy, Germany, Greece, Spain, Belgium, United Kingdom, Netherlands and France. Brazil, Qatar, Saudi Arabia, Costa Rica, Colombia, Singapore, Turkey, Bangladesh and many other nations will have doubled their population ageing 60 years and over and quadrupled their populations over 80. For the first time ever, there will be a significant above 100 population. [2]

In spite of the anticipated burden associated with an ageing population with regard to health care demands, research has shown that in more than 130 countries the caregivers and healthcare professionals stand untrained in the field of geriatrics and gerontology, with policy makers giving the issue low priority. [3]

Healthy Ageing is imperative for the attainment of 15 of the 17 Sustainable Development Goals (SDGs) [4] and in its absence, would undoubtedly leave the attainment of Universal Health Coverage and post-2015 development goals, impractical.

We require systems based on the life course approach which emphasise a retrospective view of an individual’s life experiences or across generations to search for clues to current patterns of health and disease apparent in the elderly population.

Discussion

Active Ageing is “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.” It refers to continued participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. This includes people who are ill or live with disabilities.

A Lifecourse approach to ageing takes into consideration previous research which shows that the incorporation of this approach into the economic, health and care-service models would result in improved population health with a higher predicted healthy life expectancy. [21]

Health systems today are designed to address acute symptoms better than to manage and minimize the consequences of the chronic states prevalent in older age. [7] [8] [9] Moreover, these systems are often developed in professional silos and so address each of these issues separately. This can lead to polypharmacy, unnecessary interventions and care that is less than adequate. [10] [11] A system of
Evidence-based health policies, based on the life course framework, need to be introduced. This should be achieved using an interdisciplinary approach such as the one implemented by Switzerland and Singapore. These systems that incorporate the life course approach are recognized as some of the best health-care models in the world.

Moreover, health services are not adequately integrated with long-term care systems. This leads to costly acute services being used to meet chronic care needs and a failure to fully foster the functioning of older people receiving long-term care. [11] [12] This in turn requires the establishment of increased care service centers for the increasing geriatric population and a workforce trained in geriatrics and gerontology.

Long-term care and support can ensure that they live dignified lives with opportunities for continued personal growth. Yet, unhealthy behaviors remain prevalent among older people, health systems are poorly aligned with the needs of the older populations, in many parts of the world it is unsafe and impractical for an older person to leave their home, caregivers remain untrained, and at around 1 in 6 older people experienced some form of abuse in the past year. [20] The ageing population thus demands a comprehensive public-health response.

Current public-health approaches to population ageing have clearly been ineffective. The health of older people is not keeping up with increasing longevity [13]; marked health inequities are apparent in the health status of older people; current health systems are poorly aligned to the care that older populations require even in high income countries; long-term care models are both inadequate and unsustainable; and physical and social environments present multiple barriers and disincentives to both health and participation. [14]

One problem for the geriatric populations is the failure to design economic models that are age-friendly. The economic analyses of models often used for geriatric populations today show that they lead to inappropriate responses. One commonly used economic indicator is the Old-Age Dependency Ratio, which has been defined as the ratio of the Older Population (65+ years old) to the working-age population (15–64 years old). [5] This model of measurement fails because it doesn’t consider that age is not a perfect marker of behavior and assumes that everyone above the age of 65 is dependent and therefore does not promote the adoption of active aging policies which would increase the productivity of the elderly.

On the other hand, implementing tailored models such as those set by the World Economic Forum show that the establishment of age-friendly economic systems that run for the entire life-course, lead to a huge contribution of the geriatric population towards the national economy. [6]

Ageism; ‘the discrimination against an individual or generalized stereotyping of a group based on their age’ is another problem. Ageism can take place in many forms, and the most important are practices that perpetuate stereotypical beliefs. [15] Ageism becomes self-fulfilling by promoting and/or ignoring stereotypes of older people in social isolation, physical and cognitive decline, lack of physical activity and economic burden. [18] Negative ageist attitudes are widely held across societies and research suggests that ageism may now be even more intense than sexism and racism. [16] [17]

These negative attitudes may be contributing to the fact that around 1 in 6 older people experienced some form of abuse in the past year. Elder abuse includes a single or repeated act, or lack of
appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. Types of abuse range from physical, sexual, psychological, and emotional abuse to financial and material abuse; and serious loss of dignity and respect. Elder abuse can lead to serious physical injuries and long-term psychological consequences. [20] This would negatively affect an elderly person's health and ability to be an active participant in society.

There is a need for geriatric training incorporating a life course approach to be adopted for all healthcare workers. Geriatric training in medical schools is not adequate to meet the growing geriatric population health needs. [19] Lessons can be drawn from existing holistic and interdisciplinary approaches in geriatric training. We need to develop steps and strategies for implementation that involve national and international bodies, school boards, political groups and the general public to ensure the best care for the elderly population.

In conclusion, ageing and the increased life expectancy is a success for the health sector world-wide. But for the current policies in healthcare, economics and social models, it does pose a challenge. A multidisciplinary approach is needed for the establishment of new age-friendly systems for active ageing based on the life course framework and we as medical professionals need to advocate for it.

References


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