

IFMSA Policy Document

Healthy Ageing and Life Course

Proposed by the IFMSA Team of Officials

Adopted at the 73rd IFMSA General Assembly March Meeting 2024

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Policy Statement

Introduction

Individuals get exposed to various challenges related to health, most of which can be prevented and worked on throughout the lifecourse. These issues significantly impact the quality of life of those affected as they lose their autonomy and become more dependent on others, especially those in vulnerable situations. Thus, “Healthy Ageing and Life Course” from our perspective as medical students, can be defined as the ability to maintain and enhance physical and mental health, independence, and overall quality of life. This can be attained through the continuous and collaborative efforts of all stakeholders, including the younger generation, and medical students. Healthy ageing is relevant to medical students as it emphasises the importance of maintaining physical and mental health throughout the lifespan. By advocating for healthy ageing, medical students can address multifaceted challenges faced by the older adults, and promote interventions that enhance their overall well-being and quality of life.

IFMSA Position

The International Federation of Medical Students' Associations (IFMSA) knows that the older population are exposed to many physical, mental, social and environmental challenges that can dramatically affect their well-being and life course. IFMSA also affirms that Healthy Ageing is essential to optimise the quality of life of the older people and guarantee a healthy life full of opportunities and fulfilment. IFMSA recognises the efforts made by the local, national and international authorities and calls on all stakeholders to collaborate and act now to advocate for healthy ageing for all the older population worldwide.

Call to Action

Therefore, the IFMSA calls on:

Government Bodies to:

- Develop policies that guarantee equal access to healthcare services for the older population, including those living with physical, intellectual and cognitive disabilities, and increase the number of healthcare providers to ensure sufficient support.
- Encourage the integration of the priorities set by the WHO Decade for Healthy Ageing in national policies.
- Address healthcare workforce shortages to meet the needs of a growing ageing population and provide sufficient education, training, and support.
- Execute preventative measures against elder abuse and raise awareness through campaigns, identifying potential victims and abusers, supporting caregivers, and introducing intergenerational programs in schools, among other strategies.
- Tackle mental health concerns among the ageing population by integrating promotion and prevention strategies into national health plans and policies while also fostering community engagement among seniors.
- Create support systems with age-friendly environments providing work opportunities, good housing, physical education, social support and mental health care.
- Formulate strategies for financial support and collaborate with national organisations to secure discounts on essential services (subscriptions, phone services, etc) and implement comprehensive retirement plans covering financing, healthcare, and vacations for the older adults..
- Collaborate with local organisations to provide better support systems and provide equal access to healthcare services for the older population, including those living with disabilities.

WHO, United Nations and UN International Organisations to:

- Engage with national and international organisations to spread awareness of the importance of healthy ageing and life course and advocate for policies that promote healthy ageing.
- Address social determinants of health to empower the ageing population and ensure their well-being.
- Conduct research and data collection on ageing populations, their health issues, special needs and risk factors contributing to unhealthy ageing.
- Provide capacity-building and assistance to member countries and health professionals to help them adapt their healthcare systems to the older population
- Follow up with governments to ensure the implementation of efficient strategies to ensure healthy ageing of the global population and encourage intergovernmental support and strategies to achieve common goals.

Non Governmental Organisations to:

- Encourage collaborations with international, national and local stakeholders and forge long-term partnerships to provide better healthcare and social support to the older population.
- Promote healthy ageing on a local and national level and encourage communities to take action in supporting the older population people's needs.
- Support facilities, such as residential care institutions and retirement homes, and provide them with the necessary equipment, skills and strategies to address the older population's special needs.
- Engage youth in initiatives to support the older population, their physical education (including exercise) and mental health.

Healthcare Providers and Medical Universities to:

- Educate healthcare professionals and medical students on geriatrics and palliative care, including the health specificities of vulnerable groups within ageing populations, training on discrimination and abuse signs, obstacles to healthcare access, and adequate interaction with patients, capacitating them to provide appropriate care to the entire geriatric population.
- Promote and endorse research and studies focused on older adults' well-being and emphasising the importance of Healthy Ageing and Life Course.
- Adopt a preventive approach when providing care to the older population and increase this specific age group's health literacy by diversifying healthcare services with related specialities in aiding the older population.
- Include geriatric practitioners in decision-making and representative bodies to help design and develop rehabilitative programs and services adapted to older populations.

IFMSA National Member Organisations and Medical Students to:

- Advocate for and promote the importance of healthy ageing and life course among stakeholders, and raise awareness through activities to empower the older population and their wellbeing.
- Conduct local and national awareness campaigns to increase health literacy and empower the older population in their communities, amplifying the role of youth in supporting this age group.
- Conduct capacity-building sessions to educate medical students on the causes and consequences of unhealthy ageing while advocating for appropriate geriatric education in the medical curricula.

Position Paper

Background information

WHO defines healthy ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age.” Functional ability includes access to basic needs, decision-making ability, and becoming an active member of society. [1] This issue has become relevant in recent years as people live longer. One in six people worldwide will be aged 60 years or over by 2030, and the global population of people aged 60 years and older will double to reach 21.1 billion by 2050. [2] Relevant institutions such as the UN and WHO recognise that developing policies to ensure healthy ageing is instrumental for achieving the Sustainable Development Goals (SDGs) and securing the rights of this overlooked portion of the population.

Despite the international spotlight on this issue, the execution of strategies falls short of expectations. According to the 2017 review of the implementation of the Madrid International Plan of Action on Ageing in Africa, a major hurdle lies within the scarcity of resources and lack of governmental interest in countries such as Ghana, Kenya, Egypt, and Tunisia. [3] Another major barrier is the rampant spread of ageism, which refers to the stereotypes, prejudice, and discrimination towards others or oneself based on age. Ageism leads to a shortened lifespan by 7.5 years and delays recovery from disabilities in the older population. [4] When addressing healthy ageing and lifestyle, we must consider the older population's health spheres, habits, and nutrition. We should also understand common financial, social, and cultural obstacles to implementing sustainable policies. This should be achieved while considering the vulnerable and disadvantaged communities within the older population as they fight for the right to healthy ageing.

Discussion

1. Health of Ageing Populations:

1.1 Physical Health

Our body is formed of living cells which lose some of their function over time such as the ability to divide and preserve their size. The same occurs to tissues and organs, so they become smaller in size, weaker in function and fail to repair. This process differs from one individual to another, so these changes are a fate but unpredictable [5]. As a result of ageing, body changes occur, which include, but are not limited to atrophic gastritis, osteoporosis, reduced cardiac function, impaired renal excretion and liver metabolism. Moreover, common conditions occur in older age, such as hearing loss, cataracts, refractive errors, neck pain, diabetes and dementia. Regarding medical services, there is a speciality called geriatric medicine dedicated to providing medical care to older people. It encounters special illnesses found with ageing, such as geriatric syndromes and frailty, requiring rehabilitation. Geriatric Syndromes are considered as a result of several predisposing factors and are presented by urinary incontinence, falls, delirium and pressure ulcers.[6]

1.2 Neurocognitive Health

As we grow in age, significant changes occur to our brains including decreasing blood flow and higher body response to inflammation. This leads to changes in mental function such as difficulty in recalling names (memory), issues when multitasking (execution) and decreased ability to pay attention (attention).[7] A significant aspect of ageing involves a reduction in cognitive abilities related to processing or transforming information for decision-making, encompassing characteristics such as processing speed, working memory, and executive cognitive function. Cumulative knowledge and experiential skills are well maintained into advanced age. These changes are related to structural brain

modifications, including alterations in neuronal structure without neuronal death, loss of synapses, and dysfunction of neuronal networks.

Age-related diseases accelerate the rate of neuronal dysfunction, neuronal loss, and cognitive decline, with many people developing cognitive impairments that can be severe enough to impair their everyday functional abilities, making the diagnosis of dementia. Most common causes of dementia include but are not limited to Alzheimer's disease, vascular disease, frontotemporal degeneration and Lewy body disease.[8]

1.3 Mental Health

The growing older population raises concerns about the mental health and well-being of older adults, as loneliness and social isolation are identified as key risk factors for mental health conditions in later life. Shockingly, one in six older adults also experience abuse, often at the hands of their caregivers, further exacerbating mental health issues. These alarming statistics shed light on the prevalence of mental disorders among older adults, with approximately 14% of those aged 60 and over living with such conditions. These mental disorders have far-reaching implications, accounting for 10.6% of the total years lived with a disability for this age group. The need for increased attention and support for the mental health needs of older adults is crucial to promote healthy ageing and enhance the overall well-being of this growing population.[9]

Mental health issues can have significant consequences for the older population individuals, impacting their overall well-being and quality of life. Studies have found an association between mental health problems and various negative outcomes in seniors, such as reduced physical health, increased mortality rates, impaired cognitive function, and decreased social engagement. Depression and anxiety, in particular, are common mental health conditions affecting the older population. If left untreated, they can exacerbate existing medical conditions and contribute to a higher risk of disability and dependency. Furthermore, mental health issues can lead to self-neglect, poor medication adherence, substance abuse, and an increased likelihood of falls or accidents among the older population. It is crucial to provide adequate support and resources to address mental health concerns in older adults to promote healthy ageing.[10]

1.4 Sexual Health

According to the World Health Organization, sexual health is “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”[11].

Research suggests that sustained sexual desire and sexual satisfaction may contribute to a higher quality of life in ageing people and a more successful ageing process [12]. However, both anatomical and psychological changes occur over time, which may negatively affect the overall sexuality of older people. Among older men, the main problems are erectile dysfunction, problematic ejaculation and decreased sexual desire; women, on the other hand (and also due to menopause), mainly show reduced libido, insufficient vaginal lubrication and dyspareunia [13]. Common disorders such as cardiovascular disease, diabetes, and depression can also contribute to sexual dysfunction in the older population.

Nevertheless, social constraints around ageing and sexuality inhibit sexuality in older adults in ways that may be more significant than functional or practical limitations [14]. Sexuality in later life is underrepresented, and older people's sexual needs are very rarely addressed; older people may also internalise rigid and/or ageist stereotypes, taking on dysfunctional beliefs about their sexuality [15].

Therefore, improving sexual health in the older population people may well rely on both treating physical limitations and on adjusting social norms around sexuality and ageing. When providing support for older adults with sexual difficulties, it may be useful to adopt an affirmative and empowering perspective on older age sexuality.

1.5 Environmental Health

Environmental exposure is one of the many modifiable risk factors affecting ageing. This places the need to better understand the risks of environmental exposure to the older population. [16] Chemicals and environmental pollutants accelerate ageing, leading to the premature onset of diseases, particularly affecting vulnerable populations like the the older population with a weakened defence system against environmental stresses.[16] Moreover, increased oxidative stress caused by environmental exposures may also contribute to the start and development of cardiovascular and pulmonary diseases. [17]

A recent study reveals that extended exposure to low air pollution levels (fine particulate matter, nitrogen dioxide, and ozone), even below national standards, raises the risk of severe cardiac and respiratory conditions in the older population of adults. Long-term exposure to low pollution levels was correlated with higher risks of pneumonia, heart attack, coronary heart disease, stroke, and atrial fibrillation. [18] On the other hand, a Korean study found that short-term air pollution exposure was significantly linked to elevated insulin resistance, increased blood pressure and reduced heart rate variability. [19]

Apart from pollutant susceptibility, chronic lead exposure was found to be associated with metabolic syndrome and cognitive impairment in the older population. [19] Climate change, which includes heat waves and extreme weather events, is also consistently correlated with increased death rates, particularly for respiratory and cardiovascular mortality in the older population. [19] Besides all of these, the older population face other environmental challenges, such as inadequate housing and infrastructure [20]and traffic noise pollution, that can aggravate and damage their health. [21]

Efforts have been made to implement solutions to the environmental challenges that are identified to impact the health of older people and the ageing process. They include:

1. Implementing policies to reduce greenhouse gas emissions, transitioning to clean energy sources, and improving infrastructures designed to optimise human health and environmental performance.[22]
2. Strengthening healthcare systems to address climate-related health impacts, such that health systems can adjust resources, policy, and focus to varying degrees to respond to challenges.[23]
3. Designing age-friendly and sustainable urban environments, an inclusive and accessible community environment that optimises opportunities for health, participation and security for all people, in order that quality of life and dignity are ensured as people age.[24]

2. Healthy Lifestyles

The Global Health and Aging report projects that the number of people 60 years of age or older will quadruple in just four decades, from an estimated 524 million in 2010 to nearly 21.1 billion in 2050, with the majority of them residing in developing countries. But longer lifespans do not necessarily translate into a better quality of life, which presents a challenge to medical professionals in helping the ageing population live longer and better, healthier lives through adopting a healthier lifestyle. [25].

2.1 Addiction and Substance Abuse

Substance abuse in the older population is a growing public health problem and a current issue for geriatric physicians. [26] Although the use of illegal drugs usually decreases in early adulthood, approximately 1 million adults 65 years of age and older suffer from a substance use disorder. [26]

The most common substances abused by older adults include alcohol, prescription medications (particularly those associated with polypharmacy), and illicit drugs. [26] Older adults who abuse substances tend to hide their addictions, making it challenging to diagnose in regular care settings [27]. Older adults may deny their addiction more than younger adults do, some due to foggy thinking and spatial awareness difficulties caused by these medications but it is still important to teach the patient's family new communication techniques and involve them in their recovery and rehabilitation. [26]

2.2 Nutrition

A healthy diet and lifestyle, which incorporates physical activity and certain foods, can help prevent or postpone disease onset and promote healthy ageing. One significant variable that can be changed to stop or mitigate cognitive decline is diet. [25] It is estimated that 85 percent of older adults without institutionalisation have one or more chronic diseases that could be improved with appropriate nutrition and that at least half of them need nutritional intervention to improve their health [28].

Although an individual's energy needs decrease with age, the body still needs certain nutrients and proteins to function normally. According to research, older people's diets do not sufficiently supply these nutrients, leading to nutrient deficiencies and the development of degenerative diseases [29]. It is well-recognised that certain nutrient deficiencies impact cognitive abilities, which are frequently seen in the older population [29].

Daily meals that contain essential vitamins and minerals, along with dietary antioxidants like flavonoids and carotenoids, can help fight oxidative stress and slow the progression of diseases like Alzheimer's, cataracts, and age-related macular degeneration. Furthermore, it has been demonstrated that consuming 25–30 grams of fibre per day helps alleviate constipation, a prevalent condition among older adults. Good fats like omega-3 fatty acids, foods with low glycemic indexes, premium proteins, and foods high in vitamins all contribute to a balanced diet that lowers cholesterol and encourages a healthy way of living. Food components include various things, like reducing sodium intake can help hypertensive patients lower their blood pressure, but it's best to restrict sodium fairly to prevent adverse effects on cholesterol levels. Moreover, the postprandial serum glucose levels and the hypertriglyceridemia linked to type II diabetes are markedly decreased by consuming a diet rich in fruits, vegetables, legumes, and whole grains [29]. To sum up, a diet high in fruits, vegetables, whole grain bread, and fresh milk can lower cancer incidence. Moreover, getting enough vitamin E and selenium can further lower cancer risk. Among the older population, nutritional interventions have the potential to both improve general health and prevent common health issues. Due to insufficient food intake, older individuals cannot satisfy their nutritional needs through food. There is a strong need for nutritional supplements like multivitamins, protein supplements, and mineral supplements to effectively meet this need.

Furthermore, proper hydration is necessary to preserve human health and physiological processes [29]. However, because of age-related physiological changes like diminished thirst and compromised kidney function, older adults are more likely to become dehydrated. Those who have mental disorders, strokes, or long-term medical conditions are frequently at higher risk. Additionally, it has been noted that mild dehydration can impair cognitive function. [30,31]. Therefore, it is necessary to encourage older adults to drink more fluids.

2.3 Leisure Activities and Physical Activity

Leisure activity participation and health are thought to be correlated through several different pathways. First and foremost, many leisure activities require physical activity, and physical activity is linked to a lower risk of diabetes, cancer, heart disease, and cognitive decline. Sedentary behaviour, on the other hand, has been linked

to an increased risk of mortality and chronic diseases. [28]Leisure activity engagement has been found to positively correlate with mental, physical, and cognitive health in late adulthood and the older population [34]. Participating in certain leisure activities, such as cultural activities, travelling, socialising, gardening,... ; and cognitive activities like reading, are associated with positive health effects. The relationship between leisure activity and health and well-being has been the subject of numerous studies in recent decades, but little is known about the possibility that leisure activity is linked to older adults' successful ageing [34]. Even though their physical condition makes it difficult for them to do daily tasks, such as going outside and exercising, older adults occasionally desire to engage in activities [35]. Healthy ageing may be enhanced by encouraging senior citizens to engage in more recreational activities regularly [36].

2.4 Social Inclusion

The consequences of loneliness and social isolation are similar to those of other risk factors like smoking, inactivity, obesity, and high blood pressure when it comes to all-cause morbidity and mortality. [32] Furthermore, loneliness has been linked to weakened immune systems, cognitive deterioration, and mental health issues like depression and dementia. Although loneliness affects everyone to some extent throughout life, studies have shown that older adults are more susceptible to feelings of social isolation and loneliness. [33]

Though loneliness and social isolation have been linked to a decline in health status and, consequently, a lower quality of life, research suggests that both concepts may have independent effects on health and should therefore be viewed as individual characteristics. Approximately 50% of people over 60 are at risk of social isolation, and one-third will struggle with loneliness at some point in their lives.[33]

3. Determinants of Healthy Ageing

3.1 Social and Cultural Norms

Analysing data from more than 50 countries in the World Values Survey, there were large differences amongst countries regarding the agreement with the statements that “older people are a burden on society” or that “they get more than their fair share of resources”. These differences were related to higher social security coverage on the country level, which decreased negative attitudes.[37] It is known that 83% of countries had national legislation on discrimination by age in 2020. Only 22% of countries reported having adequate resources to implement activities to combat ageism.[39]

One of the main challenges of social norms are socio-ecological variables most easily illustrated by retirement age, which is the age determined within a society at which a person can (or has to) stop working. As such, it is an institutionalised age barrier, implying that people do not have the abilities, resources, or obligations to further contribute to the workforce after a certain age. Demographic developments on the country level, such as population ageing and the availability of resources such as healthcare and jobs, also affect how people view ageing. [37] These factors influence the quality of ageing populations' lives and health.

3.2 Education

Designing effective policies to promote healthy ageing hinges on a comprehensive understanding of the determinants and consequences of ageing. Researches shed light on key factors influencing the likelihood of healthy ageing. Among these factors, education emerges as a significant determinant with the potential to exert a positive influence.[39]

Education is intricately linked to the likelihood of healthy ageing. The positive impact of education becomes evident in its ability to shape health-promoting lifestyles among the older population. Educational programs play a pivotal role in fostering a sense of accountability for one's health. These programs encourage the older

population to embrace sustained physical fitness, proper nutrition, healthy interpersonal relationships, spiritual growth, and effective stress and anxiety management. [40].

A recent study conducted in Estonia delved into how educational achievement influences the lives of individuals aged 50–74, focusing on their financial situation and health. The findings underscore a compelling relationship: higher levels of education correlate with better health outcomes. Moreover, individuals with more education tend to actively engage in various aspects of life and demonstrate a greater readiness to continue working beyond the retirement age [41].

3.3 Finances

The impact of financial conditions on the well-being of individuals is increasingly recognised in our complex and interconnected world. This influence extends beyond personal finances and touches various aspects of social and individual well-being. The older population, who often have specific financial needs not comprehensively addressed by existing financial services, are particularly affected by these dynamics[42].

The financial well-being of the older population is crucial for maintaining a fulfilling and healthy life. To better understand the intricate link between financial conditions and well-being among older adults, a recent study sought to assess the relationship between financial stress and various subjective measures. The study, conducted in five developing countries, explored the impact of financial stress on self-reported health, depression, quality of life, and life satisfaction among older adults. The findings revealed that both subjectively and objectively measured financial stress exhibited inverse associations with good self-reported health, quality of life, and life satisfaction. Conversely, financial stress showed a positive association with self-reported depression among older adults[43].

In light of these findings, it is imperative to address material poverty among older adults, particularly in rapidly developing countries facing the challenges associated with rising life expectancy[43].

3.4 Health literacy

“Health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people’s access to health information, and their capacity to use it effectively, health literacy is critical to empowerment.”, states the Health Promotion Glossary from 1998. [44].

However, regarding older adults and their caregivers, the quest for reliable health information becomes a critical component in disease prevention, health promotion, and adherence to public health recommendations. Unfortunately, disparities in access to formal education and literacy training and the intricate and technical nature of health information create barriers for older adults. Moreover, the natural ageing process introduces complexities that may compromise their capacity to interpret health messages and make sense of vital information. [45].

Therefore, health literacy should assume a central place in awareness campaigns, community actions and the healthcare system to contribute to healthy ageing and impact the older population's health in various aspects.

4. Vulnerabilities in Ageing Populations

4.1 LGBTQIA+

Queer identity and sexual orientation have always presented great challenges, especially in regards to access to healthcare. It has proven to be a major barrier against healthy ageing among the senior population worldwide. A key indicator of the direness of the situation is the queer the older population's shortened lifespan as opposed to their cis-gendered and heterosexual counterparts. Several studies concluded that the LGBTQIA+ the older population actively avoid seeking healthcare for fear of discrimination. When they do, they hide their identity, which may be key for providing optimal diagnosis and care. [46]

In addition, the majority of queer the older population are isolated and lack familial and social support, which studies correlated to their increased dependency on long-term care facilities. This presents a challenge as these institutions make way for abuse amplified by the inadequate training of staff to address queer needs. [47] For example, studies on the older population transgender women highlighted fears such as isolation, lack of recognition, and loss of decision-making ability as barriers to seeking long-term healthcare institutions.[48] It has even been reported that the the older population were denied visitation to and from their same-sex partners.[49] This matter brings great stress that some resort to suicide to avoid being under the care of insensitive medical professionals.[50] This topic is heavily under-researched, especially in regions where most discrimination against the LGBTQIA+ occurs. This may lead to the deprivation of queer the older population from their right to healthcare as their struggles continue to be unheard.

4.2 Elder Abuse

Elder abuse is a broad term describing harmful treatment towards an older population person, especially in relationships with an expectation of trust. It encompasses physical, verbal, or emotional abuse, sexual abuse, financial exploitation and neglect [51].

Older adults are particularly vulnerable to various types of abuse. Specific risk factors for elder abuse include age, race, poverty, functional disability, cognitive impairment, and the onset of new cognitive impairment [52]. On the contrary, a greater social network has been shown to act as a protective factor [53].

Although crucial to identifying and addressing elder abuse, healthcare professionals often lack the necessary training and/or are ill-equipped to deal with this problem [54]. Consequently, awareness should be raised, and training should be provided to key professionals. Elder abuse in nursing homes is yet an underreported phenomenon [55]. As with healthcare professional training, a key step to preventing elder abuse would be to provide targeted education for the nursing staff members.

Elder abuse is an insidious and growing problem and requires the urgent attention and the collective action of health care systems, social welfare agencies, policymakers, and the general public.

4.3 Physical and Intellectual Disabilities

Disability and age are closely linked: as people get older, the prevalence of disability increases [56]. In fact, a range of physical and intellectual disabilities are prevalent among older adults.

On par with the growing number of the older population, there is also a growth in the number of people with physical and intellectual disabilities. This phenomenon may also be associated with the increased prevalence of chronic diseases, such as diabetes mellitus, circulatory system diseases, and stroke, among others, which have a higher incidence in this age group and which may result, for example, in amputation of a limb or the onset of hemiplegia or acute cognitive decline [57]. The ageing process itself can play a major role in the acquisition of a physical disability; several factors are involved, which can lead to a natural and progressive loss of vision, hearing, and functional capacity.

Both older people and people with disabilities face prejudice and exclusion, and older adults with disabilities may experience double discrimination. However, there is not enough research on this domain.

Older adults with disabilities have unique needs that require special attention and support regarding social care, employment/retirement, and physical and mental health needs [58].

4.4 Isolation

The older population are particularly vulnerable to loneliness and isolation, caused by the breakdown of traditional family values and the importance of the older population in society. A study in the United States found that 25% of the older population aged 65 years and above are socially isolated,[59] and in a similar study in the United Kingdom, about a million the older population reported the same affliction.[60] Sensory disabilities and debilitating illnesses that burden them are key contributors to their loneliness.[59] In addition to the harmful psychological effects of isolation, there are severe implications on physical health and the progression of the disease as multiple studies report that it exacerbates heart disease, high blood pressure, and dementia and weakens immunity.[61] The feeling of helplessness brought on by loneliness leads to suicide. This finding is supported by a study in 2018 which reported 142 suicides attributed to social isolation from 2000 to 2013 in Australian nursing homes. [62]

5. Healthcare for Ageing Populations

5.1 Preventive Care and Chronic Diseases Management

Preventive care includes a healthy lifestyle, exercise, diet and other similar efforts. Preventive care in a medical setting includes various health care services, such as a physical examination, screenings, laboratory tests, counselling and immunisations.[63] Screening is a crucial component of preventive care, with recommendations for early detection of diseases in adults encompassing screening for cardiovascular risk, diabetes, specific cancers, and depression.[64] This type of care is extremely relevant due to the poorer health outcomes of the older population people, with rising multimorbidity in this age group. Therefore, preventive care can help us decrease chronic disease prevalence or change the disease course by early detection and efficient treatment.

However, only 27% of countries worldwide reported having adequate resources for action on person-centred and integrated care for older people. Most health systems are not designed to provide appropriate services for older people, and many focus on acute conditions rather than preventing and managing the chronic conditions commonly experienced in older age. Vertical systems lack the flexibility and multidisciplinary approach required for person-centred care, exacerbated by a lack of trained health and care workers. Strengthening primary care, the main entry point for older people into the health system, requires an adequately skilled workforce, sustainable financing, appropriate legislation and regulation, improved availability and disaggregation of data, establishment of age-friendly environments and elimination of ageism. Strengthening primary care for all people at all stages of their lives through a life-course approach is important for healthy ageing.[65]

5.2 Palliative care in healthy ageing and body autonomy

Palliative care is a healthcare approach that improves the quality of life of patients and their families who are facing problems associated with life-threatening illnesses. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.[66] It is a crucial part of integrated, person-centred health services. It improves the quality of life of both people and their caregivers. In an evaluation survey, Member States were asked whether they had a policy, legislation, strategy or programme that included the integration of palliative care services in the structure and financing of national health systems. Of the 133 countries that responded, 65% reported did, ranging from 46% in the African Region to 81% in Europe. In low-income countries, only 25% reported the inclusion of palliative care in a policy, legislation, strategy or programme. [65] This sheds light on the global disparity of member states efforts in implementing and empowering palliative care, a strong and effective response to the rising healthcare needs of an ageing population.

Worldwide, significant barriers must be overcome to address the unmet needs for palliative care. These barriers are identified by the WHO as the following: [66]

- National health policies and systems often do not include palliative care at all;
- Training on palliative care for health professionals is often limited or non-existent;
- Population access to opioid pain relief is inadequate and fails to meet international conventions on access to essential medicines.
- Lack of awareness among policy-makers, health professionals and the public about what palliative care is and the benefits it can offer patients and health systems;
- Cultural and social barriers, such as beliefs about death and dying;
- Misconceptions about palliative care such as that it is only for patients with cancer, or the last weeks of life; and
- Misconceptions that improving access to opioid analgesia will lead to increased substance abuse.[66]

Palliative care is most effective when considered early during the illness. Early palliative care not only improves the quality of life for patients but also reduces unnecessary hospitalisations and the use of healthcare services. Palliative care also needs to be provided following the principles of universal health coverage. All people, irrespective of income, disease type or age, should have access to a nationally- determined set of basic health services, including palliative care. Financial and social protection systems need to take into account the human right to palliative care for poor and marginalised population groups.[66]

5.3 Polymedication and Access to Essential Medicines (UHC)

UHC is defined by WHO as ensuring that all people and communities receive the quality services they need and are protected from health threats without financial hardship. Population ageing will impact the ambition of universal health coverage because without considering the health and social care needs of the ever-increasing numbers of older people, UHC will be impossible to achieve. Equally, SDG 3 – “ensuring healthy lives and promoting well-being for all at all ages” – cannot be met without transforming health and social systems from a focus only on disease towards the provision of integrated and person-centred care that is known to have the greatest impact on functional ability in older age. [67]

One of the challenges to achieve UHC is access to essential medicines of assured quality which still poses problems for many countries worldwide, such as in the Western Pacific Region. This is due to rising prices of new medicines; persisting shortages and stock-outs; and increasing numbers of substandard and falsified medical products.[68] With limited access to health insurance and high out-of-pocket costs for accessing services, many older people tell us that they have no choice but to forget seeking healthcare and essential medicines, or face impossible choices between health and other basic needs. The WHO World Health survey found that 60% of older people in low income countries did not access healthcare either because of the cost of the visit, not having transportation, or because they could not pay for transportation.[69]

5.4 Health Information Systems and Health Technologies

Digital transformation is reshaping the care of older adults in all dimensions, as health information systems and health technologies can empower them and facilitate healthy ageing. Research suggests health technology positively impacts older people’s lives, improving cognitive, physical and mental health [70]. Technology can also support caregivers and ease the pressure on healthcare systems’ resources [71]. For example, telehealth services have been crucial to extending high-quality care past urban centres to more rural or under-served areas, bypassing potential infrastructural gaps [72].

Moreover, voice-based assistants remind older people of their medication schedules [73]. Smart wearables (sensors, wrist watches, and mobiles) conveniently monitor and analyse biometric feedback, providing immediate feedback and, in some cases, activating emergency protocols in case of danger (e.g. falls). This helps facilitate timely medical care, and machine learning algorithms can assess risk levels and provide personalised recommendations based on real-time data [74]. Activity trackers may even promote physical activity in older adults [75]. However, it is important to note these devices are not a substitute for professional care.

Virtual reality (VR) is also being used to improve the mental health of older persons and tackle isolation. VR can create a new virtual space or even recreate a memory of the past, where family members and friends can join older adults to socialise and engage in activities that they may no longer be able to engage in because of the ageing process. Additionally, VR can provide a unique brain-stimulating experience that encourages older adults to stay mentally active. Through VR, older persons can play games that require them to move around or perform simple exercises that keep them mentally active, positively impacting their quality of life [76] [77].

However, without proper policy support, health technologies can also contribute to digital exclusion, a known problem among the older generation [78]. Health technology must be accessible and available to all. They must be practical and user-friendly and should compensate for age-related disabilities, such as vision or hearing reduction, as not understanding information/communication can be vital in the case of an emergency or crisis. Although technology is hardly a substitute for the human touch, it is an essential tool to support healthy ageing and empower the older population.

6. Health in Humanitarian Emergencies

6.1 Wars and Armed Conflicts

Compromised countries worldwide have a considerable senior population with 7.4 million in Ukraine, 3.6 million in Ethiopia, 800,000 in Yemen and Syria, and 250,000 in Palestine. Studies demonstrate that this issue will grow over time. 1 out of 5 individuals will be over 60 by 2050, 80% of which will be in countries facing humanitarian crises.[79] The older population population over 50 is projected to increase in conflict-ridden countries from 12.3% in 2020 to 19.2% in 2050. [80]As per international humanitarian law, the the older population are to be provided with protection during armed conflicts, [81] and article 91 of the Geneva Convention relative to the Protection of Civilian Persons in Time of War grants vulnerable persons such as the the older population the right to adequate healthcare and diet amid crisis.[82] However, findings from 15 countries in a period between 2013 and 2021 show that the the older population are victims of physical, sexual, and psychological violence during conflicts. [83] Another study in 2019 surveyed 8,883 senior citizens from 11 countries with active war and conflict in Africa, Asia, Latin America and the Middle East. It found that 64% did not have enough to eat, 25% had no access to safe drinking water, and 26% could not access health services. 36%, 62%, and 35% had no access to handwashing facilities, bathing facilities, and toilets, respectively. Even their disabilities were not always catered to, with only 28% of those with walking difficulties given a walking stick, and 25% of hard-of-sight had eyeglasses. [84] Many factors contribute to these issues, including cultural perspectives and ageism that exclude the older population from humanitarian efforts. In addition, triage procedures often prioritise children, mothers, and young adults in addition to the lack of comprehensive geriatric knowledge among staff. [85] There are also multiple long-term repercussions of war, where countries have exhausted the resources needed to care for their older population.

6.2 Natural disasters

Among all age groups, the the older population are globally at the highest risk of morbidity and mortality from natural disasters, ranging from the State of Louisiana (United States), where 70% of the 2005 Hurricane Katrina death tolls were the older population, to Japan's Kobe Earthquake where they made up 90% of the fatalities.

[86] Studies attribute the disproportionate affection of the senior population to intrinsic vulnerabilities such as mobility, cognitive, and sensory disabilities that hinder their chances of survival, as well as extrinsic factors such as the lack of social, financial, and functional support from the community and government. The the older population are often afflicted with chronic illnesses that exacerbate significantly during and after disaster events, and the health systems would be in a state of disrepair and unable to properly address their needs.[87] This is especially true for low- and middle-income countries where 80% of the the older population will reside by 2030. [88]

6.3 Immigration and forced displacements

Amidst ongoing conflicts and disasters, the older population may face immigration and forced displacement. Senior migrants lack instrumental factors for proper healthcare access, including finances, time, and awareness. As a result, they are more likely to develop health issues that worsen over time.[89] Also, the lack of long-term care facilities in their community might lead them to being placed under institutional care, which can expose the migrant the older population to more instances of abuse.[90] Consequently, psychiatric disorders are significant among migrants, with the most common afflictions being anxiety, depression, and PTSD. The older population are especially at risk due to the presence of comorbid conditions such as Parkinson's disease and dementia in addition to the social isolation.[91] A study showed that migrants experience delay with diagnosis and treatment of dementia. All these factors contribute to the increasing suicidal tendencies among the senior migrants. [89]

7. Local Communities and National Efforts on Healthy Ageing

7.1 Community support

Community support is an essential pillar in helping older adults. However, it represents a serious challenge globally especially for underdeveloped countries. First of all, community support should be available in both rural and urban areas as rural areas need more development in community based medical care service. Moreover, they need more diverse entertainment activities as their mental health is as much important as physical health.[92] Quality of life support is also crucial starting from being in safe houses reaching to providing life needed service.[93]

The service that is provided to old individuals isn't a format that is provided to everyone but It is a diverse scale of services where each individual is provided by what they need the most and according to counselling with them;

Here is a list of services should be provided [94]

1. Meals: either delivered or congregated.
2. Transportation: Includes subsidised mass transit, curb-to-curb paratransit and other assisted transportation, and driver education.
3. Personal care: Hands-on or cueing to assist individuals.
4. Homemaker services: Services designed to maintain a healthy home environment such as housekeeping, meal preparation, laundry, and shopping.
5. Information and assistance: Used to help individuals or their representatives identify, access, and use support services (exclusive of case management).
6. Nutrition education and counselling: Assessment of and assistance in meeting an individual's nutritional needs by a licensed nutritionist or dietician.
7. Adult day care: Community-based program offering social, recreational, and health-related services in congregate settings.
8. Case management: Professional management of an individual's health care; identification and assessment of biopsychosocial needs; monitoring use of services to ensure positive outcomes.
9. Chore: Household tasks such as heavy cleaning and yard work.
10. Legal assistance: Consultation and representation for consumer issues, housing and benefits.

7.2 Good Housing

Proper housing for older adults is essential for their well-being and overall quality of life. As individuals age, their housing needs evolve, and it becomes crucial to provide them with safe and suitable accommodation options that cater to their unique requirements. Features to consider in proper housing for older adults include accessibility, such as stair-free entrances, handrails, and wider doorways, to accommodate any mobility challenges. Housing communities designed specifically for seniors may offer additional amenities such as emergency call systems, communal areas, and onsite healthcare services. Ageing-in-place options, such as home modifications and assistive technology, can enable older adults to remain in familiar surroundings while maintaining their independence. Resources like senior housing directories, government programs, and non-profit organisations specialising in the older population housing can be useful in finding appropriate housing options for older adults. With proper housing, older adults can enjoy a comfortable and safe living environment that promotes their physical, mental, and emotional well-being.[95]

7.3 Financial Support in Ageing People

An ageing society's main issue is financial poverty in particular [96]. Actually, senior citizens' decision to move into retirement communities is primarily driven by financial strain [96]. Due to financial hardship, some children are sending their parents to an assisted living facility.

Secondly, the ratings of life satisfaction among older adults were significantly influenced by economic conditions. Economic resources have a bigger impact on well-being than they do in rich countries, according to an analysis done in poor countries. According to research, financial literacy is becoming more and more crucial for senior citizens, possibly having an effect on their quality of life [96]. Impaired life satisfaction among the older population has an impact not only on the person but also on the family and the community.[96][97] Older adults are more likely to experience financial difficulties as their income declines after retirement. Financial difficulties in today's society cause a great deal of stress and poor psychological health.

Furthermore, older adults' financial struggles may have an effect on their social networks and interpersonal relationships, which may exacerbate their depressive symptoms [96]. Most agree that strategies like rescaling goals and modifying expectations to fit the circumstances lead to high financial satisfaction among older adults. As a result, older people continue to face unequal access to services and goods, including financial services, frequently as a result of discriminatory practices and attitudes. It covers a broader range of financial variables than most previous work and aims to show that financial circumstances have a stronger influence on financial satisfaction in old age than previously thought [96].

In many cases, this is referred to as discriminatory practice because certain insurance companies and financial institutions clearly restrict the age range for their products and charge higher premiums for older clients. Even in cases where there is proof of a higher-than-average repayment rate, older individuals are generally denied access to microfinance services and small business loans in developing nations due to their age. [98].

7.4 Employment and Job Opportunities

An additional factor contributing to the potential reduction in productive capacity is the ageing of the working-age population, especially in nations that depend significantly on manual labour. From 723 million in 2021 to 1,075 million in 2050 and 1,218 million in 2100, is the estimated increase in the number of older people of working age (55 to 64 years old). Of the anticipated global increase in older workers from now on, two-thirds are expected to come from Africa. This means that from 63 million in 2021 (or 9% of the global population between the ages of 55 and 64), to 160 million in 2050 (15%), and 432 million in 2100 (35%), the number of older workers in Africa is predicted to rise. [99] Despite retiring, older individuals still make contributions to their communities, making

them a valuable asset to society. Older adults are still involved in politics and have plenty of opportunities in an age-friendly city and community, whether through paid or volunteer work. [100].

Seniors who actively participate in volunteer work or employment can find fulfilment because it keeps them socially engaged and gives them a sense of fulfilment. The older population people with a variety of interests, needs, and skills are catered to by a wealth of volunteer and job opportunities, which are made available to them through awareness of open positions. Seniors no longer have to physically overcome obstacles to volunteer or employment opportunities thanks to age-friendly cities and transportation systems. The older population people who receive ongoing training are also more connected and relevant. [100] Older adults' consumption surpasses that of younger adults' by at least thirty per cent in certain high-income nations. This is mostly because healthcare utilisation has increased dramatically. Opportunities for entrepreneurship are another means of encouraging older individuals to enter the workforce and guarantee their long-term independence [99]. Workplace discrimination based on age has been reported [100]. It would be possible to guarantee job opportunities for seniors if employers adopted a more positive attitude toward keeping and hiring older employees. For seniors to effectively utilise their experience and knowledge, the workplace can still be made more welcoming[100].

Older persons should be enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively. [101]

7.5 Support in Everyday Services

The Quality of life of these persons is greatly determined by their independence, individuality, and autonomy.[102]

Ageing may hinder moments of socialisation. Retirement, distance from families, and other physical issues decrease opportunities for meetings in person. There hasn't been much recent evidence synthesis on the support and care requirements for senior citizens with chronic illnesses.[103] Understanding the care and support needs from the viewpoint of older individuals as well as the larger context in which they live and interact is crucial in order to effectively address those needs[103]

Barbaccia et al. (2022) state that because gyms are designed primarily with the requirements of young people in mind and only provide physically demanding activities, older folks typically do not find them appealing. The elder group's participants believe that gyms are unfit for them and uncomfortable places [99]. However, a number of adult interviewees revealed to the moderator that they engage in Pilates and mild gymnastics as a cover for socialising as well as a form of movement practice. Adult participants in the study confirmed that they value taking part in exhibitions, going to the theatre and museums, the movies, and planned trips. It is noted that with regard to this final factor, the older group is only open to travelling to locations that are nearby.[99]

According to Yang et al. (2018), there is a low utilisation of public transit among older persons due to its limited availability, fixed routes, defined schedules, and lack of personalised assistance [100]. Paratransit may have lengthy wait periods and needs to be scheduled in advance. Finding safe, affordable, practical, and accessible transportation options for older adults is crucial, as they rely heavily on private vehicles, must cease or minimise driving for health and safety reasons, and value their independence, access to healthcare, and social interactions. [101]

We must create care models and support services that are tailored to the unique needs of older people in order to support them with their daily needs and guarantee individualised, all-encompassing care. [103][104] In order to provide health services that foster a feeling of community and well-being, we also need to use senior centres to offer social and recreational activities[105]. Encourage older people to use ICTs to make their homes more

accessible, so they can stay in touch, maintain their independence, and respond to critical needs[106]. In order to ensure older people's inclusion and participation in today's digital society, provide them with coaching and educational programs on digital tools.

7.6 Caregivers and Retirement Communities

Caregivers play an indispensable role in supporting older individuals as they navigate the challenges of ageing. First of all, caregivers assist older adults with basic and instrumental activities of daily living. These tasks include bathing, dressing, meal preparation, and managing medications. By providing practical support, caregivers enable seniors to maintain their independence and dignity. Ageing can be emotionally challenging, especially when coping with chronic illnesses or loss of mobility. Caregivers offer companionship, empathy, and a listening ear. Their emotional support helps alleviate feelings of loneliness and isolation among older adults. Caregivers often coordinate medical appointments, administer medications, and monitor health conditions. They act as advocates, ensuring that older individuals receive appropriate medical attention and adhere to treatment plans. Navigating the healthcare system can be complex. Caregivers help older adults access services, arrange transportation, and coordinate care across different providers. Their role is pivotal in ensuring seamless transitions between hospital stays, home care, and rehabilitation centres. Caregivers collaborate with older adults and their families to make informed decisions about healthcare, living arrangements, and financial matters. Their input is essential in maintaining the well-being and quality of life of seniors.[107]

Retirement communities provide a supportive and socially engaging environment that contributes to physical, mental, and cognitive well-being. Retirement villages offer a blend of independence and support. Residents can maintain their autonomy while accessing services like healthcare, transportation, and social activities. This integrated approach fosters overall well-being. Retirement communities often provide fitness facilities, wellness programs, and recreational spaces. Regular exercise, social interaction, and access to nutritious meals contribute to better physical health. Social isolation is a concern for older adults. Retirement communities facilitate social connections through shared activities, clubs, and events. These interactions reduce loneliness and enhance mental health. Engaging in mentally stimulating activities is essential for cognitive health. Retirement villages organise workshops, classes, and brain games, promoting cognitive vitality. By creating an environment that supports active lifestyles, retirement communities enhance residents' quality of life. Opportunities for learning, hobbies, and cultural experiences contribute to overall satisfaction.[108]

7.7 Retirement and old age pensions

Globally, only 28% of nations, or a third of all people, have complete social security systems that cover all relevant aspects of retirement. For developing countries, the cost of a universal pension for people over 60 would be only 0.7 to 2.6 percent of GDP.[109]

Worldwide, men over 47 years of age and women over 23 years of age are employed. In the "old economies" thirty years ago, older people consumed less than young people. In 2010 there were 23 and by 2040 there will be 89 in traditional economies.[109] The best strategies to ensure financial security and reduce poverty in old age include investing in pension systems.

It is still challenging to implement social and pension protection in developing nations because a sizable section of the labour force is employed in the unorganised sector. This is particularly true in developed countries where the sustainability of these systems is crucial. The idea that countries lack the resources to provide pensions and health care to an ageing population, or that population ageing itself has a negative impact on economic development, is unfounded. However, only a third of all countries have robust social protection programs, and most of these programs cover only formal workers or less than half of the world's working-age population.[109]

According to the World Social Report 2023, workers are choosing to leave their jobs before reaching the official or statutory retirement age, which is usually 65 but is increasingly reaching higher age limits. Generous early

retirement benefits discourage them from working longer.[110] Some countries' early retirement rates may also be explained by cultural norms and discrimination against older workers in recruitment, retention and retraining.[110] Pensions, and particularly social pensions, have been shown to benefit not only an entire family, but also a family in their own right They are a valuable goal because they significantly improve the well-being of older people. Pensions often help young people and their families cope with difficult times of job shortage or loss by serving as the main source of household income.[109]

8. Global Efforts on Healthy Ageing

8.1 Global stakeholders and their efforts

The United Nations has long been a supporter of healthy ageing and a key advocate against ageism, starting with a resolution adopted in 1991 that outlined the rights the older population are entitled to including independence, participation, care, and dignity.[111] More recently in 2020, the United Nations General Assembly voted on the adoption of the United Nations Decade of Healthy Ageing (2021-2030). [112] This resolution aims to provide a collaborative space for a wide range of entities ranging from governmental agencies and educational institutions to promote healthy ageing. [113] The UN provided financial and influential support on their end which contributed to the release of multiple reports on ageing on a dedicated internet hub accessible by individuals worldwide. This facilitated the access to credible and reliable resources on the topic.[114]

The World Health Organisation has led the initiative for the 2020 UN resolution on healthy ageing with the purpose of promoting intersectionality to advocate for the older population. The WHO released a global report on ageism that provided important data-driven insight[115] as well as developing standardised tools and questionnaires aimed to kickstart worldwide research on the older population.[116] In addition, the WHO collaborated with areas including Penang Island in Malaysia and Guadalajara in Mexico to design age-friendly cities.[117] The WHO was also sure to include the older population and have them be part of the initiatives taking place, taking into account gender, cultural, and socioeconomic representation.[118]

HelpAge International is an influential stakeholder with partners from 93 countries included in their network with their work mainly focused on emergency aid and crisis management for the older population during disasters.[119] From 2022 to 2023, The organisation funded more than 130 projects, reached over 465,000 the older population, provided humanitarian aid to around 659,000 individuals, and facilitated healthcare access to 2.4 million. [120] Moreover, the organisation spearheaded campaigns to protect the older population during the COVID-19 pandemic by ensuring their prompt access to vaccines.[121]

8.2 Interlinkage to Sustainable Development Goals

The UN Decade of Healthy Ageing: Plan of Action 2021–2030 outlines the World Health Organization's (WHO) collaborative efforts over ten years to enhance the well-being of older populations globally. Central to this initiative is the active involvement of older individuals, uniting governments, civil society, international agencies, professionals, academia, media, and the private sector.[122]

The initiative by (WHO), aligns closely with Sustainable Development Goals (SDGs) to comprehensively address key aspects of healthy ageing. This plan emphasises preventing older people from falling into poverty (SDG1), addressing their vulnerability to food insecurity as families and food programs prioritise children (SDG2), promoting good health throughout all life stages (SDG3), supporting lifelong learning for decision-making and independence (SDG4), advocating for gender equality in workforce participation and social pensions (SDG5), older people having access to job opportunities and decent working conditions. Industry and Innovation (SDG8), developing age-inclusive infrastructure for healthy ageing (SDG9), reducing inequalities in access to services and support (SDG10), creating age-friendly cities and communities (SDG11), establishing age-inclusive

institutions (SDG16), and fostering active partnerships for a future that leaves no one behind in healthy ageing (SDG17).[123]

This collaborative effort brings together various stakeholders to ensure a holistic approach to the well-being of older individuals globally.

9. Role of Youth and Medical Students in Healthy Ageing

9.1 Education and awareness

Youth and medical students can play a crucial role in educating others about healthy ageing by raising awareness and providing important information. They can create workshops or seminars in academic institutions and community centres to share knowledge on the importance of maintaining a healthy lifestyle, preventing chronic diseases, and promoting overall well-being in older adults. Additionally, they can organise health fairs or outreach programs to engage with the local community and provide resources on ageing-related topics such as nutrition, exercise, mental health, and disease prevention. Utilising social media platforms and creating informative infographics or videos can also be effective in reaching a larger audience.[124] Online resources such as the World Health Organization (WHO) website, Centers for Disease Control and Prevention (CDC) website, and National Institute on Aging (NIA) website, among others, can provide reliable and evidence-based information for youth and medical students to enhance their knowledge and educate others effectively.[125]

9.2 Meaningful youth engagement

As the world population rapidly ages, involving young people becomes essential for achieving the goals of the Decade of Healthy Ageing 2021–30, proposed by the World Health Organization (WHO). This decade aims to enhance the health and well-being of over a billion people aged 60 and older. The COVID-19 pandemic has highlighted existing faults in healthcare, equity, and economic safety, particularly affecting older adults. More than 40% of COVID-19-related deaths (up to 80% in some high-income countries) during 2020 were linked to long-term care facilities. Youth perspectives play a pivotal role in shaping well-being in old age. [126]

Engaging young people ensures that policies and programs are acceptable, appropriate, and responsive to their needs and preferences. Healthy ageing, as defined by the WHO, involves developing and maintaining functional ability for well-being in older age. Recent reports emphasise the importance of youth engagement in global health issues, including those that will impact them later in life, such as health governance.[127]

To achieve meaningful youth engagement in health ageing, we must consider the following: [128]

1. **Inclusion in Decision-Making:** Youth should actively participate in designing, developing, implementing, and evaluating policies, programs, services, and tools related to digital technologies, data, and health.
2. **Digital Literacy and Skills:** Addressing digital literacy gaps is crucial. Youth need skills to protect themselves from online harms, privacy violations, and other risks in digital environments.
3. **Balancing Risks and Opportunities:** While digital transformations offer benefits, they also pose risks. Engaging youth allows us to harness their innovative potential while safeguarding them against harm. [128]

9.3 Approach in the Medical Curriculum

Medical students should actively engage in clinical experiences with older patients. This exposure helps them understand age-related health challenges, such as chronic diseases, cognitive decline, and functional limitations. They should Learn from experienced geriatricians and interacting with older adults can shape their perspectives. Moreover, Medical students can contribute to research on ageing-related topics. Investigating ageism, healthcare disparities, and innovative interventions can lead to better care for older populations. Collaborating with other healthcare professionals (nurses, social workers, occupational therapists) is essential for holistic care.

Medical students can learn from interdisciplinary teams and appreciate the value of a comprehensive approach to ageing-related health.[129]

10. Healthy Ageing in Post-Pandemic Recovery

At the biological level, ageing ensues from the cumulative impact of diverse molecular and cellular damage over time, resulting in a gradual decline in both physical and mental capacities, an elevated susceptibility to diseases, and ultimately, mortality. Common global age-related conditions encompass hearing loss, cataracts, back and neck pain, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia. As individuals age, the likelihood of experiencing multiple conditions simultaneously increases. [130]

Older age is marked by the emergence of intricate health states, commonly referred to as geriatric syndromes, often stemming from various underlying factors. These syndromes include frailty, urinary incontinence, falls, delirium, and pressure ulcers. [131]

10.1 How pandemic management affects the the older population:

The COVID-19 pandemic stands as the predominant global health crisis, with older individuals being more vulnerable to infection due to a compromised immune response to infectious challenges. Comorbidities, malnutrition, medications, and stress further increase the older population's susceptibility to COVID-19, contributing to a decline in immune function. [132]

Moreover, the combination of comorbidities and immunosenescence in the older population heightens their vulnerability to COVID-19, particularly in developing countries. The frailty syndrome, often linked with malnutrition, makes them more prone to fatal infections, especially in retirement homes. Poor immune responses to infectious challenges further elevate the risks of morbidity and mortality. [132]

It is well acknowledged that COVID-19 has drastically disrupted healthcare systems across the globe, posing unprecedented challenges for elders with special needs and routine medical care.[133]

- **Interruption to Routine Management of Chronic Diseases:** Older patients with multimorbidity require robust health services that can provide continuous and long-term care. However, with the implementation of quarantine measures during (the COVID-19) pandemic, older adults living with chronic conditions have great difficulties in managing chronic conditions and accessing healthcare services.
- **Physical Inactivity:** Social exclusion has disrupted their daily routines, such as reduced physical activities and increased sedentary behaviours. The decreased opportunities for either the incidental or intended physical activities can ultimately impair the function of skeletal muscle and lead to loss of intrinsic capacity.
- **Malnutrition:** Unemployment, soaring food prices and reduced external assistance restrict older people's access to adequate and nutritious food during the pandemic.
- **Mental disorders:** Stay-at-home measures such as single and separated status are associated with the absence of social support, which ultimately leads to feelings of loneliness, anger and depression. [133].

10.2 Strategies for Promoting Geriatric Health Care During the COVID-19 Pandemic:

Strategies to Enhance Geriatric Healthcare During Pandemics are proposed as the establishment and or improvement of community-based Primary Care, Pharmacy-Based Health Care, Home Health Care, and Internet Hospital-Based Care. These approaches will aim to address the specific healthcare needs of older individuals in the current and future pandemic scenarios. [133].

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