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International strategies in the face of aging population

Abstract

Introduction. Population aging poses many important economic, social, and health challenges to the modern world. This applies mostly to developed countries. The phenomenon requires joint action of Member States of the European Union, the World Health Organization, the United Nations, the Council of Europe as well as some unified strategies for the actions taken by these entities.

Aim. The aim of this study was to demonstrate international strategies implemented in the face of demographic changes.

Material and methods. The authors analyzed the documents outlining strategies for both organizations and entities, as well as recommendations for international scientific consultation on strategy of the aging population.

Results. Analysis of changes happening to the oldest age groups showed the need for cooperation between countries. An overview of the strategies being taken at the moment and those that had been undertaken previously by international entities can contribute to modify the arrangements of the elderly; in order to improve the living conditions in multidimensional aspect.

Conclusions. The key to achieving the desired effect through implementing the policies of individual countries is to monitor them on a regular basis.

Keywords: strategies for action, aging, international entities.

DOI: 10.1515/pjph-2016-0011

INTRODUCTION

Societies around the world are aging, which translates into an increased number of elderly individuals in the overall structure of the society. This is why the issue of the elderly members of the society sparks so much interest these days. According to a WHO report published in 1999, there were some 580 million people over 60 and over a half of them were residents of developed countries. Various estimations suggest that in 2020 the overall number of elderly people would exceed 1 billion, which translates into 30% of the whole population [1,2].

In 2009, Central Statistical Office (*GUS* in Polish) released *Population estimates for 2008-2035*, which suggests that over the next 20 years, the structure of the Polish society would change in a significant way. Progress in medicine along with improved living conditions translates into increased life expectancy. Yet, the fertility rates have been decreasing for many years. Due to that, during the next two decades the overall population would tend to diminish and the society would tend to age at a quicker rate. It needs emphasizing that the aging rate is very high in Poland, when compared against other EU countries. During the next 50 years, Poland would no longer

be considered a relatively young country – the number of people over 65 would reach 35% of the overall population, which puts Poland in a position similar to Romania (the second place in the EU, first was taken by Latvia, with 1% more) [3].

European Union is a political, economic and social project which stems from various concepts and theories concerning implementing various processes improving the quality of life [4]. The WHO provides huge contribution in promoting health among elderly people. Protecting health at every age has been paid much attention to – there were many written works and recommendations published, focusing on protecting it at every stage. For instance, in 1999, the WHO published a list of conditions to be fulfilled for the aging process to be the least burdensome as possible [5]. On the global scale, the fact that many countries have adopted the recommendations and commitments published during the most important conferences organized by the UN remains important [6].

AIM

The aim of this work was to show the international strategies for actions to be undertaken due to demographic changes happening.

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MATERIAL AND METHODS

The authors have conducted an analysis of source literature. The initiatives supporting the elderly through improving their life situation were analyzed in a multidimensional and holistic context.

European Union (EU) and the need of a holistic approach to elderly people

There is a tradition of organizing conferences gathering Ministers of Health of all EU countries. One of the first such events took place in Athens in April 1999 and it was focused on the problem of aging, with special attention paid to promoting health, prophylaxis and the guarantee of equal access to healthcare. The conference delegates put an emphasis on the lack of a uniform healthcare policy concerning the elderly and unsatisfactory development of databases concerning the ideas related to aging. The conference was an important step toward solving the problems related to the increasing number of elderly people in European societies, making it a more important issue in European healthcare policy [7].

Afterwards, the issue was taken up by the Council of Europe, responsible for implementing various policies and determining the chief priorities of the EU [8]. The problem of aging was first discussed upon during the Stockholm summit in March 2001. The representatives of the member states have

expressed an opinion that demographic changes are one of the most important challenges for the future development of the continent. Following the summit, a new strategy was developed: quick debt reduction, boosting the efficiency and employment indexes, approving new pension schemes, as well as changing healthcare and long-term care systems [9].

The European Commission (the executive body of the EU) hugely supported these actions. The body represents the EU as a whole, instead of being a representative of particular member states [10]. The Green Papers, issued by the EC in 2005 outlined the most important priorities for Europe: improving birth rates, maintaining intergenerational equity and finding new transitional periods between various age groups [11].

At the moment, a new strategy called *Europe 2020* is being implemented. It is considered as a European response to the global challenges that have become stronger than a decade earlier [12]. The health condition of the Polish population remains poor which poses some challenges to the country's healthcare system. Even though it is improving, it remains unsatisfactory when compared to the rest of European Union. This was confirmed by key indicators, such as average lifespan or infant mortality. These indexes are similar to those of the EU countries but there is still much room for improvement. In 2011, the average longevity reached 72.4 for men and 80.9 for women. Comparing to the EU average, it was 4.8 years

FIGURE 1. Average lifespan in health (without impaired abilities) in men and women in Poland and EU countries in 2010.

Source: Wojtniak B. Goryński P. Moskalewicz B. Sytuacja zdrowotna ludności Polski i jej uwarunkowania: 49. Warszawa: NIZP-PZH; 2012.

FIGURE 2. Average lifespan in health (without impaired abilities) in Poland and EU countries in 2010.

Source: Wojtniak B. Goryński P. Moskalewicz B. Sytuacja zdrowotna ludności Polski i jej uwarunkowania: 50. Warszawa: NIZP-PZH; 2012.

fewer for men and 2.1 years fewer for women. In case no intensive measures improving the health of the Polish society are taken, the current EU average would be reached between 2031 and 2032 (for men). According to Eurostat, healthy men (no reduced physical capability) live 81% of their longevity, while for women it is 77%. Individuals aged 65 at the moment may expect to stay healthy through less than a half of their life – for women it is 7.5 years, while for men it is 6.7 (Figure 1, Figure 2) [3].

The healthcare sector is one of the biggest in Europe, being responsible for some 10% of the GDP in EU and every tenth European employee works in the sector. This means, health is an important part of the *Europe 2020* strategy. The European Commission emphasizes that promotion of health is an indispensable part of intelligent economic growth and promoting social inclusion – as specified in *Europe 2020* strategy [13]. The *Silver Economy* system, a joint initiative of European countries might spur such growth. The message of the program is that the aging society should not be considered as a threat but rather a challenge and a chance for Europe [3]. The silver market in Poland will continue to grow. Despite its weakness which is due to low entrance level, the growth would happen because of the rising number of the elderly and the fact that they are becoming richer. Also, it is expected that the elderly would undergo a mentality change, expecting less care from their families [14-16].

The changing age structure and WHO policy

The issue of the aging society has been raised by the WHO in its *Health 21 – the health for all policy framework for the WHO European Region* which was implemented by the European Regional Office for the WHO. The document contains a description of 21 priorities related to the idea; the problems related to elderly people were described separately, as it might be seen in point 5 of the framework [17-19]. The document outlines the idea that healthcare policies of certain countries should promote conditions for health aging through systematic measures promoting health throughout one's life. The declaration suggests that individuals over 65 should have equal access to opportunities for their health potential and social activation. In addition, life expectancy (especially life without impaired abilities) is expected to rise [20].

Also, there are numerous projects supervised by the WHO, focused on health promotion among the elderly. Yet, the decisions are taken on the country level, so most of these projects are still recommendations only [21]. It needs emphasizing that both prophylaxis and health promotion are one of the most important parts of health policies of various countries [22]. WHO promotes the policy of active aging, which makes it possible to retain good health and creativity among elderly people. WHO considers the role of social, economic, religious and cultural sectors and not only looking at physical activity. The idea of keeping elderly people (ill and disabled individuals included) active members of the family, society and the country is being promoted [21]. Keeping them active remains an important source for psychosocial development of an individual [23].

United Nations and conceptual frameworks for action

The first international measures related to the aging society took place in 1969, when a report about aging and problems of elderly people was issued. The initiative was renamed to

World Assembly on Aging, which aimed at putting an emphasis on this demographic trend [24].

In 1982, the first World Assembly on Aging was held in Wien. The event gathered representatives of the member states and the International Plan of Action on Aging was adopted, which up until now remains a worldwide reference point [6,25]. In 2002, the Second World Assembly on Aging was held in Madrid under the aegis of the UN. During the event, an International Plan of Action on building a society for people of every age was accepted. It contained recommendations for considering demographic changes in the new government programs. Directions for political measures concerning healthcare, financial security, the economy, job market, social and unemployment security [6,26]. Regional conferences gathering the UN member states ensued – in 2002, ministers of United Nations Economic Commission for Europe met in Berlin, and they agreed upon introducing the Regional Implementation Strategy For The International Plan of Action on Aging, along with a Political Declaration. The initiatives undertaken by the European Union go in keeping with the rules suggested in UN documents [27].

CONCLUSIONS

The current changes in the demographic structure are an important problem of today. The fact that the number of the oldest age groups is rising against the overall number of people living in a certain country remains a central threat. The reasons for the process become stronger with years; due to some trends (decreasing birth rates), as well as the rising longevity indexes. At the moment, there is a need for an international cooperation not only between countries but also on lower levels - every province, region, country. The initiatives mentioned above and undertaken by global subjects, like WHO, UN or EU prove that measures taken for the elderly are one of the main aims. Other decisions, plans and agreements implemented due to these actions are a result of these actions. These strategies prove that every member state should reconsider their own policy, taking into account the changes. The aging society poses a challenge for both the economy and healthcare, which means a further need of fulfilling the arising needs of the elderly. At the moment it is clear that this would not be possible without cooperation between countries. Global organizations (like WHO) can provide recommendations or work on projects but the decision implementing them and fitting the recommendations are taken on the country level. This means a need for the right skills and measures essential for implementing and monitoring of the effects of these actions.

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