Scientific Commentary

Addressing inclusive ageing for sustainable global health futures

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The 21st century marks both a challenge and opportunity for global health futures and population ageing. It is estimated that by 2050, two billion people will be aged above 60 years and more than 80 percent of older people will live in low and middle income nations. ¹ To view ageing as a growing priority for Governments is yet to be born in many countries around the world. Never before in history have people lived for so long. But interestingly so, people today die differently.

for so long. But interestingly so, people today die differently. Ageing brings multiple complexities to the table. With falling age standardized mortality rates increasing life expectancy, the proportion of aged populace globally are going up. ²

A global health future with inclusive ageing requires health systems, budgetary allocation and work force to be revisited. The rapid growth of ageing population and diversity of their profiles provides enough scope for research scientists and decision makers to strategize the new challenge. Issues concerning ageing with regard to changing family norms, social policies provided from governments and nongovernments, research on sustainable methods for addressing ageing in a global context needs to step up faster than it currently is. The problem of elderly females, those with comorbid conditions, those having children living in different regions, those who have no one to look after them face the greatest of difficulties and are in need of assistance. This is the inclusive ageing process we need to arrive at to achieve sustainability.

The approach and attitude of society of looking at aged people as non-productive entities requires change. Involving them in dialogues for decision making will give a sense of protection and motivation and make them feel secure. Social policies for older people need to address discrimination, neglect and isolation. Health in India is a state subject and a human right. Given India's triple burden of disease, ageing as a subject gets obviously the least of priorities. Getting state governments to invest in senior citizen homes in every district and in every taluk, providing pension schemes for the elderly, theme parks for older people is a meaningful way forward.

With the institution of marriage being redefined at a rapid pace in low and middle income nations, family norms are changing. Many older people today still have their children and grand-children around and alive, but in few decades from now, we will be confronted with a different situation. Countries where birth rate is low, fewer siblings will be around.

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In high income nations, the family structure has manifested itself into a "Beanpole Family" which is a vertical extension of family structure with an increase in number of living generations within a lineage.3 With broken marriages, divorces, re-marriages and step in families gaining traction all over the world, the responsibility to plan for an ageing generation shifts on government systems. In modern societies 20 percent of women do not give birth. The number of women without children in South East Asia, Latin America and Europe are increasing. Research estimates in Europe shows that more than one third of the adults remain childless between the age of 18-39 and this trend is very discouraging for global health futures. According to the population Census 2011 in India, there are nearly 104 million elderly persons aged 60 and above and of these 53 million are females and 51 million are males. The proportion of elderly people have increased from being 5.6 % in 1961 to 8.6% in 2011.4

To bolster inclusiveness, Government of India brought out a National Policy on Senior Citizens in 2011. The well-being of senior citizens is mandated in the Constitution of India under Article 41. This policy ventured out to mainstream senior citizens including elderly women. It also sought to promote income security and home care services to facilitate and sustain dignity of age. The policy recognized that care of senior citizens had to be vested in the family. But with the younger generation increasingly becoming indifferent, we argue that the care of older persons cannot be left only in the hands of families alone and needs government interference for social security and protection.

1. Internationally, countries should come together and deliberate on the best practices for aging care and best options for social policy frameworks. One size fits all will be an unsustainable model to secure global health futures. Germany's model of compulsory state social insurance by salaried employees will help reduce the escalating burden.⁵

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Singapore's model of healthcare where high accountability is demanded by individuals and at the same time, public hospitals providing high quality care keep the costs in check towards affordable healthcare. Cuban model of preventive healthcare will help direct some of the funds towards planning for an ageing future. Ageing should also be seen as a social responsibility by corporate and honest commerce entities. From a health financing perspective, ageing care cannot be a self-funded entity. Demands of urbanization, cost of living and inflation due to global market proliferation will not allow Universal Health coverage to be met in a path that is charted. To secure a meaningful future, we collectively believe in, it remains imperative to invest in ageing, gracefully!

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