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ZERO Draft
**WHO Framework
for Meaningful Engagement
of People Living with
Non-communicable Diseases
and Mental Health Conditions
for Older Persons**

SUBMISSION

14 November 2022

*Connecting all ages
across the Commonwealth*

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WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health Conditions for Older Persons

– Submission on 14 November 2022

Human rights do not diminish with age!

ABOUT COMMONAGE

[CommonAge](#) is the Commonwealth Association for the Ageing, an accredited organisation within the Commonwealth family of associations. Officially launched in Melbourne, Australia 2013, the CommonAge Board comprises of members from across the Commonwealth. CommonAge is a charitable organisation, advocating to ensure older people are fully recognised in society, and are supported and enabled to live well in an all-age friendly commonwealth. It supports the view that a healthy ageing population is much less expensive one for governments to support, and therefore is less of a burden on taxpayers and health systems. CommonAge actively lobbies governments, encourages sharing of ideas and promoting intergenerational activities, holds both physical and virtual events, and supports ongoing research into issues affecting older people in the Commonwealth.

WHAT WE DO

From Australia and Antigua to Vanuatu and Zambia, through our growing networks we are sharing ideas, creating connections, and challenging ageism across the 56 countries of the Commonwealth. Our efforts join governments, civil society, businesses, and other organisations around the world in the pledge to take meaningful action to improve the lives of older people, their families and communities. The UN Decade of Healthy Ageing is a great opportunity for global collaboration that brings together diverse sectors and stakeholders including governments, civil society, international organisations, professionals, academic institutions, the media and the private sector to improve the lives of older people, their families and communities. CommonAge is developing a Commonwealth-wide Healthy Ageing Task Force project to promote the values and opportunities of Healthy Ageing to all countries.

OUR DECADE OF HEALTHY AGEING PLEDGE

Through research, advocacy and lobbying, CommonAge is raising the awareness level of the ageing demographic and ageism throughout the 56 Commonwealth countries. We do this by organising events, targeted interventions in Commonwealth countries, and participating at The Commonwealth Heads of Governments Meetings (CHOGM) to ensure the rights of older people remain high on The Commonwealth's agenda. We continually promote opportunities for intergenerational activities and provide free resources and information.

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EXECUTIVE SUMMARY

CommonAge welcomes this opportunity to contribute to WHO's web-based consultation on the Zero Draft of the WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases (NCDs) and Mental Health Conditions.

We thank the WHO Global Coordination Mechanism on NCDs Secretariat for this opportunity to provide substantive input and would like to respond and raise our concerns for and on behalf of older persons.

Now more than ever, urgent, sustained, and coordinated action is needed to safeguard and advance the rights of older persons to health and wellbeing.

THE SCALE OF THE PROBLEM

The global population will reach over 8 billion in November 2022, with 1.82 billion people aged 60 years and older by this decade. This also means an increase in people over 60, who will therefore be at risk of all NCDs, including dementia. The implications of ageing and the associated risk of dementia are key factors for the 21st century's social and economic sustainability, and should therefore be essential components of the WHO Framework considerations. Ageing populations and prevalence of NCDs and dementia in older persons directly affect and impact millions of individuals and their carers, especially young carers.

The aim of this Framework is to guide WHO and member states in their consideration and application of meaningful engagement with people living with NCDs and mental health conditions. Now more than ever, urgent, sustained and coordinated action is needed to safeguard and advance the rights of older persons to health and wellbeing.

In all regions of the world, disease patterns are shifting from the predominance of infectious diseases to that of NCDs. NCDs include a range of chronic conditions, such as: cardiovascular disease, cancer, chronic lung diseases, diabetes, mental and neurological conditions (both depression and dementia). While NCDs are commonly thought of as "diseases of affluence", in reality, three-quarters of deaths from NCDs occur in low- and middle-income countries and older persons in developing countries are particularly at risk.¹

On average, women also have a higher prevalence of multi-morbidity in later life than men.² Infectious or communicable diseases still pose a considerable threat to countries. Older persons are particularly at risk of communicable diseases, including tuberculosis, influenza, respiratory tract infections, malaria and diarrhoea, due to lower resistance thresholds, and

¹ World Health Organization, 2021. *Noncommunicable diseases: Key facts*. 13 April 2021. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

² World Health Organization, 2015.

the presence of underlying health conditions and/or frailty.³ This can be seen in the devastating impact of the COVID-19 on older age groups.⁴

While ill health from NCDs is mostly experienced by older persons, everyone, regardless of their age must be included. More so now with the long-COVID symptoms and effects. Conditions experienced have involved a range of major organs and systems, including the heart, kidneys, lungs and liver as well as mental health complications, particularly affecting those who are living with NCDs. [A study finds that 1 in 3 persons who have recovered from COVID-19 are experiencing brain fog and mild cognitive impairment.](#) These, if not treated, could later develop into early-onset dementia in those in their 30s, 40s and 50s and not only in older persons. [Among 236379 patients diagnosed with COVID-19, the estimated incidence of a neurological or psychiatric diagnosis in the following 6 months](#) showed: 0.11% for parkinsonism, 0.67% for dementia, 17.39% for anxiety disorder, and 1.40% for psychotic disorder, among others.

It should be noted that mental and neurological conditions represent a major burden of disease in young people. Global trends indicate that NCD-related behaviours are on the rise among young people, with evidence pointing to adolescence as a crucial period in the development of adult NCDs. Depression is the most prevalent diagnosis, and constitutes a significant risk factor for suicide. Behaviours and health risks affect health and impact productive adulthood have lifelong consequences for NCDs. Diagnosing and treating NCDs and other chronic conditions during adolescence needs to be incorporated into national programmes for preventing development of NCDs in adulthood.⁵

[The Lancet's report 2020 findings highlight](#) ... that improvements in education, nutrition, health care, and lifestyle changes can help to prevent NCDs and reduce the risk of dementia in later life. The 2020 report included 3 more factors:

- excessive alcohol consumption,
- traumatic brain injury, and
- air pollution.

Together, the 12 modifiable risk factors account for around 40% of worldwide dementias, which consequently could theoretically be prevented or delayed. The potential for prevention is high and might be higher in low-and-middle- income-countries.

It is never too late to make changes is further motivation.

³ United Nations Population Fund Asia Pacific (UNFPA), 2017. *Perspectives on Population Ageing in the Asia-Pacific Region: Where Do Selected Countries Stand 15 Years After the Adoption of the Madrid International Plan of Action on Ageing?* <https://asiapacific.unfpa.org/en/publications/perspectives-population-ageing-asia-pacific-region>

⁴ United Nations, 2020. Policy Brief. *The impact of COVID-19 on older persons.* <https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>

⁵ World Health Organization, 2011. World Health Assembly 64. 2011. *Youth and health risks.* <https://apps.who.int/iris/handle/10665/3594>

NCDs AND AGEING IN THE COMMONWEALTH

The Commonwealth of 56 countries has a population of 2.5 billion⁶ comprising over 33% of total global population. 19 member states are in Africa. India has the world's largest population of 1.4 billion i.e. over half of the Commonwealth's total population.⁷ Such numbers underline the critical need for public response, resources and support for older persons, particularly in Africa, Asia and the Pacific, especially those who are living with the multi-morbidities of NCDs and dementia.

The growing contribution of NCDs to the burden of mortality and morbidity is a major challenge for all low- and middle-income countries. Many low- and middle-income countries are fully aware of the challenge and are beginning to develop the kind of health infrastructure that is needed to prevent and manage the most common NCDs. Whether these efforts match up to the challenge is another matter. It is hard to avoid the conclusion that the response in many countries is limited, patchy and fragmented.⁸

In most low- and middle-income countries in the Commonwealth, formal long-term care services are relatively undeveloped: governments do not subsidise them and households cannot afford them. What makes this heavy dependency on unpaid family care unsustainable is the way in which demographic and social changes are combining to reduce the availability of family carers. In such countries, the immediate challenge for policy is not so much to find ways of substituting formal care for family care, but to find ways of supporting family care and to ensure that an adequate safety net is in place when this care is not available.

Poverty is the strongest known risk factor for NCDs and increases the risk of death and disability. The World Bank estimates there are currently 700 million people living in extreme poverty.⁹ The pandemic has caused unprecedented reversals in poverty reduction; these further exacerbated by rising inflation and the effects of the war in Ukraine. The estimates of such combined crises will lead to an additional 75 million to 95 million people living in extreme poverty in 2022, compared to pre-pandemic projections.¹⁰

In 2013, the WHO estimated that [100 million people](#) are pushed into poverty every year because of health expenditures. Climate change is expected to make the situation worse, making achieving universal access to health care even more important in the future than it is today. Research also shows that up to 132 million people could be pushed into extreme poverty by climate change by 2030.¹¹ But the study also shows that [the impact of climate](#)

⁶ The Commonwealth. <https://thecommonwealth.org/>

⁷ United Nations, 2022. *World Population Prospects*. <https://population.un.org/wpp/>

⁸ United Nations Population Fund (UNFP), 2019. *Responding to the Challenge of Non-communicable Diseases*. https://www.unfpa.org/sites/default/files/resource-pdf/UNIATF_UNFPA_BiFold_dated_Sep2019.pdf

⁹ The World Bank, 2022. Press Release. *Global Progress in Reducing Extreme Poverty Grinds to a Halt*. October 5, 2022. <https://www.worldbank.org/en/news/press-release/2022/10/05/global-progress-in-reducing-extreme-poverty-grinds-to-a-halt>

¹⁰ The World Bank, 2022. Blogs. *Pandemic, prices, and poverty*. April 13, 2022.

<https://blogs.worldbank.org/opendata/pandemic-prices-and-poverty>

¹¹ Stéphane Hallegatte & Brian Walsh, 2020. *COVID, climate change and poverty: Avoiding the worst impacts*. October 07, 2020. <https://blogs.worldbank.org/climatechange/covid-climate-change-and-poverty-avoiding-worst-impacts>

[change on poverty can be halved](#), if we stay on course with the Sustainable Development Goals (SDGs) adopted by all United Nations member states in 2015.

The rapid rise in NCDs is predicted to further impede poverty reduction initiatives in low-income countries, particularly by increasing household costs associated with health care. Vulnerable and socially disadvantaged people get sicker and die sooner than people of higher social positions, especially because they are at greater risk of being exposed to harmful products (such as tobacco), or unhealthy dietary practices, and have limited access to health services. In low-resource settings, health care costs for NCDs quickly drain household resources. Exorbitant costs of NCDs, including treatment, which is often lengthy and expensive, combined with loss of income, not only forces millions of people into poverty annually but also stifles development.

All Commonwealth countries have to contend with emerging patterns of NCDs in populations with rapidly increasing numbers of older people: either a shift towards a growing burden of death and disease from NCDs, or a shift in the burden of death and disease within the broad category of NCDs. Even in the poorest and slowest ageing countries (where a majority of deaths are still caused by communicable diseases, poor nutrition and childbirth), a large and growing proportion of the population is surviving to ages where they are more likely to die from NCDs than anything else.

Although there is a lack of consensus about universal approaches towards financial protection against the costs of long term care, Universal Health Coverage (UHC) is a policy objective that all Commonwealth countries affirm and aspire to. There are, however, many low- and middle-income countries in the Commonwealth where affordability of health care is a general problem in the sense that it affects all age groups in the population. These countries still have some way to go before they achieve UHC. At the same time, there are also some middle-income countries (Ghana and Jamaica) that not only enjoy UHC, but also combine this with special cost exemptions for older people.

The Commonwealth includes countries that have only a very limited primary care infrastructure for the prevention and management of the most common NCDs as well as countries with well-developed services that are increasingly effective in preventing and managing the most common NCDs. Everywhere in the Commonwealth, however, there are emerging patterns of chronic disease, particularly dementia, that are either generating new challenges for health care systems or intensifying the pressures they have to face.

In most countries that are having to contend with a double burden of disease, the primary care infrastructure for the prevention and management of the most common NCDs is limited and fragmented. The immediate challenge is to develop nationwide and universally accessible services without taking energy and limited resources away from the demands associated with widespread communicable disease and high infant and child mortality. The immediate challenge in high-income countries, that already have high quality health services and UHC, is to improve the effectiveness and develop more effective models of care for responding to the demands placed on services by large and growing numbers of frail older people with multiple chronic diseases. The balance between prevention and treatment in the provision of care for such people is still tilted too much towards reactive interventions.

Although there is general consensus about the best models of service delivery for the prevention and management of chronic disease, the achievement of change, especially with regard to appropriate level of integration between health and social care, requires a major re-set in organisations that are now very large and very complex.¹²

Dementia is a major cause of disability and dependency among older people. Dementia affects over 57 million people, where 60% of whom live in low- and middle-income countries.¹³ This number is expected to increase five-fold by 2050. Although dementia mainly affects older people, there is increased awareness of early-onset dementia, i.e. in people in their 30s, 40s and 50s.

While dementia affects the lives of millions of people, little is known about the real impact it has on women, especially those in low- and middle-income countries. Too often, women carry the responsibility and burden of care for loved ones with dementia, only to find themselves in the same situation later in life with little to fall back on due to unpaid care.¹⁴

There are only 43 national dementia plans globally: 37 in the WHO member states, of which only 12 consider the needs of women and none, of young carers.¹⁵ The health and mental wellbeing of both these groups are further compromised by the challenges and burden of caregiving tasks.

Disability-adjusted life years attributable to dementia are around 60% higher in women. While almost two-thirds of the 57 million people living with dementia are women and older women, the gender-responsive action required is grossly overlooked and undervalued, disproportionately impacting women.¹⁶

Furthermore, for local sector leaders and service providers working at a grass roots level in many Commonwealth countries, there are additional challenges, such as cultural beliefs, to overcome. Mental health and physical diseases that affect behaviour have often been associated with witchcraft.¹⁷

¹² CommonAge, The Commonwealth Association for the Ageing, 2018. *Ageing in the Commonwealth. Chapter 2 - Health and health care, 27-41. Hypertension and diabetes, 29; Disability, 30-31. Responding to the challenge of NCDs in less developed countries, 34-38.* <https://www.ageing.ox.ac.uk/download/200>

¹³ GBD 2019 Dementia Forecasting Collaborators, 2022. *Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019.* The Lancet Public Health. January 6, 2022. [https://doi.org/10.1016/S2468-2667\(21\)00249-8](https://doi.org/10.1016/S2468-2667(21)00249-8)

¹⁴ Alzheimer's Disease International, 2015. *Women and Dementia: A Global Research Review.* <https://www.alzint.org/resource/women-and-dementia-a-global-research-review/>

¹⁵ Alzheimer's Disease International, 2021. *Dementia plans.* <https://www.alzint.org/what-we-do/policy/dementia-plans/>

¹⁶ Alzheimer's Research UK, 2015. *Women and Dementia: A Marginalised Majority.* <https://www.alzheimersresearchuk.org/about-us/our-influence/policy-work/reports/women-dementia/>

¹⁷ Joanne Brooke & Omorogieva Ojo, 2020. *Contemporary views on dementia as witchcraft in sub-Saharan Africa: A systematic literature review.* J Clin Nurs. 2020 Jan; 29(1-2):20-30. doi: 10.1111/jocn.15066. Epub 2019 Oct 1. PMID: 31531993. <https://pubmed.ncbi.nlm.nih.gov/31531993>

People living with dementia are often accused as witches or possessed by a spirit, leading to instances of physical abuse.¹⁸ In Zambia, even in 2022, the number of older people murdered on witchcraft accusations continues to increase exponentially and these deaths are merely treated as statistics, even when the country has a [Witchcraft Act, Chapter 90 of the Laws of Zambia](#) that incriminate perpetrators of such offences. The political will to incriminate such offenders is under public scrutiny as the judicial lens fails to set precedence on such cases.¹⁹

THE COMMONWEALTH AND WHO MOU 2022

[The Memorandum of Understanding \(MoU\)](#) committed to strengthening collaboration on a broad range of public health issues of particular concern to Commonwealth member states and governments, ensuring equitable access to quality health services, and promoting the health and wellbeing of all people, such as the response to the COVID-19 pandemic, vaccine equity, advancing universal health coverage, and building resilient health systems.

On 7 February 2022, the Commonwealth Secretary-General, The Rt. Hon. Patricia Scotland QC, and WHO Director-General, Dr Tedros Adhanom Ghebreyesus, signed a memorandum of understanding at the WHO Headquarters in Geneva.

In signing the document, the two parties agreed to work together and strengthen the exchange of information on seven priority areas:

- Promoting universal health coverage and primary healthcare
- Strengthening global health security
- Promoting healthy environments
- Promoting the health of vulnerable groups
- Transforming lifelong learning for health impact
- Building a data partnership
- Creating space for innovation and exchange of knowledge

Dr Tedros Adhanom Ghebreyesus said: *“Partnership is essential in ensuring all people can achieve the highest level of health possible. The new agreement between the World Health Organization and the Commonwealth Secretariat reflects the importance of collaboration to promote and protect people’s wellbeing. WHO’s commitment to supporting all Commonwealth countries will be strengthened through our commitment to promoting universal health coverage, global health security and ensuring vulnerable groups receive all support needed to lead healthy lives.”*

¹⁸ Anne-Marie Bissada, 2019. *Nigeria's elderly suffering from dementia, not witchcraft says activist*. 12 March 2019. <https://www.rfi.fr/en/africa/20190310-nigerias-elderly-suffering-dementia-not-witchcraft-says-activist>

¹⁹ Anderson Simfukwe & Alzheimer’s Disease and Related Dementias in Zambia (ADDIZ), 2022. *Older Persons versus Witchcraft vis-a-vis Dementia Under the Spark of Life Philosophy*. August 21, 2022. <https://dementiacareinternational.com/2022/08/anderson-simfukwe-2/>

KEY FACTS

1. 7 of the 10 leading causes of deaths in 2019 were NCDs. These seven causes accounted for 44% of all deaths or 80% of the top 10. However, all NCDs together accounted for 74% of deaths globally in 2019.²⁰
2. By 2050, 153 million people will have Alzheimer's disease or other dementias. 71% of those with dementia will be living in low- and middle-income countries.²¹
3. 74% of all deaths in the world are caused by NCDs. Of all NCD deaths, 77% are in low- and middle-income countries. Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes account for over 80% of all premature NCD deaths. These conditions are often associated with older age groups.²²

INFORMATION THAT COMMONAGE WISHES TO SHARE

People are living longer. By 2030, 1 in 6 people in the world will be aged 60 years or over. At this time the share of the population aged 60 years and over will increase from 1 billion in 2020 to 1.4 billion. By 2050, the number of people aged 60 and above (globally) will double to 2.1 billion.²³

In addition, the number of people aged 80 and above is expected to triple between 2020 and 2050 to reach 426 million. By 2025, the number of older women in the population will increase 13.2% compared to 11.6% for men, posing further challenges and impacting health, welfare, care and financial systems.

By 2050, one in four people will be 80 years or older. However, living longer does not equate to living healthier or better lives. 71% of people living with dementia (highly likely a progression from living with NCDs) are in low- and middle-income countries.²⁴

We need to emphasise that:

²⁰ World Health Organization, 2022. *Leading causes of death globally*. <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>

²¹ GBD 2019 Dementia Forecasting Collaborators, 2022. *Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: an analysis for the Global Burden of Disease Study 2019*. The Lancet Public Health. [https://doi.org/10.1016/S2468-2667\(21\)00249-8](https://doi.org/10.1016/S2468-2667(21)00249-8)

²² World Health Organisation, 2022. *Noncommunicable diseases*. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

²³ World Health Organization, 2022. *Ageing and health*. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

²⁴ United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), 2017. *Government actions towards the implementation of the Madrid International Plan of Action on Ageing, 2002: Achievements and remaining challenges*.

<http://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/02/escap-mipaa-report2017.pdf>

(1) Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including **full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.**²⁵

The Madrid International Plan of Action on Ageing (MIPAA) offers a bold new agenda for handling the issue of ageing in the 21st-century and the key challenge of “building a society for all ages”. It focuses on three priority areas: older persons and development; advancing health and wellbeing into old age; and ensuring enabling and supportive environments.²⁶

However, the MIPAA is non-binding and not enforceable. As such, it has little relevance or application when trying to hold humanitarian actors to account for the delivery of humanitarian action that addresses the needs of older people.²⁷

CommonAge contributed two chapters to: *The United Nations Madrid International Plan of Action on Ageing: Global Perspectives* publication which will be launching in February 2023. This brings together global perspectives and focusses on and assesses the success and failures of governments to implement its recommendations.²⁸

Each chapter focusses on one specific geographical region and addresses five key themes:

- National ageing situation;
- Twenty years of MIPAA;
- Ensuring ageing with dignity;
- Healthy and active ageing in a sustainable world; and
- Priorities for the future.

It presents an overall summary of the findings, future challenges and opportunities related to ageing, recommendations for future actions to be taken, and policy adjustments needed. Lessons that were learnt from managing the impact of COVID-19 on older people, together with an outlook on the most immediate priorities for the future so that the recommendations are achieved in post-COVID-19 and sustainable ethical scenarios.

(2) While people of all age groups, regions and countries are affected by NCDs, these conditions are often associated with older age groups. Evidence shows that 17 million NCD deaths occur before the age of 70 years. Of these premature deaths, 86% are estimated to occur in low- and middle-income countries.²⁹

²⁵ United Nations, 1991. *United Nations Principles for Older Persons*. Adopted on 16 December 1991 by the General Assembly resolution 46/91). <https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-principles-older-persons>

²⁶ The Madrid International Plan of Action on Ageing, 2002. <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

²⁷ HelpAge International, 2015. *Response to the questionnaire regarding the human rights implications of the implementation of the Madrid International Plan of Action on Ageing*. <https://www.ohchr.org/Documents/Issues/OlderPersons/MIPAA/HelpAgeInternational.docx>

²⁸ Marvin Formosa & Mala Kapur Shankardass (Editors), 2022. *The United Nations Madrid International Plan of Action on Ageing: Global Perspectives*. 27 February 2023. <https://www.amazon.co.uk/United-Nations-Madrid-International-Action/dp/1032292636>

²⁹ World Health Organization, 2022. Fact sheet. *Noncommunicable diseases*. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

Future population growth and population ageing will drive big increases in the burden of mortality due to NCDs. With no changes in age-specific NCD death rates, the annual number of NCD deaths in Africa would grow from 3.7 million in 2008 to close to 14 million in 2050. About 45% of that increase would be due to population growth, while the remaining 55% would be due to the ageing of the population.

Population growth would also play a large role in the increase in NCD deaths in developing countries in Oceania, while population ageing would be responsible for the overwhelming majority of the increase in NCD deaths to 2050 in Asia, Latin America and the Caribbean, and the “more developed regions, excluding Eastern Europe”. In Eastern Europe, where exceptionally low fertility is projected to lead to declining population size, population ageing would account for all of the 54% increase in NCD deaths by 2050.³⁰

(3) The COVID-19 pandemic has put immense pressure on global health systems, especially those of developing countries with weaker health systems, halting progress made over the last 20 years towards attaining health-related Sustainable Development Goals. This has, in turn, put the prevention and treatment of life-threatening diseases (including cancers, diabetes and heart diseases) at risk.

The Commonwealth is disproportionately affected by a number of preventable diseases. Commonwealth members account for 40% of global cervical cancer incidence and 43% of cervical cancer mortality, despite having only 30% of the world’s population.³¹ Cervical cancer takes the life of one woman in the Commonwealth every three minutes. For each of these deaths there is usually financial and social catastrophe for the woman’s family and often for the community, often children are left without their mother.

Cervical cancer ranks as the fourth most frequent cancer among women³² and is the second most common cancer and the leading cause of cancer death in women in sub-Saharan Africa.³³ Current estimates indicate an estimated 604,000 new cases in 2020. Of the estimated 342,000 deaths from cervical cancer in 2020, about 90% of these occur in low- and middle-income countries.

The Commonwealth Youth Forum (CYF) 2022 saw the launch of the A4HPV – a Taskforce under the Commonwealth Youth Health Network focused on advocating for action towards cervical cancer elimination.³⁴ The CYF 2022 concluded with a Youth Declaration to Heads of

³⁰ United Nations, 2012. *Population Facts. No. 2012/1. Population Ageing and Non-Communicable Diseases*. https://www.un.org/en/development/desa/population/publications/pdf/popfacts/popfacts_2012-1.1.pdf

³¹ The Commonwealth Secretariat, 2022. Press release. 07 February 2022. *Commonwealth and WHO to strengthen cooperation on health, including access to vaccines*. <https://thecommonwealth.org/press-release/commonwealth-and-who-strengthen-cooperation-health-including-access-vaccines>

³² World Health Organization, 2022. *Cervical cancer*. 22 February 2022. <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>

³³ Elima Jedy-Agba et. al., 2020. *Trends in cervical cancer incidence in sub-Saharan Africa*. *British Journal of Cancer*, 123(1), 148-154. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7341858/>

³⁴ The Commonwealth, 2022. *Innovation, skills development and cancer elimination take centre stage at Day 2 of Commonwealth Youth Forum*. 20 June 2022. <https://thecommonwealth.org/news/innovation-skills-development-and-cancer-elimination-take-centre-stage-day-2-commonwealth>

Government demanding for access to cancer screening and vaccination including implementing, supporting, monitoring, and managing population health programmes.

(4) Older people with disability are amongst those most severely affected by the COVID-19 pandemic. In other words, they face greater risks to their rights to life, good health, being disproportionately impacted by stigma, discrimination, neglect and abuse.³⁵

Besides older people and persons with disabilities, older women, older people with migrant or refugee background, and/or of a different race, ethnicity, or with an indigenous heritage and those living in poverty are the population groups most negatively impacted by the pandemic and lack of appropriate government responses.³⁶

Despite it being easily preventable and treatable, hypertension causes around half of all deaths from stroke and heart disease. It is the main risk factor for cardiovascular diseases, especially coronary heart disease and stroke, but also for chronic kidney disease, heart failure, arrhythmia and dementia. The incidence of hypertension is highest among older people in developing countries. Data shows that older people living in poverty in rural settings are particularly at risk of stroke, chronic heart and kidney diseases and other serious illnesses caused by hypertension, since they are less likely to manage their condition. Although it affects nearly 30% of the adult population (i.e. more than one billion people globally) shockingly, around half those living with hypertension are unaware of their condition, putting them at risk of avoidable medical complications and death. Less than 1 in 10 older people with hypertension are taking effective treatment. While treatment for hypertension is simple and affordable, it remains a low priority among development agencies and governments.³⁷

Traditional discussions of hypertension have largely focused on the risks for cardiovascular disease and associated events. However, there are a number of collateral effects, including risks for dementia, physical disability, and falls/fractures – all of which are increasingly noted in the hypertension literature.³⁸

The number of people living with dementia is estimated at 57 million globally (2019): 23 million in the Asia Pacific region, 3.5 million in the Southeast Asia sub-region. The total number of new cases of dementia each year is nearly 10 million. As previously stated, with

³⁵ HelpAge International, 2021. *Older people around the world at higher risk of abuse & neglect than before the pandemic*. <https://www.helpage.org/newsroom/latest-news/older-people-around-the-world-at-higher-risk-of-abuse-neglect-than-before-the-pandemic-new-report/>

³⁶ Marvin Formosa, 2021. *International Journal in Ageing in Developing Countries*, 6 (1), 5-19. *COVID-19 and older persons: Reflections on human rights, ageism, isolation, dementia care and gender*. <https://www.inia.org.mt/wp-content/uploads/2021/07/6.1.1-COVID-19-and-older-persons-Reflections-on-human-rights-ageism-isolation-dementia-care-and-gender-.pdf>

³⁷ HelpAge International. Policy Brief. *Hypertension and older people*. <https://www.helpage.org/what-we-do/health/non-communicable-diseases/>

³⁸ Thomas W. Buford, 2017. Department of Aging and Geriatric Research, University of Florida. *Hypertension and Aging*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4768730/pdf/nihms-758257.pdf>

increasing ageing populations and prevalence of NCDs, this number is expected to rise to 83 million in 2030, then to 153 million in 2050.³⁹

It should be noted that these numbers are exclusive of carers, families and communities impacted by the disease. Similarly, the burden of disability is mounting: dementia contributing 33.1 million disability-adjusted life years in 2019. If the burden rate continues to grow at the same rate, this figure is expected to triple to 115.8 million in 2050, meaning dementia will be the fifth greatest contributor to global disability.⁴⁰

Based on predicted increases in cases and cost of care, the related annual cost is also expected to rise, to USD 2.8 trillion by 2030. A conservative estimate is that this same cost will reach USD 48 trillion by 2050.⁴¹ Irrespective of method of cost calculation, the contribution of informal care, particularly from women and young carers, is substantial.

(5) Many societies expect families to care for older unwell relatives. While many high-income countries support older people (including those with dementia) via community services, few low- and middle-income countries have similar support systems, as traditionally, family (especially women) and community take care of older relatives. Changes to family structures and migration result in the gradual weakening of these informal support systems, yet governments fail to 'fill the gap'.⁴²

In Asia, the cost of elderly care contributes to gender inequality. For instance, in Hong Kong, 342,000 people received eldercare (subsidised, or non-subsidised residential care or home care). 58% were women. The cost was HKD38.8 billion per year. It is expected that carers will double to 89,000 in the next 20 years and increase to 97,000 by 2060. The opportunity cost for informal working carers who lose both income and career advancement is thus estimated to quadruple from HKD1.8 billion in 2018 and reach HKD7.2 billion by 2060.⁴³

In Singapore, the number of elderly carers is projected to double in 20 years' time and increase 2.6 times to 890,000. The average retirement savings gap between low-income working men and women is 32% in studied Asian markets: Malaysia, Indonesia and Thailand having the largest gap of 44%. Main reasons for this disparity include women have shorter

³⁹ GBD 2019 Dementia Forecasting Collaborators, 2022. *Estimation of the global prevalence of dementia in 2019 and forecasted prevalence in 2050: An analysis for the Global Burden of Disease Study 2019*. The Lancet Public Health. [https://doi.org/10.1016/S2468-2667\(21\)00249-8](https://doi.org/10.1016/S2468-2667(21)00249-8)

⁴⁰ David Bloom et. al., 2021. *Addressing Alzheimer's disease and related dementias to realise the promise of the UN's 'Decade of Healthy Ageing'*. <https://voxeu.org/article/alzheimer-s-and-un-s-decade-healthy-ageing>

⁴¹ Davos Alzheimer's Collaborative, 2021. *The global economic cost of dementia*. <https://www.davosalzheimerscollaborative.org/>

⁴² Richard Schulz & Jill Eden, 2016. *Families Caring for an Aging America - Family Caregiving Roles and Impacts*. Committee on Family Caregiving for Older Adults; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering and Medicine. National Academies Press (US). November 8, 2016. <https://www.ncbi.nlm.nih.gov/books/NBK396398/>

⁴³ Eldercare Hong Kong, 2018. *The Projected Societal Cost of Eldercare in Hong Kong 2018 to 2060*. The Women's Foundation, HSBC Life and the University of Hong Kong. <https://ageing.hku.hk/upload/file/the-cost-of-eldercare-report-english-8may-v5.pdf>

working periods (due to family-related career breaks) and early-age retirement. Furthermore, women are generally more risk-averse and have lower financial literacy levels than men.⁴⁴

The World Health Assembly has extended the WHO Global action plan for the prevention and control of NCDs 2013–2020 to 2030, and also called for the development of an Implementation Roadmap 2023 to 2030 to accelerate progress on preventing and controlling NCDs. While this Roadmap supports actions to achieve a set of nine global targets with the greatest impact towards prevention and management of NCDs, human rights must be embedded in all national ageing plans and healthy ageing strategies; and be at the forefront of all geriatrics and gerontology services. This will help ensure timely detection, screening and treatment of NCDs, and appropriate palliative care (all key components of the response to NCDs) as well as availability of much needed rehabilitation, care and disability support services.⁴⁵

In 2018, 55% of the world's population lived in urban areas. This is expected to increase to 68% by 2050, when rapid ageing, and smaller households with fewer children will be the norm. Therefore, the provision of an enabling environment is an essential element of effective rehabilitation and support. Hereto, this has been a neglected element in the majority of national ageing plans and policies.⁴⁶

ADVANCING EFFORTS TO BUILD STRONGER HEALTH SYSTEMS

The 2030 Agenda for Sustainable Development recognises NCDs as a major challenge for sustainable development. The WHO plays a key leadership role in the coordination and promotion of the global fight against NCDs and the achievement of the Sustainable Development Goals target 3.4, i.e. to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing by 2030.⁴⁷

As part of the Agenda, heads of state and government have committed to developing ambitious national responses that, through prevention and treatment help achieve this reduction goal. With political will and priority, responses and actions are taken even in the developing island state of Mauritius, where the population aged 60 years and older is expected to increase from 18% to 25.6% in 2034 and 37% in 2050. The prevalence of NCDs

⁴⁴ Oliver Wyman, 2018. *Gender Retirement Savings Gap of Low-Income Professionals*. The Tsao Foundation's International Longevity Centre (ILC) Singapore (a member of the ILC Global Alliance), Mercer and Marsh & McLennan Companies' (MMC) Asia Pacific Risk Center (APRC).

⁴⁵ World Health Organization, 2019. Noncommunicable diseases > Governance. *Implementation roadmap 2023-2030 for the global action plan for the prevention and control of NCDs 2013-2030*. <https://www.who.int/teams/noncommunicable-diseases/governance/roadmap>

⁴⁶ United Nations Department of Economic and Social Affairs (UNDESA), 2018. News. 68% of the world population projected to live in urban areas by 2050. <https://www.un.org/development/desa/en/news/population/2018-revision-of-world-urbanization-prospects.html>

⁴⁷ World Health Organization, 2022. The Global Health Observatory. *SDG Target 3.4 Non-communicable diseases and mental health*. <https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/sdg-target-3.4-noncommunicable-diseases-and-mental-health>

and chronic conditions associated with these diseases, as well as disability, will scale up with an ageing population.⁴⁸

The following dialogues are offered to illustrate the dynamic conversations (past and current) that underscore the argument for ensuring older people and their rights are noted in agendas and represented in all relevant policies, practices and processes. They include, but are not limited to:

Attachment 1:

Health system responses to population ageing and noncommunicable diseases in Asia.

<https://apps.who.int/iris/handle/10665/252738>

Chapter 2: Population ageing and NCDs.

https://www.jstor.org/stable/resrep28444.8#metadata_info_tab_contents

Attachment 2:

NCDs and Ageing. <https://www.who.int/westernpacific/about/governance/regional-director/ncds-and-ageing>

Attachment 3:

Non-Communicable Diseases in an Ageing World.

https://ncdalliance.org/sites/default/files/resource_files/NCDs-in-an-ageing-world.pdf

Attachment 4:

Ageing, non-communicable diseases, and old-age disability in low- and middle-income countries: a challenge for global health.

<https://www.proquest.com/openview/eeceafb21e5059f1574bb9d7c794198/1?pq-origsite=gscholar&cbl=54874>

Attachment 5:

Ageing and the Rising Burden of Noncommunicable Diseases in Sub-Saharan Africa and other Low- and Middle-Income Countries: A Call for Holistic Action.

<https://academic.oup.com/gerontologist/article/60/5/806/5536118>

Attachment 6:

Cognitive deficits in people who have recovered from COVID-19.

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00324-2/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00324-2/fulltext)

Attachment 7:

Dementia prevention, intervention, and care: 2020 report.

[https://www.thelancet.com/article/S0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/article/S0140-6736(20)30367-6/fulltext)

⁴⁸ Government Information Service (GIS), Prime Minister's Office of Mauritius, 2022. Press release. *Prime Minister announces a National Action Plan on Integrated Care for Older People.* 3 October 2022. <https://gis.govmu.org/News/SitePages/Prime-Minister-announces-a-National-Action-Plan-on-Integrated-Care-for-Older-People.aspx>

Attachment 8:

Hypertension in older adults: Assessment, management, and challenges.

<https://onlinelibrary.wiley.com/doi/epdf/10.1002/clc.23303>

Attachment 9:

Ageing and the challenge of non-communicable diseases in low and middle-income countries – a position paper.

<https://www.helpage.org/silo/files/helpages-position-paper-on-ncds.doc>

Attachment 10:

Non Communicable Diseases (NCDs) affect older age groups disproportionately and there should be no age limits to WHO targets and indicators. https://www.helpage.org/what-we-do/health/non-communicable-diseases/HelpAge_NCDs_WHO_response_2019_20April%202012.pdf

Attachment 11:

Non-Communicable Diseases (NCDs) in developing countries: a symposium report.

<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-014-0081-9>

Ever increasing life expectancy is one of the greatest achievements of the 20th and 21st century and is a goal of development for all countries. However, this fact is commonly subjected to negative reactions which focus primarily on the prediction that health and social budgets are being and will be drained by caring for dependant older people. While it is generally true that older people have poorer health than young people (this due in part to higher rates of NCDs in older people), increased health services expenditure for the older population can be avoided through improved screening and detection of NCDs for all age groups, especially for those in low income settings.



CommonAge recognises the response to the WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases and Mental Health Conditions, especially for Older Persons may well be directly relevant to the issues confronting all countries. It also supports the idea of each country will need to tailor responses to their individual cultures and take into consideration cultural sensitivities.

IMPACT OF AGEISM ON HEALTH

Negative behaviours can have a huge effect on mental health, which in turn can affect physical health. Ageist attitudes harm older people as they lead to direct age-based discrimination which can promote social exclusion, impact on mental health, and affect wider determinants of health such as, employment.

There is now a growing body of research evidencing the real-life consequences that negative attitudes to ageing have on individual health outcomes such as memory loss, physical

function, and even the risks of developing dementia.⁴⁹ In 2019, the world's largest survey on attitudes towards dementia revealed astonishing findings, including more than half the health care practitioners surveyed agreeing that their own colleagues ignored people with dementia.⁵⁰

The COVID-19 pandemic has impacted the wellbeing, dignity and voice of older persons exposing gaps in responses and actions, exacerbated challenges raising an urgent need for further recognition and protection of the rights of older people in Commonwealth countries⁵¹ and beyond. Ageism can, and must, be challenged by ensuring that people's voices are heard, and by questioning age discriminatory policies and practices.⁵²

WHAT WE WANT

1. All people (regardless of age) to be included in public education.

'Prevention is better than cure' adds enormous value to all economies.

Health care systems preparedness (i.e. strategies on detection and diagnosis, prevention, management, and treatment) is critical if overwhelming health care systems and future soaring health care expenses are to be avoided, or at least minimised. Targeting younger generations also means health literacy can be instilled before they begin to age, and promotes involvement in intergenerational social activity in their community.

Many NCDs are associated with behaviours established in adolescence. This includes excessive and/or other harmful use of alcohol, tobacco and other drugs, sedentary lifestyle, and an unhealthy diet: all such factors disproportionately affecting poor, vulnerable and less educated sections of our communities. The good news is that it is much easier to establish positive health behaviours early in life than to change risk behaviours during middle-age. We can improve the quality of lives of adolescents through multi-sectorial collaboration by scaling-up evidence-based interventions, so that all adolescents live a healthy life.

For young people, especially for vulnerable youth (girls and young carers), COVID-19 has disrupted education and employment, impacted mental health and diminished disposable income. While youth and future generations will shoulder much of the long-term economic and social consequences of the pandemic (including the care of ailing parents), their health and mental wellbeing may also be negatively impacted in the short-term. An inclusive

⁴⁹ The Royal Society for Public Health (RSPH) & Calouste Gulbenkian Foundation, 2018. *That Age Old Problem: how attitudes to ageing affect our health and wellbeing*. <https://www.rsph.org.uk/static/uploaded/a01e3aa7-9356-40bc-99c81b14dd904a41.pdf>

⁵⁰ Alzheimer's Disease International, 2019. *World Alzheimer Report 2019: Attitudes to dementia*. <https://www.alz.co.uk/research/world-report-2019>

⁵¹ CommonAge, The Commonwealth Association for the Ageing, 2020. *Ageism in the Commonwealth. How COVID-19 has exposed the urgent need for further recognition and protection of the rights of older people in Commonwealth countries*. White paper. November 2020. <https://www.commage.org/white-paper-ageism-in-the-commonwealth/>

⁵² Annie Waddington-Feather, 2020. *Why and how we must all campaign against ageism throughout COVID-19 and beyond*. International Day of Older Persons. 24 June 2020. <https://www.commage.org/why-and-how-we-must-all-campaign-against-ageism-throughout-covid-19-and-beyond/>

response requires an integrated approach to public governance that anticipates the impact of response and recovery measures across gender and different age groups. A storytelling project: *A Commonwealth of Experience: Freedom fighters, child brides and other untold real life stories*, clearly demonstrated how bringing the generations together can be beneficial to all involved.⁵³ A collection of these life stories of older people, researched and written by young people has given an insight into life and growing old in many Commonwealth countries.

When young people are considered the 'link' between short-term concerns and long-term goals in public consultations, decision-making processes and public dialogues, this results in more equitable and inclusive policy decisions and societal resilience. Therefore, empowering young people and involving them in building societal resilience should be twin goals. After all, this population group is forecast to reach 1.4 billion in 2050, and account for 40% of the global workforce by 2050.⁵⁴

2. NCDs strategies to recognise, and include older people.

Early intervention is key.

Health interventions in prevention, promotion, management and care strategies will substantially reduce the health costs arising from rapidly ageing populations. Therefore, they should be initiated sooner rather than later. Adoption of life-course immunisation in a healthy ageing policy, for example, will require purposeful and committed action. Corporate and community-led initiatives can support and enhance government-led healthy living programmes; for instance, helping streamline vaccination programmes that are becoming more critical as populations age. Only when there is cohesive and collaborative work undertaken with various sectors and professionals can the demographic burden be converted, by government and society, into a longevity dividend.

Humanity may add up to 45 billion more years of higher-quality life over the next decade (approximately six years per person on average), and significantly more in some countries and populations. However, a culture that adapts to innovate health systems; plus, decisive leadership in public health policies coupled with scaling effective solutions will all be required if this goal is to be achieved.⁵⁵

⁵³ Ingrid Evers & Annie Waddington-Feather, 2019. *A Commonwealth of Experience: Freedom fighters, child brides and other untold real life stories*. A Storytelling Project. CommonAge, The Commonwealth Association for the Ageing. <https://commage.org/wp-content/uploads/2019/07/Life-Stories-All-Stories-Final-1.pdf>

⁵⁴ Organisation for Economic Co-operation and Development (OECD), 2020. *Youth and COVID-19: Response, Recovery and Resilience*. Tackling Coronavirus (COVID-19) Contributing to a Global Effort. June 11, 2020. <https://www.oecd.org/coronavirus/policy-responses/youth-and-covid-19-response-recovery-and-resilience-c40e61c6/>

⁵⁵ Erica Coe et. al., 2022. *Adding years to life and life to years*. McKinsey Health Institute. March 29, 2022. <https://www.mckinsey.com/mhi/our-insights/adding-years-to-life-and-life-to-years#>

3. NCDs prevalent in old age to be urgently addressed.

On average, people spend about 50% of their lives in less-than-good health and 12% in poor health. This statistic has not changed in the past 50 years.⁵⁶ Furthermore, it is estimated that 300 million people aged 65 and older are currently in need of long-term care.⁵⁷

The increasing numbers of carers needed (especially for those with dementia) and evidence-based interventions to support carers should be part of any comprehensive plan to address increases in growing numbers of older people needing care.⁵⁸

Access to health and social care services particularly in rural and remote areas (and including for those with dementia), are severely impacted by lack of infrastructure, transportation, communications, government agencies, etc. If this is to change, it is critical that community services are made available and accessible, including and especially for women with little or no education.⁵⁹

If investments were doubled in education, health and social work by 2030, 269 million new jobs could be created. According to a World Bank report on the global care crisis, increased investment in the care economy would not only result in a total of 475 million jobs by 2030, but would also lead to overall better health, education, equality, decent work opportunities and real economic growth.⁶⁰

The fiscal burden of caregiving and the impact on families and carers on their health and mental wellbeing is given recognition as an essential pathway in the WHO Framework.

Therefore, logic dictates that we ...

4. Invest in Equality.

“As women thrive, so will we all,” said United Nations Secretary-General Ban Ki-moon as he opened the fifty-ninth session of the Commission on the Status of Women, marking two decades of progress that he warned had been “unacceptably slow” in achieving gender equality since the historic adoption of the Beijing Declaration and Platform for Action in 1995.

⁵⁶ Erica Coe et. al., 2022. *Adding years to life and life to years*. McKinsey Health Institute. March 29, 2022. <https://www.mckinsey.com/mhi/our-insights/adding-years-to-life-and-life-to-years#>

⁵⁷ International Labour Organization-Gallup, 2017. *Towards a better future for women and work: Voices of women and men*. ILO-Gallup Report 2017. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_546256.pdf

⁵⁸ K. J. Gilhooly et. al., 2016. *A meta-review of stress, coping and interventions in dementia and dementia caregiving*. BMC Geriatrics, 16, 106. May 18, 2016. <https://doi.org/10.1186/s12877-016-0280-8>

⁵⁹ Jacqueline W.M. Wong, 2019. *International Journal on Ageing in Developing Countries, 2019, 4 (2): 156-158*. Book Review. *Age-friendly Cities and Communities: A Global Perspective*. Buffel, T., Handler, S. & Phillipson, C. (Eds.). 2018. <https://www.inia.org.mt/wp-content/uploads/2019/12/4.2.7-Book-Review-Datin-Jacqueline-Wong-pgs-156-158-Final.pdf>

⁶⁰ The World Bank Group, 2020. *Poverty and Shared Prosperity 2020: Reversals of Fortune*. October 7, 2020. <https://doi.org/10.1596/978-1-4648-1602-4> <https://www.worldbank.org/en/publication/poverty-and-shared-prosperity>

Over the last three decades, there has been much discussion, but little action taken regarding the disproportionate burden and challenges to women (and girls) at home and in the workforce, especially those living on low wages or in poverty. For instance, the *Beijing Declaration 1995* was endorsed by over 180 countries. Progress on pledges made has ranged from slow (at best) to zero. Women remain disproportionately disadvantaged across all sectors: the informal economy, long-term care needs, health care and education.

COVID-19 has further increased hardship, starvation and domestic violence, for both the impoverished in low- and middle-income countries, and for the vulnerable and marginalised in high-income countries.⁶¹ While educated women benefit communities and societies, contributing to thriving economies and improved health, nutrition and education of their families, [gaps and disparities still remain and need to be addressed](#).

Acting now could add USD13 trillion to the global GDP by 2030. Investing in women's education, health care skills training, science and research has excellent outcomes for the global economy. Women must be involved in future economies, policies, action plans and strategies as they offer unique perspectives and capacities that enable inclusive development and sustainable progress.⁶²

A 'new *fairer normal*' requires the international development community to learn from the experiences of grassroots networks and recognise just how much collective learning and problem-solving can achieve. It also requires partnering with and investing in community-led solutions, guided by principles of human rights and dignity.⁶³

While women account for 70% of health care workforce, fewer than 20% of the world's health ministers are women. Amid COVID-19, women are on the front line, responding as heads of state and government, legislators, health care workers, carers at home and community leaders and mobilisers. Therefore, it is crucial that women continue to lead as well as participate fully in decision-making on crisis response, recovery and beyond. Women's leadership and participation can provide more effective, inclusive, and fair policies, plans and budgets to address the pandemic. A clear example of this is seen in the Minister of Health in the Indian state of Kerala hailing women's involvement as the reason why that Kerala (with a population of 35 million) has only lost four people to COVID-19.⁶⁴ Furthermore, the Prime Minister of New Zealand and several women leaders have been recognised as providers of global best practice in response to the pandemic.⁶⁵

⁶¹ The Beijing Declaration, 1995. *Fourth World Conference on Women Beijing Declaration*.

<https://www.un.org/womenwatch/daw/beijing/platform/declar.htm>

⁶² International Monetary Fund, 2021. *Women in Economics: Unpaid Labour*. Interview with Jayati Ghosh, Professor of Economics at the University of Massachusetts Amherst. October 20, 2021.

<https://www.imf.org/en/News/Podcasts?searchtext=Jayati%20Ghosh&page=1>

⁶³ Karen Wong & Shahrin Mannan, 2020. '*Building back better*' means '*building back fairer*' after COVID-19. July 31, 2020. <https://www.iied.org/building-back-better-means-building-back-fairer-after-covid-19#>

⁶⁴ Laura Spinney, 2020. *The Coronavirus slayer! How Kerala's rock star health minister helped save it from Covid-19*. The Guardian. May 14, 2020. <https://www.theguardian.com/world/2020/may/14/the-coronavirus-slayer-how-keralas-rock-star-health-minister-helped-save-it-from-covid-19>

⁶⁵ UN Women, 2020. *Build back better: Women at the centre of decision-making*. Delivered by UN Women Executive Director, Phumzile Mlambo-Ngcuka on the occasion of the Commonwealth Heads of Government Meeting (CHOGM) 2020. *Delivering A Common Future: Connecting, Innovating, Transforming*. June 26, 2020. <https://www.unwomen.org/en/news/stories/2020/6/op-ed-ed-phumzile-build-back-better>

Older women are more likely than men to have care and support needs in later life due to their higher life expectancies and higher rates of ill health and disability. However, due to the gender dimensions of care provisions, women – including older women – are also more likely than men to provide care and support, both formally and informally. This means that they are disproportionately affected by inadequacies in the availability, accessibility, acceptability and quality of care and support systems. The SDG 5.4 on gender equality⁶⁶ calls for member states to recognise and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate, while the *ILO Centenary Declaration on the Future of Work 2019* commits to taking action to promote a more balanced sharing of family responsibilities and investment in the care economy.⁶⁷

Approaches adopted by member states must take a life-course approach, recognising the significant strain placed on women in relation to both the need for and provision of care and support in later life. Indeed, measures must be to promote and ensure gender equality at all ages.

Finally, we must

5. Invest in Health.

Health is wealth. It yields return and societal wealth.

Policymakers need to view implementation of healthy ageing programmes as an investment rather than a cost. Healthy older people, empowered by good health care interventions, value-add to the economy and society. While it takes resources to invest in preventive care, the opportunity cost of not doing so - before the problem escalates further - is unimaginable.

Changing patterns of NCDs have significant implications for health and care systems. Systems must be developed and adopted in order to respond effectively to the needs of increasing numbers of older persons with more complex and often multiple conditions. Additionally, the threat of infectious diseases and current as well as future pandemics must be appropriately managed. While the world has been preoccupied with the COVID-19 pandemic for nearly three years it should not stop us from preparing for another impending public health threat: Dementia. Alzheimer's disease and other dementias are a global challenge and a storm on the horizon.⁶⁸

⁶⁶ United Nations Department of Economic and Social Affairs. *SDG Goal 5. Achieve gender equality and empower all women and girls*. <https://sdgs.un.org/goals/goal5>; *Target 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate*. <https://unstats.un.org/sdgs/metadata/?Text=&Goal=5&Target=5.4>

⁶⁷ International Labour Organization, 2019. *ILO Centenary Declaration for the Future of Work, 2019*.

<https://www.ilo.org/global/about-the-ilo/mission-and-objectives/centenary-declaration/lang--en/index.htm>

⁶⁸ Nathaniel Counts et. al., 2021. *Dementia Storm on the Horizon: The rising incidence of dementia around the world calls for global collaboration and decisive financing*. International Monetary Fund. FD Winter 2021 Issue. <https://www.imf.org/en/Publications/fandd/issues/2021/12/Dementia-Storm-Horizon-Counts-Nandi-Seligman-Tortorice>

Data from 64 countries shows 16.4 billion hours per day are spent in unpaid care work – equivalent to 2 billion people working eight hours a day with no remuneration. Such services, valued on the basis of an hourly minimum wage, would amount to 9% of global GDP, or USD11 trillion (purchasing power parity in 2011).⁶⁹

With disparities in access and outcomes (within and across countries, regions; and across gender, wealth and other demographic variables) health inequity remains a persisting major issue. When lockdown measures began in early 2020, the biggest issues revolved around impact and effects on health and care.⁷⁰

Aside from physical health, the pandemic's toll on millions of older women and women (including girls) will have long-term consequences in terms of NCDs, mental health and economic wellbeing.⁷¹ Globally, women's mental and emotional health is at its lowest in 15 years and gaps in gender-related needs remain.⁷²



CommonAge believes that the values and principles in the 'Decade of Healthy Ageing' an initiative by the UN and WHO, offers an excellent platform for addressing issues in any country, when used with age-and-gender responsive actions, and most importantly, applied with relevance to local cultures.

We recommend WHO and its member states will continue to help to keep older people healthy and vibrant throughout their life course, thereby celebrating increased longevity as a modern social, medical and developmental triumph, instead of seeing it as a threat.

CommonAge encourages and strongly supports intergenerational initiatives, and programmes. Young people can be part of the solution and can be agents of change, initiating healthier actions, choices and behaviour. In other words, they can be the catalyst for social movements that reinforce healthy lifestyles. Early intervention is key in making a difference: empower the youth to be healthy, have productive adulthoods and future generations and society as a whole will benefit.

CommonAge stands ready to assist the WHO in the revision of existing ageing policies, guidelines and its NCD plans, strategies particularly for low- and middle-income countries across the Commonwealth and beyond.

⁶⁹ International Labour Organization, 2018. *Care work and care jobs for the future of decent work, 2018*. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633166.pdf

⁷⁰ Maxime Taquet et. al., 2021. *6-month neurological and psychiatric outcomes in 236 379 survivors of COVID-19: a retrospective cohort study using electronic health records*. *The Lancet Psychiatry* 2021; 8: 416–27. April 6, 2021. [https://doi.org/10.1016/S2215-0366\(21\)00084-5](https://doi.org/10.1016/S2215-0366(21)00084-5)

⁷¹ Bjorn Andersson, 2020. *Why improving women's lives is the key to healthy ageing*. Ageing and Longevity. World Economic Forum. October 1, 2020. <https://www.weforum.org/agenda/2020/10/ageing-population-women-poverty-asia/>

⁷² Hologic-Gallup, 2021. *Women's emotional health is at its worst in 15 years*. 2020 Hologic Global Women's Health Index. September 21, 2021. https://hologic.womenshealthindex.com/Hologic_2020-Global-Women%27s-Health-Index_Full-Report.pdf



The flag of the Commonwealth of Nations.

Yours faithfully
and on behalf of the members of the CommonAge Board
and the Commonwealth peoples,

A handwritten signature in black ink that reads "Andrew Larpent". The signature is written in a cursive style and is positioned above a horizontal line that extends to the right.

Andrew Larpent, OBE
Chair, CommonAge
The Commonwealth Association for the Ageing

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