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Presentation on prevention of age-related diseases in women in Europe for the hearing of the European People's Party Group at the European Parliament

7 June 2012, Brussels, Belgium

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Prevention of age-related diseases in women in Europe:

hearing of the of the European People's Party Group at the European Parliament

Zsuzsanna Jakab,
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for Europe

 **World Health Organization**
REGIONAL OFFICE FOR Europe

Mr President, honourable members of the European Parliament, honourable members of the European Commission, colleagues and friends,

I am very pleased to take part in today's hearing on prevention of age-related diseases in women in Europe and to share with you an overview of the WHO Regional Office for Europe's contribution to tackling the challenges posed by ageing populations in Europe.

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The image is a promotional poster for World Health Day 2012. It features a central photograph of three elderly women sitting on a wooden bench outdoors, engaged in conversation. To the left of this central image are three smaller portrait photos of elderly individuals. Below the central image is a red banner with the text "Active Ageing" and "Good health adds life to years". At the bottom of the poster, there is a row of five small portrait photos of diverse elderly people. The background is a solid orange color. On the right side, the text "World Health Day 2012" is written in white. Below that, the text "European Union (EU) Year for Active Ageing and Solidarity between Generations" is also in white. At the bottom left, the World Health Organization logo and name are displayed, along with "Regional Office for Europe". At the bottom right, the location "Brussels, Belgium" and the date "7 June 2012" are listed.

World Health Day 2012

European Union (EU) Year for Active Ageing and Solidarity between Generations

Active Ageing
Good health adds life to years

World Health Organization
Regional Office for Europe

Brussels, Belgium
7 June 2012

In April this year, we celebrated World Health Day, with the theme “health and ageing” and the slogan: “good health adds life to years”. This topic concerns all of us: how can the people of Europe age healthily?

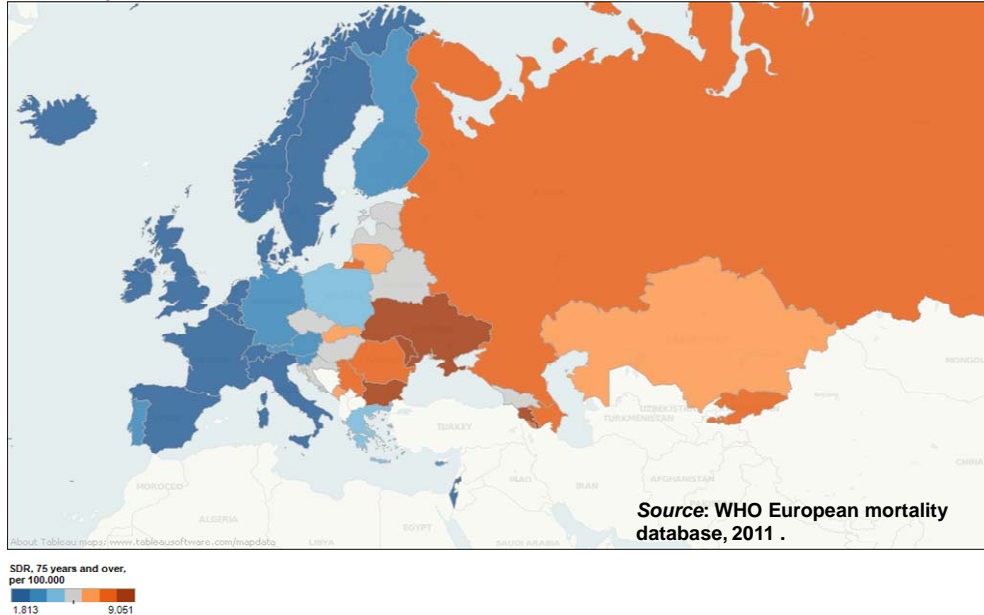
How can good health throughout life help older men and women lead full and productive lives? How can they continue to be active and to contribute to their families and communities? These are also core themes under the European Union Year for Active Ageing and Solidarity between Generations.

The increasing life expectancy in Europe is a tremendous achievement and we need to match adding years to life with improved quality of life.

But the chances of remaining healthy and active in older age vary greatly between and within our Member States, and there are important differences between men and women not only in life expectancy but also in the experience of health and well-being at higher ages.

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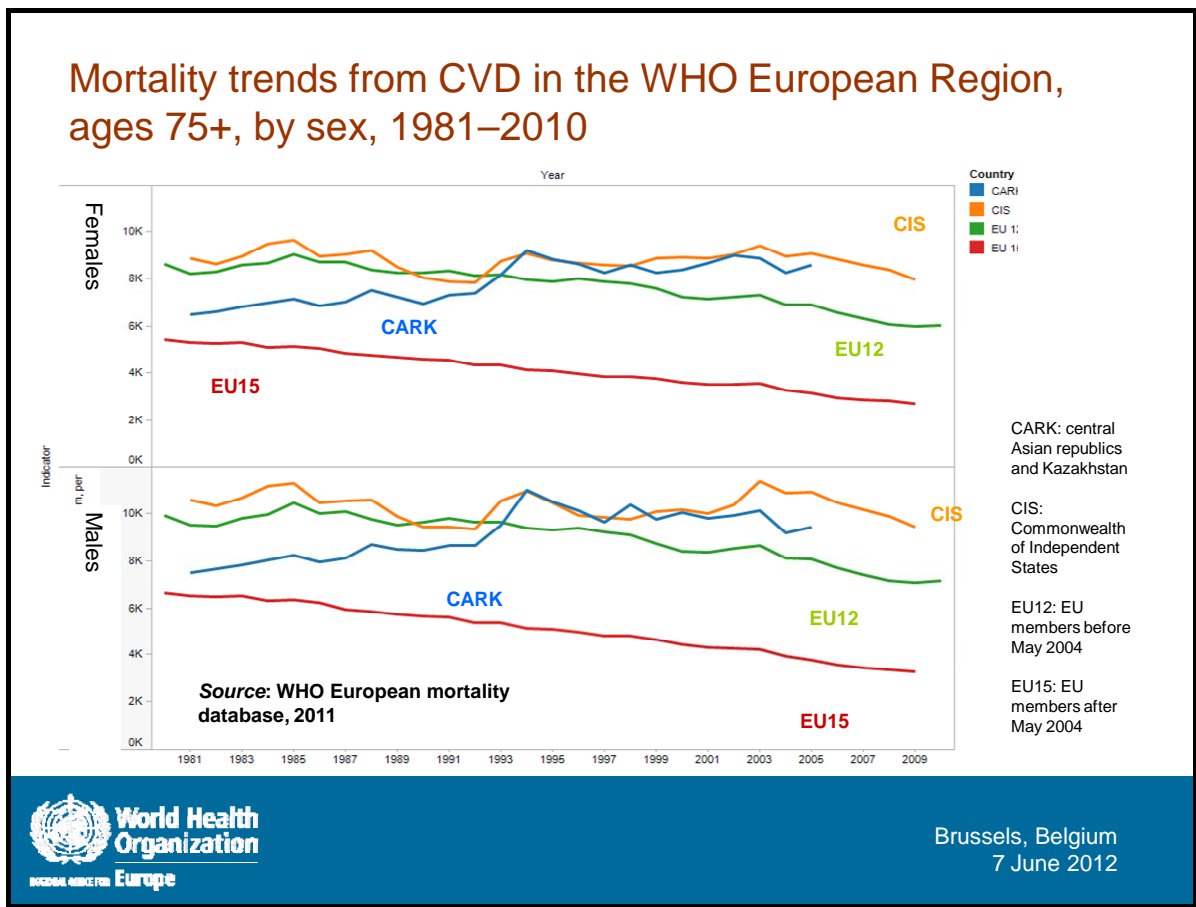
Mortality from cardiovascular diseases (CVD) in the WHO European Region, females aged 75+, 2006–2010 (latest year available)



Let me illustrate this with a closer view at some of the disparities and trends among the 53 Member States in the WHO European Region.

First, there is a marked east–west gradient in mortality throughout Europe, which is illustrated here for female mortality in the group aged 75 years and older and for the example of cardiovascular diseases, which creates the biggest burden of life-years lost throughout Europe.

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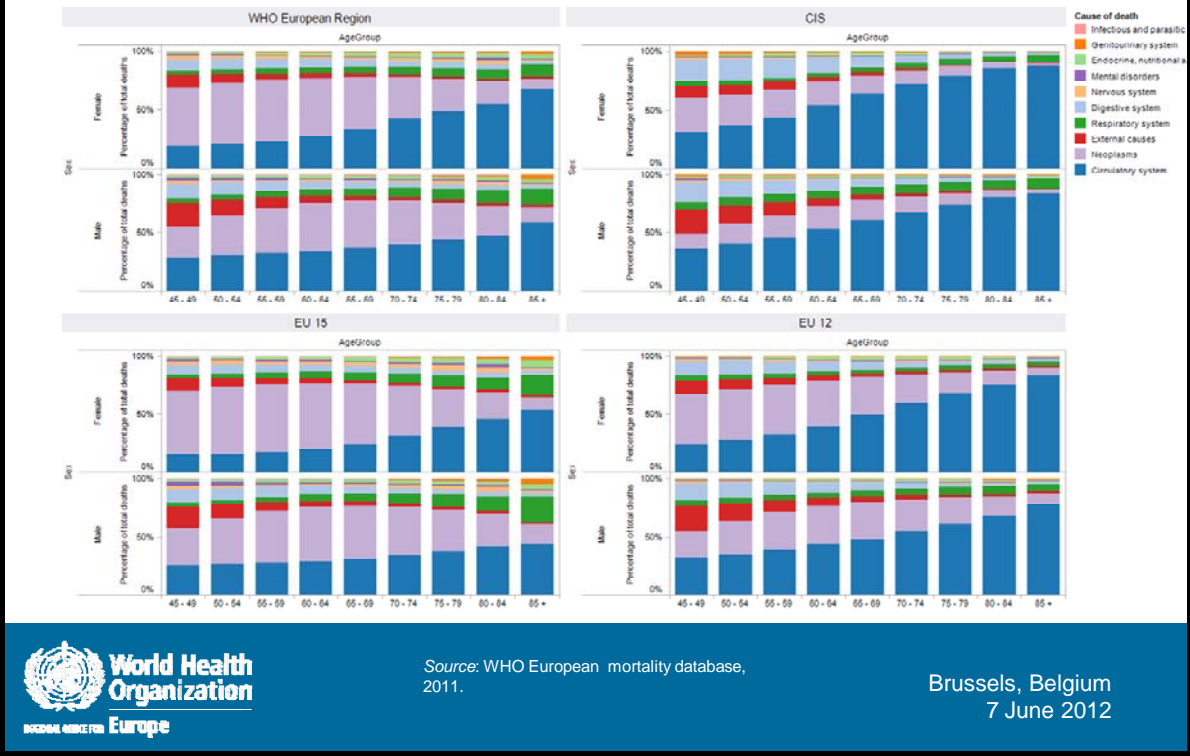


Second, differences in Europe exist in not only absolute levels but also trends over time, and the resulting widening gaps in health across Europe pose some of the most important challenges for WHO’s work with Member States. Again, the graph illustrates this for cardiovascular disease and the same age group of women:

While mortality trends, even for higher age groups, have improved for women in European Union countries, the trend for countries in the Commonwealth of Independent States (CIS), and particularly the central Asian republics and Kazakhstan, is less favourable.

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Mortality patterns in the WHO European Region, by age and sex, 2006–2010



Policies for healthy ageing also need to acknowledge that there are other characteristic differences in the mortality patterns in higher age groups, for both men and women, and between regions in Europe.

Relative cancer mortality is higher for women. The converse is the case for diseases of the circulatory system. Moreover, morbidity and mortality from circulatory disease is relatively higher in CIS countries than in European Union (EU) countries. It also is higher in the countries that belonged to the EU before 1 May 2004 (EU15) than those joined afterwards previously (EU12).

With ageing come other important demographic changes. Although women still live longer than men, this is largely socially determined and varies between countries: for example, the difference in life expectancy at birth is smallest in Iceland (3 years) and largest in the Russian Federation (over 12 years).

But women spend on average a larger share of later life with chronic diseases and functional limitations. Since women also have higher disability rates, they comprise the vast majority of very old people who need ongoing health care and social support, which calls for tailored strategies for the prevention of age-related diseases in women in Europe.



To address the challenges and opportunities of ageing populations, our work at the WHO Regional Office for Europe with Member States falls into four broad areas of action. Each of them supports the corresponding priority area of Health2020, which will be the overarching health policy framework for our work with Member States in the years to come.

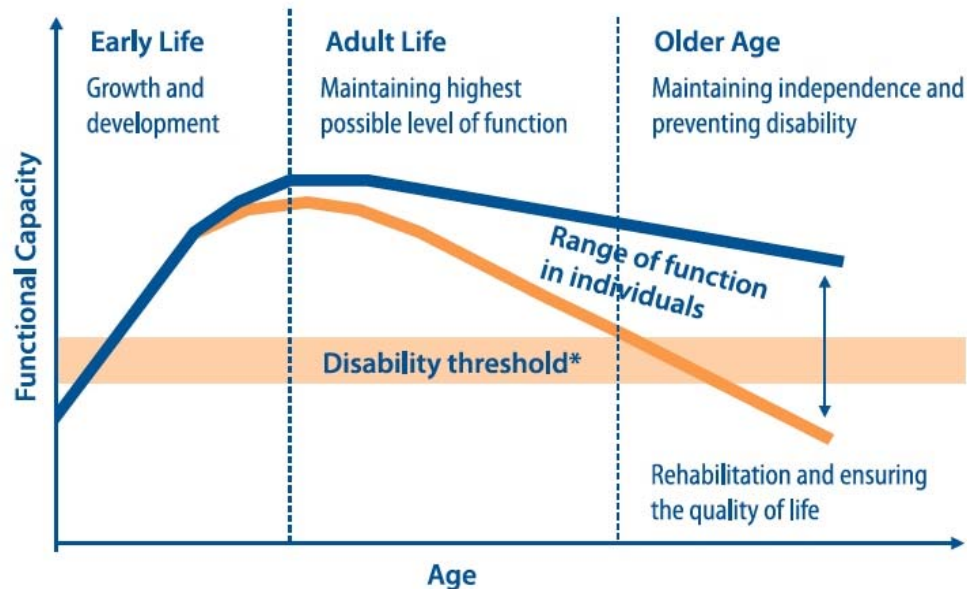
I will address three of them in the following, focusing on how these contribute to the prevention of age-related diseases of women in particular:

- healthy ageing over the life-course
- work on policies for age-friendly communities (environments)
- health systems fit for ageing populations.

To identify and address gaps in evidence and research is a cross-cutting issue, at the core of WHO's mandate. For example, it is important that that more data on risk factors for age-related diseases, for example, become routinely available, disaggregated by age and sex; these also need to be of better quality in the case of a number of countries.

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Active ageing makes the difference: a life-course perspective



Source: *Active ageing. A policy framework.* Geneva, World Health Organization, 2002.

Policy action to tackle the noncommunicable-disease epidemic throughout the life-course has recently received unprecedented policy support in Europe and globally. This is now broadly agreed to be the key to further health gains at higher ages and to making health and social policies sustainable for both men and women.

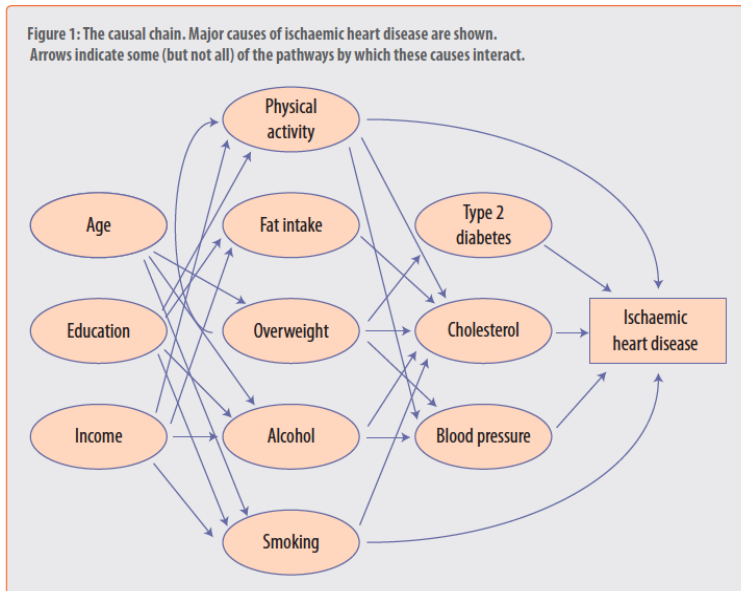
A person's health and level of activity in older age thus depend on his or her living circumstances and actions over a whole life-span. But more can be done to promote health and prevent disease, particularly for older women, for whom access to prevention and rehabilitation may be impaired. This is especially relevant for primary and secondary prevention of musculoskeletal conditions, such as osteoporosis, which are more prevalent among women.

A special concern is maintaining mental capacity and well-being into the highest age groups, as dementia carries the biggest burden of disease for people aged 60 and over. Partially linked to their higher life expectancy, there are many more women than men living with dementia. According to WHO's estimates of the global burden of disease, dementia is the number-one cause for years lived with functional limitations for women aged 60 years and older.

Eye disorders and hearing impairment also contribute heavily to the burden of years lived with functional limitations: adequate and timely diagnosis, treatment and good-quality medical devices often act to prevent further decline or partially restore functioning.

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Causal chains: ischaemic heart disease



Source: WHO global burden of disease and risk factors, 2009.

With ageing populations, noncommunicable diseases account for an increasing share of the burden of disease: they account for more than 90% of all life-years lost among women aged 60 and over in Europe.

Health-promotion and disease-prevention measures to tackle the common risk factors for noncommunicable diseases can therefore contribute greatly to healthy ageing.

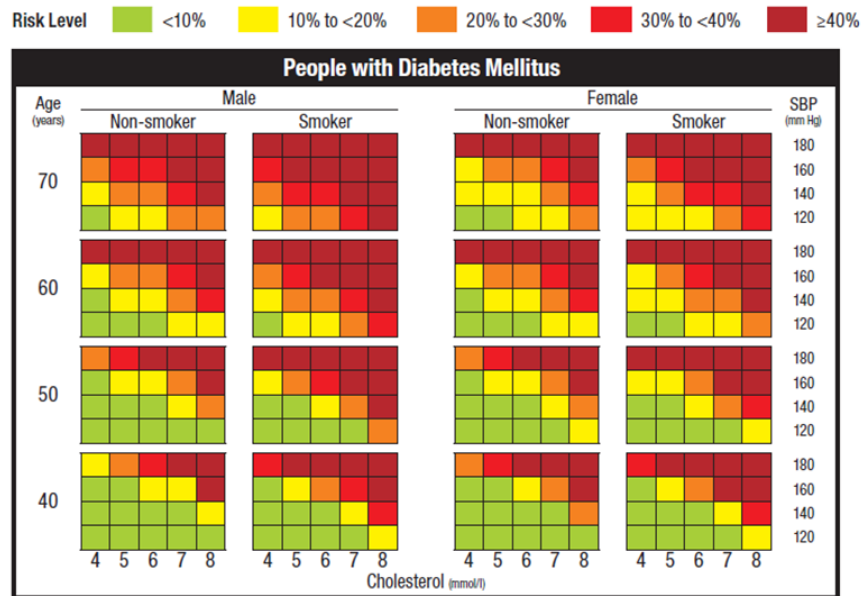
Strategies for health promotion and disease prevention have to acknowledge the causal chain of risk factors, their interdependence and relative contribution to the burden of disease. This has helped to identify so-called “best buys” for policies to combat noncommunicable diseases over the life course.

This was recognized by European Member States when they adopted last September an action plan to implement the WHO European strategy on noncommunicable diseases. At the global level, last month the World Health Assembly adopted a resolution on strengthening policies on noncommunicable diseases to promote active ageing.

While combating noncommunicable diseases has drawn unprecedented political support at the highest levels, these commitments build on a solid evidence base about risk factors and prevention strategies. I will illustrate this with two graphs.

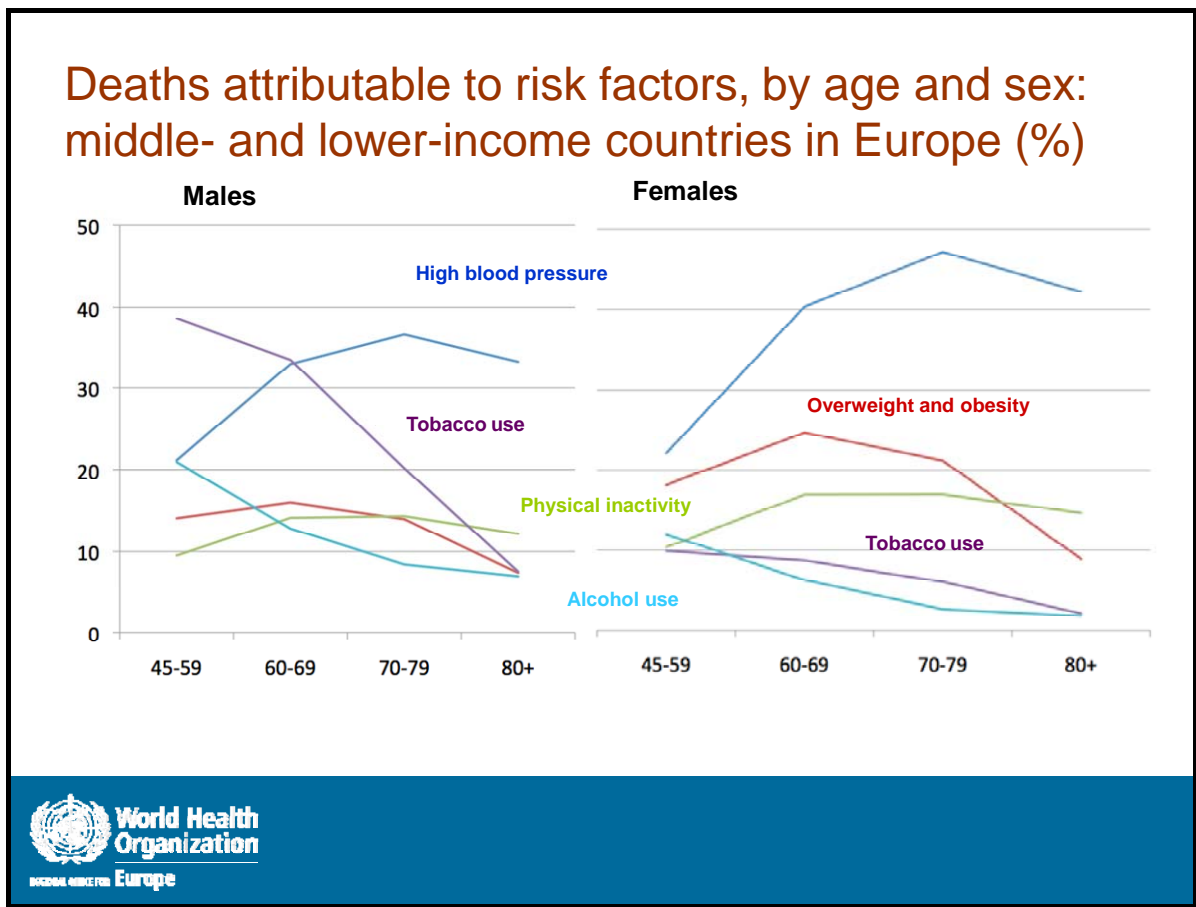
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WHO ischaemic heart disease risk-prediction charts (example below for situations where serum cholesterol is measurable)



This chart shows how the relative ten-year risk of a major cardiovascular event (myocardial infarction or stroke) grows by age groups, for both men and women, based on two main risk factors: smoking and serum-cholesterol level. The relative higher risk for men becomes obvious for higher age groups and for smokers in particular.

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The share of deaths by age group that is attributable to risk factors shows similar differences between men and women in Europe for a larger number of selected risk factors. This graph is based on the WHO global study on the burden of disease and risk factors. It shows the average for 27 middle- and low-income countries in Europe (including the EU12 countries, except Cyprus, Malta and Slovenia).

Tobacco consumption is also relatively high in many European countries. Moreover, there are worrying signs that the share of female smokers has grown in a number of countries. Women, in particular young women, have become a prime target of the tobacco industry, highlighting the importance of the timely implementation of measures foreseen under the WHO Framework Convention on Tobacco Control.

Action at the local level: sustained policy commitment to healthy ageing



The WHO Regional Office for Europe works with cities and communities to encourage the creation of environments that support healthy and active ageing. A growing number of cities in the European Region have joined our Healthy Cities movement, with many more participating through national networks. These cities use WHO tools and guidelines, including those for policies that address key aspects of age-friendly environments, such as accessibility, transport, intergenerational links and services.

Community environments can play an important role in healthy promotion and disease prevention for healthy ageing. They can offer neighbourhoods that are considered safe for older people, provide age-friendly transport and open space that supports older people to stay active – both physically active and socially connected. These ways of reaching out to older people are especially important for women who are more likely to live alone than men, and who are often at risk of social exclusion.

The Regional Office plans to further develop tools and guidelines to monitor progress in implementing age-friendly policies. We are discussing cooperation on such policies with the EU and other partners, such as under the European Innovation Partnership on Active and Healthy Ageing.

Health systems fit for ageing populations

- Universal coverage, including for services for prevention and rehabilitation at higher ages (risk of social exclusion of women, many of them living alone and on inadequate pensions)
- Public support to (women) informal caregivers to maintain their health
- Better quality of and protection for older people in need of social services (long-term care), most of whom are women



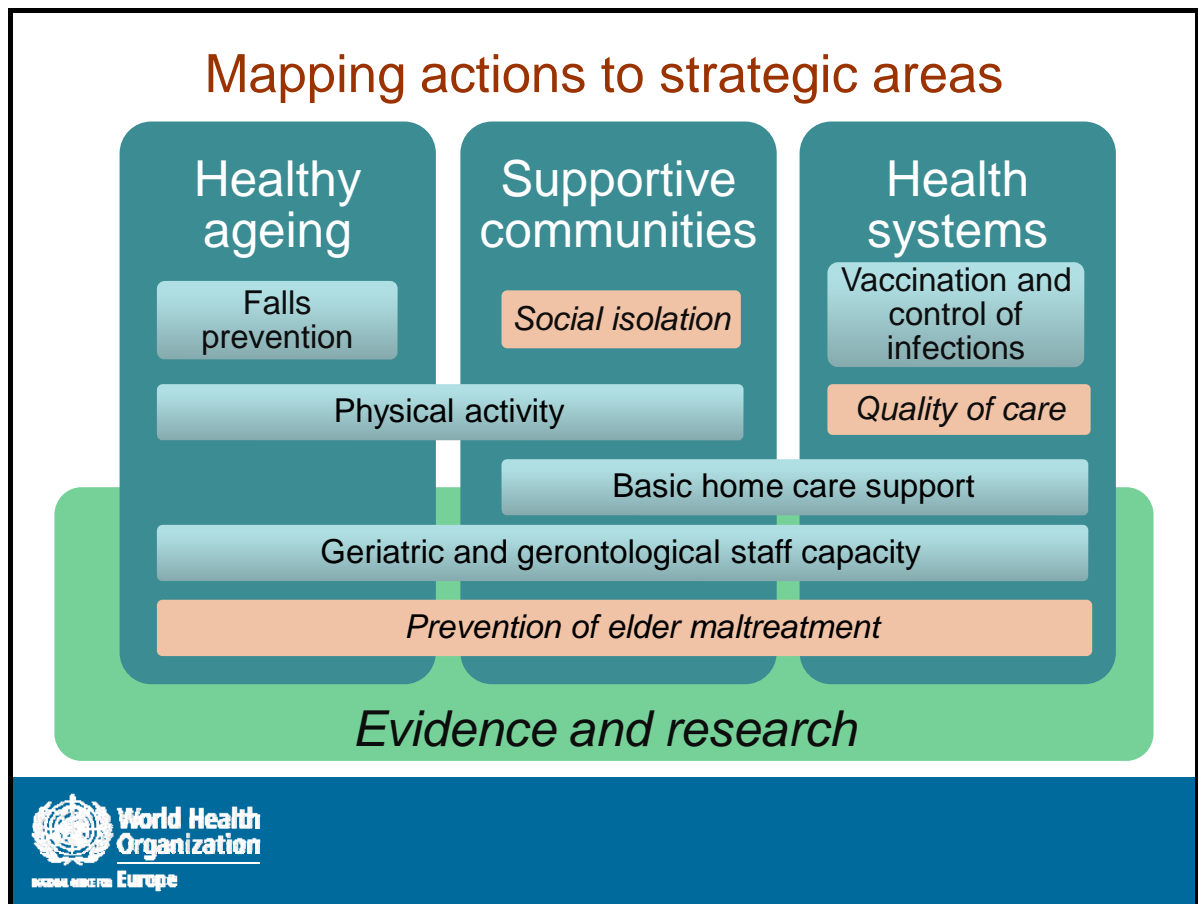
In order to make health systems fit for ageing populations, Member States in Europe are experimenting with a range of policies. Among these are better coordination between health and social services, including public support for long-term care at home, and more tailored services for people with multiple chronic conditions more generally.

Older people often face multiple barriers to access, including cost-sharing and out-of-pocket spending that they cannot afford. This can create serious gaps in services, including low-cost and effective prevention measures such as medication to control high blood pressure. Women are at special financial risk if they are dependent on inadequate pensions or at risk of social exclusion for other reasons. Universal health care coverage is therefore key, including the coverage of preventive measures and rehabilitation, free of age discrimination or age rationalization.

Moreover, a basic package of publicly funded social support for informal care, mainly in families for older people with functional limitations, is important to support caregivers, most of whom are women. Many are in their late years of working life, and face the challenge of reconciling paid employment and informal care. Support, in the forms of respite care and home-care services, can help protect the health of caregivers and improve the quality of social care provided in families. These measures are essential to make health and social care sustainable for ageing populations in Europe.

In some countries, many parents in employment rely on their mothers to take care of their children. Investing in healthy ageing is also an investment in social cohesion and in the health of families and the next generation.

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This slide brings everything together: it maps five priority interventions (in light blue) and three supportive interventions (in light red) to four broad areas of our work.

In order to achieve progress within a limited time, we have discussed with Member States this set of priority interventions for cooperation across Europe and between countries at different income levels and stages of demographic transition.

In doing so, we build on existing WHO tools and expertise, and link to international and regional policy frameworks and mandates.

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“I really don’t feel old. There are so many things that my husband and I enjoy doing together, so I must say I question whether we can be considered old.”

www.euro.who.int/ageing



Thank you!

Thank you. I look forward to your thoughts and our discussions.