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Welcome statement at World Health Day launch event

Active Ageing - Good health adds life to years

Copenhagen, Denmark, 2 April 2012

SLIDE 1

Ladies and gentlemen,

Welcome to today's launch of World Health Day 2012 in Europe. I would like to express my gratitude to our Danish hosts

and to Mrs Else Smith, Director General of the Danish National Board of Health for her support and warm welcome.

Today, we celebrate World Health Day, in anticipation of 7 April. 7 April 1948 is the day when the WHO Constitution went into force with the approval of 61 countries. Every year we use this day to highlight a different public health topic.

This year's topic is one that concerns all of us: How can the people of Europe age healthily? Ageing concerns each and every one of us – whether young or old, male or female, rich or poor – no matter where we live.

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?

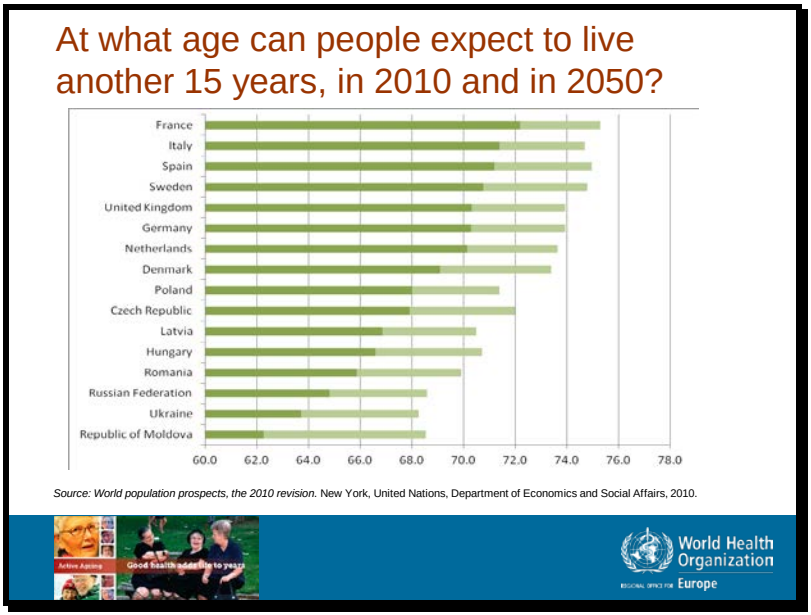
The personal stories from the slide show introduction are good examples of successful ageing, on a personal level, and with support from policies at various levels of government.

Increasing life expectancy in Europe is a tremendous achievement and we need to match adding years to life with improved quality of life. Policy-makers all over the WHO European Region can support this development by investing in a broad range of policies that promote healthy and active ageing.

The chances of remaining healthy and active in older age vary greatly between and within WHO's Member States. Promoting healthy behaviour and ensuring age-friendly environments for all populations and age groups are important steps to add life to years.

I look forward to our discussions today on the prominent policy questions that are at the core of what Else Smith has rightly called the "2012 year of healthy ageing".

SLIDE 2



The introductory slide show also highlighted the large differences that persist in the European Region when it comes to population ageing and the living conditions of older people.

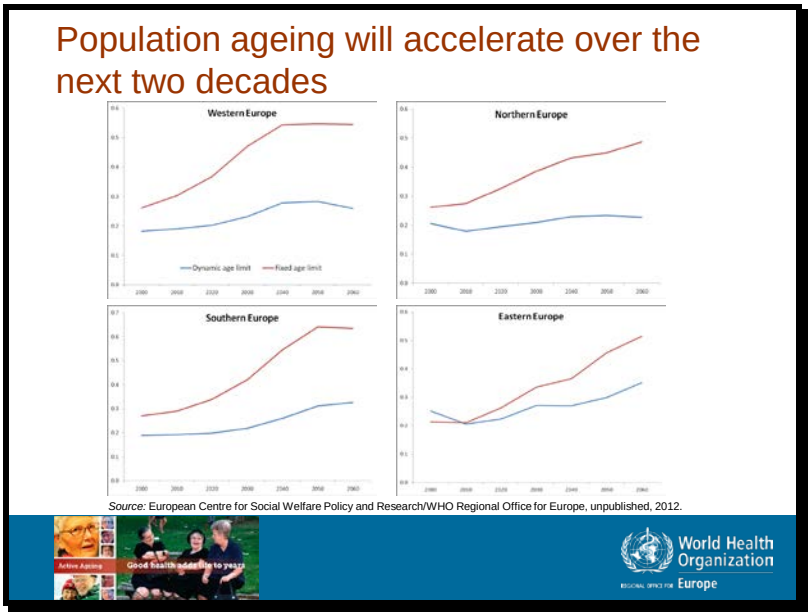
Large health inequalities between countries shape differences in life expectancy.

In her presentation, Else Smith showed you a picture of the large variations across Europe in life expectancy at birth.

Let me complement this picture with other views of longevity: What is the age at which people can expect to live another 15 years? This indicator shows a ten-year difference across the WHO European Region. At this age, many people are still active and without major functional limitations. Many would not perceive themselves as “old”. But have our societies’ views on how we perceive the notion of “old” kept pace with the longevity gains achieved?

With ageing come other important demographic changes. Although women still live longer than men, this is largely socially determined and varies from country to country: the gender difference in life expectancy at birth is smallest in Iceland (3 years) and largest in the Russian Federation (over 12 years). On a more positive note, this gap has shrunk in many countries, and this also means that more couples can offer each other support, including when in need of care.

SLIDE 3



Both in Europe and globally, populations age at different speeds, which now poses some of the biggest challenges for the countries in the eastern part of the European Region. Conventional age-dependency ratios (the ratio of the population aged 65 or more years to that aged 20–64) have grown in most countries in Europe over the last two decades, and the latest United Nations projections indicate that in many they will grow substantially faster over the next 20 years.

Turkey and countries in central Asia show more favourable demographic prospects. But even in central Asian countries, dependency ratios will start to grow and be more than two thirds larger by 2030.

In addition, these graphs show an alternative age ratio that replaces the strict age cutoff of 65 years with the dynamic age cutoff that the last slide showed: the age at which people have a remaining life expectancy of another 15 years. With such a dynamic age division (not limited to working life), dependency ratios grow substantially more slowly over time.

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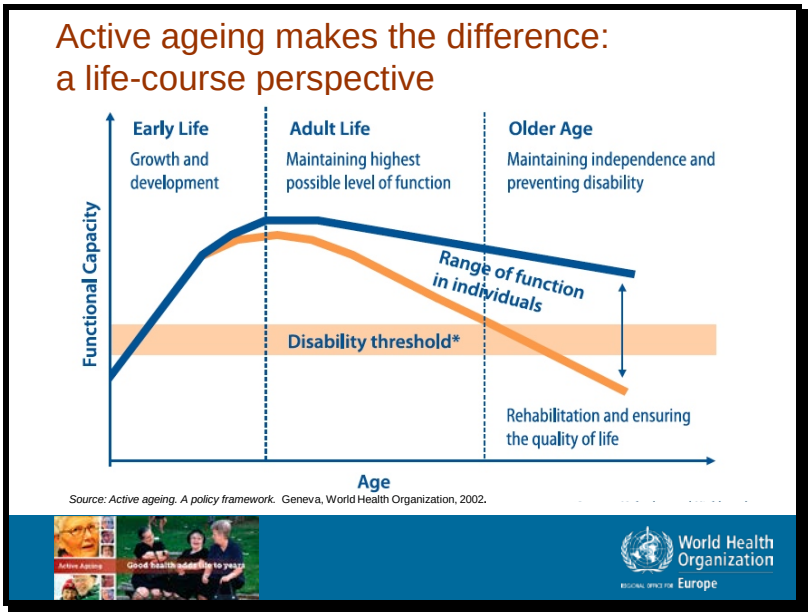
To address the challenges and opportunities of ageing populations, work at the WHO Regional Office for Europe with our Member States falls into four broad areas of action, and I will address three of them as follows:

- 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.

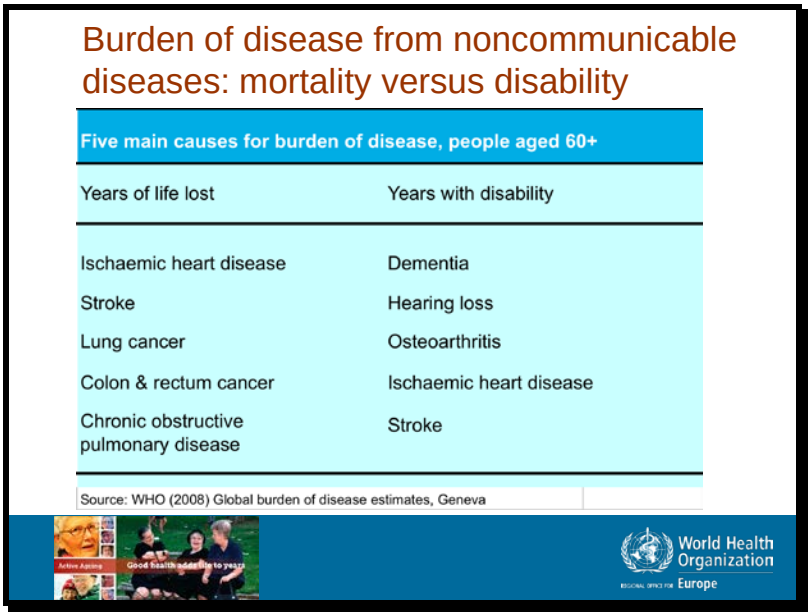
SLIDE 5



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

An individual’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, including among older populations, whose access to prevention and rehabilitation may be impaired. A special concern is maintaining mental capacity and well-being into the highest age groups, as dementia is the biggest burden of disease for people aged 60 and over.

SLIDE 6

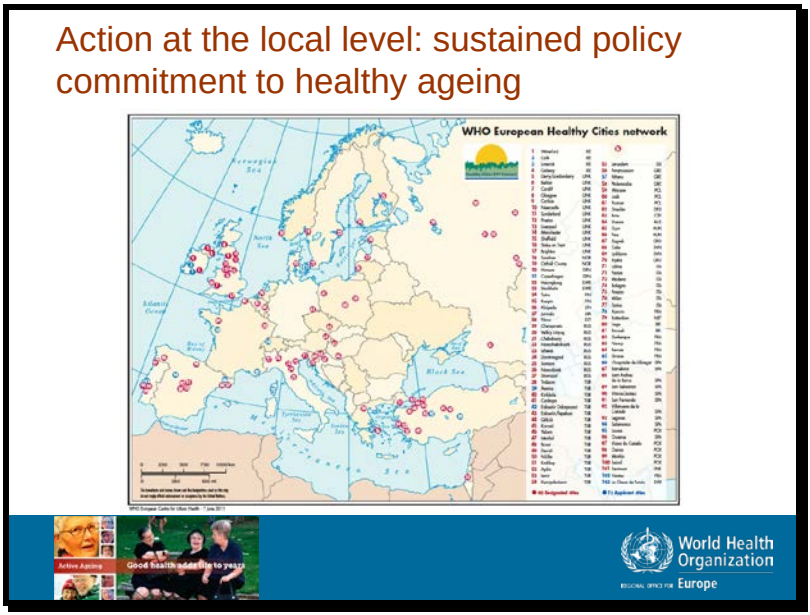


With ageing populations, noncommunicable diseases account for an increasing share of the burden of disease: 94% of all life-years lost among people aged 60 and over. Ischaemic heart disease, cerebrovascular disease (stroke) and lung cancer are the main causes of death.

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

European Region has the highest alcohol consumption in the world. The average in the European Union, almost 3 drinks per person per day, is more than double the world average. Tobacco consumption is also relatively high in many European countries.

SLIDE 7



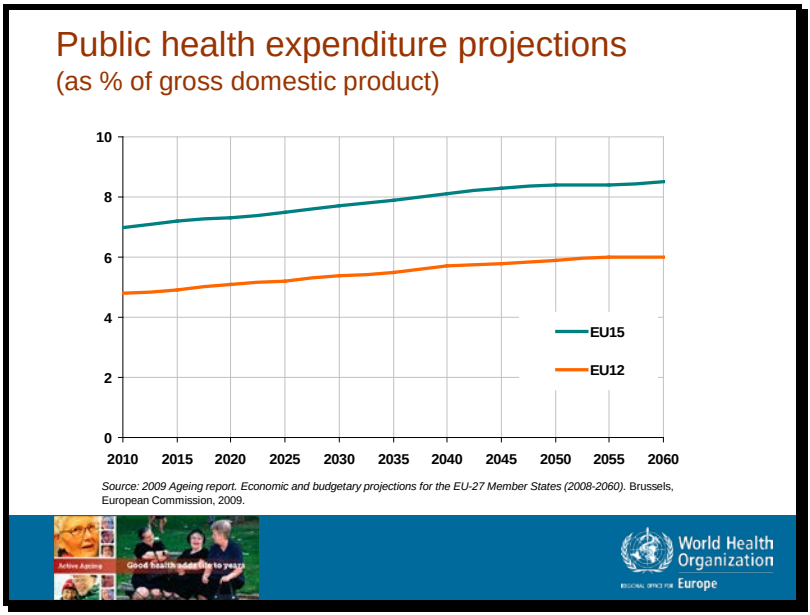
The WHO Regional Office works with cities and communities to encourage the creation of environments that support healthy and active ageing. We all look forward to learning more about this bottom-up movement from the example of the city of Udine presented by Professor Furio Honsell.

A growing number of cities in the European Region have joined our Healthy Cities movement, many participating through national networks. These cities use WHO tools and guidelines,

including on policies that address key aspects of age-friendly environments, such as accessibility, transport, and intergenerational links and services.

The WHO Regional Office plans to further develop the “healthy ageing profiles” and other tools for monitoring progress with the implementation of age-friendly policies. We are discussing cooperation on age-friendly policies with the European Union and other partners, for example under the European Innovation Partnership on Active and Healthy Ageing.

SLIDE 8



Population ageing is one of the factors that contributes to growing expenditure on public health and long-term care. Projections for European Union (EU) countries estimate an increase in public spending on health by about an additional 1.5 percentage points of gross domestic product by 2035.

As these projections acknowledge, however, demographic ageing is only one among a number of cost drivers. Technological progress and people's rising expectations are

more important. Moreover, health policy can help to achieve health gains by modifying risk factors and investing in health promotion and disease prevention over the life-course. This can help contain costs.

For some of the 12 countries that joined the EU after 2004, public expenditure on health may need to catch up rather than grow in parallel with that of the EU15 countries (as illustrated in this graph). This is especially pertinent for countries where cost-sharing and out-of-pocket spending by older people are relatively high, and which many cannot afford.

Such barriers to access can create serious gaps in services for older people, including low-cost and effective prevention measures such as medication to control high blood pressure.

In order to make health systems fit for ageing populations, countries in Europe are experimenting with a range of other policies. Among these are better coordination between health and social services, and more tailored services for people with often multiple chronic conditions.

SLIDE 9

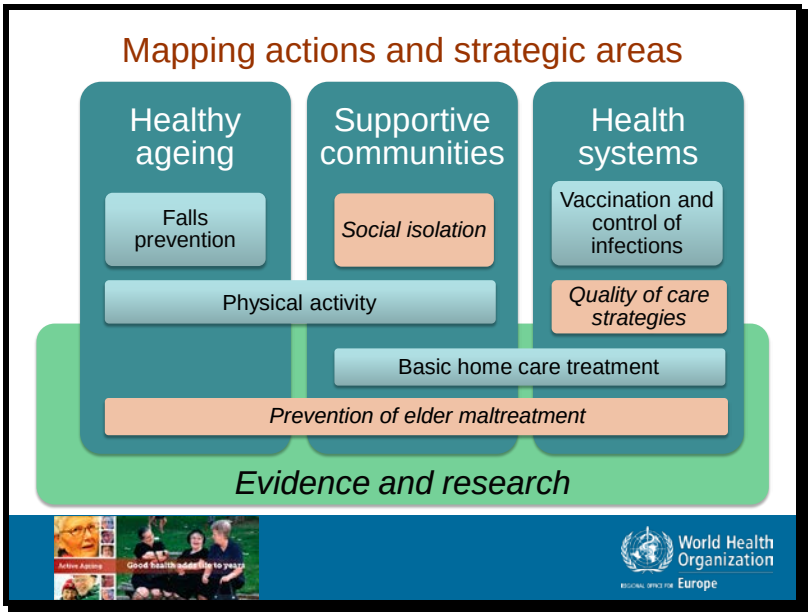
In order to achieve progress within a limited time span, we are currently discussing with our Member States a set of priority interventions for cooperation across Europe and between counties at different income levels and stages of demographic transition.

In doing so, we are building on existing WHO tools and expertise, and making links to international and regional policy frameworks and mandates.

Two of the most important guiding principles are:

- the effectiveness of health and social care systems, and contributing to their sustainability; and
- complementarity with the actions of partners in Europe, most importantly with the European Commission.

SLIDE 10

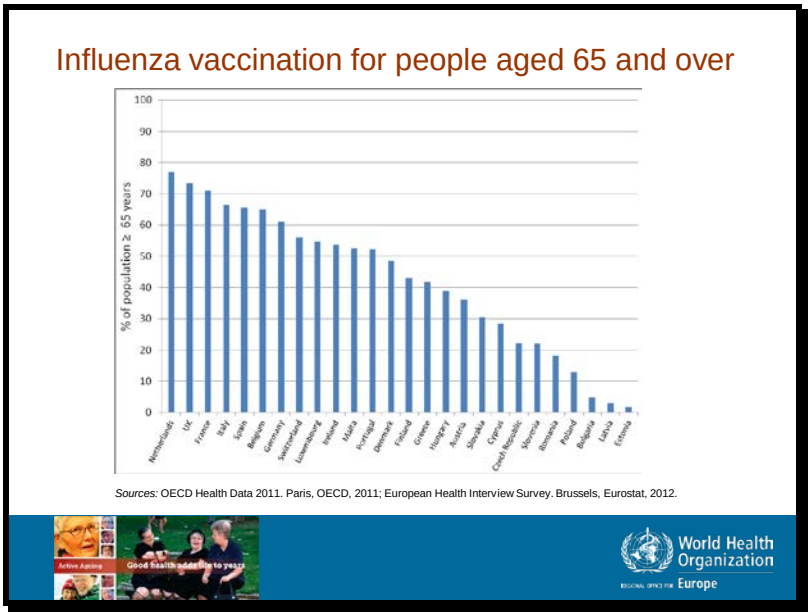


This slide brings everything together: it maps five priority interventions (in light blue) and three supportive interventions

(in light red) in relation to broad areas of our work. According to a preliminary, informal review, over 40 of our Member States already have policy documents and strategies that cover at least part of these interventions. Our work will therefore concentrate on helping to identify gaps, assist with policy implementation and facilitate the exchange of good practice examples.

To do so, we are fortunate in Europe to have one of the most important pools of policy experience to address population ageing.

SLIDE 11



This graph shows one of the policies for which coverage is uneven: influenza vaccination of older people. And Else Smith, in her presentation, has given you a short description of physical activity as another of the priority interventions.

SLIDE 12

Let me come back to one of the personal "faces of ageing" in Europe, some of which you will also find on our web site. While Europe is experiencing several quite different stages of population ageing, we not only share some common challenges, such as acceleration of ageing in the next two decades, but we also clearly share a common vision of an age-friendly Europe, where people remain active and participate in their communities, families or work life. Better health at higher ages, independence

for as long as possible, and inclusion in communities and societies are common goals for us all.

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