Ageing Population and Health in Low- and Middle-Income Countries

Lal Rawal, Ph.D.

Correspondence: Lal Rawal, International Editorial Board Member, Thai Journal of Public Health, Faculty of Public Health, Mahidol University, Thailand, and Senior Lecturer, School of Health Medical and Applied Sciences, Central Queensland University, Sydney Campus, Australia. Email: I.rawal@cqu.edu.au

Keywords: Ageing, Older population, Health, Low- and middle-income countries

The ageing population worldwide is increasing rapidly. According to the United Nations, Department of Economic and Social Affairs, there were approximately 727 million (9.3%) people above the age of 65 years in 2020, and it is anticipated to increase to 1.5 billion (16.0%) by 2050^1 . The ageing population is increasing in both high income and low- and middle-income countries (LMICs)^{1,2}, but the majority (over 80%) will be living in LMICs in 2050^2 . The World Health Organization (WHO) estimated that, in 2019, 37% of older people lived in eastern and south-eastern Asia, 26% in Europe and North America, 18% in Central and South Asia, 8% in Latin America and the Caribbean, 5% in sub-Saharan Africa, 4% in North and West Africa and 0.7% in Oceania².

Ageing is associated with physiological changes, low appetite and health and nutritional problems³. Furthermore, poor health of older population is linked to, and compounded by, the development of many chronic health conditions, such as cardiovascular disease^{4,5} and diabetes^{6,8}. Globally, the share of chronic and non-communicable diseases (NCDs) such as cardiovascular diseases (CVDs), cancer, diabetes, and chronic obstructive pulmonary diseases (COPD) among older populations is substantially higher than other age groups^{9,10}. The chronic health conditions share common risk factors such as unhealthy diet, low physical activity, use of tobacco and harmful use of alcohol^{4,5}. Older populations with chronic NCDs are more likely to



develop multiple health conditions including poor oral health and those with NCDs are likely to poorly manage chronic NCDs.

The health of an ageing population spans across different stages of life and is relevant to everyone, not just those who are currently free of disease. Intrinsic capacity (i.e., the combination of all the individual's physical and mental capacities) at any time is determined by many factors, including underlying physiological and psychological changes, health-related behavior and the presence or absence of disease. Intrinsic capacity of older population is strongly influenced by different factors including environmental, social, economic, and biomedical factors in which people live throughout their lives. Functional ability of older population is determined by the intrinsic capacity of an individual, the environment in which they live and the interactions among them ¹¹.

While the increased ageing population worldwide particularly in LMICs has brought opportunities for human beings to enjoy their lives to the fullest, this also has brought a range of health and non-health related challenges. These challenges may vary according to the different socioeconomic status, culture, and geographical regions. In the context of many LMICs, where the resources are scarce and the policies and provisions are not yet explicit to the health and wellbeing of older populations, the ageing populations are facing several challenges including (i) transitional demographic and social status; (ii) inadequate provision of social security schemes; (iii) poor access to and availability of health care for older people; and (iv) stereotyping attitude, perception and behavior towards older people. Given the increasing pattern of older populations in most LMICs and those older people facing a range of problems, there has been a need for developing and effectively implementing policies and provisions that are specific to older people and can address the problems faced by them.

Over the past few decades, the health of ageing population has received important attention globally including in many LMICs¹². This has gained momentum in terms of formulation of policies, implementing the policies appropriately, developing capacities of relevant human resources and stakeholders, improving services delivery, and introducing the provisions of social securities, etc. The United Nation's 17 Sustainable Development Goals (SDGs) have clearly stated and prioritized the importance of the health of ageing populations worldwide, in



particularly for those living in LMICs¹³. These provisions ranged from physical safety and security to food and nutrition, social and economic security, preventing health problems, access to and use of services, ensuring quality of life and assurance of services across the life course. The World Health Organization (WHO) global strategy and action plan on Ageing and Health also emphasized the role of global and national level agencies in terms of policies formulation, implementing policies conducive to health of older population, access to and use of services, provision of integrated and long-term care, and research and development etc.¹⁴.

Given such circumstances, there has been a critical need for addressing the common and pressing challenges faced by the ageing populations in LMICs. Some of the key actions that are essential to introduce and execute include: (i) Ensure political commitment to older people in order to introduce policies and provisions conducive to health and wellbeing of older people; (ii) introduce social security schemes for older people such as monthly or annual financial support, easy access to and free health care services and subsidy in transportation; (iii) reorient health systems including introduce and strengthen age care or homes, provision of counselling services and quality of care; (iv) provision of family and social supports, supportive social network and interaction; (iv) ensure improved general and health literacy of older population, adoption of healthy behaviors including diet, physical activity and avoiding smoking and alcohol and empower older population self-confidence, self-care and self-efficacy. The provision of care for older people in LMICs needs to be customized and adapted in the context of each country's situation and resources in order to implement the provision of care for the older population at different levels including at the individual, interpersonal, organizational, and community levels, and the societal and public policy levels.

References

- 1. United Nations Department of Economic and Social Affairs Population Division. World Population Ageing 2019: Highlights: United Nations, 2020.
- World Health Organization. Ageing and Health: Key facts. 2022. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health, accessed 10 December 2022.



- 3. Beard JR, Officer A, de Carvalho IA, Sadana R, Pot AM, Michel JP, et al. The world report on ageing and health: A policy framework for healthy ageing. Lancet 2016; 387(10033): 2145-54.
- Joshy G, Arora M, Korda RJ, Chalmers J, Banks E. Is poor oral health a risk marker for incident cardiovascular disease hospitalisation and all-cause mortality? Findings from 172 630 participants from the prospective 45 and Up Study. BMJ Open 2016; 6(8): e012386.
- 5. Cheng F, Zhang M, Wang Q, Xu H, Dong X, Gao Z, et al. Tooth loss and risk of cardiovascular disease and stroke: A dose-response meta analysis of prospective cohort studies. PLoS One 2018; 13(3): e0194563.
- 6. Gil-Montoya JA, de Mello ALF, Barrios R, Gonzalez-Moles MA, Bravo M. Oral health in the elderly patient and its impact on general well-being: A nonsystematic review. Clin Interv Aging 2015; 10: 461-7.
- 7. Simpson TC, Weldon JC, Worthington HV, Needleman I, Wild SH, Moles DR, et al. Treatment of periodontal disease for glycaemic control in people with diabetes mellitus. Cochrane Database Syst Rev 2015; 2015(11): Cd004714.
- 8. Borgnakke WS, Poudel P. Diabetes and oral health: Summary of current scientific evidence for why transdisciplinary collaboration is needed. Frontiers in Dental Medicine 2021; 2(50).
- Vos T, Lim SS, Abbafati C, Abbas KM, Abbasi M, Abbasifard M, et al. Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: A systematic analysis for the global burden of disease study 2019. Lancet 2020; 396(10258): 1204-22.
- World Health Organization. Non-communicable Diseases (NCDs) Key Facts. 2022. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases, accessed 10 December 2022.
- 11. World Health Organization. WHO Clinical consortium on healthy ageing 2022 meeting. Geneva: WHO, 2020.
- 12. Dhakal SP, Aryal MM. Ageing and health agenda for Nepal: Challenges and policy responses for sustainable development. In: Dhakal S, Nankervis A, Burgess J, eds. Ageing Asia and the Pacific in Changing Times: Implications for Sustainable Development. Singapore: Springer Nature Singapore; 2022: 165-82.
- 13. United Nations. The Sustainable Development Goals Report 2017. New York: Statistics Division, United Nations, 2017.
- 14. World Health Organization. Decade of Healthy Ageing 2020-2030. Geneva: WHO, 2020.

