



WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)
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Making A Difference

Increased longevity is one of the great achievements of the 20th century. Ensuring the added years can be enjoyed in good health will be one of the biggest public health challenges of the first half of the 21st century. Addressing this challenge will require changing perceptions and assumptions about health in older age. Changes are also needed in the way that health systems are designed and the ways in which care is delivered and measured. Several global initiatives are shaping discussions on how these challenges might be addressed. The first ever *World report on ageing and health* was released in 2015 and the *Global Strategy and Implementation Plan on Ageing and Health* was considered at the 2016 World Health Assembly. The report presented a conceptual framework for healthy ageing built around the functional ability of older people, rather than the absence of disease. It highlighted knowledge gaps as a major barrier to global action. It also emphasized that any action to address healthy ageing requires sound evidence stemming from careful evaluation of cost-effective interventions.

In most regions, over the past 50 years, socioeconomic development has been accompanied by large falls in fertility and equally dramatic increases in life expectancy. This phenomenon has led to rapidly ageing populations around the world. The fastest change is occurring in low- and- middle-income countries. Even in sub-Saharan Africa, which has the world's youngest population structure, the number of people older than 60 years is expected to increase by over three-fold, from 46 million in 2015 to 147 million in 2050.

Increasing life expectancy presents many opportunities to individuals as well as the communities they live in. Older people contribute to society in many ways, for example, through participation in the workforce, the taxes they pay, and the direct economic support they can give to younger family members, or through the sharing of their experience. Even in high-income countries that have comprehensive social protection platforms, the economic value of these contributions outweigh the direct costs of pensions, health care and other services that governments provide. However, the extent of these opportunities and contributions will depend heavily on the health of these older populations. In rich countries, it is often assumed that older people live these later years of life in good health.

A longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole. Additional years provide the chance to pursue new activities such as further education, a new career or pursuing a long neglected passion. Older people also contribute in many ways to their families and communities. Yet the extent of these opportunities and contributions depends heavily on one factor: health. There is, however, little evidence to suggest that older people today are experiencing their later years in better health than their parents. While rates of severe disability have declined in high-income countries over the past 30 years, there has been no significant change in mild to moderate disability over the same period. If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value will be little different from that of a younger person. If these added years are dominated by declines in physical and mental capacity, the implications for older people and for society are more negative.

Diversity in older age is seen worldwide. There is no 'typical' older person. Some 80 year-olds have physical and mental capacities similar to many 20 year-olds. Other people experience significant declines in physical and mental capacities at much younger ages. A comprehensive public health response must address this wide range of older people's experiences and needs.

We invite your point of view for publications in all sections of WomensHealthSection.com.
Healthy Ageing: Need for Innovation

Rita Luthra, MD

Your Questions, Our Reply

Why do we need a Global strategy and action plan on ageing and health? How has the Strategy been developed?

A Global Strategy and Action Plan: Populations around the world are rapidly ageing, with some of the fastest change occurring in low- and middle-income countries. Promoting healthy ageing, and building systems to meet the needs of older adults, will be sound investments in a future where older people have the freedom to be and do what they value.

Key facts:

- Between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.
- By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years.
- In 2050, 80% of older people will be living in low- and middle-income countries.
- The pace of population ageing is much faster than in the past.
- All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.

The **World Health Assembly** discussed on May 26, the draft Global strategy and plan of action on ageing and health and document A69/A/CONF./8, containing the draft resolution entitled “The global strategy and action plan on ageing and health 2016-2020: towards a world in which everyone can live a long and healthy life”. After a supportive discussion with interventions of 41 Member States, 10 NGOs (including Women’s Health and Education Center [WHEC]), and 2 observers, the draft strategy and resolution were considered, noted and adopted.

The strategy focuses on what needs to be done globally going beyond what the WHO Secretariat can do alone. As such an extensive consultation process with Member States and other stakeholders involving face-to-face meetings and an online survey took place between August 2015 and November 2015. A zero draft, reviewed through an on-line survey (28 August – 30 October 2015), yielded more than 500 contributions - comments, edits and statements - from individuals and institutions in 55 countries.

Based on inputs received a first draft of the *Global strategy and action plan on ageing and health* was developed and formed the basis for four regional meetings and a global consultation in Geneva. These meeting, organized in collaboration with all WHO regional offices, brought together almost 200 participants including 75 delegations from Member States, 35 non-governmental organizations, 30 experts from a diverse range of research institutions, as well as representatives from other International and United Nations agencies and WHO technical departments.

The consultation process gathered valuable inputs that informed the revisions of the Global strategy and action plan on ageing and health, including suggested goals, strategic objectives, action points, commitments from stakeholders, and indicators to measure progress towards healthy ageing that reaches every person.

In accordance with a recent World Health Resolution (67/13), a comprehensive **Global Strategy and Action Plan on Ageing and Health** is being developed by WHO in consultation with Member States and other partners. The Strategy and Action Plan draws on the evidence of the **World report on ageing and health** and builds on existing activities to address 5 priority areas for action.

United Nations At A Glance

Permanent Mission of Costa Rica to the United Nations

Costa Rica became Member State of the United Nations on 2 November 1945



Costa Rica is part of the Central American isthmus and borders Nicaragua to the North, Panama to the South, the Atlantic Ocean to the East, and the Pacific Ocean to the West. Capital: San José. Area: 51,100 square kilometers (approximately 32,311.3 square miles); Population: 4,560.000 people; Population Density: 89.24 per km²;

Official language: Spanish.

Costa Rican culture has been characterized for its strong tradition of peace, democracy and respect of human rights. Additionally, Costa Ricans take pride in being citizens of a country that abolished its army since 1948.



Costa Rica has a variety of terrains, including valleys and plains. Cerro Chirripó is the highest mountain, with a height of 3820 meters. The country also has a great number of volcanoes, some of which are currently active. Costa Rica has coasts on the Caribbean Sea and the Pacific Ocean. Climate: The climate in Costa Rica is tropical and subtropical. There are only two seasons: the dry season, which lasts from December to April and the rainy season from May to November.

Government:

Costa Rica is a democratic Republic that respects individual rights of the citizens. Its government is divided into three powers: the Executive the Legislative, composed by 57 congressmen and the Judicial. There is a fourth power, which is the electoral, that reflects how important is to vote for Costa Rican people.

Health and Education:

Investments in health and education have been a priority for Costa Rica. It is for this reason that important resources have been destined to these two areas. The result has been an educated and healthy population, whose indices of literacy and life expectancy are similar to those of a developed nation. The medical system in Costa Rica has had a social character, allowing all citizens to have access to it for more than half a century. Additionally, it should be noted that elementary education is free and mandatory.

Details: <https://www.un.int/costarica/>

Collaboration with World Health Organization (WHO)

WHO | Costa Rica



Costa Rica: cleaning hands stops the spread of drug-resistant germs

Health care-associated infections (HAI) are a problem around the world, affecting hundreds of millions of patients every year. There is a lack of

understanding of hand hygiene recommendations in many countries. Since hand hygiene is considered the best way to prevent HAI, including those caused by drug-resistant germs, a coordinated global effort is necessary.



This photo story highlights how commitment and enthusiasm have brought changes in hand hygiene practice which resulted in a drop in HAI rates in Costa Rica.

Zika Virus Infection: Costa Rica

On 27 January, the National IHR Focal Point of the United States reported of a case of Zika virus infection in a patient returning from Costa Rica.

The patient from Northeastern United States was evaluated on 7 January for a febrile illness with rash, conjunctivitis and arthralgia. From 19 to 26 December, the patient stayed with 2 family members in Nosara, Costa Rica. While in the country, the patient reported several mosquito bites.

The patient developed symptoms on 30 December and presented to clinical care between 2 and 3 January. Tests performed at that time were negative for malaria (smears), and dengue and chikungunya IgM and IgG antibodies. The patient was seen again on 7 January. Dengue and chikungunya serologic testing performed through a commercial laboratory was positive for dengue IgM, negative for dengue IgG, and negative for chikungunya IgM and IgG.

Samples of the patient were sent to the U.S. Centers for Disease Control and Prevention where they tested positive for Zika virus and dengue IgM. Plaque reduction neutralization testing yielded positive titers for Zika virus at >5120 and negative titers for dengue virus titers <10. The patient has fully recovered while the 2 family members that also travelled to Costa Rica have remained well.

WHO risk assessment

The detection of autochthonous cases of Zika virus infection indicates that the virus is spreading geographically to previously unaffected areas (Costa Rica, Curaçao, Jamaica and Nicaragua). The notification of autochthonous transmission in a new country does not change the overall risk assessment. The risk of a global spread of Zika virus to areas where the competent vectors, the Aedes mosquitoes, are present is significant given the wide geographical distribution of these mosquitoes in various regions of the world.

WHO continues to monitor the epidemiological situation and conduct risk assessment based on the latest available information. Despite reports of a potential association between Zika virus, microcephaly and other neurological disorders, a causal relationship between these events has not yet been confirmed.

Until more is understood, Members States are advised to standardize and enhance surveillance for microcephaly and other neurological disorders, particularly in areas of known Zika virus transmission and areas at risk of such transmission.

Details: <http://www.who.int/countries/cri/en/>

Bulletin Board

Strengthening active and healthy ageing

This World Health Assembly resolution reports on WHO's policy framework on ageing, which has helped to shape ageing policies at national and regional levels.



This framework focuses on an integrated approach to ageing through community-based primary health care, and has helped to shape ageing policies at national and regional levels and to direct academic research on ageing. It has also influenced the practical application of policies at community level. The first phase has seen implementation in 18 developing countries including Botswana, Chile, China, Jamaica, Lebanon and Sri Lanka. Other emerging issues that require urgent responses are older people and HIV/AIDS; older abuse and the gender dimension of ageing and health.

Women's Health and Education Center (WHEC) welcomes articles for publications for all sections of the **WomensHealthSection.com** on innovation for healthy aging. Use of technological and innovation to improve functional ability which promotes healthy ageing and effectiveness of public health and clinical intervention to prevent and reverse declining physical and mental capacity, themes are preferred for review, best practices and to advance global strategy.

WHEC Global Health Line

<https://sustainabledevelopment.un.org/partnership/?p=1212>

WORLD HEALTH ASSEMBLY RESOLUTION

<http://www.who.int/ageing/global-strategy/GSAP-ageing-health-draft.pdf?ua=1>

Details: <http://www.who.int/mediacentre/news/releases/2016/wha69-26-may-2016/en/>

Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research) *Expert Series on Health Economics:*

Country Role Models for Development Success: The Case of Costa Rica

In this paper, author discusses the reasons for Costa Rica's economic performance over the last quarter of a century. Three complementary sets of policies (investments in human capital, careful stabilization, and an intelligent and aggressive integration into the world economy) explain the successful trends, and can be thought of—at least in hindsight—as a development strategy. While fruitful, this strategy has been incomplete, as there have been less results in other policy areas, including income distribution, infrastructure, adequate taxation and telecoms. These omissions result from the weakness of the political system to deliver decisions and implement chosen policies. Despite these problems, Costa Rica's case is interesting and worthy of study from the perspective of other small, developing countries.

While not as wealthy or dynamic as some other economies, Costa Rica has been moderately successful in terms of economic and human development over the last quarter of a century, with one of the highest incomes and growth rates in Latin America. Along with growth, the Costa Rican economy has become more diversified and sophisticated, and has been able to avoid the excess volatility afflicting other developing countries. There has been progress in reducing poverty and improving consumption standards. But at the current pace, Costa Rica will not become a developed country any time soon unless additional profound reforms are undertaken. Nevertheless, its performance has been better than most, and the country exhibits some enviable indicators.

Reforms in Costa Rica were able to generate some quick successes, and a basis of support because of the speed and strength with which trade policy produced results. I am convinced that it is not a coincidence that no *small* country has achieved very fast rates of growth in isolation. The benefits of exploiting comparative advantages, of operating in a larger market, of subjecting local monopolies to competition, of adopting technology and of having a sector of the economy grow to double digits are simply too great to overlook. The Costa Rican trade story is not a defense of *laissez faire*, as successful policies were often proactive. It offers no guarantees, as the process to develop a dynamic export sector

and to attract interesting companies involved complex challenges and required good design. But it does help to conclude that joining the global markets is a great opportunity for the small countries of the developing world—at least when it is done well.

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(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)

United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy (Continued)

The Learning Generation

Preface — Education: The best investment the world can make

Bloodied bodies in ambulances. The faces of kidnapped schoolgirls. The tiny lifejacket washed up on the shore. Little hands taught to hold weapons. Tired limbs walking halfway around the world. These children's stories of 2016 have no "Happily Ever After." From the Boko Haram insurgency of Nigeria, to the devastated earthquake-hit communities of Nepal and the war-torn Syrian refugee camps, millions of girls and boys are condemned to child marriage or labor or trafficked as children.

Millions more are simply denied the teachers and classrooms they need. All are deprived of hope when they should be enjoying a quality education at school. In 2016, a quarter of a billion children and young people are out of school. Another 330 million are not learning because we fail to invest in them even when they are in school. We cannot accept another year or decade like this. It is time we started telling new stories about our children.



Time we offered them not just safety, but a real future — not just freedom from fear, but the freedom to realize their potential through education. The challenge So with this report we attempt to start a different story — about securing every child the right to an education, making a promise that this time we will keep. This is the civil rights struggle of our generation. For unless we change course now, nearly 1 billion school-aged children will still be denied basic secondary-level skills in 2030. Even in 2050, one child in three in Africa will not be able to complete basic secondary education. By then, Korea, Japan, and Taiwan will be delivering higher educational opportunity for 80 percent or more of their school graduates, while the Central African Republic, Democratic Republic of the Congo, and Niger will, at best, struggle to reach 5 percent. It is time to turn the page and to state that every child counts, is precious and unique; that instead of developing some of the potential of some of the world's children, we should be developing all of the potential of all of our children. That we will make sure that the promise of a quality primary and secondary education for every child by 2030 will be honored by the combined efforts of the international community.

The International Commission on Financing Global Education Opportunity was formed to summon the best evidence necessary to inform what we present today: an agenda for action that will add up to the largest expansion of educational opportunity in modern history. I am grateful to the governments of Norway, Indonesia, Malawi, and Chile, the UN Secretary-General, and the Director-General of UNESCO for giving us the chance to make these recommendations. This report is a tribute to the commitment, passion and insight of our Commissioners, and the more than 300 partners in 105 countries who shared their expertise and experience.

Our Commission starts from a belief in a future filled with opportunity — a future where, with the right education and skills, developing countries can find new routes to growth, built on human capital.

It believes that education and skills provide the best route out of poverty, inequality, and instability, and our best safeguard against climate change, disease, and extremism. And we are clear that in an increasingly interconnected global economy and society, the social and economic costs of failing to give young people the skills they need will affect us all. We do not have to look far back in history to see what happens when young people are denied the future they have been promised — the unskilled, the discontented, and the disconnected are easy prey for those wishing to spread anger and fear and radicalization.

Details:

http://report.educationcommission.org/wp-content/uploads/2016/09/Learning_Generation_Full_Report.pdf

To be continued.....

Two-Articles of Highest Impact, October 2016

1. Healthy Mother Healthy Infant Through Nutrition;
<http://www.womenshealthsection.com/content/obs/obs029.php3>
WHEC Publications. Special thanks to our writers and editors for compiling the review. This initiative is sponsored by WHEC Initiative for Global Health.
2. Clinical Management of Endometriosis;
<http://www.womenshealthsection.com/content/gyn/gyn033.php3>
WHEC Publications. Special thanks to Physician's Board and Reviewers for helpful suggestions.

From Editor's Desk

International Day of Older Persons

1 October



The 2016 United Nations International Day of Older Persons (UNIDOP) will **take a stand against ageism** by drawing attention to and challenging negative stereotypes and misconceptions about older persons and ageing.

Ageism is a widely prevalent and prejudicial attitude that stems from the assumption that age discrimination, and sometimes neglect and abuse of older persons is a social

norm and therefore, acceptable. It is a reality in some form in all societies, and finds expression in individuals' attitudes, institutional and policy practices, as well as media representation that devalue and exclude older persons. In 2014, Governments around the world adopted a resolution at the Economic and Social Council that recognized ageism as "the common source of, the justification for and the driving force behind age discrimination."

Such discrimination shapes how older persons are treated and perceived by their societies, including in medical settings and workplaces, creating environments that limit older persons' potential and impact their health and well-being. The failure to tackle ageism undermines older persons' rights and hinders their contributions to social, economic, cultural and political life.

Background

The composition of the world population has changed dramatically in recent decades. Between 1950 and 2010 life expectancy worldwide rose from 46 to 68 years, and it is projected to increase to 81 by the end of the century. It should be noted that at present women outnumber men by an estimated 66 million among those aged 60 years or over. Among those aged 80 years or over, women are nearly twice as numerous as men, and among centenarians women are between four and five times as numerous as men. For the first time in human history, in 2050, there will be more persons over 60 than children in the world.

Almost 700 million people are now over the age of 60. By 2050, 2 billion people, over 20 per cent of the world's population, will be 60 or older. The increase in the number of older people will be the greatest and the most rapid in the developing world, with Asia as the region with the largest number of older persons, and Africa facing the largest proportionate growth. With this in mind, enhanced attention to the particular needs and challenges faced by many older people is clearly required. Just as important, however, is the essential contribution the majority of older men and women can continue to make to the functioning of society if adequate guarantees are in place. Human rights lie at the core of all efforts in this regard.

The introduction of new policies and programmes

During the last decade, population ageing has led to the introduction of new policies and programmes, in which the social sector has taken center stage, as shown by the majority of contributions to the present report. Many Governments in developed and developing economies have designed or piloted innovative policies in the health, social security or welfare systems. In addition, several policy framework documents, including national plans of action on ageing have been enacted. Specific age-related legislative measures in areas as varied as building codes, licensing and monitoring of care centers and vocational training have also begun to emerge.

All levels of government, from local to national, have taken a share in this responsibility, and have either created new institutions or renewed existing ones to seek ways of gradually responding to the challenges faced by older persons.

Details: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/66/173

Words of Wisdom

The Night Has A Thousand Eyes

The night has a thousand eyes,
And the day but one;
Yet the light of the bright world dies
With the dying sun.

The mind has a thousand eyes,
And the heart but one;
Yet the light of a whole life dies
When love is done.

– F.W. Bourdillon (22 March 1852 – 13 January 1921); British poet, translator and scholar.

*Monthly newsletter of WHEC designed to keep you informed on
the latest UN and NGO activities*

