



Brussels, 18 May 2018

## **AGE Platform Europe comments on the Report of the Technical Consultation by the WHO Independent High-Level Commission on NDCs, March 2018**

Dear Members of the WHO Independent High-Level Commission on Non Communicable Diseases,

AGE Platform Europe (AGE) thank you for the opportunity to contribute comments on the first draft of your report. AGE members represent or provide services to more than 40 million senior people in Europe. Health promotion, as well as prevention and good management of NDCs are key objectives for our network and we warmly welcome WHO's work in this area.

Below you will find a few suggestions (in red track changes) which we hope will help improve the current draft, notably by stressing the life-course approach which should include old age and very old age among whom the highest prevalence of NDCs and mental health conditions is found.

### ***Health systems for NDCs (p.6)***

*8) Invest in health promotion, prevention and management of all NCDs, frailty and mental health conditions for all age groups particularly in areas where “wins” can be achieved fairly quickly.*

AGE comment: we warmly welcome the addition of “mental health conditions” to the 4x4 approach and recommend to add “frailty” every time this phrase is used in this report and recommendations to ensure that the older people - including the oldest old - are not left behind. NCDs, frailty and dementia affect high numbers of older persons, in particularly the very old. The needs of these groups in terms of prevention and management of their conditions deserve equal attention to ensure they do not fall victims of the structural ageism described by WHO in their report and campaign on Stop Ageism launched in October 2016.<sup>1</sup>

{...}

*10) Recognize the importance of strengthening health systems particularly training and retention of skilled health workers, including nurses, paediatricians and geriatricians;*

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<sup>1</sup> <http://www.who.int/en/news-room/detail/29-09-2016-discrimination-and-negative-attitudes-about-ageing-are-bad-for-your-health>





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**AGE comment:** To ensure that measures on health promotion, and prevention/management of NDCs will deliver, it is important to take specific measures to train and retain the health professionals specialised in the young and the old/very old, so that their specific health challenges are better taken on board.

### ***Implementation science and research***

*14) Ensure that implementation science is effectively and urgently embedded in new programmes, and that the learning from this is fed into the implementation of new programs: Given the context of demographic ageing, geriatrics should become a specialisation in its own right to better cope with the health needs of the growing numbers of older and very old persons.*

**AGE comment:** In many countries there are no or too few geriatricians specially trained to adequately prevent and correctly manage NDCs, frailty and dementia until end of life.

### **Equity in all actions**

26) Commit to reducing social and economic determinants of NDCs, frailty and mental health conditions, such as poverty and inequality through time-bound common targets *for all age groups*;

**AGE comment:** The risk of poverty and inequality increases sharply with old age. Yet poverty and inequality are most often only monitored in general terms for the 65+. This does not reflect the increasing risk of poverty and inequality faced by the very old (80+), in particular older women and those with functional limitations. Older persons should have the right to equity regardless of their age. Given the structural ageism that pervades our societies, as highlighted by WHO report on ageism (2016), this paragraph should specify that specific common targets should be developed for all age groups.

**Conclusion:** While we welcome this report, we recommend that the document should take better account of UN and WHO existing initiatives such as the work of the Open Ended Working Group on Ageing on the rights of older people, the UN Convention on the Rights of persons with disabilities, WHO work on healthy ageing and on ageism, in order to ensure a genuinely inclusive approach that does not leave anyone, in particular the very old behind.



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