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**World report on ageing and health** (World Health Organization, Geneva, Switzerland) 2015. 246 pages. Price: Not mentioned.

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Enhancement of longevity has been witnessed throughout human history but at a slow pace. High childhood mortality, rampant communicable diseases with no definitive treatment, poor hygiene and widespread poverty had kept the human longevity low within a narrow range. However, a remarkable increase in life expectancy is essentially a post-second world war phenomenon. End of colonialism and rise in socio-economic status of population outside Europe and North America, invention of vaccines and antibiotics, better public health practices and advances in curative medicine have contributed to this tremendous increase in longevity across the globe. Ageing of the population, reflective of the great human endeavour, is also a challenge for the society.

The World Health Organization since 1990s has been guiding health systems of member States in addressing health issues of ageing population. In 1990s, WHO guidelines focused on healthcare of the elderly. In the next decade the focus was on active and healthy ageing and age friendly healthcare. Currently, WHO is focusing on health systems, long term care and age friendly environment. In October 2015, WHO released the World Report on Ageing and Health. This report resulted from a series of consultations and background papers authored by experts from all continents. All these background papers and opinions were summarized into this report by a team of public health experts. This document is one of the most comprehensive public health reports in ageing and health released by WHO in the last two decades.

The Report has a smooth flow of contents. The demographic transition and the societal response (national as well as international) to population ageing is well presented in the first chapter "Adding health to

years”; a modified phrase for “adding life to years”. The Report goes on to examine two critical issues, healthy ageing and health in older age. These two chapters summarize what every health professional and public health expert must know about ageing and allied issues. The chapter on health system analyses issues related to rising demand, barriers and poor alignment of services. This Report examines some of the well performing health systems in old age care and tries to find solutions to the complexity of the health system response in the face of rising cost of care and limited resources from out-of-pocket spending or insurance provisions. An interesting example of a performing system is from Karnataka, India, where large numbers of Dental schools mostly in private sector have made oral healthcare more accessible for the older population. The need for integration of old age care into the universal health system crops up repeatedly as a solution to complex healthcare issues in old age. No report on old age care can be complete without dealing with long term care. Most of the care of older persons, in their last few days to months, takes place in hospitals or at home. However, for a minority of patients who have severe physical or cognitive disability, dying at home is not an option, as there may not be a family to take care or the family at some point of time fails to cope with the burden of care. Long term care for these people is a challenge for the health system and the number of such dependent persons is rising steadily with declining family support. Two critical issues in this area are provision of financial resources and human resources for long term care. It is expected that societies would evolve their long term care systems following the best practices of other countries in their own economic and cultural context. Resolution of the Second UN General Assembly on Ageing, or Madrid Declaration and Madrid International Plan of Action on Ageing made an emphasis on society for all ages. WHO has popularized the concept of age friendly environment starting with the concept of age-friendly healthcare. Several cities in the world have declared themselves as age friendly cities. The chapter on age-friendly world is a must read for academicians in architecture and town planning. It summarizes the concepts of age friendly environment as well as some examples. The Report ends with the chapter “Next steps”, a comprehensive public health plan for old age care in coming decades which will witness rapid population ageing globally but more so in the developing world.

Overall, this Report is a must read for all those working in the field of geriatrics and gerontology. It will also be of value to practitioners of public health and should guide policy makers conceptualizing action plans in the field of ageing.

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