Madam First Lady, Excellencies, distinguished guests, ladies and gentlemen:

We know well that the global population of persons aged 60 and over is rising rapidly. Indeed, the number of older persons is projected to more than double between 2017 and 2050, by which time older persons will outnumber youth as well as children.

What is less understood is that population ageing need not be framed only as a “challenge.” The real question is rather: how do we seize the opportunities presented by ageing societies?

But just for a moment, let us put aside the matter of demographic trends, and acknowledge that health is a basic human right. Regardless of the size of the older population, people retain the right to enjoy the highest attainable standard of health as they age. Older persons’ health and participation requires our attention and our action.

These concerns are not new. Among the three priority areas of the 2002 Madrid International Plan of Action on Ageing are “advancing health and well-being into old age” and “ensuring enabling and supportive environments.” The Plan focuses on the need to promote health and well-being throughout the life course -- not only in old age -- as a foundation to healthy ageing, and to adapt environments to meet the needs and promote the active participation of older persons.

The Third Review and Appraisal of the Madrid Plan, which concluded this past February at the Commission for Social Development, underscored that the health and well-being of older persons and the improvement of related health services continue to be a priority across regions. However, it also revealed important gaps. Recent commitments by Governments show promise
for responding to these and other gaps. Sustainable Development Goal 3 stresses that health and well-being must be realized for all – at all ages. Moreover, WHO’s Global Strategy and Action Plan on Ageing and Health reinforces and builds on the Madrid Plan in providing a comprehensive framework for action to help realize long and healthy lives.

One of the key principles of the Sustainable Development Goals is their interdependence: progress towards one goal has implications for gains towards other goals. This principle is particularly evident with regard to health and well-being in old age. Indeed, this principle highlights the opportunities of ageing societies.

Poor health and disability are often the main reasons for which older persons reduce their work hours or withdraw from the labour market. Where pensions are absent or inadequate, a negative health event, through reduced capacity or out-of-pocket healthcare expenses, puts the income security of older persons at risk – and, in some cases, that of grandchildren and other extended family members as well.

Similarly, poor health limits the ability of older persons to provide care for spouses, children, grandchildren, other family members or neighbors who require it, as well as to contribute to household work and family businesses. At the same time, poor health hinders older persons’ frequent engagement in volunteer work, civic and political activities, cultural practices, as well as, in some cases, local conflict mediation.

It is only when we recognize older persons’ many contributions to families, economies, and social cohesion that we can appreciate the exponential value of extending good health throughout the life course. Negative and stereotypical views of older persons and old age undermine this recognition as well as exacerbate barrier to age-accessible and age-responsive health systems.
Poor health in old age is not inevitable. Some older persons remain independent and active into and throughout advanced old age. Others require assistance with daily activities upon entering old age. The health status of older persons is diverse. Much of that diversity is related to inequality – or disadvantage accumulated into old age due to socio-economic status, gender or location, for instance.

On average, however, older persons are more likely to have greater health care needs than other age groups. Yet they face distinct challenges in accessing quality healthcare services, from cost and transportation barriers to medical professionals who are untrained in geriatrics and gerontology or in diagnosing or treating dementia, to ageist attitudes that deter older persons from seeking care and deprioritize their treatment. Without decisive action, population ageing indeed risks exacerbating these challenges.

A life-course approach to the promotion of good health and well-being, including in the design of health systems, is crucial to enabling people to enter old age in good health and retain full functioning longer. Health policies and programmes must be reoriented to better respond to the rise in non-communicable diseases. Improvements must be made in the collection, analysis and use of health and other data that is disaggregated by age, sex and other characteristics. Health and transportation infrastructure, particularly in remote areas, must be expanded. Long-term care systems must be developed and strengthened. Laws and policies that prohibit age and other forms of discrimination will support all of these measures. Not least of all, consulting older persons themselves on the challenges they face to good health and full participation and their recommendations to surmount those challenges will enhance the responsiveness of government measures.

In discussing these and other areas of action, it is important to bear in mind that population ageing does not necessarily pose an economic burden and should not deter Governments from
enhancing investment in health systems to promote healthy ageing. Rather, investments in the health and well-being of older persons have a positive multiplier effect.

The development of an alliance for the realization of positive ageing is an important milestone in advancing comprehensive and cross-sectoral approaches to readying societies to meet the needs, rights, and aspirations of growing number of older person. On behalf of DESA, I am very pleased to be a part of it.

As we uphold the 2030 Agenda, we will continue to support Member States and work with the UN system to raise the profile of ageing issues and support the integration of ageing and older persons into the implementation of the 2030 Agenda. Without a doubt, the fulfilment of the pledge to “leave no one behind” will also depend on mainstreaming the rights and aspirations of older persons into national strategies, policies and measures that are based on human dignity and human rights.

I would like to thank the esteemed First Lady of Chile, Ms. Cecilia Morel, for spearheading this important initiative, as well as the distinguished representatives of Argentina and Canada, and also the Group of Friends of Older Persons and the NCD Alliance, for their valuable support today in bringing the issues of population ageing and of older persons’ health and well-being to the forefront.