

## **Neglected Old-age & Health**

### **What is the issue?**

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- In the National Health Policy (NHP), 2017, little has been said about the rapid rise in the share of the old — i.e. 60 years or more — and associated morbidities, especially sharply rising non-communicable diseases (NCDs) and disabilities.

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- This is a glaring omission, in the context of declining family support and severely limited old-age income security, increasing number of destitute.

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### **What are the major challenges?**

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- The neglect and failure to anticipate the demographic and epidemiological shifts from infectious diseases to NCDs, there may be more costly policy challenges.

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- An estimate provided for the 2014 World Economic Forum suggests that NCDs may cost as much as \$4.3 trillion in productivity losses and health-care expenditure between 2012 and 2030, twice India's annual GDP.

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- Detailed projections of the old in India by the United Nations Population Division (UN 2011) show that India's population, ages 60 and older, will climb from 8% in 2010 to 19% in 2050. By mid-century, their number is expected to be 323 million.

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### **How will the population dynamics affect?**

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- A rapidly changing age structure reflects the combined impact of increasing life expectancy and declining fertility.
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- Even as the life expectancy at birth in India climbed from 37 years in 1950 to 65 years in 2011.
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- There are serious doubts whether longer lives are translated into healthier lives.
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### **What the evidence from IHDS show?**

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- Analysis, based on the India Human Development Survey (IHDS) 2015, the only nation-wide panel survey covering the period 2005-2012, throws new light on these issues.
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- The prevalence of high blood pressure among the old almost doubled over the period 2005-12; that of heart disease rose 1.7 times; the prevalence of cancer rose 1.2 times; that of diabetes more than doubled, as also that of asthma; other NCDs rose more rapidly (i.e. by two and a half times).
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- Often multi-morbidities (i.e. co-occurrence of two or more NCDs) occur non-randomly or systematically. The prevalence of high blood pressure and heart disease rose more than twice while that of high blood pressure and diabetes nearly doubled.
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- It is asserted that the burden of NCDs is increasingly borne by less affluent sections of the population.
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- As NCDs are associated with a large majority of deaths among the old, they are now more vulnerable to mortality risk.
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### **How to assess disability?**

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- Disability is the umbrella term for impairments, activity limitations and

participation restrictions.

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- An assessment of functioning in activities of daily living (ADLs) is one method widely used to assess disability in older persons.

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- The activities of feeding, dressing, bathing or showering, walking 1 km, hearing, transferring from bed and chair, normal vision, and continence are central to self-care and are called basic ADLs.

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- The IHDS provides data on seven disabilities defined in this manner.

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### **What is the way forward?**

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- By age 60, the major burdens of disability and death arise from age-related losses in hearing, seeing or moving, and NCDs (WHO, 2015). Thus co-occurrence of disability and NCDs poses a higher risk of mortality.

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- Along with expansion of old age pension and health insurance, careful attention must be given to reorient health systems to accommodate the needs of chronic disease prevention.

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- Enhancing the skills of health-care providers and equipping health-care facilities to provide services related to health promotion, risk detection, and risk reduction.

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**Source: The Hindu**

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