



Challenges in an ageing country

Los retos en salud de un país que envejece

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The process of ageing represents a great challenge for public policies. One of these challenges, of particular importance, is how to improve the health of older people. This task is especially important within the perspective of active ageing. According to WHO, active ageing is «the process of optimizing health opportunities, participation and security to ensure life quality during the population process of ageing». This concept is supported by three principles:

- Elder people must represent an intrinsic value for society rather than represent an encumbrance.
- The respect for autonomy, dignity and control possibility for elder population must be procured.
- It is never too early or too late to promote health and changes in lifestyle.

Taking these principles into consideration helps the comprehensive understanding and analysis of the process of ageing, and although this prospect is not particularly optimistic, at least it looks beyond considering ageing as an overwhelming load or insurmountable obstacle.

Mexican population is ageing, that can be considered a fact. The rate of population growth has decreased from 1.4 in 2000 to 0.8 in 2008. Life expectancy is 77.6 years for females and 72.1 for males. Fertility rate is 2.2. In Mexico, the proportion of people older than 65 years will move from an 7% ageing index to 14% in 28 years (2011-2030). France, on the other hand, would need 115 years for the same change. Additionally to the aforementioned, there are growing numbers of chronic diseases, combined with challenges such as infectious diseases, malnutrition and maternal mortality.

There is data to support the hypothesis that the country is facing expansion of morbidity, which, according to theory, occurs when decrease in mortality is not accompanied by a morbidity reduction. This is to say that the vision of the future can be ascertained as growing prevalence of chronic diseases, deteriorated health and increase of disabilities in ageing populations. Although there is no sufficient data to support this scenario, the fact remains that the increase of life expectancy and the proportion of elder people, presents, from this very moment, a panorama of unsolved health requirements, which can be in part the origin of the increase in costs of medical attention. It is not totally true to state that demographic transition is causing the breakdown in Mexican health institutions. If the health systems do

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not adapt and do not respond to elderly population health requirements, we cannot support this assertion.

To the question of whether to obtain better health for elderly people more health services are needed, the answer is obviously affirmative. Then comes the question: What type of health services? As a rule of thumb, those which offer a multiple range of options, and not only medical attention inside the hospital; urgent promotion schemes and changes in lifestyles, primary attention universal systems which incorporate oral health, non medical care, hospitals with high standards of quality effectiveness, and long term care schemes, to mention but a few.

To face immediate and future needs will require deep change in the political structures. These must be comprehensive and many layered: family, society, government. Also needed are policies to promote development, reduce poverty and discrimination which should be combined with policies to promote youth and child welfare, quality education and other policies to promote homes, neighbourhoods, schools and healthier work atmosphere. This set of policies should then be combined to specific policies for elder people.

Evidence shows that ageing is a process that can be considered not only demographic; it is also influenced by changes of policies. To achieve a healthy ageing process, social and economic policies must be observed.