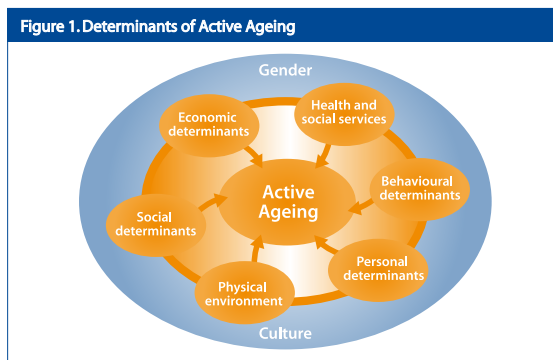




A Framework for Action on Women, Ageing and Health

This document introduces a framework for the formulation of key points for action plans to promote healthy and active ageing over the life course of women. It builds on WHO's Policy Framework for Active Ageing (2002) and provides an example focused on how to improve primary health care (PHC) services and provisions.

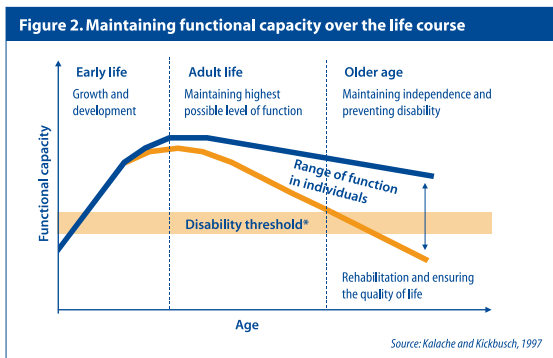
This framework for action on women, ageing and health addresses the underlying determinants of health from a gender perspective. Available evidence on what contributes to health indicates that all of the determinants shown below are predictors of how well both men and women age (see Figure



Source: World Health Organization (2002). *Active Ageing: A Policy Framework*, http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf

1). The interplay among and between individual determinants provide important clues as to what influences health and well-being at older ages. They also provide 'windows of opportunity' for enhancing health, participation and security at different stages. To complete the picture — and most importantly for the purpose of this framework for action — is the consideration of the two cross-cutting determinants, gender and culture.

These determinants have to be understood from a life course perspective that recognizes first and foremost that older women (and men) are not a homogeneous group and that individual diversity increases with age. This is expressed in Figure 2, which illustrates that functional capacity (such as muscular strength, cardiovascular output and ventilatory capacity) increases in childhood and peaks



Source: Kalache and Kickbusch, 1997.

in early adulthood, eventually followed by a decline. The rate of decline is largely determined by factors related to adult life styles — such as smoking, diet, levels of physical activity as well as external and environmental factors. From both an individual and a policy perspective, it is important to remember that the acceleration of decline can be influenced and may be reversible at any age through individual and public policy measures.

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A life course approach to maintaining functional capacity

This matrix provides an example of how to combine the three pillars and the determinants as well as the gender lens to the analysis of a concern — in this case the access to age-friendly, gender-responsive PHC. The determinants of active ageing are listed on the left. The three pillars are used to identify the issue, provide a policy or programme response and suggest a helpful research question or direction.

Concern: enhancing access to age-friendly and gender-responsive PHC

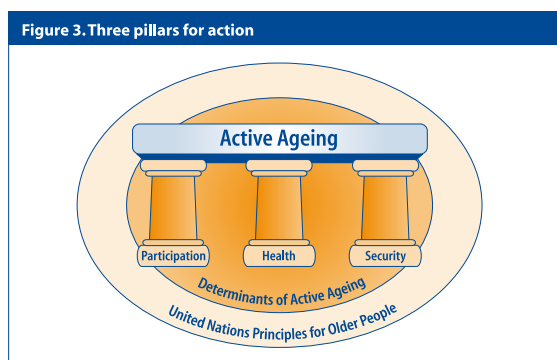
Pillar 1: Health			
Determinants	Issue	Policy/Programme Response	Research
Health services	PHC not age-friendly nor gender-responsive	Adopt standards that are age-friendly and gender-responsive	How to best implement the standards?
Behavioural	Lack of health promotion programmes for older people	Train PHC staff in health promotion and how to counsel lifestyle issues	Does counseling affect behaviour change?
Personal	Services largely focused on biological aspects of reproductive health	Expand services to chronic disease prevention and management	What continuum of care is required to address the chronic care needs of older women and men?
Social	Cultural restrictions limit access by older women	Provide outreach programmes in the community	What are the costs and economic benefits of outreach programmes?
Economic	Cost of medications	Introduce drug benefit plan and use of less-expensive generic drugs	How does access to the drug benefit plan impact on older women and men?
Physical	Lack of adequate transportation	Provide disability-friendly transportation to the health centre	What kind of transportation is needed and how satisfactory is it?



Pillar 2: Participation			
Determinants	Issue	Policy/Programme response	Research
Health services	Older women are passive recipients of care	Conduct focus groups that give voice to older women	Develop indicators to measure uptake of preventive services
Behavioural	Feeling of defeat (low self-efficacy)	Provide peer-supported group activities	Evaluate attitudes and behaviours before and after interventions
Personal	Cultural limitations on participation	Involve faith-based (religious) groups in supporting PHC	How to reach and involve religious leaders in health-related policy-making?
Social	Many older women live alone	Use community centres as gathering places for older people	How to reach those most at risk and to get them involved in community programmes?
Economic	No PHC service in areas where deprived older people live	Improve transportation to PHC centres from deprived areas	What are the transportation options and the pros and cons of each one?
Physical Environment	Difficulty understanding and using the system due to bureaucracy	Provide clear signage and verbal directions	Initiate qualitative research to monitor and improve the clarity of directions given

Pillar 3: Security			
Determinants	Issue	Policy/Programme response	Research
Health services	Financial barriers to services	Implement no-cost services	How does waiving fees for services affect use?
Behavioural	No incentives for PHC workers to provide disease prevention services	Reward PHC workers who provide disease prevention services	Evaluate attitudes before and after intervention
Personal	Anxieties about long distances and long waits for appointments	Establish a system of appropriate appointment times for older people	What are older people specific concerns/anxieties in this setting?
Social	Fear of psychological/verbal abuse from PHC workers	Train PHC workers to be age- and gender-sensitive	What different ways can be used to train PHC workers?
Economic	No health care insurance or benefits	Provide old age pensions and health security benefits to older people	What is the impact of non-contributory pensions and health benefits in older age access and use of services?
Physical Environment	PHC centre is located in an unsafe area with high crime rates	Provide visible and open access paths and good lighting	What are the specific concerns and what would enable older people to come to the centre?

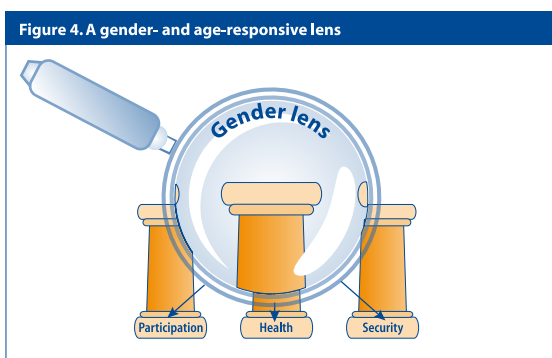
Effective active ageing policies are those that address three key areas of concern: health, participation and security (Figure 3). Policy proposals for ageing women and men should therefore address how to influence and promote these three key areas of concern. When the risk factors for disease and functional decline are kept low while the protective factors are kept high, people will remain healthy and manage their own lives as they grow older. Those who need care should have access to the range of health and social services that address the needs and rights of older women



Source: WHO: Active Ageing: A Policy Framework, 2002

(and men) as they age. When education, employment, health and social policies support older people's full participation according to their capacities, needs and preferences, older women (and men) will continue to make a productive contribution to society. And finally when health and social policies address the needs and care of people as they age, older people and their families will enjoy security and a better quality of life.

When developing policies that address the needs of older men and women for health, participation and security, gender is an important "lens" through which to consider the appropriateness of



Source: WHO: Framework for Action on Women, Ageing and Health

various policy options and how they will affect the well-being of older people. This framework for action examines the specific needs of older women viewed through a gender perspective (Figure 4).



"Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age"

WHO: Active Ageing: A Policy Framework, 2002

WHO/FCH/ALC/2008.1

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