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HEALTHY AGEING IN THE REPUBLIC OF MACEDONIA

Context and importance of the problem

Through history, old age has readily been linked to wisdom and experience. The literature defines ageing as a complex process affecting the individual, their surroundings and the community as whole, and points to the existence of a so called “biological age” and a so called “age as a social construct” determined by environmental social reaction, valorisation and behaviour(1). The literature on demographics considers 60 years of age as the benchmark for old age, but still, this group is not homogenous, and further delineation is made of the following subgroups: beginning of old age (60-64 years), early old age (65-74 years), middle old age (75-84 years) and very old age (85 years and above). If a country’s population aged 65 and above measures 10%, that population is considered old. Also, the population with an average age of more than 30 years is considered an ageing population. The following are the socio demographic phenomena:

1. Population explosion, rise in the overall population, and

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2. Elderly explosion, rise in the population aged 65 and above.

The drop in birth rate and the prolonged lifespan alter the demographic portrait in countries worldwide. In 1950 there were 205 million people aged above 60, whereas in 2000 they counted 605 million. This number is expected to rise to more than two billion by 2050. Between 2015 and 2050, the percentage of world population above 60 years is expected to almost double from 12% to 22%. By 2020, the number of people aged 60 and above will be greater than that of five-year-olds. In 2050, 80% of the older population will be living in low- and medium-income countries. UN's estimations are that by 2050, the average lifespan will measure 79.5 years. The number of people aged above 65 is projected to almost double, whereas the biggest rise in the number of people in the same period is expected for those aged above 80. All countries face major challenges to ensure that their health and social systems are prepared for the upcoming major changes(2,3).

Health needs and health condition of the elderly in the Republic of Macedonia

From the beginning of the twentieth century until today, there have been significant shifts in demographics owing to the increasing share of the elderly, with 65 years considered as the age limit, to the prolonged lifespan and the increasing needs in the area of health and social protection. Namely, a great many older people still practice risky behaviour and fail to use their potentials for healthy living and ageing. Health-related behaviours vary as a result of the strong influence of the social, cultural and economic factors, but also as a result of their views and stands on life and values of life. Ever since 1994, the Republic of Macedonia is grouped among countries with old population, such as those of West and North Europe, and North America.

Average lifespan in the Republic of Macedonia is 75.41 years, while the average population age is 38.5 years. As for age structure, the Macedonian population is getting increasingly older. In the period 2005 to 2015, the share of the young population (0-14 years) into the total population reduced from 19.4% to 16.7%, whereas the share of older population (65 and above) increased from 11.1% to 13.0%, amounting to 265,570 people. Demographic indicators on a regional level point to differences symptomatic of discrepancies in the population territorial distribution. The Skopje Region, being the most densely populated, has almost double the population density compared to the most sparsely populated, the Vardar Region.

Evident differences can be discerned in age structure as well. Young population (aged 0-14) is predominant in the Skopje, Polog and Northeast Regions, whereas older population (aged 65+) is predominant in the Pelagonija, Vardar and East Regions. Indicators of population average age confirm this statement. Differences are also seen in the number of births and deaths. Owing to the unfavourable age structure and low fertility, the number of deaths in the Vardar, East and Pelagonija Regions surpasses the number of births.

Table 1. Population structure by age groups and statistical regions in the Republic of Macedonia, 2008 and 2015

Statistical region	2008			2015		
	0-14	15-59	60 +	0-14	15-59	60 +
Republic of Macedonia	17.5	65.8	16.6	16.7	70.5	12.8
Vardar Region	15.8	66.0	18.1	15.8	70.1	14.1
East Region	15.8	66.0	18.1	14.3	71.2	14.5
Southwest Region	18.0	67.2	14.8	15.4	73.3	11.3
Southeast Region	15.1	66.8	18.1	16.4	70.4	13.2
Pelagonija Region	15.4	63.8	20.8	15.4	69	15.7
Polog Region	20.0	67.8	12.2	17.0	74	9.0
Northeast Region	19.0	65.3	15.7	17.5	70.6	11.9
Skopje Region	17.9	64.8	17.3	18.3	68	13.7

Source: State Statistical Office, 2016

People aged 65 and above have the greatest share in total deaths of the population in the Republic of Macedonia, whereas a major share is represented by people dying from circulatory system diseases, followed by deaths from neoplasms, and endocrine, nutritive and metabolic diseases, and respiratory system diseases are ranked fourth place.

A total of 11,939 people died from circulatory system diseases in 2015, with mortality rate of 576.7 per 100,000 citizens, 5714 of whom were men, and 6225, women. Circulatory system diseases make up 58.4% of the total mortality and are number one cause of death.(4,5)

Changes in age-related health condition are considered from two aspects – health and social, including: increased risk of injuries and diseases, chronic non-communicable diseases, multimorbidity/polymorbidity, mental problems, long treatment and rehabilitation, 3-5 fold greater need for medicines and health protection, reduced functional capacity – mobility,

self-care and dressing, activities at home and outside, loneliness, abuse and neglect(6).

Table 2. Number of deaths by age, gender and cause of *death* in the Republic of Macedonia in 2015

Cause of death		0-14	15-44	45-64	65-74	75+
Circulatory system diseases (I00-I99)	Men	9	138	1089	1310	3168
	Women	3	79	578	1085	4480
Neoplasms (C00-D48)	Men	9	64	821	751	609
	Women	2	76	527	424	458
Endocrine diseases (E00-E90)	Men	0	3	84	113	156
	Women	1	4	72	159	286
Respiratory system diseases (J00-J99)	Men	6	11	77	122	230
	Women	5	4	44	72	190

Source: *Institute of Public Health in RM, 2016*

There are seven basic dimensions to assess elderly needs. These are: everyday activities, physical health, mental health and cognitive functions, social resources, economic resources, environmental factors, and degree of burden to those in care of the elderly. The literature points to a procedure called geriatric assessment, a multidisciplinary approach for collection, organising and use of relevant information on the status of older people, which is a major starting point to define the needs of older people and create programmes for their protection and care(1).

Assessment of current policies for the health protection of the elderly in the Republic of Macedonia and possible solutions to new challenges

The status of elderly health and their attitude towards health not only burdens the health system, but it also causes serious social and economic effects on the individual, family and community. Policy makers, therefore, have the need, on a local, national and international level, for science-based,

objective assessments of the status of elderly health and care, and the capacity to inform and mobilise resources for taking timely and preventive measures. The Strategy for Demographic Policy in the Republic of Macedonia, 2015-2024(7), defines key priorities to improve active ageing: improved health and social services, bringing public services closer to the elderly, ensuring the prerequisites for lifelong learning, active ageing and intergenerational solidarity. The National Strategy for Sustainable Development, as harmonised with UN's 2030 Sustainable Development Agenda, the Health Strategy 2020, as harmonised with the Europe 2020 Strategy(8), the Action Plan for Public Health, and the National Strategy for Elderly Persons 2010-2020, are merely a portion of the strategic documents in the Republic of Macedonia prepared so far, setting the foundation of future policies in this area. The vision of the Strategy for Elderly Persons 2020 is to ensure improvements to the quality of life of the elderly in the Republic of Macedonia, that is, improvement of their socio-economic status, availability of environmental resources, and integration into the social environment, regardless of gender, age, place of living and ethnic background, with respect to the right to freedom of choice, while the mission of the Strategy is to create integral and coordinated policy to protect the elderly, aimed at improving their social and economic status, enhancing social cohesion, stimulating and sustaining their independence, preventing their marginalisation, and developing and strengthening the public protection system.

Fulfilling the mission will be achieved by carrying out action plans to implement the measures foreseen in the text of the Strategy by all responsible parties involved. The leading principles are as follows: independence, social activities, protection, self-fulfilment and dignity(9). The healthy ageing policy in the Republic of Macedonia stands on the following principles:

1. Prevention of needless loss of functional capabilities;
2. Prevention and treatment of health problems reducing quality of life;
3. The elderly remaining for as long as possible in their homes, and orienting them to institutional protection only when such option is no longer viable;
4. Each community providing support to non-formal forms of engagement for the elderly and stimulating voluntary work.

The institutional setup and the distribution of competences still holds this activity disintegrated. This can be seen from the lack of involvement and coordination of various institutions from different sectors: Ministry of Health, Institute of Public Health, Ministry of Labour and Social Policy, Pensioners' Association, non-governmental sector, Macedonian Red Cross,

media, etc. The coordination among different subjects should increase, whereas the public health sector should assume the key role in building a community of different partners and interested parties sharing similar goals and responsibilities. Such partnership should also involve science and research.

Recommendations for new policies and implementation

The European framework policy “Health 2020” focuses on effective integrated strategies and interventions as a response to major health challenges in the region, supporting continuous efforts in the struggle for health for each and every one. Special accent is thereby placed on building capacities for exchange of information and joint activities to promote the health of vulnerable groups. The concept of promoting elderly health towards ensuring HEALTHY AGEING is based on the following strategies: health risk reduction through maintaining and increasing functional capacities, maintenance and improvement of self-protection and social network stimulation (3,10,11), The National Strategy for Elderly Persons 2010-2020 recommends the development and strengthening of the health protection system in terms of elderly protection through the following measures:

- Health promotion, health education and prevention in the elderly.
- Informing the elderly about the risk of unhealthy food, physical inactivity and use of addictive substances.
- Ensuring equal access to health services for the elderly in rural and remote areas.
- Improving prevention level and early detection of mental and related diseases.
- Ensuring equal distribution of resources for maintaining health and rehabilitation of the elderly, with special focus on remote and rural areas.
- Providing basic health service packages to the elderly.
- Promoting the quality of health services for the elderly.
- Increasing the capacities of institutional infrastructure with clearly defined competences of the municipalities for improved health and health care for the elderly.
- Basic package of health services within the health insurance, and target measures covering uninsured citizens.
- Strengthening the role of the public sector in the domestic treatment of the old and infirm.

- Participation of the public sector in training of younger family members towards enhancing their role in providing palliative care of the elderly at home.
- Improving the system of health care for older people with mental disorders staying for a long term at psychiatric hospitals and their re-integration into the community.
- Improving services to older sick people receiving treatment with dialysis and sick from diabetes and haemophilia.
- Strengthening the capacities for spa treatment and recreational activities.
- Improving the conditions in geriatric centres and opening new regional centres.

As part of the two-year agreement between the Ministry of Health and WHO, there is an ongoing preparation of an Action Plan for the Implementation of Measures and Activities, and, accordingly, the 2002 WHO Action Plan for Active Ageing(12).

Priority areas for action are as follows:

1. Health promotion, disease prevention and active participation in social life;
2. Reduction of health inequalities; and
3. Stimulation of research on healthy ageing.

The vision of this action plan is “providing conditions to prolong the healthy and active years of life in the adult population towards improving their quality of life and their contribution in the social and economic growth and development”.

Abstract

In many countries, the older population represents a considerable portion of the total population. Economic, social, health, educational, cultural and other implications caused by the process of demographic ageing impose the need to undertake serious steps in adjusting society to the novel demographic reality. Public health should continuously monitor developments and find means to improve the health of the elderly, and provide them adequate support and health care in order to help them function independently for as long as possible. Crisis present in the health and social protection systems may result in worsening of the quality of life, but through good planning, and the elderly health promotion concept for healthy ageing, they may become a beneficial social potential, a dynamic and motivated part of society, instead of a burden to the family and community. Elderly programmes have long been part of the Macedonian legislation, duly adapted to the health needs and harmonised with the global and European strategies for sustainable development, the health strategies, the strategies for social inclusion, intergenerational solidarity, active ageing and ageing with dignity. Future policies are focused on providing a wide range of information and activities for self-protection and support, aimed at preventing early disability due to chronic disease or weakening of the general functions in the elderly.

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