



Statement
by
Dr. Seyed Ali Mohammad Mousavi
D-8 Secretary General
at
Global Health and Ageing Summit
01 February 2014, Istanbul – Turkey

**Distinguished Delegates,
Ladies and Gentlemen,**

On behalf of Developing Eight Countries Organization for Economic Cooperation (D-8), allow me to convey the regrets of the His Excellency, Dr. Seyed Ali Mohammad Mousavi, D-8 Secretary General, who is unable to be with us here in the Global Health and Ageing Summit, due to prior commitments. The His Excellency Secretary General has asked me to convey his warm greetings and sincere wishes for the success of the meeting.

I would like to express my sincere appreciation to the Government of Turkey and to the World Ageing Council, for the warm welcome and generous invitation accorded to the D-8 as well as providing us with this wonderful venue in historical city of Istanbul. I would also like to express my appreciation to all participants for their presence and for their contribution in the Summit.

Distinguished Delegates,

As the outline, I would like to draw briefly some highlights of current situation of global health and ageing. According to the United Nations (UN) Population Division in its report in 2013 stated that the growth of large cities and metropolitan areas has been one of the most remarkable demographic stories of past decades (**see PowerPoint Presentation PPT, slide 2*).

In addition, the share of people aged 60-plus in the world has reached 8% of total population at the end of 2013, and subsequently is expected to reach 12% by 2025. Europe region and Oceania region will remain as the oldest population in the world by 2025 (**see PowerPoint Presentation PPT, slide 3*).

The pace of this change means that developing countries, including D-8 countries, will have much briefer periods to adjust and establish the infrastructure and policies necessary to meet the needs of their rapidly shifting demographics. It also means that unlike developed countries, they will need to cope with getting old before they get rich.

Distinguished Delegates,

Population ageing is taking place in every country in the world. There are three factors underlying this trend, namely increased longevity, declining fertility and, the ageing of “baby boom” generations. This is because the percentage of fertility in baby birth is not too high. Women in developed regions always consider about good health in fertility.

Population ageing will transform the global community, both in developed and developing countries. The question is whether such changes will improve societies or extract net tolls. It is imperative that people begin to modify the life course and build infrastructures that support long life; societies can begin to utilize the strengths of older people and support the real vulnerabilities advanced age brings.

In addition, in developing countries, especially in D-8 countries, fertility still becomes main problems of population. This will affect to percentage of elderly. In the year 2045, Indonesia and Turkey will become the oldest population among D-8 member countries (**see PowerPoint Presentation PPT, slide 4*). This figure shows some challenges to government and private sectors on how to manage elderly population in D-8 countries.

Distinguished Delegates,

Population ageing, especially in D-8 Countries, generates many challenges and sparks for health-policymaker. At least, there are three main challenges in managing population ageing in D-8 Countries such as the size and quality of the workforce, the operation and financial integrity of health care, pension systems, housing, and the well-being of the elderly.

For instance, Nigeria has the highest elderly support ratio among D-8 countries, followed by Bangladesh, Iran and Pakistan. This figure shows the ratio between workforce and elderly (**see PowerPoint Presentation PPT, slide 5*). The key point here is that the increase in elderly dependents will be more than offset by a decline in youth dependents. Needless to say that In addition, this offset suggests that population ageing does not pose an imminent economic crisis for the world.

Population ageing does raise some formidable and fundamentally new challenges. These changes also bring some new opportunities, because people have longer, healthier lives, resulting in extended working years, and different capacities and needs.

With the great use of health-promotion and health-resources required by this population, society will be challenged to maintain supply with demand. The middle-old and old-old also have challenges including health and housing, as well as paying for long-term and chronic care.

Distinguished Delegates,

Coming to the end of my remarks, let me underline that I find reassuring that public policymakers and the business community, particularly in D-8 Countries, are beginning to acknowledge the coming acceleration of population ageing. Careful thought and skillful negotiation will need to go into such a transition to ensure economic soundness and fairness. Public pension systems and Financing health care systems are the key points to maintain the meaning and purpose of advanced stages of life in D-8 Countries.

For instance, linking benefits to the dependency ratio, and retirement age to life expectancy as well as GNI PPP per capita can reform public pension systems in D-8 Countries (**see PowerPoint Presentation PPT, slide 6*). In other words, to cope with an ageing population then, it is extremely important to promote the employment of older people.

Financing health care systems is extremely important in many countries, including D-8 Countries. New financing systems will have to account for the greater healthcare needs of the elderly, especially in light of their increased numbers, older ages, and the continued development of expensive, new medical technologies. In addition, improvements in behavioral risk factors at all ages and modern medicine to postpone the diseases that accompany old age are also imperative for health-policymaker in D-8 Countries.

As conclusion, societies that find ways to collectively advance new meanings of life that utilize all of their citizens will prosper far more than ones in which social structures constrain contributions.

Finally, let me to express, once again, my thankfulness to the World Ageing Council for their efforts to invite D-8 to this important gathering in the field of D-8 health cooperation.

I wish success of this Summit, and thank you for your attention.