

Report on the WHO meeting attended by Dr. Duru Shah on behalf of the International Menopause Society.

The Regional Meeting on Health of Older Women: Policy, Gender and Delivery of Service Issues was held between the 23rd and 25th September 2014 in Bangkok. 11 Countries from South Asia Region were represented at this meeting which included:- Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

The general objective of the meeting was to promote the health of older women in countries of South-East Asia Region, while the specific objectives were to review the status of health, health care needs and accessibility to health care services of older women in the Member States of WHO-SEARO; to examine and identify successful policies and practices, including relevant laws, legislation and acts related to the promotion of gender and rights issues related to older women; and to develop a framework of action for strengthening and promoting the health of older women in South-East Asia.

The meeting was held for 3 days and was attended by Representatives of WHO from the Headquarters and from the Region, besides representatives from UNFPA, Health Ministries of the Governments, and NGO's such as Help Age International and the International Federation of Ageing.

At the end of the meeting a Consensus was developed and a draft of the same alongwith a copy of all presentations made at the meeting was distributed to all participants. The Draft of the Document has been attached here. As Representative of the International Menopause Society, I was invited to speak on **"Prevention of Chronic Diseases in Older Women"**.

I am happy that we could include the International Menopause Society as one of the Stakeholders in the activity of WHO. This will go a long way in recognizing the International Menopause Society as one of the leading Organizations dedicated midlife women's health.

Draft of Consensus:

1. As the proportion of older women increased, they continued to face poverty, social isolation, discrimination and violence. Chronic diseases remained the main cause of morbidity and mortality among older women. However, accurate se-disaggregated data on the different causes of morbidity and mortality data categorized in different age groups (60-70 years, 70-80 years and 80 years onwards) were lacking. These information-gaps were a constraint in identifying appropriate interventions to improve the health, gender equality and rights for older women.

2. All Member States of WHO-SEA Region have established plans of action and programmes to respond to the health of older women as well as relevant gender equity and human rights issues. However, the extent of collaboration and coordination between the different sectors of the government delivering these services remained unclear in most Member States. Harmonization and consolidation of interventions were lacking in most Member States with a tendency for duplication of services in certain areas and insufficient coverage in the others.
3. **A Shift from the “disease concept” to a “functional approach”** where wide-ranging environmental and personal factors such as gender, social engagement and healthy behaviors played key roles in enhancing resilience and functional capacity of older persons was discussed.
4. Several innovative projects such as ‘elderly clubs’, ‘self-help groups’, ‘friends –help-friends’ have been introduced in Member States by nongovernmental organizations and civil society. It was noted that in most instances these were dependent on external human and financial resources and not always in alignment with the services provided by the national authorities. As such, sustainability and expansion of such initiatives remained as constraints.
5. Appropriate research on health, gender equity and human rights issues affecting older women was inadequate in most Member States. This resulted in limited understanding of the magnitude of problems encountered by older women and in the identification of relevant interventions and generation of sufficient political commitment.
6. The development of a national framework of action for improving the health and related gender equity and human rights issues affecting older women was an important activity. The key actions identified in the framework would provide a way forward into issues requiring urgent attention and a comprehensive approach.