



Trends in ageing and health Pakistan

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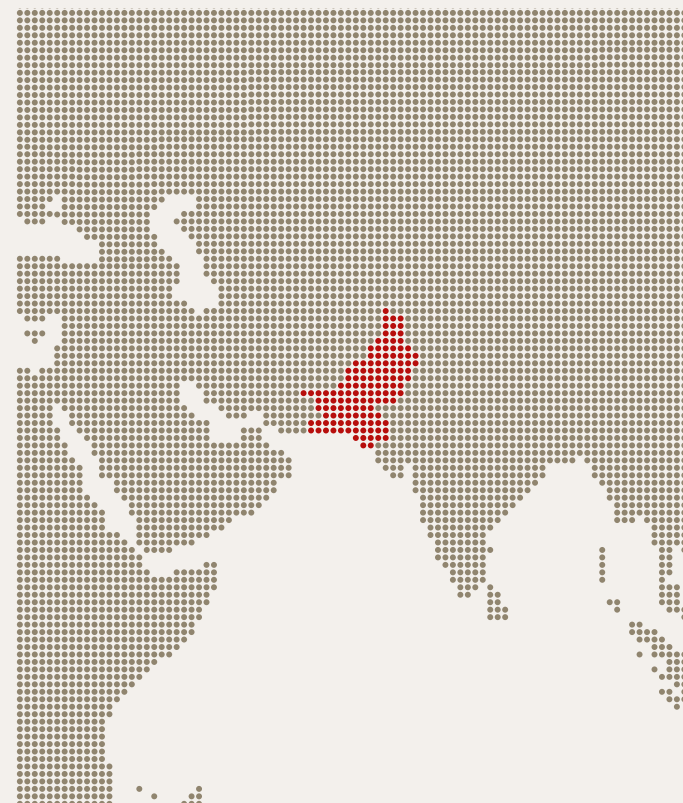
HelpAge

International

Pakistan

Key points

- In 2015, non-communicable diseases (NCDs) accounted for 86 per cent of deaths among people aged 50 and over.
- Deaths due to chronic obstructive pulmonary disease (COPD) were more prevalent among men aged 50 to 69 and 70 and over than among women in the same age groups.
- Deaths due to cancers were more prevalent among women aged 50 to 69 and 70 and over than among men in the same age groups.
- Prevalence of violence was significantly higher among older women than among men.



Ageing and longevity in Pakistan

The population of Pakistan will surpass 244 million by 2030.^A The older population (aged 60 and over) is predicted to continue to increase, while the youngest population (aged 0 to 14) will continue to decrease as a proportion of the total population through to the end of the century (Figure H1). The population aged 60 and over is expected to increase by 3.3 per cent annually between 2015 and 2050, reaching 12.9 per cent of the total population.^B

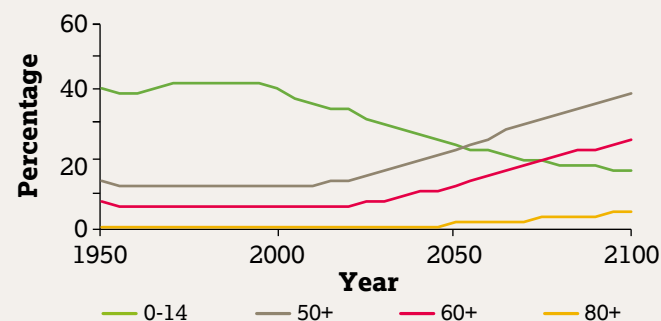
Both men and women are living longer. While women are expected to outlive men by 1.8 years, the number of years spent in poor health – the gap between life expectancy and healthy life expectancy – is greater for women (9.5 years) than for men (8.1 years) (Figure H2).

Ageing and shifting patterns of disease and disability

As the population ages, the burden of disease in Pakistan is shifting. NCDs accounted for 78.2 per cent of total years lived with disability in Pakistan in 2015. NCDs are the leading cause of disability across all age groups for both sexes, ranging from 78 per cent of years lived with disability among women aged 15 to 49 and 80 per cent for men of the same age, to 85 per cent for both men and women aged 70 and over (Figure H3). Communicable diseases (CDs) and injuries constitute nearly 20 per cent of this burden among people aged 15 to 49.

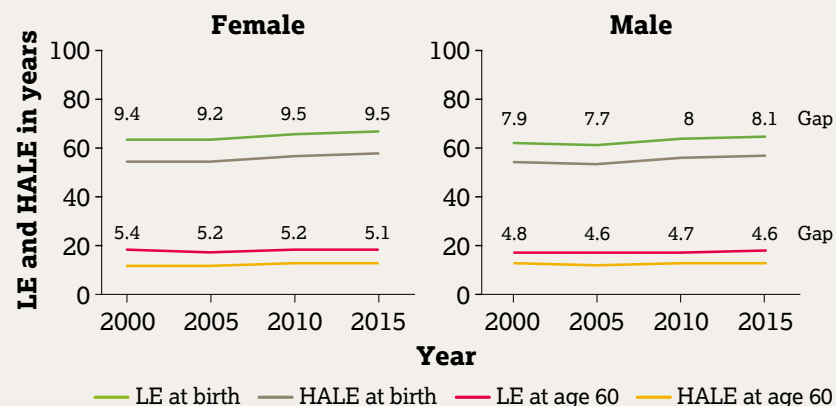
NCDs increased and CDs decreased from 1990 to 2015, across all age groups and sexes. Across the life course in Pakistan, we see a change in the types of NCD that cause disability. At later stages of life (age 70 and over), cardiovascular disease (CVD) is responsible for 8.8 and 9.2 per cent of disability among women and men, respectively, and COPD for 7 and 10.8 per cent among women and men, respectively. Diabetes becomes more prominent as a cause of disability, for both women and men, than during the earlier stages of life (ages 15 to 49).

Figure H1: Population structure in Pakistan



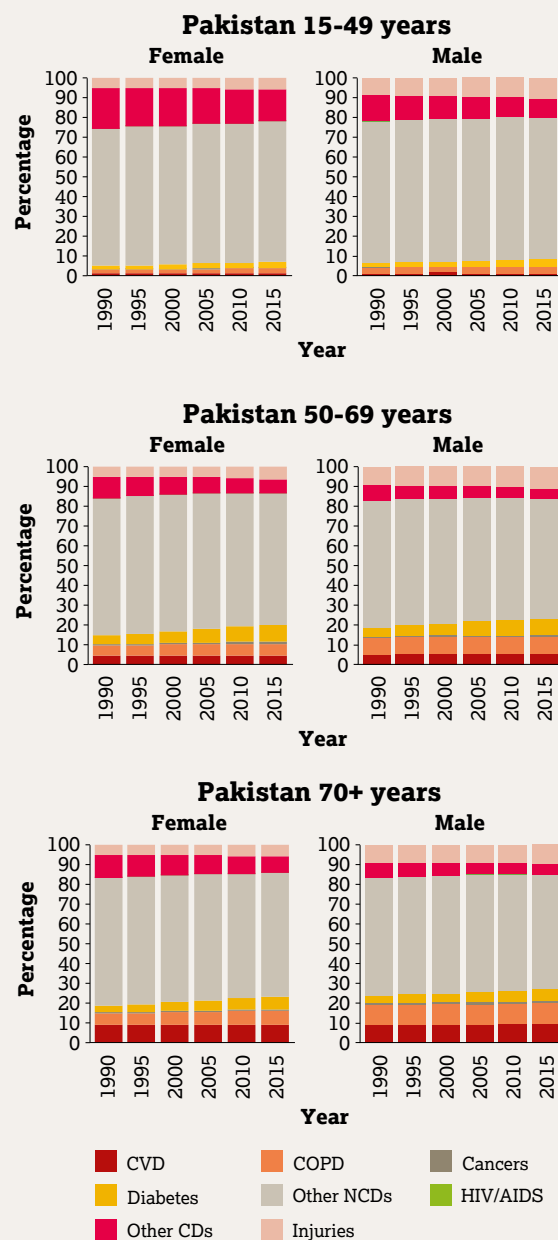
Source: United Nations, Department of Economic and Social Affairs, Population Division^C

Figure H2: The gap between life expectancy (LE) and healthy life expectancy (HALE) in Pakistan



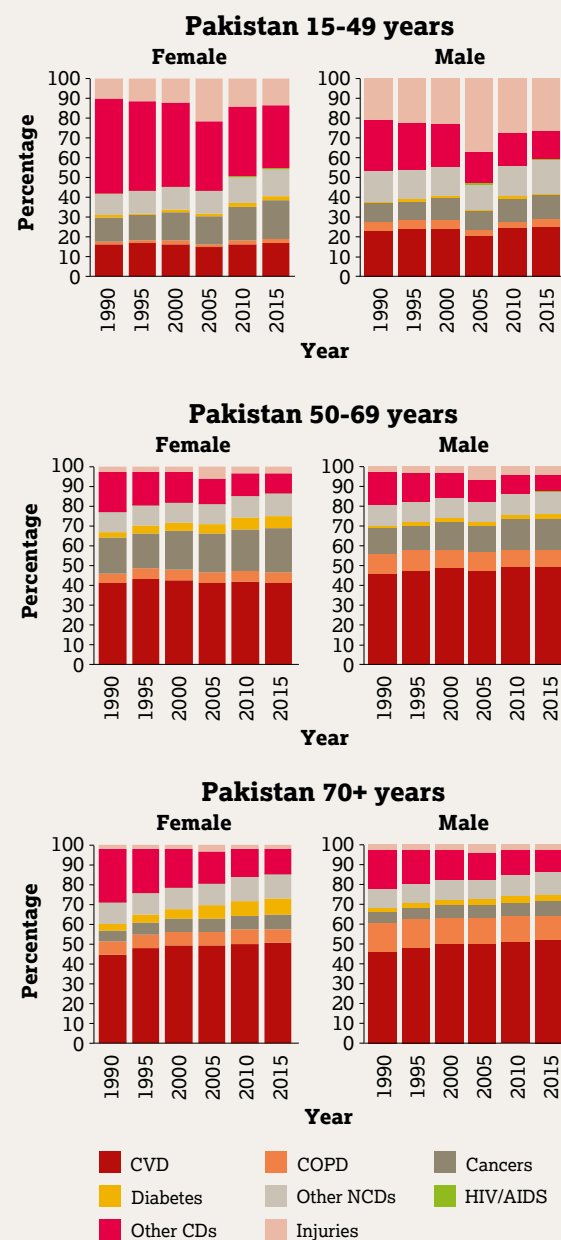
Source: World Health Organization^D

Figure H3: Years lived with disability in Pakistan



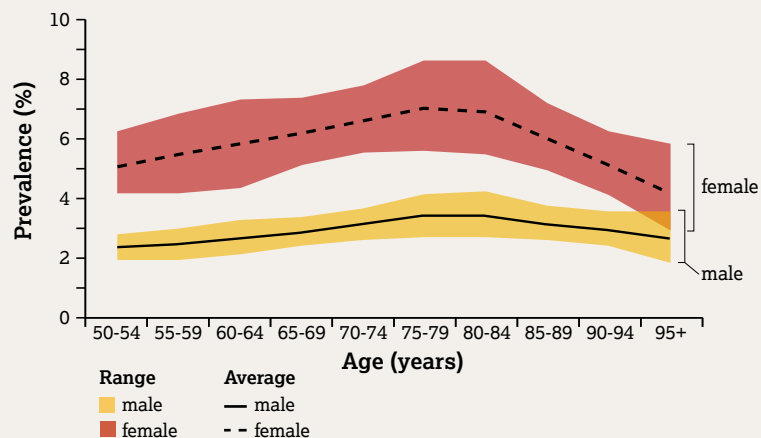
Source: Institute for Health Metrics and Evaluation^E

Figure H4: Causes of death in Pakistan



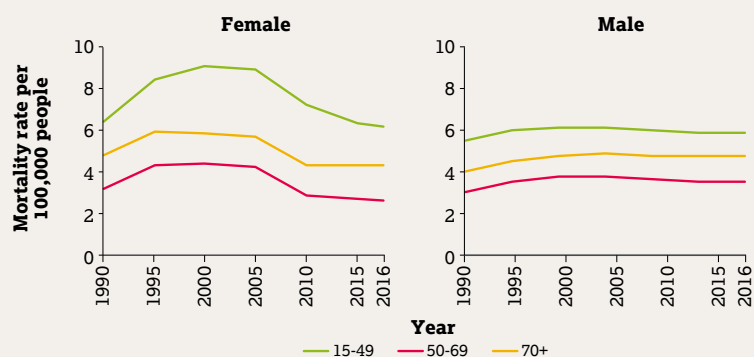
Source: Institute for Health Metrics and Evaluation^F

Figure H5: Prevalence of major depressive disorders in Pakistan, 2016



Source: Institute for Health Metrics and Evaluation^G

Figure H6: Self-harm mortality rates in Pakistan



Source: Institute for Health Metrics and Evaluation^H

The number of deaths related to NCDs has increased in the last 25 years across generations and sexes, with higher rates of NCD-related deaths among older people (Figure H4). NCDs accounted for 62.4 per cent of all deaths among men and women in Pakistan in 2015, and was as high as 86 per cent among individuals aged 50 to 69, and 70 and over. Among older people (aged 70 and over), CVDs are the dominant cause of mortality for both men and women – about 50 per cent of the total burden of disease. However, there are differences between genders: diabetes and cancer are greater causes of mortality among older women, and COPD is greater among older men.

This pattern of causes differs considerably in younger adults. Among people aged 15 to 49, NCD-related deaths have been steadily increasing among younger cohorts, with CVD being the leading NCD cause of death for men, and cancer for women. CDs were the second leading cause of death for women (32 per cent), and injuries were the second leading cause for men (26 per cent).

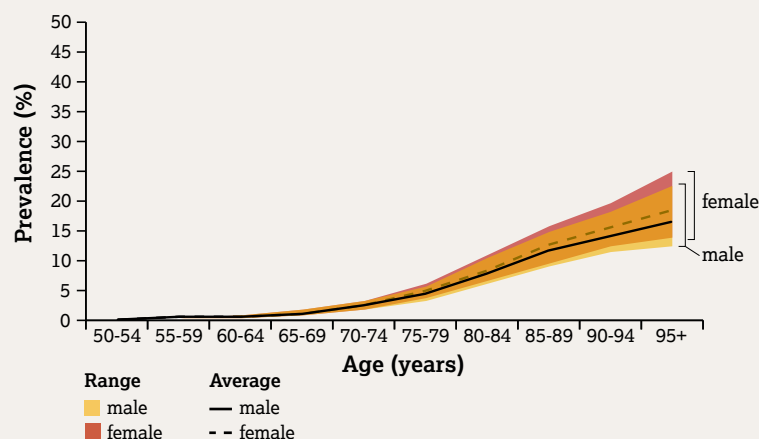
Ageing, mental health and cognitive impairment

The prevalence of major depressive disorders in Pakistan is increasing among men and women between the ages of 50 and 80, after which it decreases (Figure H5). Women have higher rates of major depressive disorders than men across all age groups.

Looking at the burden of deaths resulting from injuries, specifically self-harm, rates were higher among women than men across all age cohorts in the early 1990s (Figure H6). The female self-harm mortality rate began to fall around 2000 for the cohorts aged 50 to 69, and around 1995 for those 70 and over; it is below the self-harm rate for men of the same age.

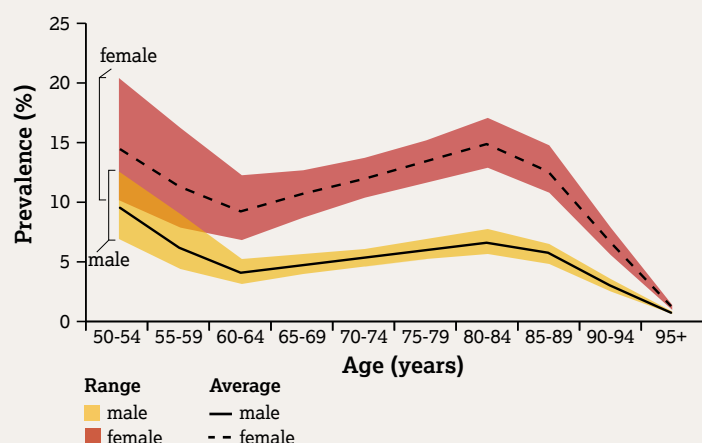
Rates of dementia in Pakistan are similar for men and women, with the prevalence in both sexes increasing rapidly after the age of 70 (Figure H7).

Figure H7: Alzheimer's and other dementias in Pakistan, 2016



Source: Institute for Health Metrics and Evaluation^I

Figure H8: Physical, sexual and psychological violence in Pakistan, 2016



Source: Institute for Health Metrics and Evaluation^J

Prevalence of violence towards older people

The prevalence of physical, sexual and psychological violence is much higher among older Pakistani women than older men (Figure H8). For example, about 15 per cent of women aged 80 to 84 experienced violence in 2016 compared with about 6.5 per cent of men in the same age group.

Poverty and health financing

Household out-of-pocket health expenditure in Pakistan decreased from 73.1 per cent of total health expenditure in 2008 to 66.5 per cent in 2015.^K Per capita out-of-pocket health expenditure increased slightly from \$88 in 2008 to \$89.4 in 2015.^L

It is not possible to analyse expenditure or access to health insurance, mandatory or voluntary, by age group due to lack of age disaggregation in the relevant international datasets.

Older people remain largely invisible within the monitoring of universal health coverage (UHC). The UHC Index (Table H1) measures coverage of a range of essential services. Currently, these include two of particular concern to older people: access to treatment for diabetes and for hypertension. However, gaps in the data sources used to track UHC mean that we do not have systematic findings on older people's access to these treatments.

Table H1. Selected health and care indicators

Category	Indicators	
UHC Index 2015 (median value) ^M	Coverage of essential services under universal health coverage ^N	40
Financial protection (%)	Incidence of catastrophic health expenditure ^O	1.03
Long-term care and support	Gap in universal coverage of long-term care ^P	No data

Endnotes

- A Up from 197.01 million in 2017. United Nations, Department of Economic and Social Affairs, Population Division, *Profiles of ageing 2017*, <https://population.un.org/ProfilesOfAgeing2017/index.html> (22 October 2018)
- B Author calculation based on data from United Nations, Department of Economic and Social Affairs, Population Division, *World population prospects: the 2017 revision*, DVD Edition, 2017
- C United Nations, Department of Economic and Social Affairs, Population Division, *Probabilistic population projections based on the world population prospects: the 2017 revision*, <http://esa.un.org/unpd/wpp> (18 October 2018)
- D World Health Organization, *Life expectancy and healthy life expectancy: data by country*, <http://apps.who.int/gho/data/view.main.SDG2016LEXv> (18 October 2018)
- E Institute for Health Metrics and Evaluation, *GBD compare | viz hub*, 2016, <https://vizhub.healthdata.org/gbd-compare> (18 October 2018)
- F Institute for Health Metrics and Evaluation, *GBD compare*
- G Institute for Health Metrics and Evaluation, *Epi visualization | viz hub*, 2017, <https://vizhub.healthdata.org/epi> (18 October 2018)
- H Institute for Health Metrics and Evaluation, *GBD compare*
- I Institute for Health Metrics and Evaluation, *Epi visualization*
- J Institute for Health Metrics and Evaluation, *Epi visualization* (original values converted into percentages)
- K World Health Organization, *Out-of-pocket expenditure (% of current health expenditure)*, <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=PK> (23 September 2018)
- L World Health Organization, *Out-of-pocket health expenditure per capita (PPP current international dollars)*, 2015, <https://data.worldbank.org/indicator/SH.XPD.OOPC.PP.CD?locations=PK> (23 September 2018)
- M The UHC Index measures coverage of essential health services, defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, NCDs and service capacity and access, among the general and most disadvantaged populations. It is presented on a scale of 0 to 100. The median national value for service coverage is 65 out of 100 (Hogan DR et al., *Lancet*, 6:2, 2018, pp.E152-E168, doi: 10.1016/S2214-109X(17)30472-2)
- N World Health Organization, *Global Health Observatory: universal health coverage*, <http://apps.who.int/gho/portal/uhc-cabinet-wrapper-v2.jsp?id=1010501> (23 September 2018)
- O Expressed as a percentage of the population with a household expenditure on health greater than 10 per cent of the total household expenditure or income. World Health Organization, *Global Health Observatory: universal health coverage*
- P Expressed as a percentage, based on achieving a median number of 4.2 formal long-term care staff per 100 people aged 65 and older. International Labour Organization, *World social protection report 2017-19: universal social protection to achieve the Sustainable Development Goals*, Geneva, International Labour Organization, 2017, table B.14, p.376



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ISBN: 978-1-910743-52-2