

## A Note from the Executive Director

The theme of this issue of *CommonHealth*—the plight of the elderly in CEE and the NIS—grew out of a series of conversations among *CommonHealth* Editor Barbara Ruben, myself, and Dr. Petra Reyes and some of her colleagues at USAID almost 18 months ago. Our discussions centered on the observation that CEE and NIS health professionals were increasingly asking their US partners to help address priorities related to the health and welfare of the elderly—priorities that were not fully reflected in the programmatic strategies of USAID or other donor organizations.

The articles in this issue describe just how big a problem issues of aging pose in CEE and the NIS and why they are receiving increasing governmental attention. As Kevin Kinsella and Victoria Velkoff of the US Bureau of the Census point out, most CEE and NIS countries are well into the process of demographic aging, and in many cases already have "grayer" populations than that of the United States. Kinsella and Velkoff also discuss the increasing gender gap in life expectancy— Russian women over 80, for example, outnumber their male counterparts by 5 to 1—and the poverty and isolation that accompany this imbalance.

While improving the health of the elderly poses special challenges worldwide, the economic transition in CEE and the NIS makes the situation especially difficult to address. In an interview with *CommonHealth*, Dr. Alexander Kalache, WHO's Director of Aging and Health, describes how the older generation is a casualty of declining pension values and the movement of younger family members to urban areas. The high concentration of elderly in rural regions has become particularly problematic; on a trip to rural Ukraine last year, I saw a predominantly elderly population served by fewer and fewer care providers, many of whom were of pensioner age themselves.

We must also be careful that efforts to reform health care delivery and financing do not adversely affect the elderly. Changes in health financing, including increasing individual cost-sharing and the shift of responsibility for services to the local level, must be accompanied by the development of adequate safety nets and careful consideration of how the large population of elderly will receive care. Interestingly, many partnership initiatives to develop home health, specialized nursing, and hospice care options have come about as NIS and CEE partner institutions have sought to improve efficiency by reducing long lengths of stay. Home care agencies developed by partners in Vac, Hungary and Dubna, Russia, for example, are reaching out to elders in the community to provide much-needed and better quality care.

As this issue of *CommonHealth* went to press, representatives from the Ministry of Health and the Ministry of Labor and Social Welfare of Croatia were in Washington with their US partners exploring together ideas that might help them address elder care. With careful thought at both the national and local levels, the aged can and should benefit from the health care reform process.

The United Nations has declared 1999 to be the Year of the Older Person. I am hopeful that the partnership program can make a meaningful contribution to this worldwide effort to improve the quality of health and life of our older generation—a generation that all of us will join in a few short years.