healthy ageing – i.e. having "functional abilities to be and do what an older person has reason to value".[5] The functional abilities include being able to have a role or identity, to have relationships and to have the possibility of autonomy, enjoyment, potential for personal growth and security. These abilities are not just personal attributes. Instead, they represent the combined interaction of a person's so-called intrinsic capacity and external environmental conditions. Regardless of the decreases in intrinsic capacity that are common features of old age, environmental conditions can support older people and help keep functional abilities at a decent or high level. By making surrounding social conditions constitutive of functional abilities, the health of older people becomes a matter of social choice and action.

The report acknowledges that the functional-ability concept of health is very similar to the health-capability concept being developed by advocates of a theory of social and global justice called the capabilities approach.[10] Whether by coincidence or foresight, the report places the ethical tools strategically right next to the problem. The WHO's Global Health Ethics Unit is beginning to investigate how the capabilities approach might function as a general ethical framework to help create an age-friendly world, as well as provide specific guidance for particular issues, such as age-based rationing, dementia care and elder abuse.

Social action toward improving the quality of life of older people as well as old age equity is also urgent and unavoidable because of population ageing – i.e. the rapidly growing number of older people worldwide and, particularly, in developing countries. Between 2000 and 2015 there were substantial gains in life expectancy in all the regions of the world.[15] At a global level, a human being born between 2010 and 2015 can expect to live a mean of 70.8 years – or 3.6 years longer than an individual born between 2000 and 2005.[15] Over the same period, the percentage of the population in each region made up of people aged 60 years or older also increased and – in all regions except Africa – is expected to reach 25% or more by 2050.[15] It has been predicted that the number of older people – estimated to be 962 million in 2015 – will rise to 2.1 billion by 2050, with 80% of such people then living in developing countries.[15] There are many major challenges to be faced by a whole array of actors. This includes individuals, families and communities to companies, national governments and international organizations, if we are to ensure that all of those additional years lived are healthy and of good quality. Although global population ageing may be well underway and beyond policy levers, the reduction of inequalities in the care and quality of life of older people is very much within social control and possible in all countries. Foremost on the agenda for action must be the identification and mitigation of the worst injustices being done to older people. Injustices that have gone unrecognized due to our incorrect and ill-informed assumptions about human ageing. ■

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Corrigenda

In: Nazzal C, Harris JE. Lower incidence of myocardial infarction after smoke-free legislation enforcement in Chile. Bull World Health Organ. 2017 October 1;95(10):674–682. http://dx.doi.org/10.2471/BLT.16.189894:

- on page 674, the last six words in the last line of the second paragraph should read "but rose to 34.7% in 2014.";
- on page 676, middle column, eight line, the delta variable should have a circumflex accent;
- on page 676, Table 1, the subtitle in the third column should have the Greek letter gamma in parentheses before the superscript b and the subtitle in the fourth column should have the Greek letter delta in parentheses before the superscript c;
- on page 677, first column, twelfth line of the last paragraph the Greek letter gamma with a circumflex should be replaced with the Greek letter delta with a circumflex.