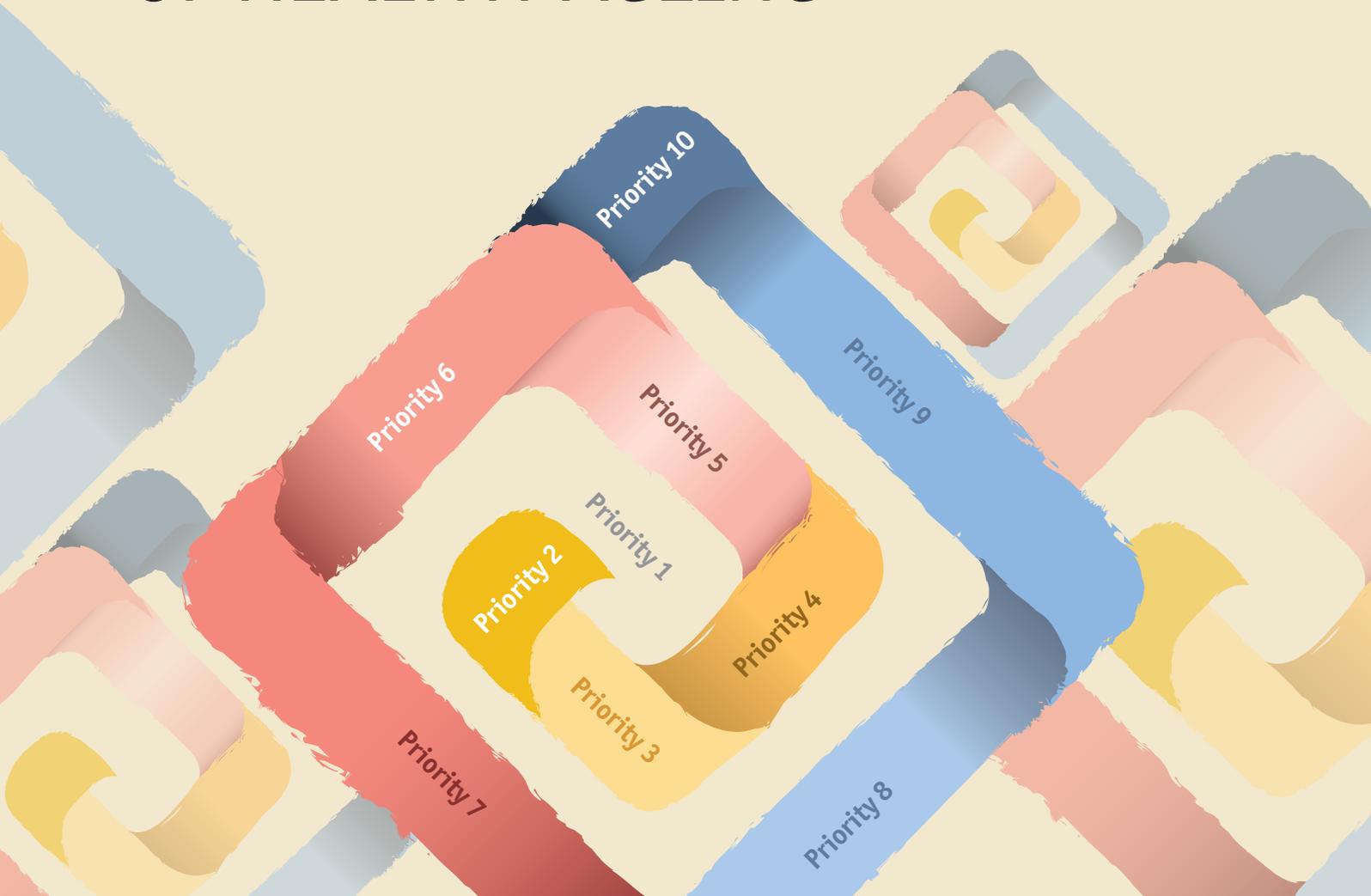




World Health  
Organization

# 10 PRIORITIES

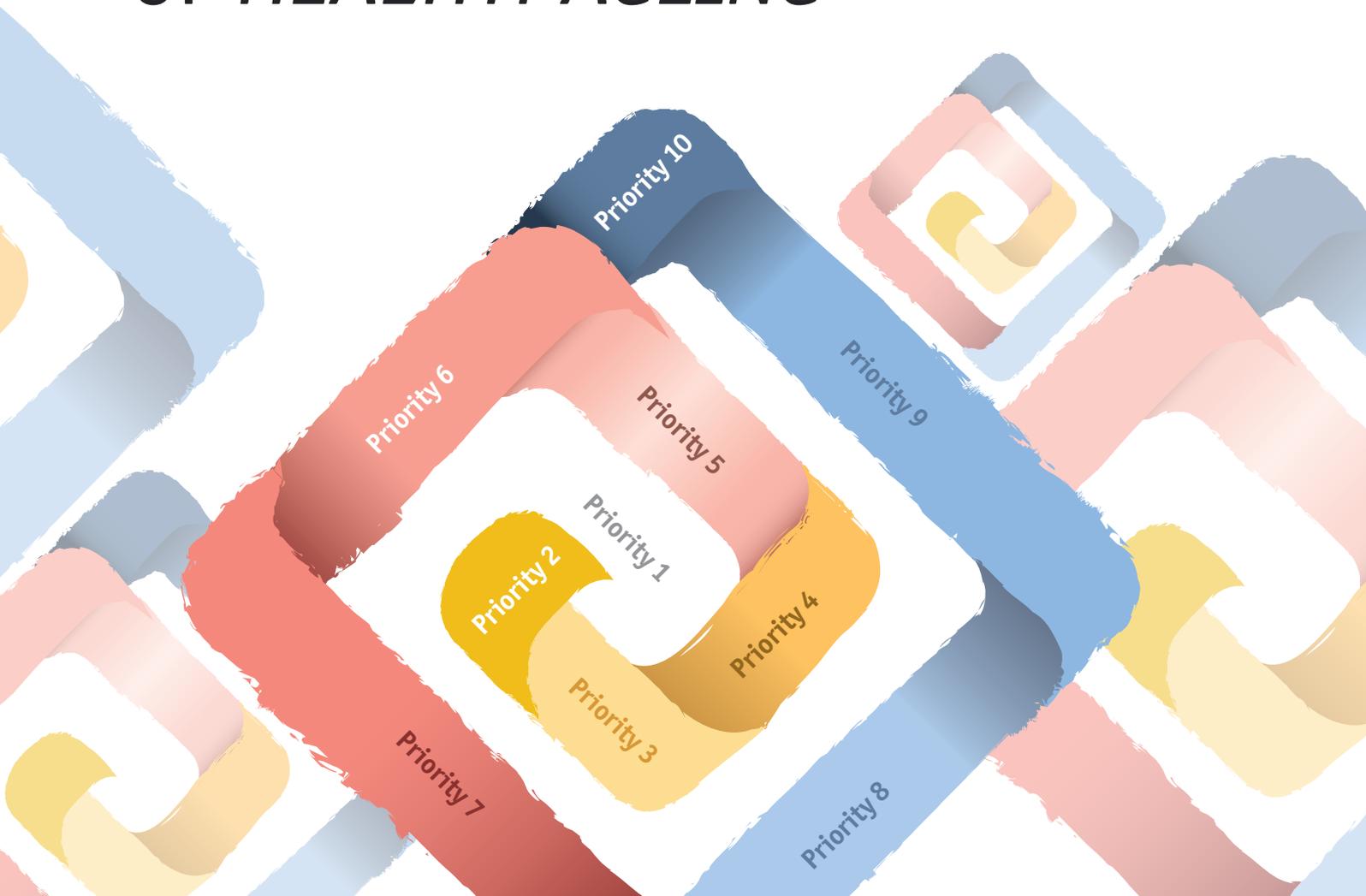
## TOWARDS A DECADE OF *HEALTHY AGEING*





# 10 PRIORITIES

## TOWARDS A DECADE OF *HEALTHY AGEING*





# Background

At a time of unpredictable challenges for health one trend is certain: populations around the world are rapidly ageing and this demographic transition will impact on almost all aspects of society. Health is central to our experience of older age. Yet, while we are living longer, there is little evidence to suggest that these extra years are spent in good health. Moreover, one of the hallmarks of older age is a great diversity of health and functioning. Since this is often a consequence of the cumulative impacts of advantage or disadvantage across people's lives, policy responses need to be crafted in ways that overcome, rather than reinforce, these inequities.

In 2015, the world united around the 2030 Agenda for Sustainable Development, pledging that no one will be left behind and that every human being will have the opportunity to fulfil their potential in dignity and equality. The WHO *Global strategy and action plan on ageing and health (the Strategy)* adopted by WHO's Member States in 2016 provides a policy framework to ensure that the global response to population ageing is aligned with this ambitious development agenda.

The *Strategy* is built on the new WHO conceptualisation of *Healthy Ageing* outlined in the *World report on ageing and health 2015*. Rather than focusing on the absence of disease, this considers *Healthy Ageing* from the perspective of the functional ability that enables older people to be, and to do, what they have reason to value. This ability is determined not just by the intrinsic capacity of the individual, but also by the

physical and social environments they inhabit. Both of these should be the focus of societal action.

The *Strategy* commits to action in areas where evidence is strong, but also points out many crucial gaps in knowledge and capacity. It therefore proposes four years of work to prepare the world for a decade of concerted global action – the Decade of *Healthy Ageing* – from 2020 to 2030.

This paper outlines the concrete actions that are required if the Decade is to be a success. These were prioritised through a series of expert and stakeholder consultations. Action needs to commence immediately, and in many cases is already underway, but not as independent programmes of work given they are inextricably linked. For example, integrated care for older people is impossible unless we change the way we all think, feel and act on age and ageing. While each action proposes a body of work that would be led by WHO, this will only be possible through collaboration with many key partners, and policy coherence and equitable impact will only be achieved if there is coordination and integration between these many stakeholders and actions.

These actions require resourcing but are likely to be sound investments. Investments in a future that enables people to live longer and healthier lives and ensures they have the opportunity to contribute to, and not be left behind by, the sustainable development to which the world aspires.

# Doing Business Differently

If we are to be successful in delivering the actions outlined below, WHO needs a new way to engage with partners to catalyse the systemic change envisioned by the *Strategy*. The first priorities therefore focus on the action required if WHO is to work more effectively with stakeholders to harness and build capacity, fill research and information gaps and provide meaningful data to stimulate innovative local responses.

One key barrier is the lack of sufficient capacity in many countries to shape and implement policy to foster *Healthy Ageing*. Capacity building and training is therefore a critical area of action. In framing how to move forward in this area, we have drawn on evidence from the WHO Regional Office for the Americas which suggests that regional training programmes can build knowledge and skills and help identify opportunities for action, empowering key decision makers and clinicians to develop evidence-informed approaches.

Deciding which actions to invest in to foster *Healthy Ageing* across populations requires meaningful and comparable information. Decision makers currently lack crucial information on the health status and functioning of older people, their needs and unmet needs, and the effectiveness of related interventions. And where data does exist, it is rarely collected in a form that allows international comparisons or even comparisons over time in the same setting. This lack of information is a major barrier to the development and

evaluation of appropriate policy and programmes on population ageing. Addressing these gaps is therefore another priority area of work.

Given the limited available resources, research that is done in the field of *Healthy Ageing* must be relevant to older people and to decision makers. This is not always the case. For example, clinical trials routinely exclude older participants and those with comorbidities, although these are the people who are most likely to use the interventions being tested. Therefore, we also propose a coordinated effort to stimulate and better align research for *Healthy Ageing* with the needs of policy makers, clinicians and older people.

A prerequisite for success on this transformative agenda outlined in this document is for key stakeholders across multiple sectors to be connected in ways that create opportunities for experience sharing, learning and policy diffusion. Intense technical support can enable pathfinder countries to find new ways of doing things and evaluate their success, and peer to peer support, can enable resource-constrained countries learn from each other, while local catalytic discussions can galvanise local commitment to action. These are some of the features of the Platform for Innovation and Change that will provide the springboard for global action, placing older adults at the forefront while fostering intergenerational connections and a whole of society approach.

Priority

# 1

## ESTABLISHING A PLATFORM FOR INNOVATION AND CHANGE

Igniting change for *Healthy Ageing* by connecting people and ideas from around the world

The Platform represents a different way for WHO to do business and ensures important efficiency savings. It will enable WHO to collaborate with, and draw on, the best expertise available by providing a bridge to key stakeholders; serve as a portal for stakeholders to access the latest evidence and innovative practices on ageing; and provide a range of virtual and face-to-face opportunities that connect actors from diverse fields but with common interests, in ways that identify innovative solutions to critical problems and foster change. It will have three components:

### i. **Stimulate and Guide action**

- Catalytic discussions will be held to stimulate local action in the nine priority areas. These meetings will respond to local priorities to stimulate evidence-informed action.
- Regional dialogues and experience sharing fora will be convened to foster the sharing of experiences in the nine priority areas between Member States and ensure quick dissemination of research findings.
- An Expert Panel on Ageing and Health drawing on distinguished experts from all Regions and a diverse range of experience and disciplines, will provide advice on actions needed to achieve the 10 priorities and the proposed Decade of *Healthy Ageing*.

- Where appropriate, “Transformation Networks” of key stakeholders will be convened to advance the other nine priorities. These communities will serve to build broad ownership for action, advise on specific activities, and help ensure the coordination of multisectoral responses.

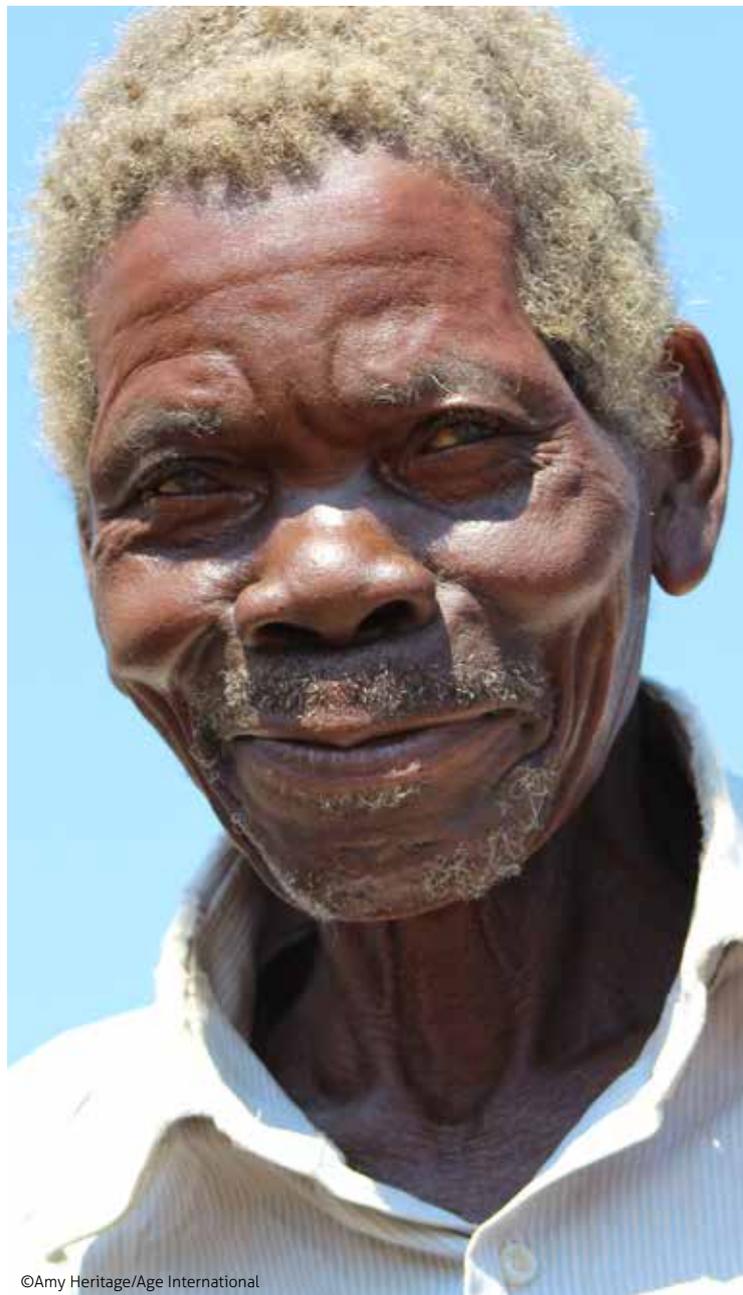
### ii. **Evaluate and Innovate**

- A Global Hub for Evaluations on *Healthy Ageing* will be established. This will: provide, or act as a conduit to, experts trained in project evaluation for *Healthy Ageing*; encourage, bring together, and provide access to evaluations of the many interventions undertaken in the field of ageing; and synthesise this evidence into a form that is useful for local stakeholders.
- A key part of the Platform will be the “Ageing Innovation Arena”. This Arena will link innovators in the public and private sectors to tackle critical policy and practice challenges identified by the Expert Panel, Transformation Networks and local catalytic discussions. It will provide a mechanism to foster new types of collaboration and innovation, including with non-traditional public health actors, to address Member States’ most pressing challenges in an evidence-based framework.

- **Pathfinder Countries:** Intensive and tailored technical support will be provided for a limited number of countries identifying ageing as a priority and seeking assistance to transform health and other systems and sectors towards *Healthy Ageing*. Monitoring, evaluation and research will enable these countries to document and share their experiences and to strengthen the global evidence base supporting the Decade of *Healthy Ageing*.

### iii. **Connect actors to information and each other**

- A virtual information platform, called *Age-friendly World*, will help connect stakeholders and act as a portal to policy guidance and other advice on issues relevant to the nine priorities. *Age-friendly World* will house a database of innovative practices, provide updates on research advances, evidence syntheses and evaluation results and will complement other WHO websites by facilitating exchange and connections between stakeholders during the year through webinars, virtual discussions, newsletters, news alerts etc.
- A regular Global Forum on *Healthy Ageing* will create the opportunity for key partners (Technical experts, non-State actors, Member States and WHO staff) to meet face to face, share challenges and successes arising from the 10 Priorities and will also showcase innovative practice, successful pilots and scaled actions. It will also provide a specific space for development funders to meet, coordinate, foster comparable evaluations, and share findings. A biennial global conference will be held as an opportunity for all interested parties to share and learn about strategies and progress on *Healthy Ageing*.



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Priority

# 2

## SUPPORTING COUNTRY PLANNING AND ACTION

Countries get the skills and tools they need to create policies that enable people to live long and healthy lives

This priority will build capacity on ageing, particularly at a country level, help put in place the policy architecture for future success and ensure greater coherence of global, regional and national efforts. Action includes:

- i. **Capacity Strengthening:** Development of a range of training opportunities (face to face, on-line) on *Healthy Ageing* for policy makers and other stakeholders including WHO staff, focal points for ageing and health within Ministries of Health and other relevant Ministries, and civil society organizations. These training resources will help to raise awareness on the need to address ageing, explain the concept of *Healthy Ageing*; and build the knowledge and skills to identify opportunities for fostering *Healthy Ageing* across sectors.
- ii. **Developing National Policy and Strategies:** Countries will be supported to review existing strategies related to ageing and health and their implementation; coordinate advocacy related activities to raise the profile of ageing; and draft/update and evaluate national strategies and their implementation. Integral to these activities will be an intersectoral approach to ageing that goes beyond health systems to cover other areas such as employment, learning, etc. Regional and global opportunities will be created to enable countries to share and learn from each other's policy-making experiences, and a National *Healthy Ageing* Toolkit will assist countries in conducting situational analyses and the development and monitoring of ethical, evidence-informed policies and strategies.

## Priority

# 3

## COLLECTING BETTER GLOBAL DATA ON *HEALTHY AGEING*

What gets measured gets done – together we collect accurate up-to-date and meaningful data on *Healthy Ageing*

This priority will enable a unified approach to the measurement, monitoring and surveillance of *Healthy Ageing* at all levels (individual, community, institution, and population), across age groups, countries, and over time. By allowing countries to assess and compare their current situation (including average levels and distributions) it will underpin evidence-based action and accountability at country level. It comprises:

- i. An analytical **review of current data sources** to identify where gaps exist in measuring *Healthy Ageing* over the life course and recommend how these can be filled.
- ii. **Linkage of existing surveys and collection of new population level data** to enable countries to assess and compare the health status, needs and unmet needs of older people. This will include collaboration to: foster linkages between existing surveys and encourage modifications that allow comparisons and ensure relevance to *Healthy Ageing*; the development of methods and tools to enable valid and reliable data collection, analysis and interpretation within and across countries; the collection of detailed and comparable data in pathfinder countries; a brief survey of core indicators in at least 155 Member States allowing inclusion in monitoring of progress against the Sustainable Development Goals; and guidance for Member States on surveillance of *Healthy Ageing*.
- iii. Existing and new data will be integrated into WHO databases, linked to users through the Platform for Innovation and Change and used to inform a **Status Report on Healthy Ageing 2020** which will allow future projections and serve as a baseline to measure progress during the Decade of *Healthy Ageing* and enhance accountability of Agenda 2030 and the Sustainable Development Goals.
- iv. An **International Consortium on Healthy Ageing Metrics and Monitoring** comprising key researchers and data end-users to advise on progress and catalyse adoption of new approaches to monitor *Healthy Ageing*.

Priority

4

## PROMOTING RESEARCH THAT ADDRESSES THE CURRENT AND FUTURE NEEDS OF OLDER PEOPLE

Research includes and benefits older people by answering relevant questions in innovative ways

This priority will align and stimulate research for *Healthy Ageing* and foster its uptake into policy and practice. Improving the knowledge base will help identify met and unmet needs of older adults and the interventions that can improve *Healthy Ageing* trajectories across the second half of life. Clear WHO guidance on research approaches will ensure quality and comparability between studies, while topic specific research and syntheses will provide practitioners and policy makers with better evidence for action.

- i. A global consultation (of both the public and experts) on research and evidence synthesis priorities will be undertaken to develop a **Global Research Agenda on Healthy Ageing**. Key national funding bodies will be brought together to foster collaboration, encourage the targeting of key knowledge gaps and minimise duplication. A *Healthy Ageing* Research & Innovation Challenge will be created to be funded and implemented during the Decade of *Healthy Ageing*, e.g. 2020-2030.
- ii. A **Transformation Network on Knowledge Translation for Healthy Ageing** will be created to develop and disseminate guidance for *Healthy Ageing* research, support pathfinder countries to build local research networks, link internationally and ensure the translation of research into locally relevant policy and practice.
- iii. Focused research and evidence syntheses will be undertaken **on key topics** such as **elder abuse, falls, older people in emergencies and humanitarian crises**.

# Health for All – Integrated Care for Older Persons

Universal health coverage is the foundation for achieving the health objectives of the Sustainable Development Goals. But without considering the health and social care needs of the ever-increasing numbers of older people, this will be impossible to achieve.

Yet, current health systems are often better designed to deal with individual acute health conditions than with the more complex and chronic health needs that tend to arise with increasing age. There is an urgent need to develop and implement comprehensive and coordinated primary health care approaches that can prevent, slow or reverse declines in capacity, and, where these losses are unavoidable, help older people to compensate in ways that maximize their functional ability. These approaches should be designed around the needs of the older person rather than the provider, be community-based and effectively coordinated with long-term-care providers (both formal and informal).

Moreover, few countries have systems in place that adequately meet the long-term-care needs of older people. Ongoing demographic and social change means approaches that rely heavily on families to provide care, without the necessary training and support infrastructure, are unsustainable and often inequitable. In the 21<sup>st</sup> Century every country needs a long-term-care system that can enable older people,

who experience significant declines in capacity, to receive the care and support they need to live lives with dignity and respect.

Health and long-term-care systems also often operate independently from each other. This results in poor outcomes, inefficient usage of health services and cost shifting. It also fails to protect families from catastrophic care expenditures and to free caregivers- generally women – to have broader social roles. New models of connecting these systems are urgently required.

The workforce (including formal health and social care providers and informal caregivers) is largely unprepared to deal with the needs of older people. To provide integrated and person-centred care for older people, health and long-term-care workers must have the right competencies, and be organized and deployed in ways that make the best use of their potential contributions. Strengthening governance capacities and coordination mechanisms to address major workforce challenges associated with population ageing will be necessary in many settings.

While there is no generic model for how to achieve effective, sustainable and equitable integrated care WHO can enable Member States to achieve this by investing in three priorities:

Priority

# 5

## ALIGNING HEALTH SYSTEMS TO THE NEEDS OF OLDER PEOPLE

Older adults get the health care they need – where and when they need it

Investing in this priority will improve access for older people to clinical interventions that maintain their intrinsic capacity and enhance their *Healthy Ageing* trajectories. Member States will be enabled to diagnose the state of their countries services and – where necessary – realign systems to provide integrated health care. This action will be undertaken:

- i. At the level of the individual – producing **guidance and tools** for primary care providers on the comprehensive assessment of health status in an older person and the delivery of the integrated health care that will enable them to maintain, slow and/or reverse declines in their physical and mental capacities.
- ii. At the level of the system – developing **guidance for health systems** on how to develop, monitor and evaluate services in ways that can support integrated health care for older people.
- iii. Creation of the **WHO Clinical Consortium on Healthy Ageing** to advance research and clinical practice by facilitating data sharing and analyses, supporting evaluation of clinical practice and building capacity of health professionals and clinicians on *Healthy Ageing*.

Priority

# 6

## LAYING THE FOUNDATIONS FOR A LONG-TERM-CARE SYSTEM IN EVERY COUNTRY

Older people and care givers get the care and support they need to live with dignity and enjoy their basic human rights

This priority will support countries to develop effective, sustainable and equitable systems and services that improve care for older people with significant losses in intrinsic capacity and reduce the burden on caregivers. There are three key areas for action:

- i. **Building understanding and commitment** to developing long-term-care systems through global, regional and local policy dialogues to catalyse change.
- ii. **Mapping the current situation** in long-term-care provision in countries to inform country action and serve as a baseline with regard to the need, unmet need, type and quality of existing services, legislation, human resources and financing mechanisms.
- iii. **Providing guidance, tools and technical assistance** for countries at all levels of socioeconomic development, on building sustainable and equitable systems to meet the needs of older adults with significant losses of capacity.



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## ENSURING THE HUMAN RESOURCES NECESSARY FOR INTEGRATED CARE

People have the skills to deliver quality health and long-term-care services for older people

This priority will enable countries to understand the workforce implications of an ageing population and to optimize their existing workforce and plan for the future. It has four interrelated streams of work:

- i. **Developing a health labour market analysis toolkit** and providing technical support to enable countries to identify workforce gaps and strengths and develop strategies to meet the workforce needs of ageing populations while ensuring decent work.
- ii. **Strengthening education and training capacity** through provision of guidelines on core competencies, and developing and piloting generic programmes for information, peer support, and skill building of paid and unpaid caregivers, and guidance for local level adaptation and implementation.
- iii. **Building or strengthening governance capacity and mechanisms** – including policies, regulations, and financing – for ensuring a sustainable health- and social-care workforce. This stream will include developing legislative models that can be adopted by countries to protect caregivers from poverty and unemployment; guidance on decent working conditions for caregivers, as well as a clearing house, linked to the Platform and implemented through international/regional conference(s), to share experiences and good practices.
- iv. **Pilot projects:** to demonstrate how other social groups (for example, older people’s associations) can be supported to take on responsibility for care giving; and to suggest **new career pathways** that take account of demographic and technological change and highlight the job and associated economic opportunities of the care economy.

# Enabling Environments

Physical, social and economic environments are important determinants of the trajectories of capacity and functional ability over a person's life course and into older age and are powerful influences on the experience of ageing and the opportunities that ageing affords. Age-friendly environments can enable older people to age safely in a place that is right for them, to continue to develop personally, to be included and to contribute to their communities while retaining their autonomy and health.

Some of the most important barriers to participation, health and life expectancy of older adults are the pervasive misconceptions, negative attitudes and assumptions about older people. Stereotyping, prejudice, and discrimination against individuals or groups on the basis of their age is called ageism. A 2016 analysis of data from 57 countries carried out by WHO found 60% of respondents reported that older people are not respected. Unlike other forms of discrimination, including sexism and racism, ageism remains socially acceptable, strongly institutionalised, largely undetected and unchallenged. Ageism is also a powerful barrier to developing good public policy on ageing since it limits the way problems are framed, the questions that are asked and the way these are answered.

One of the cornerstones of these ageist stereotypes is a fundamentally negative economic discourse, despite evidence to the contrary. Improved data that provides a balanced and comprehensive economic case is needed to understand the real costs and benefits of population ageing. The adequacy and appropriateness of current economic information needs to be reviewed while identifying the barriers to the uptake of existing knowledge. Filling data gaps, improving analytical or conceptual approaches, and proposing alternatives are also required. This information can enable decision makers to identify the best investments in the abilities of older people – investments that have many returns for both older people and for society more broadly.

Urbanization and population ageing are transformative trends that are changing the way we live, work and experience our lives. Cities and communities therefore have a key role in enabling older people to live longer and healthier lives while fostering more productive societies. They hence need to find sustainable models that leave nobody behind for basic health and social services, education, decent jobs, housing, transportation, security and safety among others.



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Priority

8

## UNDERTAKING A GLOBAL CAMPAIGN TO COMBAT AGEISM

Changing how we think, feel and act towards age and ageing is possible – we can help make it happen

In 2016, the World Health Assembly called on the WHO Director-General to develop, in cooperation with other partners, a global campaign to combat ageism. Experience with sexism and racism has shown that changing social norms is possible and can result in more prosperous and equitable societies. Changing how we all think, feel and act towards age and ageing is also possible. Key components of this campaign will include:

- i. **Compilation of the data and evidence** needed to inform effective communication and concrete actions to combat ageism.
- ii. A **global coalition** to steer social change and concrete actions.
- iii. A **communication platform** to support a global public information campaign to reframe perceptions of ageing and combat ageism.
- iv. **Guidance, support and training** to local and national policy makers to help transform health and social policy.

## 9

## DEFINING THE ECONOMIC CASE FOR INVESTMENT

**Better understanding the costs and opportunities of *Healthy Ageing* – the starting point for sustainable, equitable and effective responses**

Decision makers in countries at all levels of socioeconomic development need a balanced and comprehensive understanding of the economic implications of population ageing. Yet, data in this area is limited and there is little consensus on how to frame the real costs and benefits of policy interventions or inaction. In collaboration with the World Bank, OECD and Asian Development Bank, WHO is working to identify gaps and limitations in our current understanding of the economic impacts of ageing, and to identify actions that can ensure a stronger evidence base for policy development. This priority will provide crucial input to priorities related to ageism, health systems, and long-term care. In addition to the work already underway this priority will:

- i. Summarise the current situation and providing a **rigorous economic case for appropriate investment in older populations**. This will be relevant to a range of low-, middle-, and high-income countries and consider:
  - the economic contributions of older people;
  - the economic impacts of preventable declines in intrinsic capacity and the cost of inaction;
  - the economic benefits that might be achieved by health and social care interventions to slow declines and the likely future costs of these investments.
- ii. Identify a **range of models for financing long-term-care systems** for older populations, particularly in lower resource settings and summarising their strengths and weaknesses.

Priority

# 10

## ENHANCING THE GLOBAL NETWORK FOR AGE-FRIENDLY CITIES AND COMMUNITIES

Cities and communities, around the world, enable older people to do the things they have reasons to value

An age-friendly city or community is a good place to grow older because it fosters *Healthy Ageing* and enables wellbeing throughout life. The WHO Global Network for Age-friendly Cities and Communities (GNAFCC), established in 2010 and now covering more than 500 cities and communities in 37 countries, supports communities, cities and other sub-national levels of government that want to achieve this ambition. The Network enables these members to share and learn from each other's experiences, and provides guidance and technical resources on what works. Linked to the Platform for Innovation and Change the network will inspire, connect and support cities around the world by:

- i. Developing an **interactive database of age-friendly practices**.
- ii. Enhancing **local capacity** through the development of a **mentorship programme** for age-friendly professionals and a **Massive Open Online Course (MOOC)** on how to create and develop age-friendly environments.
- iii. Supporting the use of **research, data and low cost evaluations** that can enable cities and communities to steer their efforts to what works.
- iv. Hosting conferences to provide opportunities for **networking, exchange and peer to peer learning**.
- v. Focusing on specific priorities or feature projects such as a **megacity project**.

Investing in these **10 PRIORITIES**  
are investments in societies future.  
A future that gives older people the  
freedom to benefit from and  
contribute to sustainable  
development and to live long  
and healthy lives.



**World Health  
Organization**

**Department of Ageing and Life Course**

For more information, visit <http://www.who.int/ageing> or  
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