Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health

Report by the Secretariat

1.   Populations around the world are ageing rapidly. Between 2000 and 2050, the proportion of the world's population aged 60 years or over will double from about 11% to 22%. The absolute number of people aged 60 years or over is projected to increase from 900 million in 2015 to 1400 million by 2030 and 2100 million by 2050, and could rise to 3200 million in 2100. By 2050, Europe will have about 34% of its population aged 60 years or over, while Latin America and the Caribbean and Asia will have about 25%; although Africa has the youngest population structure of any major area, in absolute terms it will see the number of people aged 60 years or over increase from 46 million in 2015 to 147 million in 2050.

2.   These extra years of life and this reshaping of society have profound implications for each of us, as well as for the communities we live in. Unlike most of the changes that society will experience in the next 50 years, these trends are largely predictable. We know that the demographic transition to older populations will occur, and we can plan to make the most of it.

3.   Longer lives provide the opportunity for rethinking not just what older age might be but how our whole life course might unfold. Yet the extent to which each of us as individuals, and society more broadly, can benefit from this demographic transition will be heavily dependent on one key factor – health. Unfortunately, while it is often assumed that increasing longevity is accompanied by an extended period of good health, there is little evidence to suggest that older people today are experiencing better health than their parents did at the same age. Furthermore, good health in older age is not equally distributed, either between or within countries.

4.   Most of the health problems of older age are linked to chronic conditions, particularly noncommunicable diseases. Many of these can be prevented or delayed by healthy behaviours. Indeed, even in very advanced years, physical activity and good nutrition can have powerful benefits on health and well-being. Other health problems and declines in capacity can be effectively managed, particularly if detected early enough. And even for people with declines in capacity, supportive environments can ensure that they can live lives of dignity and continued personal growth. Yet the world is very far from this ideal, particularly for poor older people and those from disadvantaged social groups. Comprehensive public health action is urgently needed. These actions can be viewed within the context of the Sustainable Development Goals, which provide a foundation for multicountry and international action from 2015 to 2030, including Goal 3: "To ensure healthy lives and promote well-being for all at all ages through universal health coverage including financial risk protection".

5.   In May 2014, the Sixty-seventh World Health Assembly requested the Director-General to develop, in consultation with Member States and other stakeholders and in coordination with the regional offices, and within existing resources, a comprehensive global strategy and plan of action on ageing and health, for consideration by the Executive Board in January 2016 and by the Sixty-ninth World Health Assembly in May 2016.[1]

6.   This strategy was developed through an extensive consultative process. The starting point in its development was the *World report on ageing and health*, which was released in 2015.[2] This drew on 19 background papers produced by experts in key areas relating to ageing and health, together with input from representatives of key organizations of older people, civil society organizations working on ageing, international organizations, professional bodies and numerous experts. The process included a face-to-face consultation in April 2015 that considered key policy questions and potential actions to address them.

7.   A "zero draft" of the strategy was developed between May and August 2015, based on the framework for public health action on ageing outlined in the report and further consultation with a wide range of stakeholders, including staff from each Regional Office. Five of the six regions (the Americas, South-East Asia, Europe, the Eastern Mediterranean and the Western Pacific) have strategies or frameworks for action on ageing and health; these also informed the zero draft.

8.   Consultations for both the report and the zero draft of the strategy were also able to draw on the mechanisms that have been established across WHO to ensure a "whole-of-organization" response to population ageing. These include regular meetings of all departments engaged in ageing-related work and regular electronic engagement with staff in regional and country offices. Both benefited from inputs from the many experts and WHO collaborating centres contributing to this topic.

9.   The zero draft, available in English and French, was widely distributed and reviewed through an extensive consultation process that ran from the end of August to the end of October 2015, which included: a web-based consultation that was open to all (20 August to 30 October); a regional consultation organized by the Regional Office for Africa (Brazzaville, 23–24 September), reflecting the fact that the Region is in the process of developing its first regional framework on ageing and health, in parallel with the global strategy process; briefing and input from countries' permanent missions to the United Nations based in Geneva (28 September); and in-depth discussions with interested Member States and nongovernmental organizations (September–October) and with regional economic integration organizations and organizations in the United Nations system (October). More than 500 comments from people or organizations in 55 countries were received through the structured survey on the zero draft. Respondents included: Member States, i.e. ministries or government agencies (22%), individuals, including older people (51%), civil society and other nongovernmental organizations (24%), research and academic institutions (19%) and international organizations (9%).

10.   This feedback led to a first draft of the strategy being completed in October 2015 and made available in all six official WHO languages. The first draft was reviewed through a further consultation process from mid-October to mid-November 2015. This included regional consultations with Member States and other stakeholders prior to the global consultation, led by regional offices: for the Eastern Mediterranean (Geneva, 28 October); Africa (Geneva, 28 October); South-East Asia

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[1] Decision WHA67(13) (2014).

[2] World report on ageing and health. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf, accessed 3 March 2016).

(Geneva, 28 October); and the Americas (Geneva, 28 November). Within existing resources, further consultations took place with key staff at the regional offices for Europe and the Western Pacific and at WHO headquarters (October).

11.   A face-to-face global consultation with 180 participants, including representatives of some 75 Member States, organizations in the United Nations system and international and national partners such as development agencies, civil society organizations (including organizations of older persons) and professional associations, was held on 29 and 30 October 2015. All six regional offices contributed to identifying participants from all stakeholder groups and circulated the first draft widely. An additional 100 comments on the text of the draft strategy were also received before the end of October. A detailed timeline of the consultation programme, earlier drafts and informal reports, including details of participants, are available on the WHO website.[1]

12.   The Secretariat used the comments made at these informal consultations in preparing the updated draft global strategy and plan of action on ageing and health, a report on which was considered and noted by the Executive Board at its 138th session.[2] During the Board's discussions, 30 Member States covering all WHO regions together with five nongovernmental organizations in official relations with WHO and one international organization, expressed their appreciation of the draft strategy and action plan and the inclusive and transparent consultation process. All the strategic themes and both goals received strong support and implementation was considered a priority in all regions. The need for further emphasis in a few areas was highlighted, including strengthening gender-sensitivity in actions, sharing policies and good practices, and being inclusive of dementia, food security, sexual health and assistive technologies, as well as developing quantifiable indicators to measure progress over the period 2016−2020 and assessing the resource requirements for work in this area.

13.   In response to Member States' comments, the Secretariat has made some small adjustments to the strategy and has strengthened the plan of action in strategic objectives 1.1, 1.3, 2.1, 3.1, 4.1, 4.3, 5.1 and 5.2. The draft strategy and plan of action are contained in the Annex.

14.   The draft strategy renews the commitment to focus attention on the needs and rights of older persons and expands on previous policy instruments, setting this commitment within the new context of the Sustainable Development Goals. It provides clear objectives and actions for Member States, the Secretariat, and international and national partners to foster that commitment by all stakeholders; to create age-friendly environments; to align health systems to older persons' needs; to develop long-term care systems; and to advance measuring, monitoring and research for Healthy Ageing.

ACTION BY THE HEALTH ASSEMBLY

15.   The Health Assembly is requested to consider the draft global strategy and plan of action on ageing and health and to endorse it.

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[1] See http://www.who.int/ageing/global-strategy/en/ (accessed 3 March 2016).

[2] See document EB138/16 and the summary record of the 138th session of the Executive Board, sixth meeting (document EB138/2016/REC/2).

ANNEX

DRAFT GLOBAL STRATEGY AND PLAN OF ACTION
ON AGEING AND HEALTH

PURPOSE

1.   In 2014, the Sixty-seventh World Health Assembly requested the Director-General "to develop, in consultation with Member States and other stakeholders and in coordination with the regional offices, and within existing resources, a comprehensive global strategy and plan of action on ageing and health, for consideration by the Executive Board in January 2016 and by the Sixty-ninth World Health Assembly in May 2016".[1]

2.   This global strategy and plan of action on ageing and health also responds to the recently endorsed Sustainable Development Goals, an integrated, indivisible set of global priorities for sustainable development. Ageing is an issue that is relevant to 15 of the 17 Goals, in particular:

- Goal 1. End poverty in all its forms everywhere – for all men and women;

- Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture including for older persons;

- Goal 3. Ensure healthy lives and promote well-being for all at all ages through universal health coverage including financial risk protection;

- Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all;

- Goal 5. Achieve gender equality and empower all women and girls;

- Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all;

- Goal 10. Reduce inequality within and among countries, by promoting the social, political and economic inclusion of all, irrespective of age;

- Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable by providing universal access to safe, inclusive and accessible green and public spaces, in particular for older persons;

- Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

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[1] Decision WHA67(13) (2014).

3.   Achieving these ambitious Goals will require concerted action both to harness the many contributions that older people can make to sustainable development and to ensure they are not left behind. The strategy frames how this can be achieved through a focus on the functional ability of older people. This approach can be applied to each Goal, to ensure that the needs and rights of older people are adequately addressed. For Goal 3, this represents a significant shift from previous global health priorities, where the emphasis was often on reducing mortality at younger ages. Instead, the focus of the strategy is on the quality of the extra years that these interventions now allow us to enjoy.

4.   The strategy builds on two international policy instruments that have guided action on ageing and health since 2002 – the Madrid international plan of action on ageing[1] and WHO's policy framework on active ageing.[2] Both refer to the right to health and its international legal framework, highlight the skills and experience of older people and their potential contributions, regardless of physical and cognitive limitations, and map a broad range of areas where policy action can enable these contributions and ensure security in older age.

5.   However, progress to improve the health of older people since 2002 has been uneven and generally inadequate. Renewed commitment and more coordinated responses are required. This strategy therefore expands on these previous instruments to address in detail the actions that are needed to achieve this. In doing so, it maintains their rights-based approach and looks to tackle the legal, social and structural barriers that limit health in older age, and to ensure the legal obligations of State and non-State actors to respect, protect and fulfil these rights are met.

6.   The strategy outlines a framework for action that can be taken by all relevant stakeholders across the 15-year period of the Sustainable Development Goals. It also outlines concrete actions that can be taken within this framework during the five-year period 2016–2020.

RELATION TO EXISTING STRATEGIES AND PLANS

7.   The strategy also draws on five WHO regional strategies and action plans addressing the health of older people that reflect extensive consultation with Member States and other stakeholders. It adds value by providing an overall vision and a public health framework for coordinated global action, and by underlining the importance of Healthy Ageing as a public health priority and the need for Member States to commit to a sustainable and evidence-informed public health response. The strategy also reflects, and is complementary to, existing commitments, approaches and platforms such as universal health coverage, social determinants of health, combatting noncommunicable diseases, disability, violence and injury prevention, age-friendly cities and communities, strengthening human resources for health, developing person-centred and integrated care, tackling dementia and ensuring the provision of palliative care.

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[1] Political declaration and Madrid international plan of action on ageing. New York: United Nations; 2002 (http://www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf, accessed 3 March 2016).

[2] Active ageing: a policy framework. Geneva: World Health Organization; 2002 (WHO/NMH/NPH/02.8; http://apps.who.int/iris/bitstream/10665/67215/1/WHO_NMH_NPH_02.8.pdf, accessed 4 December 2015).

8.   The strategy builds on the *World report on ageing and health*.[1] This articulates a conceptual model for Healthy Ageing and outlines a public health framework for action to foster it. This framework was used as the starting point for the extensive consultations that led to the final draft strategy.

GLOBAL SITUATION

9.   Today, for the first time in history, most people can expect to live into their sixties and beyond. This reflects our successes in dealing with fatal childhood disease, maternal mortality and, more recently, mortality in older ages. When combined with marked falls in fertility rates, these increases in life expectancy are leading to equally significant changes in population structure – population ageing.

10.   Longer lives are an incredibly valuable resource, both for each of us as individuals and for society more broadly. Older people participate in, and contribute to, society in many ways, including as mentors, caregivers, artists, consumers, innovators, entrepreneurs and members of the workforce. This social engagement may in turn reinforce the health and well-being of older people themselves.

11.   Yet the extent of the opportunities that arise from increasing longevity will be heavily dependent on one key factor – the health of these older populations. If people are experiencing these extra years in good health and live in a supportive environment, their ability to do the things they value will have few limits. However, if these added years are dominated by rapid declines in physical and mental capacity, the implications for older people and for society as a whole are much more negative. Ensuring the best possible health in older age is therefore crucial if we are to achieve sustainable development.

12.   Unfortunately, there is little evidence to suggest that older people today are experiencing better health than their parents did at the same age. Furthermore, good health in older age is not equally distributed, either between or within populations. For example, between countries there is a range of 38 years for life expectancy at birth, 37 years for healthy life expectancy at birth, and 13 years for life expectancy at age 60 years. Furthermore, over the past two decades the gap in life expectancy at age 60 years between high-income countries and low- and middle-income countries, has grown. Moreover, levels of capacity within a given population are generally distributed across a social gradient that reflects the cumulative impact of various social and economic determinants of health experienced throughout an individual's life course. One crucial consequence is that in older age the people with the greatest health needs tend to also be those with the least access to the resources that might help to meet them. This association has major implications for policy, which will need to be crafted in ways that overcome, rather than reinforce, these inequities.

13.   The failure to ensure that extra years of life are enjoyed in the best possible health is avoidable. Most of the health problems of older age are linked to chronic conditions, particularly noncommunicable diseases. Many of these can be prevented or delayed by healthy behaviours and by the environments that support them. Even if chronic diseases do emerge, their consequences can be limited through integrated care to strengthen and maintain capacity or reverse declines. And for people with significant declines in capacity, supportive environments can promote dignity, autonomy,

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[1] World report on ageing and health. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf, accessed 4 December 2015).

functioning and continued personal growth. Yet the world is very far from this ideal, particularly for poor older people and those from disadvantaged social groups.

14.   A comprehensive response to foster Healthy Ageing is urgently needed.

Healthy Ageing

15.   The changes that constitute and influence ageing are complex. At a biological level, the gradual accumulation of a wide variety of molecular and cellular damage leads to a gradual decrease in physiological reserves, an increased risk of many diseases and a general decline in capacity. But these changes are neither linear nor consistent, and they are only loosely associated with age in years. Thus, while some 70-year-olds may enjoy good physical and mental capacity, others may be frail and require significant support to meet their basic needs.

16.   Beyond these biological losses, older age frequently involves other significant changes, including shifts in roles and social positions. Although some of these changes may be driven by adaptation to loss, others reflect ongoing psychological growth in older age that may be associated with the development of new viewpoints and social contexts. In developing a public health response to ageing, it is therefore important to consider strategies that reinforce resilience and psychosocial growth. Since cultural norms that cast older age as an inevitable period of decline can operate against these efforts, it will also be important to challenge many of the stereotypes that currently define what it is to be "old".

17.   This strategy frames this response through the concept of Healthy Ageing, which is described in detail in the *World report on ageing and health*. This is defined as "the process of developing and maintaining the functional ability that enables well-being in older age." This functional ability is determined by the intrinsic capacity of the individual (i.e. the combination of all the individual's physical and mental – including psychosocial – capacities), the environments he or she inhabits (understood in the broadest sense and including physical, social and policy environments), and the interaction between these.

18.   Healthy Ageing is a process that spans the entire life course and that can be relevant to everyone, not just those who are currently free of disease. Intrinsic capacity at any point in time is determined by many factors, including underlying physiological and psychological changes, health-related behaviours and the presence or absence of disease. These in turn are strongly influenced by the environments in which people have lived throughout their lives. Since the relationship that a person has with these environments is itself strongly influenced by factors such as his or her gender and race, these personal characteristics are also strongly associated with capacity at any point in time.

19.   But intrinsic capacity is only one of the dimensions of older people's functioning. The environments they inhabit and their interaction with them are also major determinants of what older people with a given level of capacity can do. These environments provide a range of resources or barriers that will ultimately decide whether older people can engage in activities that matter to them. Thus, while older people with severe osteoarthritis may have limited intrinsic capacity, they may still be able to do the shopping if they have access to an assistive device (such as a walking stick, wheelchair or scooter) and live close to affordable and accessible transport.

20.   This conceptualization of Healthy Ageing reflects an individual's accumulation of strengths or deficits across the life course. Actions to improve trajectories of Healthy Ageing can thus take place at any age and will be needed at multiple levels and in multiple sectors. Since much of the work of WHO

addresses what can be done at younger ages, this strategy focuses on what can be done for people in the second half of their lives.

21.   In doing so, it pays particular attention to the significant influence of gender norms, both on older people's Healthy Ageing trajectories and on the impact their ageing may have on their families and communities. For example, gender is a powerful influence on many health-related behaviours and exposures across the life course. As a consequence, women tend to live longer than men but generally experience poorer health throughout their lives and have higher rates of poverty. Moreover, when an older person experiences significant losses of capacity, the family often plays a key role in providing the care and support that are required. These unpaid and often under-respected caregiving roles are frequently filled by women and can limit their participation in the workforce or in education. This can be at a significant cost to their own well-being in older age, since it can limit the building of pension entitlements and access to health insurance and increase the risk of poverty and other insecurity.

GUIDING PRINCIPLES

22.   The strategy starts from an assumption that ageing is a valuable, if often challenging, process. It considers that it is good to get old and that society is better off for having older populations. At the same time, it acknowledges that many older people will experience very significant losses, whether of physical or cognitive capacity or of family, friends and the roles they had earlier in life. Some of these losses can be avoided, and we should do what we can to prevent them. But others will be inevitable. Societal responses to ageing should not deny these challenges but seek to foster recovery, adaptation and dignity.

23.   This will require transformative approaches that recognize the rights of older people and enable them to thrive in the complex, changing and unpredictable environment they are likely to live in now and in the future. However, rather than being prescriptively designed around what older people should do, the strategy aims to foster the ability of older people themselves to invent the future in ways that we, and previous generations, might never have imagined.

24.   These approaches must foster the ability of older people to make multiple contributions in an environment that respects their dignity and human rights, free from gender- and age-based discrimination. Principles that underpin the strategy therefore include:

- human rights, including the right that older people have to the best possible health and its accountable, progressive realization;

- gender equality;

- equality and non-discrimination, particularly on the basis of age;

- equity (equal opportunity to the determinants of healthy ageing that does not reflect social or economic status, place of birth or residence or other social determinants);

- intergenerational solidarity (enabling social cohesion between generations).

VISION, GOALS AND STRATEGIC OBJECTIVES

25.   The strategy's vision is a world in which **everyone can live a long and healthy life**. This world will be a place where functional ability is fostered across the life course and where older people experience equal rights and opportunities and can live lives free from age-based discrimination.

VISION

A world in which everyone can live a long and healthy life

STRATEGIC OBJECTIVES

1.   Commitment to action on Healthy Ageing in every country
2.   Developing age-friendly environments
3.   Aligning health systems to the needs of older populations
4.   Developing sustainable and equitable systems for providing long-term care (home, communities and institutions)
5.   Improving measurement, monitoring and research on Healthy Ageing

PLAN OF ACTION 2016–2020
GOALS

1.   Five years of evidence-based action to maximize functional ability that reaches every person.
2.   By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030

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26.   Five strategic objectives are identified. The first two, Commitment to action on Healthy Ageing in every country and Developing age-friendly environments, reflect the multiple and intersectoral influences that impact on Healthy Ageing. They also shape the broader context in which more focused action can be taken by the health and social care sectors. This action is addressed in strategic objectives 3 and 4, Aligning health systems to the needs of older populations, and Developing systems for providing long-term care (home, communities and institutions). While the strategy identifies these two objectives separately, to facilitate specific sectoral actions, they need to be considered as part of an integrated continuum of care. The final strategic objective, Improving measurement, monitoring and research on Healthy Ageing, addresses the actions that are needed to help build the evidence base, which can ensure that all actions have the intended impacts, are equity-oriented and cost-effective. Together the five strategic objectives are interlinked, interdependent and mutually supportive, and they are aligned to this vision for Healthy Ageing. Each of the five strategic objectives comprises three priority areas for action.

27.   The proposed contributions that Member States, the Secretariat and other partners can make towards this vision and these strategic objectives during the period 2016–2020 are outlined in Appendix. They are framed under two goals. While there are many significant gaps in our understanding of the factors that can foster Healthy Ageing, in many fields there is sufficient evidence to identify action that can be taken now to help achieve this vision. The first goal, "Five years of evidence-based action to maximize functional ability that reaches every person", is therefore framed around ensuring that this action is taken as widely as possible and in ways which ensure that particular attention is paid to those with the least access to the resources they need to maintain their functional ability.

28.   However, the *World report on ageing and health* acknowledges the lack of evidence and infrastructure in many crucial areas. The second goal, "By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030", seeks to use the five-year period 2016–2020 to fill these gaps and ensure that Member States and other stakeholders are positioned to undertake a decade of evidence-informed, concerted action from 2020 to 2030.

STRATEGIC OBJECTIVE 1: COMMITMENT TO ACTION ON HEALTHY AGEING IN EVERY COUNTRY

29.   Fostering Healthy Ageing requires leadership and commitment. Investment in the well-being of older people will have significant economic and social returns. In some cases, the return on these investments is direct. For example, investment in health systems that are better aligned to the needs of older people will result in them experiencing greater intrinsic capacity, which, in turn, will enable them to participate and contribute more actively. Other returns may be less obvious but are no less important. For example, investing in long-term care helps older people with a significant loss of capacity to maintain lives of dignity and continued personal growth, but it can also protect families from impoverishment, allow women to remain in the workforce and foster social cohesion through the sharing of risk across a community. Much of the investment in infrastructure or policy to foster Healthy Ageing will also have direct benefits for other sections of the population. For example, improved access to transportation, public buildings and spaces, or assistive, information and communication technologies can facilitate inclusion and participation of all people, including those with disabilities and parents with young children. More integrated and person-centred health systems will benefit everyone.

30.   Enabling all people to live a long and healthy life requires a multisectoral approach with strong engagement from diverse sectors and different levels of government. Collaboration is also needed between government and nongovernmental actors, including service providers, product developers, academics and older people themselves. A key step to fostering action must therefore be to build the coalitions and shared understanding that can enable this multisectoral commitment.

31.   However, this strategy does not propose that action on Healthy Ageing is necessarily undertaken as an independent programme of work. In many cases, the most effective approach will be to integrate evidence-based actions within the work of other health programmes and partnerships, or within other sectors' policies and laws, for example those dealing with housing, transportation, social protection, education and employment. But action on Healthy Ageing will not happen by itself. It requires leadership, coordination and a far greater understanding of the aspirations, potential and needs of an increasingly large segment of all populations. This commitment can establish the broad political and operational platform that enables, and gives legitimacy to, effective multidimensional action. A central responsibility of this leadership and commitment will be to ensure that older people and their representative organizations are informed, consulted and actively involved in formulating, implementing and monitoring policies and laws that affect them.

32.   The strategy does however propose that a fundamental step in fostering Healthy Ageing is to combat ageism. Some of the most important barriers to action and effective public health policy on Healthy Ageing are pervasive misconceptions, negative attitudes and assumptions about ageing and older people. These can influence individual behaviour (including that of older people themselves), social values and norms. They can also sway the focus of research and policy on ageing and health by shaping the conceptualization of problems and potential solutions, and the way in which institutions develop and implement rules and procedures. Unless ageism is tackled and these fundamental beliefs and processes are changed, our capacity to seize innovative opportunities to foster Healthy Ageing

will be limited. This will require diverse actions including legislation, interventions to shift social norms, and education.

33.   This strategic objective therefore focuses on creating national and regional frameworks for action, enabling Member States to access and use existing evidence and making concrete efforts to tackle ageism as an essential step in fostering Healthy Ageing.

Strategic objective 1.1: Establish national frameworks for action on Healthy Ageing

34.   Governance is not just about government but extends to its relationship with the private sector, nongovernmental organizations and civil society. However, as the ultimate guardian of ensuring that people live long and healthy lives, governments, across their various administrative levels, have the responsibility to put in place appropriate policies, financial arrangements and accountability mechanisms. This needs to occur across all sectors and at different level of government.

35.   Clear and evidence-informed national and regional strategies or policies that address ageing and health are needed. Effective governance of Healthy Ageing also requires the development of legislation, evidence-based policies and plans, whether as independent documents or integrated across health and other sectors, that pay explicit attention to equity and the inherent dignity and human rights of older people. These must adopt a rights-based approach to development and systematically incorporate the views of older people. As such, these plans need to be linked to effective coordination and accountability mechanisms, to ensure their implementation. They can be reinforced by a strong civil society, particularly associations of older people and families and carers, which can help to create more effective and accountable policies, laws and services for Healthy Ageing. Action will also benefit from the evaluation and sharing of experiences to support Healthy Ageing across countries.

Strategic objective 1.2: Strengthen national capacities to formulate evidence-based policy

36.   Although there are major knowledge gaps, we have sufficient evidence to act now, and there is something that every country can do irrespective of its current situation or level of development. To ensure that action is informed by evidence, policy-makers need to be aware of key research findings and be empowered to include them in policy development. This will require more effective mechanisms to bridge the divide between how knowledge is generated and how it is used. These mechanisms include: considering the policy context, such as the role of institutions, political will, ideas, interests; facilitating evidence and knowledge creation that is relevant and timely, and conducting relevant research on ageing and health for use in that policy context, including cost–effective health system interventions applicable to the local setting; communicating better and making research findings accessible to decision-makers, by synthesizing and packaging the evidence in a way that policy-makers can use; and empowering decision-makers to use this information through a culture that values evidence and its uptake.

37.   One mechanism for fostering this translation of knowledge into policy and practice is policy dialogues that draw together existing evidence and assess its relevance to national priorities. It will be important to involve civil society, representing diverse age groups and interests, in these processes, to shape policy development and implementation in line with social expectations.

Strategic objective 1.3: Combat ageism and transform understanding of ageing and health

38.   Combating ageism must lie at the core of any public health response to population ageing. While this will be challenging, experience of dealing with other widespread forms of discrimination such as sexism and racism shows that attitudes and norms can be changed. Combating ageism requires, at the institutional level, the adoption of laws to protect against age-based discrimination, the modification or repeal of laws, customs or practices that discriminate directly or indirectly, as well as the establishment of other appropriate administrative measures where needed. A key feature will be to break down arbitrary age-based categorizations (such as labelling those over a certain age as old). These overlook the great diversity of ability at any given age and can lead to simplistic responses based on stereotypes of what that age implies. Removing these restrictive social constructs can reinforce the view that, while older age will often entail losses, it can also be a period of personal growth, creativity and productivity.

39.   Combating ageism also requires a new way of understanding ageing and health that moves away both from the conceptualization of older people as a burden and from unrealistic assumptions that older people today have somehow avoided the health challenges of their parents and grandparents. More accurate portrayals of ageing and health will adopt a life course perspective and seek to increase trust and break down barriers between generations, while providing a sense of common identity and respect for differences. Core strategies include communication campaigns that directly challenge ageism and concerted efforts in the media and entertainment to present a balanced view of ageing.

40.   Another key step in challenging ageism will be to consolidate evidence on the current roles and needs of older people. New economic models are required that comprehensively assess the total contributions of older people; the cost of care provision (not just to public services but to the informal carers who often provide it); and the benefits of interventions to foster Healthy Ageing on older people's functioning, on their contributions and on society more broadly (for example on the need for care). The evidence generated will provide an ongoing reference for subsequent public discourse.

STRATEGIC OBJECTIVE 2: DEVELOPING AGE-FRIENDLY ENVIRONMENTS

41.   Environments are the contexts in which people live their lives. Environments that are age-friendly help to foster Healthy Ageing in two ways: by supporting the building and maintenance of intrinsic capacity across the life course, and by enabling greater functional ability so that people with varying levels of capacity can do the things they value.

42.   Actions to create age-friendly environments can target different contexts (the home or community, for example) or specific environmental factors (such as transport, housing, social protection, streets and parks, social facilities, health and long-term care, social attitudes and values), and they can be influenced at different levels of government (national, regional or local). When actions also take into consideration social exclusion and barriers to opportunity, these efforts to build and maintain functional ability can also serve to overcome inequities between groups of older adults.

43.   The WHO global network of age-friendly cities and communities provides a good example of how age-friendly environments can be successfully implemented at local level. The network brings together municipalities from across the world that, through multisectoral action, are making their environments better places for older people to live. By taking the needs and preferences of older people as a starting point for shaping age-friendly environments, rather than looking only at a service

or adopting a supply-side perspective, they ensure that specific approaches are relevant to local populations.

44.   When age-friendly actions are coordinated across multiple sectors and levels, they can enhance a range of domains of functional ability, including the "abilities" to meet basic needs; to be mobile; to continue to learn, grow and make decisions; to build and maintain relationships; and to contribute. When multiple sectors and stakeholders share a common goal of fostering functional ability and shape development in ways that foster these specific abilities, this can help ensure that older people age safely in a place that is right for them, are free from poverty, can continue to develop personally and can contribute to their communities while retaining autonomy and health. This approach is equally relevant in emergency situations.

45.   However, while population-level interventions such as accessible transportation may provide a resource for all older people, some will not be able to benefit fully without individually tailored supports that foster their autonomy and engagement. For example an older woman's ability to be mobile may be determined by her desire to get out and about, and the availability of specific mobility devices which correlate to her need (walker, wheelchair, etc.), as well as the level of accessibility and safety of footpaths, buildings, lighting, and the kindness of the bus driver or other passengers to help her get on or off the bus.

46.   This strategic objective outlines approaches to maximize older people's participation, with a focus on fostering autonomy and enabling their engagement. Because multisectoral action is required to achieve these, the third approach suggests how sectors can efficiently work together for the greatest impact.

Strategic objective 2.1: Foster older people's autonomy

47.   Autonomy has been repeatedly identified by older adults as a core component of their well-being and has a powerful influence on their dignity, integrity, freedom and independence. Older adults have the right to make choices and take control over a range of issues, including where they live, the relationships they have, what they wear, how they spend their time, and whether they embark on a treatment. Nevertheless, many older adults – particularly women − do not yet enjoy these opportunities across the life course. These fundamental rights and freedoms must exist regardless of age, sex or level of intrinsic capacity, including in emergency situations and institutional care, and need to be enshrined in law (addressed in strategic objective 1).

48.   Autonomy is shaped by many factors, including the capacity of older people; the environments they inhabit; the personal resources (such as relationships with children and other family members, friends, neighbours and broader social networks) and financial resources they can draw on; and the opportunities available to them. Autonomy is heavily dependent both on an older person's basic needs being met and on access to a range of services, such as transport and lifelong learning (addressed in strategic objective 2.3). Older people's autonomy can be particularly compromised in emergency situations, if appropriate action is not taken.

49.   Enhancing autonomy regardless of an older person's level of capacity can be achieved through a range of mechanisms, including advanced care planning, supported decision-making and access to appropriate assistive devices. When adapted to the individual and his or her environments, both of which may change over time, these mechanisms can enable older people to retain the maximum level of control over their lives. Other actions that impact directly on older peoples' autonomy include

protecting and ensuring their human rights through awareness-raising, legislation and mechanisms to address breaches of these rights.

50.   As outlined in the *World report on ageing and health*, one key threat to autonomy is elder abuse, which currently affects 1 in 10 older people living in the community and an even higher proportion living in institutions. Another threat to autonomy is falls. Some 30% of people older than age 65, and 50% of people older than age 85, living in the community will fall at least once each year. Specific actions are therefore required to protect older people's rights to freedom from injury, violence and abuse.

Strategic objective 2.2: Enable older people's engagement

51.   Engaging older people in development processes can help to build societies that are cohesive, peaceful, equitable and secure. Excluding them from these processes not only undermines their well-being and contributions, it can also impact heavily on the well-being and productivity of other generations. For example, older people make numerous social and economic contributions to their families, communities and society such as assisting friends and neighbours, mentoring peers and younger people, caring for family members and the wider community, and as consumers, workers and volunteers. Enabling the participation of older people must therefore be a central goal of socioeconomic development, and ensuring that they can engage in and benefit from these processes is essential.

52.   Investing in older people through community groups, organizations of older people and self-help groups, for example, can facilitate older people's engagement. When these organizations are suitably developed and funded, they can also play an important role in service delivery, including in emergency situations, by for instance identifying older people at risk of isolation and loneliness, providing information, peer support and long-term care, and ensuring that older people have the opportunity to continually build and maintain the skills they need to navigate, benefit from and influence a changing world.

Strategic objective 2.3: Promote multisectoral action

53.   Most policies, systems or services have a direct impact on older people's ability to experience Healthy Ageing. The way in which these are delivered is also likely to have differential impacts on older people and their families.

54.   No sector alone can foster the functional ability of older people. The ability to be mobile, for instance, is influenced directly by sectors responsible for transportation, urban planning, housing, information, health and social welfare. Working together can have important efficiency gains, as action in one arena may reduce the need for others. Making housing modifications or providing assistive technologies, for example, may reduce the need for long-term care.

55.   National or regional strategies and action plans on Healthy Ageing, as outlined in strategic objective 1, can provide a framework for action by relevant stakeholders. However, concrete and concerted actions need to be taken within and across sectors, if these frameworks are to have a positive impact on the functional ability of older people. Furthermore, these efforts need to encompass the diverse multisectoral programmes and initiatives that are required to foster functional ability, including developing and sustaining social protection systems, improving access to adequate housing, enabling lifelong learning, delivering effective health and long-term care, and fostering older people's contributions in the labour force, through volunteering and other social roles. Implementation of these

programmes and initiatives will naturally vary from setting to setting, between levels of government and depending on the situation (for example, in contexts affected by disasters or not).

56.   Collecting and using age- and socioeconomic-disaggregated information on older people's functional abilities is important to document inequalities and address inequities, and to assess the effectiveness of and gaps in existing policies, systems, and services in meeting the needs and rights of all older people. Having access to information and good practice are also important for governments and other key stakeholders to support the implementation of action plans, advocate for action and generate political and technical support for implementation.

STRATEGIC OBJECTIVE 3: ALIGNING HEALTH SYSTEMS TO THE NEEDS OF OLDER POPULATIONS

57.   As people age, their health needs tend to become more chronic and complex. Health systems and services that address these multidimensional needs in an integrated way have been shown to be more effective than services that simply react to specific diseases independently. Yet many existing systems are better designed to cure acute conditions, continue to manage health issues in disconnected and fragmented ways, and lack coordination across care providers, settings and time. This results in health care and other services that not only fail to adequately meet the needs of older people but also lead to significant and avoidable costs, both for older people and for the health system. Where services do exist, there are frequently barriers that limit older people's access to them, such as lack of transport, unaffordability and ageism in health care delivery.

58.   Problems that matter for older people, such as pressure ulcers, chronic pain and difficulties with hearing, seeing, walking or performing daily or social activities, are often overlooked by health professionals. In primary health care, the clinical focus still generally remains on detection and treatment of diseases; because these problems are not framed as diseases, health care providers may not be aware how to deal with them, and frequently lack guidance or training in recognizing and managing impairments and geriatric syndromes. This leads to older people disengaging from services, not adhering to treatment or not admitting themselves to primary health care clinics, based on the belief that there is no treatment available for their problems. Further early markers of functional decline, such as decreases in gait speed or muscle strength, are often not identified, treated or monitored, which is crucial for delaying and reversing declines in capacity. New approaches and clinical intervention models need to be introduced at primary health care level, if the aim is to prevent care dependence and maintain intrinsic capacity.

59.   A transformation is needed in the way that health systems are designed, to ensure affordable access to integrated services that are centred on the needs and rights of older people. These systems will need to respond to the diverse needs of older people, including those who are experiencing high and stable levels of intrinsic capacity, those in whom capacity is declining, and those whose capacity has fallen to the point where they require the care and support of others.

60.   This can be achieved through the common goal of helping older people to build and maintain the best possible functional ability at all stages of life. It will require coordination between a wide range of services, including health promotion and disease prevention; screening, early detection and acute care; ongoing management of chronic conditions; rehabilitation and palliative care. Coordination between different service levels and between health and social services will be crucial. Where an older person's capacity has fallen, provision of assistive technologies is also likely to be important.

61.   As a first step, services will need to be designed around older people's needs and preferences. This can best be achieved by involving older people themselves in service planning. Many practical issues will need to be considered, including the difficulty that older people may have waiting in a queue or standing for prolonged periods, as well as the need for adequate toilets. Furthermore, services and staff need to treat older people with the respect they deserve, and this will include communicating in ways that are effective and that take account of common visual and hearing impairments.

Strategic objective 3.1: Orient health systems around intrinsic capacity and functional ability

62.   Building systems that enable the best possible trajectories of functional ability across the life course will require the fundamental drivers of systems to be aligned to this shared goal. This will require significant changes to the collection, recording and linkage of health and administrative information, which is currently often condition- or intervention-based. Information on trajectories of functioning can be readily drawn from the assessments of ability and capacity that are the starting point for older person-centred and integrated care and should be routinely collected at each encounter with the system. Mechanisms are needed to automate the storage of this information, to allow trends in functioning over time to be routinely determined. This can benefit clinical practice, but in the future it could also form the basis for performance management and financing mechanisms. For example, the remuneration of and incentives for care providers could be oriented towards enabling the best possible trajectories of functioning, rather than the provision of specific interventions.

63.   In many settings, other fundamental building blocks of services will also need to be reviewed, to ensure that older people have access to the care they need. For example, the medical products and assistive devices that are necessary to optimize older people's intrinsic capacities and functional ability will need to be identified and made accessible. While intraocular lenses that are used in surgery for cataracts may seem a luxury in low-resource settings, surgery can be completed in a few minutes under local anaesthetic and can make the difference between older people retaining their autonomy or becoming dependent on the care of others.

64.   Harnessing technological innovations (including assistive technologies and information and communication technologies) may be particularly useful, and this is true in clinical, home and community settings. Technological innovation, or the convergence of existing technologies, may also help lower-resource countries to develop service models that "leapfrog" models delivered in other settings.

65.   Since many of the disorders of older age are preventable, and many of their determinants begin earlier in life, systems will need to include effective strategies for the prevention of disease and declines in capacity. At younger ages, and when capacity is high, the priority will be on preventing the common noncommunicable diseases by enabling physical activity and good nutrition, avoiding tobacco and fostering the responsible use of alcohol. These factors remain important throughout life, but if capacity starts to decline, other approaches that help older people to avoid or delay care dependence begin to emerge. New models of health promotion and disease prevention in older age are needed, to ensure these strategies are evidence-based. Much of the resulting action will be situated in the environments that an older person inhabits.

Strategic objective 3.2: Develop and ensure affordable access to quality older person-centred and integrated clinical care

66.   The entry point to older person-centred and integrated care is a strong case management system, in which individual needs are assessed and a comprehensive personalized care plan is developed around the single goal of maintaining functional ability. These plans should be designed to consider the older person's preferences and objectives, how they can best be addressed and how progress will be followed up. A key aim will be to foster self-management by providing peer support, training, information and advice, both to older people and to their caregivers.

67.   Mechanisms to ensure that older people can access services without financial burden will be crucial. Sustainable financing models are urgently needed to underpin the comprehensive and integrated services that older people require. These should consider the need to minimize out-of-pocket spending and fragmentation within the health system.

68.   Integration and a focus on ability do not mean that services and interventions for the key conditions of older age should be neglected. These include musculoskeletal and sensory impairments; cardiovascular disease and risk factors such as hypertension and diabetes; mental disorders, dementia and cognitive declines; cancer, oral health and geriatric syndromes such as frailty, urinary incontinence, delirium and falls. Continued research is needed to improve the treatments available for each of these conditions, and processes should be established to ensure that research findings are translated into practice. But the management of each of these conditions will need to be coordinated around the functional ability of the older person. It will also need to take account of the comorbidities common in older age, the associated risk of polypharmacy, and the combined impacts that they have on functioning. This may require the development of new clinical guidelines on how to optimize trajectories of intrinsic capacity, or the updating of existing guidelines on specific conditions to consider their impact on capacity. Services that enable recovery from declines in capacity will also be important, as will ensuring that all older people who need it have access to palliative care.

69.   Furthermore, not all the health challenges experienced in older age are chronic. Older people can suffer rapid deteriorations in health as a result of a minor acute illness or exacerbation of an existing condition. Frail older people in particular thus require timely access to acute and specialist geriatric care. Moreover, older people in general retain the need for mental health and sexual health services, including the prevention and treatment of sexually transmitted infections, and as part of wider efforts to ensure and promote and protect rights and freedoms for all.

70.   To enable older people to age in a place that is right for them, services should be situated as close as possible to where they live, including delivering services in their homes and providing community-based care.

Strategic objective 3.3: Ensure a sustainable and appropriately trained, deployed and managed health workforce

71.   All service providers require the competencies appropriate to addressing older people's needs. These include gerontological and geriatric skills, as well as the more general competencies that are needed to provide integrated care, such as the ability to share information using information and communication technologies, combat ageism and provide self-management support. By its nature, the clinical care of older people requires the involvement of multidisciplinary teams, and competencies in working in this environment will also be essential, whether providers work in hospital or community settings.

72. Ensuring an adequately trained workforce will first require the nature, quantity and characteristics of these competencies to be defined. They should then be included in the curricula of all health professionals. Existing service providers are likely to require professional development to achieve them.

73. Ensuring that the supply of geriatricians meets population needs and encouraging the development of specialized units for the management of complex cases will also be important. This can ensure the appropriate treatment of more complex cases and can be a vehicle for research to identify better models of care.

74. New workforce cadres (such as care coordinators and self-management counsellors) and career paths will also need to be considered, as will options for extending the roles of existing health workers, whether paid or unpaid, working in institutions or in communities. In many countries, one challenge that will need to be faced will be the ageing of the health workforce. Employment models that foster retention of these skilled workers will need to be explored.

STRATEGIC OBJECTIVE 4: DEVELOPING SUSTAINABLE AND EQUITABLE SYSTEMS FOR LONG-TERM CARE

75. In many people's lives there will come a stage when they experience a significant loss of capacity. This is particularly true in older age. As part of the right to health, older people with, or at high risk of, a loss of capacity have a right to receive care and support that maintains the best possible level of functional ability and that is consistent with their human rights, fundamental freedoms and human dignity.

76. Worldwide, the number of older people requiring care and support is increasing rapidly. At the same time, the proportion of younger people who might be able to provide this care is falling, and women, the traditional caregivers within many families, are already filling, or aspiring to, other social and economic roles. As a result, the assumption that families alone can meet the needs of older people with significant losses of capacity is outdated and neither sustainable nor equitable.

77. In the 21st century, therefore, every country needs to have a comprehensive system for long-term care that can be provided at home, in communities or within institutions. These systems have many benefits beyond enabling care-dependent older people to continue to do what they value and to live lives of dignity. These include freeing women to pursue what they value, reducing inappropriate use of acute health services and helping families avoid poverty and catastrophic care expenditures. By sharing the risks and costs associated with care dependence across generations, long-term care systems can thus help foster social cohesion.

78. In framing how this can be achieved, the strategy adopts the definition of long-term care used in the *World report on ageing and health* – "The activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity".

79. Two key principles underpin this definition. First, even in circumstances of significant loss of functioning, older people still "have a life". They have the right and deserve the freedom to realize their continuing aspirations to well-being, meaning, and respect. Second, as with other phases of life, intrinsic capacity during this period is not static. Rather, declines in capacity are part of a continuum and in some cases may be preventable or reversible. Fully meeting the needs of someone at this stage

of life therefore demands that efforts be made to optimize these trajectories of capacity, thus reducing the deficits that will need to be compensated for through other mechanisms of care.

80.   Each country needs to develop a system that takes account of its economic and cultural context, and which can take advantage of existing health and social care delivery systems in ways that foster intergenerational equity. There is no single system of long-term care that can be applied in every setting, nor even in countries with similar resource constraints. Long-term care systems should be based on an explicit partnership between older people, families, communities, other care providers, and both the public and private sectors.

81.   A key role of government is to steward these partnerships and to build a consensus on the system that is most appropriate. Furthermore, governments in all settings also have a role to play in ensuring that the numerous components of the system are in place, including a sound regulatory framework, training and support for caregivers, coordination and integration across various sectors (including with the health system), and mechanisms such as accreditation and monitoring to ensure quality. In many countries, the public sector will also directly provide services, particularly to those most in need (either because of their loss of capacity, their socioeconomic status or marginalization).

Strategic objective 4.1: Establish and continually improve a sustainable and equitable long-term-care system

82.   Establishing a sustainable system requires a governance structure that can guide and oversee development and assign responsibility for making progress. This can help define the key services and roles, their expected benefits and who should deliver them, as well as the barriers that may exist to their being fulfilled. A key focus would be on developing the system in ways that help older people to age in a place that is right for them and to maintain connection with their community and social networks, and that are aligned to people's needs through the provision of person-centred, integrated care (including with the health system). As a part of universal health coverage, ensuring access to this care without the risk of financial hardship for the older person, caregiver or family, will require resourcing and a commitment to prioritize support for those with the greatest health and financial needs.

83.   A number of actions may help in achieving these aims. A clear recognition that long-term care is an important public health priority will be central. This can be linked to acknowledging the right of older people with significant losses of capacity to appropriate care and support, and anchoring this in national legislation to ensure access to quality services, with special attention to poor and marginalized older people. It will also be crucial to identify responsibility for system development and to initiate or review planning, defining the roles of government and other stakeholders and identifying the approaches that will be necessary to fulfil these roles, such as regulation, incentives and monitoring. Finally, sustainable and equitable mechanisms for resourcing and support will need to underpin any system, and these will need to be identified and developed.

Strategic objective 4.2: Build workforce capacity and support caregivers

84.   A comprehensive long-term care system will require all who contribute to it to be adequately skilled and appropriately supported. Many of the actions outlined under strategic objective 3.5 will be relevant for training providers of long-term care services. However, because the field of long-term care is undervalued in most countries, a crucial action will be to ensure that paid caregivers are accorded the status and recognition that their contribution deserves. Furthermore, unlike in the health system, the majority of caregivers in the long-term care system are currently family members,

volunteers, members of community organizations, or paid but often untrained workers. Many of them are, themselves, older people and most are women. Special efforts will be needed to ensure that all these caregivers have access to the resources, information and/or training they need to perform their role. This will ensure that older people receive the best possible care and relieve caregivers of the stress that arises from being insufficiently informed and skilled in how to deal with challenging situations. Other mechanisms that can ease the load on caregivers include the provision of respite care and of flexible working arrangements or leaves of absence for members of the workforce.

85.   Extending the current workforce will also be important. An adequately skilled and appropriately supported workforce will help retain care workers. One important possibility lies in the greater engagement of men and younger people, as well as of non-family members such as peers. Another is to draw on older volunteers who have been empowered through older people's associations. Good examples exist in many low- and middle-income countries, and these concepts and good practices may be transferrable across countries and settings.

Strategic objective 4.3: Ensure the quality of person-centred and integrated long-term care

86.   Long-term care services need to be oriented around the functional ability and well-being of older people. This requires systems and caregivers to provide care in a way that both supports the best attainable trajectory of intrinsic capacity and compensates for loss of capacity through support, care and environmental action to maintain functional ability at a level that ensures well-being and allows an older person to age in a place that is right for them. This can be achieved through care that is integrated across many professions and settings, as well as condition- and care-specific services (dementia and palliative care, for example). Using innovative assistive health technologies or drawing on existing technologies in innovative ways for coordination, support and monitoring may be particularly important.

87.   Ensuring the quality and effectiveness of this care requires appropriate guidelines, protocols and standards. It will also need mechanisms to accredit care providers (both institutional and professional), protect the rights of recipients, and monitor and evaluate the impact of long-term care provision on recipients' functional ability and well-being.

88.   A key step will be to identify models of long-term care in different settings that have the greatest impact on Healthy Ageing trajectories. Coordination across and between services (including between long-term care and health care services) can be facilitated through case management. Quality management systems that identify critical care points, with a focus on optimizing functional ability and well-being, will also be required. These will need to be underpinned by mechanisms to protect the rights and autonomy of care recipients.

STRATEGIC OBJECTIVE 5: IMPROVING MEASUREMENT, MONITORING AND RESEARCH FOR HEALTHY AGEING

89.   Progress on Healthy Ageing will require more research and evidence on age-related issues, trends and distributions, and on what can be done to promote Healthy Ageing across the life course. Many basic questions remain to be answered. These include:

> What are older people's needs and preferences? How diverse are these? What are the Healthy Ageing outcomes that people value and want societies to contribute to?

What are current patterns of Healthy Ageing? Is increasing life expectancy associated with added years of health?

What are the determinants of a long and healthy life, including structural, biological, social, individual or systems-related determinants? For example, what environmental features make a difference for Healthy Ageing outcomes? What biological or cellular advances can be made accessible and relevant to the widest range of people, particularly those with least resources?

What are the current needs of older people for health care and long-term care, and are they being appropriately met? How do we know whether someone has retained their autonomy?

How should differences in Healthy Ageing be measured, especially differences that are relevant for policy and action?

Are inequalities increasing or narrowing? For each context, what inequalities are inequities?

Which interventions improve trajectories of Healthy Ageing, and in which contexts and population subgroups do they work?

Are the availability, effectiveness and coverage of these interventions improving?

What is the appropriate timing and sequencing of these interventions in diverse contexts?

How can clinical research approaches be improved to generate information on the effectiveness and cost–effectiveness of therapies in older people or people with comorbidities?

What are the attributes of an age-friendly environment? Which interventions work to create more age-friendly environments?

What are the economic and other contributions of older people? What are the total costs of losses of functional ability in older age on the individual older person, his or her family and community? What is the return on investments in health services, social care and other forms of social protection for older people?

What are the best and most sustainable investments to foster Healthy Ageing across the life course?

90. Addressing these and other questions requires research in a range of disciplines that will be relevant to multiple sectors, with evidence produced in a way that can inform policy choices. It will require thorough evaluations of policies and interventions that are put in place. One fundamental step will be to understand the needs, rights and expectations of older people and their families. Another will be to better understand the interactions that older men and women have with their communities, social networks, the health and social sectors, and the broader environment. This will require qualitative and quantitative studies that document how these differ by socioeconomic or other characteristics, including gender and place of residence, and how these relationships have changed over time.

91. Historically, many data collection efforts have excluded older people or aggregated data above a certain age, for example 60 or 65 years. National statistics and surveillance approaches will need to become inclusive of older people, to the oldest age groups, and in sufficient numbers to document

their experiences and diverse contexts. Information resources will need to be disaggregated by age, sex and other characteristics, including civil status. This must be integrated in the design, collection and reporting of vital statistics and general population surveys, and approaches will be needed to link and analyse data across sectors. At present, when data on older people and functioning are collected, the instruments used are limited to identifying only those with disease or advanced losses of capacity. New methods and instruments are needed that can capture trajectories of Healthy Ageing and their determinants, outcomes and distributions across the life course, and these will need to be incorporated in routine data collection and other periodic population surveys.

92. To gauge the degree to which health and social systems are aligned to the needs of older adults, studies will need to consider not just the presence or absence of chronic and acute diseases, but also the presence of comorbidities and the impact that they have on older people's capacity and functional ability. This must be supplemented by better information on how the needs arising from these conditions are being met, either by services spanning health promotion, disease prevention, treatment, rehabilitation and palliative care, or broader social systems. Research will also be needed to consider to what extent the full range of services that older people require are available, effective and do not impose a financial burden on individuals or their families. The involvement and contribution of older people in setting priorities and developing methods, as study respondents and as stakeholders in reviewing results, are likely to lead to more relevant and more innovative study designs and interventions, whether in terms of policies, services, devices or products.

93. Multicountry and multidisciplinary studies that are representative of population diversity and the distinct contexts of older men and women will also be important. These can help identify what works in different contexts and among diverse populations. Global and local mechanisms will also be needed to ensure synthesis and rapid translation of knowledge and evidence into policy and practice. This will include the communication of information to decision-makers in forms that are most relevant to them, such as "best practices" or "best buys" in health promotion and clinical practice, population-based health interventions, age-friendly homes and communities, and health in all policies. But it will also require researchers to be engaged in processes that allow them to better understand the knowledge gaps that limit policy development and to be encouraged to fill these.

94. As evidence builds, accountability frameworks and mechanisms will be needed to monitor progress. These should incorporate the values enshrined in this strategy, spanning global targets, universal periodic reviews of human rights, health system performance evaluations, and commitments to age-friendly cities and communities, among others.

Strategic objective 5.1: Agree on ways to measure, analyse, describe and monitor Healthy Ageing

95. The current metrics and methods used in the field of ageing are limited, preventing a comprehensive understanding of the health issues experienced by older people and the usefulness of interventions to address them. Transparent discussions on values and priorities are needed, involving older people and other stakeholders, to inform how operational definitions and metrics on a long and healthy life can be constructed and implemented within monitoring, surveillance and research. Consensus should be reached on common terminology and on which metrics, biological or other markers, data collection measures and reporting approaches are most appropriate. Improvements will draw on a range of disciplines and fields, and should meet clear criteria.

96. Among other priorities, these new approaches will need to measure and analyse trajectories of intrinsic capacity and functional ability across the life course, distinguish between the capacity of the

individual and the impact of the broader environment, take account of the different physiology of older people and the high prevalence of multimorbidity when assessing the impact of clinical interventions, and capture the unique views of older people on what constitutes health and well-being. New analytical approaches are also needed to obtain more robust and comprehensive economic assessments of the impact of poor health on older people and the benefits of population-wide and clinical interventions.

Strategic objective 5.2: Strengthen research capacities and incentives for innovation

97.   For all countries, fostering Healthy Ageing also requires promoting innovation, voluntary knowledge exchange and technology transfer, and attracting resources (people, institutions and financing) to address the major challenges faced. Development of innovations (in areas ranging from assistive technologies and pharmaceuticals to care models and forecasting of scenarios) must be inclusive of older people well into the oldest age groups, in terms of design and evaluation that recognize the different physiology of older men and women. This will require significant strengthening of capacity at system, institutional and individual levels. It will also need greater collaboration across organizations, disciplines and countries.

98.   Multidisciplinary research, incorporating gender-sensitive and equity-oriented analyses involving older people at every stage, is needed to produce evidence that can inform new policies and evaluate existing ones. Ethical guidelines are needed to guide governments and stakeholders at all levels, to address competing demands for resources, and to develop more inclusive approaches that optimize the functional ability of every person.

99.   Much innovation relevant to older people will occur in disciplines other than gerontology and geriatrics. Yet outdated stereotypes of older age often limit the capacity of researchers in many fields to consider and identify opportunities for intervention. Even in health disciplines, ageist attitudes can limit research progress.

100.   Global research priorities that enable a better understanding of population ageing and health in the 21st century are needed, to address the determinants of healthy ageing and evaluate interventions to improve them. Researchers and other knowledge producers should be well informed and equipped. Resources will also need to be shifted to emerging areas or to address fundamental gaps, and findings must be easily accessible worldwide.

Strategic objective 5.3: Research and synthesize evidence on Healthy Ageing

101.   In order to mount an effective and sustainable public health response to population ageing, much better information is required on the needs and preferences of older people; whether these are currently being met; what influences trajectories of Healthy Ageing; what works to improve them; and the cost–effectiveness of these interventions. Research and evaluation studies should identify what can be done to enable every person to reach relatively high and stable capacity, to support those with declining capacity, and to support those with significant losses of capacity.

102.   As a start, population-based studies of older people at home, in communities and in institutions can identify the levels and distribution of intrinsic capacity and functional ability, how these are changing over time, and to what extent older people's needs for and expectations of health services and care are being met. This information should be collected in ways that allow valid and reliable comparison between settings and over time.

103.   More evidence is also required on how to shape underlying political, social, biological and environmental conditions and determinants, as these contribute to and differentially affect Healthy Ageing trajectories across the life course within a given society and across countries. Another priority will be to determine ways to regulate, select and integrate medical, health and social services to best support older adults at home, in the community or in institutions. This would need to include consideration of their governance and organization, access and financing, and their delivery by health professionals and informal care givers, as well as assessment of system performance. Research is also urgently needed on ways to improve the broader environmental context and multisectoral mechanisms that influence Healthy Ageing and to identify action that might be taken in the household, community, workplace or other locations to improve these impacts.

104.   Increasing recognition that many of the determinants of Healthy Ageing lie earlier in life has prompted interest in how life course approaches might be used to identify critical periods for action. This analysis should include how inequities and vulnerabilities (or strengths and resilience) are accumulated and determined. Greater use of longitudinal cohort studies can clarify cause-and-effect relationships and consider what development processes shape initial and lasting differences in health. Such studies, combined with natural experiments and evaluations, may also clarify the sequencing and effectiveness of interventions that can mitigate and overcome vulnerabilities, or further support desired outcomes.

105.   Finally, better clinical research is urgently needed on the etiology of, and treatments for, the key health conditions of older age, including musculoskeletal and sensory impairments, cardiovascular disease and risk factors such as hypertension and diabetes, mental disorders, dementia and cognitive declines, cancer, and geriatric syndromes such as frailty. This must include much better consideration of the specific physiological differences of older men and women and the high likelihood that they will be experiencing mutimorbidities. This could also be extended to include possible interventions to modify the underlying physiological and psychological changes associated with ageing.

RESOURCES

106.   Multiple actors and agents will need to align, collaborate and coproduce Healthy Ageing. These include formal tiers of government, individuals in communities and as patients and caregivers, and a wide spectrum of networks, associations, businesses and organizations in diverse sectors. The Programme budget 2016–2017 describes the financial resources required by the Secretariat for work to meet the Organization-wide strategic objective on ageing and health; however, the resources allocated to the area of Ageing and health are less than adequate to meet expectations. For future biennia, additional resources will be required, given the pace of population ageing and the increasing opportunities to foster Healthy Ageing. Further progress towards Healthy Ageing, regionally and nationally is dependent on the amount of additional resources available and allocated to this area, and on effective, joined-up actions across all programmes, departments and levels of the Organization. All partners – including intergovernmental and nongovernmental organizations, academic and research institutions and the private sector – will need to do more to mobilize resources at all levels.

MILESTONES 2016–2020

107.   Working together to implement the global strategy requires a whole-of-government and whole-of-society response. Moreover, the specific actions identified in Appendix for the period 2016–2020 require a timetable and milestones to which Member States and key stakeholders and development partners can commit themselves. This is part of the process of accountability for and commitment to

collaboration across governments, nongovernmental organizations, countries and other stakeholders. One of the first milestones identified for this five-year period is therefore the development of a set of core quantifiable process indicators related to the action plan's objectives by the end of December 2016. These will be used to measure subsequent progress and contribute to accountability. They would mostly focus on action taken by Member States and by the Secretariat, with an investment case for this work, also prepared. Together, they will help monitor whether overall implementation is on track, whether resources and collaborations are in place, and whether course correction is required, towards the vision of Healthy Ageing. The indicators will also be used to gauge the extent to which preparations have advanced towards planning for a Decade of Healthy Ageing during 2020–2030, including establishing baseline values for health and other outcome indicators of interest.

2016
May: Adoption of finalized global strategy and plan of action on ageing and health by the World Health Assembly
December: Identification of quantifiable progress indicators for each strategic objective in strategy
2017
February: Contribution to 15-year review of Madrid International Plan of Action on Ageing
June: Agreement on metrics and methods to assess Healthy Ageing – whether existing or new
2018
June: Mid-term report on implementation of strategy, including progress on evidence synthesis on key themes, monitoring, norms and "best buys". Refine direction of strategy based on learning to date.
2019
May – September: Proposal for Decade of Healthy Ageing discussed in open consultation with Member States, entities representing older people, bodies of United Nations system and other key partners and stakeholders
2020
January: Proposal for Decade of Healthy Ageing, extending the plan of action from 2020 to 2030, discussed at WHO Executive Board
October: Final report on review of strategy, with baseline for Decade on Healthy Ageing

Appendix

PLAN OF ACTION 2016–2020

The following table outlines the contributions to each strategic objective that can be made by Member States, the Secretariat of WHO and other bodies of the United Nations system, and national and international partners. Each country will vary in its preparedness to take the actions identified. What needs to be done, and in what order, will depend very much on the national context and priorities.

Strategic objective 1: Commitment to action on Healthy Ageing in every country

	Member States	**Secretariat (WHO and other bodies of the United Nations system)**	**National and international partners**
1.1 Establish national frameworks for action on Healthy Ageing	Identify government focal points for Healthy Ageing Systematically involve older people in the development, implementation monitoring and evaluation of all laws, polices and plans on ageing and health Develop, in collaboration with all relevant stakeholders national and regional plans to foster Healthy Ageing, establishing clear lines of responsibility and mechanisms for coordination, accountability, monitoring and reporting across all relevant sectors Allocate adequate resources to implement action plans while ensuring that public resources are effectively managed to facilitate Healthy Ageing Revise mainstream and ageing-specific laws and policies to foster Healthy Ageing, and revise compliance and enforcement mechanisms	Support policy dialogues on the *World report on ageing and health* and the global strategy and plan of action Develop an investment case and budget to resource the overall action plan in this area Strengthen intersectoral collaboration on Healthy Ageing Conduct a situation analysis of existing frameworks and share globally Include Healthy Ageing throughout the life course in the agendas of governing body meetings at all levels and in other social, health and economic fora Engage older people in policy-making at international, regional and national levels within WHO's own structures	Include Healthy Ageing in all dialogues and polices on health, human rights and development Exchange information, coordinate actions and share lessons learnt to support the development of policies and plans to foster Healthy Ageing Support the participation of older people and their representative organizations in revising and developing laws, policies and plans that impact on Healthy Ageing

	Member States	**Secretariat (WHO and other bodies of the United Nations system)**	**National and international partners**
1.2 Strengthen national capacities to formulate evidence-based policy	Create a decision making culture that values evidence and its uptake Create formal structures and make available opportunities, capacity and activities for translation of research and evidence, to inform policy-making Identify research gaps and encourage research in these areas Create mechanisms to enable effective communication flows between researchers and decision-makers	Provide technical support towards knowledge translation activities that enable evidence-based policy development on Healthy Ageing Facilitate exchanges across countries addressing innovations and good practices	Ensure that evidence is communicated in ways that are accessible to and useable by policy-makers Carry out research in areas where there are identified gaps for policy and practice Facilitate relationships among researchers, knowledge users, funders, older people, families and caregivers, and professional bodies in support of Healthy Ageing policy-making, including creating regional forums and peer-to-peer exchanges of information, good practice and tools
1.3 Combat ageism and transform understanding of ageing and health	Support the collection and dissemination of evidence-based and age and sex-disaggregated information about ageing and health and the contribution of older people Adopt legislation against age-based discrimination and put in place related enforcement mechanisms Modify or repeal existing laws, policies or programmes, in particular on health, employment and life-long learning, that discriminate directly or indirectly and prevent older people's participation in and access to benefits that would address their needs and rights Undertake communication campaigns, based on research into attitudes, beliefs and implications	Synthesize current evidence and provide guidance on understanding and acting on ageism for better policy Develop improved economic models for assessing the contributions of older people, and the costs and benefits of investments in Healthy Ageing Ensure WHO policies, guidance and communication are free from age-based and gender-based discrimination	Collect and disseminate evidence about ageing, the role and contribution of older people and the social and economic implications of ageism Ensure that a balanced view of ageing is presented in the media and entertainment, for example by minimizing sensationalist reporting of crimes against older people, and including older adults as role models

	Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
	of ageism, to increase public knowledge and understanding of Healthy Ageing		

Strategic objective 2: Developing age-friendly environments

	Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
2.1 Foster older people's autonomy	Raise awareness about the rights of older people and create mechanisms to address breaches of their rights, including in long-term care and emergency situations Provide mechanisms for advanced care planning (including long-term care provision), appropriate assistive technologies and supported decision-making that enable older people to retain the maximum level of control over their lives despite significant loss of capacity Provide information in formats such as large print, "easy read" and pictures that meet the needs of older people to make free and informed decisions Implement evidence-based falls prevention and elder abuse prevention and response programmes	Promote awareness and understanding of the rights of older people Develop technical guidance on maximizing autonomy covering a range of key issues such as food security, preventing and responding to elder abuse and preventing falls Provide a database of available evidence on prevalence, risk factors, consequences and interventions in elder abuse, including violence against older women Provide a list of essential assistive devices	Raise older people's awareness of their human rights Support the provision of assistive technologies Provide technical and financial support to implement policies and programmes that enhance older people's autonomy Create and support platforms for sharing information about what works in fostering older people's autonomy
2.2 Enable older people's engagement	Ensure formal participation of older people in decision-making on policies, programmes and services that concern them Support the development of older people's organizations	Promote awareness and understanding of the contributions of older people and the value of working with different generations Provide technical guidance and support to enable older people's engagement in development Engage older people in decision-making within WHO's own processes and on issues that concern them	Build the capacity of organizations of older people to participate effectively in policy development and planning Develop the capacity of older people's organizations to provide information, training, peer support and long-term care Support and create platforms for sharing the diverse voices of older people

	Member States	**Secretariat (WHO and other bodies of the United Nations system)**	**National and international partners**
2.3 Promote multisectoral action	Tailor advocacy messages to particular sectors about how they can contribute to Healthy Ageing	Expand and develop the WHO global network of age-friendly cities and communities to connect cities and communities worldwide	Promote the concept of age-friendly environments
	Encourage and support municipalities to take action to become more age-friendly	Provide an interactive platform to facilitate learning and exchange of information and experience on creating age-friendly environments that foster Healthy Ageing	Support the development of age-friendly cities, communities and countries by connecting actors, facilitating information exchange and sharing good practice
	Take action at all levels and in all sectors to foster functional ability, including to:	Provide technical support to countries to support the development of age-friendly environments	Provide technical and financial assistance to Member States in order to ensure that public services enable functional ability
	– protect older people from poverty, ensuring that older women who are most commonly affected are supported	Document, support and disseminate evaluations of existing age-friendly initiatives, to identify evidence of what works in different contexts	Provide guidance to Member States on a range of issues, such as establishing and maintaining nationally defined social protection floors; ensuring decent work for all ages and providing adequate housing
	– expand housing options and assist with home modifications that enable older people to age in a place that is right for them without financial burden	Suggest indicators that can inform policy-makers on progress on age-friendly environments	Support older people and their organizations to access information on mainstream programmes
	– develop and ensure compliance with accessibility standards in buildings, transport, information and communication technologies and other assistive technologies	Provide technical guidance and support on addressing the needs and rights of older people in emergencies	
	– provide community places where older people can meet, such as seniors' centres and public parks		
	– provide social opportunities as well as accessible information on leisure and social activities		
	– deliver older people's health literacy programmes		
	– provide opportunities for lifelong learning		
	– promote collaboration, age diversity and inclusion in working environments		
	Ensure effective coordination of implementation and monitoring, for example through task forces (linked with the overall coordination mechanisms outlined in strategic objective 1)		

Strategic objective 3: Aligning health systems to the needs of older populations

	Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
3.1 Orient health systems around intrinsic capacity and functional ability	Assess national health system responses to ageing populations and develop plans for realignment Sustainably finance the programmes, services and systems realignment necessary to foster Healthy Ageing Adapt information systems to collect, analyse and report data on intrinsic capacity and trends in capacity Ensure availability of medical products, vaccines and technologies that are necessary to optimize older people's intrinsic capacities and functional abilities Ensure collaboration between sectors, most importantly between health and social services, to address the needs of older people including those arising from mental disorders, dementia and cognitive declines and geriatric syndromes such as frailty, urinary incontinence, delirium and falls	Provide technical assistance and guidance on integrating health system responses to ageing populations into national healthy ageing policies and plans Provide technical advice and develop standardized approaches to enable regional and national assessments of health system alignment to needs of older people Provide technical assistance to enable health system change, including with regard to the health workforce, health information systems, medical products and technologies Document best practices and develop evidence-based service delivery models for integrated care in high, medium, and less resourced health care settings, and share models of care that have been shown to be effective in supporting intrinsic capacity	Advocate and support older people, their families and communities to participate in policy and planning decisions Support older people's engagement with health systems Promote older people's sexual health and rights Contribute with evidence and research on health system change for the older population
3.2 Develop and ensure affordable access to quality older person centred and integrated clinical care	Ensure that older people are provided with comprehensive assessments at the time of their engagement with the health system and periodically thereafter Design systems to foster the self-management of older people Identify and implement evidence-based models of integrated care Establish age-friendly infrastructure, service designs and processes Develop services as close as possible to where older people live	Provide technical support on the development of integrated services, including strategies to ensure service coverage and to reduce catastrophic health expenditure Develop evidence-based recommendations and clinical guidelines on prevention and management of functional decline and	Participate in advocacy campaigns and partner in existing initiatives to encourage the adoption of integrated care models Build awareness of the health needs of ageing populations and older people, and support self-management and engagement of older people, family and communities

	Member States	**Secretariat (WHO and other bodies of the United Nations system)**	**National and international partners**
	Implement universal health coverage Strategies to reduce out-of-pocket payments, wherever possible by extending population coverage, and widening the package of services that older people often need Deliver community-based interventions to prevent functional decline and care dependency Adopt and implement WHO guidelines on integrated care for older people Ensure the continuum of care, including linkages with sexual health programmes, and availability of acute care, rehabilitation and palliative care	care dependence in older age, and disseminate and pilot these guidelines at country level Produce evidence and guidance on clinical management of specific conditions relevant to older people, including musculoskeletal and sensory impairments, multimorbidities, cardiovascular disease and risk factors such as hypertension and diabetes, mental health illness and dementia, and cancer Develop tools and guidance to facilitate implementation of case management	
3.3 Ensure a sustainable and appropriately trained, deployed and managed health workforce	Ensure competencies on ageing and health are included in the curricula of all health professionals Ensure competencies in ageing (including those required for comprehensive Healthy Ageing assessments and integrated management of complex health care needs) of existing health professionals through pre- and in-service training Ensure capacity of training institutions to establish/expand geriatric education Ensure balanced distribution of workforce within countries and development of workforce to match demand for services Promote new workforce cadres (such as care coordinators, case managers, and community care workers) Provide opportunities for extending the roles of existing staff for delivering care for older people	Provide technical support and guidance on competencies required to meet the needs of older populations Report on the impact of population ageing on the health workforce and on the adequacy of the current workforce to meet the needs of older populations Provide technical assistance to countries to develop evidence-informed strategies on the health workforce Support the development of guidance and training programmes to improve the skills and knowledge of health professionals in low- and middle-income countries	Support teaching institutions in revising their curricula to address ageing and health issues Provide technical support and expertise to conduct training, especially in countries where there is shortage of health care professionals working in the field of ageing Become familiar with, and help to implement, WHO norms and guidelines on integrated care for older people

Strategic Objective 4: Developing sustainable and equitable systems for providing long-term care (home, communities, institutions)

	Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
4.1 Establish and continually improve a sustainable and equitable long-term care system	Identify access to long-term care as a public health priority and a human right Steward development of the infrastructure and support needed to ensure that long-term care is addressed under universal health coverage Define appropriate systems of care to improve the functional ability and well-being of older people with, or at risk of, a loss of capacity Identify and put in place sustainable mechanisms for resourcing long-term care Convene relevant stakeholders, including older people and caregivers, and plan for sustainable and equitable long-term care, including provision, resourcing, regulation and monitoring, and define roles and responsibilities (linked with strategic objective 1) Foster collaboration between key stakeholders, including care-dependent people and their caregivers, nongovernmental organizations, and the public and private sectors, to provide long-term care	Provide guidance on appropriate and sustainable systems of long-term care relevant to different resource settings Provide technical support to Member States to identify sustainable mechanisms for resourcing long-term care Provide technical support for national situation analysis and the development, implementation and monitoring of legislation, services, policies and plans on long-term care	Contribute evidence to develop and implement appropriate systems and sustainable mechanisms for resourcing long-term care in diverse resource settings Contribute to the development and implementation of an integrated, sustainable, equitable, and ability-oriented, system of long-term care
4.2 Build workforce capacity and support caregivers	Develop and implement strategies for the provision of information, training and respite care for unpaid caregivers, and flexible working arrangements or leaves of absence for those who (want to) participate in the workforce Produce national standards for training of professional caregivers	Provide guidance on training and task-shifting for long-term care provision Provide online resources on long-term care provision for unpaid caregivers	Contribute to the development and implementation of training, continuing education and supervision for the long-term care workforce Ensure pay, benefits and working conditions for care workers Provide flexible working arrangements or leaves of absence for unpaid caregivers

	Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
	Develop – through training and task-shifting – the long-term care workforce (also including men, younger people and non-family members such as older volunteers and peers) Improve working conditions, remuneration and career opportunities in order to attract and retain paid caregivers Provide continuing education, supervision and other support for existing paid caregivers		Create and support platforms for the development and evaluation of cost-effective interventions to support the long-term care workforce Contribute with research and evidence to the development and evaluation of cost-effective interventions to support the long-term care workforce
4.3 Ensure the quality of person-centred and integrated long-term care	Ensure the development and implementation of national care standards, guidelines, protocols and accreditation mechanisms for ability-oriented, person-centred integrated long-term care provision Ensure the establishment of formal mechanisms for ability-oriented, person-centred integrated long-term care, for example through case management, advance care planning and collaboration between paid and unpaid caregivers Ensure the appropriate use of and affordable access to innovative assistive health technologies to improve the functional ability and well-being of people in need of long-term care Ensure that long-term care services are age-friendly, ethical and promote the rights of older people and their caregivers Ensure the monitoring of long-term care in terms of functional ability and well-being, and the continuous improvement of long-term care based on the outcomes	Provide technical support to Member States on ability-oriented, person-centred integrated long-term care provision Develop guidance on specific approaches to ensure the quality and appropriateness of long-term care in different resource settings	Follow national care standards, guidelines, protocols, accreditation and monitoring mechanisms Provide quality long-term care services in line with national care standards, guidelines and protocols in an age-friendly and equitable way promoting the rights of older people Provide mechanisms for care providers to share and learn from experiences Develop and implement innovative long-term care services, including through the use of technology for coordination, care, support and monitoring

Strategic objective 5: Improving measurement, monitoring and research on Healthy Ageing

	Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
5.1 Agree on ways to measure, analyse, describe and monitor Healthy Ageing	Ensure national vital registration and statistics are disaggregated by age and sex throughout the life course, and by important social and economic characteristics Encourage monitoring, surveillance and reporting in line with agreed global metrics Encourage data-sharing and linkages across sectors (such as health, social welfare, labour, education, environment, transportation) Conduct periodic, population-based monitoring of older people, including those in long-term care institutions Link the monitoring of Healthy Ageing metrics to the evaluation of national sectoral, intersectoral and multisectoral policies and programmes, and link to other international efforts (such as the Sustainable Development Goals)	Convene and liaise across specialized agencies of the United Nations system and other development partners to foster a consensus on metrics and methods Review existing data sources, methods and indicators and promote the sharing of data and methods for global, regional, national and community-based monitoring and surveillance of Healthy Ageing Develop norms, metrics and new analytical approaches to describe and monitor Healthy Ageing, including levels and distributions, and ways to combine and report information on intrinsic capacity, functional ability and length of life Develop resources, including standardized survey modules, data and biomarker collection instruments and analysis programmes Prepare a global situation report on Healthy Ageing by 2020 reflecting metrics, data availability and distribution within and across countries, and new evidence on what can be done to support Healthy Ageing	Empower older people to participate and share best practices to experience Healthy Ageing Provide qualitative and quantitative information to track progress towards Healthy Ageing and advocate for accountability by all stakeholders Work with partners to improve measuring, monitoring and reporting systems, including enabling age- and gender-sensitive analysis Support policy development by reporting on trends and emerging issues
5.2 Strengthen research capacities and incentives for innovation	Incorporate older people in all stages of research and innovation, including their needs and preferences	Advocate for strengthened research funding, capacities, methods and collaboration to foster Healthy Ageing and	Encourage older people to participate in research and identify research questions and the need for innovation, including developing study designs

	Member States	**Secretariat (WHO and other bodies of the United Nations system)**	**National and international partners**
	Ensure older people are meaningfully and statistically represented in population-based studies with sufficient power to analyse data, and included in clinical trials	combat ageism, including through a network of WHO collaborating centres on ageing and health, pilot countries from all WHO regions, and civil society organizations	Support training and capacity development efforts, including networks of academics, researchers and trainers that incorporate low- and middle-income countries
	Strengthen research funding, capacities and collaborations to address Healthy Ageing	Support international cooperation to foster technological innovation, including by facilitating the transfer of expertise and technologies such as assistive devices, information and communication technology and scientific data, and the exchange of good practices	Ensure that older people participate in clinical trials and evaluation of new technologies that take account of the different physiology and needs of older men and women
	Create incentives and support innovation that meet the needs of different age groups, including older people, through multisectoral and intersectoral actions, including technological and social innovations for home- and community-based services for older populations		Support small- and large-scale innovations
	Support voluntary and mutually agreed technology transfer that includes services, innovations, knowledge and best practices	Develop ethical frameworks to identify health and social services that respond to the needs and rights of older people and to prioritize what is included within national benefit packages and universal health coverage	Encourage the participation of older people in the development, design and evaluation of services, technologies or products
	Guide research and innovation to ensure public and private sector developers and providers (including health and care services, devices, and drugs) meet the specific needs of all older people, including those with limited resources	Contribute to development and sharing of new methods and approaches to: – deliver integrated person-centred health care and long-term care services – shape clinical research to be more relevant to older people – finance health services and long-term care within universal schemes – meet older peoples' needs and expectations in communities, cities and rural areas that facilitate ageing in place, with regard to	Promote innovation to accelerate the development of new and improved assistive technologies and interventions to support older people Collaborate to shape the global research and innovation agenda on Healthy Ageing, and advocate and support funding and capacity strengthening
	Build national capacity to synthesize research, as inputs to knowledge translation and evidence based policies (link to SO 1)		

	Member States	**Secretariat (WHO and other bodies of the United Nations system)**	**National and international partners**
		issues such as health, land use, housing, transportation and broadband	
		– establish the prevalence and prevention of elder abuse	
		– quantify the contributions of older people and the investments required to provide services they need	
		– combine multiple disciplines and qualitative and quantitative data to communicate older peoples' diverse needs and expectations	
		Convene and work with partners to develop and communicate a global research agenda on healthy ageing	
5.3 Research and synthesize evidence on Healthy Ageing	Establish regular longitudinal population surveys, measuring health status and related needs of older people and to what extent needs are being met Reflecting older peoples' needs and expectations, shape, fund and implement national research and innovation priorities on Healthy Ageing Promote and support research to identify the determinants of Healthy Ageing and to evaluate interventions that can foster functional ability Promote and support multisectoral and intersectoral collaboration with diverse stakeholders to design and evaluate actions to foster functional ability	Organize and participate in international forums to raise awareness of research priorities for Healthy Ageing Coordinate priority multicountry research and evaluation efforts, for example building on the WHO study on global ageing and adult health or extending other existing efforts Collaborate with stakeholders to identify the range and potentially common trajectories of intrinsic capacity and functional ability, and their broader social, economic and environmental determinants in different populations and contexts Advocate for and enable research to scale up	Collaborate and participate in research design and implementation, including evaluation of what works in different settings Contribute learning gained from associations and organizations addressing risk factor-, disease- or condition-specific issues, that are inclusive of older people (including dementia, elder abuse and self-help approaches) Develop and test innovative approaches to strengthening institution-, community- and home-based care to implement the most appropriate interventions and increase access to essential medicines for older people, including pain relief medicines such as opioids Support research and dissemination of evidence

	Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
	Provide forums for the exchange of experiences, good practices and lessons learned Promote research into innovations that contribute to age-friendly environments, including at the workplace Synthesize research and disseminate evidence on Healthy Ageing that addresses important policy questions and older people's expectations	interventions and strengthen national health systems, including health workers, informal caregivers and long-term care (home-, community- and institution-based) towards meeting the needs of older people Review and share models of care that have been shown to be effective in supporting intrinsic capacity	on the impact of health services, long-term care and environmental interventions on trajectories of healthy ageing Engage in dialogue within communities and the media, and use effective communication techniques to convey messages about Healthy Ageing
	Reflecting global evidence on what works in diverse contexts and basic standards, encourage testing of approaches to further develop systems of long-term care (home-, community- or institution-based)	Develop and identify evidence-based approaches to intersectoral action to maximize functional ability, particularly in resource-poor settings Document health inequalities and inequities, and their impacts across the life course on Healthy Ageing, and report how these can be mitigated by health and social interventions and by multisectoral and intersectoral actions	

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