

Decade of Healthy Ageing 2020-2030

This document proposes a *Decade of Healthy Ageing 2020-2030* (hereafter: *the Decade*) – ten years of concerted, catalytic and sustained collaboration, led by WHO. Older people themselves will be at the centre of this effort that will bring together governments, civil society, international agencies, professionals, academia, the media and the private sector to improve the lives of older people, their families and the communities they live in.

Box 1: Key ageing facts

1. **By the end of this *Decade of Healthy Ageing* - in 2030 - the number of people 60 years and older will grow by 56 per cent, from 962 million (2017) to 1.4 billion (2030).** By 2050, the global population of older people will more than double to 2.1 billion.
2. **Globally, the number of older persons is growing faster than the number of people in all younger age groups.** By 2030, older persons will outnumber children under 10 (1.41 billion versus 1.35 billion). By 2050, there will be more people aged 60 years or over than adolescents and youth aged 10-24 years (2.1 billion versus 2.0 billion).
3. **The number of persons 60 years and older will grow fastest in developing countries.** Between 2017 and 2050, the number of persons aged 60 years and over living in developing regions is expected to more than double from 652 million to 1.7 billion whereas more developed countries will see an increase from 310 million to 427 million. The number of older persons is growing fastest in Africa, followed by Latin America and the Caribbean then Asia. Projections indicate that nearly 80 per cent of the world's older population will live in the less developed countries in 2050.
4. **In most countries, the proportion of older people in the population will increase.** In 2017, 1 in 8 people worldwide was aged 60 or over. By 2030, this is projected to rise to 1 in 6, and by 2050, 1 in 5.
5. **Women tend to live longer than men.** At the global level in 2010-2015, women's life expectancy at birth exceeded that of men by 4.6 years. Consequently, in 2017, women accounted for 54 per cent of the global population aged 60 years or over, and 61 per cent of those aged 80 years or over.
6. **The pace of population ageing is accelerating.** Today's developing countries must adapt much more quickly to ageing populations than many developed countries but are often at much lower levels of national income and health and social welfare infrastructure and capacities, compared to other countries that developed much earlier.

Source : https://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf

Note: New measurements on ageing and prospective life expectancy will be presented in UNDESA Population Division's forthcoming World Population Ageing Report 2019. See: <http://www.iiasa.ac.at/web/home/about/news/190227-aging.html>.

SECTION 1: A NEW CONTEXT NEEDS CONCERTED, SUSTAINED ACTION

Longer lives

Longer lives are one of our most remarkable achievements. Better public health measures, such as cleaner drinking water, improved sanitation infrastructure and hygiene practices, and breakthroughs like vaccines, antibiotics and emergency obstetric care services have decreased the number of deaths in early and middle life, leading to an increase in overall life expectancy.

The world's population is ageing. The Ageing Facts (see **Box 1**) show that both the number and proportion of people aged 60 and over in the population is increasing, that this increase is happening at an unprecedented pace, and that it will accelerate in coming decades, affecting developing countries the most.

Population ageing is impacting on all aspects of society, including labour and financial markets, the demand for goods and services, such as education, housing, health, long-term care, social protection, transportation, information and communication, as well as family structures and intergenerational ties.

Despite the predictability of population ageing, countries are at varying states of preparedness. Many of today's older people do not have access to even the basic resources necessary for a life of meaning and of dignity. Many others face numerous barriers every day that prevent them from fully participating in society. These difficulties are exacerbated for older people in humanitarian emergencies, where resources are more limited and barriers higher. Preparing for the social and economic shifts associated with an ageing population is essential to ensure progress in development, including the achievement of the goals outlined in the 2030 Agenda for Sustainable development.

Longer and healthier lives

The extent of the beneficial opportunities that arise from increasing longevity will depend heavily on one key factor: health. If people are experiencing these extra years of life in good health, their ability to do the things they value will be little different from that of a younger person. If these added years are dominated by poor health, the implications for older people and for society are much more negative.

Good health adds life to years. Longer and healthier lives must be our next greatest achievement. Although 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.

Poor health does not need to dominate older age. Most health problems confronting older people are associated with chronic conditions, particularly noncommunicable diseases. Many can be

prevented or delayed by engaging in healthy behaviours such as not smoking and drinking, eating well and doing regular physical activity. Even for people with declines in capacity, supportive environments can ensure that they live lives of dignity and continued personal growth.

Healthy Ageing can be a reality for all. This requires a shift in focus away from considering healthy ageing as the absence of disease to fostering the functional ability that enables older people to be, and to do, what they have reason to value. This ability is determined not just by the physical and mental capacity of the individual, but also by the physical and social environments they inhabit. Both should be the focus of political commitment and societal action.

Health inequities and leaving no one behind

Demographic changes combined with rising inequality trends and tighter public finances in many countries is modifying life prospects at older ages.

There is no “typical” older person as ageing is not a uniform process. There are large inequities in both longevity and healthy life expectancy across social economic groups. Across OECD countries for example a 25-year-old university educated man can expect to live 7.5 years longer than his low educational peer; for women the difference is 4.6 years¹. These findings are more acute in emerging economies.

Healthy ageing is closely linked to social and economic inequities². Disadvantages in health, education, employment and earning, start early, reinforce each other and accumulate over the life course. Men and women in poor health work less, earn less and retire earlier³. Early retirement is also affected by opportunities for life-long learning, labour market conditions and the design of pensions systems. The great diversity in the capacities and health needs of older people, resulting from events throughout the life-course that can often be modified, underscore the importance of a life-course approach to the social determinants of health.

Inequities are linked to gender. Poverty in older age is much higher in women than in men. Women workers, and particularly older women workers, are disproportionately affected by the automation of jobs and are likely to be at increased risk of being left behind and dislocated by technological change, including the advancement of artificial intelligence⁴. Gender bias in pensions and social security systems is widespread and exacerbates poverty and exclusion for many older women.⁵ For example annual pension payments in OECD countries are on average 27% lower for women.

Dependency in older age is felt more acute by lower socioeconomic groups. People from lower socioeconomic groups are more likely to experience declines in physical and mental capacities and require support for activities of daily living. This increases the need for long term care among those

1 https://read.oecd-ilibrary.org/employment/preventing-ageing-unequally_9789264279087-en#page24

2 WHO, World Report on Ageing and Health, 2015, p. 9

3 https://read.oecd-ilibrary.org/employment/preventing-ageing-unequally_9789264279087-en#page17

4 https://iwpr.org/wp-content/uploads/2019/03/C477_Women-and-Automation_Executive-Summary_ADA-Compliant.pdf;
http://www.ilo.org/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_209717.pdf

5 https://www.ilo.org/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_209717.pdf

who are less able to pay for it increasing the need for informal care. In countries with higher levels of social protection for long term care services, rates of informal care are lower, and gender inequality in care is smaller.

Healthy ageing is closely linked to ageism, interacting with other forms of discrimination such as sex and gender-based discrimination. Preventing ageism, ensuring a person-centred approach to patient care - without financial hardship, developing knowledge and skills in geriatric care and improving health literacy will help promote health. Providing equal opportunities for workers to upgrade their skills, assistance and retraining after job loss and removing barriers to retain and hire older workers can all help limit age-based discrimination.

Why we need a *Decade of Healthy Ageing*

We need the *Decade of Healthy Ageing* to maximise opportunities to achieve Agenda 2030 by focusing on evidence-based actions that can add health to years while strengthening the focus on equity and leaving no older person behind.

A **decade of concerted and sustained collaboration to foster Healthy Ageing** is needed to **shift population ageing from a challenge to an opportunity**. Population ageing is raising concerns about how to cope with the expected greater costs of health and long-term care and the economic implications of having a comparatively smaller share of younger people at traditional working age. Available evidence suggests that caring for older populations may not be so costly to finance and that older people provide significant economic and societal benefits especially when healthy and active, for example through direct participation in the formal and informal workforce, through taxes and consumption, social security contribution, through cash and property transfers to younger generations, volunteering etc.

Box 2: Lessons learned from previous Decades of Action

For the past 60 years, the United Nations have declared more than 47 International Decades of Action to further programmatic objectives. Many advances in core areas of work would not have been possible without such concerted effort. The work to advance the *Decade of Healthy Ageing* draws from these previous experiences.

In 2018, WHO conducted a review of previous health-related Decades using a comparative analysis research design. This revealed some key success factors:

1. Ensure the powerful cause has a human face
2. Identify (early on) Member States Champions
3. Identify and engage with committed partners, including civil society, academia and the private sector, particularly those in support of R&D, data, financing and innovation
4. Transform the “ecosystem” (coordination, financing, accountability), not just the issue
5. Focus on country level support
6. Having a strategic policy framework, global plan
7. Cross sectoral collaboration
8. Linkages and practical package solutions within the SDG framework.

The benefits to society from expenditures made to foster healthy ageing, including integrated health and social care, will include better health, skills and knowledge, social connectivity, personal and financial security, personal dignity. These might all be missed if we fail to make the appropriate adaptations and investments. Furthermore, a Decade now provides an opportunity to harness scientific and medical innovations, and new treatments and assistive technologies that can foster healthier ageing⁶⁷. As summarized in Box 2, a decade of action can elevate an issues significance, create an urgency to act and generate transformative change.

Building on solid foundations and aligning with Agenda 2030

The *Decade of Healthy Ageing* builds on, and responds to, key global commitments and calls for action. Firstly, it builds on the **Madrid International Plan of Action on Ageing** (MIPAA, 2002)⁸ (See Annex 1) and responds to gaps in advancing health and wellbeing through strengthening multisectoral approaches to healthy ageing.

The *Decade* is also based on the **Global strategy on ageing and health (2016-2030)⁹ (Global Strategy)** which underwent extensive consultation and was itself informed by the *World Report on Ageing and Health* (2015)¹⁰. The Global Strategy supports multisectoral action for a life course approach to healthy ageing and called for transformative change that would foster both longer and healthier lives. The Strategy's goals for the first four years (2016-2020) focused on implementing available evidence, filling gaps and fostering the partnerships needed for a decade of concerted action in relation to five strategic objectives. See Annex 2 for an Executive Summary.

The *Decade*, like the *Global Strategy*, is aligned to Agenda 2030 for Sustainable Development with its **17 Sustainable Development Goals (SDGs)**. Agenda 2030 is a global pledge that no one will be left behind and that every human being will have the opportunity to fulfil their potential in dignity and equality (See Figure 2 and Annex 3).

The action areas proposed in Decade also support the achievement of the goals of other closely related **strategies and plans endorsed by the World Health Assembly and the United Nations General Assembly related to population ageing¹¹**.

⁶ World Economic Forum, 2019 Global Future Council on the Future of health and healthcare 2016-2018. Health and Healthcare in the Fourth Industrial Revolution.

⁷ http://www.ilo.org/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_209717.pdf

⁸ <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation.html>

⁹ <https://www.who.int/ageing/WHO-GSAP-2017.pdf?ua=1>

¹⁰ <https://www.who.int/ageing/publications/world-report-2015/en/>

¹¹ including: Commission on Ending Childhood Obesity; Global Strategy and Action Plan on Ageing and Health 2016–2020 (Summary in Annex 2); Global Plan for the Decade of Action for Road Safety 2011–2020; WHO Public Health and Environment Global Strategy; The New Urban Agenda; Mental Health Action Plan 2013–2020; Global Action Plan on the Public Response to Dementia 2017–2025; Global Strategy for Women's, Children and Adolescents' Health 2016–2030; WHO Global Disability Action Plan 2014–2021; Global Nutrition Report 2017: Nourishing the SDGs; United Nations Decade of Action on Nutrition 2016-2025; The Global Compact on Refugees

SECTION 2: VISION, ADDED VALUE AND PRINCIPLES

Our vision is a world in which all people can live longer and healthier lives. This is the vision of the *Global Strategy 2016 – 2030*, is linked to the three priorities for MIPAA, and reflects the vision of the SDGs to leave no one behind.

Our focus is on the second half of life. Actions to improve trajectories of Healthy Ageing can and should take place at all ages- underscoring the importance of a life course approach. Yet, given the unique issues that arise in older age, and the limited attention this period has received compared to other age cohorts, the Decade, like the Global strategy, focuses on what can be done for people in the second half of their lives. Importantly, the Actions outlined in this document – implemented at multiple levels and in multiple sectors - will benefit both current and future generations of older people.

The *Decade of Healthy Ageing* will adhere to the **guiding principles and core values** of Agenda 2030, and those articulated in the *Global Strategy* and the Global Campaign to Combat Ageism¹² (See Annex 4).

The added value of the *Decade of Healthy Ageing* will be to:

- Highlight the urgency to act and align actions and investments to improve the lives of older people, their families and communities;
- Offer a robust, country-driven plan of action for all ageing and health stakeholders;
- Help countries attain commitments that are meaningful to older people by 2030;
- Provide and share regional and global perspectives on a wide variety of healthy ageing issues;
- Provide a multi-stakeholder **Platform** that supports the successful implementation of concrete activities and programmes and enables partnering to achieve more together than any organization or institution could achieve alone.

Figure 1 depicts the transformational pathways of change from the situation in 2020 towards achieving the vision of the *Decade of Healthy Ageing* and contributing to the achievement of the SDGs by 2030.

¹² <https://www.who.int/ageing/ageism/campaign/en/>

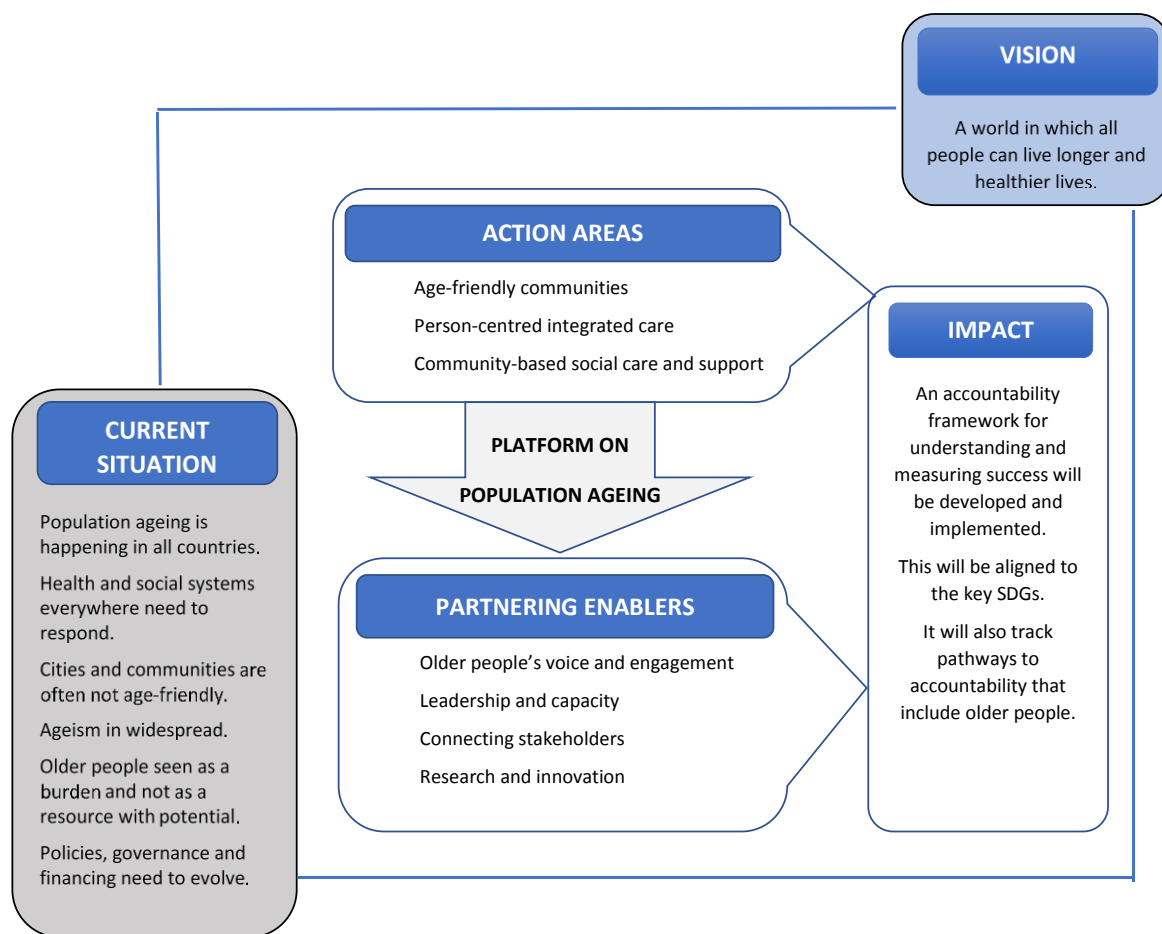


Figure 1: Transformation pathways for the Decade of Healthy Ageing

SECTION 3: ACTION AREAS

To foster *Healthy Ageing* will require fundamental shifts, not just in the actions we take, but in how we think, feel and act towards age and ageing.

Ageism - the stereotyping, prejudice and discrimination towards people based on age - is highly prevalent and insidious with deleterious effects on health and participation. Pervasive ageist stereotypes of older people as uniformly frail, burdensome and dependent are not supported by evidence and limit society's ability to appreciate and release the potential human and social capital inherent in older populations. These negative attitudes also influence decision-making, choices about public policy (education, labour, health care etc) and public attitudes and behaviours.

Combating ageism, must be integral to the three action areas that are intended to improve the lives of **older people, their families and their communities:**

1. Communities become age-friendly by developing in ways that foster the abilities of older people
2. Ensure person centred¹³ integrated care for older people
3. Provide older people who need it access to long-term care at community level.

These three action areas are strongly interconnected. For example, community-based care and support are essential to providing person-centred integrated care. Integrated and long-term care are key domains of an age-friendly community; combating ageism needs to happen across all policies and programmes.

Activities over the *Decade* should take place at local, national, regional and global levels but the focus is on local and national levels. These activities **need to be crafted in ways that overcome, rather than reinforce, inequities**. Individual factors such as gender, ethnicity, level of education, civil status, or where one lives, can result in unequal access to the benefits from these action areas and hence affect an older person's ability to optimize *Healthy Ageing*. Without considering these inequitable relationships, policies and programmes in these three areas risk widening the gaps and leaving some older people behind.

Addressing the current challenges for older people, while also anticipating the future for those who will make their journey into older age, must guide commitments and actions during the Decade. In doing so together we can create a future that gives all older people the freedom to live lives that previous generations might never have imagined.

3.1. Develop communities in ways that foster the abilities of older people

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

Older people increasingly live in urban areas. At the global level between 2000 and 2015, the number of people aged 60 years or over increased by 68 per cent in urban areas, compared to a 25 per cent increase in rural areas¹⁴. In 2015, 58 per cent of the world's people aged 60 years or over resided in urban areas, up from 51 per cent in 2000. Cities and communities have a key role in creating age-friendly environments and becoming better places in which to live, work, play and age. This can happen through community action to understand the needs, set priorities, plan strategies and implement them to foster healthy ageing drawing on existing human, financial and material resources.

¹³ Definition of *people-centered*: providing care that responds to individual preferences, needs and values. Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care. Geneva: World Health Organization; 2018 (<http://www.who.int/service-delivery-safety/areas/qhc/nqps-handbook/en/>).
¹⁴ www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf

At the heart of this process is the engagement of many sectors - health, long-term care, social protection, housing, transportation, information and communication, as well as many actors – government, service providers, civil society, private sector, older people and their organizations, families and friends within many contexts – including humanitarian response. It can also require action at multiple levels of government.

Activities under this action area will:

- recognize the wide range of capacities and resources among older people;
- anticipate and respond flexibly to ageing-related needs and preferences;
- respect older people's decisions and lifestyle choices;
- reduce inequities;
- protect those who are most at risk; and
- promote older people's inclusion in and contribute to all areas of community life.

3.1. Create age-friendly cities and communities		
Member States	Secretariat (WHO and other UN system bodies)	National and international partners
<ul style="list-style-type: none"> • Modify or repeal local programmes, particularly on health, employment and life-long learning, that discriminate directly or indirectly, and prevent older people’s participation and access to benefits that would address their needs, regardless of their citizenship. • Develop national and/or subnational programmes on age-friendly cities and communities. • Engage with older people and other stakeholders in the development of these programmes. • Encourage and support municipalities to act to become more age-friendly. • Undertake local communication campaigns, based on research into stereotypes, prejudice and discrimination, to shift public knowledge and understanding of <i>Healthy Ageing</i>. • Tailor advocacy messages to specific sectors about how they can contribute to <i>Healthy Ageing</i>. • Take evidence-based action across levels and sectors to foster functional ability, including to: <ul style="list-style-type: none"> ○ shift attitudes towards age and ageing ○ protect older people from poverty, ensuring that older 	<ul style="list-style-type: none"> • Expand and develop the WHO global network for age-friendly cities and communities to connect cities and communities worldwide benefiting all older residents, regardless of citizenship. • Provide on the platform opportunities to facilitate learning and exchange of information and experience on creating age-friendly environments that foster <i>Healthy Ageing</i> and identify evidence of what works in different contexts. • Provide evidence and technical support to countries to support the development of age-friendly environments that also include acting on ageism. • Host regional and global forums and training to facilitate learning among city leaders. • Identify specific priorities and opportunities for collaborative action and strengthening existing mechanisms for 	<ul style="list-style-type: none"> • Promote the concept of age-friendly environments. • Support the development of age-friendly cities, communities and countries inclusive of all older people by connecting actors, facilitating information exchange, sharing good practice. • Support the implementation of age-inclusive response in humanitarian emergencies • Provide technical and financial assistance to Member States to ensure that public services enable functional ability. • Support older people and their organizations to access information on mainstream programmes. • Support the collection and dissemination of evidence-based and age-and sex-disaggregated information about the contribution of older people. • Promote research on age-friendly cities and communities including the collection of local evidence on ageism and what frames work to reduce it. • Collect and disseminate

3.1. Create age-friendly cities and communities

Member States	Secretariat (WHO and other UN system bodies)	National and international partners
<p>women who are most affected are supported including through access to adequate social protection</p> <ul style="list-style-type: none"> ○ expand housing options and home modifications that enable older people to age in a place that is right for them without financial burden; ○ develop and ensure compliance with accessibility standards in buildings, transport, information and communication technologies and assistive technologies; ○ provide social opportunities as well as accessible information on leisure and social activities; ○ deliver older people’s health programmes for example health literacy, falls prevention; ○ prevent and respond to elder abuse ○ strengthen the development and implementation of programmes and services, to increase the opportunities for, physical activity and good nutrition. ○ provide opportunities for lifelong learning; ○ promote age diversity, combat ageism and foster inclusion in work. ○ Develop contingency plans for humanitarian emergencies to ensure an age-inclusive humanitarian response <ul style="list-style-type: none"> ● Allocate the necessary human and financial resources ● Monitor and evaluate actions to steer efforts towards what works. 	<p>multisectoral coordination and exchange among partner networks and constituencies.</p> <ul style="list-style-type: none"> ● Provide tools and support for accountability to assist communities, cities and regions to monitor and evaluate progress on age-friendly environments. ● Provide technical guidance and support on addressing the needs and rights of older people in emergencies. ● Support governments to develop contingency plans for humanitarian emergencies that ensure an age-inclusive humanitarian response 	<p>evidence about ageing, the role and contribution of older people and the social and economic implications of ageism.</p> <ul style="list-style-type: none"> ● Ensure that a balanced view of ageing is presented in the media.

3.2. Ensure person-centred integrated care for older people

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

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

Integral to these activities will be the need to reduce ageism in health care which is widespread and takes many forms. Ageism affects both users of health care services and health care workers. It serves as a barrier to accessing health services and affects the quality of health services provided.

3.2. Ensure person-centred integrated care for older people		
Member States	Secretariat (WHO and other UN system bodies)	National and international partners
<i>At the level of the individual</i>		
<ul style="list-style-type: none"> • Provide care free of age-based discrimination and accessible to all older persons, regardless of citizenship, and including in humanitarian emergencies • Ensure older people are provided with regular person-centred assessments at the time of their engagement with the health system and periodically thereafter. • Implement evidence-based interventions to manage health conditions including NCD's, frailty, dementia, urinary incontinence. • Ensure a continuum of care including with sexual health programmes, rehabilitation and palliative care. 	<ul style="list-style-type: none"> • Develop/ update evidence-based guidance on: <ul style="list-style-type: none"> ○ clinical management of specific conditions relevant to older people ○ case management. ○ addressing the health needs of older people in humanitarian responses ○ Combating ageism in health care settings. • Further develop the clinical consortium on Health Ageing to advance research and clinical practice 	<ul style="list-style-type: none"> • Support older people's engagement with health systems and services. • Promote older people's health and rights. • Build awareness of the health needs of ageing populations and older people, support to reduce ageism and improve self-management including in humanitarian emergencies. • Engage older people, and the NSA's that represent them, on their preferences and perspectives on provision of care, and amplify their voices.
<i>At the level of the community and beyond</i>		
<ul style="list-style-type: none"> • Adopt and implement WHO guidelines on integrated care for older people. • Assess PHC capacity and 	<ul style="list-style-type: none"> • Revise guidance on age-friendly health care • Continue to test and refined norms and standards on ICOPE 	<ul style="list-style-type: none"> • Participate in advocacy campaigns and partner in existing initiatives to encourage the adoption of integrated care guidance.

3.2. Ensure person-centred integrated care for older people

Member States	Secretariat (WHO and other UN system bodies)	National and international partners
<p>readiness to implement integrated care for older people (ICOPE) including in the event of a humanitarian emergency</p> <ul style="list-style-type: none"> • Establish age friendly PHC - infrastructure, service designs and processes. • Ensure availability of medical products, vaccines and technologies that are necessary to optimize older people's intrinsic capacity and functional ability. • Ensure a sustainable and appropriately trained, deployed and managed health workforce, with competencies on ageing (including those required for person centred assessments and integrated management of complex health conditions). • Implement and assess financing models and their linkages with social protection systems (pensions and health protection) • Collect, analyse and report clinical data on intrinsic capacity and functional ability. • Remove legal and administrative barriers to access to health services for non-citizens, including refugees. • Ensure supportive policies, legislation and enforcement mechanisms 	<ul style="list-style-type: none"> • Provide technical advice and develop standardized approaches to assessments of services to deliver integrated care for older people. • Develop tools to collect and analyse health service facility data. • Set standards and methods for improving quality of information available on quality of services for older people. • Support development review and update national lists of essential medical products and assistive technologies for healthy ageing. • Engage at different levels of the health system to deliver integrated care for older people. • Provide guidance on competencies required to meet the needs of older populations • Support the development of training programmes to improve skills and knowledge of health professionals • Provide guidance and models on financing care provision (including financial protection of older persons) and support their use. • Promote use of digital technologies to empower the health workforce and meet the needs of communities and vulnerable groups to help shape health services. • Support implementation of programmes in humanitarian emergencies 	<ul style="list-style-type: none"> • Become familiar with, and help to implement, WHO norms and guidelines on integrated care for older people. • Contribute with evidence and research on health system change for older population. • Support teaching Institutions to revise their curriculums to address ageing and health issues. • Provide technical support and expertise to conduct training especially in countries where there is shortage of healthcare professionals working in the field of ageing. Address gaps, such as training in SRH services provision for older people and the needs of older persons in emergencies.

1.3. Provide older people who need it access to long-term care within their communities

Few countries have systems in place that adequately meet the long-term-care needs of older people. Ongoing demographic and social change mean approaches that rely heavily on families (notably women) to provide care, without the necessary training and support infrastructure, are

unsustainable and often inequitable. These models are also severely challenged in humanitarian emergencies, where family and community networks typically break down. In the 21st Century, every country needs a long-term-care system that can enable older people, who experience significant declines in capacity, to receive the care and support they need to live lives with dignity and respect.

Social care and support comprise not only help with daily living activities or personal care, but include being able to maintain relationships, age in a place that is right for them, access community services and participate in activities which give life meaning. This may require a wide array of services such as day care, respite care, home based care but also engagement of communities and volunteers, and continuous support to unpaid care givers. These services also need to be linked with palliative and end of life care.

Long term care has gender dimensions and should be a global priority. Currently, the societal costs of policy inaction in both developed and developing countries are borne disproportionately by women who provide most of care¹⁵. Finding ways to address inequalities and the burden on women in long term care provision is paramount.

3.3. Provide older people who need it access to long-term care		
Member States	Secretariat (WHO and other UN system bodies)	National and international partners
<i>At the level of the individual</i>		
<ul style="list-style-type: none"> • Ensure the development, and implementation of a range of community-based services in line with national care standards, guidelines, protocols and accreditation mechanisms for person-centred integrated long-term-care provision; • Develop models for provision of community- based social care and support including in humanitarian emergencies • Ensure the appropriate use of and affordable access to assistive technologies to improve the functional ability and well-being of people in need of long-term care; • Ensure the establishment of formal mechanisms for person-centred integrated long-term care for example through case management, advance care planning and collaboration between paid and unpaid 	<ul style="list-style-type: none"> • Provide technical support to Member States on person-centred integrated long-term-care provision; • Develop a minimum service package for long term care in the context of Universal Health Coverage; • Develop guidance on specific approaches for long term care in different resource settings • Provide technical support to Member States on person-centred long-term-care provision 	<ul style="list-style-type: none"> • 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 ethical way promoting the rights of older people; • Develop and implement innovative long-term care services, including through use of technology for coordination, care, support and monitoring.

¹⁵ <http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/un-women-policy-brief-09-long-term-care-for-older-people-en.pdf?la=en&vs=1608>

3.3. Provide older people who need it access to long-term care

Member States	Secretariat (WHO and other UN system bodies)	National and international partners
caregivers.		
At the level of the community and beyond		
<ul style="list-style-type: none"> • Ensure long-term care services are age-friendly, ethical and promote the rights of older people and their caregivers • Ensure the development, and implementation of national care standards, guidelines, protocols and accreditation mechanisms for provision of community based social care and support; • Ensure the establishment of formal mechanisms for integration of health and social care services including through social protection systems. • Implement guidance and tools on preventing ageism and elder abuse within care provision • Steward infrastructure development and supports needed to ensure community-based care giving; • Identify and put in place sustainable mechanisms for resourcing (human and financial) long-term care; • Foster collaboration between key stakeholders, including older people, their care givers, NGO's, volunteers and private sectors, to provide long-term care; • Develop and implement strategies for the provision of information, training and respite care for unpaid caregivers and flexible working arrangements or leave of absence for those who (want to) participate in the workforce; • Foster a culture of care engaging the long-term care workforce and including men, younger people, non-family 	<ul style="list-style-type: none"> • Provide technical support for national situation analysis and the development, implementation and monitoring of legislation, financing, services, policies and plans on long-term care; • Promote multisectoral approaches to support community-based care giving including in humanitarian emergencies • Develop guidance and promote mechanisms to support caregivers, improve working conditions and recognise their contributions. • Provide online resources on long-term care provision for unpaid caregivers • Provide tools and guidance on preventing and responding to ageism and elder abuse for formal and informal care givers. • Make the investment case, build capacity, and provide the evidence and policy tools to implement community based social care and support including in humanitarian emergencies. • Provide guidance on appropriate and sustainable models of long-term care, including financing options, relevant to different resource settings; • Provide guidance on quality of care, training and task-shifting for long-term care provision; • Provide online resources on long-term care provision for unpaid caregivers 	<ul style="list-style-type: none"> • Provide mechanisms for care providers to share and learn from experiences; • Contribute evidence to develop and implement appropriate models and sustainable mechanisms for resourcing long-term care across a range of resource settings including in conflict and other humanitarian contexts; • Contribute to the development and implementation of an integrated, sustainable and equitable, system of long-term care; • Contribute to the development and implementation of training, continuing education and supervision for the long-term care workforce; • Create and support platforms for the development and evaluation of cost-effective interventions to support the long-term-care workforce • Identify good practices to provide access to long-term care services in humanitarian emergencies

3.3. Provide older people who need it access to long-term care

Member States	Secretariat (WHO and other UN system bodies)	National and international partners
members such as older volunteers/peers. Ensure the monitoring of long-term care on functional ability and well-being and the continuous improvement of long-term care based on the outcomes.		

SECTION 4: PARTNERING FOR CHANGE

We will continue to work together, building on our existing track record of strong collaboration with key relevant stakeholders, and through existing partnerships such as the WHO Clinical Consortium on Healthy Ageing¹⁶, the Global Network for Age Friendly Cities and Communities¹⁷ and the Titchfield City Group on Age and Age-Disaggregated Data¹⁸.

The *Decade of Health Ageing* adopts multisectoral and multi-stakeholder **partnering as a deliberate action aligned around its vision and** in each of the three Action Areas – See Figure 2. This partnering is driven by a commitment to generate transformative change while building trust across generations by optimizing everyone’s opportunities for *Healthy Ageing*.

A “Platform on Population Ageing” will be established to provide a mechanism to connect and convene all stakeholders promoting the Action Areas at country level, as well as those seeking information, guidance and capacity building. It will also provide an avenue for everyone to be heard, particularly older people themselves.

The **Platform** represents a different way to do business to have reach and impact as well as ensure important efficiency savings. **The Platform will focus on four enablers that will work across the three Decade Action Areas. These are:**

- 1) ensuring the voices of older people are heard;
- 2) nurturing leadership and building capacity at all levels to take appropriate action that is integrated across sectors;
- 3) catalysing research and innovation to identify successful interventions; and

¹⁶ <https://www.who.int/ageing/health-systems/clinical-consortium/en/> including the International Association of Geriatrics and Gerontology (IAGG)’s Global Aging Research Network (GARN).

¹⁷ https://www.who.int/ageing/projects/age_friendly_cities_network/en/

¹⁸ UN Titchfield City Group on Age and Age Disaggregated Data with 60+ National Statistical Offices, with an initial five year mandate, 2018-2023, with WHO, UNFPA, UNDESA, UNDP, UN Women and HelpAge International <https://www.un.org/development/desa/ageing/news/2018/03/title-statistics-commission-endorses-new-titchfield-city-group-on-ageing/>

4) connecting diverse stakeholders around the world to share and learn from their experiences.



4.1. Hearing diverse voices and enabling engagement

Why is this important?

Critical to each of the *Decade's* Action Areas will be close engagement with older people themselves. Older people have a right to be heard, and the right to fully participate in the economic, social, cultural and political life of their societies¹⁹, including through building social accountability. Older people are not only passive service beneficiaries: they are also crucial agents of change. Their voices must be heard, and their autonomy and dignity valued and supported. The meaningful involvement of older people at all stages is essential for setting the agenda, as well as the development, implementation and evaluation of actions towards building age friendly cities and communities and people-centred²⁰ integrated health and social care.

How will this partnering happen?

Countries, communities, families and individuals can engage with the *Decade* through participatory activities using innovative methods in line with the vision and three action areas. This work will be embedded in the *Platform* which provides a portal for sharing and amplifying the voices and perspectives of older people themselves – in all their diversity – as well as their families and communities.

Who is involved?

- *Older people*: They know best about their own lives, needs, preferences, expectations, choices and capabilities, including at the end of life. They know best about their lived realities, opportunities for care in their contexts, and barriers to health and well-being related to social exclusion, financial hardship and discrimination.
- *Families and households*: Engaging younger people, family members and household carers will bring an intergenerational perspective into the creation of communities and systems that foster *healthy ageing* for future generations.
- *CSOs working with, and representing, diverse older people* will ensure that older people are engaged in the *Decade*. Emphasis will be placed on engaging with those older people in situations of most vulnerability, exclusion and invisibility to leave no one behind.
- *Facilitators*: Organizations and individuals skilled in participatory facilitation, collective dialogue and community outreach - particularly with the most marginalized groups – will be identified and involved in partnering processes with older people and their families.

4.2. Nurturing leadership and capacity at all levels

Why is this important?

Fostering *Healthy Ageing* and reducing inequities will only be generated and sustained if individuals, organizations and networks are strong and effective. Leadership is needed at all levels to generate the necessary commitments and drive coordinated actions for the *Decade of Healthy Ageing*.

¹⁹ Articles 5 and 12. The Madrid Political Declaration and MIPPA (2002).

<https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf>

²⁰ Framework on integrated, people-centred health services. Report by the Secretariat. In: Sixty-ninth World Health Assembly, Geneva, 23–28 May 2016 (document A69/39). Geneva: World Health Organization; 2016

Without the necessary competencies and knowledge, stakeholders may not be able to adequately deliver the actions and activities planned for during the Decade or may fail to implement them to their full potential. Different stakeholders will require different skills and competencies; a one-size-fits-all approach to capacity building will not work.

How will this partnering happen?

- The **Platform** will offer hybrid learning for future leaders to gain the competencies and knowledge that will enable them to become the change agents that are needed to generate and drive action for the *Decade of Healthy Ageing*, including for the development of national and local ageing policies. The forms will evolve over time and in response to concrete needs but trainings that focus on simulated and collaborative learning, webinars, on-line discussion forums, site visits and mentoring are all possible options. Intense technical support can enable countries to find new ways of doing things, and peer to peer support, can enable countries to learn from each other.
- For building capacity and systems building, **trainings, materials and tools will be developed for the health and social care workforces** to incorporate into their daily practice. This work should link with the UHC Menu of Interventions.
- **Local leaders, for example through the WHO Global Network for Age-friendly Cities and Communities (GNAFCC)²¹, will access the knowledge and guidance** they need to make their cities and communities age-friendly, identify areas where capacities need to be strengthened and co-create learning programmes for these identified needs.

Who is involved?

For partnering on the development and implementation of training programmes, the Decade will engage with: national and sub-national governments and parliamentarians; mayors and heads of municipalities; academic experts and other knowledge producers. For partnering on capacity building and leadership, the *Decade* will engage with the WHO Academy²².

4.3. Connecting stakeholders

Why is this important?

The more that interested stakeholders across levels, sectors and disciplines are networked, the greater possibility they have for leveraging resources, sharing learning and experience, supporting policy diffusion and concrete action. This requires the concerted efforts of all segments of society and all types of people to address complex and interconnected SDGs and monitor progress.

How will this partnering happen?

The *Decade of Healthy Ageing* will adopt and promote a multisectoral and multi-stakeholder approach to action that are aimed at achieving sustainable progress for older people by 2030. This will require support for collective dialogue and multidisciplinary and collaborative action that unites

²¹ https://www.who.int/ageing/projects/age_friendly_cities_network/en/

²² The WHO Academy aims to revolutionize the digital and hybrid learning space for health to support the competencies needed across the health economy in a rapidly changing context to achieve health for all by 2030. It will serve as the flagship campus in health globally, bringing together the best of evidence, adult learning science and learning technologies to address the unmet demand for open-access, quality assured, innovative and transformative competencies development.

organisations and people with different capabilities around actions that transform the ecosystem and not just the issue.

- **Multisectoral** working for *Healthy Ageing* will need to include many sectors²³ beyond health - including social welfare, education, planning, finance, transport, environment, local government, food and agriculture, water and sanitation, labour and others - working in a coherent way, supported by external organisations related to a policy area or topic.
- **Multi-stakeholder collaboration** for *Healthy Ageing* requires the engagement of diverse and multidisciplinary stakeholders²⁴ from across government and outside government. The latter includes: non-governmental organisations, civil society, private sector, international organisations and development and humanitarian partners, media and other groups. A multi-stakeholder approach can strengthen government-led endeavours.
- The **Platform** will create virtual and in person spaces for stakeholders to connect with each other for learning and action alignment. Opportunities to discuss and meet will also allow different professionals to exchange information and ideas across disciplinary boundaries.

Who is involved?

Stakeholders partnering on the Decade from around the world.

4.4. Fostering research and innovation

Why is this important?

To foster both healthier and longer lives, research on *Healthy Ageing* must address current needs and rights of older people, anticipate future challenges, and link the determinants of *Healthy Ageing* from the first to second halves of life in a life course approach for healthy ageing²⁵. Designing studies that are feasible and aim to improve health equity will be emphasised. New knowledge and innovation must be relevant and make a difference in peoples' lives. Global research priorities can channel new resources particularly for multi-country studies and to neglected topics.

How will this partnering happen?

- To ensure that every country contributes to, and benefits from, knowledge to optimize *Healthy Ageing*, it is vital that global efforts are complemented by **regional and national priority setting**, capacity strengthening and knowledge translation. This context calls for collective, coordinated approaches with external stakeholders, to influence, align and harness global, regional and national research efforts. Key activities include: setting research norms, standards and ethical frameworks; facilitating financing; knowledge generation; evidence synthesis; monitoring impact; and where critical gaps exist sponsoring research.
- **A major linked up call for *Healthy Ageing* Research**, enabling financing and collaborations within and across countries supported by national institutes of research and medical and health research councils, will be launched in 2021.
- A series of **grand challenges**, linked to the *Platform*, and the WHO Innovation Hub and Academy will foster new types of collaboration and innovations. This will include: sharing

²³ Sectors: array of government and private institutions and actors linked by their formal, functional roles or area of work

²⁴ Stakeholders: actors (individuals or groups) who can influence, or be affected by, a concern, process or outcome

²⁵ Building Global Research for Healthy Ageing: evidence gaps, public consultation and strategic alignment, WHO Series on metrics, research, and knowledge translation for Healthy Ageing, paper 2, forthcoming.

case studies of good practices; inviting approaches to solving discrete problems by incubating and accelerating new and innovative products and services that may scale regionally or globally; overcoming barriers that prevent translation of evidence to impact on peoples' lives; fostering collaboration, transfer and further development in new areas. These efforts will complement other efforts to engage and build capacity of diverse stakeholders around *healthy ageing*.

Who is involved?

No single discipline, perspectives, or method will achieve this. A range of interdisciplinary research networks that bring together practitioners, policy makers, older people and researchers will collaborate (see Box below for examples). We need to integrate science, technology, social, and business innovation to find ideas that respond to critical policy and practice challenges. Include multi-national corporate sector, regional and global intergovernmental bodies and academia, particularly related to R&D to support research, funding etc

SECTION 5: UNDERSTANDING AND MEASURING SUCCESS TOGETHER

A shared understanding of what success will look like for the impact of the UN *Decade of Healthy Ageing* by 2030 **will be developed through a process of multi-stakeholder, collective dialogue and co-creation**. This iterative approach to building an accountability framework for the *Decade* should take stock of its vision, agreed impacts and areas for collective action. It will build on and extend existing global policy commitments and instruments (such as MIPPA) as well as other regional plans (such as the ASEAN Framework) and incorporate age-disaggregated SDG indicators.

SECTION 6: MAKING IT WORK

To mandate and drive the *Decade* forward at global and regional levels, Member States will be responsible for shaping and agreeing on resolutions in the World Health Assembly and UN General Assembly, and relevant regional governance mechanisms. Endorsement by these bodies endows the *Decade* with the necessary legitimacy, a clear mandate and guidance for implementation. The *Decade* will substantially benefit from Member State and other country level champions leading political processes through both global and regional opportunities, building alliances, drawing on technical support and generating momentum.

Within the UN system globally, the *Decade of Healthy Ageing* will fully align with the UN reform process. It will collaborate closely with existing intergovernmental and multi-stakeholder mechanisms related to ageing such as: the UN Open-Ended Working Group (OEWG)²⁶, the informal

²⁶ General Assembly by Resolution 65/182, 21 December 2010. <https://social.un.org/ageing-working-group/>

UN Inter-Agency Group on Ageing (IAGA)²⁷, the MIPAA reporting cycle²⁸, and Voluntary National Reviews (VNRs)²⁹ on progress on the SDGs. This will strengthen reporting, monitoring and accountability, strengthening the UN system delivering-as-one on ageing and contribute to the progressive realization of the rights of all older people everywhere. The UN Secretary-General will nominate Agency Focal Points/Coordinators for the *Decade* to be active from the launch.

WHO will act as the lead agency for the *Decade*, with support from other key development agencies (such as ILO, OHCHR, UN DESA, UNDP, UNFPA, UN HABITAT, and UN Women, T), and other partners including Non-State Actors, to catalyse, coordinate, implement and keep track of progress. An Executive Committee, chaired by WHO leadership, with representation from WHO regions and comprising relevant actors, will capitalize on their specific expertise, constituencies and networks, and be responsible for developing, and overseeing delivery of, the *Decade*. The *Decade's* partners will provide differentiated support and technical assistance depending on context, the level of development and system strengthening and infrastructure. Within WHO, efforts will happen at all three levels: headquarters, and regional and country offices. At Headquarters, a small Secretariat will coordinate and communicate on activities and manage the *Platform on Population Ageing*.

Within countries, the *Decade* will be country-led, meaning that it will draw from the leadership and efforts of government at difference levels **in partnership with** civil society stakeholders. Across their various administrative levels, governments have responsibility to put in place policies, financial arrangements and accountability mechanisms that create age-friendly environments and build health and care systems that lead to real improvements in the lives of all older people, their families and communities. For their part, CSOs, businesses and community leaders will also play a key role in ensuring the *Decade* is locally owned and that diverse stakeholders are engaged.

Within the UN system at country level, the *Decade's* vision, action areas and transformative pathways will be championed and supported through the UN Country Teams, led by the UN Resident Coordinator and, where relevant, Humanitarian Coordinators and Humanitarian Country Teams, and coordinated by the WHO Country Representative³⁰. With partner UN agencies and multilateral agencies, WHO will facilitate common narratives around the *Decade's* action areas, tailoring to specific national contexts and partnering with other national stakeholders and supporting integration to existing country planning processes and related budgets.

²⁷ IAGA is an informal network of interested entities of the UN system, launched by UN Department of Economic and Social Affairs (UNDESA) and United Nations Development Programme (UNDP)

²⁸ <https://www.un.org/development/desa/ageing/3rdreview-mipaa/3rdreview-mipaa-globalreview.html>

²⁹ <https://sustainabledevelopment.un.org/vnrs/>

³⁰ Or the head of another UN agency as appropriate

ANNEXURES

ANNEX 1: The Madrid International Plan of Action on Ageing (MIPAA), 2002

Adopted at the Second World Assembly on Ageing in April 2002, the Madrid International Plan of Action on Ageing (MIPAA) constitutes a landmark agreement by the international community to build "a society of all ages." With 159 governments endorsing the action plan, ageing was linked to a broader set of social and economic development and human rights frameworks for the first time. Offering a bold agenda for concerted action, MIPAA called for older people to be included in the development of policies on ageing, setting the tone for how the world addresses ageing into the 21st century.

At the heart of MIPAA lie three priorities: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.

MIPAA has become a trusted framework for policymakers, governments, NGOs and civil society alike, to orient and structure the way they care for their older citizens. A systematic review of its implementation at national level is conducted every five years. Data are also consolidated at the regional level by the UN Regional Commissions for the Commission for Social Development at UN Headquarters (ECOSOC advisory body responsible for social development at the global level).

The Third Review and Appraisal of the Madrid Plan, which concluded in February 2018 at the Commission for Social Development, underscored that the health and well-being of older persons and the improvement of related health services continue to be a priority across regions. However, it also revealed important gaps.

ANNEX 2: Executive Summary of the Global Strategy and action plan on ageing and health (2016-2020).

A framework for coordinated global action by the World Health Organization, Member States, and Partners across the Sustainable Development Goals.

Why a Global Strategy?

For the first time in history, most people can expect to live into their 60s and beyond. By 2050, 1 in 5 people will be 60 years or older. A longer life brings great opportunities. Yet the extent to which we as individuals, and society more broadly, can benefit from these extra years depends heavily on one key factor: health. Evidence suggests that older people are not experiencing better health than previous generations, and that those who have experienced disadvantage across their lifetime have a higher risk of poor health. Implementing the Strategy will help all older people continue to do the things that they value.

The **vision** of the Strategy is a world in which everyone can live a long and healthy life.

Goals over the next five years include implementing existing evidence to maximize functional ability, filling the evidence gaps and establishing partnerships to ensure a Decade of Healthy Ageing from 2020 – 2030. The Strategy's implementation should be underpinned by the following **principles**: human rights, equity, equality and non-discrimination (particularly based on age), gender equality, and intergenerational solidarity.

Key concepts

- **Healthy Ageing** is relevant for everybody. It is defined as the process of developing and maintaining the functional ability that enables wellbeing in older age.
- **Functional ability** is determined by the person's **intrinsic capacity** (the combination of all the individual's physical and mental capacities), relevant **environmental factors**, and the interaction between the two. Environmental factors include policies, systems, and services related to transport, housing, social protection, streets and parks, social facilities, and health and long-term care; politics; products and technologies; relationships with friends, family, and care givers; and cultural and social attitudes and values.

Strategic Objective 1: Commitment to Action on Healthy Ageing in every country

Fostering *Healthy Ageing* requires leadership and commitment. 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. Key actions include:

1. Establish national frameworks for action on *Healthy Ageing*
2. Strengthen national capacities to formulate evidence-based policy
3. Combat ageism and transform understanding of ageing and health

Strategic Objective 2: Developing Age-friendly Environments

Creating age-friendly environments requires collaboration and coordination across multiple sectors and with diverse stakeholders, including older people. Because age-friendly environments promote health, remove barriers, and provide support for people experiencing losses in capacity, they can ensure 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. Key actions include:

1. Foster older people's autonomy
2. Enable older people's engagement
3. Promote multisectoral action.

Strategic Objective 3: Aligning Health Systems to the Needs of Older Populations

As people age, their health needs tend to become more chronic and complex. 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. In most care contexts, this will require fundamental changes in the clinical focus of care for older people, as well as in the way care is organized, funded, and delivered across health and social sectors. Key actions include:

1. Orient health systems around intrinsic capacity and functional ability
2. Develop and ensure affordable access to quality older person-centred and integrated clinical care
3. Ensure a sustainable and appropriately trained, deployed, and managed health workforce.

Strategic Objective 4: Developing sustainable and equitable systems for providing Long-Term Care (home, communities, institutions)

Worldwide, the number of older people requiring care and support is increasing. Every country needs to have an integrated system of long-term care. Each system should help older people maintain the best possible level of functional ability to allow older people to live with dignity and enjoy their basic human rights and fundamental freedoms. Key actions include:

1. Establish and continually improve a sustainable and equitable long-term-care system
2. Build workforce capacity and support informal caregivers
3. Ensuring the quality of person-centred and integrated long-term care.

Strategic Objective 5: Improving Measurement, Monitoring, and Research on Healthy Ageing

Progress on Healthy Ageing requires 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. This 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. As evidence builds, accountability frameworks and mechanisms will be needed to monitor progress. Key actions include:

1. Agree on ways to measure, analyse, describe, and monitor *Healthy Ageing*
2. Strengthen research capacities and incentives for innovation
3. Research and synthesize evidence on *Healthy Ageing*.

Development of the Strategy

The Strategy underwent an extensive global consultation process, incorporating feedback from 75 Member States, 35 non-governmental organizations, and 30 scientific experts, in addition to representatives from United Nations agencies, WHO departments, and over 500 comments during a public consultation. Input gathered at four regional meetings was significant for the development of the document. The Strategy was adopted by the World Health Assembly on May 26, 2016.

For more information, visit <http://www.who.int/ageing/global-strategy/>

ANNEX 3: Healthy ageing and the 2030 Agenda for Sustainable Development

 <p>1 NO POVERTY</p>	<p>Preventing older people from falling into poverty will be critical. This requires attention to flexible retirement policies, tax-funded minimum pensions, social security and access to health and long-term care services.</p>	 <p>9 INDUSTRY, INNOVATION AND INFRASTRUCTURE</p>	<p>Infrastructure for <i>Healthy Ageing</i> will require age-inclusive research and evidence-based interventions, making older people visible by age-disaggregated data and analysis, and promoting new technologies, including eHealth.</p>
 <p>2 ZERO HUNGER</p>	<p>Older people can be vulnerable to food insecurity, with the young often being prioritized by families and aid programs. Attention to older people will help reverse patterns of malnutrition and prevent care dependency.</p>	 <p>10 REDUCED INEQUALITIES</p>	<p>Older people experience unequal access to services and support in their home, neighbourhood and community, often based on their gender, ethnicity or level of education. <i>Healthy Ageing</i> means developing policies that overcome these inequities across all sectors.</p>
 <p>3 GOOD HEALTH AND WELL-BEING</p>	<p><i>Healthy Ageing</i> means: older people can contribute to society longer; opportunities for good health at all stages of life; universal health coverage UHC; and transforming health and social systems to be integrated and people-centred, rather than disease-only focused.</p>	 <p>11 SUSTAINABLE CITIES AND COMMUNITIES</p>	<p>Age-friendly cities and communities allow all people to maximize their abilities across the life course. Creating them requires multiple sectors (health, social protection, transport, housing, labour) and stakeholders (civil society, older people and their organizations).</p>
 <p>4 QUALITY EDUCATION</p>	<p><i>Healthy Ageing</i> supports lifelong learning, enabling older people to do what they value, retain the ability to make decisions and preserve their purpose, identity and independence. It requires literacy and skills trainings and barrier-free participation of older learners.</p>	 <p>16 PEACE, JUSTICE AND STRONG INSTITUTIONS</p>	<p>Shaping age-inclusive institutions will empower older people to achieve things previous generations could never imagine. This requires anti-ageist awareness campaigns, tailored <i>Health Ageing</i> advocacy messages, and laws against age-based discrimination at all levels.</p>
 <p>5 GENDER EQUALITY</p>	<p>Pursuing gender equality throughout the life course will lead to better later life outcomes. It requires systems that promote equitable workforce participation and social pensions to help raise the economic status of older women and improve their access to services. Eliminating gender-based violence is also critical.</p>	 <p>17 PARTNERSHIPS FOR THE GOALS</p>	<p><i>Healthy Ageing</i> leaves no one behind, creating a future for all ages. It requires active partnering across many sectors, stakeholders and traditional boundaries, with investments into age-friendly environments and integrated health and social care systems.</p>
 <p>8 DECENT WORK AND ECONOMIC GROWTH</p>	<p>Job opportunities and decent work conditions are required for the working age population which includes many older people. Their income and access to financial services will contribute to health services access and health related products and reduce risk of catastrophic expenditures. A healthy workforce will increase productivity and reduce unemployment levels.</p>		

ANNEX 4: Guiding principles & core values for the *Decade of Healthy Ageing*

INTERDEPENDENCE	Interconnected and indivisible	All implementing stakeholders treat all SDGs in their entirety instead of as a menu list of individual goals from which they pick and choose.
	Inclusive	Involves all segments of society—irrespective of their age, gender, ethnicity, location and other social categories.
	Multi-stakeholder partnerships	Mobilises multi-stakeholder partnerships for sharing knowledge, expertise, technology and resources to support efforts globally.
UNIVERSALITY	Universal	Commits all countries, irrespective of income level and development status, to a comprehensive effort towards sustainable development, strategies to different contexts and populations as needed.
	Human rights	Emphasizes the accountable and progressive realization of human rights for everyone regardless of age, including rights to: health; grow old; be free from violence; and inclusion and participation in public life.
	Gender equality and the empowerment of women	Acknowledges and addresses the gender norms and gendered power relations that influence health and the disempowerment of women. This includes the many determinants of health, exposures linked to ill health, health-related behaviours and care seeking, as well as health system and workforce responses.
	Non-discrimination	Guarantees that human rights are exercised without discrimination of any kind, including discrimination based on age. (Same as inclusive)
SOLIDARITY	Leaving no one behind	Reaches out to all people in need and deprivation, wherever and wherever they are, targeting their specific challenges and vulnerabilities.
	Equity	Champions equal and just opportunities to enjoy the determinants and enablers of healthy ageing, including those relating to social or economic status, age, gender, place of birth or residence, migrant status, level of ability. This may at times require an unequal attention on some population groups to bring the greatest benefit to the least advantaged, or most vulnerable or marginalized members of society.
	Intergenerational solidarity	Enables social cohesion, and interactive exchange between the generations to support health and wellbeing (of older people or all people)
	Commitment	Sustains efforts over the 10 years and into the longer-term.
	Do no harm	Commits to protect the well-being of all stakeholders and minimizes any foreseeable harm caused to other age groups.

All partners in this collaboration will also adhere to their own guiding principles and values.

For WHO, these are:

1. Trusted to service public health always
2. Professionals committed to excellence in health
3. Persons of integrity
4. Collaborative colleagues and partners
5. People caring about people.

ANNEX 5: Survey of *Decade of Healthy Ageing* Stakeholders: Summary

Purpose: In preparation for the *Decade of Healthy Ageing* (2020-2030), WHO's Department for Ageing and Life Course conducted a survey among *Decade-relevant* stakeholders, including focal points on ageing in countries, to identify possible priorities for the *Decade*.

Methodology: The survey was conducted from October to December 2018 in collaboration with WHO regional and country offices and a wider network of external partners, including government agencies, NGOs, other UN agencies and academic institutions. Data Form survey software was used to collect the responses.

Results: A total of 160 people from 81 countries and all regions responded to the survey. All responses from Q1 to 6 are listed in order of priority, with 1 being valued highest and 3 being valued lowest.

1. Asked "What should the *Decade* focus on?" respondents prioritized:
 - 1.1. Develop national policies on *Healthy Ageing*
 - 1.2. Improved engagement with older people
 - 1.3. Developing and strengthening health and long-term care, specifically at community level
 - 1.4. Better understanding of older people's needs and unmet needs
 - 1.5. Improved multi-sectoral action through for example age-friendly cities and communities
2. Asked what priority outcome the *Decade* should promote, respondents ranked highest:
 - 2.1. Healthy life expectancy
 - 2.2. Age-friendly cities and communities
 - 2.3. Reduced number of care-dependent older people
3. Asked what support they wished the *Decade* to provide, respondents valued highest:
 - 3.1. *Training:*
 - 3.1.1. Face-to-face training
 - 3.1.2. Online training
 - 3.1.3. Mentoring
 - 3.2. *Evidence-based guidance:*
 - 3.2.1. Guidance on developing policies and action plans
 - 3.2.2. Ageing profiles by country
 - 3.2.3. Guidelines for delivering *Decade*-related trainings
 - 3.3. *Knowledge exchange:*
 - 3.3.1. Connecting with other professionals in the same area of work
 - 3.3.2. Learning from case studies
 - 3.3.3. Opportunities for questions and answers from experts
 - 3.4. *Required innovation:*
 - 3.4.1. Guidance to solve issues around specific policies, systems, services and products
 - 3.4.2. Guidance on how to cost healthy ageing interventions
 - 3.4.3. Convene public and private sector stakeholders to identify solutions
 - 3.5. *Delivery of support:*
 - 3.5.1. Timely
 - 3.5.2. Available in own language
 - 3.5.3. Authoritative
4. Asked how they would realistically be able to contribute to the *Decade*, they prioritized:
 - 4.1. Participating in discussion forums
 - 4.2. Giving feedback on tools and guidance
 - 4.3. Responding to specific calls for information
5. Asked what online platforms they liked to use, respondents favoured:
 - 5.1. Facebook
 - 5.2. LinkedIn
 - 5.3. WhatsApp