



SIXTY-NINTH WORLD HEALTH ASSEMBLY

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24 June 2016

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

Palais des Nations, Geneva
Thursday, 26 May 2016, scheduled at 18:00

Chairman: Mr M. BOWLES (Australia)
later: Ms T. KOIVISTO (Finland)

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Thursday, 26 May 2016, at 18:00

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PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 13 of the agenda (continued)

Operational plan to take forward the Global Strategy on Women's, Children's and Adolescents' Health: Item 13.3 of the agenda (document A69/16) (continued)

The representative of COSTA RICA took note of the report and encouraged Member States to continue strengthening their national strategies. It was important not to lose sight of the human rights perspective and the need for universal healthcare services in attending to women, children and adolescents. Given the complexity of the issue, collective action and a multisectoral approach was necessary in which the activities and the responsibilities of key actors were clearly established.

The observer of CHINESE TAIPEI endorsed the Operational plan to take forward the Global Strategy for Women's, Children's and Adolescents' Health and the proposed milestones for implementation for 2016–2017 and 2018–2020. She welcomed the draft resolution. The importance and urgency of applying a Health in All Policies approach to strengthening the well-being of women, children and adolescents was understood and steps to address health inequalities had been taken. However, more work was needed on empowerment and strengthening health literacy.

The observer of the INTER-PARLIAMENTARY UNION said that the Inter-Parliamentary Union was committed to supporting national parliaments to deliver better health outcomes in the spirit of the Global Strategy and the Declaration of the Fourth World Conference of Speakers of Parliament. In particular, it would help parliaments to enhance accountability, deliver on their oversight functions with the aim of turning global commitments into national action and strengthen legislative frameworks and budget advocacy. It would also facilitate exchanges among parliaments at regional and global levels to ensure that good practices were shared. The IPU Advisory Group on HIV/AIDS and maternal, newborn and child health would track progress on those commitments.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIRMAN, said that the Strategy's inclusion of adolescents would contribute to a comprehensive healthcare system that met the needs of previously under-served populations, including youth. It was important to treat young people as partners in the development of policies and programmes under the Strategy. Health systems should also plan for the specific needs of children, ensuring that they had access to affordable and quality-assured medicines and technologies. Finally, an improved system to collect and monitor mortality data was needed, including on noncommunicable diseases, where data was disaggregated by age and sex from birth to 24 years, so as to ensure equitable access to care.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, strongly supported the alignment of the life-course approach to health as well as the inclusion of adolescent health, an area in which she encouraged WHO and Member

States to work together to strengthen the knowledge base. By intervening early and in an integrated manner, noncommunicable diseases, malnutrition and birth-related complications could be prevented. She appreciated that the Strategy identified the need for resilient, effective and efficient health systems that were equipped with the necessary materials and with trained healthcare professionals. That would, however, require effective planning and financing.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that social injustice must be addressed for a stronger, more peaceful and sustainable society. Governments must reduce structural inequities in family income, implement a comprehensive approach to early child development and protection spanning infancy to adolescence, invest in health, education and family support services, ensure all essential services were accessible and affordable, implement the Global Strategy and ensure effective data collection that would be used in evidence-based policies and programmes.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, commended the Global Strategy and highlighted the importance optimizing health across the life course. That could only be achieved by tackling the inequities that made women, children and adolescents prone to poorer health outcomes and by ensuring that efforts were focused on reducing maternal, newborn and child mortality among fragile populations. An efficient, multisectoral and collective approach as well as a strong sense of accountability would be imperative in implementing the Strategy. Specifically, Member States should ensure access to family planning and contraception services and promote non-judgemental healthcare that respected the rights of women, children and adolescents. Furthermore, the entire health workforce, including students, should undergo comprehensive evidence-based training on sexual and reproductive health and rights.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the operational plan and the recognition of the challenges facing implementation of the Global Strategy, particularly in humanitarian situations. Given that half of maternal, newborn and child deaths occurred in fragile settings, services were needed to enable women to deliver safely and with dignity, protect themselves from HIV and to treat the consequences of sexual violence. Indeed, sexual and reproductive health services should be included in the minimum package of services offered when providing humanitarian assistance. Young people should be active stakeholders in the development, implementation and evaluation of country programmes and partnerships should be established to ensure adolescents were aware of their health rights. She welcomed the recommendation to prioritize enhanced accountability mechanisms and encouraged the participation of civil society in accountability processes. Adequate safeguards must be introduced against increased out-of-pocket payments, which would have a disproportionately negative impact on the poorest and most vulnerable people in order to ensure that a shift to domestic resources did not amount to charging women for access to life-saving health services.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, supported the draft resolution. New commitments under the Strategy must address inequities in access to essential sexual, reproductive, maternal, newborn, child and adolescent health care as well as ensure the participation of women, children and adolescents in decisions that affected their health. He called on WHO Member States and other partners to guarantee an essential package of sexual, reproductive, maternal, newborn, child and adolescent healthcare services with a focus on primary health care; ensure that time-bound equity targets were in place to boost progress among the poorest and most marginalized populations; and improve the quality of care in health facilities.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that the Global Strategy would achieve its vision only with concerted efforts to reach its noncommunicable disease-related targets given the millions of lives claimed and disrupted by those diseases each year. Expressing support for the accountability measures for tracking progress towards achieving the goals and the targets of the Strategy, she called on Member States to ensure integrated accountability; develop sustainable strategies to finance health accountability that maximized the use of domestic resources; strengthen the capacity of the global Health Data Collaborative to include disaggregated noncommunicable disease data; and promote and ensure meaningful engagement of civil society in supporting country-led implementation and accountability. She expressed support for the draft resolution.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution and the report and commended the Global Strategy's target of reducing noncommunicable diseases by one third by 2030. To achieve that target, it was important to draw attention to rheumatic heart disease which disproportionately affected women, children and adolescents. Action recommended to combat rheumatic heart disease included: monitoring maternal, child and adolescent health outcomes using national registers; implementing selected interventions from the Three Stage Integrative Pathway Search (TIPS) framework; and orienting universal health coverage priorities towards inclusivity and financial protection.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that it was necessary to invest in local leadership and to ensure the participation of affected people in the design of health solutions, including in fragile and conflict settings and emergencies. In particular, more attention must be paid to participatory monitoring and accountability mechanisms at all levels and in all contexts as it was the key to ensuring that global goals translated into concrete local change. She called on Member States to adopt the resolution.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health), responding to comments, noted with appreciation the unprecedented level of political commitment to the Global Strategy and the draft resolution. Many countries had made very specific commitments and their progress in implementation would be tracked by WHO. Delegations had emphasized that a high degree of innovation would be required to apply the new focus on adolescent health and on the fragile contexts and settings in which women, children and adolescents were often left behind. Delegations had also called on United Nations agencies to provide technical assistance in implementing the Strategy and to explore new ways of doing so, including through South-South and triangular cooperation. Reference had been made to the need for evidence-based guidelines and the WHO bulletin published that month contained evidence of what countries could do to reduce maternal and child mortality. Member States were reminded that implementation also involved accountability, the mechanisms of which were being put in place, including through the Independent Accountability Panel. Nongovernmental organizations had referred to citizen engagement and dialogue as a mechanism to reinforce accountability.

At the invitation of the CHAIRMAN, the SECRETARY read out the amendments to the draft resolution: the last three words of paragraph 1(2), namely "upon their request", should be deleted and replaced by "as appropriate"; and the word "funds" should be added to paragraph 3(2) between "relevant" and "partners".

The draft resolution, as amended, was approved.¹

Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health: Item 13.4 of the agenda (document A69/17)

The CHAIRMAN drew attention to a draft resolution entitled: “The global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life”, submitted by the delegations of Argentina, Australia, Colombia, Denmark, Ecuador, Finland, France, Germany, Japan, Luxembourg, Monaco, Netherlands, Norway, Panama, Portugal, Thailand and United States of America which read:

The Sixty-ninth World Health Assembly,

(PP1) Having considered the report on multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health;²

(PP2) Recalling resolution WHA52.7 (1999) on active ageing and resolution WHA58.16 (2005) on strengthening active and healthy ageing, both of which called upon Member States to take measures that ensure the highest attainable standard of health and well-being for the rapidly growing numbers of older persons;

(PP3) Recalling further United Nations General Assembly resolution 57/167 (2002), which endorsed the Madrid International Plan of Action on Ageing, 2002, as well as other relevant resolutions and other international commitments related to ageing;

(PP4) Having considered resolution WHA65.3 (2012) on strengthening noncommunicable disease policies to promote active ageing, which notes that as noncommunicable diseases become more prevalent among older persons, there is an urgent need to prevent disabilities related to such diseases and to plan for long-term care;

(PP5) Having also considered resolution WHA67.19 (2014) on strengthening of palliative care as a component of comprehensive care throughout the life course;

(PP6) Recalling resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, which calls for investing in and strengthening health systems, in particular primary health care and services, including preventive services, adequate human resources for health and health information systems, in order to ensure that all citizens have equitable access to health care and services;

(PP7) Welcoming the 2030 Agenda for Sustainable Development,³ which includes an integrated, indivisible set of global goals for sustainable development that offer the platform to deal with the challenges and opportunities of population ageing and its consequences in a comprehensive manner, pledging that no one will be left behind;

(PP8) Noting that populations around the world, at all income levels, are rapidly ageing; yet, that the extent of the opportunities that arise from older populations, their increasing longevity and active ageing will be heavily dependent on good health;

(PP9) Noting also that healthy ageing is significantly influenced by social determinants of health, with people from socioeconomically disadvantaged groups experiencing markedly poorer health in older age and shorter life expectancy;

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA69.2.

² Document A69/17.

³ United Nations General Assembly resolution 70/1 (2015) – Transforming our world: the 2030 Agenda for Sustainable Development, see http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1 (accessed 23 May 2016).

(PP10) Further noting the importance of healthy, accessible and supportive environments, which can enable people to age in a place that is right for them and to do the things they value;

(PP11) Recognizing that older populations make diverse and valuable contributions to society and should experience equal rights and opportunities, and live free from age-based discrimination;

(PP12) Welcoming WHO's first Ministerial Conference on Global Action Against Dementia (Geneva, 16 and 17 March 2015), taking note of its outcome, and welcoming with appreciation all other international and regional initiatives aimed at ensuring healthy life for older persons;

(PP13) Welcoming also the *World report on ageing and health*,¹ that articulates a new paradigm of Healthy Ageing and outlines a public health framework for action to foster it;

(PP14) Recognizing the concept of Healthy Ageing, defined as the process of developing and maintaining the functional ability² that enables well-being in older age;

(PP15) Having considered the draft global strategy and action plan on ageing and health in response to decision WHA67(13) (2014), that builds on and extends WHO's regional strategies and frameworks³ in this area,

(OP) 1. ADOPTS the Global strategy and action plan on ageing and health;⁴

(OP) 2. CALLS ON partners, including international, intergovernmental and nongovernmental organizations, as well as self-help and other relevant organizations:

- (1) to support and contribute to the accomplishment of the Global strategy and action plan on ageing and health and in doing so, to work jointly with Member States and with the WHO Secretariat where appropriate;
- (2) to improve and support the well-being of older persons and their caregivers through adequate and equitable provision of services and assistance;
- (3) to support research and innovation and gather evidence on what can be done to foster healthy ageing in diverse contexts, including increased awareness of the social determinants of health and their impact on ageing;
- (4) to support the exchange of knowledge and innovative experiences, including through North-South, South-South, and triangular cooperation, regional and global networks;
- (5) to actively work on advocacy for healthy ageing over the life course and combat age-based discrimination;

¹ World report on ageing and health, Geneva: World Health Organization; 2015.

² This functional ability is determined by the intrinsic capacity of the individual, the environments they inhabit and the interaction between them. Moreover, 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.

³ Region of the Americas: Plan of Action on the Health of Older Persons, Including Active and Healthy Aging (resolution CD49.R15 (2009)); South-East Asia Region: Regional strategy for healthy ageing (2013–2018); European Region: Strategy and action plan for healthy ageing in Europe, 2012–2020 (resolution EUR/RC62/R6 (2012)); Eastern Mediterranean Region: The strategy for active, healthy ageing and old age care in the Eastern Mediterranean Region 2006–2015; Western Pacific Region: Regional framework for action on ageing and health in the Western Pacific (2014–2019). A regional strategy is in preparation in the African Region.

⁴ See document A69/17, Annex.

(OP) 3. URGES Member States:

- (1) to implement the proposed actions in the Global strategy and action plan on ageing and health, through a multisectoral approach, including establishing national plans or mainstreaming those actions across government sectors, adapted to national priorities and specific contexts;
- (2) to establish a focal point and area of work on ageing and health and to strengthen the capacity of relevant government sectors to deal with the healthy ageing dimension in their activities through leadership, partnerships, advocacy and coordination;
- (3) to support and contribute to the exchange between Member States at global and regional levels of lessons learned and innovative experiences, including actions to improve measurement, monitoring and research of healthy ageing at all levels;
- (4) to contribute to the development of age-friendly environments, raising awareness about the autonomy and engagement of older people, through a multisectoral approach;

(OP) 4. REQUESTS the Director-General:

- (1) to provide technical support to Member States to establish national plans for healthy ageing, develop health and long-term care systems that can deliver good-quality integrated care; implement evidence-based interventions that deal with key determinants of healthy ageing; and strengthen systems to collect, analyse, use and interpret data on healthy ageing over time;
- (2) to implement the proposed actions for the Secretariat in the global strategy and action plan on ageing and health in collaboration with other bodies of the United Nations system;
- (3) to leverage the experience and lessons learned from the implementation of the global strategy and action plan on ageing and health in order to better develop a proposal for a Decade of Healthy Ageing 2020–2030, with Member States and inputs from partners, including United Nations agencies, other international organizations, and nongovernmental organizations;
- (4) to prepare a global status report on healthy ageing for the Seventy-third World Health Assembly, reflecting agreed standards and metrics and new evidence on what can be done in each strategic theme, to inform and provide baseline data for a Decade of Healthy Ageing 2020–2030;
- (5) to convene a forum to raise awareness of Healthy Ageing and strengthen international cooperation on actions outlined in the Global strategy and action plan on ageing and health;
- (6) to develop in cooperation with other partners a global campaign to combat ageism in order to add value to local initiatives and to achieve an ultimate goal of enhancing the day-to-day experience of older people and to optimize policy responses;
- (7) to continue to develop the WHO Global Network of Age-friendly Cities and Communities as a mechanism to support local multisectoral action on healthy ageing;
- (8) to support research and innovation to foster healthy ageing, including developing:
 - (i) evidence-based tools to assess and support clinical, community, and population-based efforts to enhance intrinsic capacity and functional ability; and
 - (ii) cost-effective interventions to enhance functional ability of people with impaired intrinsic capacity;
- (9) to report on mid-term progress on implementation of the global strategy and action plan on ageing and health, reflecting agreed quantifiable indicators, standards and metrics and new evidence on what can be done in each strategic objective, to the Seventy-first World Health Assembly.

The financial and administrative implications for the Secretariat of adoption of the draft resolution were:

Resolution: Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health																				
A. Link to the general programme of work and the programme budget																				
<p>1. Please indicate to which impact and outcome in the Twelfth General Programme of Work, 2014–2019 and which output in the Programme budget 2016–2017 this draft resolution will contribute if adopted.</p> <p>Category 3, Promoting health through the life course: Outcome 3.2 ageing and health, and outputs 3.2.1, 3.2.2 and 3.2.3.</p>																				
<p>2. If there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017, please provide a justification for giving consideration to the draft resolution.</p> <p>Not applicable.</p>																				
<p>3. What is the proposed timeline for implementation of this resolution?</p> <p>2016–2020 in line with Global Strategy and Action Plan on Ageing and Health</p> <p><i>If the timeline stretches to future programme budgets, please ensure that further information is provided in the costing section.</i></p>																				
B. Budgetary implications of implementation of the resolution																				
<p>1. Current biennium: estimated budgetary requirements, in US\$ million</p> <table border="1"> <thead> <tr> <th>Level</th> <th>Staff</th> <th>Activities</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Country offices</td> <td>4.00</td> <td>6.00</td> <td>10.00</td> </tr> <tr> <td>Regional offices</td> <td>2.88</td> <td>4.32</td> <td>7.20</td> </tr> <tr> <td>Headquarters</td> <td>7.68</td> <td>5.12</td> <td>12.80</td> </tr> <tr> <td>Total</td> <td>14.56</td> <td>15.44</td> <td>30.00</td> </tr> </tbody> </table> <p>1(a) Is the estimated budget requirement in respect of implementation of the resolution fully included within the current programme budget? (Yes/No)</p> <p>Yes.</p> <p>1(b) Financing implications for the budget in the current biennium:</p> <ul style="list-style-type: none"> – How much is financed in the current biennium? US\$ 13.5 million – What are the gaps? US\$ 16.5 million – What action is proposed to close these gaps? The gap will be addressed through coordinated resource mobilization efforts, including the financing dialogue, for possible financing by voluntary contributions. 	Level	Staff	Activities	Total	Country offices	4.00	6.00	10.00	Regional offices	2.88	4.32	7.20	Headquarters	7.68	5.12	12.80	Total	14.56	15.44	30.00
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Total	14.56	15.44	30.00																	

2. Next biennium: estimated budgetary requirements, in US\$ million

Level	Staff	Activities	Total
Country offices	6.60	9.90	16.50
Regional offices	4.92	7.38	12.30
Headquarters	8.48	12.72	21.20
Total	20.00	30.00	50.00

2(a) Financing implications for the budget in the next biennium:

- **How much is currently financed in the next biennium?**

US\$ 10 million

- **What are the financing gaps?**

US\$ 40 million

- **What action is proposed to close these gaps?**

The gap will be addressed through coordinated resource mobilization efforts, including the financing dialogue, for possible financing by voluntary contributions.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said the subject was timely. The proportion of the African population over 60 was growing and African health systems were not yet ready to respond: specialized services, infrastructure and training were lacking. He commended the transparent and inclusive way in which the draft global strategy on ageing and health contained in document A69/17 had been developed and said that it should be integrated with national programmes. Healthy ageing must be linked to economic, social and human-rights development, which would strengthen the social safety net and promote the inclusion of elderly people in community life. He supported adoption of the draft strategy and action plan.

The representative of PANAMA recalled that her country was a sponsor of the draft resolution and thus supported the action plan on healthy ageing. Fighting discrimination would be crucial. Her Government's response to demographic transition included palliative care and promoting a healthy diet. Short-, medium- and long-term national plans were needed and should take indicators from the draft strategy and action plan into account.

The representative of PARAGUAY said the draft strategy and action plan were in line with existing legislation in her country. Their implementation was vital, since Paraguay, and indeed the entire region, was in rapid demographic transition. Implementing the draft strategy's five strategic objectives would be helpful in making advancements and capacitating elderly people. Increased public-private sector cooperation was also needed to help Paraguay build its professional and academic capacities, particularly in geriatrics and gerontology. She fully supported the draft strategy and draft resolution.

The representative of AUSTRALIA welcomed the draft strategy and action plan and acknowledged the global and regional work being done to encourage multisectoral action on healthy ageing and WHO's important role therein. Ageing populations were a particular challenge in the Western Pacific Region, and he hoped to share experiences on how to adapt health care systems and ensure their sustainability. As a sponsor of the draft resolution, he strongly supported the draft strategy and action plan.

The representative of MONACO said that the intersectoral approach of the draft strategy and its encouragement of stakeholder participation in focusing on the needs and rights of older populations were in tune with the Sustainable Development Goals. A quarter of Monaco's population was over 65 years of age and her Government was committed to providing them with medical care, cultural and social activities and to coordinating actions to ensure their independence and well-being. She fully supported adoption of the draft strategy and action plan and wished to be added as a sponsor of the draft resolution.

Ms Koivisto took the Chair.

The representative of PHILIPPINES noted with satisfaction that the draft strategy drew on existing international instruments and that Member States and other stakeholders had been widely consulted. The proposed milestones and action plan would be particularly helpful for achieving concrete progress. She endorsed the draft strategy and asked to be included as a sponsor of the draft resolution.

The representative of SWITZERLAND welcomed the draft strategy which would be particularly useful to Member States in the context of a globally ageing population. She drew attention to a forthcoming comparative study by her Government containing best practices for promoting and maintaining the health and well-being of older populations, which she hoped would prove useful to policy-makers. She wished to sponsor the draft resolution.

The representative of CANADA welcomed the draft strategy, supported its adoption by the Health Assembly and asked to be added as a sponsor. In particular, she supported WHO's multisectoral approach and noted that the proposed action plan was in line with Canada's efforts to address the needs of its ageing population. However, given the federal system in Canada, flexibility would be needed in implementing and reporting on the plan.

The representative of CHINA endorsed the strategic objectives in the draft strategy, particularly their acknowledgement of differing priorities and rates of demographic change between countries. Chinese national plans were in line with WHO's vision and targets. She noted that it would take varying amounts of time to achieve the targets for long-term care systems, health insurance systems and human resources. The timeline set out in paragraph 107 of document A69/17 should therefore be adapted to countries' individual development needs. She hoped WHO would continue to provide support and guidance to Member States, to set up data-support and surveillance systems, to issue comparative studies and to share its reports.

The representative of SOUTH AFRICA welcomed the draft strategy and plan of action and approved of their human-rights-based, public health approach. The emphasis on strengthening health systems and developing, deploying and managing human resources was encouraging. She therefore supported the draft strategy and recommended that Member States should implement it.

The representative of JAPAN credited his country's achievements in promoting healthy ageing to a multisectoral approach that coordinated medical care, welfare and housing for the elderly. The draft strategy was timely, since ageing populations were an increasingly global issue. He hoped to increase cooperation with Member States and the Secretariat on developing more scientific approaches and sharing experiences and lessons learnt. He drew attention to the 42nd G7 summit meeting currently taking place in Japan, at which his Government had called for an "active ageing" movement to promote a larger role for elderly people in their families and communities. He asked delegates to support the draft resolution.

The representative of COSTA RICA noted the report contained in document A69/17 and supported the draft resolution.

The representative of BRAZIL agreed there was a need for investment in scientific innovation and a broader perspective on health throughout the life course. Varied policies and responses were needed, as the elderly population was heterogeneous, even within a given country. She welcomed WHO's commitment to the issue, supported adopting the draft strategy and draft resolution. Her country was committed to implementing policies according to the proposed timeline.

The representative of SAUDI ARABIA endorsed the draft strategy and action plan and called for their adoption. His country hoped that they would help in determining the best means of improving health systems for the elderly. He called on Member States to strengthen capacities to improve health throughout the life course. He hoped the strategy would establish indicators for monitoring and assessing the health of older persons, and underscored that Member States would need the assistance of WHO if they were to enhance training and knowledge sharing and design effective policies and oversight mechanisms to monitor the implementation of the draft strategy and action plan.

The representative of the NETHERLANDS, speaking on the behalf of the European Union and its Member States, said that Turkey, the former Yugoslav Republic of Macedonia, Serbia, Albania, Bosnia and Herzegovina, Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. He welcomed the draft strategy, particularly strategic objective 1.2 on evidence-based policies, noting that WHO and other international actors could assist in closing the current evidence gap. Helping older people participate actively in society by staying employed longer would require more flexibility in the labour market. Coordination across government sectors and technologies enabling independent living were also ways to achieve the draft strategy's goals. Although older people could be a resource for society, Member States were responsible for helping those who needed support. Indeed, the focus should be on helping the most vulnerable and marginalized people and fostering gender equality. He supported the adoption of the draft resolution.

The representative of SLOVENIA said that life expectancies and the increasing proportion of older people in her country had prompted the development of a number of national programmes. The draft strategy underscored multisectoral action and engagement from various sectors and levels of government, which experience had shown to be the most effective approach. Older populations had much to contribute to society and, therefore, laws, policies and programmes must be aligned to enable their full participation. Properly reported monitoring of the different social determinants of health was also essential to moving the agenda forward. She supported adoption of the draft strategy.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, although people were living longer lives, the majority of them spent their last years in sub-optimal health. The draft global strategy and plan of action on ageing and health addressed many of the challenges faced by States and he commended the focus on both intrinsic and extrinsic capacity as key factors in determining the ability of older people to remain independent and engaged. Indeed, the draft strategy and action plan would empower States to formulate policy responses compatible with their particular circumstances. Supportive environments that facilitated healthy ageing could complement the intrinsic capacity of older people; a number of cities in the United Kingdom were particularly age-friendly. The United Kingdom delegation welcomed the proposal that WHO should expand and develop the global network and believed that the Organization could play a key role in fostering dementia-friendly environments.

The representative of the UNITED STATES OF AMERICA said that his country had participated in the consultative process to formulate the draft global strategy and plan of action and he welcomed the strategy's human rights-based focus.

Highlighting the focus on the abuse, neglect and exploitation of older persons in the report, he encouraged WHO to consider how the strategy and plan of action could be reinforced by work already accomplished on strengthening the role of health systems in addressing violence against women and girls, with particular reference to the violence suffered by older women.

While health systems were doing a better job in dealing with the needs of older people, many still did not fully recognize, incentivize and compensate family and community care for older persons, which was often medically beneficial and cost effective. Older people needed housing, transportation and healthy diets, and stakeholders overseeing implementation of the global strategy must ensure that those multisectoral aspects of healthy ageing were taken into account. Dementia was one of the major causes of disability and dependency among older persons worldwide, and he looked forward to further discussion of the syndrome in the following biennium.

The representative of GERMANY said that, while she welcomed the ambitious and comprehensive draft global strategy and plan of action, she would have preferred a sharper focus on disease prevention and health promotion, including the promotion of adequate exercise and healthy diets. Germany's 2015 Preventive Health Care Act sought to enhance the health of elderly persons by addressing their lifestyles and living conditions. She welcomed the definition of healthy ageing adopted by the draft strategy, its emphasis on multisectoral approaches to ageing, the importance placed on gender sensitivity and evidence-based policies, and the fact that the strategy could be amended on the basis of future studies.

The representative of the UNITED REPUBLIC OF TANZANIA said the proposed draft strategy would focus attention on the needs and rights of older persons and expand the international community's range of policy instruments that could be used to accelerate progress towards the achievement of the Sustainable Development Goals. Some 31 per cent of Tanzania's population of 50 million was between 10 and 24 years of age and, between 2002 and 2012, life expectancy had increased from 51 to 60 and 64 for men and women, respectively. The country had adopted a national policy on ageing in 2003 and fully supported the adoption of the draft global strategy and plan of action.

The representative of SWEDEN said that his country wished to be added to the list of sponsors of the draft resolution.

The representative of the REPUBLIC OF KOREA said that her country had established an insurance programme in 2008 to fund long-term care for older persons and it was also seeking to expand the range of available home-care services for older persons, with a view to improving their quality of life and reducing the care burden shouldered by their families. Her Government was also promoting prevention-focused health management for older persons and strengthening the country's mechanisms to prevent, control and treat dementia.

The representative of ARGENTINA said that the draft strategy and plan of action broadened the range of instruments available to the international community to address the needs of older persons. She underscored the importance of promoting health throughout the life course, and welcomed the draft strategy and action plan's focus on the five strategic objectives. States must ensure that adequate resources were allocated to initiatives to promote healthy ageing and collaborate closely with all relevant stakeholders, including WHO, to that end.

The representative of IRAQ said that WHO should provide capacity building to local communities, which played a key role in promoting healthy lifestyles for older persons. The Organization should also promote knowledge-sharing among States on issues related to ageing, and States should seek to deal with challenges related to ageing in an environmentally friendly manner. It was also vital to combat the spread of noncommunicable diseases, *inter alia*, by discouraging the use of tobacco and other drugs and encouraging people to engage in physical activity and eat balanced diets. It was also necessary to promote mental health among older persons and provide those in need with psychosocial support.

Primary health care centres in Iraq and geriatric departments in Iraqi hospitals provided a range of preventative, treatment and rehabilitation services. Trained volunteers could play a vital role in promoting the health of older persons by visiting them in their homes.

The representative of VIET NAM said that, in 2014, approximately 6.4 million people, or 7.1% of his country's population, were over 64 years of age. His Government had taken a number of legislative and policy steps to help older persons live long and healthy lives, and it sought to raise awareness on the importance of healthy lifestyles. Although Viet Nam's average life expectancy of 73 years was high, people lived on average for 15.3 years with serious health complications. Noncommunicable diseases were on the rise and expenditure on health care for older persons, who consumed 50% of all medicines in the country, was seven to ten times Viet Nam's expenditure on health care for young people. Meanwhile, a lack of trained personnel, including geriatric doctors and nurses, meant that Viet Nam had limited geriatric health care capacity. Addressing the material and spiritual needs of older people was an obligation and responsibility for every individual, family and society, and therefore he warmly welcomed the draft global strategy and plan of action, which would help States to promote life-long health for their citizens.

The representative of ICELAND said that the ageing of populations was a sign of States' growing prosperity and should therefore be viewed as a positive trend. Good health in old age was a very important factor that enhanced people's quality of life and sense of well-being. All societies must recognize, value and make use of the knowledge and experience of older people, which constituted a rich resource for humanity. Her delegation welcomed the focus placed by the draft global strategy and plan of action on healthy lifestyles and supportive environments for elderly persons, and its recognition that gender was a factor affecting many health-related behaviours. The draft strategy presented an opportunity to consider gender in health care planning, including in financial administration and budgeting.

The representative of INDONESIA said that many health conditions associated with ageing could be prevented or delayed if people adopted healthy behaviours. The global strategy and plan of action on ageing and health would help governments and other relevant stakeholders to ensure that people lived long and healthy lives, and would strengthen their capacity to promote the rights of older people and combat age-based discrimination.

Indonesia was committed to improving the health of older persons, and had recently adopted a national action plan for healthy ageing, and a ministerial decree to enhance geriatric services in hospitals and community health centres. She hoped that Member States would be able to take the necessary measures to implement the global strategy and plan of action.

The representative of INDIA said that most health problems affecting older persons were linked to chronic conditions, including noncommunicable diseases, and that many of those diseases could be prevented or delayed if people adopted healthy lifestyles. India's national programme for the healthcare of older persons aimed to facilitate their access to preventive, promotive, curative, and rehabilitative services. The Ministry of Health and Family Welfare had approved the establishment of two national centres to study ageing and regional geriatric centres were being established across the

country. Furthermore, the International Institute for Population Sciences, Mumbai, in collaboration with international partners, was conducting a longitudinal ageing study to assess the health of persons aged between 45 and 60.

More needed to be done to combat age-based discrimination and mental health must be recognized as a key component of healthy ageing. There was a growing need for services to address dementia. There was also a pressing need for more accurate data on older adults and to take into account gender issues. WHO must strengthen its training and exchange programmes and support Member States efforts to formulate healthy ageing policies and programmes.

The representative of MALDIVES said that life expectancy for Maldivians had reached 76 years for men and 78 years for women. Although people were living longer, her country was witnessing an increase in the prevalence of noncommunicable diseases and therefore she welcomed the focus placed by the draft global strategy and plan of action on policies to combat them. The Government was giving priority to enhancing older persons' access to health care and ensuring that they were able to live in dignity. A national strategy on healthy ageing was being formulated and the country's primary health care system was actively promoting healthy lifestyles among older persons. Her Government fully supported the global strategy and plan of action and wished to join the sponsors of the draft resolution.

The representative of FIJI said his Government was in the process of establishing a national multisectoral committee in order to combat and control noncommunicable diseases, which constituted the greatest threat to healthy ageing in his country, and to promote physical and mental health among the population. Fiji had also established a multisectoral National Council for Older Persons, which supported studies in the field of gerontology and was spearheading the development of geriatric care in the country.

The representative of MEXICO said that stakeholders should adopt multisectoral approaches in their efforts to promote the health of older persons. In particular, action must be taken to reduce the prevalence of noncommunicable diseases and encourage people to adopt healthy lifestyles. The five strategic objectives contained in the draft strategy and action plan would further States' efforts to achieve the Sustainable Development Goals and, to implement the strategy successfully, stakeholders must enjoy access to accurate data disaggregated by age and gender. His Government had established a programme to enhance care for elderly persons and held a national health week on older persons to share best practices on conditions affecting ageing populations, such as arthritis, osteoporosis and depression. It was vital to involve communities and public and private sector stakeholders in all efforts to promote the health of older persons.

The representative of MALTA said that her country had long promoted the health and well-being of older persons. Indeed, Malta hosted the United Nations International Institute on Ageing, and the Department of Gerontology at the University of Malta was one the leading international centres for the study of gerontology and geriatrics.

In 2013, Malta had launched its National Strategic Policy for Active Ageing, which promoted older persons' participation in the labour market and society and sought to enhance their capacity to live independently. Furthermore, Malta had recently adopted two key laws on ageing, namely the Healthy Lifestyle Promotion and Care of Non-Communicable Diseases Act, and the Commissioner for Older Persons Act, which provided for the appointment of a Commissioner to promote and safeguard the interests and rights of older persons. It was vital that every strategy to promote healthy ageing placed older persons at its core; they must be empowered to voice their needs and their expectations and aspirations must guide implementation of policies designed to uphold their interests.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking on behalf of the Member States of the South-East Asia Region, said that the increasing number of older persons was placing considerable strain on States' health sectors. The countries of the Region therefore fully supported the adoption of the draft global strategy and plan of action on ageing and health, which would strengthen States' efforts to address the growing challenges they faced, and would complement and build upon the Regional strategy for healthy ageing 2013–2018, developed by the WHO Regional Office for South-East Asia. It was important to strengthen South-East Asia's cultural norms, which promoted respect for and valued the contribution to society made by elderly persons. The draft global strategy and plan of action set forth clear objectives for Member States, the Secretariat, and relevant national and international stakeholders and would reinforce their commitment to promote the health and well-being of older persons.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that his Government had implemented a series of economic and social policies to foster sustainable growth, in accordance with the philosophy of "living well." Measures had been taken to ensure a universal, comprehensive, intracultural and intercultural health service that focused on individuals and communities, including the development of an action plan for an indigenous health network and the establishment of free health care for older adults.

The representative of NORWAY said that smarter and more innovative ways of designing and organizing societies were required in order to rethink ageing and the participation of older persons. Inspiration could be drawn from the European Innovation Partnership on Active and Healthy Ageing. Further promotion of public health and the application of a Health in All Policies approach were vital to ensure healthy and active ageing. He agreed that the draft global strategy could have focused more on primary prevention. The strategy should also take into account the need for health personnel to work longer, through the tailoring of human resources to incentivize older adults to prolong their participation in the health workforce. Increased longevity meant that expectations concerning the length of working lives needed to change.

The representative of NAMIBIA said that a number of social protection measures to ensure dignified and healthy lives for older adults had been introduced in her country, such as a universal pension scheme, free health care and low-income housing, as well as a national study on the status and living conditions of older persons. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of TIMOR-LESTE said that her Government had implemented, with support from the Regional Office for South-East Asia and country offices, a national strategic plan that involved the introduction of a healthy ageing community-based health care programme and the strengthening of primary health care for older adults. She requested WHO to continue to provide support for the application of the global strategy and action plan in her country.

The representative of THAILAND said that ageing-related policies in Thailand were based on the Asian cultural concept that older persons were the most valuable and experienced citizens and should be cared for by the whole of society and families. Such policies therefore not only provided universal health coverage, but also financial, social and spiritual support. A strong, well-trained workforce, including family care-givers and community volunteers, was critical for the provision of health services for older persons.

The representative of the RUSSIAN FEDERATION said that her Government had implemented several federal laws and initiatives to reduce tobacco and alcohol consumption, promote healthy lifestyles, and increase intersectoral cooperation in the prevention of noncommunicable diseases. To

cope with the medical and economic burden of an ageing population, it was pursuing public-private partnerships to develop health infrastructure, improve scientific and technological training, and create preventive programmes.

The representative of BANGLADESH said a national policy for elderly persons had been developed in his country. The draft strategy was right to emphasize the need for long-term care and the specialized human resources required for ageing people. His Government intended to strengthen capacity for research on innovative health care interventions, medical devices and medicines, and build a global repository system for innovative research findings. The introduction of special health protection schemes could help prevent financial hardship in older populations.

The representative of ITALY, while welcoming the report, called for a better balance between the clinical and rehabilitative aspects of the document and the more neglected issues of prevention and frailty. Frailty could be actively identified and prevented through its association with conditions common in older persons, such as obesity and diabetes. Vaccination coverage for older adults should also be considered. An emphasis should be placed on the link between poverty, neglect, unhealthy diets and economic crises, and the decreasing resilience of the ageing population. The increasing life expectancy of populations could pose serious challenges due to the deteriorating conditions for older persons, unless determined society-wide efforts were made to redefine priorities.

The observer of CHINESE TAIPEI said that the WHO initiative and guidelines on age-friendly cities should be revised to take into account rural-built environments. Older people living in rural communities tended to have a lower socioeconomic status. It was hoped that they would not be left behind with respect to the global initiative on active ageing.

A policy framework on an ageing society, a white paper and an implementation plan had been drawn up in Chinese Taipei in line with related WHO concepts and strategies. Age-friendly initiatives had been implemented, with the active engagement of older people. A programme on age-friendly health care organizations had been launched, in order to integrate universal, comprehensive health promotion, protection and prevention measures into clinical services for older people. A framework based on the Organization's age-friendly principles and standards for health promotion in hospitals had been established. As part of that work, over 200 organizations had been recognized as "age friendly". A multisectoral monitoring framework was in the process of being established in Chinese Taipei, with a view to achieving an age-friendly society.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the report and the draft global strategy and action plan, with its emphasis on empowerment and respect for human dignity and combating discrimination, stigmatization and ageism. The latter was a major barrier to healthy ageing and to the implementation of the global strategy and action plan. It was important to combat age-based discrimination, in order to change attitudes and behaviour that had a negative impact on the health and well-being of older people. Age-based discrimination included a lack of adequate services and discriminatory stereotypes and attitudes, as well as the failure to consult older people as part of the policy development process and on the delivery of health services. She called on Member States to endorse and implement the global strategy and action plan, including by adopting legislation on age-based discrimination, and to commit to providing inclusive and equitable health and social care services, including in humanitarian situations, on the basis of robust, age-inclusive data.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that her organization supported the report and the draft global strategy and plan of action. Ageing was one of the major non-modifiable risk factors for dementia, and many issues addressed in the action plan would help to support people living with dementia, their

families and health professionals. It was essential to recognize that many older people had multiple chronic conditions that were poorly managed and policies on ageing could help to improve care coordination. WHO and all United Nations agencies should collect data on all age groups to prevent the drafting of discriminatory policies. A lack of information on care outcomes limited the capacity of service providers to improve the quality of care, prevented policy-makers from effectively evaluating priorities and made it difficult for older people to select suitable care or support options. Dementia was both a social and medical issue and it was essential to promote dementia-friendly communities and an age-friendly approach. Ageing-related issues such as dementia had become part of the new global reality.

The representative of the WORLD DENTAL ASSOCIATION, speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy and plan of action. Dental conditions led to impaired chewing, inadequate nutritional intake, deteriorating quality of life and even death. Poor oral health limited people's abilities to function and interact with others, and could aggravate other conditions, including diabetes and dementia. A decline in oral function affected long-term health and placed pressure on public resources. The action plans implemented by Member States, WHO and international and national partners should include measures to promote oral health throughout life, including action to address an increased need for oral health services for dentate older adults. In order to support healthy ageing policies, joint action should also include monitoring and reporting on oral health measures and related health factors, using standardized epidemiological surveillance and measures to foster scientific research on the interrelation of noncommunicable diseases and oral diseases.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of CHAIRMAN, said that the nursing profession was well-placed to play an important role in promoting healthy ageing, given the varied roles that nurses played and their expertise. Many age-related problems were linked to chronic conditions and noncommunicable diseases. Mental health and disability were also key issues, and should be included in the action plan. A robust primary care system was instrumental in addressing health challenges related to an ageing population. Governments should remove regulatory barriers and support the work of nursing staff in managing chronic diseases, and in prevention work and care settings. It was important to ensure that adequate human resources were available in the form of qualified nursing staff. The International Council of Nurses looked forward to working with WHO and Member States to support the implementation of the global strategy and to ensure that a sufficient number of providers existed to meet the needs of an ageing population.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that pharmacists had a key role to play in the effective implementation of healthy ageing policies. The International Pharmaceutical Federation was committed to developing the role of pharmacists within health care teams, in order to meet the care needs of the elderly. That goal could only be achieved through proper planning and development measures, using a competency-based approach. Through its training initiative, the Federation was investing in reforming the training offered to pharmacists, in order to ensure that there were sufficient numbers of trained professionals to respond to the current and future needs of an ageing population. In order to ensure the effective implementation of the WHO global strategy, it was necessary to base measures taken on evidence and best practices, some of which had been summarized in the *World report on ageing and health*, stressing the added value provided by pharmacists through effective polymedication management, leading to substantial health care savings.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, requested that the action plan should make reference to: developing guidelines for health settings that were accessible to older persons; training health professionals to care

for an ageing population; developing policies to address the retention and retirement of health care professionals; conducting and presenting health promotion campaigns, especially those designed to support physical activity; developing policy on the oral health of older persons; adopting the recommendation issued by the Alliance on collaborative practice; and encouraging health literacy as a key factor in fostering autonomy in older people. Given current demographic trends, the need for properly integrated primary health care services and nursing home facilities was likely to grow. The Federation was committed to working with Governments to create a competent health workforce able to meet the needs of older patients.

The representative of the WORLD CONFEDERATION FOR PHYSICAL THERAPY, speaking at the invitation of the CHAIRMAN, said that closer collaboration between governments, nongovernmental organizations and professions would help to build a seamless infrastructure through which health personnel could deliver targeted interventions of benefit to the population. As experts in movement, physical therapists had a role to play in all the objectives in the plan of action, including through contributing to health-related education, policy-making and practice. Ensuring that older persons remained physically active would make them more likely to continue contributing economically to society and less likely to require acute health services.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the draft global strategy and plan of action provided a useful framework to consider the significant changes that would be required in the way health, care and other services were designed and delivered so as ensure that all people could live long and healthy lives. She particularly welcomed: the proposal for a decade focused on healthy ageing, and on moving towards an integrated, person-centred approach to health and care; the call for improved measurement, monitoring and research in order to fill data gaps on the health and well-being of older people; and the importance of older people's engagement.

The representative of HANDICAP INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the draft strategy and plan of action was a positive first step towards achieving health for all, including older persons, as part of the 2030 Agenda for Sustainable Development. He supported the adoption and implementation of the documents under consideration.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, said that she welcomed the draft strategy and plan of action. Important elements of the documents included the acknowledgement that sexual health and rights were a key contributing factor to healthy ageing; the commitment to consider and include older people in action to prevent and treat sexually transmitted infections; and the need to consider older people from the lesbian, gay, bisexual, transgender and intersex community, those living with HIV and the poor and marginalized in terms of sexual health and rights when addressing healthy ageing. Her organization would continue implementing its own policies that supported the draft strategy and plan of action.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, noted that the growing number of older persons in society could lead to higher levels of social exclusion. He criticised the fact that current universal health coverage models were based on insurance systems that discriminated against older people.

The DIRECTOR (Ageing and Life Course), responding to comments, said that the transition to older populations was one of the greatest demographic shifts the world had experienced. He noted the broad support expressed for the draft strategy and plan of action which had been drafted with the

Sustainable Development Goals in mind. The approach taken outlined actions to foster healthy and active ageing by building and maintaining the intrinsic capacity of individuals and creating more age-friendly environments.

The comments made, including on the need for a greater focus on health promotion and to consider specific health issues and services, would be taken into account as implementation of the strategy began.

The draft resolution was approved.¹

The meeting rose at 20:55.

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¹ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA69.3.