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## **Decade of Healthy Ageing**

### **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**

#### **Report by the Director-General**

1. Pursuant to resolution WHA69.3 (2016), this global status report on healthy ageing provides data and reviews progress made on actions for the proposed Decade of Healthy Ageing 2020–2030. It also notes further work to be published in a forthcoming baseline report for the Decade of Healthy Ageing.

#### **Global Status – Healthy Ageing**

2. In 2019, the global population aged 60 years and over (older adults) was just over 1 billion people, representing 13.2% of the world's total population of 7.7 billion. That number is 2.5 times greater than in 1980 (382 million) and is projected to reach nearly 2.1 billion by 2050. For the first time in history, older adults outnumber children under five years of age; by 2050, United Nations projections estimate that there will be more than twice as many older adults as children aged under five years. Most older adults live in middle-income countries. In 2019, 5% of older adults worldwide lived in the African Region, 16% in the Region of the Americas, 5% in the Eastern Mediterranean Region, 20% in the European Region, 19% in the South-East Asia Region and 33% in the Western Pacific Region. WHO's response to population ageing and health is to optimize healthy ageing over the life course.

3. WHO defines healthy ageing as “the process of developing and maintaining the functional ability that enables well-being in older age.”<sup>1</sup> Healthy ageing can be relevant to everyone, not just those who are currently free of disease. Functional ability is determined by the intrinsic capacity of the individual (that is, the combination of all the individual's physical and mental capacities), the environments he or she inhabits (understood in the broadest sense and including physical, social and policy environments), and the interaction between these. There are three components to be measured using common standards and metrics: functional ability, intrinsic capacity and environments.

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<sup>1</sup> Global strategy and action plan on ageing and health. Geneva: World Health Organization; 2017, paragraphs 17–20 (<https://www.who.int/ageing/WHO-GSAP-2017.pdf?ua=1>, accessed 20 February 2020).

4. WHO's normative language and framework for health,<sup>1</sup> tailored to older adults,<sup>2</sup> was applied to the description of each component to obtain person-centred, multiple domain profiles that are relevant to all older adults, as follows:

- Functional ability is defined as “all the health-related attributes that enable people to be and to do what they have reason to value.” Five sub-domains are proposed: meeting basic needs, learning and making decisions; mobility; building and maintaining relationships; and contributing to families, communities or society.
- Intrinsic capacity at any point in time is “determined by many factors, including underlying physiological and psychological changes, health-related behaviours and the presence or absence of disease.” Five sub-domains are proposed: neuromusculoskeletal, sensory, metabolic, cognitive and psychological.
- Environments “that people inhabit and their interaction with them are also major determinants of what older people with a given level of intrinsic capacity can do. These environments provide a range of resources or barriers that will ultimately decide whether older people can engage or participate in activities that matter to them.” Five sub-domains are proposed: products and technology, natural and built environment; support and relationships; attitudes; and services, systems and policies.

5. Data from the greatest number of countries meeting the following criteria were collated to measure each component and as many sub-domains as possible: (a) nationally representative, cross-sectional studies of older adults between 2015 and 2017; (b) comparable questions or performance tests for the same person, for functional ability, intrinsic capacity, and his or her environment, and (c) in the public domain. Thirty countries had comparable data on intrinsic capacity and functional ability for adults aged 60 years and over: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland and United States of America.

6. Preliminary results combine data across these 30 countries with a population of 201.1 million older adults, representing 24.1% of the total population in these 30 countries, and 21% of all older adults worldwide, in 2017. Further details on data sources, methods, and pooled results, are found on WHO's website<sup>3</sup> and reflect the inputs of scientific and civil society partners, with a further peer review under way.<sup>4</sup>

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<sup>1</sup>The International Classification of Functioning, Disability and Health. Geneva: World Health Organization; 2001 (<http://www.who.int/classifications/icf/en/>, accessed 20 February 2020).

<sup>2</sup> World Report on Ageing and Health. Geneva: World Health Organization; 2015 ([http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf), accessed 20 February 2020).

<sup>3</sup> Global status report on healthy ageing: data sources (SHARE), methods and results for 30 countries, Department of Maternal, Newborn, Child, Adolescent Health and Ageing, WHO (<https://www.who.int/docs/default-source/mca-documents/healthy-ageing/data-methods-and-preliminary-results-for-the-73rd-wha-information-document-2020-04-08.pdf>, accessed 9 April 2020).

<sup>4</sup> Bulletin of the World Health Organization. Metrics and evidence for healthy ageing. Geneva: World Health Organization; 2019 (<https://www.who.int/bulletin/volumes/97/12/19-246801.pdf>, accessed 20 February 2020).

7. Based on the data and methods applied for these estimates, the following messages emerge.
- The vast majority of older adults included in this analysis have high or sufficient functional ability and intrinsic capacity, 81.0% and 85.2% respectively. While the estimated percentage of older adults with significant loss of functional ability is 4%, those with significant loss of intrinsic capacity is 0.7%. For those with significant loss of intrinsic capacity, supportive environments, including health services and social care systems, could improve overall functional ability. To promote healthy ageing and prevent significant loss, a life course approach is needed to address the determinants of intrinsic capacity, including health-related behaviours and the presence or absence of disease.
  - The estimated proportion of older adults with significant and moderate loss of functional ability was two times greater among adults aged 80 years and over than those aged 60 to 70 years. All older adults, irrespective of the level of intrinsic capacity, should have opportunities to optimize functional ability in order to enjoy what they value most. For example, WHO's Integrated Care for Older People (ICOPE) programme offers guidance to health and care workers, to assist older adults to set person-centred goals and to develop a personalized care plan that addresses cognitive declines, limited mobility, malnutrition, visual impairment, hearing loss and depressive symptoms. The approach also supports self-management and supports caregivers.
  - Overall, the estimated proportion of significant and moderate loss of functional ability and intrinsic capacity is higher in older women than older men. Addressing this gender gap in healthy ageing is vital to achieving the Sustainable Development Goals and the Thirteenth General Programme of Work, 2019–2023.

## **PROGRESS ON ACTION AREAS ALIGNED TO THE PROPOSAL FOR A NEW ACTION PLAN: THE DECADE OF HEALTHY AGEING<sup>1</sup> 2020–2030**

8. These four actions aim to support optimizing the levels and distribution of healthy ageing within and across countries.

### **Changing how we think, feel and act towards age and ageing**

9. WHO has advanced, in collaboration with others, a global campaign to combat ageism: in 2017, its vision, goal, principles and values, theory of change and areas of work were defined. In 2018–2019, WHO reviewed all evidence published on ageism in the past 50 years. Gaps were filled with original research. The main outputs are: a global prevalence study, four systematic reviews (determinants of ageism; consequences of ageism; strategies that are effective in reducing ageism; available metrics to measure ageism), a detailed report on existing communication campaigns (local, national and regional), analysis of 32 European Region country policies on ageism. These are being consolidated into a Global report on ageism that is due to be launched in 2020.

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<sup>1</sup> [https://www.who.int/docs/default-source/decade-of-healthy-ageing/full-decade-proposal/decade-proposal-fulldraft-en.pdf?sfvrsn=8ad3385d\\_6](https://www.who.int/docs/default-source/decade-of-healthy-ageing/full-decade-proposal/decade-proposal-fulldraft-en.pdf?sfvrsn=8ad3385d_6) (accessed 20 February 2020).

## **Developing communities in ways that foster the abilities of older people**

10. WHO supports communities to foster healthy ageing through the WHO Global Network for Age-Friendly Cities and Communities. Since May 2016, membership of the WHO Global Network has quadrupled from 286 to 1100 regions, cities and communities in 42 countries covering 260 million older adults. WHO has launched an interactive multilingual information platform called “Age-Friendly World”;<sup>1</sup> a database of more than 300 age-friendly practices; an extensive resource library; and opportunities for training and mentoring. The WHO Regional Office for Europe published guidance on creating age-friendly initiatives and developed tools for local policy-makers to help identify priority areas of action, design action plans and monitor and evaluate age-friendly policies.

## **Delivering person-centred, integrated care and primary health services responsive to older people**

11. As noted, the WHO Integrated Care for Older People (ICOPE) programme<sup>2</sup> reflects a community-based approach to reorient health and social services towards a more person-centred and coordinated model of care in order to optimize functional ability for older people. In 2017, WHO launched the Guidelines on Integrated Care for Older People, setting out community-level interventions to manage declines in intrinsic capacity, and to assist health care workers in primary care settings to detect declines in physical and mental capacities and deliver effective interventions to prevent and delay care dependency. In 2019, WHO launched an associated package of tools to facilitate implementation of the Integrated Care for Older People programme. The tools include a handbook and digital application which provide guidance and pathways to respond to the health and social care needs of older people in primary care. Integrated Care for Older People interventions are included in the UHC Intervention Compendium under development by WHO.

## **Providing older people who need it with access to long-term care**

12. With significant loss of intrinsic capacity, access to good-quality long-term care is essential to maintain functional ability, enjoy basic human rights and live with dignity. In 2017, WHO launched the first report in the WHO series on long-term care that aims to catalyse change and guide the development of sustainable and equitable long-term care systems in different regions of the world. In 2019, the WHO Regional Office for Europe released a country assessment framework to provide technical guidance on assessing the integrated delivery of health and social services for long-term care. The Organization also developed iSupport for dementia, an online support and training programme for caregivers of those with dementia.<sup>3</sup>

## **ADDITIONAL ANALYSIS AND EVIDENCE SYNTHESSES**

### **Building on this global status report, the Secretariat will publish a baseline report for the Decade of Healthy Ageing 2020–2030 in October 2020**

13. In order to further document the current status, the baseline report will include:

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<sup>1</sup> <https://www.who.int/ageing/age-friendly-world/en/> (accessed 20 February 2020).

<sup>2</sup> <https://www.who.int/ageing/health-systems/icope/en/> (accessed 20 February 2020).

<sup>3</sup> <https://www.isupportfordementia.org/en> (accessed 20 February 2020).

- (a) finalized estimates of functional ability and intrinsic capacity for the 30 countries, and for an additional 20 countries drawn from all WHO regions; it will also include analysis by socioeconomic characteristics, such as, place of residence, years of education and household wealth; for a subset of countries, nationally representative longitudinal data will track trends over time; and with inputs from the WHO Consortium on Metrics and Evidence for Healthy Ageing, results from a multi-country study testing personalized devices to measure real time functional ability;
- (b) an analysis of the third component of healthy ageing, environments, aligned to the domains of functional ability and indicators of age-friendly cities and communities, for example, proximity of health services, transportation and social clubs; and to increase global reach, methods are being tested to extract information from satellite and web mapping services in the public domain;
- (c) for countries without nationally representative data on intrinsic capacity, proxy estimates for loss of capacity are under review; for example, years lived with disability distributed by age and sex groups.

14. In order to support monitoring of Member States' progress on their existing commitments between 2020–2030, the baseline report will include:

- (a) an updated review of the 10 progress indicators<sup>1</sup> agreed on by Member States to monitor the first action plan of the global strategy on ageing and health, (2016–2020), also proposed to monitor the Decade of Healthy Ageing 2020–2030 (second action plan);
- (b) calculated projections to 2030 of healthy ageing, and Sustainable Development Goal indicators relevant to older adults,<sup>2</sup> under different scenarios, including an optimal approach; this is in collaboration with organizations of the United Nations system, including the United Nations Statistical Commission's Titchfield City Group on Ageing and Age Disaggregated Data, and civil society partners, including HelpAge International.

15. In order to support evidence for impact and delivery on priorities, the baseline report will include:

- (a) new evidence synthesis and mapping on what can be done to optimize intrinsic capacity and functional ability among older adults, in collaboration with the WHO Ageing and Health Forum<sup>3</sup> and scientific partners, including Cochrane Campbell Global Ageing; this includes the mapping of existing WHO guideline recommendations across life course stages; interventions for prevention and management of cardiovascular disease; promotion of sexual health and prevention of sexually transmitted diseases; and life-long learning programmes evaluating impact on healthy ageing;

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<sup>1</sup> <https://www.who.int/ageing/commit-action/measuring-progress/en/> reporting 2018 mid-term progress on the Global Strategy and Action Plan on Ageing and Health (accessed 20 February 2020).

<sup>2</sup> These indicators are listed in the Proposal for the Decade of Healthy Ageing. Table 2 [https://www.who.int/docs/default-source/decade-of-healthy-ageing/full-decade-proposal/decade-proposal-fulldraft-en.pdf?sfvrsn=8ad3385d\\_6](https://www.who.int/docs/default-source/decade-of-healthy-ageing/full-decade-proposal/decade-proposal-fulldraft-en.pdf?sfvrsn=8ad3385d_6) (accessed 20 February 2020).

<sup>3</sup> The Forum enables staff across the Secretariat to work together on ageing and health, drawing on all regional offices and headquarters departments, including those addressing risk factors, diseases and conditions relevant to older adults.

(b) Member States' experiences in examining how evidence is being used by stakeholders to inform policy, make programmatic decisions and identify interventions that can improve the lives of older persons; specifically, eight national case studies led by the Ministries of Health in Chile, China, Finland, Ghana, India, Qatar, Singapore and Thailand, representing all WHO regions, in close collaboration with WHO country and regional offices;

(c) the basis of a research and innovation agenda to address gaps and challenges in evidence on what can be done to support healthy ageing, with diverse partners, including national medical and health research councils and the European Union's Joint Programming Initiative "More Years Better Life".

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