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

## **Report by the Secretariat**

1. Populations around the world are rapidly ageing. Between 2000 and 2050, the proportion of the world's population aged 60 years or over will double from about 11% to 22%. The absolute number of people aged 60 years or over is projected to increase from 900 million in 2015 to 1400 million by 2030 and 2100 million by 2050, and could rise to 3200 million in 2100. By 2050, Europe will have about 34% of its population aged 60 years or over, while Latin America and the Caribbean and Asia will have about 25%; although Africa has the youngest population structure of any major area, in absolute terms it will see the number of people aged 60 years or over increase from 46 million in 2015 to 147 million in 2050.
2. These extra years of life and this reshaping of society have profound implications for each of us, as well as for the communities we live in. Unlike most of the changes that society will experience in the next 50 years, these trends are largely predictable. We know that the demographic transition to older populations will occur, and we can plan to make the most of it.
3. Longer lives provide the opportunity for rethinking not just what older age might be but how our whole life course might unfold. Yet the extent to which each of us as individuals, and society more broadly, can benefit from this demographic transition will be heavily dependent on one key factor – health. Unfortunately, while it is often assumed that increasing longevity is accompanied by an extended period of good health, there is little evidence to suggest that older people today are experiencing better health than their parents did at the same age. Furthermore, good health in older age is not equally distributed, either between or within countries.
4. Most of the health problems of older age are linked to chronic conditions, particularly noncommunicable diseases. Many of these can be prevented or delayed by healthy behaviours. Indeed, even in very advanced years, physical activity and good nutrition can have powerful benefits on health and well-being. Other health problems and declines in capacity can be effectively managed, particularly if detected early enough. And even for people with declines in capacity, supportive environments can ensure that they can live lives of dignity and continued personal growth. Yet the world is very far from this ideal, particularly for poor older people and those from disadvantaged social groups. Comprehensive public health action is urgently needed. These actions can be viewed within the context of the Sustainable Development Goals, which provide a foundation for multicountry and international action from 2015 to 2030, including Goal 3: “To ensure healthy lives and promote well-being for all at all ages through universal health coverage including financial risk protection”.

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

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

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

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

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

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

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<sup>1</sup> Decision WHA67.13 (2014).

<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 4 December 2015).

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

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

12. The Secretariat has used the comments made at these informal consultations in preparing the updated draft global strategy and plan of action on ageing and health. A summary of the draft global strategy and the complete plan of action are contained in the Annex; the full versions of the draft strategy and plan of action are available on the WHO website.<sup>1</sup>

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

## **ACTION BY THE EXECUTIVE BOARD**

14. The Board is invited to consider the draft global strategy and plan of action on ageing and health and to make a recommendation on its possible endorsement by the Sixty-ninth World Health Assembly.

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<sup>1</sup> See <http://www.who.int/ageing/global-strategy/en/>.

## ANNEX

### **DRAFT GLOBAL STRATEGY AND PLAN OF ACTION ON AGEING AND HEALTH – SUMMARY**

#### **VISION, GOALS AND STRATEGIC OBJECTIVES**

1. The strategy's vision is a world in which everyone can live a long and healthy life. This world will be a place where functional ability is fostered across the life course and where older people experience equal rights and opportunities and can live lives free from age-based discrimination.
2. Five strategic objectives are identified. The first two, Commitment to action on Healthy Ageing in every country and Developing age-friendly environments, reflect the multiple and intersectoral influences that impact on Healthy Ageing. They also shape the broader context in which more focused action can be taken by the health and social care sectors. This action is addressed in strategic objectives 3 and 4, Aligning health systems to the needs of older populations, and Developing systems for providing long-term care (home, communities, institutions). While the strategy identifies these two objectives separately, to facilitate specific sectoral actions, they need to be considered as part of an integrated continuum of care. The final strategic objective, Improving measurement, monitoring and research on Healthy Ageing, addresses the actions that are needed to help build the evidence base, which can ensure that all actions have the intended impacts, are equity-oriented and cost-effective. Together the five strategic objectives are interlinked, interdependent and mutually supportive, and they are aligned to this vision for Healthy Ageing. Each of the five strategic objectives comprises three priority areas for action.
3. The proposed contributions that Member States, the Secretariat and other partners can make towards this vision and these strategic objectives during the period 2016–2020 are outlined in the Appendix. They are framed under two goals. While there are many significant gaps in our understanding of the factors that can foster Healthy Ageing, in many fields there is sufficient evidence to identify action that can be taken now to help achieve this vision. The first goal, “By 2020, five years of evidence-based action to maximize functional ability that reaches every person”, is therefore framed around ensuring that this action is taken as widely as possible and in ways which ensure that particular attention is paid to those with the least access to the resources they need to maintain their functional ability.
4. However, the *World report on ageing and health* acknowledges the lack of evidence and infrastructure in many crucial areas. The second goal, “By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030”, seeks to use the five-year period 2016–2020 to fill these gaps and ensure that Member States and other stakeholders are positioned to undertake a decade of evidence-informed, concerted action from 2020 to 2030.

## Appendix

**PLAN OF ACTION 2016–2020****Strategic objective 1: Commitment to action on Healthy Ageing in every country**

	<b>Member States</b>	<b>Secretariat (WHO and other bodies of the United Nations system)</b>	<b>National and international partners</b>
<b>1.1 Establish national frameworks for action on Healthy Ageing</b>	<p>Identify government focal points for Healthy Ageing</p> <p>Systematically involve older people in the development, implementation monitoring and evaluation of all laws, policies and plans on ageing and health</p> <p>Develop, in collaboration with all relevant stakeholders national and regional plans to foster Healthy Ageing, establishing clear lines of responsibility and mechanisms for coordination, accountability, monitoring and reporting across all relevant sectors</p> <p>Allocate adequate resources to implement action plans while ensuring that public resources are effectively managed to facilitate Healthy Ageing</p> <p>Revise mainstream and ageing-specific laws and policies to foster Healthy Ageing, and revise compliance and enforcement mechanisms</p>	<p>Support policy dialogues on the World report on ageing and health and the global strategy and plan of action</p> <p>Provide an information platform on good practice and tools to strengthen intersectoral collaboration on Healthy Ageing</p> <p>Provide technical support to countries to develop and implement their policies and plans on Healthy Ageing</p> <p>Include Healthy Ageing throughout the life course in the agendas of governing body meetings at all levels and in other social, health and economic fora</p> <p>Engage older people in policy-making at international, regional and national levels within WHO's own structures</p>	<p>Include Healthy Ageing in all dialogues and policies on health, human rights and development</p> <p>Exchange information, coordinate actions and share lessons learnt to support the development of policies and plans to foster Healthy Ageing</p> <p>Support the participation of older people and their representative organizations in revising and developing laws, policies and plans that impact on Healthy Ageing</p>
<b>1.2 Strengthen national capacities to formulate evidence-based policies</b>	<p>Create a decision making culture that values evidence and its uptake</p> <p>Create formal structures and make available opportunities, capacity and activities for translation of research</p>	<p>Support knowledge translation activities that support evidence-based policy development</p>	<p>Ensure that evidence is communicated in ways that are accessible to and useable by policy-makers</p> <p>Carry out research in areas where there are identified gaps for policy and practice</p>

	<b>Member States</b>	<b>Secretariat (WHO and other bodies of the United Nations system)</b>	<b>National and international partners</b>
	<p>and evidence, to inform policy-making</p> <p>Identify research gaps and encourage research in these areas</p> <p>Create mechanisms to enable effective communication flows between researchers and decision-makers</p>		<p>Facilitate relationships among researchers, knowledge users, funders, older people, families and caregivers, and professional bodies in support of Healthy Ageing policy-making, including creating regional forums and peer-to-peer exchanges of information, good practice and tools</p>
<b>1.3 Combat ageism and transform understanding of ageing and health</b>	<p>Support the collection and dissemination of evidence-based and age-disaggregated information about ageing and health and the contribution of older people</p> <p>Adopt legislation against age-based discrimination and put in place related enforcement mechanisms.</p> <p>Modify or repeal existing laws, policies or programmes, in particular on health, employment and life-long learning, that discriminate directly or indirectly and prevent older people's participation in and access to benefits that would address their needs and rights</p> <p>Undertake communication campaigns, based on research into attitudes, beliefs and implications of ageism, to increase public knowledge and understanding of Healthy Ageing</p>	<p>Synthesize current evidence and provide guidance on understanding and acting on ageism for better policy</p> <p>Ensure WHO policies, guidance and communication are free from age-based discrimination</p>	<p>Collect and disseminate evidence about ageing, the role and contribution of older people and the social and economic implications of ageism</p> <p>Ensure that a balanced view of ageing is presented in the media and entertainment, for example by minimizing sensationalist reporting of crimes against older people, and including older adults as role models</p>

## Strategic objective 2: Developing age-friendly environments

	Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
<b>2.1 Foster older people's autonomy</b>	<p>Raise awareness about the rights of older people and create mechanisms to address breaches of their rights, including in long-term care and emergency situations</p> <p>Provide mechanisms for advanced care planning (including long-term care provision), appropriate assistive technologies and supported decision-making that enable older people to retain the maximum level of control over their lives despite significant loss of capacity</p> <p>Provide information in formats such as large print, "easy read" and pictures that meet the needs of older people to make free and informed decisions</p> <p>Implement evidence-based elder abuse prevention and response programmes</p>	<p>Promote awareness and understanding of the rights of older people</p> <p>Develop technical guidance on maximizing autonomy covering a range of key issues such as preventing and responding to elder abuse and preventing falls</p> <p>Provide a database of available evidence on prevalence, risk factors, consequences and interventions in elder abuse</p> <p>Provide a list of essential assistive devices</p>	<p>Raise older people's awareness of their human rights</p> <p>Support the provision of assistive technologies</p> <p>Provide technical and financial support to implement policies and programmes that enhance older people's autonomy</p> <p>Create and support platforms for sharing information about what works in fostering older people's autonomy</p>
<b>2.2 Enable older people's engagement</b>	<p>Ensure formal participation of older people in decision-making on policies, programmes and services that concern them</p> <p>Support the development of older people's organizations</p>	<p>Promote awareness and understanding of the contributions of older people and the value of working with different generations</p> <p>Provide technical guidance and support to enable older people's engagement in development</p> <p>Engage older people in decision-making within WHO's own processes and on issues that concern them</p>	<p>Build the capacity of organizations of older people to participate effectively in policy development and planning</p> <p>Develop the capacity of older people's organizations to provide information, training, peer support and long-term care</p> <p>Support and create platforms for sharing the diverse voices of older people</p>
<b>2.3 Promote multisectoral action</b>	<p>Tailor advocacy messages to particular sectors about how they can contribute to Healthy Ageing</p> <p>Encourage and support municipalities to take action to become more age-friendly</p> <p>Take action at all levels and in all sectors to foster functional ability, including to:</p> <ul style="list-style-type: none"> <li>protect older people from poverty, ensuring that older women who are most commonly affected are supported</li> </ul>	<p>Expand and develop the WHO global network of age-friendly cities and communities to connect cities and communities worldwide</p> <p>Provide an interactive platform to facilitate learning and exchange of information and experience on creating</p>	<p>Promote the concept of age-friendly environments</p> <p>Support the development of age-friendly cities, communities and countries by connecting actors, facilitating information exchange and sharing good practice</p>

Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
<ul style="list-style-type: none"> <li>• expand housing options and assist with home modifications that enable older people to age in a place that is right for them without financial burden</li> <li>• develop and ensure compliance with accessibility standards in buildings, transport, information and communication technologies and other assistive technologies</li> <li>• provide community places where older people can meet, such as seniors' centres and public parks</li> <li>• provide social opportunities as well as accessible information on leisure and social activities</li> <li>• deliver older people's health literacy programmes</li> <li>• provide opportunities for lifelong learning</li> <li>• promote collaboration, age diversity and inclusion in working environments)</li> </ul> <p>Ensure effective coordination of implementation and monitoring, for example through task forces (linked with the overall coordination mechanisms outlined in Strategic objective 1)</p>	<p>age-friendly environments that foster Healthy Ageing</p> <p>Provide technical support to countries to support the development of age-friendly environments</p> <p>Document, support and disseminate evaluations of existing age-friendly initiatives, to identify evidence of what works in different contexts</p> <p>Suggest indicators that can inform policy-makers on progress on age-friendly environments</p> <p>Provide technical guidance and support on addressing the needs and rights of older people in emergencies</p>	<p>Provide technical and financial assistance to Member States in order to ensure that public services enable functional ability</p> <p>Provide guidance to Member States on a range of issues, such as establishing and maintaining nationally defined social protection floors; ensuring decent work for all ages and providing adequate housing</p> <p>Support older people and their organizations to access information on mainstream programmes</p>

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

Member States	Secretariat (WHO and other bodies of the United Nations system)	National and international partners
<p><b>3.1 Orient health systems around intrinsic capacity and functional ability</b></p>	<p>Provide technical assistance and guidance on integrating health system responses to ageing populations into national healthy ageing policies and plans</p> <p>Provide technical advice and develop standardized approaches to enable regional and national assessments of health system alignment to needs of older people</p>	<p>Advocate and support older people, their families and communities to participate in policy and planning decisions</p> <p>Support older people's engagement with health systems</p> <p>Promote older people's sexual health and rights</p>

	<b>Member States</b>	<b>Secretariat (WHO and other bodies of the United Nations system)</b>	<b>National and international partners</b>
	<p>people's intrinsic capacities and functional abilities</p> <p>Ensure collaboration between sectors, most importantly between health and social services, to address the needs of older people</p>	<p>Provide technical assistance to enable health system change, including with regard to the health workforce, health information systems, medical products and technologies</p> <p>Document best practices and develop evidence-based service delivery models for integrated care in high, medium, and less resourced health care settings, and share models of care that have been shown to be effective in supporting intrinsic capacity</p>	<p>Contribute with evidence and research on health system change for the older population</p>
<b>3.2 Develop and ensure affordable access to quality older person centred and integrated clinical care</b>	<p>Ensure that older people are provided with comprehensive assessments at the time of their engagement with the health system and periodically thereafter</p> <p>Design systems to foster the self-management of older people</p> <p>Identify and implement evidence-based models of integrated care</p> <p>Establish age-friendly infrastructure, service designs and processes</p> <p>Develop services as close as possible to where older people live</p> <p>Implement universal health coverage</p> <p>Strategies to reduce out-of-pocket payments, wherever possible by extending population coverage, and widening the package of services that older people often need</p> <p>Deliver community-based interventions to prevent functional decline and care dependency</p> <p>Adopt and implement WHO guidelines on integrated care for older people</p> <p>Ensure the continuum of care, including linkages with sexual health programmes, and availability of acute care, rehabilitation and palliative care</p>	<p>Provide technical support on the development of integrated services, including strategies to ensure service coverage and to reduce catastrophic health expenditure</p> <p>Develop evidence-based recommendations and clinical guidelines on prevention and management of functional decline and care dependence in older age, and disseminate and pilot these guidelines at country level</p> <p>Produce evidence and guidance on clinical management of specific conditions relevant to older people, including musculoskeletal and sensory impairments, multimorbidities, cardiovascular disease and risk factors such as hypertension and diabetes, mental health illness and dementia, and cancer</p>	<p>Participate in advocacy campaigns and partner in existing initiatives to encourage the adoption of integrated care models</p> <p>Build awareness of the health needs of ageing populations and older people, and support self-management and engagement of older people, family and communities</p>

	<b>Member States</b>	<b>Secretariat (WHO and other bodies of the United Nations system)</b>	<b>National and international partners</b>
		Develop tools and guidance to facilitate implementation of case management	
<b>3.3 Ensure a sustainable and appropriately trained, deployed and managed health workforce</b>	<p>Ensure competencies on ageing and health are included in the curricula of all health professionals</p> <p>Ensure competencies in ageing (including those required for comprehensive Healthy Ageing assessments and integrated management of complex health care needs) of existing health professionals through pre- and in-service training</p> <p>Ensure capacity of training institutions to establish/expand geriatric education</p> <p>Ensure balanced distribution of workforce within countries and development of workforce to match demand for services</p> <p>Promote new workforce cadres (such as care coordinators, case managers, and community care workers)</p> <p>Provide opportunities for extending the roles of existing staff for delivering care for older people</p>	<p>Provide technical support and guidance on competencies required to meet the needs of older populations</p> <p>Report on the impact of population ageing on the health workforce and on the adequacy of the current workforce to meet the needs of older populations</p> <p>Provide technical assistance to countries to develop evidence-informed strategies on the health workforce</p> <p>Support the development of guidance and training programmes to improve the skills and knowledge of health professionals in low- and middle-income countries</p>	<p>Support teaching institutions in revising their curricula to address ageing and health issues</p> <p>Provide technical support and expertise to conduct training, especially in countries where there is shortage of health care professionals working in the field of ageing</p> <p>Become familiar with, and help to implement, WHO norms and guidelines on integrated care for older people</p>

**Strategic objective 4:** Developing systems for providing long-term care (home, communities, institutions)

	<b>Member States</b>	<b>Secretariat (WHO and other bodies of the United Nations system)</b>	<b>National and international partners</b>
<b>4.1 Establish and continually improve the foundations for a sustainable and equitable long-term care system</b>	<p>Identify access to long-term care as a public health priority and a human right</p> <p>Steward development of the infrastructure and support needed to ensure that long-term care is addressed under universal health coverage</p> <p>Define appropriate models of care to improve the functional ability and well-being of older people with, or at risk of, a loss of capacity</p>	<p>Provide guidance on appropriate and sustainable models of long-term care relevant to different resource settings</p> <p>Provide technical support to Member States to identify sustainable mechanisms for resourcing long-term care</p> <p>Provide technical support for national situation analysis and the development,</p>	<p>Contribute evidence to develop and implement appropriate models and sustainable mechanisms for resourcing long-term care across a range of resource settings</p> <p>Contribute to the development and implementation of an integrated, sustainable and equitable, system of long-term care</p>

	<b>Member States</b>	<b>Secretariat (WHO and other bodies of the United Nations system)</b>	<b>National and international partners</b>
	<p>Identify and put in place sustainable mechanisms for resourcing long-term care</p> <p>Convene relevant stakeholders, including older people and caregivers, and plan for sustainable and equitable long-term care, including provision, resourcing, regulation and monitoring, and define roles and responsibilities (linked with Strategic objective 1)</p> <p>Foster collaboration between key stakeholders, including care-dependent people and their caregivers, nongovernmental organizations, and the public and private sectors, to provide long-term care</p>	<p>implementation and monitoring of legislation, services, policies and plans on long-term care</p>	
<b>4.2 Build workforce capacity and support caregivers</b>	<p>Develop and implement strategies for the provision of information, training and respite care for unpaid caregivers, and flexible working arrangements or leaves of absence for those who (want to) participate in the workforce</p> <p>Produce national standards for training of professional caregivers</p> <p>Develop – through training and task-shifting – the long-term care workforce (also including men, younger people and non-family members such as older volunteers and peers)</p> <p>Improve working conditions, remuneration and career opportunities in order to attract and retain paid caregivers</p> <p>Provide continuing education, supervision and other support for existing paid caregivers</p>	<p>Provide guidance on training and task-shifting for long-term care provision</p> <p>Provide online resources on long-term care provision for unpaid caregivers</p>	<p>Contribute to the development and implementation of training, continuing education and supervision for the long-term care workforce</p> <p>Ensure pay, benefits and working conditions for care workers</p> <p>Provide flexible working arrangements or leaves of absence for unpaid caregivers</p> <p>Create and support platforms for the development and evaluation of cost-effective interventions to support the long-term care workforce</p> <p>Contribute with research and evidence to the development and evaluation of cost-effective interventions to support the long-term care workforce</p>

	<b>Member States</b>	<b>Secretariat (WHO and other bodies of the United Nations system)</b>	<b>National and international partners</b>
<b>4.3 Ensure the quality of person-centred and integrated long-term care</b>	<p>Ensure the development and implementation of national care standards, guidelines, protocols and accreditation mechanisms for person-centred integrated long-term care provision</p> <p>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 caregivers</p> <p>Ensure the appropriate use of and affordable access to innovative assistive health technologies to improve the functional ability and well-being of people in need of long-term care</p> <p>Ensure that long-term care services are age-friendly, ethical and promote the rights of older people and their caregivers</p> <p>Ensure the monitoring of long-term care in terms of functional ability and well-being, and the continuous improvement of long-term care based on the outcomes</p>	<p>Provide technical support to Member States on person-centred integrated long-term care provision</p> <p>Develop guidance on specific approaches for long-term care in different resource settings</p>	<p>Follow national care standards, guidelines, protocols, accreditation and monitoring mechanisms</p> <p>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</p> <p>Provide mechanisms for care providers to share and learn from experiences</p> <p>Develop and implement innovative long-term care services, including through the use of technology for coordination, care, support and monitoring</p>

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

	<b>Member States</b>	<b>WHO Secretariat</b>	<b>National and international partners</b>
<b>5.1 Agree on ways to measure, analyse, describe and monitor Healthy Ageing</b>	<p>Ensure national vital registration and statistics are disaggregated by age and sex throughout the life course, and by important social and economic characteristics</p> <p>Encourage monitoring, surveillance and reporting in line with agreed global metrics</p>	<p>Convene and liaise across specialized agencies of the United Nations system and other development partners to foster a consensus on metrics and methods</p> <p>Review existing data sources, methods and indicators and promote the sharing of data and</p>	<p>Empower older people to participate and share best practices to experience Healthy Ageing</p> <p>Provide qualitative and quantitative information to track progress towards Healthy Ageing and advocate for accountability by all stakeholders</p>

	<b>Member States</b>	<b>WHO Secretariat</b>	<b>National and international partners</b>
	<p>Encourage data-sharing and linkages across sectors (such as health, social welfare, labour, education, environment, transportation)</p> <p>Conduct periodic, population-based monitoring of older people, including those in long-term care institutions</p> <p>Link the monitoring of Healthy Ageing metrics to the evaluation of national sectoral, intersectoral and multisectoral policies and programmes, and link to other international efforts (such as the Sustainable Development Goals)</p>	<p>methods for global, regional, national and community-based monitoring and surveillance of Healthy Ageing</p> <p>Develop norms, metrics and new analytical approaches to describe and monitor Healthy Ageing, including levels and distributions, and ways to combine and report information on intrinsic capacity, functional ability and length of life</p> <p>Develop resources, including standardized survey modules, data and biomarker collection instruments and analysis programs</p> <p>Prepare a global baseline report on Healthy Ageing by 2020 reflecting metrics, data availability and distribution within and across countries</p> <p>Develop improved economic models for assessing the contributions of older people, and the costs and benefits of investments in Healthy Ageing</p>	<p>Work with partners to improve measuring, monitoring and reporting systems, including enabling age- and gender-sensitive analysis</p> <p>Support policy development by reporting on trends and emerging issues</p>
<b>5.2 Strengthen research capacities and incentives for innovation</b>	<p>Incorporate older people in all stages of research and innovation, including their needs and preferences</p> <p>Ensure older people are meaningfully and statistically represented in population-based studies with sufficient power to analyse data, and included in clinical trials</p> <p>Strengthen research capacities and collaborations to address Healthy Ageing</p>	<p>Advocate for strengthened research capacities, methods and collaboration to foster Healthy Ageing and combat ageism, including through a network of WHO collaborating centres on ageing and health, pilot countries from all WHO regions, and civil society organizations</p> <p>Support international cooperation to foster technological innovation,</p>	<p>Encourage older people to participate in research and identify research questions and the need for innovation, including developing study designs</p> <p>Support training and capacity development efforts, including networks of academics, researchers and trainers that incorporate low- and middle-income countries</p> <p>Ensure that older people participate in clinical trials</p>

Member States	WHO Secretariat	National and international partners
<p>Create incentives and support innovation that meet the needs of different age groups, including older people, through multisectoral and intersectoral actions, including technological and social innovations for home- and community-based services for older populations</p> <p>Support voluntary and mutually agreed technology transfer that includes services, innovations, knowledge and best practices</p> <p>Guide research and innovation to ensure public and private sector developers and providers (including health and care services, devices, and drugs) meet the specific needs of all older people, including those with limited resources</p> <p>Build national capacity to synthesize research, as inputs to knowledge translation and evidence based policies (link to Strategic objective 1)</p>	<p>including by facilitating the transfer of expertise and technologies such as assistive devices, information and communication technology and scientific data, and the exchange of good practices</p> <p>Develop ethical frameworks to identify health and social services that respond to the needs and rights of older people and to prioritize what is included within national benefit packages and universal health coverage</p> <p>Contribute to development and sharing of new methods and approaches to:</p> <ul style="list-style-type: none"> <li>– deliver integrated person-centred health care and long-term care services</li> <li>– shape clinical research to be more relevant to older people</li> <li>– finance health services and long-term care within universal schemes</li> <li>– meet older peoples’ needs and expectations in communities, cities and rural areas that facilitate ageing in place, with regard to issues such as health, land use, housing, transportation and broadband</li> <li>– establish the prevalence and prevention of elder abuse</li> <li>– quantify the contributions of older people and the investments required to provide services they need</li> </ul>	<p>and evaluation of new technologies that take account of the different physiology and needs of older men and women</p> <p>Support small- and large-scale innovations</p> <p>Encourage the participation of older people in the development, design and evaluation of services, technologies or products</p> <p>Promote innovation to accelerate the development of new and improved assistive technologies and interventions to support older people</p> <p>Collaborate to shape the global research and innovation agenda on Healthy Ageing, and advocate and support funding and capacity strengthening</p>

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		<p>– combine multiple disciplines and qualitative and quantitative data to communicate older peoples’ diverse needs and expectations</p> <p>Convene and work with partners to develop and communicate a global research agenda on healthy ageing</p>	
<b>5.3 Research and synthesize evidence on Healthy Ageing</b>	<p>Establish regular longitudinal population surveys, measuring health status and related needs of older people and to what extent needs are being met</p> <p>Reflecting older peoples’ needs and expectations, shape, fund and implement national research and innovation priorities on Healthy Ageing</p> <p>Promote and support research to identify the determinants of Healthy Ageing and to evaluate interventions that can foster functional ability</p> <p>Promote and support multisectoral and intersectoral collaboration with diverse stakeholders to design and evaluate actions to foster functional ability</p> <p>Provide forums for the exchange of experiences, good practices and lessons learned</p> <p>Promote research into innovations that contribute to age-friendly environments, including at the workplace</p> <p>Synthesize research and disseminate evidence on Healthy Ageing that addresses important policy questions and older people’s expectations</p>	<p>Organize and participate in international forums to raise awareness of research priorities for Healthy Ageing</p> <p>Coordinate priority multicountry research and evaluation efforts, for example building on the WHO study on global ageing and adult health or extending other existing efforts</p> <p>Collaborate with stakeholders to identify the range and potentially common trajectories of intrinsic capacity and functional ability, and their broader social, economic and environmental determinants in different populations and contexts</p> <p>Advocate for and enable research to scale up interventions and strengthen national health systems, including health workers, informal caregivers and long-term care (home-, community- and institution-based) towards meeting the needs of older people</p> <p>Review and share models of care that have been shown to be effective in supporting intrinsic capacity</p>	<p>Collaborate and participate in research design and implementation, including evaluation of what works in different settings</p> <p>Contribute learning gained from associations and organizations addressing risk factor-, disease- or condition-specific issues, that are inclusive of older people (including dementia, elder abuse and self-help approaches)</p> <p>Develop and test innovative approaches to strengthening institution-, community- and home-based care to implement the most appropriate interventions and increase access to essential medicines for older people, including pain relief medicines such as opioids</p> <p>Support research and dissemination of evidence on the impact of health services, long-term care and environmental interventions on trajectories of healthy ageing</p> <p>Engage in dialogue within communities and the media, and use effective communication techniques to convey messages about Healthy Ageing</p>

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Reflecting global evidence on what works in diverse contexts and basic standards, encourage testing of approaches to further develop systems of long-term care (home-, community- or institution-based)	Develop and identify evidence-based approaches to intersectoral action to maximize functional ability, particularly in resource-poor settings  Document health inequalities and inequities, and their impacts across the life course on Healthy Ageing, and report how these can be mitigated by health and social interventions and by multisectoral and intersectoral actions	

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